

	The Welsh NHS Confederation's response to the UK Government's Future Skills Based Immigration System White Paper
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The Welsh NHS Confederation is the only national membership body which represents all the organisations that make up the NHS in Wales: the seven Local Health Boards, three NHS Trusts and Health Education and Improvement Wales (HEIW). Our role is to support our members to improve health and wellbeing by working with them to deliver high standards of care for patients and best value for taxpayers' money. We act as a driving force for positive change through strong representation and our policy, influencing and engagement work.

Key messages

- **EEA citizens are hugely valued and appreciated** part of the workforce caring for service users and patient and should be treated as such. It is vital that the government provide reassurances, support and builds confidence in the settled status scheme as we leave the EU.
- **Overview:** We are concerned that UK Government intentions for a new system as set out in the Immigration White Paper will worsen current recruitment and retention problems across the health and social care sector, which is already dealing with serious workforce gaps and demand continues to outstrip the supply of staff at an unprecedented rate, despite the workforce having grown. It is vital for the health and social care sector that immigration policy supports the delivery of high-quality public services – allowing us to remain world-leaders and to meet the needs and expectations of service users across the UK.
- **The £30,000 p.a. salary threshold:** At least 53%ⁱ of the EU/EEA national Welsh NHS workforce will fail to meet the £30,000 salary threshold for skilled workers, and is even greater for social care, especially domiciliary care. The Welsh NHS Confederation is deeply concerned about the impact the proposed £30,000 p.a. salary threshold would have on recruitment. Many essential positions within health and social care do not fill the requirements for the minimum skills or salary levels proposed – it is vital that the £30,000 threshold be reviewed and replaced with criteria that allow our sector in Wales to recruit and retain the workers needed to fill workforce gaps. A future immigration system should protect occupations with shortages that could lead to increased demands and negative impacts on services, and use public service value as a key factor in assessing skill levels and setting entry requirements and should not use salary as a proxy for skill. The inability to fill vacancies in social care could be just as catastrophic, as patients will not be released from hospitals in a timely manner and this could impact patient treatment times.
- **Temporary worker route:** This route, while intended to support a social care workforce that has become dependent on free movement, is not a sustainable nor attractive route to fill the many workforce gaps. The healthcare sector would use this route for non-clinical support roles (who might not require the qualification level of the skilled worker route) as well as for some clinical roles (who might not otherwise be able to meet the salary threshold of the skilled worker route).

- **Integrated health and social care:** In Wales we are working towards an integrated health and social care system. Any impact that is felt in one sector will have knock on implications for the other. For example, if social care or care homes are significantly impacted or collapse because they cannot recruit staff, this will have devastating consequences to the NHS. This is the primary concern of our members. Any impact on EEA workers will have a destabilising effect across the health and social care sector.
- **Future recruitment:** Despite recruitment and retention initiatives such as Train.Work.Live, We.Care and the upcoming Joint Health and Social Care Workforce Strategyⁱⁱ, which have sought to develop a well-trained and compassionate workforce and attract the best talent globally, the end of free movement threatens to exacerbate existing recruitment pressures. 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. Clause 4 of the Immigration Bill, ‘Consequential etc provision’ gives the government Henry VIII powers to repeal or change primary legislation. We are concerned that government intentions for a new system as set out in the Immigration White Paper will worsen current recruitment and retention problems across the social care and healthcare sector.
- **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 professionals is needed.
- **MAC review into an Australian points-based immigration system:** We acknowledge the Prime Minister’s recent commission the [MAC to conduct a review into the salary threshold and the potential for an Australian points-based immigration system](#). We believe this system should require extensive consultation. Whether the future immigration policy is skills or points based, 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.
- **The demographics in Wales are different to England:** Wales’ population is more reliant on net migration and is ageing, with more people aged over 65 years that make up a larger share of the population. At the same time, there are fewer people 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 include the voice of devolved administrations which sit within a different context to that of England.

Introduction

This response outlines some potential issues and opportunities identified by the Welsh NHS Confederation from the UK Government's White Paper on a Future Skills-Based Immigration System (known as the Immigration White Paper) which will impact the NHS in Wales.

Since late 2016, we have engaged closely with our members across Wales to ensure the key challenges facing NHS Wales throughout the Brexit process, including implications for the workforce, are communicated to NHS staff, Welsh Government and other stakeholders across the system. Significant resources have been dedicated to provide detailed written responses to the National Assembly of Wales' External Affairs and Additional Legislation Committee inquiries. The implications of EU withdrawal, and the UK's future immigration system, have been consistent themes throughout these inquiry responses on a Wales-level. On behalf of our members, we welcome the opportunity to reiterate and affirm these issues on a UK-level.

Since the release of the Immigration White Paper, the UK Home Office has engaged with the Welsh NHS Confederation in a variety of ways:

- We are members of the National Advisory Group and have participated in all meetings discussing sponsorship, skilled-worker route, temporary-worker route and crossing the border;
- We attended Home Office meetings in May 2019 which outlined proposals of the EU Settled Status Scheme and the Immigration White Paper;
- We are members of the Cavendish Coalition, a group of health and social care organisations united in their commitment to provide the best care to communities, patients and residents; and
- We are members of the Brexit Health Alliance, which brings together the NHS, medical research, industry, patients and public health organisations, with the aim of safeguarding the interests of patients, and the healthcare and research they rely on, during the Brexit negotiations.

Through these we have been able to actively and consistently engage with the UK Home Office to ensure our sector's ideas, concerns and opinions are represented. The purpose of this written response is to supplement the current conversations and engagement processes. We have also crafted a response that represents the Welsh NHS Confederation's Policy Forum, which is a grouping of health, social care and third sector organisations from across Wales.

We are deeply concerned about the effect proposals set out in the Immigration White Paper will have for healthcare provisions in Wales and we welcome the opportunity to make a written submission outlining these concerns. We believe a crisis already brewing in the social care sector could be worsened with knock on effect for the NHS and for vulnerable service users and their families.

The Welsh context

The population in Wales has grown over the last 20 years by 8 percent (+230,300), with an increasing ageing population. Our population has a higher proportion of people aged over 65 years than those within the working age bracket (aged 16-64)ⁱⁱⁱ. In mid-2017, the population of people aged 85 and over was 81,577 and by 2035 this is projected to rise to 148,193 (a rise of 82%)^{iv}.

The Welsh population is living longer and spends more years in good health than ever before. This is a cause for celebration and is testament to the world-leading standards of care provided by the NHS. However, these successes must be viewed against a backdrop of an increasing number of people with long-term conditions. The ageing population of Wales combined with their increasingly complicated healthcare needs presents a significant challenge for the Welsh NHS. While people are living in good health for longer, this health gain is not distributed equally. Wales currently has the highest rates of long-term limiting illness in the UK, which is the most expensive aspect of NHS care. 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^v. This figure is expected to rise for a number of conditions, including cancer, dementia and diabetes.

In the 2011 census, Wales had a higher percentage of residents with a long-term illness (23%, 696,000 people) than any English region, this was also true in 2001 (Office for National Statistics, 2012). Over 50% of older people in Wales have a limiting long-term illness (Public Health Wales Observatory, 2018a). Therefore, the Welsh population is significantly exposed to changes in the capacity of health and care services. 19% of the adult population age 16 and over in Wales drink alcohol above the recommended guidelines, and the same percentage smoke (Public Health Wales Observatory, 2018a).

While our population is living longer with increased health and social care needs, the share of the working population has not grown at the same pace. This means that 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, 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 presents a significant challenge: our population is ageing; we rely more on delivering health and social care services in community or home settings; there are fewer working age people 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 care system, which are accentuated in rural areas.

Brexit and the impacts on healthcare in Wales

Public Health Wales published the [Health Impact Assessment of Brexit](#) which examined the potential effects of Brexit on the short, medium and long-term health of people living in Wales. It highlighted how the physical and mental health of the poorest, those with lower educational qualifications, those employed in agricultural and manufacturing sectors exposed to Brexit and those requiring health and social care must be key considerations as preparations for Brexit develop and continue to be addressed following any final agreements.

According to the Health Impact Assessment across the UK, the NHS is heavily reliant on EU workers. The priority should be to ensure that the UK can continue to recruit and retain much needed health and care staff from the EU and beyond, whilst increasing the domestic supply. In June 2019 there were 1,623 EU Nationals^{vi} directly employed by the NHS in Wales and make up a significant proportion of specialist professions with high

levels of vacancies^{vii}. Whilst the figures for the whole Welsh NHS workforce are relatively small, there are some key points to note:

- One of the solutions to the current staffing shortages in the Welsh NHS since September 2015 has been to recruit from the EU. The number of EU staff working in the Welsh NHS at September 2015 was 1,139, meaning that our workforce is reliant on overseas recruitment to fill many posts;
- Staffing levels in the service operate on very fine margins, as can be seen by the need to use high levels of agency and locum staff. Any decrease in staffing numbers will therefore exacerbate the problem;
- The continued uncertainty as to the timetable for leaving the EU may lead to staff looking for opportunities outside the UK and for potential applicants to be deterred from applying; and
- The incidents of harassment of foreign workers and feeling that they are no longer welcome may have an impact on EU/EEA workers' willingness to remain in the UK, even if permanent freedom to remain is granted. There has been a rise of 'hate incidents' and intolerance towards foreign citizens since the EU Referendum in 2016, some of which have been directed against NHS employees. A number of Health Boards in Wales have expressed their views publicly about supporting their workforce and that hate crime will not be tolerated.

We acknowledge the Immigration White Paper represents one implication of the UK exiting the European Union (the end of free movement). With a no-deal Brexit scenario being increasingly more likely than at other times during Article 50 process, if the UK does leave without a deal this could have drastic consequences for recruitment and retention (i.e. shortening of the deadline to apply for Settled Status, or EU/EEA national employees leaving to return to their home countries) which will compound with the consequences of any future immigration system.

Initiatives to attract the best domestic and international talent to health and care in Wales

In 2017 the Welsh Government launched the [Train.Work.Live campaign](#), a national and international campaign will compliment work already being undertaken by Health Boards to recruit staff. It supports GPs who express an interest in working in Wales, including relocating with their families, while providing helpful information on what they can expect when coming to the country. The campaign is aimed at medical students yet to choose a specialty as well as trainees coming to the end of their training, to encourage them to stay to live and work in Wales. It also appeals to nurses, recently qualified GPs, those in the early stages of their career and experienced GPs who may wish to work differently or return to the workforce in Wales.

[The first-ever health and social care workforce strategy](#) is being developed by Health Education and Improvement Wales (HEIW) and Social Care Wales, supported by the Institute of Public Care at Oxford Brookes University.

[‘A Healthier Wales: Our Plan for Health and Social Care’](#) was published by the Welsh Government in June 2018 in direct response to The Parliamentary Review of Health and Social Care in Wales earlier that year. The review described the increasing demands and new challenges facing the NHS and social care in Wales, including an ageing population, lifestyle changes, public expectations and new and emerging medical and digital technologies.

To support the delivery of more integrated and seamless models of health and care, the Welsh Government commissioned HEIW and Social Care Wales to develop a long-term

workforce strategy in partnership with NHS Wales and Local Government, the voluntary and independent sectors as well as regulators, professional bodies and education providers. In Wales we have strong commitment to working in social partnership between employers, trades unions and government to design and deliver changes across the workforce.

The Welsh NHS workforce will be impacted by any new immigration policies

The NHS is the biggest employer in Wales, providing a significant contribution to both the national and local economy. The workforce is the backbone of the NHS, with NHS Wales employing around 90,000 individual members of staff with an annual pay bill of approximately £3.5 billion. Retention of staff is a key issue for the NHS. Whilst organisations necessarily focus on their workforce supply to create a balanced recruitment pipeline, it is important that both new and existing staff are supported and encouraged to remain with their employer, particularly during difficult times^{viii}. Of the near 80,000 EU nationals living in Wales, 1,623 of them work for the NHS. This equates to approximately nearly 2% of all EU nationals in Wales are working within the public healthcare sector^{ix}.

One of our priorities is to ensure a continued 'pipeline' of staff for the sector, including recognising healthcare as a priority sector for overseas recruitment. According to an analysis, it has also been suggested that the Welsh NHS could be vulnerable to restrictions on the number of EEA healthcare professionals working in the UK^x. We are calling on the UK Government to provide clarification as soon as possible that EU professionals who are already working for the NHS across the UK, or who will be recruited during the leave negotiations, will be allowed to remain after Brexit. For example, despite Health Boards across Wales increasing their nursing commissioning numbers, the implementation of the Welsh nursing bursary and the centralisation of nursing appointments through the student streamlining we have yet to see a significant reduction in our nursing vacancy numbers. The requirement for overseas recruitment is therefore envisaged to increase over the next few years to fill our nursing vacancies. At the Wales level, as Care Forum Wales commented in their evidence to the National Assembly's ['The cost of caring for an ageing population'](#) Inquiry, the uncertainty around immigration status post-Brexit is having an effect in terms of recruitment with many providers reliant on people from overseas to fill posts in health and social care.

The publication *'Research on Implications of Brexit on Social Care and Childcare Workforce in Wales'*, investigated how the social care workforce would be impacted by leaving the European Union^{xi}. They concluded that an estimated 6.4% of staff within registered social care services and 4.5% of staff within registered childcare services in Wales are non-UK EU nationals. This equates to between around 2,060 to 3,730 social care workers, and between approximately 410 and 1,100 childcare workers.

The research highlighted general difficulties recruiting staff, with 58% of registered social care respondents and 47% of day care of children respondents saying they found it difficult to recruit within the last year. Within social care, these challenges are most likely to be acute within domiciliary care, and when recruiting NMC registered nurses and health and social care practitioners. Within childcare, it is the recruitment of childcare practitioners that poses the biggest challenge. Moreover, when viewed against the broader context of staffing challenges in the social and childcare sectors, any impact of Brexit in terms of the rights or propensity of non-UK EU nationals to remain in the UK has the potential to exacerbate existing recruitment challenges for the sector.

Until the full implementation of a new immigration policy, EU citizens will have to apply for the Settled Status Scheme. There is the risk that since employees are not required to tell their employers their nationality, there is no accurate mechanism for employees to ensure that all EU staff have applied. While the health service can utilise the Electronic Staff Record, the Nationality field is not mandatory; currently there is a 66% completion rate of this field. Social care does not have a similar system therefore it is significantly more difficult for the sector to estimate the number of EU/EEA nationals in their workforce. There are other concerns about the scheme, such as only having a digital confirmation of their status. According to UK Home Office [June 2019 statistics](#) 35% of UK applicants have been awarded pre-settled status, which will impact their ability to apply for benefits.

Welsh NHS Confederation's views on the Immigration White Paper

The health and social sector will be most impacted by the policies relating to Workers, specifically both the skilled route (proposed salary threshold, qualification level), temporary route, and changes to the sponsorship programme.

Much of what is proposed in the Immigration White Paper remains subject to either bilateral agreement or the passing of the Withdrawal Agreement and/or the Political Declaration. It is important to note also that since neither the Withdrawal Agreement or the Political Declaration have been passed by the House of Commons, much of what is being proposed lacks detail or certainty. This makes it difficult to arrive at a robust assessment of the implications of the proposed Immigration White Paper on the health and care workforce in Wales. The likely impacts of the proposals will have a detrimental effect on the delivery of health and care services in Wales and our workforce.

The Migration Advisory Committee (MAC) conducted a review into the Shortage Occupation Lists (SOL) and concluded that there should be a separate SOL for Wales as well as the addition of several health and social care roles^{xii}. We welcome the fact that the UK Government recently 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.

We acknowledge the Prime Minister's recent commission the [MAC to conduct a review into the salary threshold and the potential for an Australian points-based immigration system](#). We believe this system should require extensive consultation. Whether the future immigration policy is skills or points based, 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.

Workers

The Welsh NHS Confederation is concerned that the Immigration White Paper might worsen the impact in the short and medium term, as many of the roles need specialised training and education. While we have a successful 'Train.Work.Live' campaign and a joint Health and Social Care Workforce Strategy is being produced, the sector will not be able to train and recruit 'home grown talent' as quickly as needed. Since the system will not be able to hire UK based talent and are reliant on non-UK workers, this would increase recruitment expenses. It was noted that the system will be as 'low touch and low cost to employers as possible', but more detail is required as to the funding structures which will be in place.

As a sector we are concerned that the two main worker routes, skilled and temporary, could exacerbate existing recruitment and retention issues and would thus impact on the services the sector would be able to deliver. As part of the Cavendish Coalition we have made several written submissions to the [Health and Social Care Committee](#) and the [Home Affairs Select Committee](#).

If the proposals contained within the Immigration White Paper progress without adjustment then employers in all parts of the sector, across the UK, would be unable to recruit and retain skills and labour from outside the UK against a backdrop of 100,000 vacancies, growing demand and UK Government commitments to use international recruitment to supplement domestic efforts to bridge the workforce gaps.

Skilled worker route

The removal of the number of people entering the country (visa cap) is welcomed, as is the expansion of healthcare positions on the current SOL. However even with certain professions included on the existing SOL, 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 in effect match the predicted turnover, which is unlikely to happen in the near future despite internal education and recruitment efforts such as Train.Work.Live. 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. There is concern that there is no mention of the Shortage Occupation List (SOL), even though a recent review by the MAC concluded that there should be a separate SOL for Wales. The removal of immigration caps, coupled with other policies to attract people to publicly valued professionals including social care workforce or allied health professionals, is needed.

The abolition of the resident labour market test is also welcomed, as it will enable the healthcare sector 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.

Impacts of the proposed salary threshold

The MAC recently recommended maintaining the current salary threshold of £30,000 p.a. of 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; many roles within the healthcare sector at an RQF 3 level would not be able to meet the £30,000 threshold. This may lead to less people coming Wales, as 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](#). This could reduce the pool for the available workforce, which is already under strain, and could lead to increased competition not just within the health and social care sector

but across others such as retail. Having a single salary threshold 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 which would generally pay a higher salary.

Within NHS Wales Band 5 is the lowest banding, on which new entrants into Nursing, Allied Health Professionals, Health Sciences and Administrative professions can be appointed into in the NHS. These posts range in salary from £24,214 - £30,112 according to the [Agenda for Change \(AfC\)](#) pay scale. All new entrants are required to commence on the bottom of the pay band and work up through earning annual pay increments. New entrance to the NHS recruited from overseas can request incremental credit, in recognition of previous reckonable experience gained outside of the NHS which may enable them to be appointed on a higher Band 5 pay point. However, according to the National Terms and Conditions of Service no newly recruited employee can be appointed to the top pay point (£30,122). Therefore, if the salary threshold for Tier 2 remains at £30,000 this would have a negative impact on NHS employers being able to recruit migrants from outside of the UK into Band 5 professional posts.

It is acknowledged that the White Paper refers to some flexibility in terms of skill level and salary threshold that will be accepted, however there is a lack of detail on how this will be determined (i.e. regional, sectoral or individual basis). The 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^{xiii} EU nationals who work in the Welsh NHS (which represents approx. 2%) and about 53%^{xiv} of these posts would not meet the £30,000 threshold. 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, 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 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%), 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 potential impact of the proposed minimum qualifications

While the impact of the proposed minimum level of qualifications affects the NHS and the third sector to a lesser degree, the requirement could have result in acute challenges for social care which will have knock on implications for the NHS. Many essential roles within the healthcare sector would not be able to meet the RQF 3 criteria, and therefore under the proposed policies would not be able to be sponsored by an employer. The formal academic qualification requirements for roles in the sector range from none to masters.

Within NHS Wales, Band 3 and above roles usually require at least RQF 3 level qualifications (or similar experience) which will generally apply to non-clinical roles, with roles such as theatre support workers and other non-clinical support roles often requiring RQF 2 or no formal qualifications. This demonstrates a gap of roles that would meet the qualification criteria but fall short of the salary threshold; the median salary for the current assignments for staff in post on Band 3 is £18,813 and Band 4 is £21,819. This includes many [essential roles](#) such as assistant practitioners, pharmacy technicians, operating department practitioners (ODP), podiatrists, learning disability nurses, therapeutic radiographers, and practice managers.

In Wales, planning for registration of the adult social care workforce is based on a level 2 qualification. The implication within the Immigration 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 especially social care is publicly funded – given the current pressures on public finances raising salary levels to the degree required is not feasible.

Annex B: Economic Appraisal of the Immigration White Paper identifies many health and care posts that would be the most vulnerable sectors based on their High Wage/Contribution to public services, Potential Difficulty of Adjustment and/or Large Absolute and Proportional EEA Employment Growth. These positions include: Health and Social Services Managers, Health and Therapy Professionals, Health and Care Managers, and Nurses and Midwives which are deemed to be the most vulnerable. Carers are a 'low-skilled' occupation (requiring less than RQF 3 level qualification) which will also be most vulnerable and impacted by all three factors. The report notes that only a third of people working in medium-skilled occupations are earning over £30,000, which suggests the ability for employers looking to hire medium-skilled non-EEA migrants may be limited unless employers alter behaviour.

Sponsorship

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 proposed system will not make employers worse off by requiring them to sponsor both EU/EEA and non-EU/EEA nationals. We are concerned that the Immigration Skills Charge (ISC) levied on employers may deter organisations

from hiring migrant workers, as this would place an additional cost burden and pressure on employers, and the Immigration Health Surcharge (IHS) (currently set at £400 per year for non-EEA nationals working in the country for longer than six months) may deter EEA nationals from applying to work in the UK. If the employer decided to pick up this cost on the employee's behalf, to incentivise them to accept the post, this would be an added cost burden and pressure. If this same cost were to be applied to all migrants, the cost of employing an international would increase dramatically and would be a barrier or penalty for employing existing and future international staff. Other adjustments will also need to be made i.e. accepting a broader range of payment options. The current method only allows for credit card payments, meaning that credit limits have to be increased on a regular basis which causes delays to recruitment.

Temporary worker route

The White Paper suggests the temporary worker route addresses the needs of sectors that have become dependent on 'lower skilled workers' using free movement over the last 40 years, such as social care. The healthcare sector would largely use this route for non-clinical roles, for example administrative, estates and ancillary positions etc.; however, this route might also be used for those clinical positions unable to fulfil the requirements of the skilled route i.e. a registered nurse or midwife or other specialist positions previously identified unable to meet the £30,000 salary threshold. However, this route does not address the recruitment needs of social care employers. This in turn will have a knock on impact on NHS services.

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'. For example, it takes a several years to become a fully qualified nurse and fill the requirements of a skilled worker. Furthermore, proposals such as no recourse to public funds and not being able to switch in country to the skilled worker route would not attract people to those occupations which are in the highest demand. Even if EU/EEA national were to train and receive RQF3 level qualifications to be able to apply for the skilled worker route, this means the employee would have to change jobs to one that meets the skilled worker route requirements; this would present as a risk to those jobs which will never meet RQF3 level qualifications that 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).

The route itself being subject 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 that this route addresses their current and future needs. It is important to emphasise 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.

We support the idea that the temporary route should be longer (for example 2 years) to allow for a longer continuity of care and more time to 'train up' staff, and would like to see the ability for employees to switch routes in country if they qualify.

Other

Mobility. While the expansion of “GATS Mode 4” commitments could benefit us 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 to note that these also need to be usable and accessible for any vulnerable EU/EEA person who wishes to enter the UK.

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.

Conclusions

Wales is different than England in terms of geography and demographic make-up. We have a higher proportion of rural and remote communities, with large numbers of the population congregated in the south. This impacts the ability for all sectors, include health and care, to recruit into more rural and isolated areas which have greater issues with recruitment and retention. Overall, the healthcare system in Wales is deeply concerned that some of the proposals of the Immigration White Paper, in their current form, will bring about significant challenges for our sector in Wales. The UK’s future immigration system should be one focused 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, and accept that regional and sectorial differences across the UK will mean a one-size-fits-all immigration system may not be appropriate or fit for purpose.

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

ⁱⁱ Health Education and Improvement Wales (July 2019). Health & Social Care Workforce Strategy.

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

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

^v Nuffield Trust, June 2014. A Decade of Austerity in Wales?

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

^{vii} Brexit and the Health and Social Care Workforce in the UK (November 2018). National Institute of Economic and Social Research.

^{viii} NHS Wales Workforce. (April 2018). Retaining our staff – a key to success in difficult times.

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

^x Zolle, N. (2016) Impact of Brexit on Public Services in Wales. Cardiff: Wales Public Services 2025.

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

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

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

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