



Skills for Health: Skills and Labour Market Intelligence Briefing for the North East of England, 2010

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1 Introduction

Skills for Health is the Sector Skills Council for the health sector. One of our key activities is the development of skills and labour market intelligence, the aim of which is to help employers understand their current and anticipated future skills needs. It is one of 23 such councils, who together generate skills and labour market intelligence for over 90% of the United Kingdom's workforce.

Skills for Health cover all those working in the sector; public, independent and voluntary. The sector can be technically defined using the 2007 Standard Industrial Classification. A breakdown of the technical codes for the sector and SSC can be found in the Glossary.

The Common Labour Market Intelligence (LMI) Framework, established by the UKCES in 2009, requires all Sector Skills Councils to produce annual Sector Skills Assessments.

This regional briefing is part of an ongoing suite of reports published by Skills for Health. These include:

- UK Sector Skills Assessment Full Report
- UK Sector Skills Assessment Summary Report
- England Skills and Labour Market Intelligence Report
- Scotland Skills and Labour Market Intelligence Report
- Wales Skills and Labour Market Intelligence Report
- Northern Ireland Skills and Labour Market Intelligence Report

The data in this briefing is drawn from a range of secondary data sources including the UK Labour Force Survey (LFS), Annual Business Inquiry (ABI)¹, and the Office for National Statistics (NOMIS). These are robust sources of data that allow us to look at labour market information across all sectors of the UK economy, including the health sector. There may be slight variations in the data due to the differences in the purposes and time frames of the surveys. Where we consider the data is less reliable, or analysis should be treated with caution, this is highlighted within the text. This briefing also draws on commercially available intelligence that profiles the health of the North East and England as a whole.

These briefings are just one of a wider suite of outputs we are developing, which includes research on a range of themes important to the sector. Details of our activities and reports can be viewed at www.skillsforhealth.org.uk/workforce-design-development/workforce-strategy/skills-labour-market-intelligence.aspx

¹ Data quality: The ABI is based on a sample survey so estimates are subject to sampling errors which need to be taken into account when interpreting the data. All figures are rounded to the nearest hundred.

2 Key Facts

- There are 81,900 people employed in the health sector in the region
- The North East accounts for 5.4% of the England health sector workforce
- The health sector accounts for 7.9% of the region's employment, subregionally this can vary from 5% to 14%
- There is 1 health employee for every 31 people resident in the region and 1 health establishment for every 1,288 people. Subregionally these ratios range from 1 employee to every 16 up to 61 people and 1 establishment for every 912 up to 1,973 people
- The Independent Sector employs approximately 19% of the health workforce
- The health sector is highly feminised – 81% of the workforce are female compared to 50% in the local economy
- Part-time workers account for 42% of the workforce compared to 32% in the local economy
- Highly qualified workforce – 60% qualified to NVQ Level 4 and above compared to 30% in the local economy
- 21% of health establishments report skills gaps in their current workforce
- 91% of health establishments have provided training in the past 12 months
- 47% of the health sector workforce qualified to NVQ Level 4 and above report having received training in the past 13 weeks compared to 16% qualified to below NVQ Level 2
- In the North East, 40,000 people are expected to retire from the health sector between 2007 and 2017

3 A Profile of Demand for Healthcare in the North East

Key Features

- The largest health group is 'existing problems'
- The largest health type is 'mixed communities with better than average health'
- Key theme within the health profile is 'disadvantaged'
- Population projections show that the population is expected to grow by 259,000 people between 2008 and 2033

3.1 Introduction

Understanding the market for healthcare provision is a key means of starting to understand the demand for employment and skills in the health sector. A range of organisations are therefore seeking to understand more about the well-being of the United Kingdom's population and these include Public Health Observatories, as well as providers of local healthcare.

3.2 Health Profile

The general trends in healthcare and healthcare provision are played out very differently throughout the regions and subregions of England.

CACI's health and consumer ACORN profiles (A Classification of Residential Neighbourhoods) is one commercially available source of data profiling the demand of healthcare in the UK². This profile provides us with a snapshot of current and possible future health requirements.

Health ACORN classifies households into four main health groups. These are:

- Existing problems – where the levels of illness are above average. The proportion of people with angina is 60% higher than average, the proportion who have suffered a heart attack is 45% above average. The incidence of diabetes, high blood pressure and high cholesterol

² These draw extensively from official sources of intelligence, such as the annual population survey, 2001 Census, consumer surveys and expenditure data. These sources enable models of healthcare and consumer demand to be developed on a local, regional and country basis.

are also above average, and this is the only group where this is the case.

- Future problems – the areas classified as harbouring future problems do not generally have high incidence of existing illnesses. Exceptions to this are depression, asthma and migraine.
- Possible future concerns – these are areas with lower levels of smoking, obesity and average or slightly below average incidence of illness.
- Healthy – the healthy areas tend to have a younger demographic and the proportions of people with high blood pressure, angina, diabetes and high cholesterol are lower than average. This group are likely to take more exercise and less likely to be smokers or overweight.

These four groups are refined into a further twenty-five health types which provide more explanation of household composition, work position, lifestyle and diet. Examples include:

- older couples, traditional diets, cardiac issues
- disadvantaged elderly, poor diet, chronic health

Table 1 details the health profile for the North East by the four main health groups and draws comparison to England. The North East has the highest proportion of existing problems and the lowest proportion of ‘possible future concerns’ and ‘healthy’ resident population compared to the other regions.

1. North East Health Profile

	North East		England	
	Data	%	Data	%
Existing Problems	768,459	29.8	7,011,380	13.5
Future Problems	404,328	15.7	6,231,293	12.0
Possible Future Concerns	737,757	28.6	18,174,048	35.0
Healthy	646,258	25.1	19,987,231	38.5
Unclassified	22,616	0.9	479,950	0.9
Total	2,579,418		51,883,902	

Source: CACI, 2009

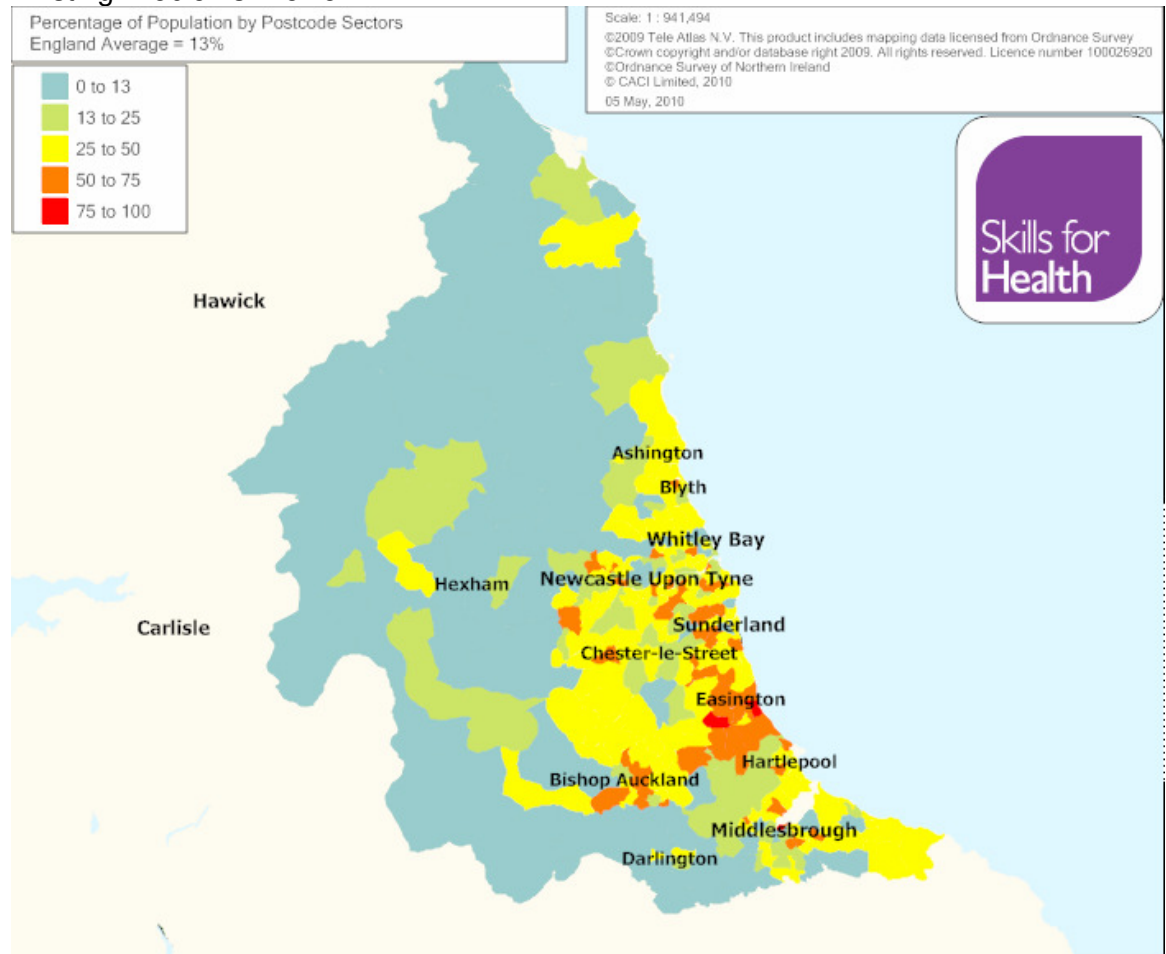
3.3 Geographical Profile of the North East

Within the North East, the largest group is ‘existing problems’, more than double the average for England. Of the eight health types that make up

this group all eight are overrepresented in the region with some types being over three times the England average.

The following map depicts postcode sectors where existing problems are higher than the average for England. The average for England is 13% but as the map illustrates there are pockets of households where the percentage is significantly higher.

Existing Problems Profile



Source: CACI 2009

A detailed health profile for the North East can be found in Appendix 1.

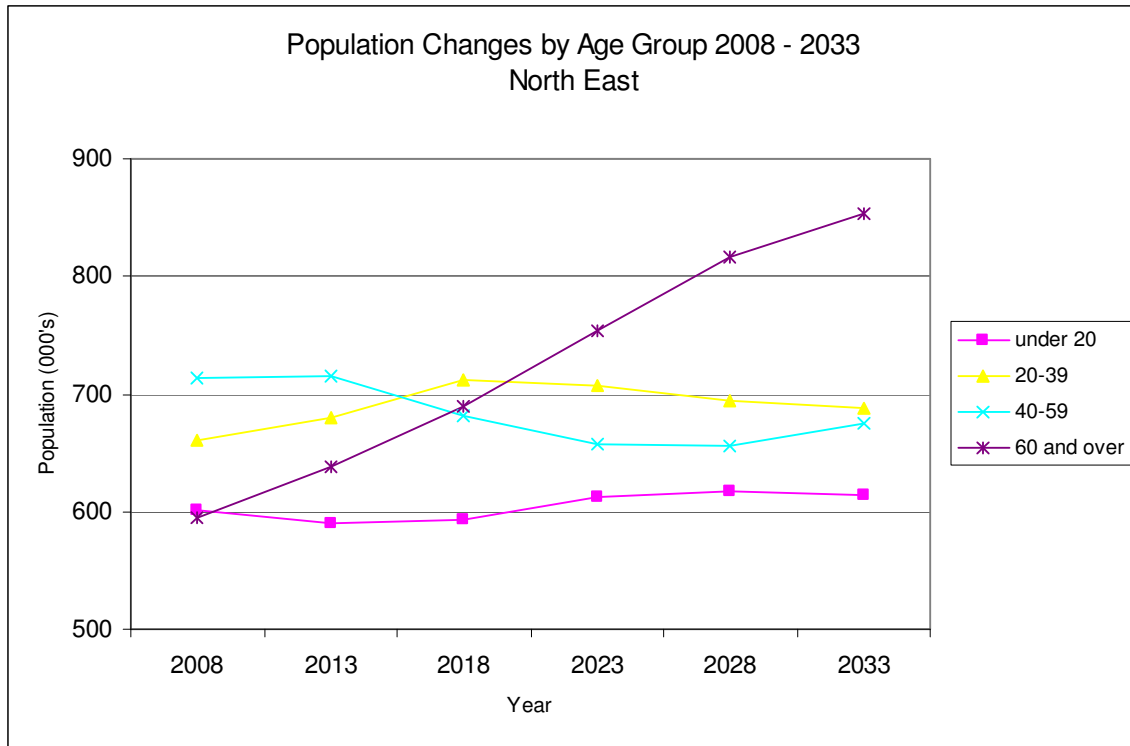
3.4 North East Population Projections

Predicted changes in the population of the region have a double impact on the health sector. Demographic pressures of an ageing population will increase demand for health services whilst a potentially dwindling labour pool will mean that employers may struggle to supply the labour and skills needed to deliver the services the population needs.

Please refer to heading 5.6.1 to see how the ageing population could impact the health service provision. The charts and tables that follow contain population projections by age group for the region.

Population projections from the Office for National Statistics³, published on 27 May 2010, show that the population is expected to grow by 259,000 people between 2008 and 2033. Growth in absolute numbers is expected in most age groups but there are anticipated reductions in those aged 15-19 and 40-59. The population aged over 60 will grow at a faster rate than those under 60 years of age.

1 Total Population Changes by Age Group 2008 – 2033



Source: Office for National Statistics Subnational Population projections (SNPP) for England, 2008

Table 2 and Chart 2 show these age groups as a proportion of the total population of the region. These clearly show that there is anticipated to be significant shifts in the proportion of the population of the North East aged 60 years and over and decreases in the proportion of the population aged under 60.

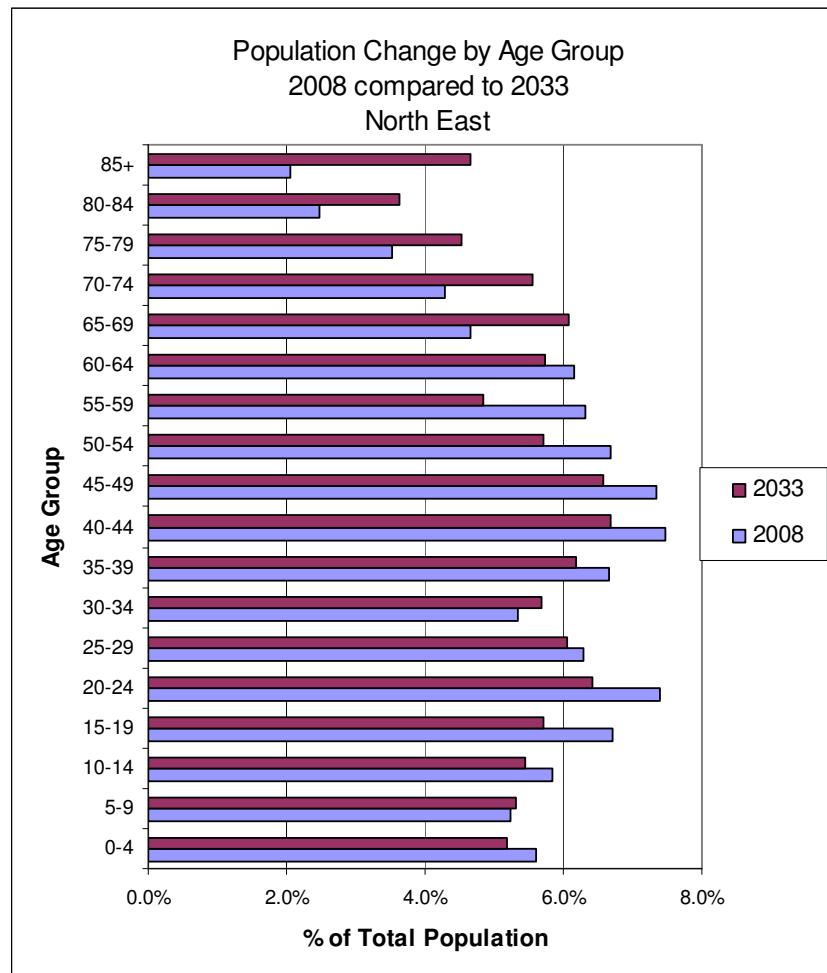
³ Office for National Statistics Subnational Population Projections (SNPP) for England www.statistics.gov.uk/snpp

2. Population Changes by High Level Age Bands as a Proportion of the Total Population

		Time Period					Total Change 2008 to 2033
		2008 to 2013	2013 to 2018	2018 to 2023	2023 to 2028	2028 to 2033	
Age Group	under 20	-0.9	-0.3	0.3	-0.3	-0.5	-1.7
	20-39	0.2	0.7	-0.7	-1.0	-0.6	-1.4
	40-59	-0.5	-1.8	-1.4	-0.5	0.3	-3.9
	60 and over	1.2	1.4	1.9	1.7	0.8	7.0

Source: Office for National Statistics Subnational Population projections (SNPP) for England, 2008

2 Population Changes by Detailed Age Bands as a Proportion of the Total Population



Source: Office for National Statistics Subnational Population projections (SNPP) for England, 2008

4 The Labour Market in the North East

Key Features

- A total of 1 million people are employed across all industry sectors in the North East
- The unemployment rate (in those aged 16 plus) as at February – April 2010 across the region was 9.3%
- 14% are employed in human health and social work activities
- Wholesale and Retail Trade is the biggest employer

4.1 Introduction

There has been significant turmoil within the labour market since 2008. The unemployment rate (in those aged 16 plus) as at February – April 2010 across the region was 9.3%. This was an increase of 1.1% on the previous 12 months.

An examination of claimant counts in May 2010 shows a decrease in total claimants within the region but a continued increase in those claiming for 12 months or more. The number of individuals claiming for 12 months or more has risen from 7,400 in May 2009 to 13,300 in May 2010⁴.

4.2 Employment by Industry Sector

Table 3 shows employee numbers by Industry (ABI Employee Analysis). The data shows the region is dominated by wholesale and retail trade and human health and social work activities.

Human health and social work activities account for 14% of the labour market; the highest proportion of all the regions.

⁴ Office for National Statistics: Labour Market Statistics June 2010
<http://www.statistics.gov.uk/statbase/Product.asp?vlnk=15084>

3. North East Industry Sector 2008

Industry	North East	
	Data	%
A : Agriculture, forestry and fishing	3,900	<1
B : Mining and quarrying	2,000	<1
C : Manufacturing	120,000	12
D : Electricity, gas, steam and air conditioning supply	4,500	<1
E : Water supply; sewerage, waste management and remediation activities	6,200	1
F : Construction	61,900	6
G : Wholesale and retail trade; repair of motor vehicles and motorcycles	156,000	15
H : Transportation and storage	41,800	4
I : Accommodation and food service activities	71,400	7
J : Information and communication	28,400	3
K : Financial and insurance activities	26,400	3
L : Real estate activities	12,900	1
M : Professional, scientific and technical activities	44,800	4
N : Administrative and support service activities	73,900	7
O : Public administration and defence; compulsory social security	86,000	8
P : Education	98,900	10
Q : Human health and social work activities	147,100	14
R : Arts, entertainment and recreation	25,400	2
S : Other service activities	19,600	2
Total	1,031,100	100

Source: Annual Business Inquiry Employee Analysis 2008 (SIC 2007)

5 The Size and Structure of the Health Sector in the North East

Key Features

- There are 81,900 people employed in the health sector
- North East accounts for 5.4% of the England health sector workforce
- The health sector accounts for 7.9% of the region's employment, subregionally this can vary from 5% to 14%
- There is 1 health employee for every 31 people resident in the region and 1 health establishment for every 1,288 people. Subregionally the ratios range from 1 employee to every 16 up to 61 people and 1 establishment for every 912 up to 1,973 people
- The Independent Sector employs approximately 19% of the health workforce

5.1 Introduction

From the North East health profile, Table 1, we can see that 29.8% of the region has existing health problems. With those indicating 'possible future concerns' standing at 28.6%, will the health sector have the skills and resources to meet this potential increase in demand?

The following section looks at the size and structure of the health sector in the North East.

5.2 Size of the Health Sector Workforce

Table 4 details the size of the sector in each of the Government Office Regions. In the North East the health sector employs 81,900 people accounting for 5.4% of the England workforce, the lowest proportion of all the regions.

In the region, however, employment in the health sector accounts for 7.9% of the total workforce, the highest of any region, but this varies greatly at a subregional level. Please refer to Table 5.

4. Health Employment by Government Office Region

	Health Employees	Regional Percentage of Total Health Employment	Percentage of Health Employment in Total Economy
East of England	144,900	9.5	6.1
East Midlands	129,300	8.5	6.8
London	226,500	14.8	5.4
North East	81,900	5.4	7.9
North West	220,600	14.4	7.3
South East	240,100	15.7	6.4
South West	159,000	10.4	7.1
West Midlands	158,000	10.3	6.7
Yorkshire and The Humber	169,400	11.1	7.6
England	1,529,700		6.6

Source: Annual Business Inquiry employee analysis 2008 (SIC 2007)

5.3 Health Employment at a Subregional Level

Table 5 shows the size of the health sector workforce as a percentage of the total workforce within each of the Local Authorities⁵ and potentially indicates which subregion will feel the anticipated reductions in funding more strongly. Within Middlesbrough 14% of the workforce is employed within the sector, compared to 5% in County Durham and Gateshead.

5. Health Sector Workforce as a Percentage of the Local Workforce

Local Authority: county/unitary	Health	Percentage of workforce employed in Health
County Durham	8,600	5
Darlington	6,000	12
Gateshead	4,700	5
Hartlepool	2,800	9
Middlesbrough	8,600	14
Newcastle upon Tyne	17,400	10
North Tyneside	6,100	9
Northumberland	8,400	8
Redcar and Cleveland	2,300	6
South Tyneside	3,700	9
Stockton-on-Tees	5,500	7
Sunderland	7,700	6
Total	81,900	8

Source: Annual Business Inquiry 2008 (SIC2007)

⁵ Total employed figures are aggregates from which farm agriculture (SIC class 0100) have been excluded

5.4 Workforce Growth in the Health Sector and the Economy

In England the workforce remained stable over the period 2007–2008. However, this was not the case at a regional level. Table 6 shows the percentage of change experienced at a regional level in the health sector workforce and the total regional workforce.

Between 2007 and 2008 the North East saw an increase in the health workforce of 3.8% and a slight increase of 0.4% in the regional economy.

6. Regional Growth in Employment

	2007	2008	Percentage Growth in Health Workforce	Percentage Growth in Regional Workforce
East of England	151,800	144,900	-4.5	1.0
East Midlands	125,100	129,300	3.4	-0.3
London	228,100	226,500	-0.7	1.7
North East	78,900	81,900	3.8	0.4
North West	220,900	220,600	-0.1	-1.2
South East	239,900	240,100	0.1	0.7
South West	162,000	159,000	-1.9	-0.1
West Midlands	163,000	158,000	-3.1	-0.4
Yorkshire and The Humber	160,800	169,400	5.3	-0.3
England	1,530,400	1,529,700	0.0	0.3

Source: Annual Business Inquiry employee analysis 2008 (SIC 2007)

5.5 Health Employment by Local Authority

Table 7 shows the numbers of health sector employees (latest 2008 estimates SIC 86) by Local Authority. The high concentrations reflect both population and regional centres for specialist services.

Within the North East, Newcastle upon Tyne contains 21% of the total health sector workforce, providing care to 11% of the resident population. County Durham, however, has only 11% of the workforce, providing care to 20% of the resident population.

7. Health Sector Employees by Local Authority, 2008

Local Authority: county/ unitary	86 : Human health activities		Population Estimates	
	Data	%	Data	%
County Durham	8,600	11	508,500	20
Darlington	6,000	7	100,500	4
Gateshead	4,700	6	190,600	7
Hartlepool	2,800	3	91,700	4
Middlesbrough	8,600	11	139,000	5
Newcastle upon Tyne	17,400	21	273,600	11
North Tyneside	6,100	7	197,300	8
Northumberland	8,400	10	311,000	12
Redcar and Cleveland	2,300	3	139,500	5
South Tyneside	3,700	5	151,600	6
Stockton-on-Tees	5,500	7	191,900	7
Sunderland	7,700	9	280,300	11
Total	81,900	100	2,575,500	100

Source: Annual Business Inquiry employee analysis 2008 (SIC 2007)

5.6 Ratio of Health Establishments and Employees

Table 8 shows the ratio of health establishments and employees to the region's resident population. A high ratio could be indicative of easier access to services and regional variations in health system structures. This table is subject to future debate.

Within the North East there is 1 health employee for every 31 people and 1 health establishment for every 1,288 people. These figures can vary dramatically within the region ranging from 1 employee to every 16 people up to 61 people and 1 establishment for every 912 people up to 1,973 people. Please refer to Appendix 2 for subregional analysis.

8. Ratio of Health Establishments and Employees to Resident Population, 2008

	Population		Ratio of 1 Health Data Unit to Resident Population	Ratio of 1 Health Employee to Resident Population
	Mid Year 2008 Estimates	%		
East of England	5,728,700	11.1	1,219	40
East Midlands	4,433,000	8.6	1,167	34
London	7,619,800	14.8	1,003	34
North East	2,575,500	5.0	1,288	31
North West	6,875,700	13.4	1,127	31
South East	8,380,100	16.3	1,048	35
South West	5,209,200	10.1	1,108	33
West Midlands	5,411,100	10.5	1,258	34
Yorkshire and The Humber	5,213,200	10.1	1,303	31
England Total	51,446,200		1,138	34

Source: Annual Business Inquiry employee analysis 2008 (SIC 2007)

5.6.1 Impact of an Ageing Population

By 2033, the proportion of the population aged over 50 years is projected to grow by 4.6%. With the current workforce estimates what will be the anticipated demand on the health sector?

Tables 9 and 10 detail the current ratio provision for the population aged 50 years and over and apply the current provision to projected population numbers. We acknowledge that there are far more sophisticated methods and models for forecasting but have included the following analysis as an indication.

For the North East, using latest estimates, there is currently 1 health establishment for every 464 resident population aged 50 years and over. Using population projections and assuming there is minimal growth in the health sector, this ratio could increase to 1 establishment to every 576 people.

In terms of patient care, using the current estimates, there is 1 health employee to every 11 resident population aged 50 years and over. Again using the population projections, by 2033 this ratio will have increased to 1 employee for every 14 resident population.

9. Ratio of Health Establishments and Employees to Resident Population Aged 50 Years and Over, 2008

	2008 Population	Ratio of 1 Health Data Unit to Resident Population	Ratio of 1 Health Employee to Resident Population
	% 50 years and over		
East of England	35.6	434	14
East Midlands	35.3	412	12
London	25.7	259	9
North East	36.1	464	11
North West	34.8	392	11
South East	35.3	369	12
South West	38.5	427	13
West Midlands	34.8	438	12
Yorkshire and The Humber	34.1	445	11
England Total	34.0	387	11

Source: Annual Business Inquiry employee analysis 2008 (SIC 2007)

10. Ratio of Health Establishments and Employees to Projected Population Aged 50 Years and Over, 2033

	Projected 2033 Population	Ratio of 1 Health Data Unit to Resident Population	Ratio of 1 Health Employee to Resident Population
	% 50 years and over		
East of England	41.5	629	20
East Midlands	41.2	578	17
London	29.8	361	12
North East	40.7	576	14
North West	39.6	485	13
South East	41.5	521	17
South West	43.9	590	17
West Midlands	39.3	559	15
Yorkshire and The Humber	37.8	595	14
England Total	39.1	525	16

Source: Office for National Statistics Subnational Population projections (SNPP) for England, 2008

5.7 Health Establishments by Sizeband

In the North East, health establishments account for 4.4% of the total health establishments for England. In the region, health establishments account for 2.7% of all establishments.

11. Health Establishments by Government Office Region

	Health Data Units	Regional Percentage of Total Health Units	Percentage of Health Units in Total Economy
East of England	4,700	10.4	1.9
East Midlands	3,800	8.4	2.2
London	7,600	16.8	1.9
North East	2,000	4.4	2.7
North West	6,100	13.5	2.4
South East	8,000	17.7	2.0
South West	4,700	10.4	2.1
West Midlands	4,300	9.5	2.1
Yorkshire and The Humber	4,000	8.8	2.2
England	45,200		2.1

Source: Annual Business Inquiry 2008 (SIC 2007)

Table 12 indicates the health sector is dominated by micro-establishments. Within the North East, 60% of the total health establishments fall within the sizeband 1 -10 employees; this is the lowest proportion, along with the South West, compared to the other regions. The establishments in this sizeband will largely consist of medical and dental practices and other human health activities by independent, public and voluntary providers.

12. Size and Structure of the Health Sector Compared to all Sectors, 2008

	Data Units			Employees		
	Health Sector		Total Economy %	Health Sector		Total Economy %
	Data	%		Data	%	
1-10 employees	1,200	60	81	5,000	6	18
11-49 employees	600	30	15	13,500	16	24
50-199 employees	100	5	4	11,000	13	23
200 or more employees	<100	<5	1	52,400	64	34
Total	2,000	100	100	81,900	100	100

Source: Annual Business Inquiry 2008

5.8 Subsector Activity

In analysing data for the Skills for Health footprint Standard Industrial Classification (SIC) codes are used. The most recent SIC codes that have been developed are SIC 2007.

The industrial classification 86, 'Human Health', is made up of five subsectors that define the activities across the health sector. The definitions for each subsector can be found in the Glossary.

Table 13 further supports the analysis in Table 12 that the sector is dominated by the primary care providers in terms of establishments, i.e. dental and medical practices, but in terms of employee numbers, 71% of the workforce is employed within secondary care i.e. hospital activities.

13. Health Sector by Activity, 2008

	Data Units		Employees	
	Data	%	Data	%
8610 : Hospital activities	300	15	58,300	71
8621 : General medical practice activities	600	30	7,700	9
8622 : Specialist medical practice activities	<100	<5	400	<1
8623 : Dental practice activities	400	20	2,500	3
8690 : Other human health activities	600	30	12,900	16
Column Total	2,000	100	81,900	100

Source: Annual Business Inquiry workplace analysis 2008 (SIC 2007)

5.9 Public and Independent Sector

Healthcare is delivered through private and public providers, the public sector being a combination of NHS and Voluntary⁶. Using annualised Labour Force Survey data we can estimate that in the North East, the independent sector accounts for 19% of the total health workforce, of which 33% are employed in hospital activities. It is important to note that the percentages are not definitive as employees can work in both, if not all three, sectors.

14. Public and Independent Sector Profile

North East	Independent		Public		Total	
	Data	%	Data	%	Data	%
86.10 Hospital activities	5,350	6	52,277	61	57,626	67
86.21 General medical practice	2,021	2	6,028	7	8,049	9
86.22 Specialist medical practice	1,236	1	0	0	1,236	1
86.23 Dental practice activities	4,260	5	719	1	4,979	6
86.90 Other human health activities	3,481	4	10,540	12	14,020	16
Total	16,347	19	69,563	81	85,910	100

Source: Labour Force Survey 2009 4 Quarter Average

⁶ Definition used in Labour Force Survey

6 Workforce Characteristics

Key features

- The health sector is highly feminised – 81% of the workforce are female compared to 50% in the local economy
- The total employed in age band 16-24 years is less than half of those employed in the whole economy
- Part-time workers account for 42% of the workforce compared to 32% in the local economy
- Highly qualified workforce – 60% qualified to NVQ Level 4 and above compared to 30% in the local economy

6.1 Introduction

The following section breaks down the health workforce to its component parts. The purpose of this is, where relevant, to highlight any differences when comparing the health workforce to the workforce of the whole economy and the health sector in England.

6.2 Age Profile

The age profile of the existing workforce is essential to workforce planning when factoring in the demand for replacement.

The total employed in age band 16-24 years is less than half of those employed in the whole economy in the North East and in England. This is most likely due to the time taken to qualify for specialist roles.

15. Age Profile

	North East		England	
	Health %	Whole Economy %	Health %	Whole Economy %
16-24 years	7	15	6	13
25-34 years	22	21	20	22
35-44 years	30	24	28	25
45-54 years	26	25	28	23
55-64 years	15	14	16	14
65 years and over	1	2	2	3

Source: Labour Force Survey 2009 4 Quarter Average

6.3 Gender Profile

The health sector is a highly ‘gendered’ sector with the majority of roles being taken by women. Using the latest estimates from the Annual Business Inquiry we can see:

- Gender ratio: female 81%/male 19% compared to female 50%/male 50% in the local economy
- 42% of the workforce are part-time (throughout the regions this proportion ranges from 31%-49%) compared to 32% in the local economy
- Of the part-time workforce (42%) only 4% are male

16. Gender and Employment Status Profile

	North East			
	Health	%	Whole Economy	%
Male Full-Time Workers	12,700	16	435,800	42
Male Part-Time Workers	3,000	4	83,300	8
Female Full-Time Workers	35,000	43	267,800	26
Female Part-Time Workers	31,200	38	244,200	24
Male	15,700	19	519,100	50
Female	66,200	81	512,000	50
Full-Time Workers	47,700	58	703,600	68
Part-Time Workers	34,200	42	327,500	32
Total	81,900	100	1,031,100	100

Source: Annual Business Inquiry 2008

6.4 Ethnicity Profile

There is a greater diversity of ethnicity in the health sector workforce than the whole economy. This is a pattern that is repeated across England.

17. Ethnicity Profile

	North East		England	
	Health %	Whole Economy %	Health %	Whole Economy %
White	90	96	85	90
Non-White	10	4	15	10

Source: Labour Force Survey 2009 4 Quarter Average

6.5 Highest Qualification Held Profile

The health sector is highly qualified with 60% of the health sector workforce of the North East holding qualifications equivalent to NVQ Level 4 and above (throughout the regions this proportion ranges from 57%-65%). This is the same as the average across the sector in England (60%) but double the percentage of the workforce across all sectors of the North East (30%).

The differences in those qualified to Levels 2 and Levels 4 of the North East health sector and the English health sector could be accounted for by the focus across the health sector on developing assistant practitioners and the extended career opportunities that these roles create.

18. Highest Qualification Held

	North East		England	
	Health %	Whole Economy %	Health %	Whole Economy %
NVQ Level 4 and above	60	30	60	35
NVQ Level 3	13	20	11	18
NVQ Level 2	13	22	12	18
Below NVQ Level 2	8	13	8	13
Other qualifications	5	7	6	9
No qualifications	1	8	3	7

Source: Labour Force Survey 2009 4 Quarter Average

6.6 Major Occupation Group Profile

The majority of the workforce can be found in Associate Professional and Technical and Personal Services occupations. This is not surprising given the nature of the health sector.

Associate Professional and Technical include nurses, therapists and midwives etc. whilst Personal Service occupations include nursing auxiliaries, nursery nurses etc.

19. Major Occupation Profile

	North East		England	
	Health %	Whole Economy %	Health %	Whole Economy %
1 Managers and Senior Officials	6	13	7	16
2 Professional occupations	18	12	17	14
3 Associate Professional and Technical	34	13	38	15
4 Administrative and Secretarial	12	12	14	11
5 Skilled Trades Occupations	1	10	1	10
6 Personal Service Occupations	23	10	18	9
7 Sales and Customer Service Occupations	1	9	0	7
8 Process Plant and Machine Operatives	0	8	1	7
9 Elementary Occupations	4	12	4	11
Did Not Answer	0	1	0	0

Source: Labour Force Survey 2009 4 Quarter Average

7 Skills Gaps, Skills Shortages and Provision of Training

Key Features

- 21% of health establishments report skills gaps in their current workforce
- The main areas of reported skill gaps are technical, practical or job specific skills and customer handling skills
- 91% of health establishments have provided training in the past 12 months
- 47% of the health sector workforce qualified to NVQ Level 4 and above report having received training in the past 13 weeks compared to 16% qualified to below NVQ Level 2

7.1 Introduction

The National Employers Skills Survey 2009 (NESS 2009) for England is the latest in a series of employer surveys conducted since 2003. The survey, from the UK Commission for Employment and Skills and its partners, provides robust and reliable information from employers in England on recruitment difficulties, skills deficiencies, and workforce development to help in the development of policy and influence actions to address skills issues.

In comparison with the previous surveys the NESS 2009 shows that there has been a marked increase in skills gaps across the health sector, with the proportion of employers reporting skills gaps increasing from 16% to 22%. The proportion of employers reporting skills shortages has, however, remained stable at 4% and the proportion reporting vacancies has reduced from 24% in 2007 to 20% in 2009.

These findings are consistent with the changes across the labour market that are expected at times of recession, although it should be noted that those sectors with a strong public sector presence such as health have reported higher levels of activity around vacancies and recruitment than sectors dominated by the private sector. This may indicate that at the time of the survey the health sector may not have felt the full effects of the recession.

7.2 Skills Gaps and Shortages

Skills gaps are said to exist at an establishment when the employer indicates that staff at the establishment are not fully proficient at their jobs. The number of skills gaps refers to the number of staff not fully proficient.

Table 20 shows that skills gaps across the North East affect a similar proportion of employers but a lower proportion of employees than the average across the sector as a whole within England. This may be indicative of skills gaps being concentrated in smaller employers, but more analysis would be necessary in order to draw firm conclusions.

20. Establishments with Skills Gaps by Region

Region	% with skills gaps	
	Establishments	Employees
East of England	23	6
East Midlands	19	15
London	18	5
North East	21	5
North West	23	3
South East	23	13
South West	25	10
West Midlands	24	8
Yorkshire and the Humber	21	7
England Average	22	8

Source: NESS, 2009
Base: Column 2 - All establishments and Column 3 - All employees

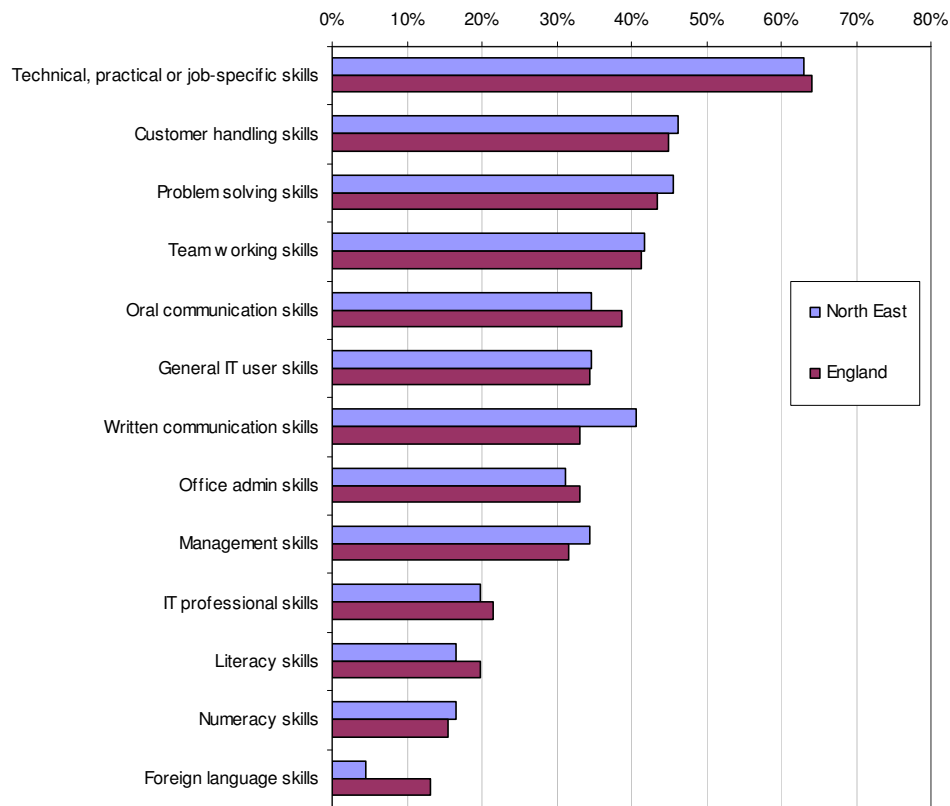
The 2009 National Employers Skills Survey for England⁷ shows that the main areas of reported skills gaps within the North East are:

- Technical, practical or job specific skills (63%)
- Customer handling skills (46%)

Chart 3 shows a comparison of the skills that health sector employers in the North East highlight as needing to be improved compared with the averages for the sector across England.

⁷ National Employer Skills Survey 2009, Data Site <http://researchtools.lsc.gov.uk/ness/itab/default.asp>

3 Skills That Need Improving



Source: NESS, 2009

7.3 Vacancies within the Health Sector

The National Employers Skills Survey for England provides an overview of vacancies at a sectoral level including hard-to-fill vacancies and skills shortage vacancies.

The latest survey shows that a higher proportion of establishments in the health sector report vacancies and at a sectoral level the health sector report the highest level of hard-to-fill vacancies.

Table 21 shows the proportion of employers reporting vacancies, hard-to-fill vacancies and skill shortage vacancies.

21. Vacancies, Hard-to-Fill Vacancies and Skill Shortage Vacancies

	Health Sector	Whole Economy
% of all employers reporting vacancies	20	12
% of all employers reporting hard-to-fill vacancies	7	3
% of employers reporting Skill Shortage Vacancies	4	4

Source: NESS, 2009
Base: All establishments

Table 22 shows the percentage of all employers in the health sector reporting vacancies at a regional level.

22. Employers Reporting Vacancies in the Health Sector

	% of employers reporting vacancies	
	Health Sector	Whole Economy
East of England	23	12
East Midlands	23	11
London	18	14
North East	20	12
North West	17	11
South East	21	13
South West	21	12
West Midlands	19	11
Yorkshire and the Humber	18	12
England Average	20	12

Source: NESS, 2009
Base: All establishments

The figures for hard-to-fill vacancies and skill shortage vacancies are not available at a regional level due to low baselines; however, an indication of vacancies at occupational level gives us an indication of high vacancy rates and specific occupations experiencing higher turnover or difficulties.

7.4 Jobcentre Plus Vacancies and Claimant Count

Based on 27 occupations, in May 2010, 505 people claiming Job Seekers Allowance (JSA) were actively looking for a job in the health sector. In the same period 980 health vacancies were being advertised at Jobcentres⁸ throughout the North East.

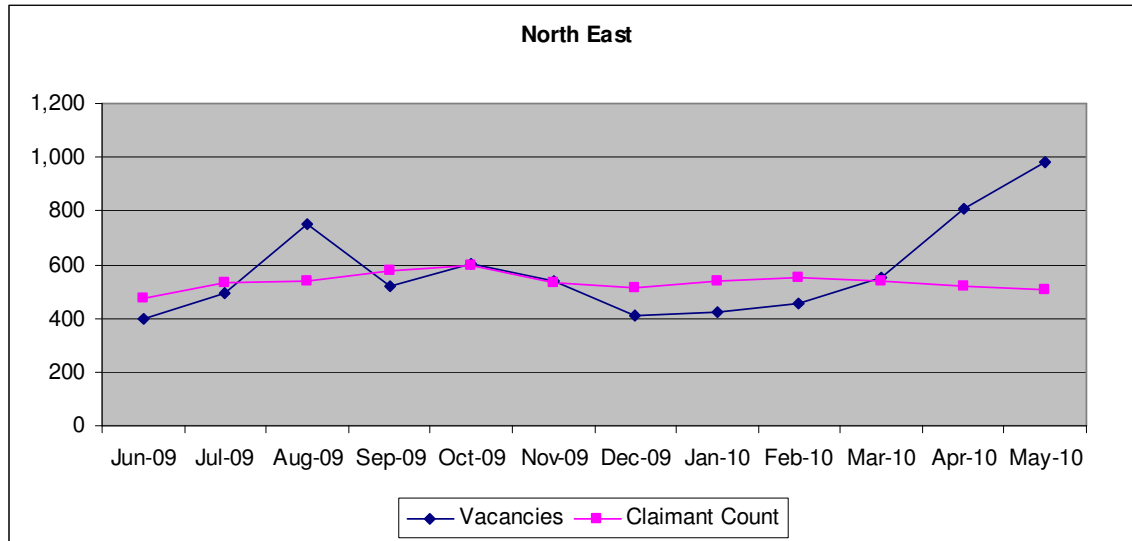
Local Authorities where vacancies significantly exceed the numbers of jobseekers are County Durham, Darlington, Newcastle upon Tyne and Redcar and Cleveland. Please refer to the Table in Appendix 3.

Occupations where the number of vacancies advertised significantly exceeds those being sought by registered job seekers are Pharmacists/pharmacologists, Nurses, Pharmaceutical Dispensers and Dental nurses. However, this is not a true reflection of the labour market as sought occupation figures only account for those currently registered as unemployed and does not take into account people who are in current employment in other sectors seeking entry into the health sector. Please refer to the Table in Appendix 3.

⁸ All adverts for vacancies with an Agenda for Change salary band of 1-5 (inclusive) are fed directly to Jobcentre Plus. From February 2009 NHS Jobs updated the vacancy feed to Jobcentre Plus advisers to additionally include All Administrative and Clerical vacancies in pay bands 6 and 7 and all Estates and Ancillary vacancies in pay bands 6 and 7. www.nhsemployers.org/RecruitmentAndRetention/nhs-jobs/Pages/NHS-Jobs-and-Jobcentre-Plus.aspx

Chart 4 shows that over the period the number of Job Seekers and the number of vacancies were fairly comparable. However, over the last three months from March 2010, the numbers of vacancies are exceeding the claimant count.

4 Jobcentre Plus Vacancies Compared to Health Sought Occupations



Source: Nomis

7.5 Skills Supply

Key to the supply of skills across any sector is high quality training and development led by employer demand. If this is achieved there should be a greater balance between the demand and supply of skills. NESS 2009 shows that the health sector experiences high levels of training compared to the whole economy.

Table 23 shows that 91% of health sector establishments in the North East report that they have provided training for their employees in the preceding 12 months compared to 69% in the local economy.

On a regional level, the North East has the highest percentage of health establishments providing on or off the job training.

23. Establishments Providing Training by Region

Region	% of establishments that have provided training (on or off the job) in the preceding 12 months	
	Health Sector	Whole Economy
East of England	89	66
East Midlands	88	67
London	82	66
North East	91	69
North West	87	67
South East	84	70
South West	83	71
West Midlands	82	68
Yorkshire and the Humber	85	65
England Average	85	68

Source: NESS, 2009
Base: All establishments

7.6 Training in the Last 13 Weeks

There is also a general pattern across all sectors that more highly qualified staff receive more training than those with lower level qualifications. This pattern is seen across the health sector with Table 24 showing that those individuals qualified to NVQ Level 4 and above (47%) are almost twice as likely to report having received training in the last 13 weeks as those qualified to below NVQ Level 2 (16%).

Estimates at a regional level should be interpreted with caution due to sample sizes.

24. Percentage of the Health Sector Workforce That Have Received Training in the Last 13 Weeks Split by Qualification Level

	North East %	England %
NVQ Level 4 and above	47	45
NVQ Level 3	33	33
NVQ Level 2	34	31
Below NVQ Level 2	16	25
Other qualifications	34	29
No qualifications	0	14

Source: Labour Force Survey 2009 4 Quarter Average

These figures can be broken down further to look at specific staff groups. In doing this we have taken the largest 25 staff groups across England from the Labour Force Survey 2009 and separated the staff groups into the following:

- those with a high qualification profile (where 75% of the people in the staff group are qualified to NVQ Level 4 and above)
- those with a low qualification profile (where at least 35% of the workforce are qualified to below NVQ Level 2)
- those with a mixed qualification profile

Table 25 shows the estimated percentage of the workforce in each staff group that have received training in the last 13 weeks. In general we can see that those with the highest qualifications receive more training and those in clinical roles receive more training than those in non-clinical roles. This is not surprising given the regulatory requirements of clinical roles and the need for clinical skills to be maintained.

25. Percentage of the Workforce in Each Staff Group That Have Received Training in the Last 13 Weeks

	North East %	England %
3212 Midwives	61	50
2215 Dental practitioners	51	48
2211 Medical practitioners	61	52
3222 Occupational therapists	48	51
3211 Nurses	40	47
3221 Physiotherapists	55	46
2112 Bio scientists and biochemists	0	44
2212 Psychologists	68	40
3214 Medical radiographers	0	46
1181 Hospital and health service managers	38	43
3229 Therapists n.e.c.	22	40
Non-clinical		
6113 Dental Nurses	40	43
1183 Healthcare practice managers	33	31
6115 Care assistants and home carers	56	38
6111 Nursing auxiliaries and assistants	34	38
3218 Medical and dental technicians	51	41
6112 Ambulance staff (excluding paramedics)	44	32
4211 Medical secretaries	22	19
4131 Filing & other records assists & clerks	13	16
4215 Personal assists and other secretaries	25	26
4216 Receptionists	25	20
4150 General office assistants or clerks	18	20
Cleaners		
9233 Cleaners domestics	22	12
9223 Kitchen and catering assistants	0	16
9221 Hospital porters	33	15

Source: Labour Force Survey 2009 4 Quarter Average

8 Projections of Future Levels of Employment in the Health Sector

Key Features

- The health sector across the North East is predicted to grow by 6,000 people between 2007 and 2017. These estimates were created prior to the economic downturn and tighter public spending and should therefore be treated with extreme caution
- 40,000 people are predicted to retire from the sector between 2007 and 2017, this represents an opportunity for employers to reshape their workforce

8.1 Introduction

Working Futures III 2007-2017⁹ is an econometric forecast of changes to employment and skills needs between 2007 and 2017. It seeks to model the impact of technological change, changes in government policy, economic conditions and other social drivers for the UK labour market, including the health sector.

These forecasts for future employment in the sector were produced prior to the recession which began in 2008. The effect of this and tighter public spending will almost certainly mean that these forecasts of expansion are now overstated. Set against a backdrop of tighter public spending, and the dominance in terms of employee numbers of the NHS across the sector, it is unlikely that the sector will experience any significant growth over the short to medium term.

The forecasts do however provide an interesting analysis of estimated numbers of workers that will retire between 2007 and 2017. These figures indicate that an average of 4,000 employees will leave the sector every year across the region. Employers may therefore wish to examine what opportunities this presents for them to reshape their workforce through systematic workforce and succession planning activities.

⁹ Working Futures 2007-2017, Institute for Employment Research, University of Warwick, December 2008

8.2 Changes in the Workforce by Main Occupational Group

The health sector across the North East is predicted to grow by 6,000 people (5.5%) between 2007 and 2017; this is significantly lower than the 11.8% growth predicted for the health sector across England. However, the region and its employers will need to recruit an additional 46,000 people between 2007 and 2017 to fill new jobs and replace existing workers who will retire or leave the sector.

Table 26 provides an overview of the expansion and net requirement for workers across the sector by occupation groups. The largest expansion in both percentage terms and absolute numbers is predicted in the Corporate/Senior Managers group. This group is predicted to increase by almost 3,000 people, which equates to 27%. Again there should be caution here given the timing of the projections and the tighter fiscal environment across the sector.

26. Changes in the Workforce Across the Sector by Main Occupation Group 2007 – 2017

	2007 (000s)	2017 (000s)	Estimated Growth 2007-2017 (000s)	Estimated Retirements 2007-2017 (000s)	Net Requirement* 2007-2017 (000s)
Corporate/Senior Managers	10	12	3	4	6
Health Associate Professionals (inc nurses, therapists, midwives etc.)	25	28	3	10	13
Caring Personal Services Occupations (inc nursing auxiliaries, nursery nurses etc.)	23	22	0	9	9
Health Professionals (inc medical and dental practitioners, pharmacists, psychologists etc.)	8	10	2	3	5
Science/Technical Professionals (inc Chemists Biomedical scientists, etc.)	1	2	0	0	1
Teaching and Research Professionals (inc special needs teachers, primary and nursery education teachers)	1	1	0	0	0
Business/Public Service Professionals (inc social workers, accountants etc.)	5	5	0	2	2
Administrative Occupations (inc admin officers, wages clerk, filing and records clerk, office assistants etc.)	5	4	-2	2	1
Secretarial (inc medical secretaries, personal assistants, receptionists)	2	1	-1	1	0
All Other Occupations	20	21	1	8	9
Total Workforce	100	106	6	40	46

Source: Working Futures III

9 Conclusion

This regional briefing has sought to provide readers with an overview of the main employment and skills trends in the North East health sector. We hope this regional briefing has been of use to you and has provided you with the insights you need.

The development of Skills and Labour Market intelligence is always an iterative process and we welcome the comments and suggestions of health sector employers and stakeholders. Please email LMI@skillsforhealth.org.uk should you wish to comment on these assessments or any other aspects of our work.

9.1 Skills and Labour Market Intelligence

Skills for Health believe that robust and reliable labour market intelligence is a vital part of the workforce planning and skills development process. We want to assist you in understanding the local, regional and national picture of skills and labour market trends and give you the confidence to make informed decisions.

We seek to enhance the understanding of current and future skills needs across the sector through a varied range of outputs that are freely available on our website.

Our products and services are suitable for a wide range of users including healthcare employers and line managers, strategic health authorities, education commissioners and careers advisors. They include:

- [Baseline Reports](#) profiling health sector skills and labour market trends within the UK, England, Scotland, Wales and Northern Ireland, and the English regions
- [Themed research](#) to address gaps in workforce knowledge and promote new ways of delivering healthcare
- [An online information tool](#) allowing you to interrogate statistics on health sector employment, skills, labour demand, training and demographics
- [Future-orientate reports](#) and seminars exploring creative approaches to the emerging healthcare workforce issues
- Bespoke searches and reports on specific themes relevant to you as an employer.

10 Appendix 1 - Health Acorn Profiles

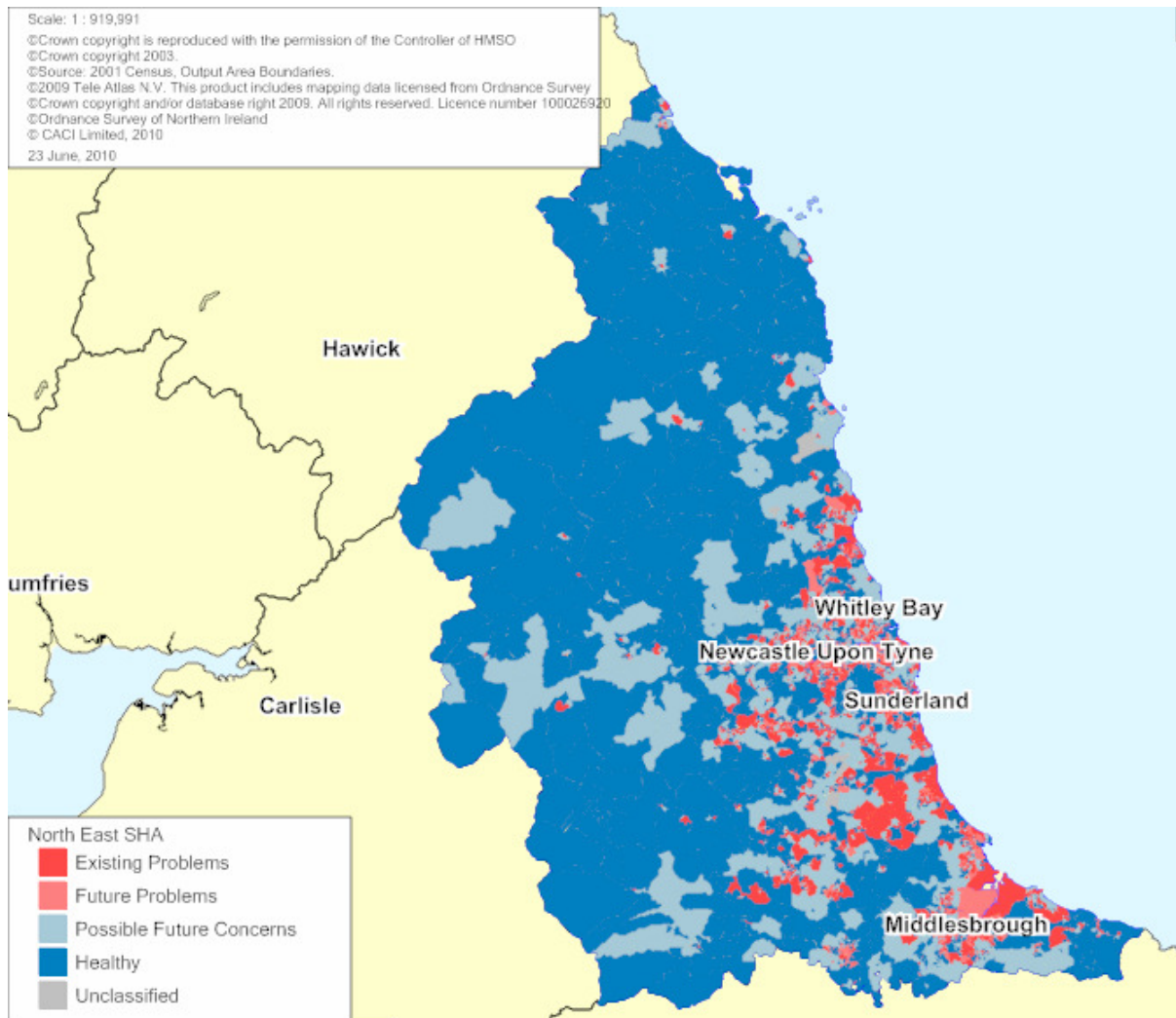
10.1 North East 2009 Health Acorn Population Profile

<i>Health ACORN Group Profile</i>		Profile	Data as % North East	Data as % England	Index avg = 100
1	Existing Problems	768,459	29.8	13.5	220
2	Future Problems	404,328	15.7	12.0	131
3	Possible Future Concerns	737,757	28.6	35.0	82
4	Healthy	646,258	25.1	38.5	65
	Unclassified	22,616	0.9	0.9	95
Total Population:		2,579,418	100.0	100.0	100

<i>Health ACORN Type Profile</i>		Profile	North East	England	Index
1	Older couples, traditional diets, cardiac issues	17,938	0.7	0.4	164
2	Disadvantaged elderly, poor diet, chronic health	26,848	1.0	0.3	344
3	Vulnerable disadvantaged, smokers with high levels of obesity	61,724	2.4	0.6	398
4	Post industrial pensioners with long term illness	134,397	5.2	1.7	313
5	Deprived neighbourhoods with poor diet, smokers	154,147	6.0	1.7	347
6	Elderly with associated health issues	113,690	4.4	2.7	166
7	Home owning pensioners, traditional diets	81,696	3.2	2.2	143
8	Disadvantaged neighbourhoods with poor diet & severe health issues	178,019	6.9	3.9	176
9	Poor single parent families with lifestyle related illnesses	56,008	2.2	0.8	288
10	Multi-ethnic, high smoking, high fast food consumption	38,312	1.5	1.9	78
11	Urban estates with sedentary lifestyle & low fruit & veg consumption	174,330	6.8	2.6	257
12	Deprived multi-ethnic estates, smokers and overweight	85,514	3.3	4.0	83
13	Disadvantaged multi-ethnic younger adults, high levels of smoking	50,164	1.9	2.7	71
14	Less affluent neighbourhoods, high fast food, sedentary lifestyles	170,238	6.6	4.9	136
15	Affluent healthy pensioners dining out	73,437	2.8	3.8	76
16	Home owning older couples, high levels of fat & confectionery	175,093	6.8	7.4	91
17	Affluent professionals, high alcohol consumption, dining out	109,534	4.2	8.5	50
18	Low income families with some smokers	125,471	4.9	6.3	78
19	Affluent families with some dietary concerns	83,984	3.3	4.2	77
20	Young mobile population with good health and diet	49,164	1.9	4.3	45
21	Younger affluent, healthy professionals	68,659	2.7	5.0	54
22	Students and young professionals, living well	18,587	0.7	2.0	37
23	Towns and villages with average health and diet	133,737	5.2	8.1	64
24	Mixed communities with better than average health	206,214	8.0	7.8	103
25	Affluent towns and villages with excellent health and diet	169,897	6.6	11.4	58
	Unclassified	22,616	0.9	0.9	95
Total Population:		2,579,418	100.0	100.0	100

10.2 North East Dominant Health Group Map

Dominant health group at output area (OA)



Source: CACI 2009

11 Appendix 2 – Local Ratio of Health Employees and Establishments

11.1 North East Ratio of Health Employees and Establishments

Within the North East there is 1 health employee for every 31 people and 1 health establishment for every 1,288 people.

At a subregional level this figure can range from 1 health establishment to every 912 people in Newcastle upon Tyne to 1 health establishment to every 1,973 people in North Tyneside.

At a patient care level this ratio ranges from 1 health employee to every 16 people in Newcastle upon Tyne and Middlesbrough to 1 health employee for every 61 people in Redcar and Cleveland.

	2008 Population Estimates	%	Ratio of 1 Health Data Unit to Resident Population	Ratio of 1 Health Employee to Resident Population
County Durham	508,500	20	1,271	59
Darlington	100,500	4	1,005	17
Gateshead	190,600	7	1,906	41
Hartlepool	91,700	4	917	33
Middlesbrough	139,000	5	1,390	16
Newcastle upon Tyne	273,600	11	912	16
North Tyneside	197,300	8	1,973	32
Northumberland	311,000	12	1,037	37
Redcar and Cleveland	139,500	5	1,395	61
South Tyneside	151,600	6	1,516	41
Stockton-on-Tees	191,900	7	1,919	35
Sunderland	280,300	11	1,402	36
Total	2,575,500		1,288	31

Source: Annual Business Inquiry workplace analysis 2008 (SIC 2007)

12 Appendix 3 – Health Vacancies and Claimant Count

12.1 Jobcentre Plus Vacancies and Claimant Count by Occupation, May 2010

Occupation	Jobcentre Plus Vacancies	Claimant Count - Sought Occupation
1181 : Hospital and health service managers	7	10
1182 : Pharmacy managers	0	0
1183 : Healthcare practice managers	4	0
2112 : Biological scientists and biochemists	7	35
2211 : Medical practitioners	2	5
2212 : Psychologists	4	15
2213 : Pharmacists/pharmacologists	25	5
2214 : Ophthalmic opticians	0	0
2215 : Dental practitioners	1	0
3211 : Nurses	687	45
3212 : Midwives	0	5
3213 : Paramedics	1	5
3214 : Medical radiographers	1	0
3215 : Chiropodists	2	5
3216 : Dispensing opticians	0	5
3217 : Pharmaceutical dispensers	31	10
3218 : Medical and dental technicians	2	5
3221 : Physiotherapists	3	10
3222 : Occupational therapists	11	5
3223 : Speech and language therapists	2	5
3229 : Therapists n.e.c.	3	30
4211 : Medical secretaries	12	15
8138 : Routine laboratory testers	4	10
6111 : Nursing auxiliaries and assistants	125	125
6112 : Ambulance staff (excluding paramedics)	0	10
6113 : Dental nurses	37	15
9221 : Hospital porters	9	125
Column Total	980	505

Data based on 27 defined occupations. Vacancies - a monthly count of vacancies notified to employment service job centres. Claimant Count – number of people claiming JSA and NI credits at Jobcentre plus local offices. This is not an official measure of unemployment.

Claimant Count rounded to nearest 5

Source: Nomis

12.2 Jobcentre Plus Vacancies and Claimant Count by Local Authority, May 2010

Local Authority: county / unitary	Jobcentre Plus Vacancies	Claimant Count
County Durham	121	65
Darlington	207	20
Gateshead	49	40
Hartlepool	56	10
Middlesbrough	66	50
Newcastle upon Tyne	140	60
North Tyneside	31	50
Northumberland	57	50
Redcar and Cleveland	75	40
South Tyneside	68	30
Stockton-on-Tees	69	35
Sunderland	41	55
Column Total	980	505

Data based on 27 defined occupations. Vacancies - a monthly count of vacancies notified to employment service job centres. Claimant Count – number of people claiming JSA and NI credits at Jobcentre plus local offices. This is not an official measure of unemployment.

Claimant Count rounded to nearest 5

Source: Nomis

13 Appendix 4 – Regional Matrix

Description	East of England	East Midlands	London	North East	North West	South East	South West	West Midlands	Yorkshire and The Humber
Tbl 1 - Health Profile (% of population)									
Existing Problems	10	14	8	30	20	7	10	17	18
Future Problems	8	13	18	16	14	7	7	14	15
Possible Future Concerns	38	33	30	29	34	44	38	35	30
Healthy	44	40	44	25	31	40	44	34	37
Unclassified	1	1	1	1	1	1	1	1	1
Population Projections 2008 - 2033 (millions)	1.4	0.9	1.5	0.3	0.6	1.7	1.1	0.7	1.1
Tbl 12 - Sizeband (% of Health Establishments)									
1 -10 employees	66	63	76	60	67	66	60	67	65
11 - 49 employees	28	29	18	30	25	26	32	26	28
50 - 199 employees	4	5	4	5	5	5	6	5	5
200 or more employees	2	3	1	<5	2	1	2	2	3
Tbl 13 - Sub Sector Activity Establishments									
Hospital activities	13	11	11	15	13	16	19	12	13
General medical practice activities	32	32	37	30	33	29	30	35	35
Specialist medical practice activities	2	3	4	<5	3	3	2	2	3
Dental practice activities	21	18	22	20	21	21	21	21	20
Other human health activities	30	37	28	30	31	30	28	30	28
% employed in the Independent Sector	24	22	29	19	18	28	24	20	22
Tbl 16 - Health Employment (%)									
Male Full Time	15	15	20	16	16	16	14	16	15
Male Part Time	4	4	4	4	4	5	5	4	4
Female Full Time	41	41	49	43	42	40	38	42	40
Female Part Time	39	39	27	38	38	39	43	39	40
Tbl 18 - Highest Qualification Held									
NVQ Level 4 and above	57	57	65	60	59	62	58	60	57
NVQ Level 3	9	12	7	13	12	10	13	11	12
NVQ Level 2	12	16	9	13	12	12	12	14	14
Below NVQ Level 2	11	8	5	8	8	8	9	8	9
Other Qualifications	8	5	10	5	5	6	5	4	5
No qualifications	4	3	4	1	4	2	2	3	3
Tbl 24 - % Training in last 13 weeks									
NVQ Level 4 and above	48	44	45	47	43	44	42	46	47
NVQ Level 3	31	29	35	33	36	35	31	26	36
NVQ Level 2	31	31	30	34	31	34	22	34	34
Below NVQ Level 2	19	26	32	16	26	31	26	18	23
Other Qualifications	28	30	34	34	33	28	23	23	25
No qualifications	13	5	17	0	22	14	14	16	7
Tbl 26 - Replacement Demand (000s)									
Estimated Growth	26	18	36	6	25	43	23	29	19
Estimated Retirements	77	60	110	40	107	121	82	79	78

14 Glossary

ABI The Annual Business Inquiry is a business survey which collects both employment and financial information. The ABI is based on a sample survey so estimates are subject to sampling errors which need to be taken into account when interpreting the data

ACORN A Classification of Residential Neighbourhoods. A geodemographic classification using census and other data to classify postcodes into neighbourhood categories. The classification has been developed by the marketing-data firm CACI

Footprint All organisations in the health sector use Standard Industrial Classifications (SIC) Human Health Activities

In analysing data for the Skills for Health footprint SIC codes are used. The most recent SIC codes that have been developed are SIC 2007.

The codes relevant to the Skills for Health Footprint are SIC code 86 – Human Health Activities which is comprised of the following areas:

- SIC 86.101 – Hospital activities
- SIC 86.210 – General medical practice activities
- SIC 86.220 – Specialist medical practice activities
- SIC 86.230 – Dental practice activities
- SIC 86.900 – Other human health activities

Change in Data

The SIC 2003 classification included Nursing Home Activities (excluding homes for the aged) SIC 85.113 within Hospital Activities. This has always been an area where we have known there to be significant overlap with Skills for Care and Development in respect of responsibility for the workforce however it has never been possible to disaggregate this section of the workforce within the data that we hold.

The SIC 2007 classification now splits this sub classification into Medical Nursing Home Activities under the direct supervision of medical doctors (which falls within the skills for health footprint) and several other sub classifications which now clearly fall within the footprint of Skills for Care and Development.

The net result of this split is that it appears that our overall workforce numbers across the health sector have reduced when comparing to earlier documents but in fact this is not the case.

For a full overview of this issue please refer to the Skills for Health SIC 2007 Technical Paper which is available on the Skills for Health website.

GOR The nine Government Office Regions are the primary statistical subdivisions of England

Great Britain Refers to the whole of England, Scotland and Wales including offshore islands. It does not include Northern Ireland, the Channel Islands or the Isle of Man

LFS The Labour Force Survey (LFS) is a quarterly sample survey of households living at private addresses in the UK

NESS National Employers Skills Survey for England

OAs Output Areas (OAs) are based on postcodes as at Census Day. The minimum OA size is 40 resident households and 100 resident persons but the recommended size was rather larger at 125 households. In total there are 165,665 OAs in England

SIC The United Kingdom Standard Industrial Classification of Economic Activities (SIC) is used to classify business establishments and other standard units by the type of economic activity in which they are. For further information please visit www.statistics.gov.uk/statbase/Product.asp?vlnk=14012

SOC Standard Occupation Classification is used to define the workforce across the whole economy

The unit group structure i.e. occupation code of the major groups, are detailed in the table below. For example occupation codes beginning with 1 i.e. 1181 Hospital and health service manager will be incorporated under major group 1- Managers and Senior Officials, 2211 Medical Practitioners will be incorporated under major group 2 - Professional Occupations

Code commencing with:	Major Group	Example of Unit Groups
1	Managers and Senior Officials	1181 Hospital and health service manager 1183 Healthcare Practice Managers
2	Professional Occupations	2211 Medical practitioners 2215 Dental practitioners
3	Associate Professional and Technical Occupations	3211 Nurses, 3212 Midwives, 3213 Paramedics
4	Administrative and Secretarial Occupations	4211 Medical secretaries
5	Skilled Trades Occupations	5434 Chefs, cooks
6	Personal Service Occupations	6111 Nursing, auxiliaries and assistants 6112 Ambulance staff (excl Paramedics)
7	Sales and Customer Service Occupations	7212 Customer care occupations
8	Process, Plant and Machine Operatives	8138 Routine laboratory testers
9	Elementary Occupations	9221 Hospital porters

UK The United Kingdom is the nation state consisting of England, Scotland, Wales and Northern Ireland

15 Data Sources

Annual Business Inquiry

www.nomisweb.co.uk

CACI

CACI offer an unrivalled range of marketing solutions and information systems to local and central government and to businesses from most industry sectors.

www.caci.co.uk

Department of Health

www.dh.gov.uk

Labour Force Survey

The Labour Force Survey (LFS) is a quarterly sample survey of households living at private addresses in the UK. Its purpose is to provide information on the UK labour market that can then be used to develop, manage, evaluate and report on labour market policies.

www.statistics.gov.uk/STATBASE/Source.asp?vlnk=358&More=Y

NOMIS

Official labour market statistics

www.nomisweb.co.uk

Office for National Statistics

The Office for National Statistics (ONS) is the UK Government's main survey organisation and its main producer of official statistics.

www.statistics.gov.uk

Working Futures 2007 - 2017

Working Futures 2007-2017 is the latest in a long series of projections produced by IER in collaboration with Cambridge Econometrics (CE). It focuses upon the future patterns of demand for skills as measured by occupation. The results covered the National (UK) picture, as well as detailed sectoral and spatial results.

www2.warwick.ac.uk

UKCES

UK Commission for Employment and Skills - Home of National Employer Skills Survey for England.

www.ukces.org.uk