



The Welsh NHS Confederation
Policy Forum's response to the UK
Government's Future Skills Based
Immigration System White Paper –
September 2019

Health and social care organisations from across Wales have come together to outline the key issues and priorities in response to the UK's Future Skills Based Immigration System White Paper ('the Immigration White Paper'). Our response is endorsed by 17 organisations.

Key Points

Overview: We are concerned that the UK Government's intention for a new system as proposed in the Immigration White Paper will have a detrimental impact on current recruitment and retention problems across the health and social care sector in Wales and within the UK. Health and social care are already dealing with serious workforce gaps and demand continues to outstrip the supply of staff, despite the increase in staff numbers.

Valuing EEA citizens: EEA citizens are a hugely valued and appreciated part of the workforce, providing high quality care and support to those that are in need, making a significant contribution to the communities that they live in. It is vital that the UK Government provides reassurances, support and confidence in the Settled Status Scheme as we leave the EU.

The £30,000 pa salary threshold: If the salary threshold proposals were already in place at least 53%ⁱ of the EU/EEA citizens working within the NHS in Wales would fail to meet the £30,000 salary threshold for skilled workers. This percentage is greater for social care, especially domiciliary care. We are also concerned that the proposed salary threshold would have an impact on future recruitment. Many social care and health jobs do not fill the requirements for the minimum skills or salary levels of the current non-EEA immigration rules. It is vital that the £30,000 threshold be reviewed and replaced with criteria that allows our sector in Wales to recruit and retain the workforce needed to provide the care and support to the most vulnerable in our society. The value that public services brings to society should be a key factor in assessing the skill levels and entry requirements required within a future immigration system, not the amount people earn. Furthermore, contributions to public services are crucial in order to ensure that the rest of the economy functions effectively. The adult social care sector in Wales alone contributes more than £2 billion to the Welsh economy, creates 127,000 jobs and enables individuals to make contributions to other parts of the economy.ⁱⁱ

Future recruitment: Despite Welsh Government recruitment and retention initiatives such as Train.Work.Live or WeCare, which have sought to develop a well-trained, compassionate workforce and attract the best talent globally, the end of free movement threatens to exacerbate existing recruitment pressures. While these programmes can provide an opportunity to train a future more domestic workforce, the time needed to train qualified staff is intensive. Due to present levels of vacancies within the Welsh NHS and social care, we need to be able to relieve immediate pressure on the system while planning for qualified domestic and international staff. While immigration is not the most sustainable nor primary mechanism for recruitment, it has proven to be a necessity to attract world talent to positions that need to be filled and are essential to delivering publicly valued services.

Concerns of the Shortage Occupation List: We welcome the UK Government's acceptance of the Migration Advisory Committee's recommendation to establish a separate Shortage Occupation List for Wales as well as the inclusion of many health and social care roles. However, it is important to note that this would only apply to the current immigration rules, and therefore a review of the purpose of the Shortage Occupation List is needed to determine how it will interact with the Immigration White Paper. The removal of immigration caps, coupled with other policies to attract people to publicly valued professions including social care workforce or allied health professionals, is needed.

The demographics in Wales are different to the rest of the UK: Wales' population is ageing and more reliant on net migration, with people aged over 65 years making up the largest share of the population and more people in Wales with long-term limiting illness. At the same time, there are fewer young and working aged people who can take care of the growing ageing population in the future. It is important that a new immigration system includes the voice of devolved administrations which sit within a different context to that of England/ the rest of the UK.

The Welsh Context

The number of people in Wales aged 65 and over is projected to increase by 50% by 2037 while the number of young people aged 16-24 is set to decrease by 3% by the same year.ⁱⁱⁱ At present Wales has a higher proportion of people aged over 65 years than those within the working age bracket (aged 16-64).^{iv} With an ageing population growing at a faster rate than other UK nations, the overall

population in Wales has also grown over the last 20 years by 8% (+230,300).^v While the Welsh population is living longer and spends more years in good health than ever before these successes must be viewed against a backdrop of an increasing number of people with multiple co-morbidities or living with a long-term condition. Wales currently has the highest rates of long-term limiting illness in the UK. Between 2001-02 and 2010-11 the number of people with a chronic or long-term condition in Wales increased from 105,000 to 142,000.^{vi} This figure is expected to rise for a number of conditions, including cancer, dementia and diabetes.

This means Wales has fewer people of a working age who will be able to take care of an older population with greater needs and often living in rural environments. According to We Care Wales,^{vii} Wales needs around 20,000 more people to work in care by 2030. Wales is heavily dependent on net migration (both internally and internationally) as it is the largest factor of population growth, particularly for young people. While the proportion of EU citizens that live and work in Wales is smaller than in England, most migrants who reside and work in Wales come from outside the EU.

Therefore, the demographics in Wales present a significant challenge: our population is ageing; we are delivering health and social care services in community or home settings in rural communities; there are fewer people of working age able to support population health and care needs; and a large section of the young population is dependent on international migration. This situation is compounded by existing strains on recruitment and retention issues in the health and social care system, which are accentuated in rural areas.

In June 2018 the Policy Forum published [The key issues for the health and social care system as the UK prepares to leave the European Union](#).^{viii} The briefing recommends that following the UK leaving the EU a desired outcome is to have a continued domestic and international pipeline of high calibre professionals and trainees in health and social care to deliver sustainable NHS, social care, and independent health services to ensure the best care for our communities and people who use our services. Ensuring the protection of our EEA workforce is extremely important, especially since care is becoming more integrated and the development of a [joint health and social care workforce strategy](#) developed jointly by Health Education and Improvement Wales and Social Care Wales.^{ix}

Implications of policies proposed within the Immigration White Paper

One of our main desired outcomes is to have a fair and reasonable immigration system that supports the NHS, the third sector and social care to continue to attract EU and non-EU citizens to live and work in Wales. The health and social care sector will be impacted the most by proposals relating to Workers, Students, Family and Settlement, and Protecting the Vulnerable. The proposals are likely to have a detrimental effect on the delivery of health and social care services in Wales due to the impact on our workforce.

We acknowledge the Prime Minister's recent commission for the Migration Advisory Committee (MAC) to [conduct a review into the salary threshold and the potential implications of an Australian points-based immigration system](#).

Whether future immigration policy is skills-based, points-based or a combination thereof, our messages remain the same: any future immigration system needs to meet the needs of the health and care sector in Wales which provides an essential public service to the population.

Mobility

While the expansion of "GATS Mode 4" commitments could benefit the sector for the short term, e.g. a German specialist technician (under contractual service provision) could enter the UK for up to 6 months to help update, repair or maintain specialist equipment, the provisions specifically related to Workers would be more relevant and sustainable. Overall it is acknowledged that the use of Electronic Travel Authorisation (ETA) style systems are becoming more of the norm across the globe, it is important that these are also available, usable and accessible for any vulnerable EU/EEA person who wishes to enter the UK. The main considerations for this system would be how much ETAs would cost and the need for simplicity in the system.

Visitors

This policy section does not have a direct impact on the health and social care sector. It would only be pertinent if, for example, an EU/EEA citizen needs to access services during a short-term visit – which would be considered under reciprocal healthcare provisions and therefore not relevant to the technical entrance (digital checking services) and exit (exit checks) policies.

Workers

As a sector we are concerned the two main worker routes proposed could exacerbate existing recruitment and retention issues and thus impact on the services our sector would be able to deliver. The MAC conducted a review^x into the Shortage Occupation Lists (SOL) and concluded there should be a separate SOL for Wales and the additional requirement for several health and social care roles. We welcome the fact that the UK Government accepted all MACs recommendations, and eagerly anticipate more details on how this might take shape and the exploration of a pilot scheme to facilitate migration to deprived areas. We acknowledge these will apply to immigration rules in the autumn of 2019 and hope these are carried through into the new system pending a review into the SOL.

Skilled Worker Route

The removal of the number of people entering the country (visa cap) is welcomed, as is the expansion of some health and social care positions on the current SOL. However, even with certain professions included, such as doctors and nurses, we are currently unable to fill all vacant posts. This implies that simply lifting the limit on people coming into the UK to fill certain posts in shortage will not alone end recruitment issues. There will always be vacancies due to turnover of staff until UK based nurse and medical education match the predicted turnover, which is unlikely to happen in the near future despite internal education and recruitment efforts such as Train.Work.Live and WeCare. Until that point, we are going to be reliant on overseas recruitment. If immigration is restricted in any way it will impact on our ability to replace staff. The removal of immigration caps, coupled with other policies to attract people to publicly valued professionals including the social care workforce or allied health professionals, is needed.

The abolition of the resident labour market test is also welcome, as it will enable both sectors to design more flexible and quicker recruitment processes that would be simpler for both EEA and non-EEA citizens.

However, the proposed salary threshold and qualification/skills level could exclude a significant portion of the current EU/EEA national workforce, thus exaggerating existing strains. There is a need for both skilled professional and frontline workers; we value our staff and everyone plays a crucial part in supporting the system.

The potential impacts of the proposed salary threshold – Skilled Worker Route

We are deeply concerned about the effect current UK Government proposals for this system as set out in the Immigration White Paper will have on health and social care provision in Wales. We believe a crisis already brewing in the social care sector could be worsened with a knock on effect for the NHS and for vulnerable individuals using care services and their families.

The MAC recently recommended maintaining the current salary threshold of £30,000 for the current Tier 2 immigration system, while simultaneously reducing the skills requirement to RQF 3+. Such a proposal would have the effect of allowing entry to intermediate and medium skilled workers (compared to the current RQF 6+ of highly skilled workers). This means that while the skill level required for posts would be reduced to an ‘intermediate’ level, the required salary threshold would remain the same as those positions which are ‘highly skilled’.

There is a discrepancy in the skill requirements versus expected salary within the White Paper. Most roles within the health and social care sector with an RQF 3 level would not be able to meet the £30,000 threshold; in the Welsh NHS the average annual salary for a full time (37.5 hours/week) post with an RQF 3 level qualification is £20,795. Moreover, the threshold does not consider [lower wages in Wales](#) and the fact that workers in Wales have the [lowest take home pay in the UK](#). Having a single salary threshold level which does not take into account regional differences in pay could possibly make Wales less attractive to international talent compared to other regions in the UK who pay higher salaries. The recent commissioned report by the Home Secretary for the MAC to conduct a deeper examination into the proposed salary threshold to take into consideration regionalism, sectoral differences and entry level positions, is welcomed.

There are approximately 1,623^{xi} EU nationals working in the Welsh NHS (which represents approx. 2% of the workforce) and about 53%^{xii} of these posts would not meet the £30,000 threshold if the proposals within the White Paper were already in place. This might not seem much, but it includes a significant number of trained, qualified and dedicated staff who could not be replaced in the short term. The specialty professions that will be impacted the most by this salary cap are Nurses and Midwives, Psychologists, Chiropodists, Healthcare Scientists, Speech and Language and Occupational Therapists, Physiotherapists, Orthoptists,

Radiographers and Pharmacists. Staff from the base entry grade through to advanced and specialist practitioners would be affected. There is a false assumption that skilled work is highly paid; there needs to be an emphasis on the social value of role to the UK's population and health, and salary should not be considered an indication/proxy for skill.

The threshold would influence any attempts to take professional staff from overseas and impact on both service provision and potential costs across organisations. The effect will also greatly impact support staff (nursing and midwives, healthcare scientists, allied health professionals, ambulatory staff and pharmacists). In these areas, it is estimated that between 97% and 100% of EU/EEA nationals within these professions will not meet the proposed threshold. Based on the June 2019 Electronic Staff Record:

- 100% of support to nursing, estates, support to allied health professionals and support to midwives posts would fall under the £30,000 cap. Support to healthcare scientists and support to pharmacists would also be severely impacted, with 92% of both falling under the cap, along with support to scientific, therapeutic & technical (STT) (85%). This will mean that nearly all support staff positions will be greatly impacted.
- Estates and ancillary posts (99%), as well as students (100%) and additional clinical service (98%) will fall under the cap. Administrative as well as registered midwives and nurses will see approximately 72% and 68% of their posts, respectively, fall under the cap which will significantly strain the system.
- This will have the greatest impact on women (61%) and will impact all age ranges.

The report "Research on the Implications of Brexit on the Social Care and Childcare Workforce in Wales",^{xiii} considering the composition of the regulated social care sector, suggests that the immediate impact of the UK leaving the EU is likely to exacerbate existing workforce and retention pressures. Within commissioned and regulated social care services, approximately 6.4% of the workforce (2,900) are EU nationals. Of these, the highest number of EU nationals are estimated to be employed within residential care services (8.3% or 2,050 people) and domiciliary care services (4.1% or 730 people). When the salary threshold was introduced, social care providers reported they were unable to continue employing non-EU nationals, and they were often replaced by those from the EU. The proposal within the White Paper would remove those EU

workers from the recruitment pool in a sector which is already in shortage of qualified staff.

On a UK level there is a greater reliance on EU workers to fulfil registered nursing roles within registered social care settings, especially when added to existing recruitment and retention challenges. The recent changes for Tier 2 workers having to earn more than £35,000 after 5 years to remain in the UK is also thought to be an issue for the sector. Even registered nurses in nursing homes (one of the largest shortage groups and the group most often filled by Tier 2 workers) are struggling to meet the salary requirement.

The potential impacts of the minimum qualifications level – Skilled Worker Route

While the impact of the proposed minimum level of qualifications affects the NHS and the third sector to a lesser degree, the requirement could result in acute challenges within social care. Many essential roles in the social care sector would not meet the RQF 3 criteria, and therefore under the proposed policies would not be able to be sponsored by an employer. In Wales, planning for registration of the adult social care workforce is based on a level 2 qualification. The implication within the White Paper is that employers should be able to raise salaries to meet the threshold requirements under intermediate qualified jobs; however, this is not a sustainable or achievable school of thought. The vast majority of health and social care is publicly funded and therefore given the current pressures on public finances raising salary levels to the amount required is not feasible.

Temporary Worker Route

The White Paper suggests the temporary worker route addresses the needs of ‘lower skilled workers’, as well as the needs for vulnerable sectors such as social care. The 12-month working period followed by a 12-month ‘cooling off’ period would not attract a stable talent pipeline, nor allow enough time to train staff to become more ‘skilled’. Furthermore, the White Paper’s proposal that there would be no recourse to public funds would not incentivize people to enter those occupations which are in the highest demand. Even if an EU/EEA national were to train and receive RQF3 level qualifications to be able to apply for post within the skilled worker route, this means the employee would have to change jobs to one that meets the skilled worker route requirements. This would be a risk to those jobs which will never meet RQF3 level qualifications and therefore they will either need to be filled only by domestic workforce or by the temporary route (i.e. many social care roles will only ever require RQF2 level qualifications, meaning they will never be able to fill roles via the skilled worker route).

This route itself has been subjected to price increases for visa applications year on year, and the potential to be removed entirely (subject to the full review in 2025) does not provide reassurance to the social care sector. It is important to emphasize the continuity of care for our most vulnerable citizens which is recognised by both Welsh and UK Governments. Temporary workers will not be able to help provide this.

Sponsorships and costings

The proposal to establish a streamlined sponsorship process that enables and supports recruitment of international staff at pace is welcomed. The proposed 2-3 week timespan is significantly quicker than the current 20+ week timeline. This radical reduction, while welcomed in principle, needs to be met with radical changes to the sponsorship process. These are outlined in some detail in the White Paper, however this would require a large shift in how the process is currently executed.

The White Paper stresses the system will not make employers worse off by requiring them to sponsor both EU/EEA and non-EU/EEA nationals. However, the lack of clarity around the costs of future sponsorship under this system needs to be addressed. For example, a license fee under the current Tier 2 route is £1,476 for medium to large scale employers. This is in addition to the £500 cost for the required certificate, an Immigration Skills Charge of £1,000 for the first year (£500 for every additional six months thereafter), and the Immigration Health Surcharge of £400 per year. If this same cost were to be applied to all migrants, the cost of an international employee would increase dramatically and would be a barrier or penalty for employing existing and future international staff.

While people from 'low-risk' countries would be able to apply under this route in the UK, all will need to have a secure sponsor before making the application. This would prove difficult for social care, as many EU/EEA nationals apply for positions from within the UK as opposed to those in health who typically have a job offer prior to arrival due to larger scale international recruitment efforts. This would imply that the social care sector would rely more so on the temporary workforce stream which, as previously highlighted, would not bring sustainability to the international workforce which makes up a significant portion of the social care workforce.

Sectoral based schemes

While the MAC does not suggest the use of sectoral-based schemes, the White Paper notes a pilot study for the agricultural sector. We look forward to the upcoming [MAC review](#) which will include an examination of how sectors with a large amount of public value (including health and social care) would benefit from any new immigration policies or sectoral based schemes.

Students

The student related proposals are generally welcomed. The continuation of no cap on the number of students that can enter and study in the UK would further the specialist training for those wanting to enter health and social care, though it should be emphasised that this would dramatically increase the amount of student institutions that would need to sponsor. The proposed post-study leave period for graduate and PhD students will also allow more time to gain experience and find employment.

However, more detail is needed on the proposed salary threshold for graduate and entry level jobs. While varying salary thresholds are indicated, there are no specifics on salary requirements. For example, currently all EU/EEA national students employed in the Welsh NHS would not be able to meet the proposed salary threshold of £30,000. Therefore, the impact on the health and social care sector for students would be more relevant towards their post-study employment than study and entrance requirements.

Family and Settlement

While the policies related to family and settlement are generally accepted, it is important to note the financial implications for British citizens who wish to sponsor their dependents. The Home Office defines financial independence as meeting a minimum income requirement of £18,600 for sponsoring a partner, and an additional £2,400 for each non-British or settled child. While adopting the same criteria of family and settlement to all migrants would not favour people coming to the UK from one country over another, it is important to note the financial implications for EU/EEA nationals would be higher than under the current system of free movement.

Digital Delivery

The need for an immigration system that keeps pace with the digital world is essential. It is important that these technologies (i.e. Electronic Travel Authorisations, the application process etc.) remain accessible to anyone who wishes to live and work in the UK, including vulnerable people.

Protecting the vulnerable and a Fair and humane immigration system

It is essential that vulnerable people are protected and supported when migrating to Wales and/or UK. The existing proposals lack clarity, particularly around the need to seek agreement on citizen's rights and other policies with Independent Member States. Achieving clarity on this area should be considered a key priority for the UK Government.

In addition we must consider how these policies apply to asylum seekers and refugees under the Welsh Government's Nation of Sanctuary – Refugee and Asylum Seeker Plan.^{xiv} This Plan outlines the breadth of work the Welsh Government is undertaking within devolved areas to ensure inequalities experienced by asylum seekers and refugees are reduced, access to opportunities increased, and relations between these communities and wider society improved. These include access to healthcare, information and advice to facilitate their integration into Welsh society and access to education opportunities, etc.

Other areas

The areas of Compliance and Maintaining the Common Travel Area have limited applications within the health and social care sector in Wales. The need for primary legislation is understood and it is necessary and appreciated that the UK Government involve Devolved Administrations in the areas that will impact them.

While there is no Equality Impact Assessment for the Immigration White Paper itself, [there is an Impact Assessment](#) for the Immigration and Social Security Co-ordination (EU Withdrawal) Bill 2018, which the White Paper will feed into. Since policies have not yet been created and future immigration arrangements will be set out in the Immigration Rules, there is little detail on the impact the end of free movement would have on certain groups. As the social care sector is largely dependent on women (the social worker women to men ratio in 2017 was roughly 4:1),^{xv} there are concerns about women's rights post-Brexit.^{xvi} Any disproportionate impact on women, or any group with protected characteristics under the Equality Act, must be addressed.

Conclusion Overall, the health and social care sector in Wales is deeply concerned that some of the proposals within the Immigration White Paper will have a detrimental impact on our sector and workforce. The White Paper will bring significant challenges for the current and future health and social care sector in Wales. We recommend that the future immigration system in the UK should focus on supporting those sectors with recruitment and retention issues that are adding significant amounts of public value, not use salary as a proxy for skill. We also recommend that the UK Government accept that the regional and sectorial differences across the UK will mean a one-size-fits-all immigration system may not be appropriate or fit for purpose.

This document is endorsed by:



ADSS Cymru
Yn arwain Gwasanaethau
Cymdeithasol yng Nghymru
Leading Social Services in Wales



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ⁱ Figure includes those working on a part-time basis or in temporary positions

ⁱⁱ Social Care Wales (5 June 2018). The Economic Value of the Adult Social Care Sector – Wales Final Report

ⁱⁱⁱ Welsh Government, StatsWales (July 2013). Population projections by local authority and year.

^{iv} Bevan Foundation (November 2018). Demographic Trends in Wales – An analysis of how migration influences Wales’ current and projected population.

^v Bevan Foundation (November 2018). Demographic Trends in Wales – An analysis of how migration influences Wales’ current and projected population.

^{vi} Nuffield Trust, June 2014. A Decade of Austerity in Wales?

^{vii} We Care Wales (March 2019). Thousands more care workers in Wales needed by 2030.

^{viii} Welsh NHS Confederation Policy Forum (June 2018). The key issues for health and social care organisations as the UK prepares to leave the European Union.

^{ix} Health Education and Improvement Wales (July 2019). Health & Social Care Workforce Strategy.

^x Migration Advisory Committee (May 2019). Full review of the Shortage Occupation List.

^{xi} Based on 68% completion rate of the Nationality section of the NHS Wales Electronic Staff Record.

^{xii} Figure includes those working on a part-time basis or in temporary positions

^{xiii} Ipsos MORI (2019) Research on the Implications of Brexit on the Social Care and Childcare Workforce in Wales

^{xiv} Welsh Government (January 2019). Welsh Government’s Nation of Sanctuary – Refugee and Asylum Seeker Plan

^{xv} Social Care Wales (2017). Social workers on the Register in Wales 2017

^{xvi} Topping, A. The Guardian (July 2018). Women’s rights under threat after Brexit, warns EHCR report.