

Adults and Safer City Scrutiny Panel Meeting

Monday, 10 October 2016

Dear Councillor

ADULTS AND SAFER CITY SCRUTINY PANEL - MONDAY, 10TH OCTOBER, 2016

I am now able to enclose, for consideration at next Monday, 10th October, 2016 meeting of the Adults and Safer City Scrutiny Panel, the following report.

Agenda No	Item
-----------	------

6	<u>Care and the Economy in the City of Wolverhampton</u> (Pages 3 - 56)
---	---

If you have any queries about this meeting, please contact the democratic support team:

Contact Julia Cleary

Tel 01902 555046

Email julia.cleary@wolverhampton.gov.uk

Address Democratic Support, Civic Centre, 2nd floor, St Peter's Square,
Wolverhampton WV1 1RL

Encs

This page is intentionally left blank

Adults and Safer Scrutiny Panel

10 October 2016

Report title	Care and the Economy in the City of Wolverhampton
Cabinet member with lead responsibility	Councillor Samuels
Key decision	No
In forward plan	No
Wards affected	All
Accountable director	Linda Sanders – People
Originating service	Social Care
Accountable employee(s)	Brendan Clifford Tel X5370 Email brendan.clifford@wolverhampton.gov.uk
Report to be/has been considered by	Strategic Executive Board 26 July 2016 Executive Team 12 September 2016

Recommendation(s) for action or decision:

Adult Scrutiny is recommended to:

1. Consider the content of the attached report, "Care and The Economy - The economic contribution of social care and *Our Vision Our City - Our Vision for the City of Wolverhampton in 2030.*"
2. Comment as needed on any further factor to promote the inclusion of social care amongst the solutions to continued wider economic growth of the City of Wolverhampton in context of recent presentation of the attached document as part of Business Week 2016.
3. Consider issues for Carers and employment and need for carer-friendly employment policies in businesses across the City including the Council.

4. Reflect on further opportunities for further work on this theme with NHS colleagues.

1.0 Purpose

- 1.1 To share with Adult Scrutiny the report attached as an Appendix, presenting initial investigations undertaken into the economic contribution of social care in the City of Wolverhampton.
- 1.2 To promote further awareness of the attached Report and its themes to promote further the Wolverhampton 2030 agenda and the economic value contributed by social care in the City of Wolverhampton.

2.0 Background

- 2.1 The attached one-side Summary and Report responds to the feedback shared through the Adult Social Care Peer Challenge (March 2016) to more closely align the “people” and “place” dimensions of adult social care activity in the People Directorate and the City of Wolverhampton community.
- 2.2 In preparing this Report, the City of Wolverhampton Council has been the first Council in England to work with Skills for Care, a national adult social care workforce organisation to establish estimates of the economic value of adult social care to the local economy. The headlines of this activity are:
 - There were around 6,400 FTE adult social care jobs in Wolverhampton working in independent companies and the Council in about 130 establishments in the City of Wolverhampton registered with the Care Quality Commission and employed directly by people using services through Direct Payment schemes.
 - The City of Wolverhampton area accounted for just over 5% of FTE jobs in adult social care and also 5% of the total economic contribution of adult social care in the wider, fourteen West Midlands authorities at this time.
 - The ‘direct’ economic contribution (total annual salary) of the adult social care workforce across the City of Wolverhampton was £117 million.
 - These jobs created around £131 million of indirect and induced spending. This also equates to just over 5% of the non-direct economic contribution of the adult social care in the West Midlands.
 - The total economic contribution of the adult social care workforce in Wolverhampton was around £250 million in 2014/15
- 2.3 It is likely that the inclusion of in excess of 500 local “self-funders” (people who pay for their own care) would increase this value as well as the value which can be attached to the role of informal / family carers.

2.4 The report:

- uses the idea of the “community inflator” to link to the likelihood that much of the expenditure on social care is re-cycled within the local economy.
- refers to research undertaken by the Joseph Rowntree Foundation about “inclusive growth” and the way that economic value
- takes the opportunity to make wider linkages as needed taking account of the City of Wolverhampton children’s services and public health dimensions as well as NHS services located in the City of Wolverhampton
- highlights the size and significance of the adult social care sector as indicated above (para. 2.2.) Adult social care employs more people than many other sectors and the health and social care sector is the largest employment group in the country. Demographic pressures appear to indicate that this situation will not change.

3.0 Progress, options, discussion, etc.

- 4.1 There has been excellent joint-working across the People and Place Directorate to produce the attached Report. The focus on showing the value and contribution of adult social care and the wider care sector has been welcomed and contributed to the business case for pursuing activity which supports the social care sector e.g. *the Careers into Care* initiative.
- 4.2 Opportunities for further work on this approach are available such as understanding the contribution of services supporting services for children and families in the City of Wolverhampton.
- 4.3 In addition, the Report contains a number of suggested recommendations for further action and exploring joint workforce initiatives with NHS colleagues in the context of working towards greater integration may be welcomed as there can be “fishing in the same pool.”
- 4.4 To launch the Report, a proposal was developed to do so in the context of the City of Wolverhampton’s Business Week. Sharon Allen, the Chief Executive of Skills for Care attended a specific Business Week event on 29 September with about forty attendees from local independent sector care providers, training providers and council staff.

4.0 Financial implications

- 4.1 There are no direct financial implications associated with the report. [AS/2007216/L]

5.0 Legal implications

- 5.1 There are no direct legal implications associated with this report. [RB/31082016/X]

6.0 Equalities implications

- 6.1 Workforce development is a key area with equalities implications.
- 6.2 Firstly, from the point of view of developing a workforce which can provide greater choice for an increasingly diverse population.
- 6.2 Secondly, the workforce itself needs to reflect the local population profile across all areas of identifiable characteristics. Further local work may show, for instance, the challenge of engaging men in seeing the opportunities in developing a career in care services.

7.0 Environmental implications

- 7.1 Workforce development in social care support environmental considerations at a number of levels.
- 7.2. For instance, firstly, developing a local workforce supports sustainable use of resources in minimising resource-intensive travel.
- 7.3 This might allow, secondly, stronger and sustainable communities to be built as more localised care is experienced by citizens, contributing to a greater sense of wellbeing.

8.0 Human resources implications

- 8.1 The Report is fundamentally about workforce development but has not direct human resource implications at this stage. Activity already underway such as Careers Into Care will develop further.

9.0 Corporate landlord implications

- 9.1 No direct corporate landlord implications.

10.0 Schedule of background papers

- 10.1 None.

CARE AND THE ECONOMY

The economic contribution of social care and

***Our Vision Our City - Our Vision for the City of Wolverhampton
in 2030***

CITY OF
WOLVERHAMPTON
COUNCIL

In association with



Author of Document	Brendan Clifford
Version	5
Updated By	BC - following feedback from AMcK / HW / SL / IS BC – SEB feedback
Date	30082016

This Report was commissioned by Linda Sanders, City of Wolverhampton Council.

It was written by Brendan Clifford *capacity4care@gmail.com*

- CONTENTS -

- 1.0 Brief and Scope
- 2.0 Executive Summary
- 3.0 Opportunities for further action and what the City of Wolverhampton is doing now.
- 4.0 *Our Vision Our City - Our Vision for the City of Wolverhampton in 2030*
- 5.0 Context for the economic contribution of social care in the City of Wolverhampton
- 6.0 Context of the City of Wolverhampton
- 7.0 Employment in the care sector in the City of Wolverhampton
 - 7.1 Definitions, data sources and data deficits
 - 7.2 Economic contribution of the Childrens sector
 - 7.3 City of Wolverhampton People Services investment
 - 7.4 What contribution does the health and lifestyle sector make to the local economy?
 - 7.5 Informal Carers - Economic value in the City of Wolverhampton
 - 7.6 Welfare Benefits
 - 7.7 Mobility
 - 7.8 Care for Yourself – “Self-funders”
- 8.0 The economic contribution of adults social care in the City of Wolverhampton – Skills for Care analysis
- 9.0 Inclusive Growth – a leading concept
- 10.0 Acknowledgements
 - Appendix 1 CarersUK – calculation of methodology for contribution of Carers.
 - Appendix 2 Carer’s Allowance Eligibility
 - Appendix 3 Skills for Care analysis
 - Appendix 4 Wolverhampton Benefits Statistics - Out-Of-Work Benefits

1.0 BRIEF AND SCOPE

- This report responds to the feedback shared through the Adult Social Care Peer Challenge (March 2016) to more closely align the “people” and “place” dimensions for adult social care activity in the People Directorate and the City of Wolverhampton community.
- The report takes the opportunity to make wider linkages taking account of the City of Wolverhampton children’s services and public health dimensions as well as NHS services located in the City of Wolverhampton.
- The report also promotes a leading concept – “inclusive growth” – as a way to organise onward thinking, planning and action.

2.0 EXECUTIVE SUMMARY

- In preparing this Report, the City of Wolverhampton Council has been the first Council in England to work with Skills for Care (See Section 8.0 below and Appendix 3) , a national adult social care workforce organisation to establish estimates of the economic value of adult social care to the local economy. The headlines of this activity are:
 - *Of the 1,185,000 Full Time Equivalent (FTE) jobs in (the adult social care sector) England (as at 2014), those in the West Midlands made up 10.5% (125,000).*
 - *There were around 6,400 FTE adult social care jobs in Wolverhampton working in independent companies, the Council and employed directly by people using services through Direct Payment schemes.*
 - *Wolverhampton accounted for just over 5% of FTE jobs and also 5% of the total economic contribution in the West Midlands at this time.*
 - *The ‘direct’ economic contribution (total annual salary) of the adult social care workforce in Wolverhampton was £117 million.*
 - *These jobs created around £131 million of indirect and induced spending. This also equates to just over 5% of the non-direct economic contribution of the adult social care in the West Midlands.*
 - ***The total economic contribution of the adult social care workforce in Wolverhampton was around £250 million in 2014/15. (See p.12 for comparison with other sectors.)***
- Over 130 social care establishments (care homes and community care agencies) working on the social care of adults operate in the City of

Wolverhampton are registered with the Care Quality Commission (CQC.)
About 7,000 people are employed in this sector in the City of Wolverhampton.

- NHS organisations in the City of Wolverhampton (Wolverhampton Clinical Commissioning Group, Royal Wolverhampton NHS Trust and Black Country Partnership NHS Trust) employ about 8,000 people. Wolverhampton Clinical Commissioning Group commission the services provided to the value of approximately £350 million.
- Over 27,000 people in the City of Wolverhampton identified themselves in the 2011 Census as “Carers” who provide unpaid care in the locality. Whilst the state has never sought to replicate the activity of unpaid care, the economic value of this care can be calculated at approximately £230 million.
- Benefits – the effects of unemployment and other circumstances which create low income or need for which people may qualify for benefits can be aggregated up for the City of Wolverhampton. For instance, the amount of Disability Living Allowance (DLA) / Attendance Allowance (AA) is estimated to be at a little under £85 million in 2014/15. This money is likely to be spent largely within the city.¹
- Mobility – Nearly 10,000 City of Wolverhampton citizens have their ability to be more economically active promoted through their eligibility for the Disabled (Blue) Badge Scheme. A proportion of the 630,000 people using the national Motability scheme² live in the City of Wolverhampton. Nationally, the Car Scheme is estimated to support 21,080 jobs in 2009.³ This suggests nearly one in every thousand jobs in the UK is supported by Motability. There are approximately 120,000 jobs in the City of Wolverhampton therefore there may be in the region of 120 jobs in Wolverhampton are directly supported by the Motability scheme.
- There are a number of “self-funders” of adult social care. It is highly likely that many others use a portion of their income to create solutions to issues associated with the need for support for care ranging across tasks from cutting the grass and house-work to some elements of personal care. Estimates of people who “self-fund” in this way are hard to establish but it may be more than 500. Moreover, people who use their entitlement to DLA / AA / Personal Independence Payments (PiPs) also use their income from these

¹ New Economics Foundation (2002) The Money Trail shows how poorer people are more likely to spend their money in their own locality

² <http://win.wolverhampton.gov.uk/kb5/wolverhampton/directory/service.page?id=iIKYJPgXHek>

³ *The economic and social impact of the Motability Care Scheme* – Oxford Economics and Plus Four Market Research – September 2010

benefits to meet their care needs. As at November 2015, 20,380 people received these benefits in the City of Wolverhampton.

- 2,895 people in the City of Wolverhampton have Personal Budgets paid directly to service providers for their social care. In addition there are 644 Personal Budgets taken as Direct Payments in the City who may be buying in micro-enterprises to provide a service.
- Overall, an “inclusive growth” approach helps link the wider drive for growth in the City of Wolverhampton, recognises the contribution of social care, the economic value of paid and unpaid care, the use of benefits and private resources and assets amongst citizens to contribute to the creation of a dynamic City of Wolverhampton.

3.0 OPPORTUNITIES FOR FURTHER ACTION AND WHAT THE CITY OF WOLVERHAMPTON IS DOING NOW

- 3.1 This report brings together evidence from a variety of sources to demonstrate that the scale of social care sector in the City of Wolverhampton in terms of economic contribution is significant. If the national-level analysis is applied to the City of Wolverhampton, then the social care sector (including the health sector in some analyses) is larger than, for instance, construction; transportation, storage and postal industry; restaurants, cafes, pubs and bars in the food and drink service industry. This means that it can be seen as one to which attention can be given in taking the commitment to growth in the City onto its next stage.
- 3.2 The concept of “inclusive growth” (cf. Section 9.0) underpins the significance of the social care sector in action for economic growth. There is commitment to “inclusive growth” internationally through the OECD and this chimes with national and local public health perspectives. Specific studies of LEPs by the JRF, moreover, evidence a clear link between growth and poverty-reduction.
- 3.3 Poverty reduction links to the social care sector in a number of ways. From an economic perspective for instance, firstly, the market-shaping and commissioning activity of the social care sector is done in a way which very often creates value at the local level assisting the retention “of the value produced by the (City’s) economy” within the locality. In this way, secondly, inclusive growth is consistent with the OVOC. Likewise, therefore, the “community multiplier” concept can then be usefully applied to investment from a range of sources – private or public at the individual or community level – which are invested in local provision and aggregate up to a significant size.
- 3.4 A number of themes / issues / areas of opportunities building on current action therefore present themselves as follows.

3.5 Strategic level

- 3.5.1** Workforce activity offers a helpful opportunity for partnership working at city-wide level to use related budgets even more effectively. A wider strategic view across the care and health sector will enable the development of joint initiatives to meet identified need.
- 3.5.2** Linking to the West Midlands Combined Authorities initiative on Mental Health will be one aspect of this.
- 3.5.3** With regard to adult social care, the City of Wolverhampton has active connections with the Black Country Partnership for Care which will allow exploration of Black Country –level activity for adult social care. (cf. *Careers into Care* initiative below cf Section 3.9.3)
- 3.5.4** Black Country-wide initiatives provide a helpful geographical level at which to explore other initiatives through which the City of Wolverhampton will benefit.

3.6 Support / Service Development

- 3.6.1 RESPONDING TO THE AGEING POPULATION –** *The numbers of older people in the City Wolverhampton are projected to rise from 41,400 in 2012 to 59,900 in 2037, a net gain of 18,500 people, or 44.7% growth.⁴ There will be an increased tax burden to support public sector provision, however market opportunity for the private sector to deliver products and services will expand. Market Shaping⁵ and subsequent commissioning provides the main route for this. Business development may occur independently of Council plans. Other areas of business growth might be considered such as encouraging location of telecare manufacturers in the City*

3.7 INTEGRATION – NEW ROLES

- 3.7.1 Health and social care integration of services** not only impacts on skills needs, but could make some traditional distinctions between occupations redundant, fragment the provider structure, the health and social care sector will need to offer a more integrated service to its users in order to meet the major service delivery challenges.”⁶

- 3.8 EMPLOYMENT FOR PEOPLE WITH DISABILITIES AND / OR INFORMAL CARERS –** There will be opportunities to link the need to encourage the development of jobs for people with mental health needs, learning disabilities and/or physical disabilities. This could incorporate a range of roles from activity undertaken by any suitably qualified person to specialist roles to roles where lived expertise is vital.

⁴ *Sub-National Population Projections 2012-2037* Policy Team, Wolverhampton City Council, June 2014 p 4

⁵ Available at:

http://win.wolverhampton.gov.uk/kb5/wolverhampton/directory/site.page?id=3oG_S0UcN0c

⁶ *Ibid* p41

3.9 WORKFORCE

3.9.1 REPLACEMENT DEMAND – *“Nationally, in addition to this employment growth, it is anticipated that 1.4 million workers will leave these occupations and need to be replaced. This means that, over the period from 2012 to 2022, an estimated 2.1 million workers will need to be trained and recruited into the health and social care sector. This represents a flow of new workers that is equivalent to over half of the existing workforce.”*⁷

3.9.2 GROWTH in the health and social care workforce – Not only will the current workforce need to be replaced, it also needs to grow. In 2012 there were 3.2 million people employed in (the health and social care sector.) This is expected to **grow** to 3.9 million people by 2022, an increase of 700,000 workers (22 per cent).⁸

3.9.3 The City of Wolverhampton *“Careers Into Care”* partnership (led by the Economic Inclusion Team c/o Sue Lindup) is an excellent initiative which will provide opportunity to develop a clearer career pathway.

3.9.4 Volunteering - OVOC includes a commitment to volunteering.⁹ Links will need to be made across the career continuum which will meet the aspiration to increase the numbers of those volunteering and their effectiveness / contribution.

3.9.5 Analytical activity – further investigation will be required to clarify the contribution of related sectors of the broader workforce in

- childrens
- NHS
- Welfare benefits

With regard to current intelligence / numbers in the workforce, the Economic Development Team (Sukhminder Chahal and Ian Shelley) has developed a very helpful analysis.

⁷ Howat *et al op cit* p 53 (CHECK)

⁸ *Sector insights: skills and performance challenges in the health and social care sector* Evidence Report 91 May 2015 UKCES

⁹ OVOC p.9

4.0 Our Vision Our City - Our Vision for the City of Wolverhampton in 2030

4.1 *Our Vision Our City - Our Vision for the City of Wolverhampton in 2030* (OVOC) was launched in January 2016.

4.2 It identifies eleven key aspirations derived through engagement with over 200 stakeholders. The key areas are “a realistic snapshot of where our city can be”¹⁰ in 2030. They are:

- Celebrate enterprise, education and skills
- Have a city centre we are Proud of
- Are serious about boosting health and wellbeing
- Retain more of the value produced by our economy to benefit the whole city
- Have a buoyant and resilient economy that includes international manufacturing companies with local roots and a strong, vibrant and innovative business base
- Care and are confident about our diversity
- Are committed to sustainability for future generations
- Have world class public services that continually improve and have collaboration and coproduction at the heart
- All play our part in creating a confident, buzzing city that is synonymous with ambition, innovation and inclusion
- Make it easy for businesses and visitors to access the city and are well connected to the wider world through our infrastructure
- Have a vibrant Civic Society that is focussed on the future, empowers local communities and is supported by local businesses and institutions

4.3 OVOC’s aspirations are linked to social care at every level. For instance, whilst recognising that the main interpretation given to creating a city which is “easy for businesses and visitors to access” is mainly about building and maintaining infrastructure, it also encompasses an inclusive approach to disability. Access for disabled people to work and play is built-in through this aspiration. Likewise, whilst the commitment to “sustainability for future generations” is generally understood to refer to “green” or environmental issues, it also envisions family and community relationships which support care for one another. In this way, families and individuals of all ages and abilities are sustained for the future, cycles of deprivation and consequent effects are defeated and need for safeguarding minimised or avoided.

4.4 OVOC is explicit about specific care and health-related aspirations. It is “serious about health and well-being;” sees Wolverhampton as a place which “care(s and) is confident about our diversity;” has continually improving “world class public services (with) collaboration and co-production at their heart” and sets “inclusion” alongside “ambition and innovation” as components of a “confident, buzzing” city.

¹⁰ Cllr Roger Lawrence OVOC p.3

- 4.5 A key aspect of this study of the contribution of social care to the local economy in the city of Wolverhampton is the aspiration to have “A city which retains more of the value produced by its economy to benefit the whole city.”¹¹
- 4.6 Retaining more value in the city can be associated with the idea of the “multiplier” or “community inflator.” This is a helpful concept in the context of analysis and reflection on the economic contribution of social care to the OVOC aspirations where much value is produced and expended locally. This has implications for procurement in terms of social value and local spend feeding the local economy.
- 5.0 CONTEXT FOR THE ECONOMIC CONTRIBUTION OF SOCIAL CARE IN THE CITY OF WOLVERHAMPTON**
- 5.1 Across the country, policy imperatives have seen an increasingly commissioning-led model established in local authority social care.
- 5.2 The person and their assets are seen as the starting-point in the improvement of their own situation.
- 5.3 The contribution of informal carers (family, friends, neighbours,) is recognised as vital. The assets of the person and their wider community are seen as ways which can support the person and any informal carers.
- 5.4 The wider income / social security benefits provision such as AA, DLA / PIP for those with disabilities and means-tested benefits assure individuals of income.
- 5.5 Likewise, this may include payment made to others such as relatives for the support which they provide. The Benefits system allows a person identified as eligible to be designated as a Carer (see Appendix 2 below) which may qualify them for Carer’s Allowance – currently £62.10 per week or an additional amount of means-tested benefit. This is considered in more detail below in Section 7.5, *Informal Carers – economic value in the City of Wolverhampton*.
- 5.6 The role of the local authority in market-shaping and then commissioning is established most recently through the provisions of the Care Act 2014¹² building on many years of developing practice.
- 5.7 Assessment confirms that a person may receive paid-for support from the Council. Mechanisms to support individual assets through Direct Payments or Self-Directed Support are available to sustain focus on the individual as the

¹¹ OVOC p. 18

¹² Part 1 – Care and Support s.5 Subsection 1 (in Spencer-Lane, Tim (2015) *Care Act Manual* Sweet & Maxwell)

expert and choice-maker within a market shaped to ensure choice for the person.

- 5.8 Paid employees across a range of skill abilities to meet the requirement of laws and central government guidance and civilised responses to individual and community need are still required within this model, however, as individuals may require skilled care or support provision delivered as a result of local priorities, best practice considerations or statutory requirement. To ensure an holistic experience for individuals, their informal carers and communities, the integration of related services – principally care and health services – is encouraged.
- 5.9 An assessment of the economic contribution of social care in the city of Wolverhampton, therefore, is based on a wide-ranging set of factors including
- the economic status of the individual person needing support or care through
 - an individual’s personal resources and assets, privately or publically awarded
 - the resources and assets, private or publically awarded of any informal carer (family, friend or community)
 - the allocation of resources to the shaping of markets, strategic commissioning and commissioning for and with individuals and /or their informal carers
 - investment in creating a skilled workforce to meet the changing need of the City of Wolverhampton
 - other factors associated with the provision of support and care in a market which is shaped to offer choice in response to local personal and community need
 - the contribution that the sector makes in keeping people well and therefore able to be more productive in the economy etc.
 - the “community multiplier” which can be applied to services and support provided by social care which is often delivered at small-scale, local levels.

6.0 CONTEXT OF THE CITY OF WOLVERHAMPTON

- 6.1 The City of Wolverhampton has a population of 252,987 people living within 102,177 households over 26.8 square miles.
- 6.2 In January 2016 the City of Wolverhampton Council launched its vision for what the City will look and feel like by 2030 – see Section 1 above.
- 6.3 The Managing Director of the City of Wolverhampton Council is Clerk and Programme Director to the West Midlands Combined Authority (WMCA) of seven authorities since January 2015. WMCA priorities, are:
- Economic - create an economy which is the strongest outside London
 - Skills - improve skills across the West Midlands
 - Transport - establish a fully integrated rail and rapid transit network that connects main centres with quick and frequent services, and that increases the number of people who can readily access High Speed 2 stations.
 - Housing - provide adequate housing for an ever-increasing population
- 6.4 *Wolverhampton. Making it happen* – is the brand for city-wide regeneration. The City of Wolverhampton Council is working with multiple partners on a planned investment programme of £1.001 billion.
- 6.5 In 2015 the Council and partners set up an independent commission on employment and skills chaired by Professor Tony Travers (London School of Economics.) The commission made recommendations which the Council and partners are implementing through a local Skills and Employment action plan. Key aspects include encouraging inward investment through improvements in marketing and creating a better offer for incoming businesses; a commitment to driving up the number and quality of apprenticeships; establishing a virtual hub where people and business will have easier access to advice, training, skills and local recruitment services, supply chain and business support opportunities. This work is aligned with the Black Country Strategic Economic plan and the WMCA strategic plans.
- 6.6 A City Board has been established to oversee the drive for economic growth in the City of Wolverhampton. The Travers Commission Action Plan developed three workstreams:
- *Programme 1: The City Work Place* focused on improving our offer to employers by integrating skills and workforce development into our business support programmes
 - *Programme 2: The City Work Box* focused on improving our offer to residents by creating a virtual system that makes it easier for local people to obtain information, advice and guidance. Key elements of

the Work Box are better information, needs assessment, career choices and access to progression routes.

- *Programme 3: A Learning City* focused on creating a dynamic learning environment across the city centre, with strong connections into local communities

6.7 The City of Wolverhampton College has two Wolverhampton based campuses which provide access for local learners to develop new skills.

6.8 The Joint Strategic Needs Assessment (JSNA¹³) is the main source of population-based information for the City for the care and health sector. Wolverhampton Profile also has key facts on the City of Wolverhampton which include:

- **Unemployment rate:** The City's unemployment rate (9.9%) is higher than that of the Black Country and England. Wolverhampton has the second highest unemployment rate of all local authorities in the country. The city has 43,000 economically inactive residents –a quarter of whom (11,200) are long term sick. This is a much higher rate than other areas.
- Wolverhampton has 5700 people claiming Job Seeker's Allowance (JSA). 13,200 (more than double) people claim Employment and Support Allowance (ESA). 46% of the ESA claim group have mental health barriers to work.
- **Working Age population** – Estimate of 159,277.¹⁴ **Job Seekers Allowance (JSA)** - As of March 2015, Wolverhampton has the second highest JSA claimant rate, at 4.5%, of all 326 English local authorities. ESA levels Wolverhampton has 5700 people claiming JSA, however it has 13,200 (more than double) people claiming Employment and Support Allowance at Nov 2015 (Economic Review)
- **Employment Rate** - for Wolverhampton has been declining and lower than both the regional and national averages. The low levels of employment facilitate high levels of debt and financial exclusion in the city. For instance, total clients from Wolverhampton who sought the assistance of the CAB regarding debt was 2,744 in 2014/15 and 2,645 in 2015/16.
- **Number of jobs** – there are estimated to be 110,100 jobs¹⁵ in Wolverhampton.

¹³ [http://www.wolverhampton.gov.uk/article/3647/Joint-Strategic-Needs-Assessment-JSNA_and http://www.wolverhamptoninprofile.org.uk/](http://www.wolverhampton.gov.uk/article/3647/Joint-Strategic-Needs-Assessment-JSNA_and_http://www.wolverhamptoninprofile.org.uk/)

¹⁴ Unemployment Briefing: Issued April 2015 City of Wolverhampton

¹⁵ Thanks to Adrian Barlow , City of Wolverhampton Families r First Analyst, Business Intelligence Team Transformation. Taken from: business register and employment survey ONS Crown Copyright Reserved [from Nomis on 1 June 2016]

- **Number of businesses** – In 2015 there were 8,190 businesses operating in Wolverhampton ¹⁶ Nearly 8% of these are designated as “human health and social work activities.” This analysis does not show the number of jobs in the sector, however. Around 80% are “micro” i.e. with 1-9 employees. At nearly 15% The category of “Health” is the highest of the Top 5 Sectors in terms of percentage of total labour market 2015
- Approximately 16,300 of these jobs are in the care and health sector so a conservative estimate of around 15% of jobs in the City of Wolverhampton are occupied by roles in the care and health sector. Employment in the “health and social work” sector was a growth area in the early 2000’s in the City of Wolverhampton. Between 1996 - 2006, there was 120% growth in “health and social work.” ¹⁷ This reflects changing patterns of commissioning and greater diversification in the social care sector
- **Deprivation** – the City of Wolverhampton is the 21st most deprived local authority (out of 326 local authorities.)¹⁸
- **Child Poverty** - 15,570 (33.4%) children and young people living in poverty in the city. (2010) Based on JRF analysis, child poverty in Wolverhampton costs the city’s public services over £31 million a year and the national treasury over £90 million per year in benefits and taxes.
- **Other wider facts include:**
 - **Life expectancy** for males is 77.5 years and for females is 82.0 years . (Six years gap between a man in Tettenhall Wightwick and a man in East Park.)% children attaining 5 A*-C GCSEs incl. English and Maths: 61.0% (2013)
 - **Black and Minority Ethnic (BME)** residents: 35.5% (Census 2011)
 - **Comparison** – in terms of percentage share of employment at a national level, the categories “Health and Social Care” and “Community, Social and personal social services” account for 18% of the total nationally cf. Fig 1 below. Collectively, they generate over £148 million which is higher than Financial services (£128 million) and just lower than the highest “Transport, storage and distribution” at £149.5 million.

¹⁶ City of Wolverhampton Economic Review 2015 p1

¹⁷ *Wolverhampton Economic Analysis* p.18

¹⁸ The English Indices of Deprivation 2015 Statistical Release

Figure 1

		Output (GVA)		Employment	
		£m	% Share	Thou.	% Share
Low-Med Tech Manuf.	Food, Beverages & Tobacco	27,771	2.0%	399	1.3%
	Metal, plastic and non-metal mineral products	28,005	2.0%	584	1.9%
	Other Manufacturing	21,046	1.5%	566	1.8%
	Shipbuilding	1,246	0.1%	32	0.1%
Med-High Tech Manuf.	Chemicals	16,926	1.2%	119	0.4%
	ICT & Precision Instruments	8,393	0.6%	138	0.4%
	Automotive	6,955	0.5%	133	0.4%
	Aerospace	5,610	0.4%	112	0.4%
	Machinery, Electrical & Transport Equipment	22,748	1.7%	412	1.3%
	Pharmaceuticals	10,023	0.7%	38	0.1%
Other Production	Agriculture, Forestry & Fishing	9,122	0.7%	409	1.3%
	Mining & Quarrying	39,646	2.9%	61	0.2%
	Utilities	37,762	2.7%	327	1.0%
	Construction	91,681	6.7%	2,036	6.5%
Knowledge Services	Communications	23,028	1.7%	227	0.7%
	Digital, Creative & Information Services	61,821	4.5%	1,174	3.7%
	Financial Services	128,830	9.4%	1,116	3.6%
	Business Services	97,528	7.1%	2,235	7.1%
	Research & Development	4,290	0.3%	125	0.4%
	Education	89,676	6.5%	2,722	8.7%
Other Services	Hotels & Restaurants	39,601	2.9%	1,990	6.3%
	Retail	71,016	5.2%	3,070	9.8%
	Transport, Storage & Distribution	149,580	10.9%	3,183	10.1%
	Real Estate	98,091	7.1%	417	1.3%
	Administrative & Support Services	65,509	4.8%	2,432	7.8%
	Public Admin & Defence	67,915	4.9%	1,654	5.3%
	Health & Social Care	106,766	7.8%	4,079	13.0%
	Community, Social and Personal services	42,814	3.1%	1,591	5.1%
	Whole Economy	1,373,399		31,378	

Source: BIS analysis of ONS data.

According to the NOMIS data-set,¹⁹ City of Wolverhampton figures for a variety of sectors show “human health and social work activities” as the second highest classification in the City.

¹⁹ Information provided by Ian Shelley

Figure 2

area name	Wolverhampton		
date	2014		
Industry	Employment		
	number		%
G : Wholesale and retail trade; repair of motor vehicles and motorcycles	20,203		18.3
Q : Human health and social work activities	16,320		14.8
C : Manufacturing	15,871		14.4
O : Public administration and defence; compulsory social security	10,284		9.3
P : Education	9,850		8.9
N : Administrative and support service activities	6,479		5.9
H : Transportation and storage	5,373		4.9
M : Professional, scientific and technical activities	5,047		4.6
I : Accommodation and food service activities	4,628		4.2
F : Construction	4,176		3.8
K : Financial and insurance activities	2,728		2.5
R : Arts, entertainment and recreation	2,600		2.4
L : Real estate activities	2,220		2.0
J : Information and communication	2,133		1.9
S : Other service activities	1,296		1.2
E : Water supply; sewerage, waste management and remediation activities	819		0.7

7.0 EMPLOYMENT IN THE CARE SECTOR IN WOLVERHAMPTON

7.1 Definitions, data sources and data deficits

7.1.1 Issues of definitions / understanding of a variety of related terms and categories as well as issues of data construction and availability are key factors in establishing the narrative and understanding the economic contribution of social care to the Wolverhampton 2030 agenda.

7.1.2 The “social care sector” is generally understood to refer to paid activity relating to those areas of human need which support a person to meet needs in their life. This ranges across a continuum from emotional / personal support to assistance with physical tasks such as washing and dressing.

7.1.3 When analysing the economic contribution of social care to the City of Wolverhampton economy, a person’s physical and mental abilities are key factors in the extent to which they require social care support as well as any support they receive from carers (unpaid or receiving Carer’s benefit) – family, friends or neighbours.

7.1.4 Unpaid (family / kinship or friends) Carers are recognised as such through the benefits system may also require support.

7.1.5 Under the statutory Director of Adult Social Services / Director of Children’s Services roles, responsibilities are established in law for Councils activity to support people from population needs assessment established through the

JSNA, market shaping, commissioning, assessment of individuals and mechanisms by which individuals access care (e.g. Direct Payments, Personal Budgets, etc.) There is a specific focus on the need to safeguard adults and children.

7.1.6 Clearly, many of these activities link to self-care, care and support offered by others such as relatives, friends, neighbours and the specialisms the social care workforce as well as other professions such as nurses or teachers.

7.1.7 There are now many providers of social care which employ people on a paid basis and where the development of appropriate skill levels are required. These include:

- Residential care establishments for rehabilitation, short-term care or permanent care
- Nursing care establishments which include provision of social care alongside qualified nursing services
- Care provided in a person's home (domiciliary care)
- Other types of provision are also considered to be social care such as Telecare, daytime opportunities, personal support e.g. visiting services; family support
- Professions usually associated with social care such as Social Workers
- Other professions work in both social care and health care sectors such as Occupational Therapists, physiotherapists

7.1.8 For the analysis of the economic contribution of social care to the City of Wolverhampton 2030 agenda in mind, it is important to note that the construction of data is not always done in the same way across differing analyses. Taken together, however, they show the significance of the social care sector.

7.1.9 There are different definitions and estimates of jobs in the city of Wolverhampton depending on the dataset used. Three main sources are identified here:

- The Annual Business Survey (ABS)
- UK Commission for Employment and Skills (UKCES)
- Skills for Care (SfC)

7.1.10 **The ABS estimates that there were nearly 64,000 enterprises operating in the health and social care sector in 2013, and that the number of enterprises in the sector had increased by 24 per cent since 2008.²⁰ This represented just over three per cent of the total enterprises in the UK in 2013, up from just over 2.5 per cent in 2008... **The health and social care sector is the largest sector by employment in the UK economy, representing over 13 per cent of total employment in the year up to September 2014.**** This is reflected in the figures for the City of Wolverhampton. Nationally, *“the sector currently*

²⁰ ABS, 2014

employs a little over four million people (Labour Force Survey, 2014). The number of people employed in the sector has been consistently growing, increasing by over six per cent in the last five years up to September 2014²¹ The City of Wolverhampton can expect this trend to develop in its locality.

7.1.11 **The UKCES** definition is:

“...the health and social care sector is defined in the Standard Industrial Classification²² (2007)...The sector comprises two subsectors; health ...and social care .. Health encompasses all hospital activities, medical nursing homes, GP services, specialist medical and dental practices and other human health activities. The social care sector includes residential nursing care, residential care activities (including for the elderly, children or those with mental health care needs), child day care and non-residential social care.”

7.1.12 2014 data for the UKCES-derived definition is below²³. This states that there are 110,100 jobs in the city of Wolverhampton. About 16300 are in categories associated with health and social care.

Figure 3

business register and employment survey - ONS Crown Copyright Reserved [from Nomis on 1 June 2016]

Industry	Employment (Number of people)
86 : Human health activities	10000
87 : Residential care activities	3300
88 : Social work activities without accommodation	3000
Total jobs in Wolverhampton	110100

7.1.14 As indicated earlier, in 2015 there were **8,190** businesses operating in Wolverhampton²⁴ with 8% of these are designated as “human health and social work activities.” Around 80% of the jobs are in “micro”-level i.e. with 1-9 employees.

7.1.15 Overall, therefore, health and social care is a crucial sector for the UK economy and encompasses a large segment of employment. A little over four million people across the UK work in health and social care, including some of

²¹ Howat et al p25

²² Standard Industrial Classification in

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/304330/Sector_Skills_Insights_Health_and_Social_Care_evidence_report_52.pdf

²³ The data has been rounded to the nearest hundred, in compliance with the license for accessing it..

²⁴ City of Wolverhampton Economic Review 2015 p1

the largest occupational groups within the economy (nurses and care assistants, for example). **According to the UKCES (2012), the “health and care” sector according to their definition generated a net output of £92 billion in 2010.**

7.1.14 **Skills for Care** ²⁵ – is a largely government-funded organisation providing practical tools and support to help adult social care organisations in England recruit, develop and lead their workforce – works with employers across the public, private and voluntary sector to collect data on the adult social care workforce has supported improvement on this intelligence nationally and regionally. One aspect of their work has been to develop a calculation of the economic value of the adult social care sector in England. *Findings estimate the total economic value of the adult social care sector in England at £43 billion.* It was also found that the sector supports a total of 2.8 million fulltime equivalent jobs across the national economy. ²⁶

7.1.15 The City of Wolverhampton Council has worked with Skills for Care to be the first Council to apply the methodology to its local area. (Included as Appendix 3.)

7.2 Economic contribution of the Children’s sector

7.2.1 More analysis will be required to understand the economic contribution of the sector which encompasses a range of children’s services.

7.2.2 Focus on the role and quality of Social Workers and their practice means that good information is available on the numbers of Social Workers required to meet demand within a service delivery model.

7.2.3 For the wider workforce who are also vital to strengthening families, methods of data collection have changed. Sources show that in 2008/09, nationally in Children’s early years (full daycare, sessional daycare, schools and childminders) workforce numbers were counted ²⁷ as at nearly 350,000 in that sector.

7.2.4 Locally, using five classifications of schemes providing childcare in the City of Wolverhampton the numbers of early years provision is approximately as follows:

• Childrens Centres	4
• Maintained in school class	11
• Nursery in Independent schools	1
• Pre-school Playgroups	10
• Childminders	35
• Day Nurseries	29
TOTAL	90

²⁵ <http://www.skillsforcare.org.uk/Home.aspx>

²⁶ The state of the adult social care sector workforce in England (March 2015) p94

²⁷ <https://www.education.gov.uk/consultations/downloadableDocs/5958-DfES-ECM.pdf> p29

7.2.5 This information is based on records which are in the public domain. It is highly likely that there are more providers e.g. the number of childminders in the City.

7.2.6 Placements in these locations are either

- funded by the Council or
- fee-paying (private)

Fee-paying builds on the public contribution to generate further economic value within the City of Wolverhampton.

7.2.7 A methodology needs to be established through which the number of employees / jobs across this range of provision and any others which are relevant to understand the extent of the economic contribution of the wider children's workforce.

7.3 CITY OF WOLVERHAMPTON PEOPLE SERVICES INVESTMENT

7.3.1 In 2016/17, approximately £91 million²⁸ direct investment in support and services for citizens by People Services across all age groups and specialisms as follows:

- Children Services
 - Residential £3.1 million
 - External Fostering £9.7 million
- Public Health
 - External Orgs £5 million
 - Health (GPs, Pharmacy / Trusts) £11.5 million
- Older People Care Purchasing
 - Residential and Nursing £23.1 million
 - Direct Payments £2.2 million
 - Home Care £3.7 million
 - Supported Living £782,000
 - Day Care £579,000
- Disability and Mental Health
 - Residential and Nursing £17 million
 - Direct Payments £3.4 million
 - Home Care £3.1 million
 - Supported Living £4.3 million
 - Day Care £1 million
- Careers Support £1.1 million
- Other commissioned contract budgets £1.8 million

²⁸ Many thanks to Alison Shannon, Finance Business Partner.

7.3.2 Also, 65% of the City of Wolverhampton staff (2,865) live within the city boundaries (59% of the People Directorate i.e. 805.) Staff make a direct economic contribution to the local economy through the expenditure of their salary on household maintenance, etc..²⁹

Figure 4

	Living within City Boundaries		Living outside City Boundaries	
	Number	Percentage	Number	Percentage
All Staff	2,865	65%	1,545	35%
People Directorate	805	59%	564	41%

7.4 WHAT CONTRIBUTION DOES THE HEATH AND LIFESTYLE SECTOR MAKE TO THE LOCAL ECONOMY?

7.4.1 The health and social care sector is often conflated as a single data item with regard to workforce. Together, care and health services are the largest sector in the UK, employing nearly four million people.³⁰

7.4.2 The health sector when taken separately generally refers NHS services. Private providers of health care services such as the Nuffield in Tettenhall, chiropractors, etc. also operate in the City of Wolverhampton.

7.4.3 The Wolverhampton Clinical Commissioning Group (CCG) has responsibility for working with the Council on population needs assessment, and then commissioning, assessment of individuals and mechanisms by which individuals access healthcare e.g. Personal Health Budgets, directly provided care including. for those eligible for continuing healthcare) to meet the healthcare needs of the Wolverhampton population. Wolverhampton CCG are responsible for commissioning a wide range of services - Hospital services, Community services, Prescribing, Mental health services, Ambulance services, running costs and miscellaneous commissioning for about £325m p.a. approx.

7.4.4 The NHS Trusts which provide the commissioned services in the City of Wolverhampton include the Royal Wolverhampton Trust – where over 7,000 staff are employed (Medical 709.07; Nursing 2,131.76; Other 4,369; Total - 7209.83) and the Black Country Partnership NHS Foundation Trust (BCPFT) provider of mental health services (in Wolverhampton and Sandwell), learning disability and community healthcare services for people of all ages in the Black Country which employs over 2,000 staff.

²⁹ Suggested methodology: average City of Wolverhampton salary multiplied by the number of staff in the Council.) A methodology for indirect economic contribution could also be developed.

³⁰ Sector insights: skills and performance challenges in the health and social care sector

Colin Howat, Michael Lawrie ICF Consulting Rosie Sutton Research and Technical Manager UK Commission for Employment and Skills May 2015 p13

7.4.5 “Lifestyle entrepreneurship refers to businesses operated in a manner that incorporates non-financial factors that support the maintenance or shaping of a particular lifestyle or quality of life.”³¹ The value of these services lies in the fact that focus on people’s well-being. If people keep themselves well, then they reduce the burden on public services such as social care. For example, the economic value of sport and sport-related activity in England has been assessed as generating Gross Value Added (GVA) of £20.3 billion³² This analysis feeds into the economic case for prevention.

7.5 INFORMAL CARERS - ECONOMIC VALUE IN THE CITY OF WOLVERHAMPTON.

7.5.1 It has always been the case that the state, acting through public sector bodies such as Councils or the NHS has never done everything for the individual citizen.

7.5.2 Familial / kinship bonds have always been seen as vital in the support and care of people as they grow through life or encounter challenges which come to the attention of public sector agencies.

7.5.3 The state cannot replicate this care through public sector agencies.

7.5.4 However, it is interesting in the context of a report on economic value to note the work of CarersUK, a campaigning organisation seeking greater recognition of the value of informal caring undertaken by family, friends or other significant persons to the person requiring care or support.

7.5.5 CarersUK have calculated ³³ that at a national level, the contribution made by informal carers in the UK is now £132 billion each year. Appendix 1 sets out how the methodology used to calculate this contribution.

7.5.6 Applying the same methodology ³⁴ to the City of Wolverhampton, then the following is the case:

- In the 2011 Census, 27,136 people in the City of Wolverhampton identified themselves as carers.
- Of these, using the options offered in the Census
 - 15,450 provide 1 to 19 hours p/w
 - 4,278 provide 20 to 49 hours p/w
 - 7,408 provide 50 hour or more p/w

³¹ From: <https://www.plymouth.ac.uk/schools/plymouth-business-school/futures-entrepreneurship-centre/research/lifestyle-entrepreneurship>

³² 2010 figures in *Economic value of sport in England July 2013* Sport England

³³ <http://www.carersuk.org/news-and-campaigns/campaigns/we-care-don-t-you/value-my-care>

³⁴ Many thanks to Christine Rowley, a national expert on Carers currently working with the City of Wolverhampton, for her assistance

- Assuming 10 hours care per week for the first group, 25 hours per week for the second, 50 hours per week for the third group and an hourly rate of £7.20 (National Living Wage) the informal / kinship carers' contribution in the City of Wolverhampton can be estimated at £236,564,640.

7.6 WELFARE BENEFITS

7.6.1 The City of Wolverhampton has a proactive stance to welfare benefits work.

7.6.2 During 2015/16, it ensured that £7.7 million in additional benefits entitlement was paid which, with the “community inflator” applied amounts to £13 million of income generated for the locality.

7.6.3 Data on welfare benefits claims in Wolverhampton needs to be pulled together from a number of different sources – some by theme and others by benefit. Some data is not broken down by LA area. Data sources are:

- *Nomis* on out-of-work benefits in Wolverhampton – information attached as Appendix 4.
- DWP sources –
 - A1. *Stat-Explore*³⁵ - for the City of Wolverhampton as at March 2016:
 - Personal Independence Payment (PIP) claims in payment = 4,386 at various amounts
 - PIP registrations (initial PIP claim prior to assessment or reassessment) = 8,663 at various amounts
 - Universal Credit claims in payment = 797 at various amounts

A2 Tabulation tool - information about ‘old’ benefits including Attendance Allowance and Carer’s Allowance. The following are statistics are for the City of Wolverhampton as at November 2015:

- Attendance Allowance
 - claims in payment = 7,120
 - (4,180 higher rate @ £82.30;
 - 2,950 lower rate @ £55.10)
 - TOTAL³⁶ = approximately £26,341,068
- Disability Living Allowance
 - claims in payment = 13,260

³⁵ - *provides some statistics by area but only for new issues/benefits for Housing Benefit claimants; The number of National Insurance Number (NINo) registrants entering the UK from abroad; Jobseekers Allowance and Employment and Support Allowance sanction decisions; Personal Independence Payment claims in payment; Benefit Cap ; Universal Credit.*

³⁶ Methodology: Numbers x rate x 52 weeks

- care component:
 - 3,470 higher rate @ £82.30;
 - 4,420 middle rate @ £55.10;
 - lower rate 3,910 @ £21.80.
- mobility component:
 - 7,010 higher rate @ £57.45;
 - 4,370 lower rate @ £21.80
 - TOTAL³⁷ = approx. £57,842,278

Therefore, the TOTAL estimated values of DLA / AA as at November 2015 is £84,183,346.

- Carer's Allowance
 - claims in payment = 4,450 at various amounts (110 aged 65+). Based on all claims paid at the Basic rate of £62.10, the total would be £14,369,940 ³⁶
 - 6,720 (193 aged 65+) people in Wolverhampton entitled to CA (but benefit not in payment due to temporary suspensions or another benefit in payment which prevents payment under the overlapping benefit rules)

Other related allowances which affect thinking on economic contribution and the likely significance of the “community multiplier” and their use in the City of Wolverhampton include:

- Employment and Support Allowance (ESA)
 - claims in payment = 12,320 at various amounts
 - 2,320 of which are Contributory ESA;
 - 1,380 Contributory ESA with Income-related ESA top-up;
 - 8,110 Income-related ESA only
- Incapacity Benefit/Severe Disablement Allowance
 - claims in payment (not yet migrated to ESA) = 1,000 at various amounts
- Income Support
 - claims in payment (loan parents and carers) = 4,700 at various amounts
- Pension Credit
 - number of beneficiaries = 14,240 at various amounts
- Pension Credit
 - number of claimants = 11,730 at various amounts

Further work would be required to estimate the total volume of these benefits in economic terms.

³⁷ Methodology: Numbers x rate x 52 weeks

7.6.4 The Welfare Rights Service in partnership with the University of Wolverhampton Faculty of Law provides a Law Student Representation Project which enables suitable Law Students to be trained and mentored by specialist Welfare Rights Officers to represent at Social Security Appeal Tribunals. Currently 26 Students are involved in the project which provides them with practical experience to develop their employment skills and provides a much needed representation service for vulnerable people in Wolverhampton who are disputing benefit refusals.

7.7 MOBILITY

7.7.1 Mobility and transport is a key feature for any with regard to their circumstances. Special schemes have been developed over time to support individuals whose choices and abilities may have been constrained by their physical, mental or developmental needs.

7.7.2 For instance, the Disability (Blue) badges scheme was developed many years ago. Cards on issue to individuals in the City of Wolverhampton are currently at 9,344. Nearly 10,000 individuals in the local population, therefore, benefit from support with mobility through this scheme. They will use this facility not just to undertake activities related to their disability such as attending health care appointments, but also to invest in the local economy through shopping and other activities which develop the local economy.

7.7.3 Likewise, the Motability scheme – the ability to use their state-awarded benefit for use of a car - was developed to promote even greater choice for those who qualify. A proportion of the 630,000 people using the Motability scheme nationally³⁸ will live in the City of Wolverhampton, therefore. Nationally, the Car Scheme is estimated to support 21,080 jobs in 2009.³⁹ According to the *Oxford Economics and Plus Four Market Report* cited, this suggests nearly one in every thousand jobs in the UK is supported by Motability.

7.7.4 A comparison can be drawn with Wolverhampton where there are approximately 120,000 jobs in the City of Wolverhampton. Therefore it can be estimated that 120 jobs in Wolverhampton are directly linked to the Motability scheme. In total, the Car Scheme is estimated to contribute £2,015 million to UK GDP in 2009 (or 0.1% of total.)⁴⁰ Arguably, a similar assumption could be made about the GDP of Wolverhampton.

³⁸ <http://win.wolverhampton.gov.uk/kb5/wolverhampton/directory/service.page?id=iIKYJPqXHek>

³⁹ *The economic and social impact of the Motability Care Scheme* – Oxford Economics and Plus Four Market Research – September 2010

⁴⁰ *ibid*

7.8 CARE FOR YOURSELF – “Self-funders”

7.8.1 Miller, Bunnin, and Rayner (2013) state:

*In England, older people who pay entirely for their own social care and support account for 45% of residential care home places, 47.6% of nursing home placements and 20% of home care support. These people are often referred to as 'self-funders'. The self-funded registered residential care and registered nursing home market is worth £4.9 billion per year, and the self-funded home care market £652 million.*⁴¹

7.8.2 West Midland data (as shown below – Figure 4) shows that there is a lower percentage of self-funding in the West Midlands than more affluent areas. This has implications for the viability of care homes as the ability to cross subsidise the places paid for by Local Authorities is reduced.⁴²

Figure 4

Area	Self Pay %	Area	Self Pay %	Area	Self Pay %
North East	18%	East Midlands	43%	West Midlands	39%
Greater London	30%	East of England	45%	Yorkshire and the Humber	42%
North West	36%	South West	49%	South East	54%

7.8.3 There are data challenges, nevertheless, for localities in identifying those who are “self-funders.”

7.8.4 People fund their own care when their level of need is such that they may have invited an assessment of need by the Council including a financial assessment. Long-standing government rules are applied relating to income and savings which may bring about outcomes from payment for all care to a financial contribution made over across a sliding scale.

7.8.5 Self-funders within care homes in the City of Wolverhampton could be identified⁴³ when those contributing towards the cost of their care through the City of Wolverhampton (approximately 800 *Some of this number may be Full Cost payers under Council Contract (there are currently 92 full cost payers)* , or people who’s financial contribution to the cost of their care is managed

⁴¹ Clive Miller, Antonia Bunnin, and Vic Rayner *Older people who self fund their social care: A guide for health and wellbeing boards and commissioners* SEPTEMBER 2013

⁴² (ref House of Commons briefing paper No. 07463 2016

⁴³ Thanks to Paul Smith, Interim Head of Commissioning for the information used here.

through the Deferred Payment scheme which currently applies to 87 people) are deducted from the total number of beds available (about 1300.) A certain number of places will be taken by people for whom a neighbouring Black Country, Staffordshire or other LA area who are involved in the payment of the placement. The remainder will be those full self-funders who are contributing for either some time or part of the time before their leaving the service as a result of changed care arrangements or death.

- 7.8.6 For domiciliary care, approximately 700 – *there are 2,169 people in receipt of non-residential chargeable care and support currently* people receive care where the City Council is involved in the payment for the provision. It is estimated that a further 300 receive care from local private care Agencies independently from the Council i.e. they fund themselves. Anecdotally, it is known that there are CQC registered care and support agencies working in the City of Wolverhampton who do not contract with the Council. This means that the agencies are able to function without Council contracts. This ability to operate without council contracts is brought about by the volume of activity which they will generate through the provision of care services for which the agency charges to local people. Currently, the Council does not know how many people are being served on a private basis through this route. Further capacity and work would be required to assess if this were possible.

8.0 THE ECONOMIC CONTRIBUTION OF ADULT SOCIAL CARE IN THE CITY OF WOLVERHAMPTON – SKILLS FOR CARE ANALYSIS

- 8.0.1 The OVOC shows a commitment to ensuring **sustainable relationships** cross the City of Wolverhampton. It aspires to the creation of “*A city which retains more of the value produced by its economy to benefit the whole city.*”⁴⁴ This aspiration links to the concept of the “community multiplier” whereby “*independent locally-owned businesses recirculate a far greater percentage of revenue locally compared to absentee-owned businesses or locally-owned franchises. In other words, going local creates more local wealth and jobs.*”
- 8.0.2 The economic case for prevention⁴⁵ is a factor in assessing the value of the Investment in social care support, services and staff in the City of Wolverhampton on the basis that you can “*Keep spending on a problem or you can prevent a problem.*”⁴⁶

⁴⁴ OVOC p.18

⁴⁵ Cf. <http://www.ncbi.nlm.nih.gov/pubmed/22716189>

⁴⁶ Angela McKeever, Interim Head of Skills

8.1 SKILLS FOR CARE ANALYSIS

8.1.1 Skills for Care⁴⁷ is a national social care organisation which

- *provides practical tools and support to help adult social care organisations in England recruit, develop and lead their workforce.*
- *is the home of the National Skills Academy for Social Care since 2014.*
- *Works with organisations to share best practice, help raise quality and standards and make sure dignity and respect are at the heart of service delivery.*

8.1.2 In 2013, working with consultants ICF GHK, SfC published a Report, *The economic value of the adult social care sector in England.*⁴⁸

8.1.3 In the Report, estimates on the economic value of the adult social care sector in England were made based on a methodology “.. for producing the estimates ... involves calculating ‘direct’ gross value added (GVA) using full time equivalent (FTE) jobs and salary for England Multiplying factors are applied separately to public and independent sector direct GVA to estimate indirect and induced GVA. Private sector profits are also accounted for.”⁴⁹

8.1.4 The purpose of the Report was “to provide evidence of the current scale of the economic contribution of the adult social care sector in England.” (p.i) and reported at the national level:

As a conservative headline figure we estimate that the direct economic value of the adult social care sector in England in 2011/12 is more than £20 billion per year.

The sector employs around 1.5 million workers in 1.7 million jobs and 1.3 million full-time equivalent (FTE) jobs; and produces around £13,250 of GVA per worker and £15,400 of GVA per FTE.

The adult social care sector (excluding indirect and induced effects) directly contributes 1.8% of all GVA in England and provides jobs for 6.4% of the total workforce in England.

*It is also useful to make comparisons against other sectors in England to put these findings into context.*⁵⁰ (as follows)

⁴⁷ <http://www.skillsforcare.org.uk/About/What-we-do/What-we-do.aspx>

⁴⁸ <http://www.skillsforcare.org.uk/Document-library/NMDS-SC,-workforce-intelligence-and-innovation/Research/SfC-Economic-Impacts-Report-FINAL.pdf>

⁴⁹ *Economic contribution of the adult social care sector in Wolverhampton and the West Midlands, 2014/15 Skills for Care – May 2016 p.2*

⁵⁰ *The economic value of the adult social care sector in England ICF – GHK / Skills for Care 2013 p i*

Figure 5

Sector	No of employees
<i>adult social care</i>	<i>1,5m</i>
<i>restaurants, cafes, pubs & bars in food & drink service</i>	<i>1.3m</i>
<i>public administration and defence</i>	<i>1.2m</i>
<i>Construction</i>	<i>1,1m</i>
<i>transportation, storage & postal</i>	<i>1,1m</i>

The adult social care sector also contributes more GVA (£20 billion) per annum to the English economy than:

- the production and distribution of electricity and gas (£16 billion)*
- legal activities (£17 billion)*
- the arts, entertainment and recreation industries (£18 billion)*
- the food and drink service industry (£19 billion).*

8.1.5 Skills for Care have continued to use the methodology and reported:

- at the national level⁵¹ where it estimates “the total economic value of the adult social care sector in England” in 2014 as £46 billion; and*
- the regional West Midlands⁵² level where it is estimated that the total economic value of the adult social care sector in 2014 is just short of £5 billion*

8.1.6 In view of the importance of the *City of Wolverhampton 2030 vision*, the City of Wolverhampton Council has seized the opportunity to work with Skills for Care to become the first Council in England to apply the methodology at the local level in the Report attached at Appendix 3.⁵³

8.1.7 Using the number of full time equivalent (FTE) adult social care jobs in England, the West Midlands and Wolverhampton as well as the economic contribution (gross value added; total, direct and non-direct) for 2014/15 the Report states:

- Of the 1,185,000 FTE jobs in England as at this time, those in the West Midlands made up 10.5% (125,000).*
- There were around 6,400 FTE adult social care jobs in Wolverhampton.*
- The total economic contribution of the adult social care workforce in Wolverhampton was around £250 million in 2014/15.*

⁵¹ The State of the adult social care sector and workforce in England March 2015 pp 88 & 94

⁵² Ibid p.3

⁵³ *Economic contribution of the adult social care sector in Wolverhampton and the West Midlands, 2014/15 Skills for Care*

- *Wolverhampton accounted for just over 5% of FTE jobs and also 5% of the total economic contribution in the West Midlands at this time.*
- *The ‘direct’ economic contribution (total annual salary) of the adult social care workforce in Wolverhampton was £117 million.*
- *These jobs created around £131 million of indirect and induced spending. This also equates to just over 5% of the non-direct economic contribution of the adult social care in the West Midlands.*

9.0 INCLUSIVE GROWTH – A LEADING CONCEPT

- 9.1 The World Health Organisation Tallinn Charter stated that investment in health promotion and health care are an investment in better future health, and that there is an association between health and wealth.⁵⁴
- 9.2 This idea has been developed further through, for instance, the Organisation for Economic Cooperation and Development (OECD) which launched an “Inclusive Growth in Cities” campaign in 2016.⁵⁵
- 9.3 This social and health⁵⁶ perspective strengthens the analysis about recognising the value of the economic contribution of care in a locality.
- 9.4 Whilst accepting the need for a growth strategy to respond to economic conditions, those such as the Joseph Rowntree Foundation (JRF) argue for a more refined strategy which is more inclusive.⁵⁷
- 9.5 This approach builds on the OECD initiative mentioned above (para 11.2) and argues that “trickle-down” approaches associated with growth strategies do not reach all sectors of a community in a way which would successfully support growth for all parts of the community.
- 9.6 The concept of “inclusive growth” accepts the need for growth, in other words, but establishes a close link between growth and inclusion.
- 9.7 The approach highlights the positive relationship between prosperity and inclusion, but shows that increases in prosperity over time are not necessarily associated with greater inclusion.
- 9.8 In particular, Beatty, Crisp and Gore⁵⁸ argue for a monitoring approach which they have trialled with Local Enterprise Areas (LEP) as “*there is no*

⁵⁴ WHO 2008

⁵⁵ oecd.org/inclusive-growth/about/inclusive-cities-campaign/#d.en.381962

⁵⁶ <https://www.gov.uk/government/collections/workforce-planning-for-health-public-health-and-social-care>

⁵⁷ <https://www.jrf.org.uk/report/inclusive-growth-monitor>

comprehensive tool for measuring this relationship. Existing measures of economic growth related to production such as Gross Domestic Product (GDP) or Gross Value added (GVA) fail to capture the nature and distribution of the proceeds of growth.” Their Report presents “a new tool – the inclusive growth monitor – that has been developed for the Joseph Rowntree Foundation to directly address the need to measure the relationship between growth and poverty.

9.9 *This conceptual model and accompanying analysis is largely based on the premise that growth drives poverty reduction, but the authors also acknowledge the possibility that poverty reduction can drive growth. This can happen if poverty is acting as a 'drag' on growth because it reduces spending power in the local economy, reflects inefficient use of human capital and commands resources to address the consequences of poverty that could otherwise be used for growth enhancing activities. One implication is that reducing poverty could stimulate economic growth.*

9.10 Other findings by Beatty, Crisp and Gore⁵⁹ include:

- there is a clear positive association between prosperity and inclusion levels in 2014. LEP areas with higher levels of prosperity in that year tend to have higher levels of inclusion, and vice versa.
- LEP areas such as London, Lancashire and Greater Birmingham and Solihull had low levels of inclusion in 2014 and saw relatively little change in those levels between 2010 and 2014. By contrast, some LEP areas in the north and Midlands with low levels of inclusion in 2014, particularly the Black Country and North Eastern, experienced some of the highest degree of positive change in inclusion levels in the preceding four years. This shows they are catching up, but not quickly enough to change relative positions significantly.
- LEP areas with the highest prosperity scores in 2014 also have the highest inclusion scores.⁶⁰ This suggests that raising levels of prosperity is an important part of any anti-poverty strategy. However, the more mixed picture shown by change scores indicates that growth in prosperity over time will not necessarily translate into higher levels of inclusion.

9.11 **Inclusive growth – a Summary:** The “inclusive growth” concept recognises the need for economic growth which creates wealth. However, it appears to provide evidence that “you can have your cake and eat it” with regard to poverty as a positive relationship exists between poverty reduction and growth

⁵⁸ Christina Beatty, Richard Crisp and Tony Gore *An inclusive growth monitor for measuring the relationship between poverty and growth* Posted on 19th May 2016, *ibid*

⁵⁹ *Op cit*, p2

⁶⁰ *Op cit* p 34

initiatives. Social care activity is undertaken at the borders between the personal and the public and its market – shaping leadership and commissioning activity very often is focussed on small or relatively small providers.

10.0 ACKNOWLEDGEMENTS

Many thanks to all colleagues who have contributed thinking and products to this Report as follows:

City of Wolverhampton Council

Ros Jervis	Service Director HWBB / DPH
Angela McKeever	Head of Skills
Tony O'Callaghan	Skills for Growth Manager
Sue Lindup	Enterprising Communities Manager
Sukhminder Chahal	Enterprising Communities Officer
Ian Shelley	Programme Development Officer
Helen Winfield	Head of Service – Community Financial Support
Paul Smith	Interim Manager for Commissioning

Skills for Care

Dave Griffiths	Programme Head - Analysis
Adam Andrew	Analyst - Workforce Intelligence

Independents

Christine Rowley	Independent Consultant – Carers Specialist
------------------	--

NHS England – Health Education England

Della Burgess	Workforce Development Manager
---------------	-------------------------------

REFERENCES

GREATER PRESSURES ALL ROUND? Impact of the Welfare Reform Act 2012 the Wolverhampton picture A report prepared for the Wolverhampton Welfare Reform Board

PAGE DELIBERATELY BLANK

PAGE DELIBERATELY BLANK

CarersUK – calculation of methodology for contribution of Carers.

CarersUK want Government to recognise the contribution made by carers, including the value of the care they provide to the UK economy, and provide the necessary support that carers need to be able to care effectively.

<https://www.carersuk.org/news-and-campaigns/campaigns/we-care-don-t-you/value-my-care/valuing-carers-2015>

How was the value of carers' contribution worked out?

...by multiplying the number of hours carers spend providing unpaid care by what it would cost a local authority to replace this care with home care services.

The number of hours carers spend providing unpaid care was worked from data collected for the Census in 2011, which outlined the number of people who provided unpaid care for 1-19 hours a week, 20-49 hours a week and over 50 hours a week.

This was then multiplied by the official unit cost of replacement care in 2015, which is £17.20/hour. This is in line with the official estimate of the actual cost per hour of providing home care to an adult.

Replacement care is the unit cost of replacement care £17.20/hour even when we know that care workers only get paid the minimum wage?

For the purpose of this report, replacement care is defined by the level of home care support someone would need if a family member or friend was no longer able to care for them.

The Health and Social Care Information Centre calculates the cost of providing replacement at £17.20/hour. This cost is the gross total (i.e. it includes capital charges and is before any deducting client contributions); it represents the average hourly cost to the local authorities of providing home care.

CARER'S ALLOWANCE ELIGIBILITY

Source: <https://www.gov.uk/carers-allowance/overview>

Eligibility

The person you care for

The person you care for must already get one of these benefits:

- Personal Independence Payment - daily living component
- Disability Living Allowance - the middle or highest care rate
- Attendance Allowance
- Constant Attendance Allowance at or above the normal maximum rate with an Industrial Injuries Disablement Benefit
- Constant Attendance Allowance at the basic (full day) rate with a War Disablement Pension
- Armed Forces Independence Payment

You

You might be able to get Carer's Allowance if all of the following apply:

- you're 16 or over
- you spend at least 35 hours a week caring for someone
- have been in England, Scotland or Wales for at least 2 of the last 3 years
- you normally live in England, Scotland or Wales, or you live abroad as a member of the armed forces
- you're not in full-time education
- you're not studying for 21 hours a week or more
- you earn no more than £110 a week (after taxes, care costs while you're at work and 50% of what you pay into your pension) - don't count your pension as income
- you're not subject to [immigration control](#)

Appendix 3



Economic contribution of the adult social care workforce in Wolverhampton and the West Midlands, 2014/15

Skills for Care economic impact and workforce estimates

Introduction

This report describes estimates produced by Skills for Care showing the contribution of the adult social care workforce in England, the West Midlands and Wolverhampton to the national economy. Estimates were calculated using full time equivalent jobs in the adult social care sector in conjunction with FTE salary; the National Minimum Dataset for Social Care (NMDS-SC)⁶¹ underpins both component sources of information.

The methodology for producing the estimates presented below involves calculating 'direct' gross value added (GVA) using full time equivalent (FTE) jobs and salary for England, the West Midlands and Wolverhampton. Multiplying factors are applied separately to public sector (local authorities, NHS) and independent sector (private, voluntary, direct employers) direct GVA to estimate indirect (spending on good and services to allow the workforce to deliver services) and induced GVA (further spending by those employed directly or indirectly by the provision of adult social care). Private sector profits are also accounted for. Figures presented here are based on the most recent Skills for Care workforce estimates (September, 2014).

Figures presented here should not be compared to similar figures produced on behalf of Skills for Care by ICF GHK⁶². Although the methodology used in the present report has drawn from that used previously, the calculations are different and do not allow direct comparison.

Further information is presented to describe the adult social care workforce in the reported areas, including the service and job role group breakdown of adult social care jobs in local authorities and in the independent sector. The inclusion of this information provides context to the economic contribution analysis and demonstrates how the workforce in Wolverhampton compares to that of the West Midlands as a whole.

⁶¹ <https://www.nmds-sc-online.org.uk/>

⁶² <http://www.skillsforcare.org.uk/Document-library/NMDS-SC,-workforce-intelligence-and-innovation/Research/SfC-Economic-Impacts-Report-FINAL.pdf>

Economic contribution

As at September 2014 there were around 1.2 million full time equivalent (FTE) jobs in adult social care. Collectively, these jobs are estimated to have directly contributed (through salary only) £21.8 billion to the national economy. Further to this figure for direct gross value added (GVA), the adult social care sector also facilitated an estimated £24.3 billion of indirect GVA (resulting from spending on good and services to allow the workforce to deliver services) and induced GVA (general spending by those who are directly or indirectly employed as a result of the adult social care sector). Taken together, these figures indicate that the adult social care sector contributed a total GVA of over £46 billion to the national economy in 2014/15.

Table 1 shows the number of full time equivalent (FTE) adult social care jobs in England, the West Midlands and Wolverhampton as well as the economic contribution (gross value added; total, direct and non-direct), 2014/15. Of the 1,185,000 FTE jobs in England as at this time, those in the West Midlands made up 10.5% (125,000). There were around 6,400 FTE jobs in Wolverhampton. The total economic contribution of the adult social care workforce in Wolverhampton was around £250 million in 2014/15. Wolverhampton accounted for just over 5% of FTE jobs and also 5% of the total economic contribution in the West Midlands at this time. The 'direct' economic contribution (total annual salary) of the adult social care workforce in Wolverhampton was £117 million. These jobs created around £131 million of indirect impact and induced impact. This also equates to just over 5% of the economic contribution of the adult social care in the West Midlands.

Table 1: Economic impact (GVA) of the adult social care sector in Wolverhampton, the West Midlands and England, 2015.

Source: NMDS-SC and Skills for Care workforce estimates

		FTE jobs	Total GVA (£million)	Direct GVA (£million)	Non-Direct GVA (£million)
England		1,185,000	£46,079	£21,771	£24,308
West Midlands	Number	125,000	£4,826	£2,280	£2,545
	% of England	10.5%	10.5%	10.5%	10.5%
Wolverhampton	Number	6,400	£248	£117	£131
	% of West Midlands	5.1%	5.1%	5.2%	5.1%

Data in this table have been rounded

Adult social care workforce

Workforce estimates used to calculate economic contribution were based on full time equivalent jobs for all sectors (including the independent sector, local authorities, jobs for direct payment recipients and those in the NHS). The information presented in tables 2 and 3 below describes the total number of jobs in Wolverhampton and the West Midlands for the independent sector and local authorities only. As such, figures relating to jobs are not necessarily comparable between table 1 and tables 2 and 3.

As at 2014/15 there were 14,200 local authority adult social care jobs in the West Midlands, around 1,000 of which were in Wolverhampton City Council (table 2). Around half of these statutory sector jobs were in community care provision for both Wolverhampton and the West Midlands. However, Wolverhampton had a greater proportion of the workforce employed in residential care services (35%) compared to the West Midlands (19%). Moreover, no domiciliary care provision was recorded in Wolverhampton, whereas jobs in these services accounted for 16% of the West Midlands workforce.

Skills for Care estimates show that there were around 123,000 independent sector jobs in the West Midlands, around 5,700 of which were in the Wolverhampton area. For the independent sector (compared to local authorities) the service breakdown for Wolverhampton was much closer to the regional breakdown, whereby just over half of all jobs were in residential services, between 41% and 44% were in domiciliary care provision and community and day care services made up a small percentage of all jobs.

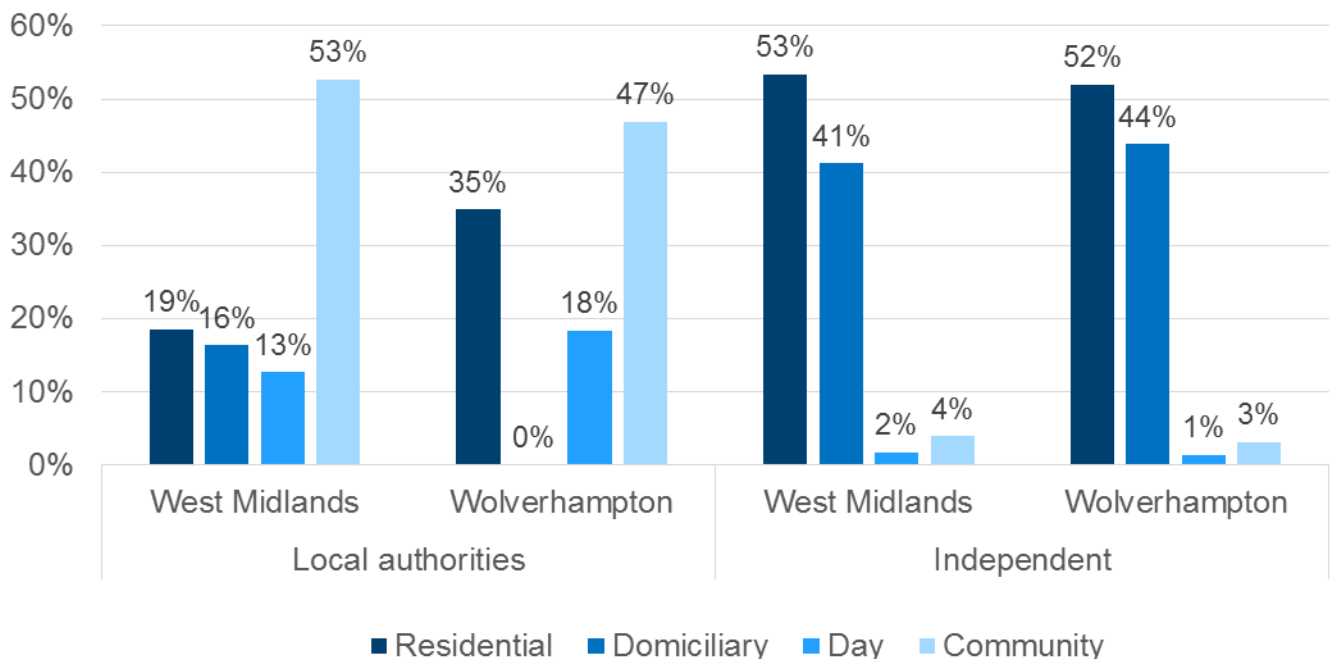
Table 2: Adult social care workforce in Wolverhampton and the West Midlands by sector and main service provided, 2014/15

Source: NMDS-SC and Skills for Care workforce estimates

	Local authorities		Independent	
	West Midlands	Wolverhampton	West Midlands	Wolverhampton
All services	14,200	1,000	123,000	5,700
Residential	19%	35%	53%	52%
Domiciliary	16%	0%	41%	44%
Day	13%	18%	2%	1%
Community	53%	47%	4%	3%

Data in this table have been rounded

Adult social care workforce in Wolverhampton and the West Midlands by sector and main service provided, 2014/15



Information presented in table 3 shows the adult social care workforce in the West Midlands and in Wolverhampton by sector and job role group. In local authorities, the job role group breakdown for Wolverhampton was broadly similar to the West Midlands as a whole. Managerial roles were more highly represented in Wolverhampton (20%) than in the regional as a whole (14%) and regulated professional roles made up a smaller percentage of all jobs (9% and 14% respectively).

In the independent sector there appears to be little difference between Wolverhampton and the West Midlands in terms of job role groups; around three quarters of jobs were direct care-providing, 12% were categorised as 'other' roles (ancillary and administrative) and managerial and regulated professional made up around 11% collectively.

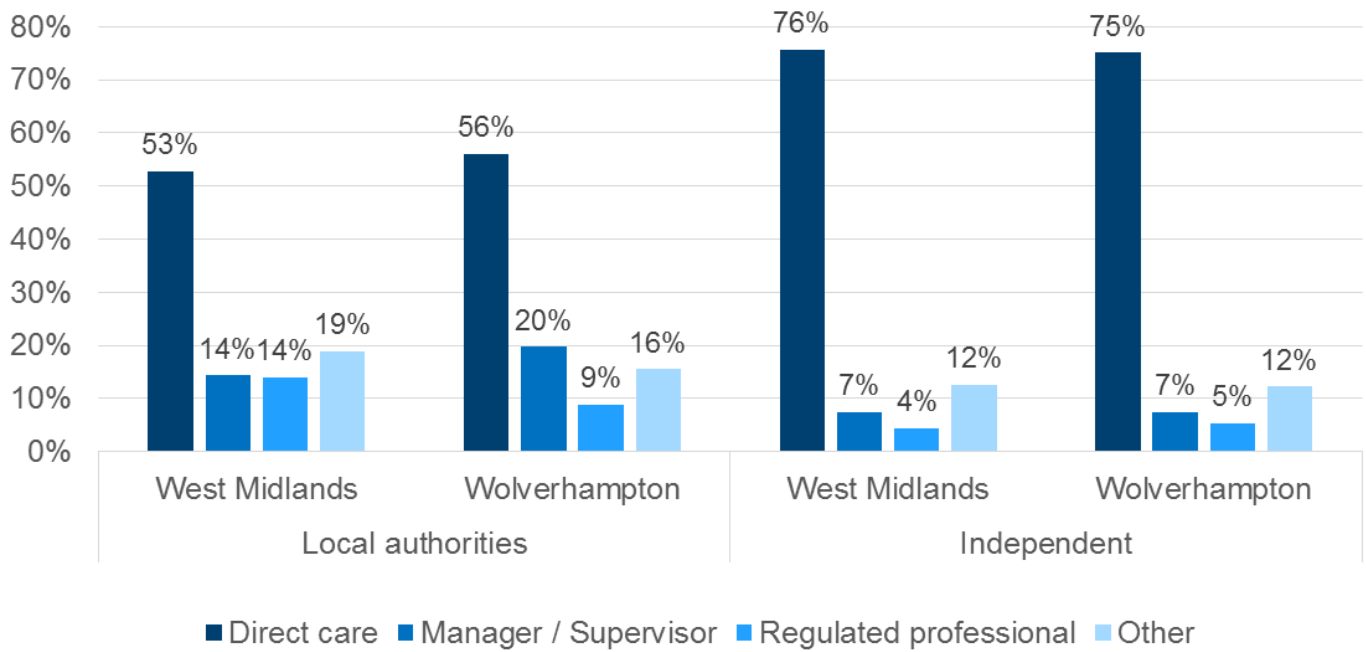
Table 3: Adult social care workforce in Wolverhampton and the West Midlands by sector and job role group, 2014/15

Source: NMDS-SC and Skills for Care workforce estimates

	Local authorities		Independent	
	West Midlands	Wolverhampton	West Midlands	Wolverhampton
All services	14,200	1,000	123,000	5,700
Direct care	53%	56%	76%	75%
Manager / Supervisor	14%	20%	7%	7%
Regulated professional	14%	9%	4%	5%
Other	19%	16%	12%	12%

Data in this table have been rounded

Adult social care workforce in Wolverhampton and the West Midlands by sector and job role group, 2014/15



Published by Skills for Care

This report has been published using data from the National Minimum Data Set for Social Care. To receive updates visit www.skillsforcare.org.uk and “Register”. Tick “Workforce Intelligence” under areas of interest to be added to our mailing list.

Data analysis services: Because we’ve been working with data from the NMDS-SC and other sources for over 8 years, our expert analysts can help you investigate, analyse and discover a specific business or social workforce issue using our analysis services. Contact analysis@skillsforcare.org.uk or call 0113 2410969 for more information.

Skills for Care
West Gate
6 Grace Street
Leeds
LS1 2RP

Telephone: 0113 245 1716

Email: analysis@skillsforcare.org.uk

Web: www.skillsforcare.org.uk

Twitter: [@sfc_nmds_sc](https://twitter.com/sfc_nmds_sc)



APPENDIX 4

Wolverhampton Benefits Statistics - Out-Of-Work Benefits (provided by Nomis – Official Labour Market Statistics)

Claimant count by sex (April 2016)

	Wolverhampton (numbers)	Wolverhampton (%)	West Midlands (%)	Great Britain (%)
All people	6,570	4.1	2.3	1.8
Males	4,115	5.2	2.9	2.4
Females	2,455	3.1	1.6	1.3

Source: ONS Claimant count by sex and age

Note: % is the number of claimants as a proportion of resident population of area aged 16-64 and gender

Claimant count by age (April 2016)

	Wolverhampton (level)	Wolverhampton (%)	West Midlands (%)	Great Britain (%)
Aged 16+	6,570	4.1	2.3	1.8
Aged 16 to 17	5	0.1	0.0	0.1
Aged 18 to 24	1,350	5.7	3.1	2.7
Aged 18 to 21	720	5.6	3.2	2.8
Aged 25 to 49	3,775	4.4	2.5	1.9
Aged 50+	1,435	3.4	1.8	1.5

Source: ONS Claimant count by sex and age

Note: % is number of claimants as a proportion of resident population of the same age

Working-age client group - main benefit claimants (November 2015)

	Wolverhampton (numbers)	Wolverhampton (%)	West Midlands (%)	Great Britain (%)
Total claimants	27,960	17.5	13.0	11.8
By statistical group				
Job seekers	5,700	3.6	1.8	1.5

Working-age client group - main benefit claimants (November 2015)

	Wolverhampton (numbers)	Wolverhampton (%)	West Midlands (%)	Great Britain (%)
ESA and incapacity benefits	13,200	8.3	6.6	6.2
Lone parents	2,850	1.8	1.3	1.1
Carers	3,750	2.4	1.9	1.6
Others on income related benefits	670	0.4	0.3	0.2
Disabled	1,470	0.9	0.9	1.0
Bereaved	310	0.2	0.2	0.2
Main out-of-work benefits†	22,430	14.1	10.0	9.0

Source: DWP benefit claimants - working age client group

† Main out-of-work benefits includes the groups: job seekers, ESA and incapacity benefits, lone parents and others on income related benefits. See the **Definitions and Explanations** below for details

Notes: % is a proportion of resident population of area aged 16-64

Figures in this table do not yet include claimants of Universal Credit

Definitions and Explanations

Out-Of-Work Benefits Claimant Count (Experimental Statistics)

The Claimant Count is the number of people claiming benefit principally for the reason of being unemployed. This is measured by combining the number of people claiming Jobseeker's Allowance (JSA) and National Insurance credits with the number of people receiving Universal Credit principally for the reason of being unemployed. Claimants declare that they are out of work, capable of, available for and actively seeking work during the week in which the claim is made.

The measure of the number of people receiving Universal Credit principally for the reason of being unemployed is still being developed by the Department for Work and Pensions. Consequently this component of the total Claimant Count does not yet correctly reflect the target population of unemployed claimants and is subject to revisions. For this reason the Claimant Count is currently designated as Experimental Statistics. The Claimant Count is mostly derived from DWP administrative systems. For various reasons, e.g. a claimant's National Insurance number is not known, a small number of claims have to be dealt with manually. These clerical claims do not have as much detail as the computerised claims and therefore, whilst part of the claimant count by sex table, cannot be included the age breakdown.

Rates by age

Unemployment benefits normally only apply to people aged 18 years and over. They can only be claimed by 16 and 17 year olds in exceptional circumstances. Consequently the counts for this age group are typically very low.

DWP Working-Age Client Group

The number of working-age people who are claiming one or more main DWP benefits. The main benefits are: bereavement benefit, carer's allowance, disability living allowance, ESA and incapacity benefit, severe disablement allowance, income support, jobseeker's allowance, and widow's benefit. The age at which women

reach State Pension age is gradually increasing from 60 to 65 between April 2010 and April 2020. Throughout this period, only women below State Pension age are counted as working age benefit claimants." The total count is broken down by statistical groups. These categorise each person according to the main reason why they are claiming benefit. Each client is classified to a single group. Benefits are arranged hierarchically and claimants are assigned to a group according to the top most benefit they receive. Thus a person who is a lone parent and receives Incapacity Benefit would be classified as incapacity benefits. Consequently, the group lone parent will not contain all lone parents as some will be included in the incapacity benefits group and Job seekers groups.

Main out-of-work benefits consists of the groups: job seekers, ESA and incapacity benefits, lone parents and others on income related benefits.

These groups have been chosen to best represent a count of all those benefit recipients who cannot be in full-time employment as part of their condition of entitlement. Those claiming solely Bereavement Benefits or Disability Living Allowance (DLA) are not included as these are not out-of-work or income based benefits. DLA is paid to those needing help with personal care. These people can, and some will, be in full-time employment. If DLA claimants are also in receipt of JSA, IS, ESA or Incapacity Benefits in addition to DLA they will be counted under the relevant statistical group. In addition, we exclude those claiming solely carer's benefits or claiming carer's benefits alongside income support, as DWP does not pursue active labour market policies for this group. Carers benefits are paid to those with full time caring responsibilities. The group entitled to Carer's benefits alongside Income Support (IS) includes around 86,000 claimants and has been stable over time.

INSIDE BACK COVER

INSIDE BACK COVER END

BACK COVER

END OF REPORT