

To the Secretaries of State for the Home Office, Exiting the European Union and Health
cc. First Minister of Scotland, First Minister of Wales and the Northern Ireland Secretary

7 August 2017

Dear Secretaries of State,

Prior to the general election, we wrote to you on behalf of the Cavendish Coalition to offer our support in developing a future immigration system that supplements our sectoral domestic recruitment work and ensures that the health and social care system has the workforce needed to deliver high quality, sustainable services.

As you may know, the Cavendish Coalition brings together 36 health and social care organisations working across the UK to make certain that the health and social care system is able to retain and continue attracting the staff it needs - domestically, from Europe and globally - following the UK's withdrawal from the European Union. At the time of sending our original letter, we set out that we would welcome the opportunity to meet with you as part of the engagement process as the government consults on the future immigration system applicable to EEA nationals. With the election now concluded and a UK government white paper on immigration to be published later this year, we very much hope that you will agree to do so.

There are a number of unique factors which relate to the social care and health workforce, which are set out in the enclosed policy statement. From our perspective, these factors shape the four priority issues that the UK government must address during the negotiating period:

Permanent leave to remain for EEA nationals in the health and social care sector. The UK government's position paper setting out its intention to offer EU citizens the right to apply for UK settled status represents a positive step towards assuring the future prospects of 165,000 health and social care workers from the EEA. We are calling on the UK government to quickly confirm the right to permanent residence of all people from the EEA working in social care and health across the UK at the earliest possible stage in the Brexit negotiations. Continued uncertainty in the absence of such an agreement on this issue could have unintended consequences for the social care and health system.

We support proposals for a simple, streamlined and affordable process for EEA nationals seeking to remain in the UK and highlight the need for the final agreed process not to create additional administrative burden on employers.

Sufficient transitional arrangements for EEA nationals leave to remain. We have indicated that in the short to medium term it is not feasible to meet current health and social care sector staffing needs through either additional domestic recruitment or training activity alone. Due to the complexity of the immigration process for non-EEA nationals, and the use of salary as a proxy for value, the staffing needs of the social care and health sector through non-EEA

recruitment is similarly unfeasible from our perspective. We are urging any 'cut-off' date at which EEA nationals resident in the UK would be eligible to apply for permanent leave to remain to be as late as is practicable in the period up to the UK's formal withdrawal from the EU, and ideally no earlier than exit day. For the stability of workforce supply, there should also be sufficient advance notice of any 'cut off' date to enable health and social care employers and candidates to make preparations and informed choices.

An immigration system which supports health and social care provision: Efforts to increase domestic workforce supply are vitally important and Cavendish Coalition members are committed to increasing local opportunities for UK citizens to train and work in the health and social care sectors. Increasing domestic supply will, however, take time. Both during the negotiating period and in the years after the UK leaves the EU, providing high quality and sustainable health and social care services will depend on workers from within and outside the EEA.

We regard withdrawing from the EU as providing an opportunity for the UK to establish new systems for managing labour migration in support of the Prime Minister's commitment to make the UK a magnet for global talent. We see it as vital that such systems recognise the contribution the health and social care sector provides to the UK economy and its population, with public service value used as a key element of value as opposed to just salary.

Coalition members have sector insight and expertise to offer and are keen to support your departments to safeguard the supply of health and social care workers, now and in the future. Furthermore, the Cavendish Coalition is imminently due to commission some independent economic analysis to underpin our work. Our intention is that this will provide an evidence base and identify scenarios and options which could help in shaping future policy decisions. We would be very pleased to discuss this in more detail with you and we look forward to working with your teams in the months ahead. Please do contact matthew.macnair-smith@nhsconfed.org to arrange a meeting at a time that is convenient.

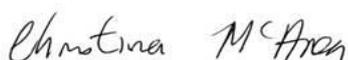
Yours sincerely,

Cavendish Coalition co-conveners:

Nadra Ahmed OBE

Christine McAnea

Daniel Mortimer



National Care Association

UNISON

NHS Employers

Cavendish Coalition members

The Cavendish Coalition is made up of 36 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, President Elect

Association of Independent Healthcare Organisations, Fiona Booth, Chief Executive

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 Dental Association, Peter Ward, Chief Executive

British Medical Association, Dr Mark Porter, Council Chair

Care England, Professor Martin Green OBE, Chief Executive

Care Forum Wales, Mario Kreft, Chair

Care and Support Alliance, Vicky McDermott, Chair

Chartered Society of Physiotherapy, Karen Middleton CBE, Chief Executive

Council of Deans of Health, Katerina Kolyva, Executive Director

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

National Care Forum, Vic Rayner, Executive Director

New NHS Alliance, Merron Simpson, Chief Executive

NHS Clinical Commissioners, Julie Wood, Chief Executive

NHS Confederation, Niall Dickson, 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

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

Skills for Health, John Rogers, Chief Executive

The Company's Chemists' Association, Nanette Kerr, Chief Executive

The Royal College of Midwives, Professor Cathy Warwick CBE, Chief Executive

The Welsh NHS Confederation, Vanessa Young, Director

UNISON, Christina McAnea, Assistant General Secretary

United Kingdom Homecare Association, Bridget Warr CBE, Chief Executive

Voluntary Organisations Disability Group, Professor Rhidian Hughes, Chief Executive