
CAVENDISH COALITION

SUBMISSION TO HOUSE OF LORDS EU INTERNAL MARKET SUB-COMMITTEE

1. The Cavendish Coalition

Thank you for inviting the [Cavendish Coalition](#) to provide evidence to the Committee.

Our focus is on the health and social care workforce – it is our workforce who ensure we can provide high quality health and social care to the people in our communities, across the UK.

We have committed to working together to ensure a sustainable workforce supply – this focuses on our domestic supply and an international pipeline of high-calibre professionals and trainees in social care and health.

Ensuring the right to remain of all EU nationals currently working in UK health and social care services is one of our core areas of purpose.

We are united in our commitment to provide the best care to the communities, patients and people who need care and support services that we are proud to serve.

We are pleased to be able to provide knowledge and evidence on workforce from our sector as part of this inquiry as the UK seeks to manage an effective transition process with the EU.

2. The submission

This submission covers:

- The scope and purpose of the Cavendish Coalition (statement of purpose attached)
- Workforce data from the social care and health sector
- Recruitment and free movement of people principles
- Key objectives for our sector related to the current and future workforce

3. The health and social care sector

There are approximately **160,000 EU nationals** working in social care and public and independent health organisations across England with additional staff working in services in Northern Ireland, Wales and Scotland.

- 90,000 in adult social care in England
- 58,000 in the NHS in England
- 13,000 in independent health sector.

Colleagues from outside of the UK bring invaluable experiences which enrich our services. They diversify the workforce and bring great skill and expertise to our sector which benefits those receiving social care or health services and the colleagues they work alongside.

Breakdown across sector:

3.1 Social care

There are 90,000 EU nationals in employment – this is around 7 percent of workforce.

Of the overall percentage the detailed breakdown shows geographical variances:

- 22,000 staff in London - 12 percent of workforce;
- 23,000 in the south east – 10 percent of workforce.
- There are a higher proportion of EU nationals in regulated professions, eg nursing, than managerial posts.

3.2 Independent health sector:

- 6000 staff in the independent health sector (mainly large independent hospitals) - around 6 per cent of their 100,000 staff are EU nationals. These 6000 staff occupy a range of roles, all critical to the delivery of services.
- 6500 registered dentists and 650 other skilled dentistry workers are on the UK General Dental Council register – around 17 percent of dentists come from other EU member states. They provide essential NHS and independent dentistry services.

3.3 NHS in England:

Similar to social care, there are occupational and geographical variances as to where the 58,000 EU nationals working in the NHS in England are employed:

- 19,000 work in London – this represents 10 percent of the London based NHS workforce.
- 10,000 doctors across England – almost 7 percent of the medical workforce, are from other EU countries
- 21,000 nurses across England are from other EU countries, with more than half of these working in London, south east and East of England.
- 6500 scientific and therapeutic staff across England are from other EU countries.

4. Recruitment across the sector

4.1 Background:

Employers will use a range of methods to target and attract talent.

When attempts to recruit fail, posts are advertised and not filled, and alternative measures have proved unsuccessful, an employer may look at undertaking a targeted recruitment campaign outside of the UK. In recent years we have seen this activity increase for recruitment into nursing roles, some medical specialities and paramedics.

The recent levels of recruitment of doctors and nurses from within and outside of the EU indicates that we have an immediate and pressing need for staff which cannot be met from our domestically trained market.

4.2 Free movement of people:

The free movement of people principle means that individuals and employers have *certainty* about the right to enter the UK to work and that this is not time-limited.

The clarity and certainty of administrative processes can make the EU an attractive option for recruitment for the individual seeking employment and the recruiting employer. In contrast, recruitment from non-EEA countries carries uncertainty due to the limited and capped number of visas for skilled work available every year. Visas are also time-limited and the administration for individual and employer to secure sponsorship and visa is often lengthy and expensive.

The regulations in place to recognise qualifications across EU member states, where there is deemed to be equivalence, provides a known and streamlined process for individual and employer, and can ensure quality.

In recent years the UK has negotiated for additional public protection safeguards linked to the recognition of professional qualifications, for example around language testing.

This means that UK professional regulators ask applicants who have obtained their qualification in an EU country to demonstrate the same standard of English language competency as individuals applying to the register from outside of the EEA. For example to practise as a doctor, nurse or midwife in the UK, the individual needs to submit evidence of English language competency to the General Medical Council or Nursing and Midwifery Council for their application to be considered.

5. Negotiations with the EU: key objectives for workforce in health and social care

Our primary objective is to ensure the best care is provided to our communities, and the people who use our services. We recognise that to deliver this we need to retain, and continue to attract, a talented and diverse workforce.

To deliver this objective the Cavendish Coalition has identified that we need:

- confirmation of the right to remain in the UK for EU nationals currently working in social care and health roles in the UK
- a migration system, working alongside our domestic workforce strategy, which enables the UK to continue to be able to attract talented professionals to help the sector provide the best care.

5.1 The current workforce

Ensuring that a decision on the right to remain in the UK for EU nationals currently working in social care and health roles, and that this is confirmed quickly, is critical for two reasons:

1. Showing we value our current workforce

Our workforce provides care and support to facilitate peoples' independence, to prevent ill health and unnecessary hospital admission and to care for people when they are most vulnerable.

The uncertainty around future rules and rights drives unnecessary anxiety. This can have a negative effect on morale, motivation, wellbeing and retention - which could impact on the impact on the quality of care and support delivered.

Quickly confirming the right to remain for EU nationals currently working in UK health and social care services removes the uncertainty and anxiety for individuals and their families and mitigates the risk of staff leaving.

2. Certainty for employers that they will be able to continue to provide the current levels of service required to the highest standards expected.

If a significant proportion of EU nationals working in health and social care services were to leave as a result of the present uncertainty, the sustainability of some services and the delivery of high quality services would be jeopardised.

5.2 The future workforce

The sector faces an extremely challenging set of circumstances. Demand, particularly from our ageing population, continues to increase whilst funding is insufficient to meet the current and future demand, putting further pressure on already strained services. Fundamental change in how we provide care and support is critically needed if we are to be successful in meeting the twin challenges of providing high quality services while balancing the books.

We need not only the right numbers of staff in the right place but also to ensure they are valued and feel engaged in the work they do.

We recognise there is more we can be doing across the health and social care sector to promote employment and development opportunities to our current staff and people within local communities. We are committed to progressing this work as a coalition and working with the relevant Government departments and arms-length bodies within our sector where we believe national action is required.

However, the recent levels of recruitment of clinical staff from within and outside of the EU indicates that we have an immediate and pressing need for staff which cannot be met from our domestically trained market.

A number of national workforce policies have been announced which are designed to support change in the medium to longer term. Planned changes include an increase in medical student places, ending the national commissioning of training places for healthcare professionals which includes the changes to student bursaries, increasing apprenticeships and developing other roles to support registered practitioners, for example, nurse associate and physicians associate.

They will all play a part in the future shape of the workforce but at present we do not have these individuals in post. Ensuring the sector can recruit people with the requisite skills from within and outside the EU is critical.

Key objectives for the longer term approach to migration policy:

- Enabling recruitment of enough high calibre professionals to support the delivery of high quality services.
- Supporting the UK to take a leading role in developing world-leading clinical and caring practice, research and education for the sector.
- Honouring UK commitments and World Health Organisation practice on ethical international recruitment and resource planning.

The Cavendish Coalition is made up of 31 health and social care organisations all committed to the purpose of the group, these are:

- Association of Dental Groups, David Worskett, Chair
- Association of Directors of Adult Social Services, Margaret Willcox, Vice President
- Academy of Medical Royal Colleges, Professor Dame Sue Bailey DBE FRCPsych, Chair
- Association for Real Change, Lisa Lenton, England Director
- Association of UK University Hospitals, Peter Homa CBE, Chair
- British Medical Association, Dr Mark Porter, Council Chair
- Care England, Professor Martin Green OBE, Chief Executive
- Care and Support Alliance, Vicky McDermott, Chair
- Chartered Society of Physiotherapy, Karen Middleton CBE, Chief Executive
- Mental Health Network, Rebecca Cotton, Director of Mental Health Policy
- National Association of Primary Care, Dr Nav Chana, Chairman
- National Care Association, Nadra Ahmed OBE, Chairman
- New NHS Alliance, Merron Simpson, Chief Executive
- NHS Clinical Commissioners, Julie Wood, Chief Executive
- NHS Confederation, Stephen Dalton, Chief Executive
- NHS Employers, Daniel Mortimer, Chief Executive
- NHS European Office, Elisabetta Zanon, Director
- NHS Partners Network, David Hare, Chief Executive
- NHS Providers, Chris Hopson, Chief Executive
- Northern Ireland Confederation for Health and Social Care, Heather Moorhead, Director
- Pharmacy Voice, Elizabeth Wade, Director of Policy
- Registered Nursing Home Association, Frank Ursell, Chief Executive
- Royal College of Nursing, Janet Davies, Chief Executive & General Secretary
- Shelford Group, Sir Michael Deegan, Chair
- Skills for Care, Sharon Allen, Chief Executive
- The National Care Forum, Vic Rayner, Executive Director,
- The Royal College of Midwives, Professor Cathy Warwick CBE, Chief Executive
- The Welsh NHS Confederation, Vanessa Young, Director
- UNISON, Christina McAnea, Head of health
- United Kingdom Homecare Association, Bridget Warr CBE, Chief Executive
- Voluntary Organisations Disability Group, Professor Rhidian Hughes, Chief Executive

Contact: If you have any questions about the submission please contact amarjit.matharoo@nhsemployers.org on behalf of the Cavendish Coalition