



GM Health and Social Care Workforce: Labour Market Information Report

**August 2017
V2.2**

Purpose of the LMI Report

- Greater Manchester's Healthcare Labour Market Information (LMI) Report aims to provide reliable statistical data regarding GM's workforce employed in the health and social care sector (henceforth HSC). It seeks to understand existing workforce structures and dynamics as well as anticipated future demands.
- The document uses multiple sources of evidence, including national datasets and management data supplied by HSC employers.
- It aims to supply a consistent measurement vehicle for understanding GM's workforce that can be updated at regular intervals with new data.
- The analysis outlines the latest position on skills supply and demand and seeks to inform Greater Manchester's thinking on how to develop its HSC workforce in the light of devolution.
- It focuses on the risks and opportunities facing the healthcare workforce at a time of political and fiscal uncertainty that has followed the decision in June 2016 to leave the European Union.
- The LMI report supports the GM Workforce Strategy and Implementation plan. It should also be read in conjunction with several other important documents, such as the Healthcare and Health Innovation Deep Dive and the Locality Plans which set out the priorities and approach of the GM districts to workforce development. Links to these documents can be found in the further reading slide at the end of this document.

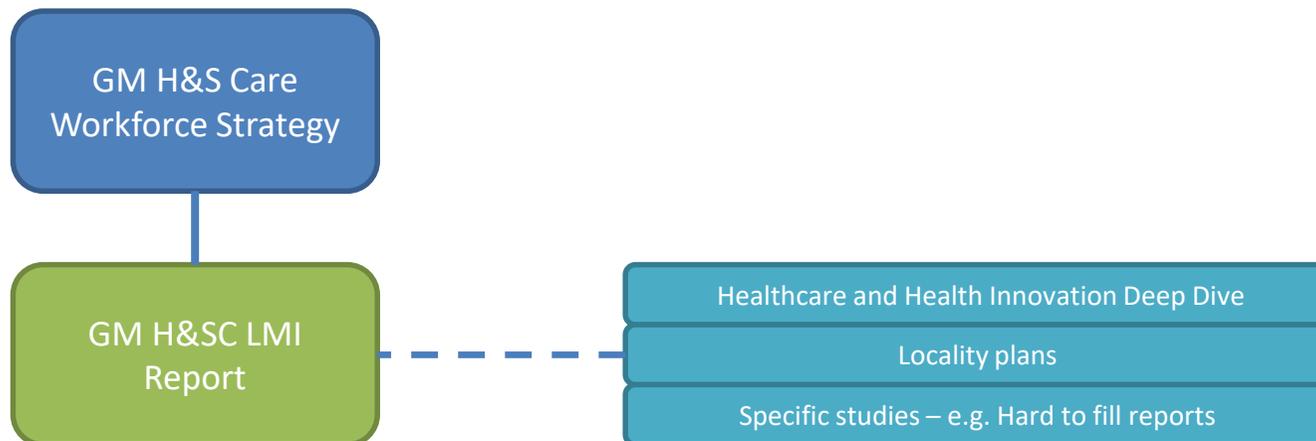


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Main Messages

- **HSC Employment:** The HSC sector employs just under 13% of GM's labour force or about 177,000 people, following rapid growth (a 46% increase) since the early 1990s. Over a quarter of these jobs were in the Manchester district where the principal employment sites are located. The GM HSC labour force has a lower rate of self-employment than other sectors (about 10% compared with 13% in the wider GM economy), but a much higher rate of part-time working: almost 40% are part-time compared with about a quarter elsewhere.
- **Shortages:** Although shortages and recruitment challenges are longstanding problems, the sector faces undoubted contemporary recruitment difficulties which have been exacerbated by Brexit. Shortages affect areas such as nursing and midwifery (about 1,200 are needed each year in GM), some areas of medical practice (about 300 doctors needed), and professional practice areas such as radiology and radiography and children's services; but a disproportionate amount of the demand for new recruits in HSC is driven by care (about 8,500 a year – about 2,000 managers and about 6,500 care staff). Churn in care (turnover rates of 31% and vacancy rates of 5.4%), often generated by job quality issues such as pay, hours and stress contribute to demand.
- **Forecasts:** Forecasting suggests the GM HSC sector needs about 17,000 people a year largely driven by 'replacement' of staff rather than 'expansion' of the sector. By 2035 forecasts, derived from the Greater Manchester Forecasting Model, suggest it will employ between 190,000 and 200,000 people, depending on growth and population assumptions used in the forecast.
- **Skills supply:** This demand for staff within HSC raises questions about the ability of GM both to attract experienced professionals to the city region and about the 'home-grown' skills supply system. In total, GM has about 17,000 people who study HSC-relevant subjects at University each year (of which about 3,400 are medicine and dentistry), about 10,000 apprentices (almost all of whom are studying social care) and about 14,000 course starts in HSC related courses in the further education system. In medicine and dentistry, GM retains about 35% of the graduates who study at GM based HEIs. In subjects allied to medicine the proportion is 61%.

Main Messages (cont.)

- **Skills of existing workforce:** Change within the sector implies the need for new ways of working, often enabled by ICT. Routes and funding streams for people to balance working with flexible learning and clear pathways into HSC careers will be needed.
- **Volunteers and carers:** As well as staff employed conventionally in the HSC sector there is also human capital involved in the voluntary sector and through caring by relatives and friends. About 10% of the population – or over 280,000 people – care for others, with those devoting more than 50 hours a week to caring higher than national norms.
- **Vacancies:** Between January and July 2017, the HSC sector advertised 17,000 posts. Nurses were the largest single category of recruitment (4,600 adverts) but care staff and managers and associate health professionals were also in demand. About a third of adverts were for positions demanding at least a Bachelor's degree.
- **Ageing workforce:** Recruitment challenges are likely to be exacerbated by the ageing workforce. In residential care almost half of staff are aged over 50, a higher proportion than national norms.

- 12% of NHS staff are citizens of other countries; 5.5% are from the EU. This is roughly the same as the wider economy.
- About 90,000 of the health workforce of 1.3m comes from EU. The number of non-British EU nationals working in the care system has increased by 40% in three years
- Brexit: Leaving the EU is one of the central challenges to the health and social care workforce. For example, EU nationals registering as nurses in the UK have dropped by 96% since the referendum (Nursing and Midwifery Council). Uncertainty over residency and a weakened pound are two contributing factors.
- Global workforce demand: There is increased demand across the world for skilled healthcare staff. For example, the Association of American Medical Colleges estimates a shortage of doctors across the US of 40,800 to 104,900 by 2030.
- The North West is an area with a lower than average use of NHS staff from outside the UK.

National context

- **Totals:** The NHS employs 1.4m people; social care 1.6m
- **Shortages:** Healthcare services, both within the NHS and wider care-giving sector, face acute demand pressures against the background of an ageing society and public sector austerity. Despite rapid growth in the employment of nurses, demand continues to outstrip supply. NHS Improvement estimates 15,000 more were needed in 2016. In June 2017 it was reported that 22 out of 69 trusts running community hospitals have not met their targets for nurse staffing in the last 2 years to March 2017. (The Nursing Times)
- **Agencies:** This has led to an increase in the use of agency nurses. Agency staff cost the NHS £3.8 billion in 2016, while agency staff costs rose by 30% between 2012 and 2015. In social care, 10% of staff are not permanent (The Health Foundation).
- **Planning** Long training times among doctors – it can take a decade or more to train a consultant - makes workforce planning and supply/demand matching difficult. Regarding consultants, both the supply and demand of NHS consultants has increased since the late 1990s. In recent years the supply of consultants has increased faster than activity. While consultant activity rose by 18% between 2007 and 2012, the number of consultants grew by 22%.
- **Vacancies:** The Office for National Statistics reported in February 2017 that 117,000 job vacancies in health and social care were advertised for the 3 months to January 2017 – 15% of all job vacancies in the UK. Skills for Care reports that there are 90,000 vacancies for social care at present. Social worker vacancy rates stood at 11% for 2016. The Royal College of Nursing states that there are 24,000 nursing vacancies with 11.1% of nursing posts unfilled. The Royal College of Midwives highlights a shortage of 3,500 midwives.
- **Quality:** Staff shortages link to quality. Some 47% of staff said that staffing levels were insufficient for them to be able to do their jobs properly (NHS Staff Survey 2016). Reports have repeatedly highlighted staff shortages as a factor in quality issues (e.g. Francis Report 2013, Cavendish Review 2013, Berwick Review 2013, Keogh Mortality Review 2013 and Winterbourne 2012).
- **Patient experience:** The Kings Fund highlights that 2.5 million patients waited longer than 4 hours for treatment – an increase of 685,000 on the year before; 362,000 patients waited longer than 18 weeks for hospital treatment, up by 64,000. In social care, The Health Foundation highlight that despite the number of people aged over 65 living in England increased by 170,000 in 2016. Meanwhile, the number of people receiving funded care fell by 2%
- **Morale:** In the NHS Staff survey 2016, nearly 2 in 5 staff said that they had been ill in the last 12 months due to work-related stress. 20% of GPs report finding practice “very stressful” (Commonwealth Fund).

National Context (cont.)

- **Pay:** Public sector pay caps imply an erosion of living standards for many in the sector. In the care sector, the introduction of the National Living Wage may present a challenge adversely affecting employment growth and leave employers struggling to meet the demands from an ageing population. Alternatively, increased wage regulation may encourage companies to invest in new technologies to improve productivity.
- **Demand:** The UK population is expected to grow to 71 million, a 10% increase, by 2029. In that time the population over 85 will grow by 3.6 million. By mid 2039, more than 1 in 12 of the population is projected to be 80 or over. (HEE)
- **Supply:** More women are entering the workforce - and the overall workforce is getting older. Both are likely linked to a growth in part-time work. Staff in training want a better work/life balance and want more time to care for patients.
- **Ageing workforce:** As well as an ageing population, the HSC workforce itself is also getting older. In 1996, just over a fifth of nurses in the NHS were aged 50 or over; by 2015 the figure was estimated to be 37%. As the workforce gets older, and more nurses retire, there is a significant risk of loss of knowledge, skills and experience (Christie and Co - Market Insight Report (2015): The UK Nursing Workforce – Crisis or Opportunity?)
- **Technology, genomics and research:** Technology is growing rapidly, and people are taking up the opportunity that this offers. This will provide an increased opportunity to predict disease, greater connectivity, different models of operation and an increased ability to cure ill health.
- **Patient and citizen personal choice:** People will demand more personal choice as the 'wellness agenda' gathers pace. Information will make people more aware, and less tolerant of, variations in service. Some perceive a trend from 'grateful citizens' to 'active consumers'.
- **Service redesign:** Service models are changing. There is greater demand for community provision and greater need for specialised centres. Mental health services are being challenged to change too.
- **Social/political:** Social and political issues may be challenging concepts of individual and collective responsibility. Pooled funding implies pooled responsibility – but people differ in the risks they run and the choices they make. How tolerant do societies wish to be of such tensions?
- **Finances:** In 2015, the NHS accounted for 9.8% of GDP. Expected growth in required spend suggests increases of 6.2% in the short term, higher in the medium and long term.

GM context

- **Devolution and Health and Social Care:** Along with powers over housing, skills and transport, the 'Devo Manchester' deal between the Treasury and GM paved the way for the councils and NHS in GM to take control of the region's £6bn health and social care budget. A range of changes are to be implemented that will enable healthcare to be more joined up. The programme is based around 5 themes: radical upgrade in population health and prevention; transforming community based care & support; standardising acute and specialist services to the best evidence; standardising back office and support functions; and enabling better care.
- **Reform:** Activities in GM will include the reconfiguration of primary care and consolidation of secondary care; creating new opportunities to integrate care across public private and voluntary sectors; and presenting new opportunities for organisations who can deliver the new model and way of working.
- **GM Health challenges:** However, GM is also an area with very significant health challenges. The five year strategic vision, 'Taking Charge of our Health and Social Care in GM' highlighted that the high prevalence of long-term conditions such as cardiovascular and respiratory disease mean GM people not only have a shorter life expectancy, but can expect to experience poor health at a younger age than in most other parts of the country. Many areas within GM suffer from multiple deprivations, where HSC services are particularly needed. Equally, many residents have complex medical and care requirements covering multifaceted mental and physical health problems, long-term unemployment and wider social and financial issues. As GM's population is ageing, more people have developed multiple long-term conditions and the focus of healthcare has shifted from curing illnesses to helping people live with chronic ill health.
- **Health service in GM:** The health sector is the third largest employment sector in GM (about 98,000 staff in 2015). GM is also home to several nationally and internationally renowned teaching hospitals and research establishments.
- **Northern Powerhouse:** The Northern Powerhouse Independent Economic Review has identified specialisms in Health Innovation (including Pharmaceuticals) in GM as well as Cheshire and Warrington, Hull and Humber, and the North East.
- **Innovation:** Future growth in relation to research and development and health innovation is likely to take place around the existing and emerging clusters of health-related research and innovation. The area from Corridor Manchester, MediPark (including University Hospital of South Manchester NHS Foundation Trust in Wythenshawe), potentially delivering around 4,500 new jobs and 250,000 sq. m. of new floor-space., through to key sites located just outside GM within Alderley Park and through health data at Sci-tech Daresbury will be the major focus of activity.

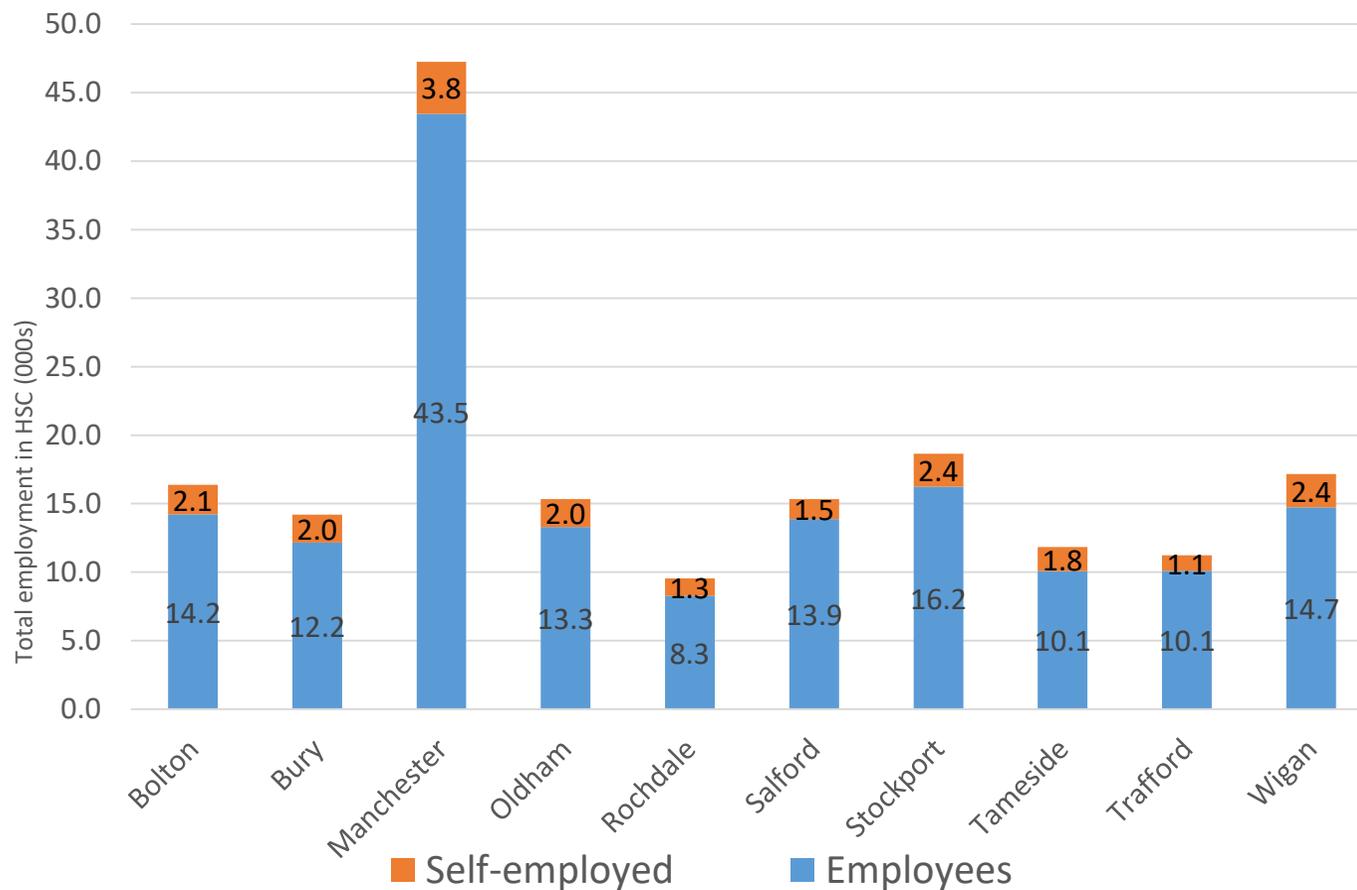
WORKFORCE OVERVIEW

Workforce Overview: Section Summary

- About 177,000 people work in the HSC labour market, according to the Greater Manchester Forecasting Model (GMFM). Manchester is the district with largest number of staff (47,000). However, as a share of the local labour market the HSC sector accounts for the largest proportions in Bury and Oldham (18.8% of all employment in Oldham and 16.8% in Bury).
- The HSC labour market has witnessed substantial expansion. Between 1991 and 2015, total employment in HSC grew by 46% (or well over 50,000 jobs) compared with 10% in the GM labour market overall. Manchester accounted for over 20,000 of these new jobs.
- About one in 10 people in HSC are self-employed – a slightly lower rate than the overall economy. However, HSC has a high rate of part-time working. In the labour force as a whole about a quarter of workers are part-time, but in HSC, 38% are part-time – and in care and social work rates are as high as 45%.
- About 104,600 people work in health-related employment. About 31,000 work in residential care and about 41,000 are employed in social work.
- Employment is shaped at least in part by the pattern of hospital provision. Hospitals account for about 41% of people working in the HSC sector.
- Rates of part-time working are much higher in the HSC sector than in the economy overall. About 38% of staff are part-time compared with about a quarter elsewhere in the GM economy.
- Although Manchester has experienced the highest overall growth in job numbers, as a proportion of its labour force Oldham has seen the most growth.
- There is evidence of the ageing workforce evident within the GM HSC sector. For example, not far off half of the staff working in residential care are aged over 50 – much higher than in the UK overall. The prospect of increased retirements in the coming years could exacerbate already existing problems with recruitment into care roles.

GM's health and social care sector accounts for about 177,000 jobs

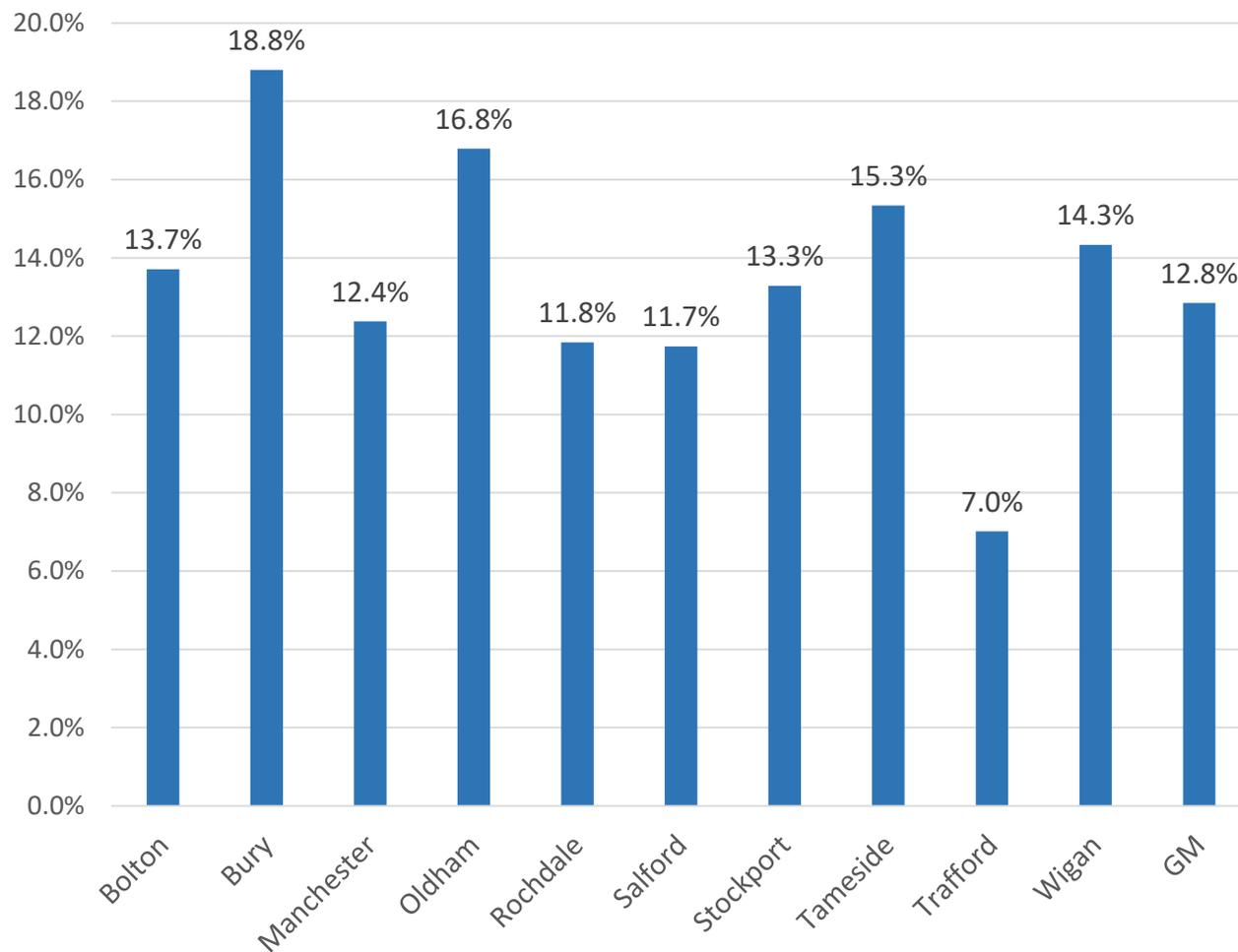
Figure 1: Health and Social Care Employment, 2015



- There were 177,000 jobs in Health and Social Care in GM in 2015
- H&SC workforce is concentrated in Manchester where over 47,000 of the jobs are located
- Just over one in ten people working in the sector in GM are self-employed – slightly lower than the rate of self-employment in the population as a whole.
- In absolute terms, Manchester has the highest number of self-employed H&SC workers (3,800).
- Tameside, Bury and Wigan have the highest proportions of self-employed workers compared to the overall H&SC workforce.

Bury's HSC sector accounts for a little under a fifth of all jobs

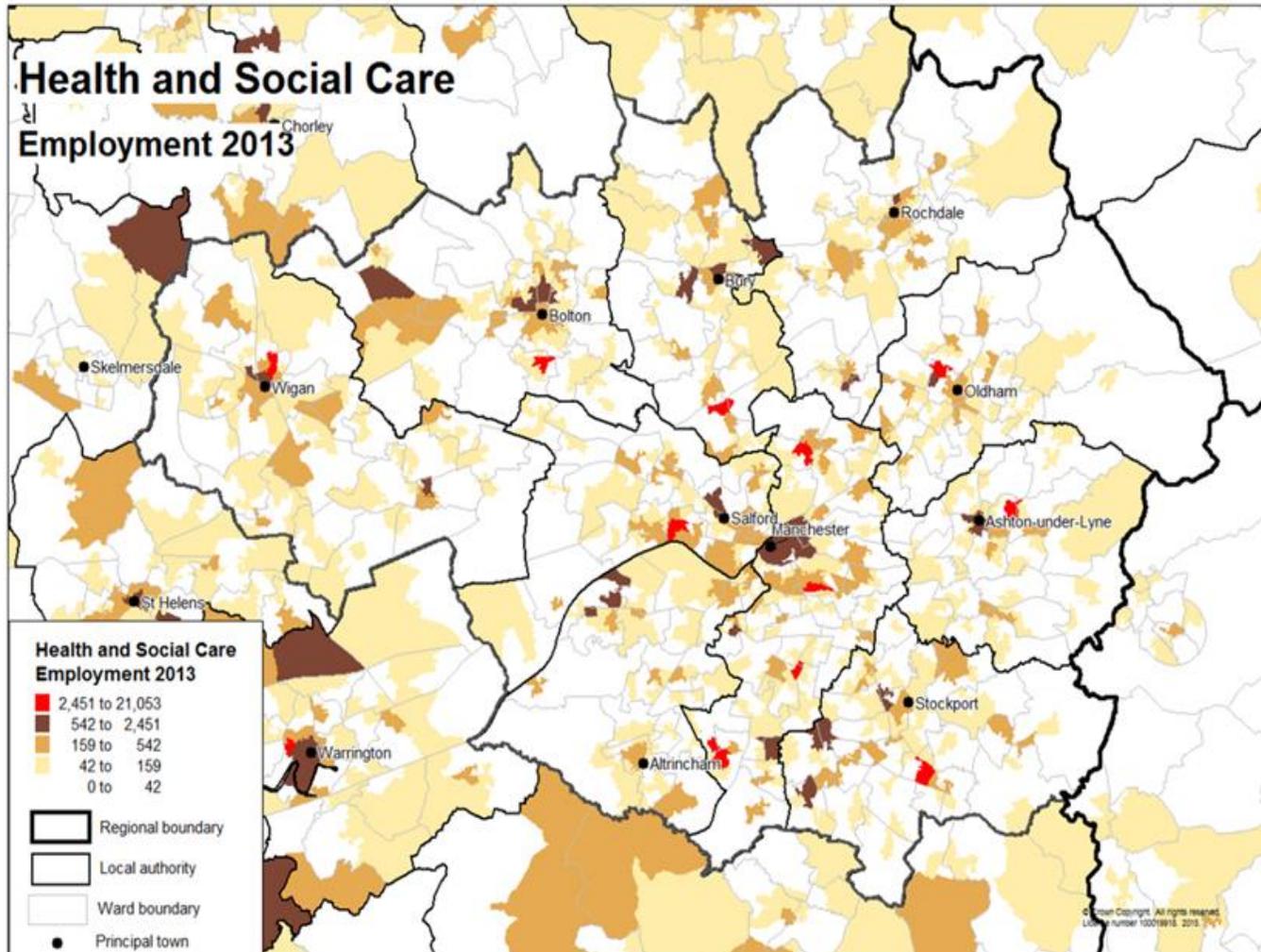
Figure 2: Share of HSC employment as a proportion of total employment



- Even though Manchester has by far the highest number of HSC workers, as a proportion of the total workforce, HSC is highest in Bury (18.8%), Oldham (16.8%) and Tameside (15.3%).
- These areas are likely to depend most on the sector to provide employment for local residents and could suffer disproportionately from any cuts to jobs.
- In contrast, the share of HSC workforce is markedly smaller in Trafford than in any of the other districts.

Main employment clusters relate to sites of major hospitals

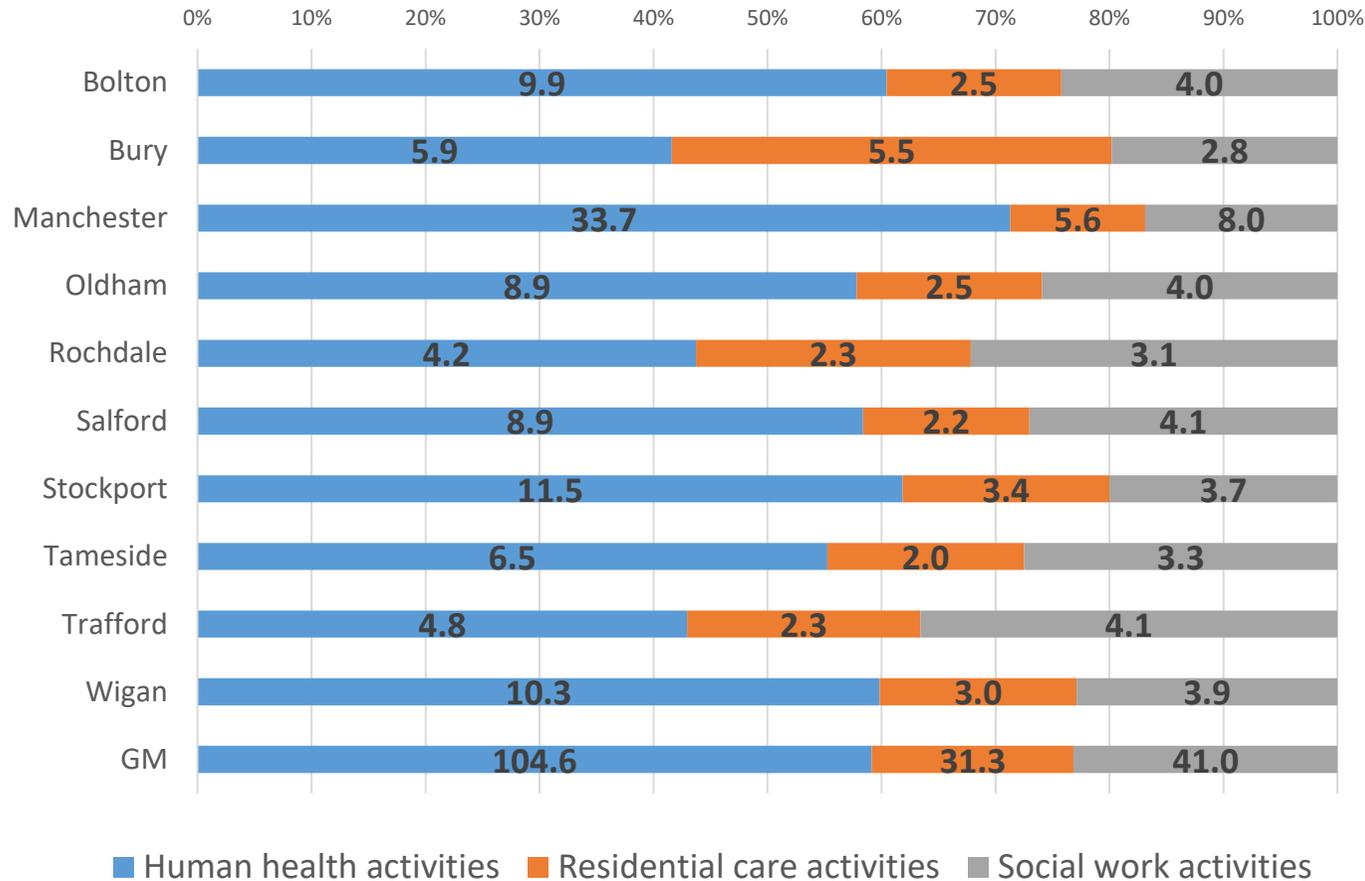
Figure 3: Main employment clusters of HSC workforce



- Key employment clusters relate mostly to the location of major hospitals in GM including: Royal Albert Edward Infirmary and Thomas Linacre Outpatient Centre in Wigan, Royal Bolton Hospital, Prestwich Hospital, Royal Oldham Hospital, Tameside General Hospital, Stepping Hill Hospital, Wythenshawe Hospital, Christie Hospital, Central Manchester University Hospitals, Royal Salford Hospital and North Manchester General Hospital.
- Significant concentrations of employment can also be found around the town centres, including Manchester city centre, Wigan, Bolton, Bury, Rochdale, Oldham, Ashton-under-Lyne, Stockport and Altrincham.

Share of residential care highest in Bury; social work in Trafford and Rochdale

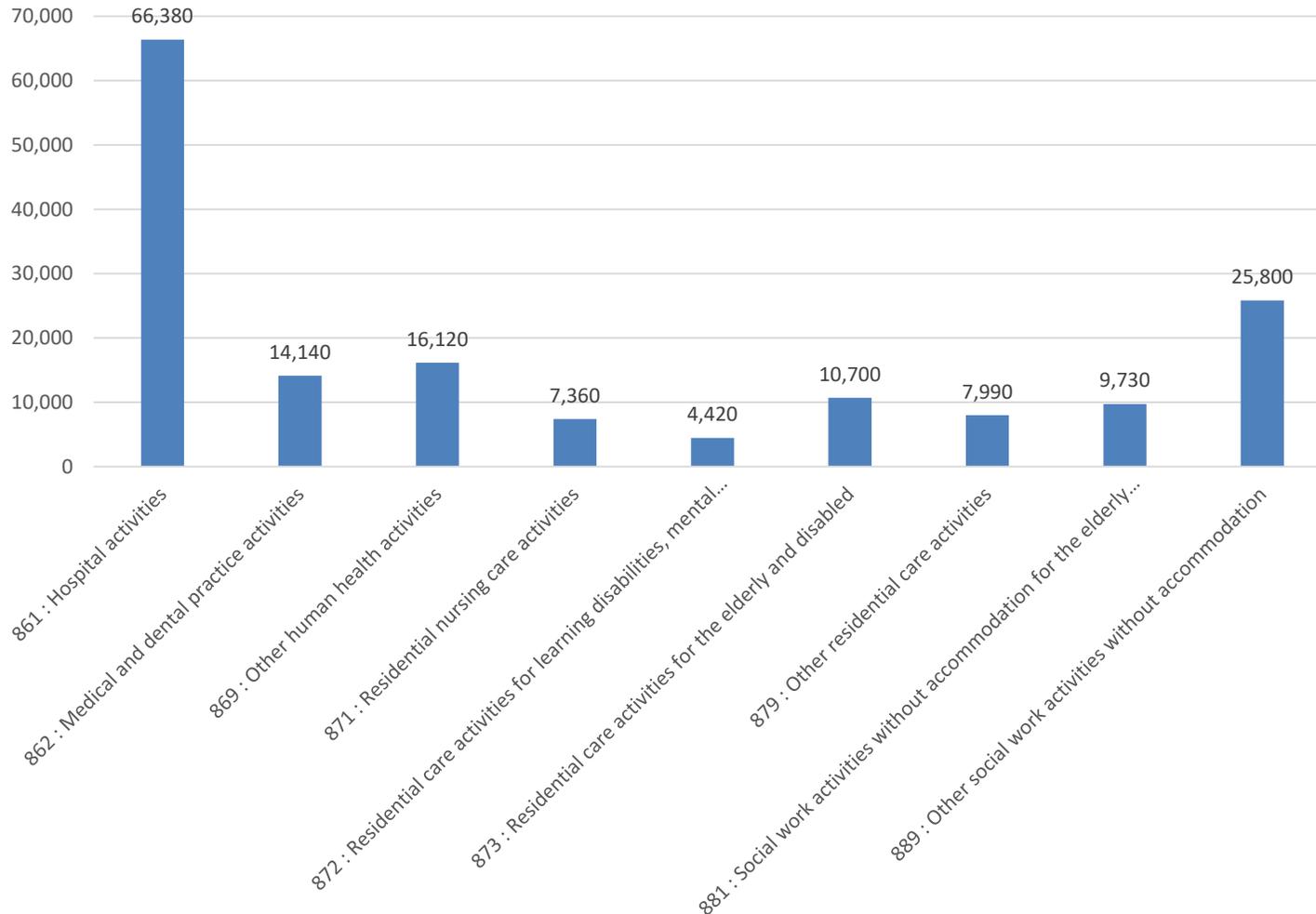
Figure 4: Employment in HSC sub-sectors, 2015



- Human Health is the largest sub-sector in the H&SC sector in each district, accounting for 60% of the workforce in GM overall, followed by Social Work (23%) and Residential Care (17%)
- Bury has the second largest number of residential care jobs (5,500) which accounts for nearly 40% of the H&SC workforce in the district; this may reflect higher levels of demand due to a larger than average proportion of elderly population
- For details of activities in each of the three sub-sectors, see Sections 86-88 of the ONS SIC Code Guide (2017): <https://www.ons.gov.uk/methodology/classificationsandstandards/ukstandardindustrialclassificationofeconomicactivities/uksic2007>

Hospitals account for about 40% of HSC jobs

Figure 5: HSC labour force by subsector, 2015



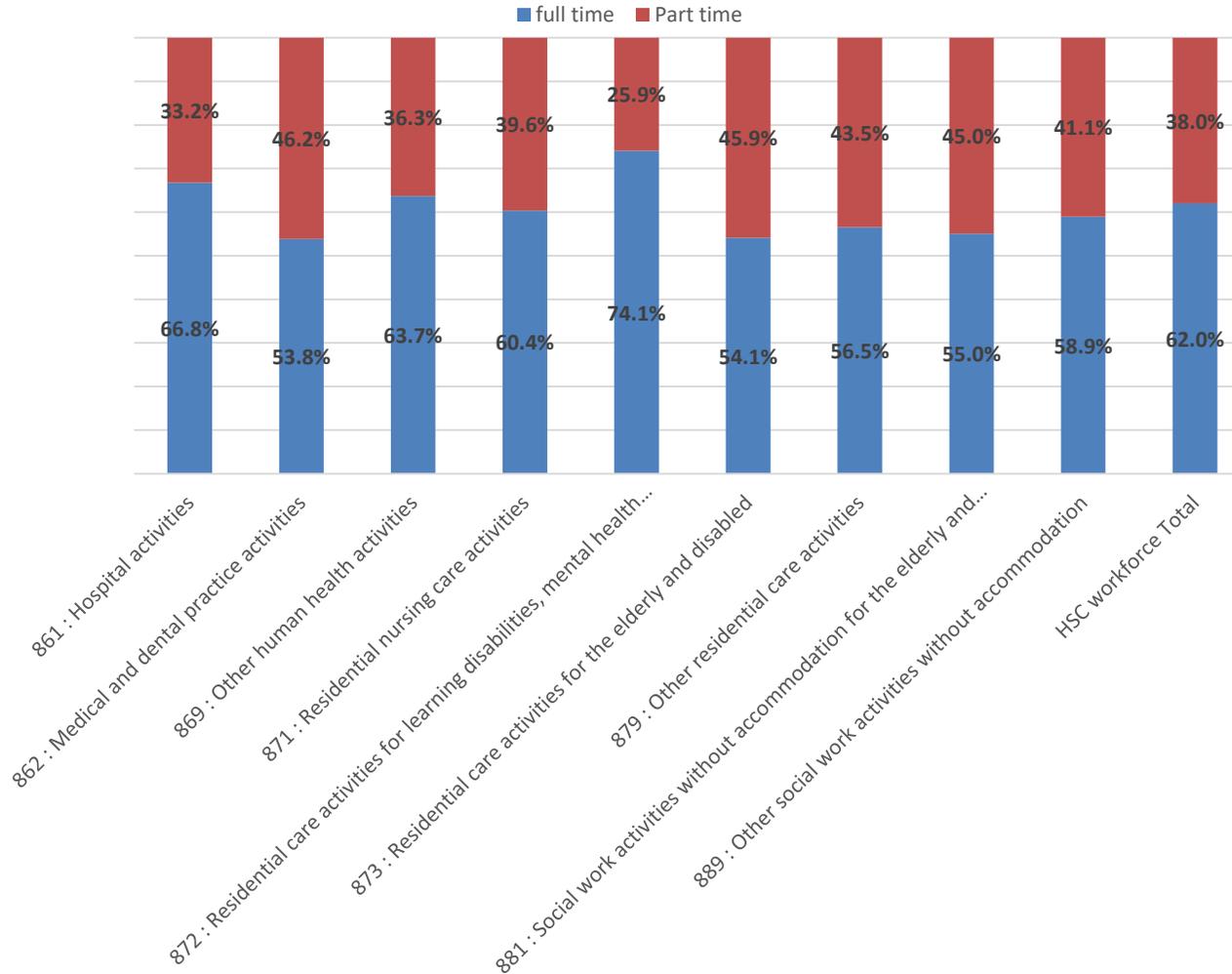
- Unsurprisingly, hospitals are major employment sites, accounting for 41% of all people working in the sector.
- Together the three health related sub-sectors in HSC (denoted by the SIC code '86') account for 60% of staff.
- Approximately 40% work in assorted branches of care work.
- Just under a fifth (19%) of the care workforce work in residential care.
- Non-residential care work accounts for about 22%.
- A district breakdown of this chart is available in the final section of this report.

Source: ONS BRES, 2015

Notes: Data refers to employed staff only (self-employment is excluded)

Almost 40% of the HSC workforce is part time – rates especially high in care

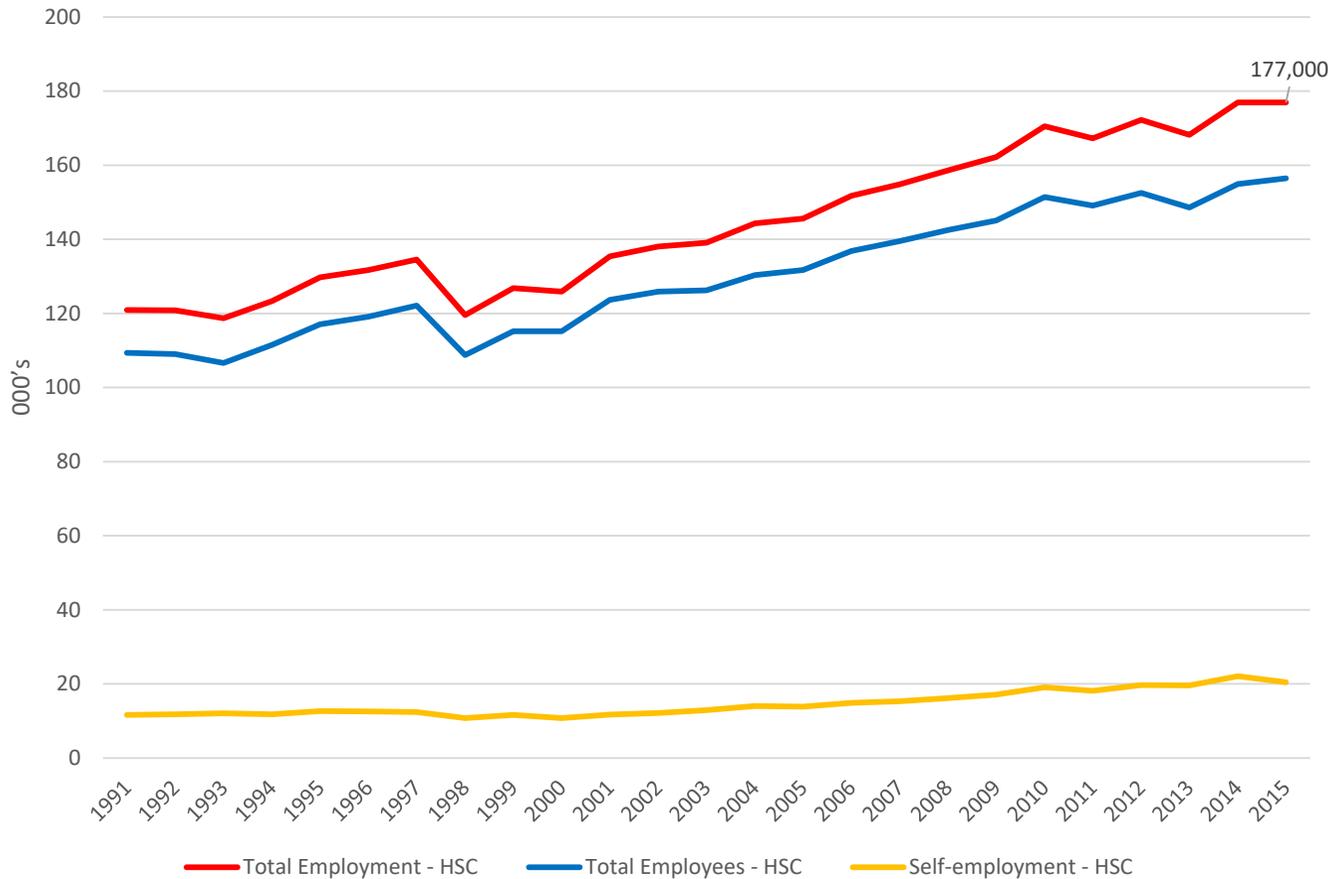
Figure 6: Split between full-time and part-time work, 2015



- There is a much higher rate of part-time working in the HSC workforce than applies to the workforce at large.
- Some 38% of the HSC workforce is part time, compared with about a quarter of the whole workforce.
- Residential work and social work are much more likely to support part-time employment (45% for social work with the elderly and disabled(and 46% for care for the elderly.
- That said, health related work is also relatively high.

Jobs in the HSC sector have grown by 46% between 1991 and 2015

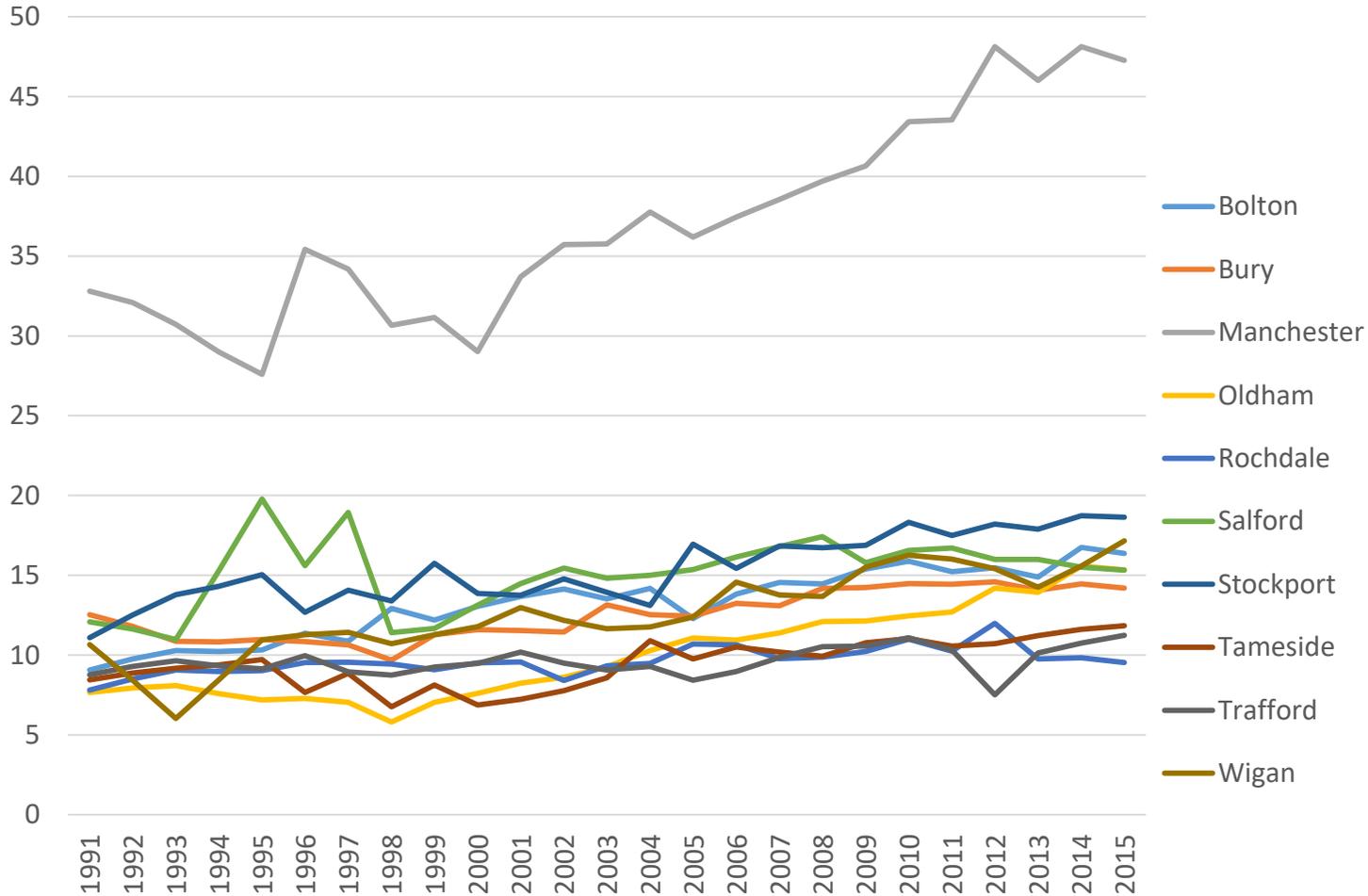
Figure 7: Employment change, 1991-2015



- Between 2000 and 2015, the HSC sector added more than 50,000 people to its total labour force.
- The rate of employment growth in the H&SC sector has eclipsed the rate of employment growth in GM's labour market overall.
- There has been 46% growth between 1991 and 2015 in the HSC workforce, compared with growth of about 10% in employment overall.
- The rate of growth in self-employment has been even more rapid – 77% - over the same period.

Employment growth highest in Manchester

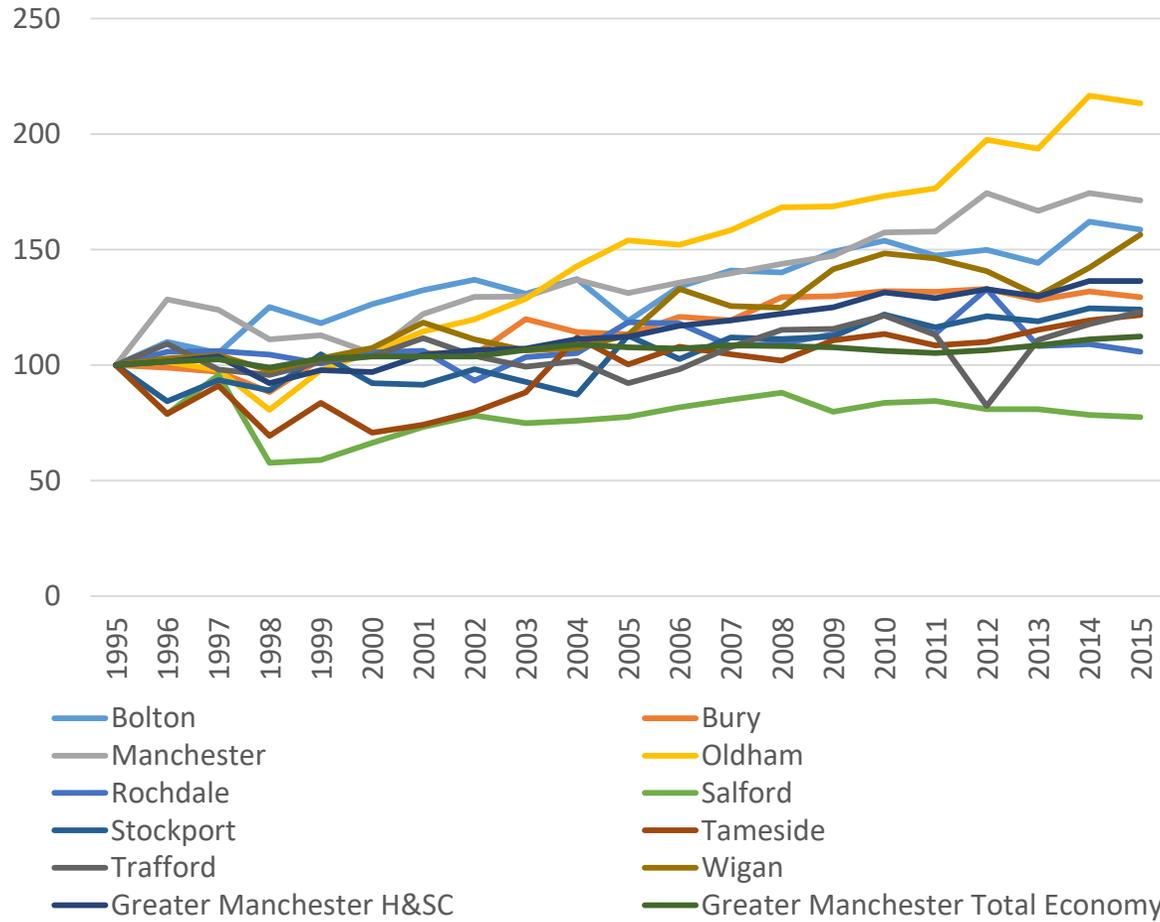
Figure 8: Employment forecasts by district, 1991-2015



- There has been a positive growth trend in levels of H&SC employment in GM over the last 2 decades, with an increase of over a third (nearly 50,000 jobs) between 1995 and 2015
- Most of this employment growth has been concentrated in Manchester, which gained 20,000 additional jobs in H&SC over the same period

Oldham, Manchester, Bolton, Wigan have seen greatest relative jobs growth

Figure 9: Change in HSC employment (index 1995=100)



- Using 1995 as a reference point, Oldham, Manchester, Bolton and Wigan have seen the greatest increases in the size of their H&SC workforce, above the level of growth seen in the sector across GM as a whole
- Meanwhile, H&SC employment levels in Salford and Rochdale have been the most stable over this period, changing very little between the late 90's and 2015
- Similar trends can be seen more recently (between 2005 and 2015) as well, with most districts seeing growth, except Salford, where employment remained flat, and Rochdale, where it declined a little

More than half of residential care workers are aged over 50

Figure 10: Age profile of HSC workforce in UK and GM

	United Kingdom			Greater Manchester		
Age group	86 Human health activities	87 Residential care activities	88 Social work without accommodation	86 Human health activities	87 Residential care activities	88 Social work without accommodation
16 to 24	7.1%	11.8%	11.9%	6.6%	5.1%	16.2%
25 to 30	10.5%	11.2%	10.5%	8.0%	14.5%	8.6%
30 to 39	22.6%	18.1%	21.3%	28.8%	13.4%	16.9%
40 to 49	25.8%	22.6%	22.0%	25.8%	19.9%	28.1%
50 to 64	30.7%	32.2%	30.3%	30.2%	38.6%	30.2%
64 and above	3.3%	4.1%	4.0%	0.6%	8.5%	0.0%

- The table shows the age profile in GM's HSC sub-sectors.
- Some occupational sub-sectors of the HSC labour market appear to demonstrate the issue of an ageing workforce; for example, not far off half of the staff in residential care are aged over 50 – a rate that is significantly above national average levels.
- In human health and residential care the proportion of staff aged under 30 is lower than national norms.
- Social work without accommodation is one of the few areas with GM's share of younger workers (<30) is higher than the UK average – 24.8% in GM compared with 22.4% in the UK.

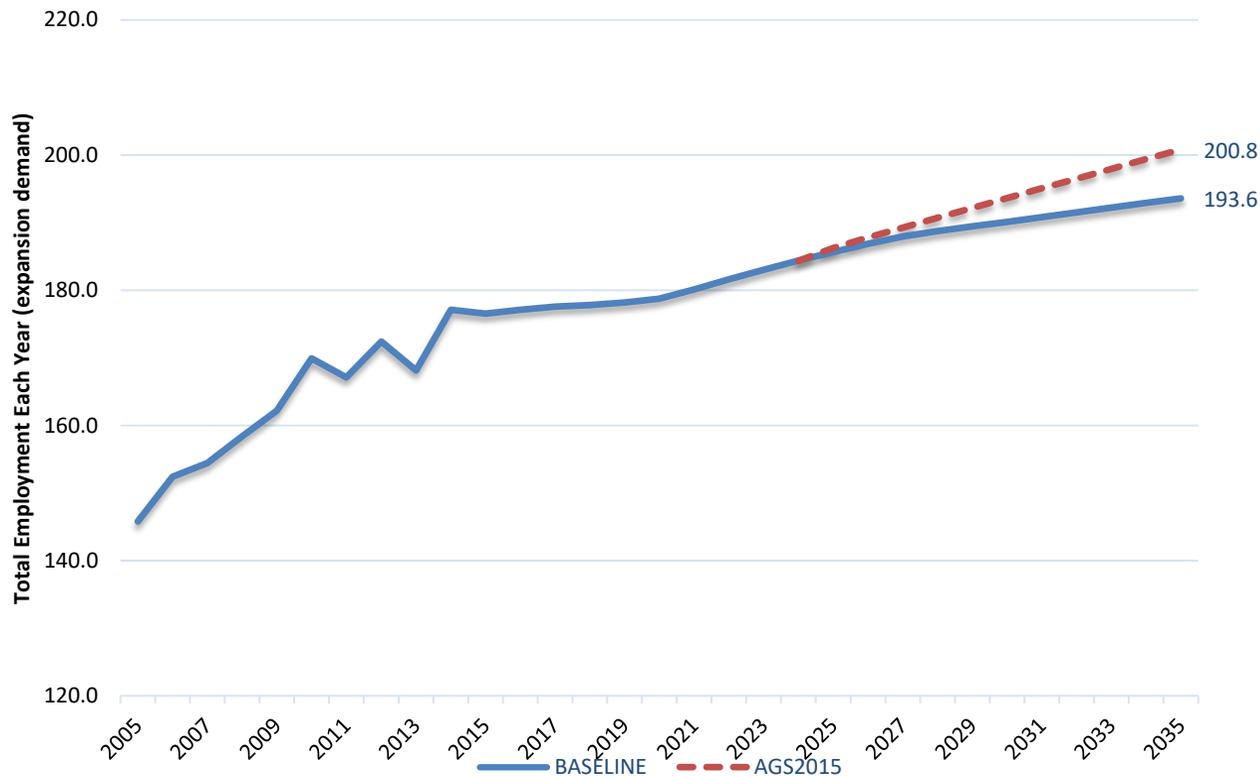
LABOUR FORECASTS

HSC labour forecasts: section summary

- This section uses the Greater Manchester Forecasting Model produced for GMCA by Oxford Economics to understand anticipated future labour market trends. As with all forecasts the information needs to be understood as a likely indication of future change, based on the available information and 'reasonable' assumptions about the future, rather than as an exact quantification. Forecasts always come with caveats. For further information on the GMFM, please see <http://www.neweconomymanchester.com/publications/greater-manchester-forecasting-model>
- The HSC sector is forecast to grow in the years to 2035. Under a 'baseline' forecast, the sector will add about 17,000 jobs to employ about 193,600 people by 2035. Under the 'accelerated growth scenario' – a forecast underpinned by more optimistic assumptions about population and economic growth – it will employ 24,000 more people in 2035, to take total HSC employment to over 20,000.
- Health related roles in nursing, midwifery, medical professions and related occupations account for the bulk of the job growth – together adding up to about 20,000. Care is another significant growth area (accounting for about 8,800). Some occupational areas are expected to reduce their job numbers including administration roles, management and elementary roles, such as security and hospital portering.
- However, most of the sector's need for labour will not come from expansion. The vast majority is 'replacement demand' – meaning job churn caused by retirements, job moves, migration, unemployment and so on. Combining 'expansion demand' and 'replacement demand' gives the HSC's 'net labour requirement each year'. This will be in the order of between 16,000 and 18,000 jobs each year that need to be filled. In total, this amounts to more than 350,000 jobs in the years to 2035.
- The prominence of care roles in replacement demand is especially apparent. Between 8,000-9,000 care jobs a year need to be filled in GM.
- The pattern of future job need is shaped by existing patterns of employment. Manchester is the district with the largest need for staff – in the order of about 4,400 a year on average. Other districts with substantial requirements include Salford (2,900), Wigan (1,600), Oldham (1,600), Bury (1,200) and Stockport (1,200).

Between 17,000 and 24,000 jobs are expected to be added by 2035

Figure 11: Forecast total employment in HSC in GM, 2005-2035



- GMCA uses two forecasts in order to understand likely labour supply. One is the 'baseline' forecast derived from the best available current information and the second applies higher assumptions about population and economic growth; this is known as the 'accelerated growth scenario' or AGS for short.
- The chart shows the two scenarios. Under the baseline forecast, the labour force working in health and social care will rise from 176,600 people in 2015 up to 193,600 by 2035. Thus GM is expected to increase its HSC workforce by a little under 17,000 people.
- Under the AGS the HSC sector will increase its total labour force by over 24,000 people. It will account for over 200,000 jobs by 2035 under this scenario.

Health professions and care drive forecast growth

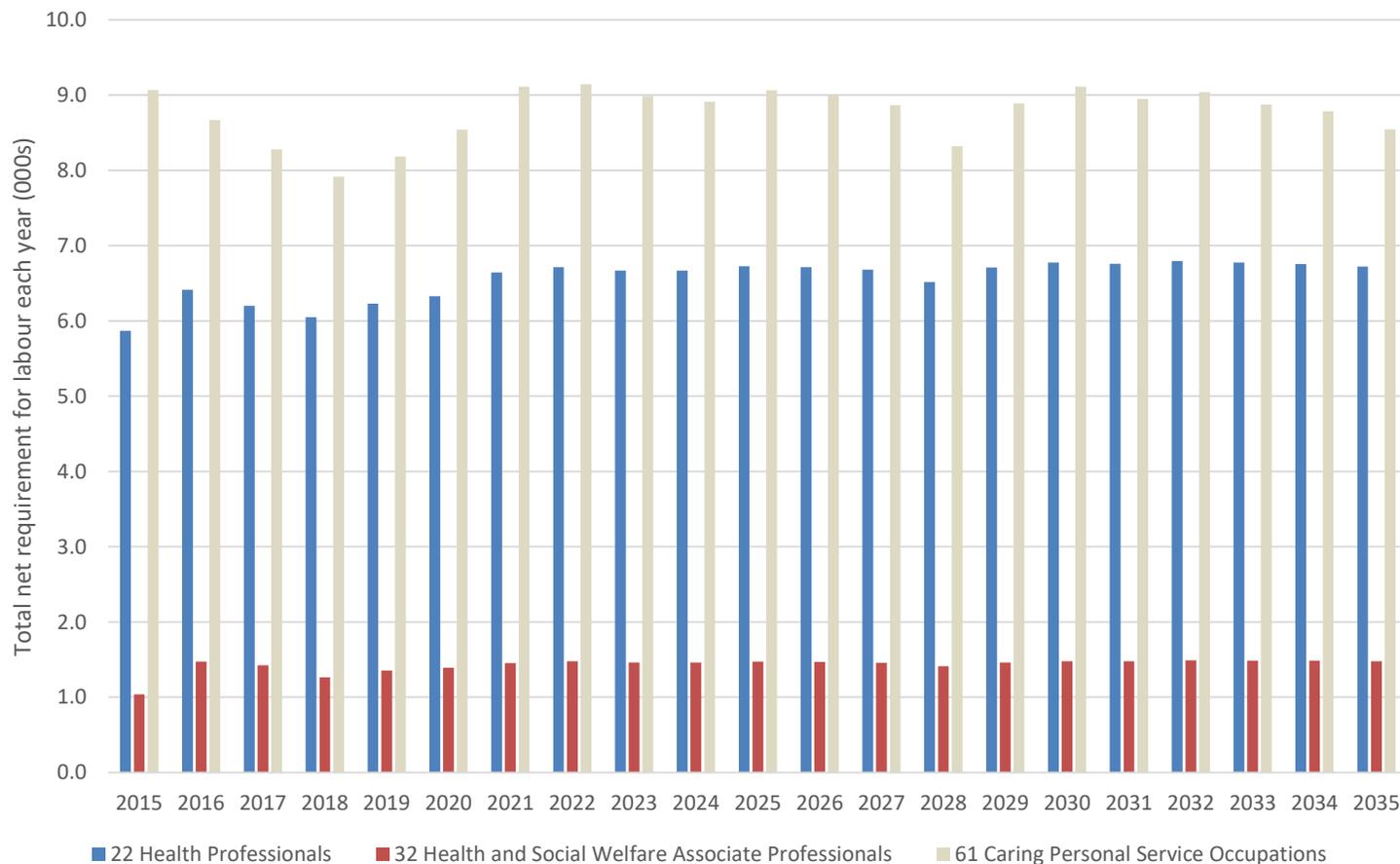
Figure 12: HSC occupational forecasts, 2015-2035

Occupation area	Projected growth 2015 - 2035
Managers, Directors and Senior Health Officials	-1,000
Health Professional Occupations (e.g. Nurses, Mid-wives, Psychologists, Pharmacists, Medical radiographers, Ophthalmics etc.)	+20,800
Health and Social Welfare - Health Associate Professional & Technical Occupations (e.g. Paramedics, Pharmaceutical technicians, Medical and dental technicians etc.)	+5,100
Administrative and Secretarial Occupations (e.g. Medical secretaries, Clerks and Assistants, Human resources administrative occupations etc.)	-7,800
Skilled Trades Occupations (e.g. Building repair and maintenance etc.)	0
Caring and Other Service Occupations (e.g. Nursing auxiliaries and assistants, Senior care workers, Care workers and home carers)	8,800
Sales and Customer Service Occupations (e.g. Customer service managers and supervisors, contact centre occupations)	2,000
Process, Plant and Machine Operatives (e.g. Routine inspectors and testers, Other general machine operatives, drivers n.e.c.)	-1,000
Elementary occupations (e.g. Hospital porters, Elementary administration, security, cleaning occupations etc.)	-2,600

- The occupations likely to grow fastest under the AGS are in the clinical health occupations which are expected to account for the vast majority of the overall job growth.
- However, caring and other service occupations are also likely to add approximately 900 new jobs.
- Occupational areas that are projected to shrink include administrative and secretarial occupations, elementary jobs such as hotel porters and security as well as HSC management jobs.

Almost 17,000 staff needed each year in HSC

Figure 13: Forecast demand each year in HSC (net requirement) in GM, 2005-2035



- As well as jobs prompted by growth in the sector most labour demand is caused by ‘churn’ – people retiring, moving jobs, migrating, being made redundant and so on. This is known as ‘replacement demand’, as opposed to ‘expansion demand’ arising from growth.
- Once expansion demand and replacement demand are combined we can examine the ‘net requirement’ within the HSC sector.
- GM’s net requirement in HSC is between 16,000 and 18,000 – averaging at about 16,800 a year.
- Each year the part of the HSC labour force that needs to recruit hardest is social care, requiring between 8,000 and 9,000 staff a year. This is almost certainly caused by high turnover within the sector, but may also reflect an ageing workforce.

Total future requirement for HSC workers in GM is about 16,800 a year

Figure 14: Net requirement for HSC employees by district, 2015-2035

Total requirement	2015-2020 (000s)		2015-2035 (000s)	
	Total	Average p.a.	Total	Average p.a.
Bolton	8.3	1.4	29.6	1.4
Bury	7.4	1.2	25.6	1.2
Manchester	23.8	4	91.6	4.4
Oldham	9.3	1.6	33.7	1.6
Rochdale	6	1	19.8	0.9
Salford	16.6	2.8	61.9	2.9
Stockport	7.8	1.3	25.1	1.2
Tameside	6.7	1.1	21.3	1
Trafford	3.9	0.6	11.5	0.5
Wigan	11	1.8	33	1.6
GM	101	16.8	353	16.8

- The total future requirement for HSC workers in GM (equal to expansion demand plus replacement demand) is just under 17,000 workers on average per annum up to 2035, amounting to 353,000 jobs in total.
- Manchester and Salford are predicted to need the highest numbers of workers over the next two decades, while the requirement will be smallest in Trafford and Rochdale, roughly in line with the current distribution of HSC workers in GM.
- According to forecasts, the total labour requirement per annum in GM is predicted to rise from 2018, peaking at over 18,000 in 2022, before levelling off to around 16,000 per annum between 2025 and 2035.

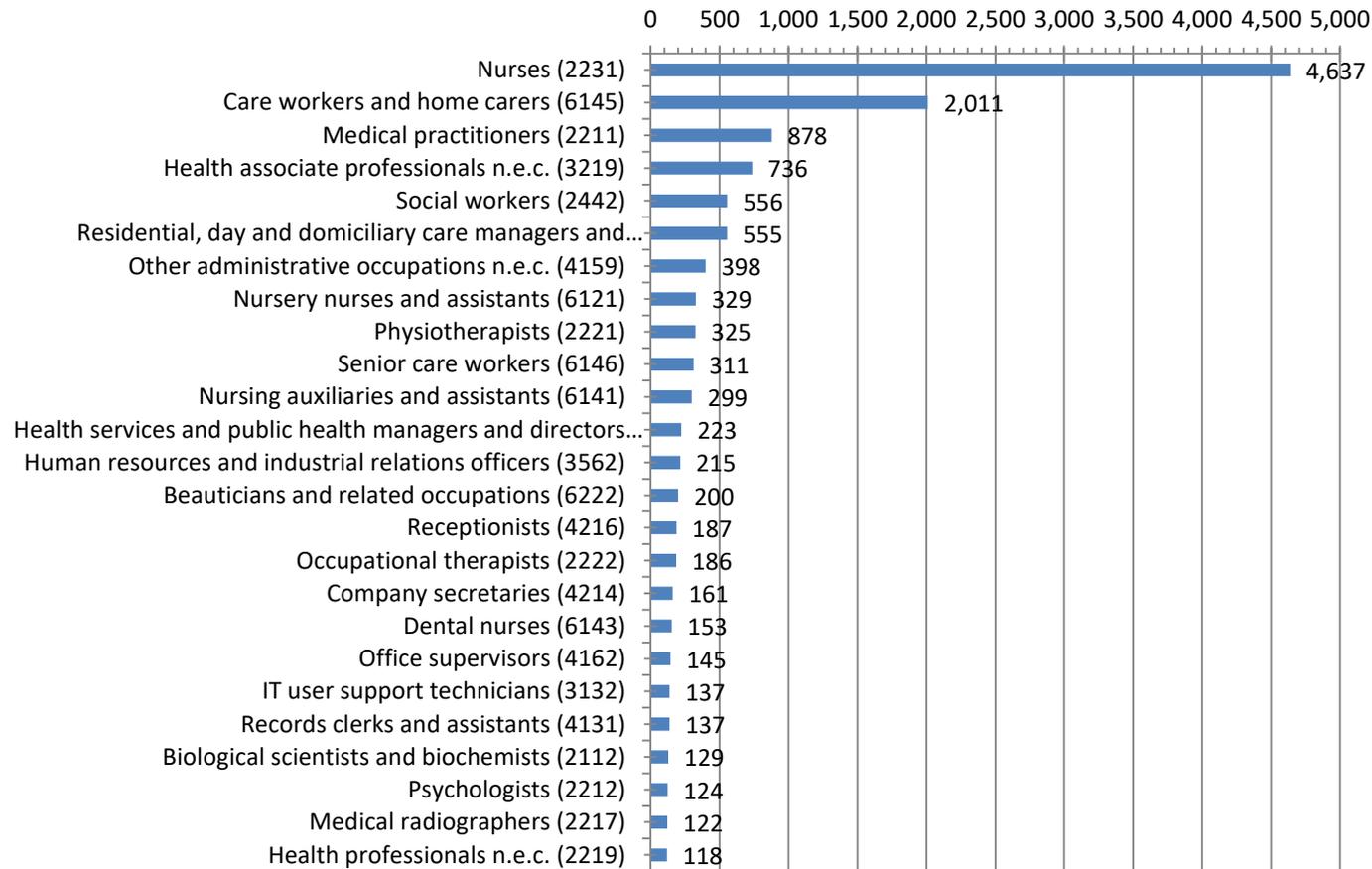
VACANCIES

Vacancies: section summary

- This section uses data supplied by Labour Insight, an online database of job adverts, to provide insight on current vacancies.
- Labour Insight purports to capture all online job adverts issued between January and July 2017. The information is supplied to provide an indication of likely recruitment patterns relevant of the HSC sector. Labour Insight informs other LMI studies used by GMCA. However, the data may not match exactly with other vacancy databases used within the health and social care system and it is possible that some of the adverts were duplicates – in other words, re-advertised positions. As a result it should be treated as an indication regarding immediate labour demand (or in the recent past) rather than as fully validated statistics.
- Nurses were by far the more sought-after staff, registering 4,600 adverts out of a total of 17,700 HSC relevant positions.
- Care workers and home carers were sought in over 2000 adverts.
- Other types of worker in demand included social workers, associate professionals in health and medical practitioners.
- Some 30% of the positions demanded a degree. 178 adverts (6%) required post graduate qualifications.
- Skills involved in working in mental health services emerge strongly from the data about job vacancies. Some 1,600 adverts specified mental health skills – more than involved in ‘patient care’ or ‘care planning’.
- The NHS was responsible for issuing some 43% of the adverts in the HSC sector between January and July 2017.

17,700 jobs were advertised within the HSC sector in GM in 2017 (ytd)

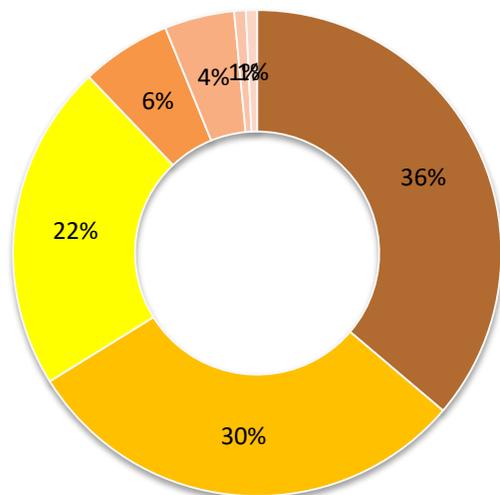
Figure 15: Top vacancies in GM for HSC workforce jobs, Jan-July 2017



- Labour Insight is an online database of vacancy information. It only captures job adverts posted online.
- Data between January 1 and July 11th 2017 suggests there were 17,700 jobs advertised in HSC.
- Most common were nursing related adverts (over 4,600). Care workers (2000), care managers (555) and senior care workers (311) also figured prominently in the list.
- Caveats: The chart does not cover all adverts – only the most common. It is also possible that some positions may be duplicates – i.e. the same position re-advertised. Posts may also be withdrawn. Numbers should be treated as indicative of demand.

About 30% of adverts require at least a degree

Figure 16: Distribution of skill level in job adverts in HSC in GM, Jan-July 2017

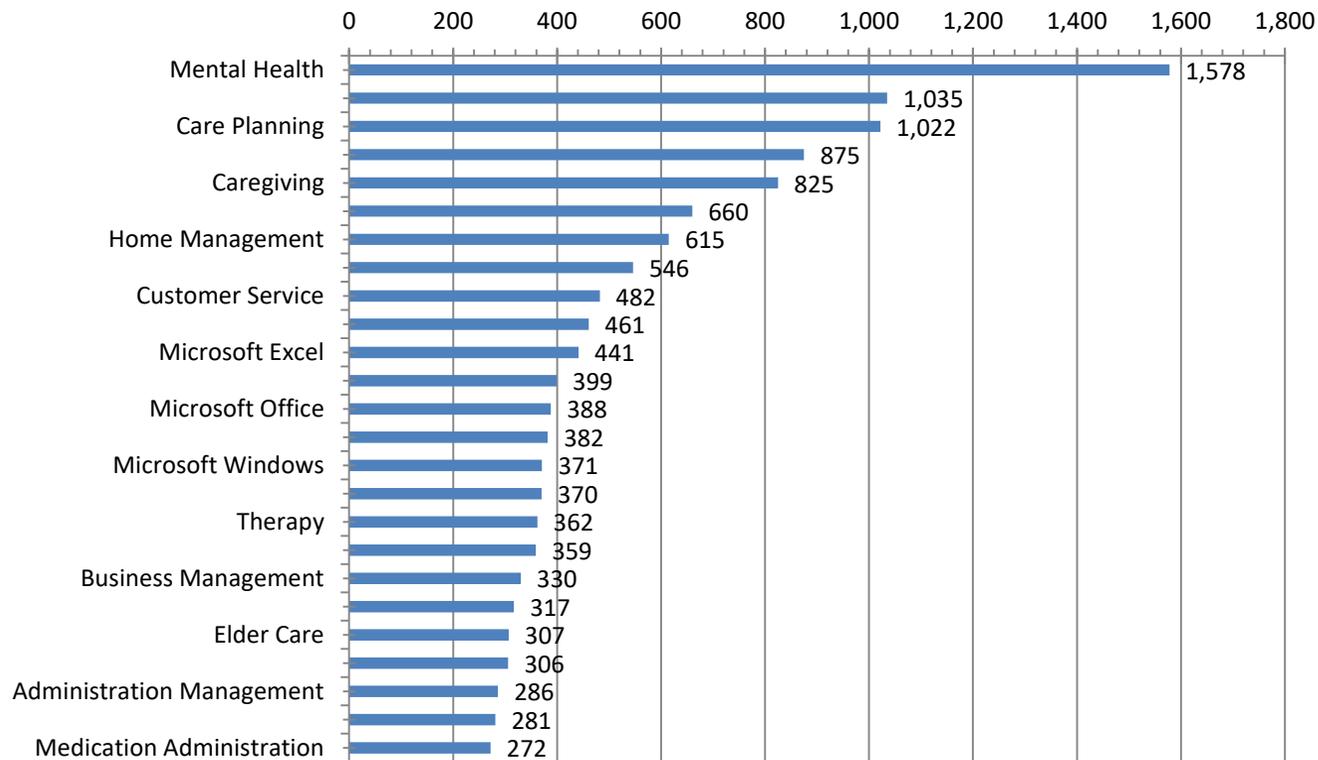


- GCSEs, Standard Grades, and Level 2 S/NVQs
- Bachelor's degrees, graduate certificates and diplomas
- A-Levels, Highers, and Level 3 S/NVQs
- Post graduate degrees, Level 5 S/NVQs, certificates, and diplomas
- Level 4 diplomas and certificates, HNCs, Level 4 S/NVQs
- Foundation degrees and HNDs
- Level 1 S/NVQs

- Of the adverts that specified a qualification level (14,700) of the 17,715 HSC related adverts, 36% required at least GCSE level education – a level 2 in terms of skills level.
- 30% required either a BA/BSC degree or a diploma.
- Level 3 qualifications – typically at least 2 A levels – were needed in 22% of the adverts.

Mental health tops the list of skills sought by HSC employers

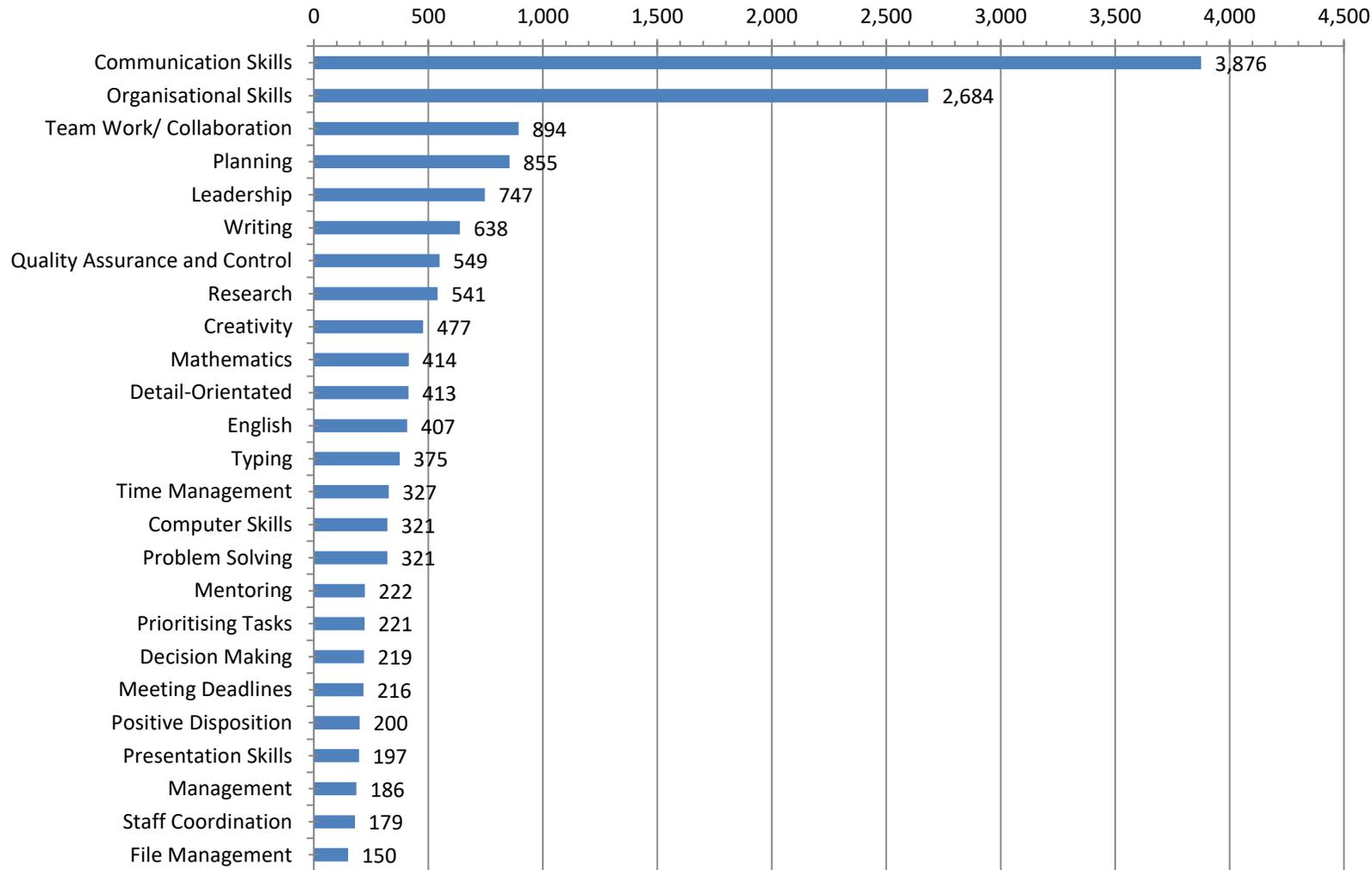
Figure 17: Skills sought by employers within GM labour market, 2017



- In terms of the specific skills that advertisers seek from candidates in the HSC sector, mental health emerges very strongly. Almost 1,600 jobs sought people with mental health skills.
- As expected, other skills cover the remit of HSC work – from Microsoft packages to therapy to customer service to cleaning.

Communication skills are most common need of recruiting employers

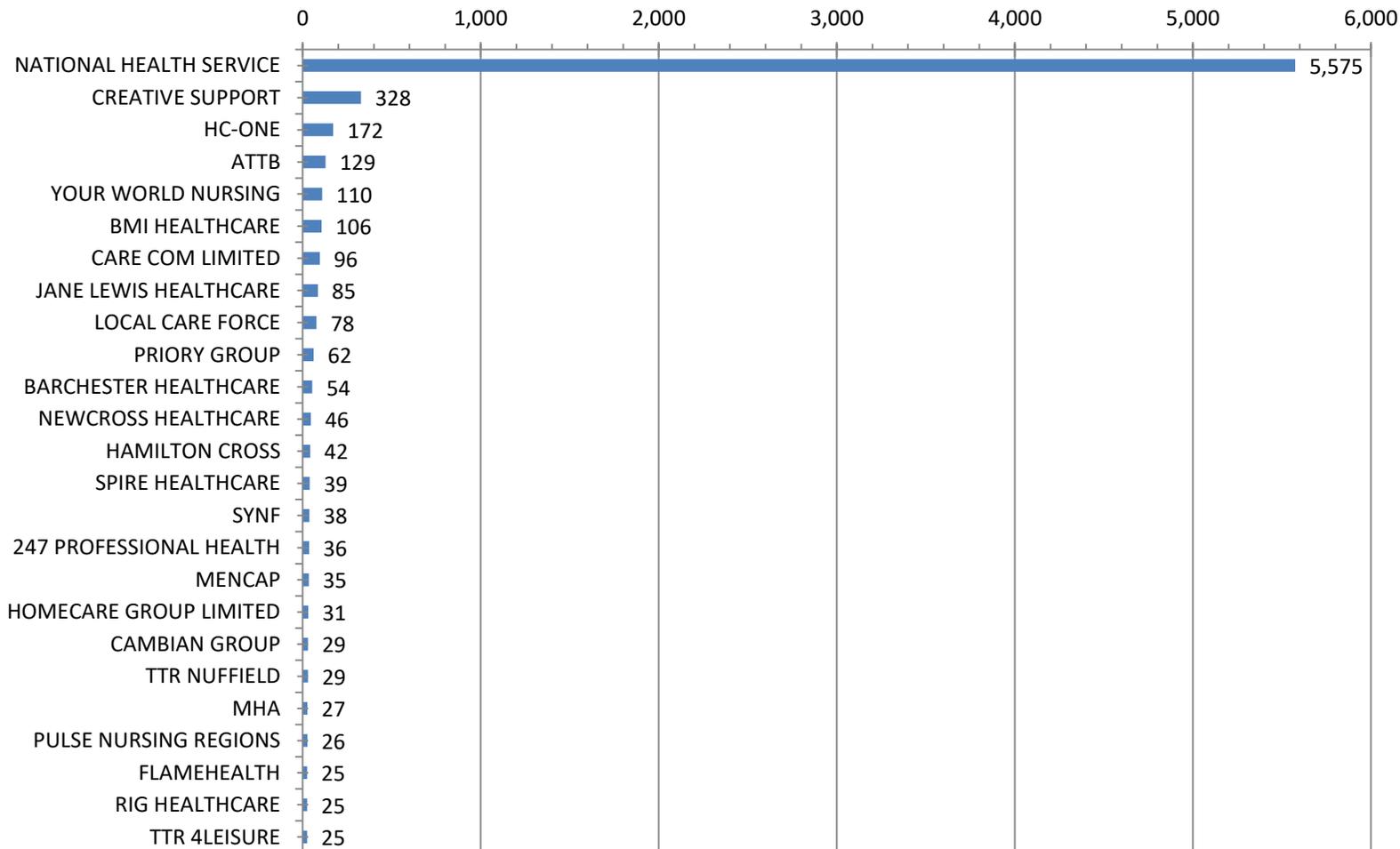
Figure 18: Top skills sought by employers, Jan-July 2017



- Communication, organisation, collaboration and planning skills were the most common types of skills sought by employers in the sector.

NHS responsible for over 5,500 job adverts so far in 2017

Figure 19: Top employers advertising jobs in GM Jan-July 2017



- 7,700 of the 17,715 total job adverts specified the employer.
- As might be expected the NHS dominates recruitment in the sector.
- Charities and care homes are also significant recruiting presences in the GM HSC labour market.

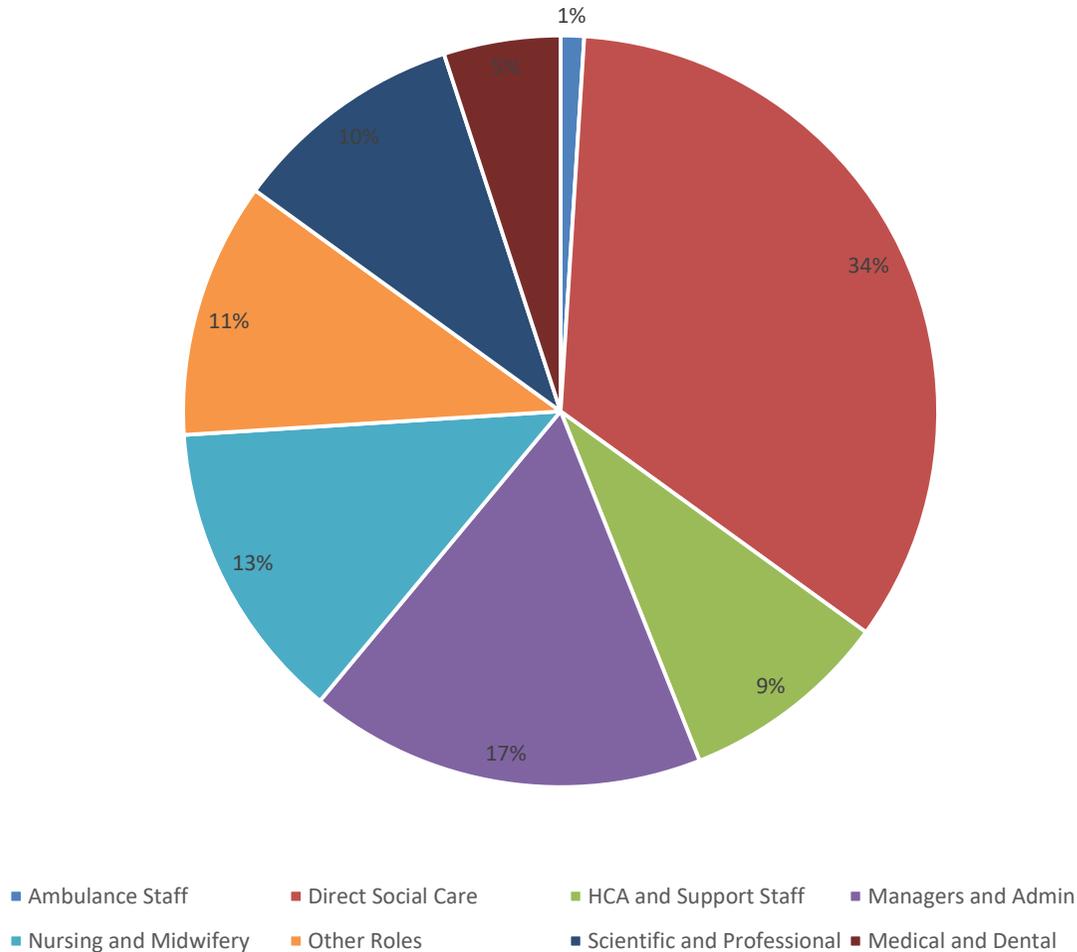
SPECIALIST STAFFING AREAS

Specialist Staffing Areas: Section Summary

- The slides in the following section draw on Unify data and forecasts from GMFM. Unify is the NHS online data collection system for data collating, sharing and reporting. It is an invaluable data source regarding NHS providers, but because the health and social care system is much wider than the NHS other sources are needed to supplement the information it provides. Here, we use Unify data to anticipate jobs between 2017 and 2021. GMFM data provides the annual expansion and replacement information, based on longer term forecasts (to 2035).
- The workforce across Greater Manchester consists of eight broad categories, as detailed below. In the case of social care, we have supplemented Unify information with data from Skills for Care based on projections of the growth of the population aged over 65 and 75.
- Nursing: We anticipate replacement demand in the order of 1,200 a year.
- Medical staff: More than 300 additional consultants will be required each year.
- Social care staff: Over a third of HSC staff work in social care. As the largest staff group, replacement demand of over 6,500 care staff and 2,000 managers, professionals and others will be needed each year. Social care is the area where there is likely to be significant growth in jobs (as opposed to replacement of existing staff through churn and retirements). Projections from Skills for Care based on the population of GM aged over 75 suggest the social care workforce may need to expand from about 66,000 today to 94,000 by 2030.
- AHPs: About 450 staff a year will be needed.
- In children's services, vacancy rates are not especially high : Vacancy rates are not high. An additional 19 consultants, 18 other doctors and 118 Paediatric nurses will be required.
- Radiologists and Radiographers: About 130 are likely to be needed each year.
- Acute medical staff: current data shows 7% vacancy rate. About 30 doctors are needed each year.
- Mental health staffing: Mental health vacancies are predominantly in nursing and are running at 40%. Replacement demand will require more than 250 staff.

There are eight categories of HSC jobs

Figure 20: Breakdown of NHS specialist areas, 2016



- The workforce across Greater Manchester consists of eight broad categories They are:
- Nursing.
- Medical staff.
- Social care staff
- Allied Health Professionals (AHPs)
- Specific elements including:
- Children's services
- Radiologists and Radiographers
- Acute Medical staff
- Mental health staffing

About 1,200 nurses needed each year

Figure 21: Forecast demand for specialist medical staff

Staff Type	Current staff	Vacancies	Vacancies (%)	2017	2018	2019	2020	2021	Expansion (pa)	Replacement (pa)	Total annual demand
Nurses (elderly, acute and general)	111081	834	8	11915	11996	1184	11761	11731	-46	1274	1229
All Consultants	2717	183	7	2901	2945	2978	2975	2968	17	310	327
All other doctors*	1949	-29	-1	1920	2041	2030	2018	2009	22	205	228
Total all doctors	4666	154	3	4820	4986	5007	4992	4977	39	516	555
Allied Health Professionals	4151	142	3	4293	4259	4196	4186	4155	-34	459	425

Staff Type	Current staff	Vacancies	Vacancies (%)	2017	2018	2019	2020	2021	Expansion (pa)	Replacement (pa)	Total annual demand
Mental health											
Child and Adolescent Psychiatry Con	20	0	2	21	39	39	39	39	5	2	7
Forensic Psychiatry Consultant	11	1	10	12	12	12	12	12	0	1	1
General Psychiatry Consultant	120	116	97	236	130	130	130	128	-27	25	-2
Learning Disabilities (LD nurses)	75	2	2	77	77	77	79	79	1	8	9
Medical psychotherapy Consultant	0	0	0	0	0	0	0	0	0	0	0
Old Age Psychiatry	14	3	19	16	32	32	32	32	4	2	6
Other doctors*	243	-109	-45	135	239	228	224	224	22	14	37
Psychiatry (MH Nurses)	1370	538	39	1909	1948	1945	1929	1914	1	204	205
Psychiatry (learning disability)	0	0	0	0	2	2	2	2	1	0	1
Psychotherapy	35	24	69	59	59	59	59	59	0	6	6
Total	1888	576	31	2464	2506	2524	2506	1489	6	264	270
Radiography and Radiology											
Clinical Radiology Consultants	179	12	6	190	199	201	201	201	3	20	23
Radiography (Diagnostic)	882	32	4	914	919	896	894	891	-6	98	92
Radiography (Therapeutic)	130	1	1	131	135	136	140	142	3	14	17
Total	1191	44	4	1236	1253	1233	1235	1234	-1	132	132
Emergency Medicine											
Emergency Medicine Consultants	104	2	2	106	115	115	116	116	3	11	14
Other doctors*	146	14	9	160	154	154	153	152	-2	17	15
Total	250	16	6	266	269	269	268	268	1	28	29
Childrens											
Paediatrics Consultants	179	4	2	182	182	181	181	180	0	19	19
Paediatric Cardiology Consultants	6	0	0	6	6	6	6	6	0	1	1
Other doctors (excl F1/F2 trainees)	164	3	2	167	169	169	168	167	0	18	18
Paediatric Nursing	1030	13	1	1043	1072	1072	1070	1067	6	112	118
School Nurses	289	11	4	300	292	292	288	285	-4	32	28
Total	1669	31	2	1699	1720	1720	1713	1706	2	182	183

- GMFM implies that about 1,200 nurses, about 550 doctors and about 420 allied health professionals will be needed each year. This represents the health sub-sector's total new requirement.
- The nursing figure in particular represents a substantial requirement.
- It is worth noting that in health the expansion demand is relatively modest or even declining in some areas (e.g. Allied health professionals) – reflecting a sector that is not anticipated to grow significantly.
- The second table focuses on specialist areas with widely recognised labour market challenges.

Sources: Figures on current staff, vacancies and five year forecast are taken from Unify data; Expansion and replacement calculations are taken from GMFM forecasts.

Notes: Other doctors excludes F1/F2 trainees

Care sector needs about 8,700 a year

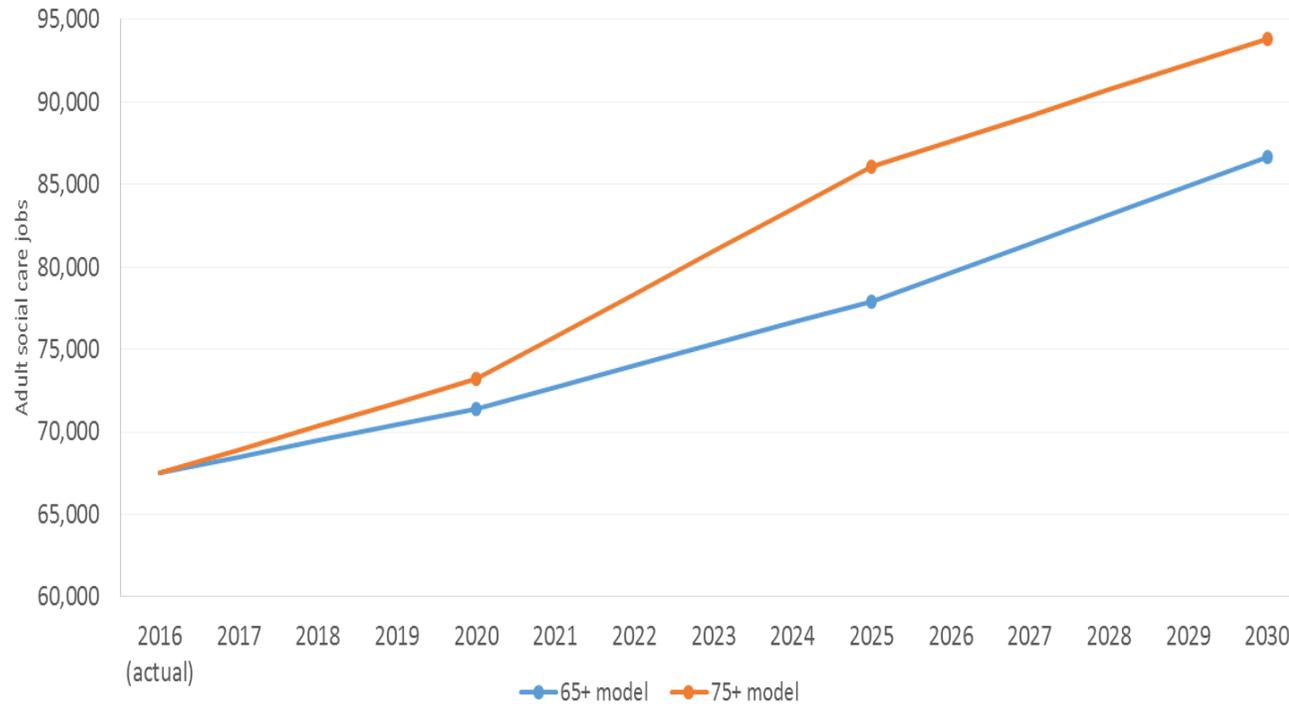
Figure 22: Adult social care workforce numbers and forecast

Role	2017	2018	2019	2020	2021	Annual expansion Demand	Annual replacement Demand	Total Annual Demand
Direct care	50274	51507	52503	53577	55495	1305	5377	6683
Managers	4803	4918	5012	5114	5297	124	514	637
Professional	2759	2827	2885	2943	3053	74	295	369
Other	7404	7587	7738	7901	8191	197	792	989
Grand Total	65239	66840	68138	69536	72036	1699	6978	8677

- In 2017, GM's adult social care workforce employed approximately 65,200 people.
- Most of the workforce work in care, but professional and managerial staff number about 10,000.
- Manchester is the district with the largest ASC workforce, followed by Wigan.

Social care workforce likely to rise to at least 90,000

Figure 23: Social Care: jobs forecast to 2030



- This chart uses population data to model the effects of an ageing population on the ASC workforce.
- Projections based on the population of 65+ year olds in the GM population imply a need for approximately 87,000 workers in ASC by 2030.
- If using projections of the population of 75+ year olds, the total likely to be needed rises by nearly 94,000.

SKILLS SUPPLY AND APPRENTICESHIPS

Skills Supply and Apprenticeships: Section Summary

- How the skills formation system operates is a critical part of the answer to how staff and skill shortages in GM can be met. This section examines the flow of skills – or at least qualifications - into the HSC labour market from data supplied by learning providers. Other information from, for example, NHS digital regarding training places and commissions is also available.
- HSC is a relatively diverse labour market, with some roles being highly regulated and with strict qualification protocols attached to the work (for example, clinicians). However, the British labour market as a whole is notable for having very low 'licence to practice' arrangements in place in many occupations as part of the emphasis on workforce flexibility. This means that in many roles there is not always a set, pre-determined path of skill acquisition: workers with assorted qualifications can often move relatively freely between sectors; this may be relevant to many relatively low skill (e.g. Care assistants) and other support roles (e.g. IT support) within the healthcare labour market. Given this flexibility, there can never be a perfect match between skills supply and labour demand across all areas of the workforce.
- In what follows, we explore three sorts of post-16 learning: apprenticeships, further education and university courses.
- In total, GM has about 17,000 studying relevant subjects at University, about 10,000 apprentices and about 14,000 course starts in HSC related courses. In further education and apprenticeships, social care accounts for the great majority of these courses. In University, health professions drive most of the learning.
- As well as the need to develop new staff, there are also skills gaps within the existing workforce. Skills for Health identifies skill gaps in the workforce, including: problem solving, oral communication, customer handling, teamwork and management and leadership skills. The implications of changes to health and care service provision towards the 'personalisation of care' will result in healthcare assistants needing to learn a wide range of skills and working practices to provide support that enables people to remain independent.
- In addition the configuration of health and social care implies the need for new skillsets and potentially the need for increased use of ICT.

About 10,000 people a year begin apprenticeships relevant to the sector in GM

Figure 24: Apprenticeships in health and social care by level, 2014/15-2015/16

Course	Level	2014-15		2015-16	
		Starts	Achievements	Starts	Achievements
Health and Social Care	Level 2	2,453	1,183	2,341	1,281
	Level 3	1,933	860	1,958	975
	Total	4,386	2,043	4,299	2,256
Dental Nursing	Level 3	242	119	205	115
	Total	242	119	205	115
Care Leadership and Management	Level 4 Plus	547	68	463	132
	Total	547	68	463	132
Health Assistant Practitioner	Level 4 Plus	0	0	2	0
	Total	0	0	2	0
Grand Total		10,350	4,460	9,936	5,006

- Approximately 10,000 people a year begin an apprenticeship relevant to the sector in GM.
- Health and social care is by far the most significant type of apprenticeship, accounting for about 4,300 starts a year.
- Numbers fell during the two academic years featured in the table. HSC accounts for most of the fall. However, dental nursing and care leadership and management also dipped.
- Fluctuations in apprenticeship volumes are a relatively frequent occurrence. More data than two years is necessary before analysing trends.
- Care leadership is significant in that it dominates apprenticeship provision across GM at level 4: the sector appears to have embraced apprenticeships as a means of developing managers.
- ‘Achievements’ refer to qualifications obtained in the academic year – an achievement is not a ‘success rate’.

Apprenticeship levy implies £11.8m of investment from NHS alone

Figure 25: Indicative health sector apprenticeship levy

Trust Name	Indicative Levy Payment 2017/18	Approx. Headcount	Indicative Public Sector Target 2.3%	May 2017 to March 2018 Forecast Apprenticeship Starts
Bolton NHS FT	£765,824	5,387	124	255
Central Manchester University Hospitals NHS FT	£2,334,000	12,708	292	311
Christie Hospital NHS FT	£418,525	2,611	60	66
Pennine Acute Hospitals NHS Trust	£1,825,000	9,306	214	186*
Salford Royal NHS FT	£1,098,500	6,966	160	187
Stockport NHS FT	£859,316	5,730	132	155
Tameside & Glossop Integrated Care NHS FT	£504,000	3,500	81	84
University Hospital of South Manchester NHS FT	£1,022,912	6,072	140	160
Wrightington, Wigan and Leigh NHS FT	£885,000	5,015	120	96*
Greater Manchester Mental Health NHS FT	£673,659	4,753	109	252
Pennine Care NHS FT	£860,019	5,800	133	130*
North West Ambulance Service	£589,899	6,312	145	34*

- GM's public sector organisations have been working together to identify joint mechanisms and activity to add value to the investment each organisation will make individually through the apprenticeship levy.
- The table provides an illustration of GM NHS (Provider) organisations, with CCG data to be added.
- The NHS organisations alone account for approximately £11.8m of investment in apprenticeships.

About 14,400 people began college courses in HSC related subjects in 2015/16

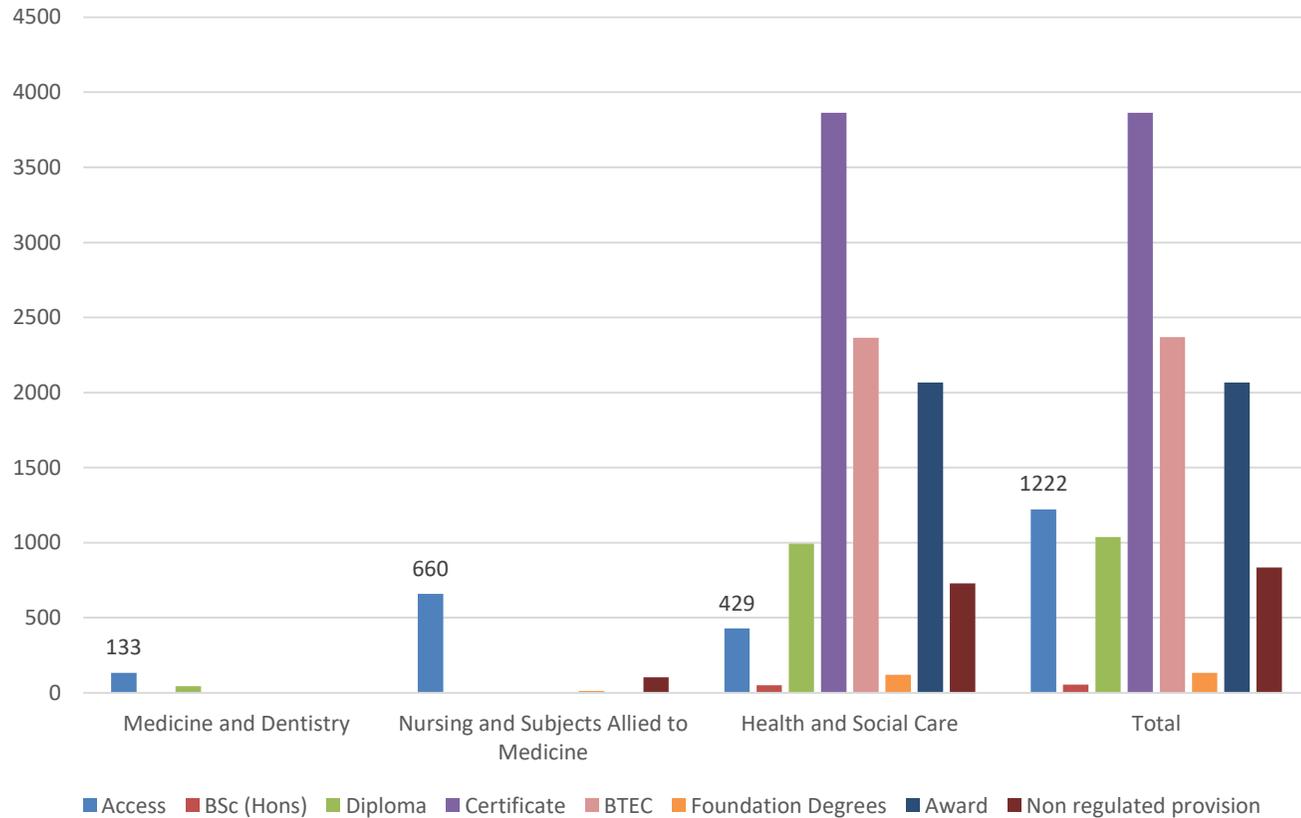
Figure 26: Course starts and achievements in further education, 2014/15-2015/16

Level	2014-2015		2015-2016	
	Starts	Achievements	Starts	Achievements
Health and Care	21,081	18,201	14,428	11,492
Medicine and Dentistry	190	121	185	117
Entry level/Level 1	5	3	2	2
Level 3	183	115	181	115
Level 5	1	2	2	0
Not Applicable/ Not Known	1	1	0	0
Nursing and Subjects and Vocations Allied to Medicine	811	532	781	557
Entry level/Level 1	2	9	104	104
Level 2	1	1	0	0
Level 3	773	505	660	436
Level 4 (original)	34	16	17	17
Not Applicable/ Not Known	1	1	0	0
Health and Social Care	20,080	17,548	13,462	10,818
Entry level/Level 1	3,718	3,284	2,051	1,600
Level 2	10,505	9,431	5,732	4,832
Level 3	5,374	4,526	4,913	3,891
Level 4 (original)	431	257	436	225
Level 5 (original)	2	1	0	0
Not Applicable/ Not Known	50	49	330	270

- Most of the courses studied in further education colleges are health and social care – about three quarters of all courses starts are HSC either at level 2 or level 3 (a level 2 is roughly equivalent to GCSEs, a level 3 to A levels).
- Starts in HSC have fallen by a third in the two academic years shown in the table. This is accounted for by large drops at relatively low skill level, such as entry and level 1 and level 2.
- Starts in FE are generally falling, especially at lower skill levels.
- A level 4 qualification is roughly equivalent to the first year of a standard bachelor's degree.
- 'Achievements' refer to qualifications obtained in the academic year – an achievement is not a 'success rate'.

Vocational certificates in health and social care dominate provision in FE

Figure 27: Course starts by type of qualification in further education colleges, 2015/16



- Certificates dominate vocational provision in further education colleges and among training firms (more than 3,800 a year were started).
- However, in the clinical disciplines, there is significant provision of access courses (more than 1,000). Unlike the vast majority of courses at level 3 and above, access course fees are written off provided the student progresses to higher education.
- BTEC qualifications in health and social care amount to more than 2,300 starts.
- Foundation degrees totalled about 130 starts.
- NB: A learner can have more than one 'start'. Data on learner counts is expected soon.

About 17,200 people study HSC related subjects at GM universities

Figure 28: Students (undergraduate and postgraduate) studying at GM HEIs (2015/16)

Medicine and Dentistry	Pre-clinical medicine	Pre-clinical dentistry	Clinical medicine	Clinical dentistry	Others in medicine & dentistry	Medicine & dentistry total
The Manchester Metropolitan University	0	0	0	0	35	35
The University of Manchester	860	80	1720	440	275	3370
GM Total	860	80	1720	440	310	3405
UK Total	15160	1500	38040	6580	4260	65550

Subjects Allied to Medicine	Anatomy, physiology & pathology	Pharmacology, toxicology & pharmacy	Complementary medicines, therapies & well-being	Nutrition	Ophthalmics	Aural & oral sciences	Nursing	Medical technology	Others in subjects allied to medicine	Broadly-based programmes within subjects allied to medicine	Total - Subjects Allied to medicine
The University of Bolton	0	20	15	0	0	0	1095	5	275	0	1410
The Manchester Metropolitan University	630	0	10	250	0	200	1020	170	140	0	2420
The University of Manchester	605	1090	0	0	275	330	1885	55	380	0	4615
The University of Salford	630	0	0	0	0	0	2710	370	1670	0	5380
GM Total	1865	1110	25	250	275	530	6710	600	2465	0	13825
UK Total	20820	25725	3075	6570	3760	4005	153795	9100	57285	805	284935

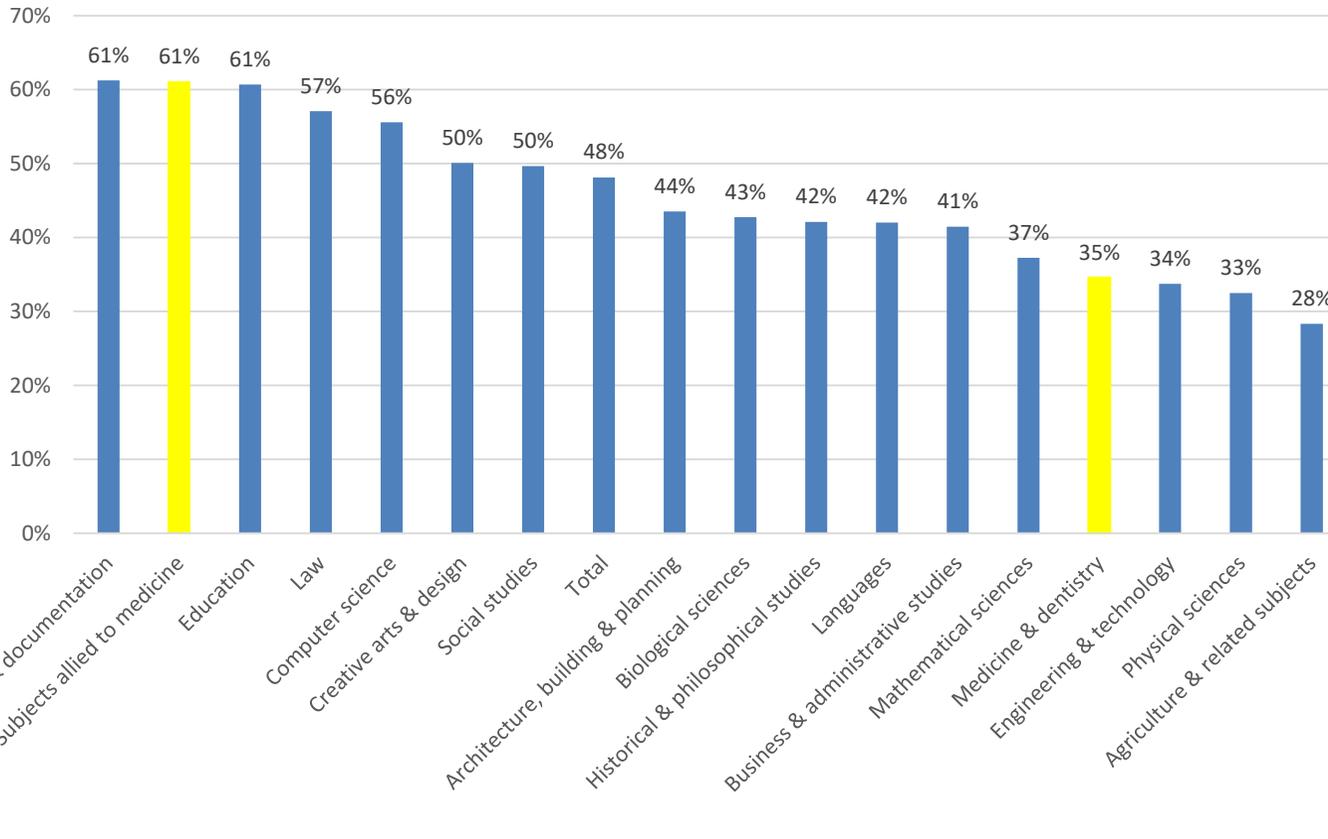
- Among clinical roles, about 3,400 doctors studied in GM in 2015/16 academic year – the vast majority at the University of Manchester.
- GM based HEIs supply 5.7% of the UK total. About 75% are undergraduates and a quarter postgraduates.
- Among subjects allied to medicine, GM HEIs have about 13,800 people studying these subjects. Within these people, just under half are nurses.
- Among subjects allied to medicine about 63% are undergraduate positions.
- We can assume a third of this total qualify each year – approximately 5,700 people a year.
- Data can be broken out into undergraduate and post-graduate.

Source: HESA 2015/16

Notes: the data refers to people who are studying the relevant subjects in the reference year. Separate data is available on qualifiers by year.

A third of medicine and dentistry graduates begin their careers in GM

Figure 29: Percentage of graduates from GM HEIs who find work in GM by subject, (2014/15 leavers)



- The Higher Education Statistics Agency conducts its destination's survey six months after graduation.
- In medicine and dentistry, just over a third of the total graduates from GM HEIs choose to begin their career in GM. This is towards the lower end among the various subject disciplines.
- However, graduates of courses relevant to subjects allied to medicine are far more likely to settle in GM – 61% of them. This is at the high end of the subject disciplines and these graduates are most likely to stay in GM post graduation.
- If examining all who chooses to settle in GM (irrespective of whether they are in work or pursuing another activity), then a combined proportion of 55% settle in GM from medicine and dentistry and subjects allied to medicine.

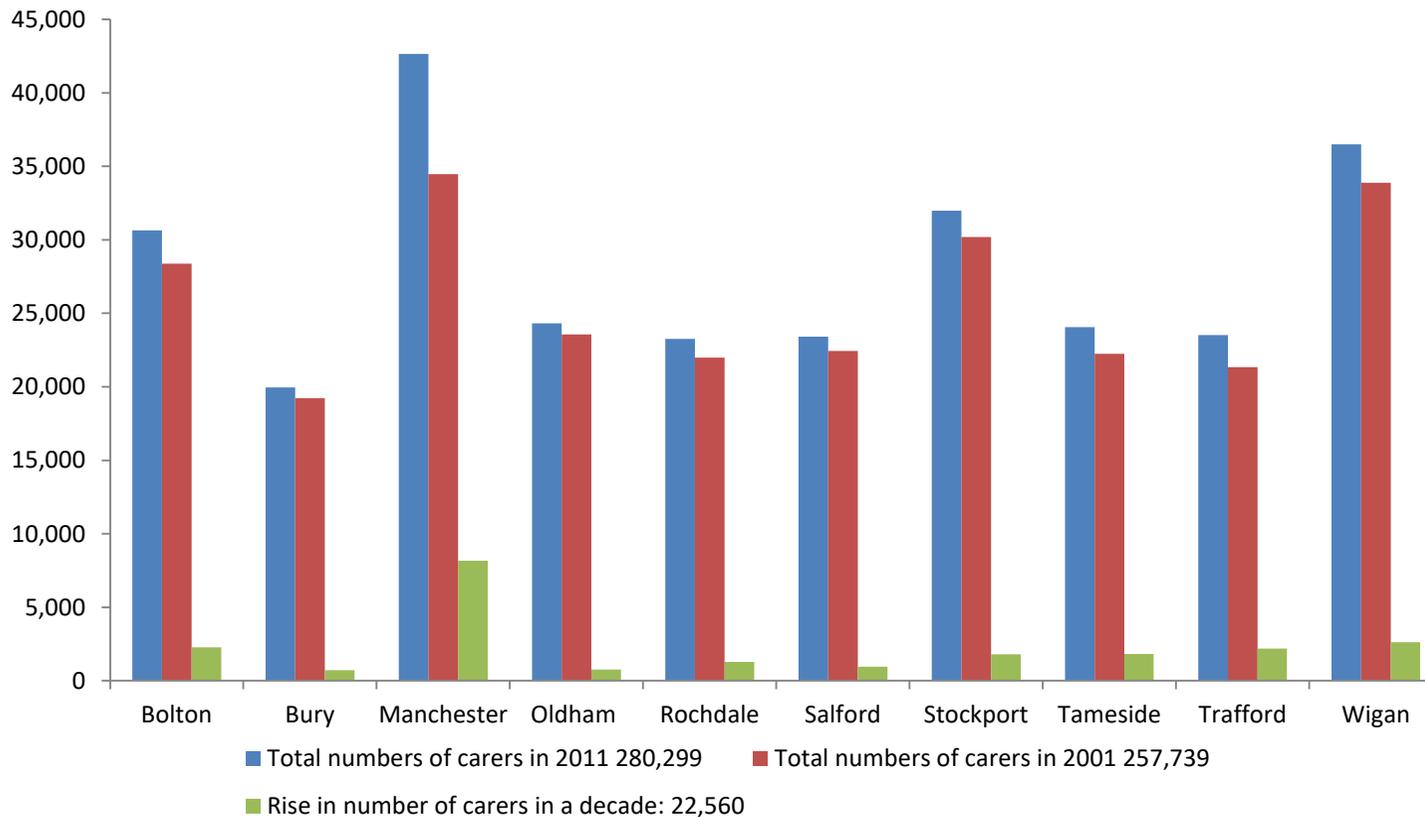
CARERS AND THE VOLUNTARY WORKFORCE

Volunteers and Carers

- As well as staff, freelancers and contractors employed in the HSC labour market it is important to remember that the sector also has considerable human capital involved in a voluntary capacity or as carers. These people may not sell their labour as conventional employees do, but nevertheless it has considerable practical, social and indeed economic value.
- **Voluntary sector:** According to a 2017 study of the Voluntary, Community and Social Enterprise sector in GM there are about 7,300 (46% of total) organisations involved in various capacities in providing health and care. Most of them are likely to be very small with less than £10,000 turnover; 10% had more than 20 staff.
- Although we do not have a figure for how many people are employed specifically in health or care, in total the VCSE sector had 42,600 people working in it in 2017 (28,600 FTE). There were also over 350,000 volunteers (again we do not know how many work specifically in health).
- Of the VCSE organisations focussed on health, most stated they worked in 'health and wellbeing in general'. Just over half said they concentrated on mental health and about a third worked in 'healthy living' (food, lifestyle and sexual health).
- **Carers:** There are approximately 280,000 carers in GM (a rise of 9% in the last 10 years). This is just over 10% of the population – just above the national average.
- GM carers provide more care than the population average: approximately 70,000 carers in GM provide over 50 hours of care per week.
- GM carers are more likely to be younger than the population average. Furthermore, there are proportionally fewer carers in work where they are aged between 16 and 64, which is significant given the higher volumes of younger carers
- The value of carers' unpaid support across GM is worth £5.9 billion a year.
- GM has a slightly lower than average rate of carers juggling work and care compared with the national average for England - 52% for GM compared with 53.1% for England. The 'employment effect' of caring (carers are less likely to be in work) is thus amplified in GM. Carers are twice as likely to be in bad health compared with non-carers if they are providing over 50 hours of care per week. In all councils (bar Stockport which is the same as the national average), all have a higher proportion of carers in bad health. The national average is 13%; in GM the proportion is 14.7%.

280,000 GM residents have caring responsibilities

Figure 30: Number of carers in GM, 2001-2011



- All districts in GM have seen a rise in the numbers of people caring for others over the course of the decade between 2001 and 2011.
- Manchester has the highest number of carers overall, over 42,000 of them, and also experienced by largest rise in numbers over the decade.
- However, as a proportion of the local population, the presence of carers is higher in districts such as Wigan (11% compared with 8% in Manchester).
- Overall, about 10% of the population provide care – slightly above the national average.

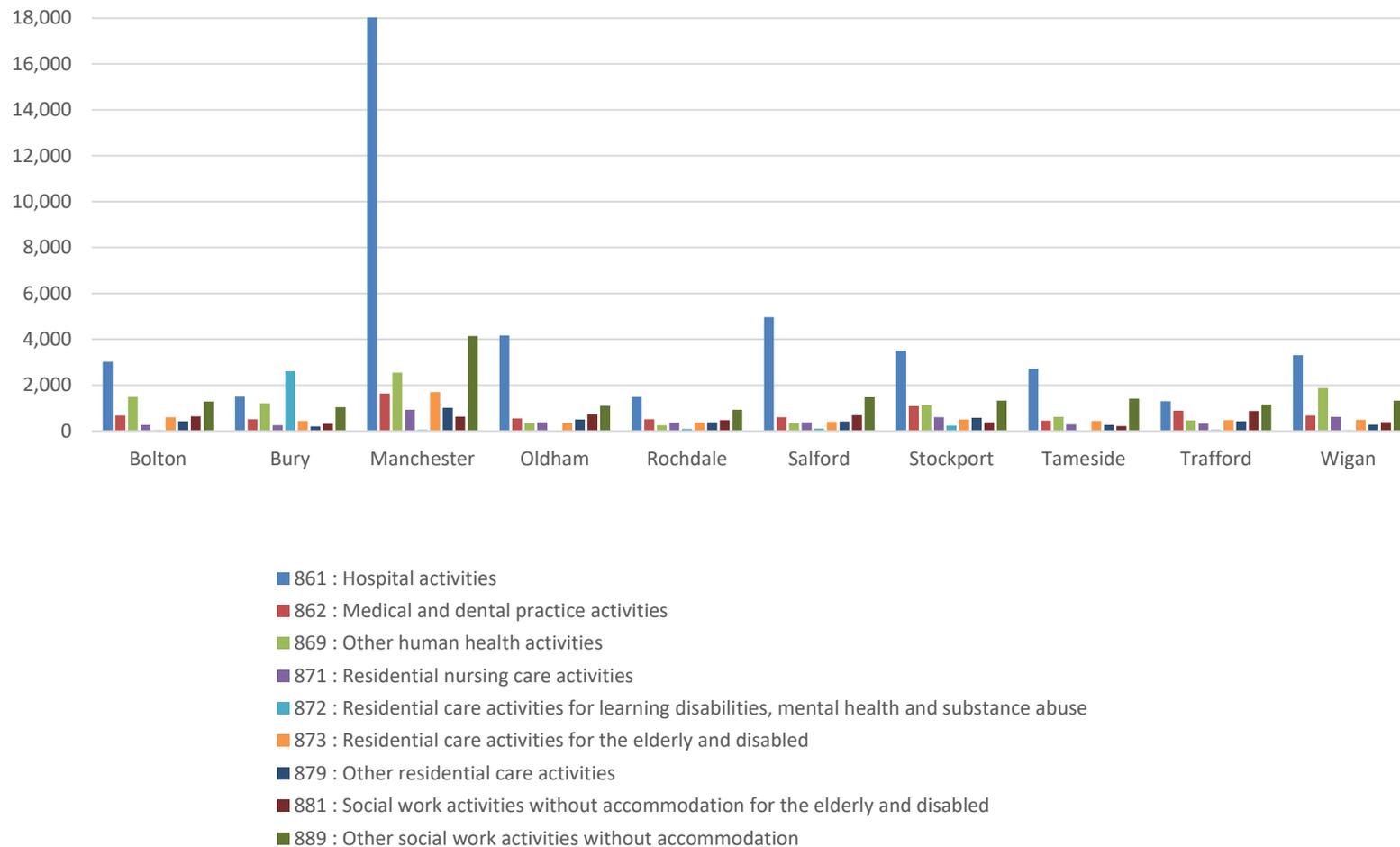
HSC WORKFORCE IN DISTRICTS

HSC Workforce in Districts: Section Summary

- This section of the LMI report details expected patterns in total HSC employment at GM district level, using GMFM as its data source. Once more the caveats that apply to all forecasts need to be borne in mind; the information represents estimates based on available information and reasonable assumptions and is thus subject to uncertainty.
- The information needs to be digested in conjunction with 'workforce and transformation plans' in each district. A summary of these locality plans can be found in the Workforce Strategy and Implementation Plan 2017/18.
- Manchester accounts for the largest share of this growth – about 5,800 additional employees. Ranked in order of total staff growth the other districts are as follows: Salford (2,200); Stockport (1,900); Bury (1,200); Bolton (1,000); Trafford (900); Oldham (600); Wigan (600); and Tameside (270).
- Rochdale, however, stands out as the GM district that is forecast to shed some HSC labour. By 2035, GMFM anticipates that it will have slightly fewer staff working in social care than in 2017 – albeit only slightly fewer (about 200). The pattern of growth in HSC employment is clearly tilted more towards the south and west of the GM city region.
- In percentage terms, the three districts that are forecast to see the sharpest growth in their HSC workforces between 2017 and 2035 are Salford (14.6%); Manchester (12.2%); and Stockport (10.2%).
- As the charts in the following section demonstrate, labour market patterns are relatively consistent (with the exception of Rochdale). In the five years from 2017 most districts are forecast to shed some staff numbers – albeit generally in only relatively small numbers.
- After 2021 however growth in staff numbers becomes widespread with some districts adding numbers steadily. Typically, HSC staff in GM will rise by about 7% between 2021 and 2035. Some districts such as Salford (just over 11%) will see much more rapid growth.
- The sites of major hospitals are likely to be the principal reason behind patterns of change. Manchester is anticipated to account for 28.7% of HSC employment in 2035 (compared with 27.1% today). Stockport will account for 10.7% (compared with 10.5% today). And Salford will account for 9.2% (compared with 8.7% today). These three districts are forecast to increase their share of GM's HSC workforce. All other districts will reduce their share of GM's HSC labour force (except Bury which will stay the same accounting for 8% of the HSC workforce in GM).

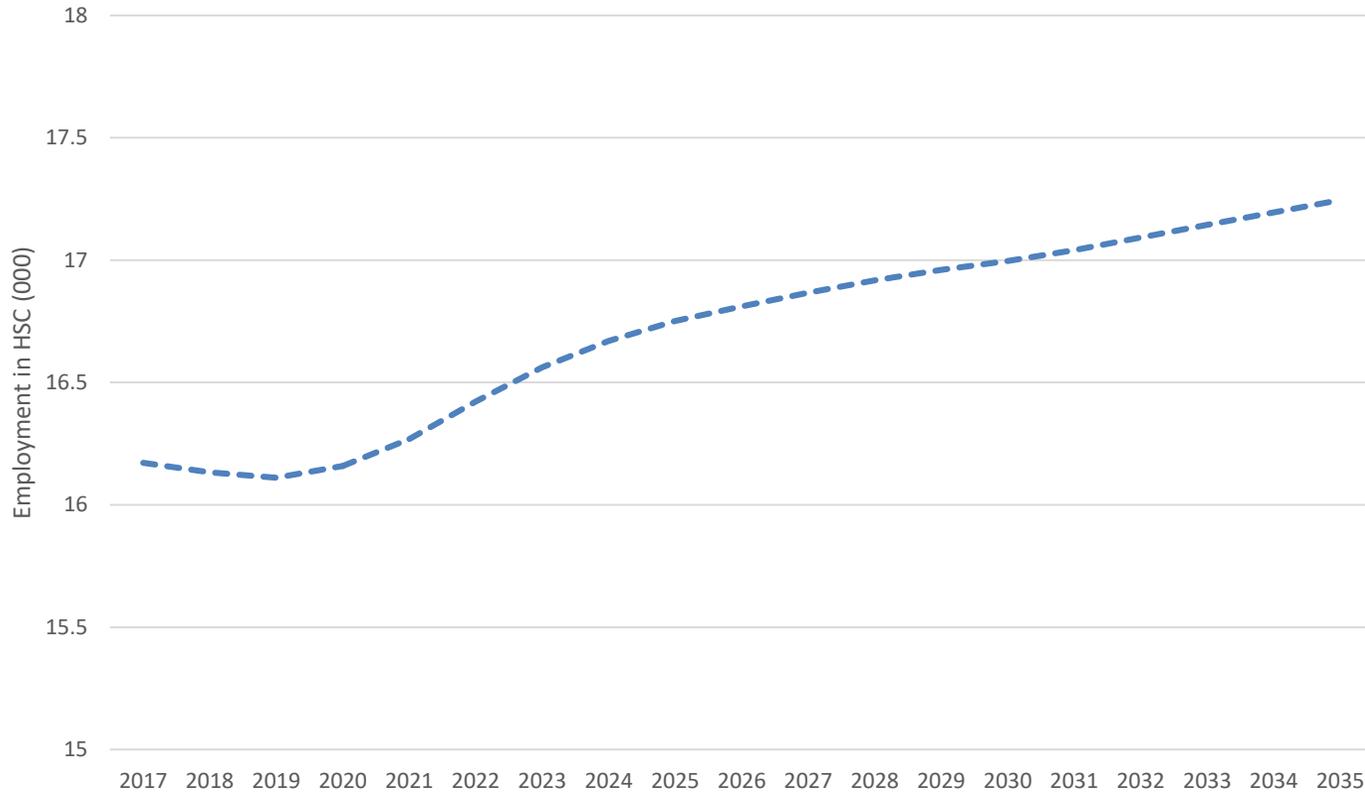
Hospital work focussed on south and west of the city region

Figure 31: Subsectors of the HSC labour market in districts, 2015



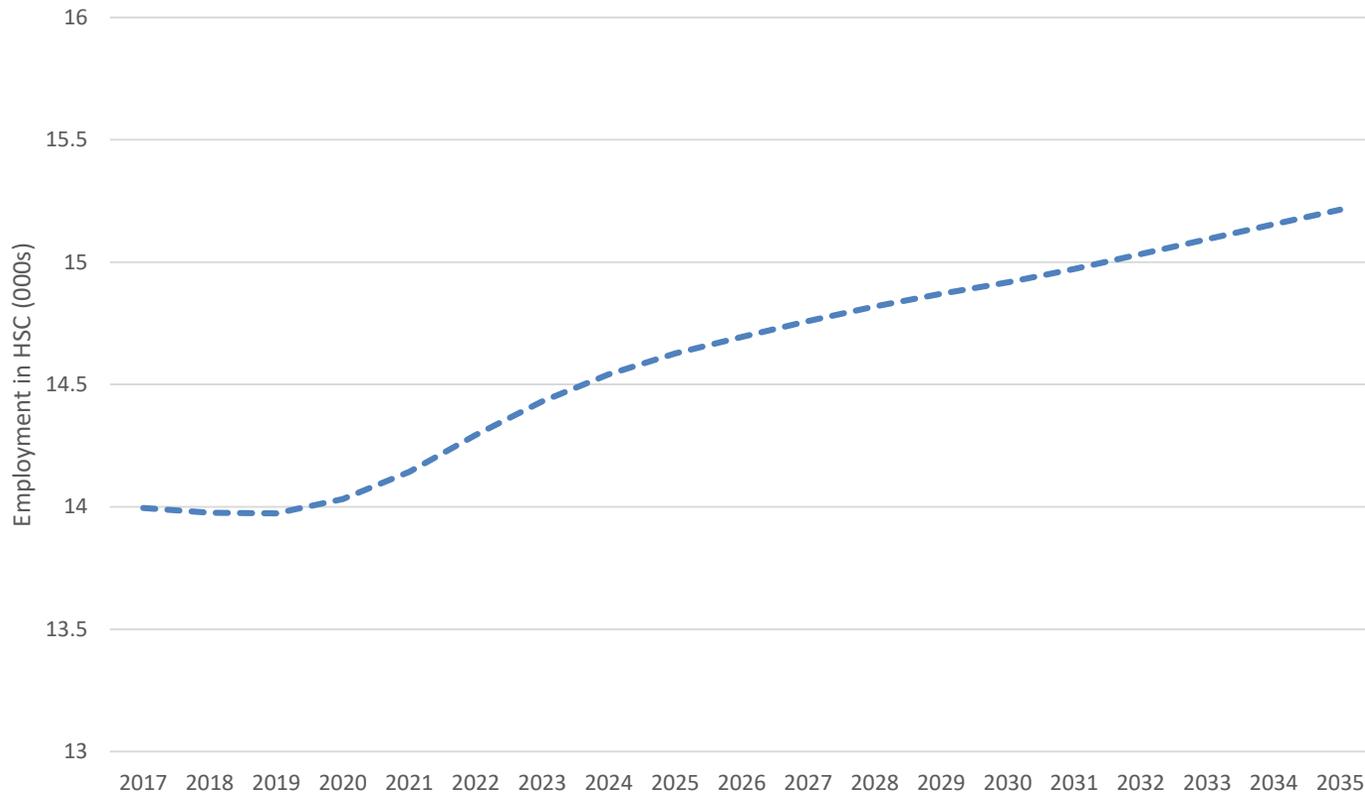
- The prominence of Manchester’s hospitals accounts for its prevalence in terms of the large number of employees in health hospital activities.
- Bury stands out for its substantial number of employees (2,600) working in residential care for people with learning disabilities, mental health issues or substance abuse.

Figure 32: HSC Workforce Projections in Bolton, 2017-2035



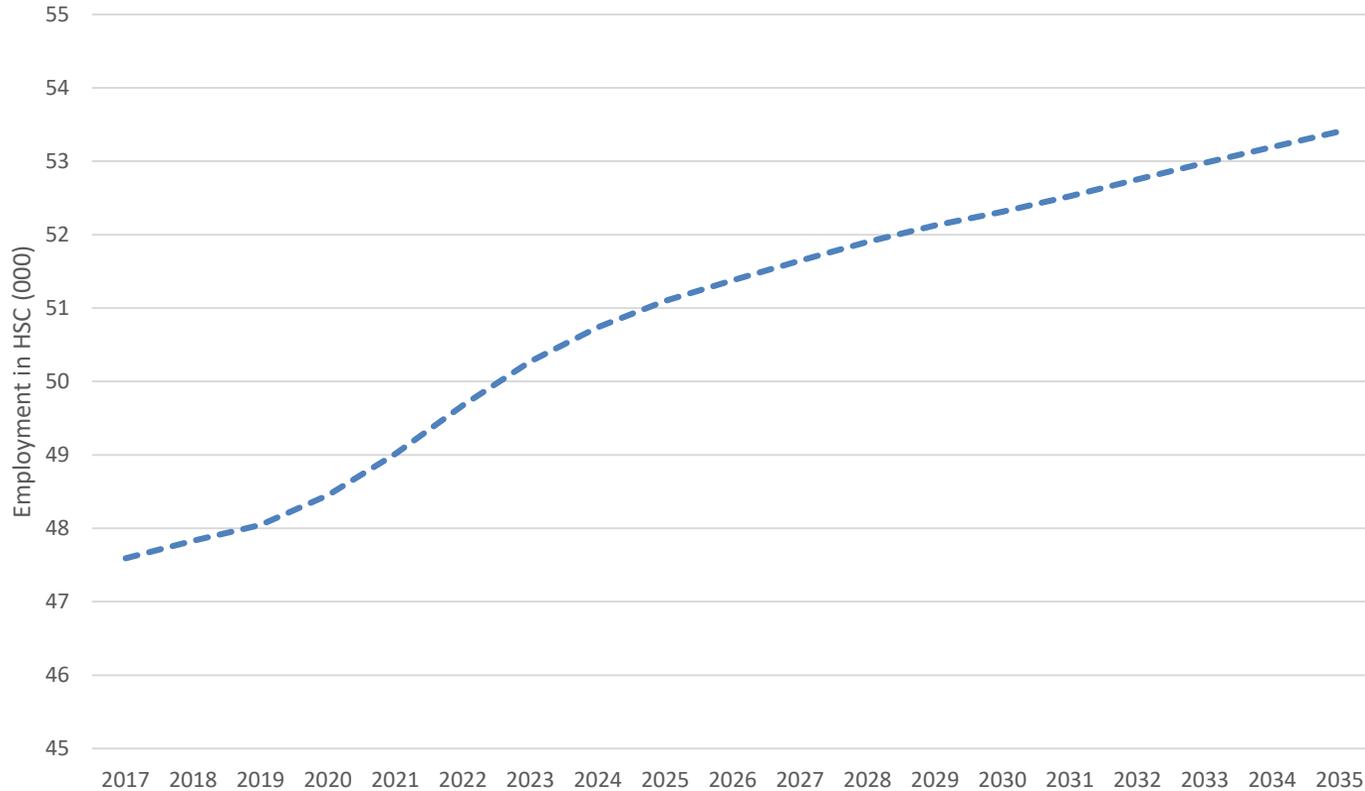
- GMFM anticipates that in Bolton there will be a very slight rise in HSC staff between 2017 and 2021 – approximately 125 (0.7%).
- After this point more rapid growth in staff numbers is anticipated.
- Between 2021 and 2035 about 1000 more staff will be employed in the sector (6%).
- By 2035, total staff working in HSC in Bolton will be about 17,200.

Figure 33: HSC Workforce Projections in Bury, 2017-2035



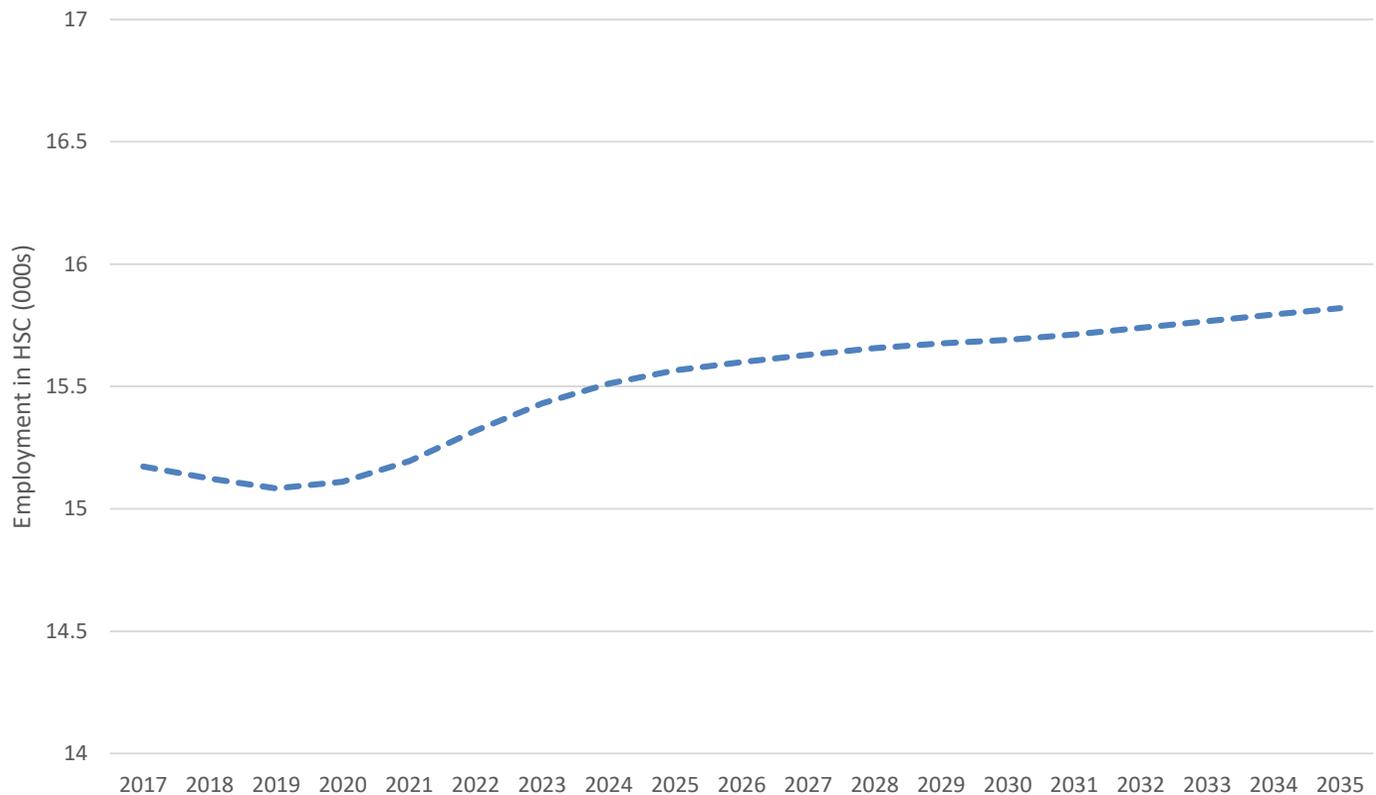
- GMFM anticipates that in Bury there will be a modest rise in HSC staff between 2017 and 2021 – approximately 150 (1.1%).
- After this point, there will be a relatively large growth in staff numbers as about 1100 more are added in Bury.
- By 2035 the HSC workforce will comprise about 15,200 people (8% growth between 2021 and 2035).

Figure 34: HSC Workforce Projections in Manchester, 2017-2035



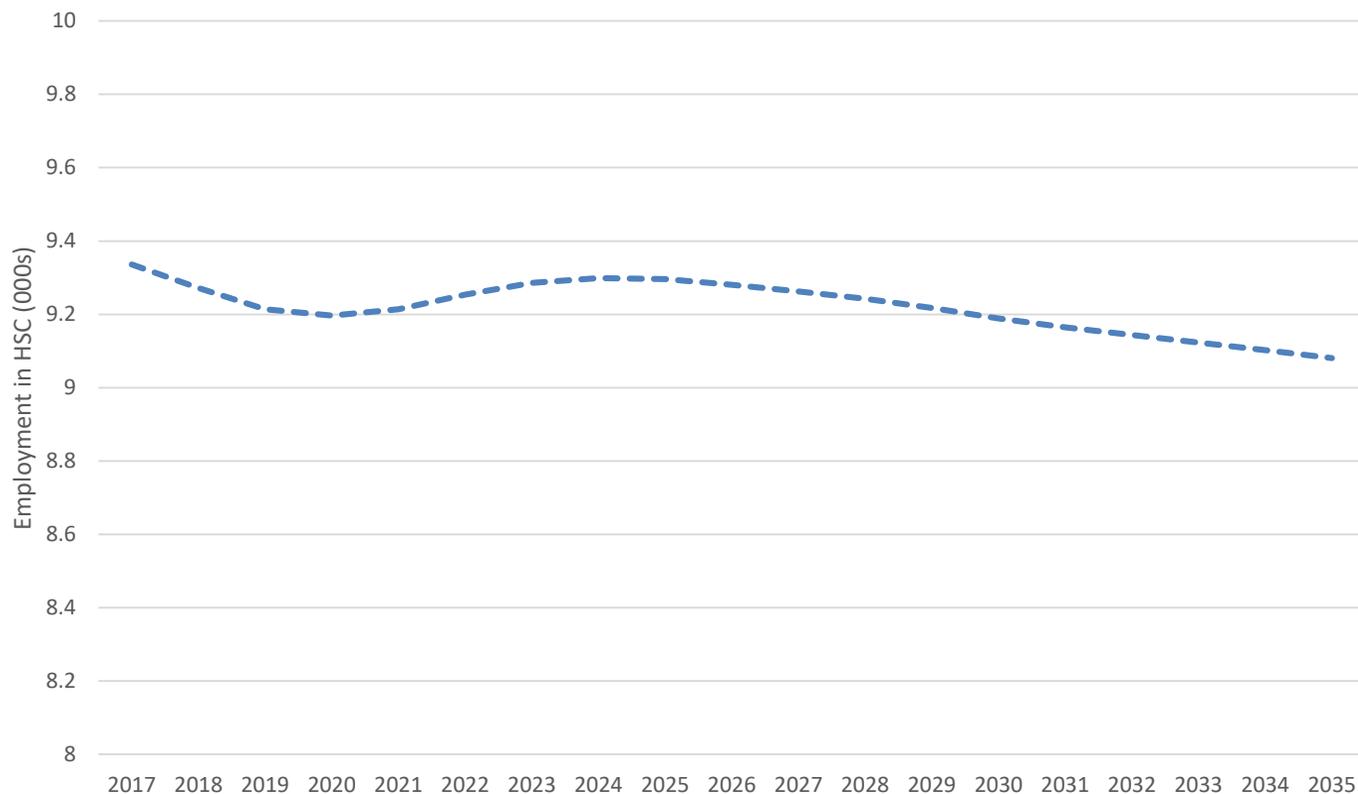
- GMFM anticipates that in Manchester there will be a large rise in HSC staff between 2017 and 2021 – approximately 1400 (a 3.0% increase).
- After this point there will be a further substantial growth of staff as about 4400 more are added in Manchester to take the HSC workforce to 53,400 (a 9.0% increase between 2021 and 2035).

Figure 35: HSC Workforce Projections in Oldham, 2017-2035



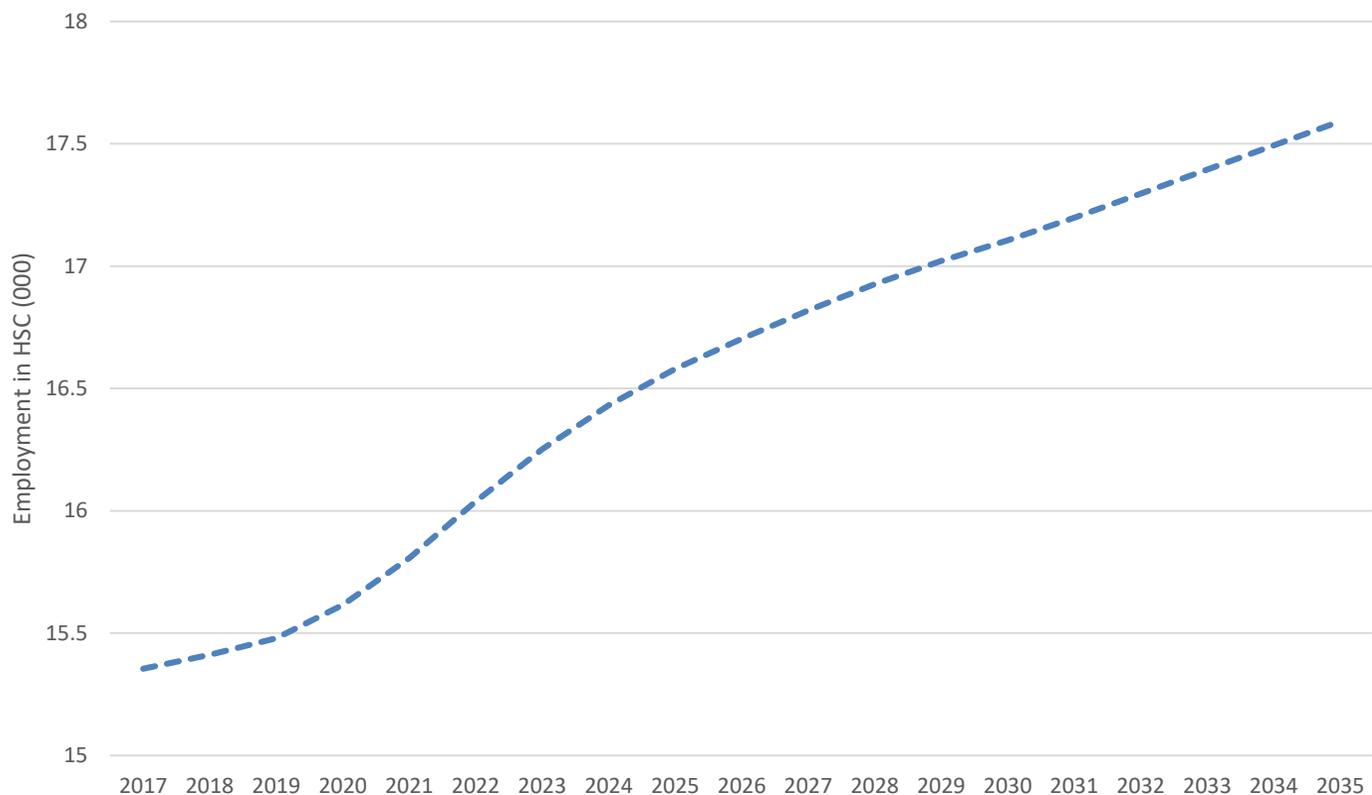
- GMFM anticipates that in Oldham there will be a small drop in staff followed by a rise.
- Comparing 2017 and 2021 total numbers working in HSC will be virtually unchanged.
- After 2021 modest growth in staff numbers is projected.
- About 600 more staff (4.3% increase) will be added.
- By 2035 about 15,800 will be employed by the HSC sector in Oldham.

Figure 36: HSC Workforce Projections in Rochdale, 2017-2035



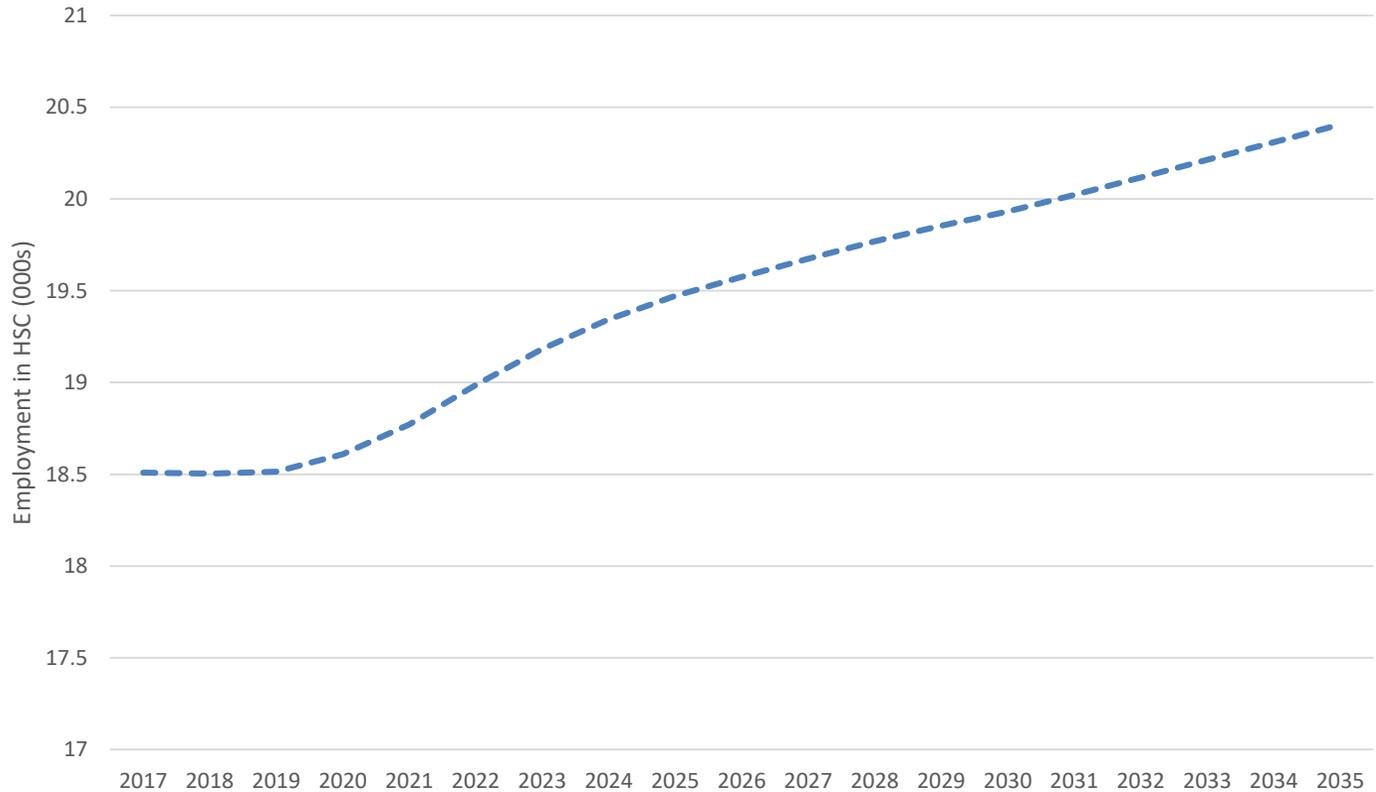
- Rochdale stands out as the district in Greater Manchester with notably different HSC workforce projections than the others.
- GMFM anticipates that in Rochdale, there will be a decline in HSC staff between 2017 and 2021 of approximately 120 (1.3%).
- After this point, there will be some growth of staff and then a moderate decline.
- Between 2021 and 2035 total staff in HSC will decline by about 130 (-2.7%).
- By 2035 the Rochdale HSC workforce will total about 9,080.
- According to GMFM, Rochdale is alone in seeing a fall in the HSC workforce out of the 10 GM districts in comparison with the total in 2017.

Figure 37: HSC Workforce Projections in Salford, 2017-2035



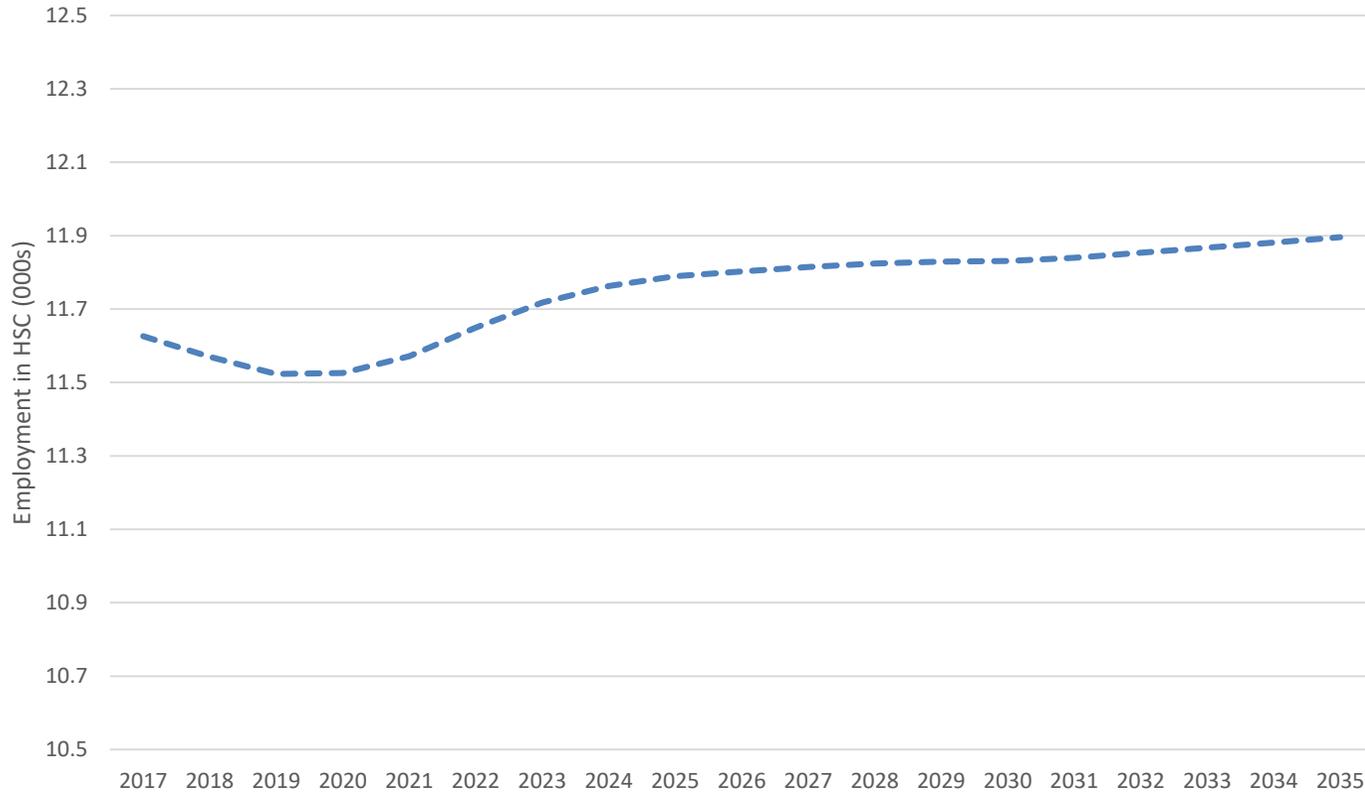
- GMFM anticipates that in Salford, there will be a modest rise in HSC staff between 2017 and 2021 – approximately 450 (3.0%).
- After this point, there will be a substantial growth of staff, as almost 1800 more are added in Salford to take the Salford HSC workforce to 17,600 by 2035.
- According to GMFM, Salford will experience among the sharpest growth rates of any of the GM districts adding 11.1% more HSC staff between the years of 2021 and 2035.
- It is the districts in the South and West of the conurbation of Greater Manchester that appear to be likely to increase their HSC workforces most significantly: Salford, Stockport and Manchester.

Figure 38: HSC Workforce Projections in Stockport, 2017-2035



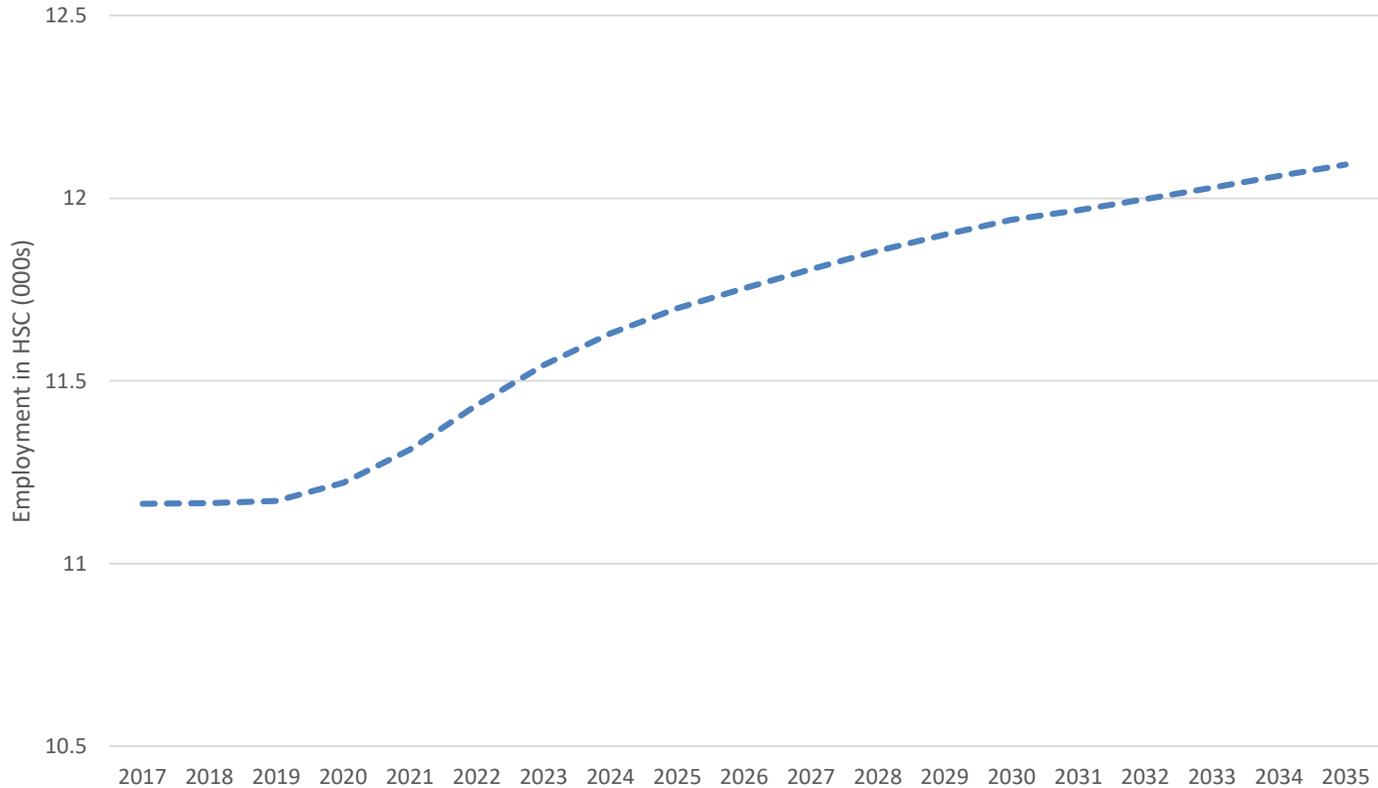
- GMFM anticipates that in Stockport, there will be a modest rise in HSC staff between 2017 and 2021 – approximately 250 (1.4%).
- After this point there will be a substantial growth of staff, as about 1600 more are added in Stockport to take the Stockport HSC workforce to 20,400 between 2021 and 2035 (8.6% increase).

Figure 39: HSC Workforce Projections in Tameside, 2017-2035



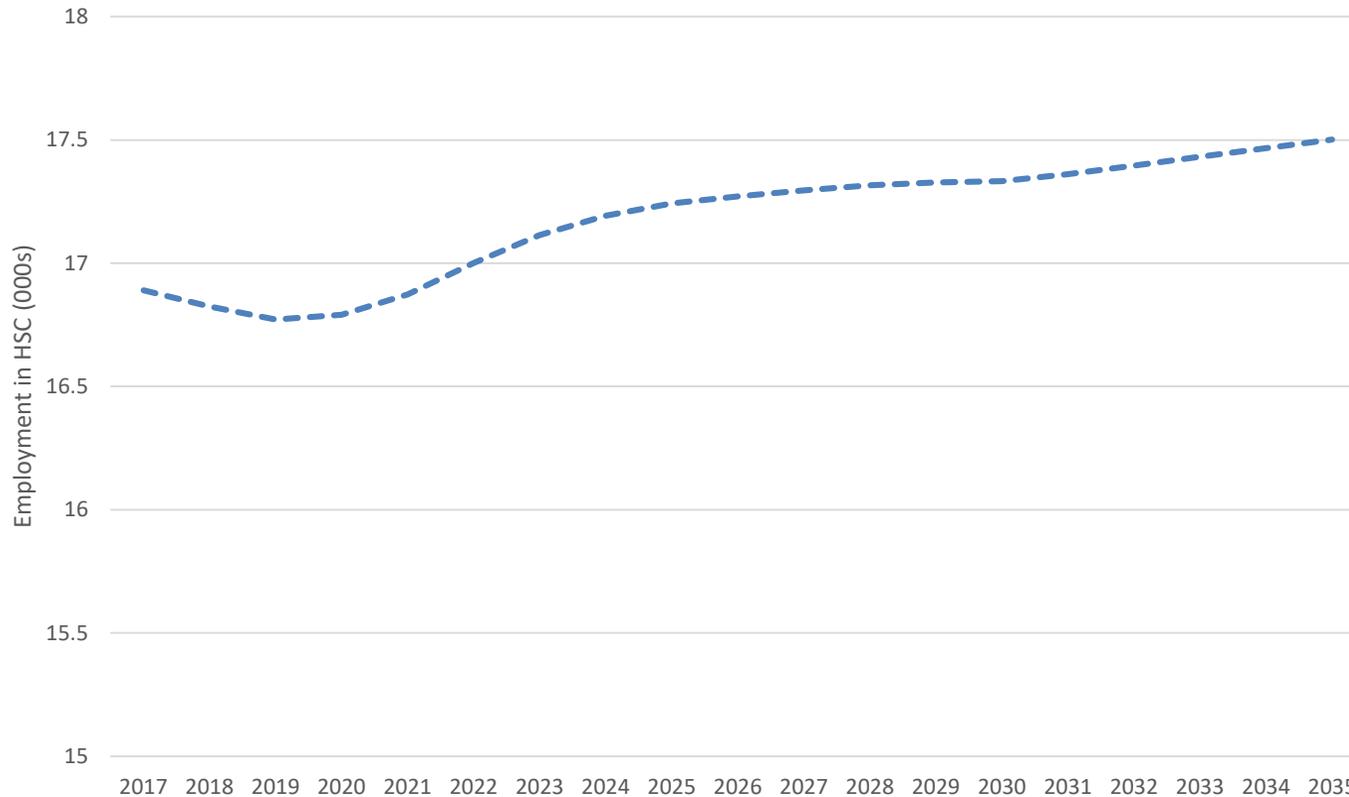
- GMFM anticipates that in Tameside there will be a slight decline in HSC staff between 2017 and 2021.
- After this point, there will be a modest growth of staff.
- Numbers will rise by about 300 in the years between 2021 and 2035 (2.8%).
- In 2035, the Tameside HSC workforce is likely to total about 11,900.

Figure 40: HSC Workforce Projections in Trafford, 2017-2035



- GMFM anticipates that in Trafford there will be a modest rise in HSC staff between 2017 and 2021 – approximately 150 (1.3%).
- After this point, forecasts suggest relatively substantial increase of 750 staff between 2021 and 2035 (6.8%) to take the Trafford HSC workforce to 12,000 by 2035.

Figure 41: HSC Workforce Projections in Wigan, 2017-2035



- GMFM anticipates that in Wigan there will be a minute decline in the total number of HSC staff in Wigan between 2017 and 2021 - approximately 20.
- After this point, there will be a modest growth of staff, as just over 600 more are added in Wigan between 2021 and 2035 (3.7%) to take the Wigan HSC workforce to 17,500 by 2035.

Links and references to related documents

- GMHSC Workforce Strategy and Implementation Plan, July 2017 <http://www.gmhsc.org.uk/assets/13-Workforce-Strategy-and-Implementation-Plan-SPB-28.07.2017-combined-FINAL-v1.0.pdf>
- GMHSC Taking Charge – 5 year plan, December 2015 <http://www.gmhsc.org.uk/assets/GM-Strategic-Plan-Final.pdf>
- GMHSC Taking Charge: Implementation and Delivery Plan, October 2016 <http://www.gmhsc.org.uk/assets/GM-STP-3-Implementation-Delivery-Narrative-FINAL-251116.pdf>
- New Economy, Deep Dive 05: Health and Social Care and Health Innovation <http://www.neweconomymanchester.com/media/1759/05-hs-and-health-innovation-deep-dive-report-final.pdf>
- Greater Manchester Forecasting Model <http://www.neweconomymanchester.com/publications/greater-manchester-forecasting-model>
- New Models of Homecare for Older People in the North West <https://nwemployers.org.uk/wp-content/uploads/2016/09/New-Models-of-Older-Peoples-Home-Care-North-West.pdf>
- Greater Manchester State of the VCSE Sector 2017 <https://www.gmcvo.org.uk/greater-manchester-state-vcse-sector-2017>
- Skills for Health: Health Sector Workforce Intelligence Reports <http://www.skillsforhealth.org.uk/resources/reports/research-and-intelligence-library/health-sector-workforce-intelligence-national-reports>

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