To the First Minister of Scotland

Via email

29 March 2017

Dear First Minister

We are writing to you today to set out the role that the Cavendish Coalition is in place to play now that the Prime Minister has triggered Article 50.

The Cavendish Coalition brings together 34 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. Following the triggering of Article 50 today, in addition to this letter, we have also formally written to the Secretaries of State for the Home Department, Exiting the European Union and Health indicating that we are in place 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.

The Cavendish Coalition covers health and social care across the UK and is seeking to contribute and influence the measures which the UK government will be putting in place as the process for leaving the European Union progresses. One such aspect will be ensuring that the requirements of the Health and Social Care sector are appropriately recognised in the consultation process around the forthcoming immigration white paper this summer.

Specifically, 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 three priority issues that the UK government must address during the negotiating period and these have been set out in the letters to the UK Secretaries of State. These are:

**Permanent leave to remain for EEA nationals in the health and social care sector:** A significant proportion of the UK health and social care workforce are drawn from the EEA and in some health and social care organisations, over 20% of the workforce are EEA nationals. To provide certainty for individuals and employers providing services to our people and communities, we are calling on the Government to quickly confirm the right to permanent residence of all people from the EEA working in social care and health care across the UK. We have also highlighted the need for a streamlined and inexpensive process for claiming leave to remain which does not 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, meeting social care and health staffing needs through non-EEA recruitment is similarly unfeasible from our perspective. In order to ensure a stable pipeline of staff, 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 late as practicable. 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 the Cavendish Coalition is 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. We see it as vital that such systems recognise the contribution the health and social care sector makes to the UK economy and its population, with public service value used as a key assessment of ‘skill’ as opposed to 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. Accordingly we look forward to working with your teams in the months ahead to ensure the specific interests of Scotland are appropriately reflected in the work of the coalition.

Yours sincerely

Daniel Mortimer
Chief Executive
NHS Employers

Christina McAnea
National Secretary, Healthcare UNISON

Nadra Ahmed OBE
Chairman
National Care Association

Appendix: Cavendish Coalition members

Enclosed: Cavendish Coalition policy statement
Cavendish Coalition members

The Cavendish Coalition is made up of 34 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
- 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, 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
- 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
- Sheldford Group, Sir Michael Deegan, Chair
- Skills for Care, Sharon Allen, Chief Executive
- 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