UK’s future immigration system: priorities for social care and health

This reference document provides the Cavendish Coalition position on what the social care and health sector needs from a future immigration system.

It is designed to aid Coalition members’ discussions with Home Office colleagues, media engagement, influencing activity and the production of materials as the future immigration system develops.

Key issues and principles

- Social care and health are integral to communities across the UK and the unique nature of the services provided requires continuity of provision and care.

- Demand for both sectors is rising. Projected growth of the population aged 75 and over highlights that by 2035, the number of adult social care jobs in England could rise by 800,000\(^1\). This cannot be met by the UK labour market alone.

- Adult social care currently carries 122,000 vacancies\(^2\) and the NHS in England has the highest public sector vacancy rate of over 107,000\(^3\). There were just over 96,000 vacancies in NHS trusts between January and March 2019, equating to 8.1 per cent of the workforce\(^4\). Around 9,000 of these were for doctors and 39,000 for nurses\(^5\). Adult social care in England currently carries a national average of 7.8 per cent vacancy rate, increasing to 9 per cent in London.

- We need less focus on arbitrary salary caps and increased focus on the range of skills needed to fill our labour shortages. The public value of frontline social care and health roles cannot be underestimated.

- A range of social care and health workers, including frontline social care workers, nurses, radiographers and physiotherapists, don’t earn enough to meet the £30,000 salary threshold within the current immigration system. Many other job roles do not meet either the salary or qualification thresholds for non-EEA recruitment.

- For adult social care, with estimated average earnings ranging between £16,400 and £18,400\(^6\) across the four countries, high salary recruitment criteria pose the biggest risk for service delivery and must be reconsidered for the future system.

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\(^1\) Skills for Care, The state of the adult social care sector and workforce in England
\(^2\) Skills for Care, The state of the adult social care sector and workforce in England
\(^3\) NHS Digital, NHS vacancy statistics England (to June 2019)
\(^4\) NHS Improvement, Performance of the NHS provider sector Q4 2019
\(^5\) NHS Improvement, Performance of the NHS provider sector Q4 2019
\(^6\) Skills for Care, The economic value of the adult social care sector in the UK (individual country reports)
The 12-month visa route in the white paper is not viable for individuals or employers who need to provide stability and continuity of care to citizens. It could work if a longer period was allowed of no less than three years.

We need a system that is administratively light, easy to use and agile to adapt to change, which facilitates the recruitment and retention of overseas workers across labour shortages and adheres to principles of ethical international recruitment.

Our policy asks of a new system

Brexit provides an opportunity to re-set the UK’s approach to immigration. The focus on an Australian style points-based system offers scope to improve how we approach inward migration that can support employers and our economy. To enable agile overseas recruitment into social care and health, we suggest the future immigration system:

- Awards individuals’ points using a range of categories.
- Has a labour shortage list that includes all occupations in shortage and prioritises those of high public value, such as frontline social care workers and healthcare workers.
- Awards extra points for certain categories, such as roles on the labour shortage list or those attached to a job offer.
- Avoids any undercutting of the resident labour market wages by requiring the going rate of pay to be offered for the job role. In the NHS, the going rate would be aligned with the nationally agreed NHS pay scales. For social care, there are no agreed national scales (except for those directly employed by local government), and the going rate is determined locally, according to the earning expectations of the local labour market.
- Offers a minimum three-year visa for applicants coming to the UK to work.
- Retains the positive and progressive elements of the current immigration system and white paper proposals. For example, the removal of the Tier 2 visa immigration cap in 2018, which has facilitated increased medical supply, and the future removal of the resident labour market test, which will reduce the administrative burden for employers.
- Ensures the right level of Home Office capacity to deliver the new system. We would not want to replicate the delays of up to 12 months to obtain a visa as experienced in Australia.

7 Examples of healthcare support roles in the NHS include healthcare assistants, maternity support worker, radiography assistant and podiatry assistant. For social care, roles include homecare worker, care assistant (in residential care settings) and personal assistant. Please note this list is not exhaustive.
Timescales

The new immigration system is due to be operational from January 2021. Timescales for delivery are ambitious and it will be important for the Home Office to extend these if they become unachievable, particularly considering the volume of employers who are currently not using the sponsor licensing system for non-EEA national recruitment.

We therefore seek an implementation timetable as soon as possible, detailing when employers can expect new immigration rules, guidance and technology enhancements to be in place.

Supporting information

Supply challenges and strategy

- Workforce supply continues to be a major concern across social care and health and neither system can be considered in isolation when considering citizen/patient centred services.

- Demand for services continues to rise in line with the UK’s growing and ageing population, many of whom have complex health and care needs.

- There is increasing evidence of the scale of unmet need experienced in the current social care system, at around 1.5 million people. The future migration system would need to be able to respond to any change in eligibility criteria that result from changes in government policy.

- The social care sector relies on overseas nationals to meet workforce supply needs. However, it’s important to note that many are already in the UK when recruited. Active overseas recruitment of adult social care workers has been relatively small-scale and predominantly undertaken by large national employers, rather than the many small and medium enterprises that characterise much of the social care provider market. 85 per cent of adult social care employers employ fewer than 50 people.

- International recruitment is a feature for employers in the Interim NHS People Plan for England, and is replicated within the devolved administrations and the wider health sector. It remains a viable and necessary supply approach for the UK’s health sector in the short to medium term.

- Action continues at a national and local level to address workforce shortages, which includes domestic supply strategies. However, these don’t provide quick workforce solutions, particularly when the unemployment rate in the UK economy is below 4 per cent.

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8 Age UK, press article November 2019
9 NHS Improvement, Interim NHS People Plan
Workforce and overseas contribution

- The adult social care workforce in England consists of 1.62 million jobs\(^{10}\) and contributes £40.5 billion to the English economy\(^{11}\). Over 1.2 million of these jobs (76 per cent) are direct care roles, which include job titles such as senior care workers, care workers, community support and outreach workers.

- Adult social care in England has seen increases in the numbers of non-British EU national staff, from 90,000 in 2016 to 115,000 in 2019\(^{12}\).

- Most of the 115,000 non-British EU and EEA nationals in adult social care in England are frontline care workers who would be ineligible for the current Tier 2 immigration arrangements. These and potential new recruits would fail to meet both the proposed salary threshold and the level 3 qualification criteria.

- International recruits are crucial to the delivery of healthcare. Non-British EU and EEA nationals make up 5.5 per cent (65,000) of NHS staff in England, 9.5 per cent of hospital doctors, and 6.4 per cent of nurses\(^{13}\). EU nationals make up 17 per cent of UK dentists and deliver 22 per cent of NHS dentistry, rising to 30 per cent in socially deprived areas\(^{14}\).

- Without the salary exemption afforded in the current system to nurses, paramedics and radiographers, the sector would not have been able to recruit the 5,000 non-EEA trained nurses it did last year.

- In addition to social care and health staff providing direct services, medical researchers engage in vital work developing and testing innovative treatments to benefit patients. Research is a global enterprise and a high proportion of researchers are from the EEA and further afield. It is vital that the future immigration system recognises the need to continue to attract the highest calibre of healthcare researchers, who will be highly qualified but not necessarily highly paid or in a shortage occupation.

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\(^{10}\) Skills for Care, The state of the adult social care sector and workforce in England
\(^{11}\) ICF, The economic value of the adult social care sector England
\(^{12}\) Skills for Care, The state of the adult social care sector and workforce in England
\(^{13}\) House of Commons Library, NHS staff from overseas: statistics
\(^{14}\) British Dental Association
Outcome and impact if the future immigration system is not fit for purpose

- Ensuring the future immigration system facilitates overseas recruitment and retention from January 2021 is imperative for the social care and health sectors with the level of vacancies and projected growth. Without exemptions within the current system, the NHS in England wouldn’t have been able to recruit the 5,000 non-EEA nurses it did last year.

- If social care and health are unable to recruit from overseas post-Brexit, the sectors will not be able to meet the required growth in workforce demand nor integrate effectively as a system, which could have significant implications for patient care and safety.

- The Tier 2 visa issue from November 2017 to June 2018 provides an indication of the potential impact on patient services when vacancies cannot be filled. During this time, the NHS couldn’t recruit to doctor vacancies in the absence of available visas and hospitals had to start reducing activity, which included reducing or moving theatre lists and clinics.

- We are also mindful of the competitive global healthcare market in which the UK is operating. It will be important for social care and health to be able to attract, recruit and retain individuals from overseas in a way that is responsive to need as well in adherence to any codes of ethical practice in place.

- Healthcare research is a competitive global market and the UK is currently a world leader in research and innovation in areas such as life sciences and genomics. Inability to attract cutting-edge researchers from outside the UK risks losing this expertise, not only to the rest of Europe but also (for example) to the USA and China, with long-lasting consequences.

Cavendish Coalition
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