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UK migration policy and the Welsh NHS and social care workforce

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- This report analyses the likely impacts of the proposed new immigration rules on the Welsh NHS and social care workforce.
- The UK Government has proposed a new, points-based immigration system to come into effect once the European Union (EU) Transition Period ends on the 31 December 2020. The main effect of the new system will be to create equal status for EU and non-EU immigrants, and to end the free movement of labour to and from the EU.
- To acquire a Skilled Worker visa the new rules require all non-UK migrants to have an appropriately skilled job, usually paying at least £25,600 a year.
- A new Health and Care Visa (HCV) has been proposed, which means that for certain occupations the salary threshold will be set at the appropriate NHS pay scale – in other words, for such roles the NHS can hire non-UK workers without meeting the general salary threshold.
- Our analysis finds that most non-UK nationals currently working in NHS Wales would qualify for a Skilled Worker and/or Health and Care Visa under the proposed rules. However, some EU nationals would be ineligible, and it suggests a small but not insignificant impact on future recruitment is likely.
- The implications for social care are more severe. Fewer roles will qualify for the HCV or Skilled Worker visa, and the greater turnover of staff in the sector presents particular challenges; with likely knock-on impacts for the NHS.
- Many essential social care roles have been excluded from the HCV and the Shortage Occupation List because they have been labelled ‘low skilled’. These roles are essential to service provision and should not be forgotten when considering the new rules and their coverage.
- The Welsh NHS appears well placed to support future migrant workers through the new system, with good relations and shared views across NHS Wales organisations in terms of support for migrant workers and seamless systems.
- This system has coped well during the implementation of the EU Settled Status Scheme and it is crucial that it copes well during the EU transition.
- To facilitate future recruitment, the priority should be to expand eligibility of the HCV to include occupations that are of importance within the social care sector; or failing that, to broaden Shortage Occupational Lists

Introduction

The UK Government has proposed a new, points-based immigration system to come into effect once the European Union (EU) Transition Period ends. The main effect of the new system will be to create equal status for EU and non-EU immigrants, and to end the free movement of labour to and from the European Union. While provisions have been introduced to exempt certain NHS and social care staff, this change in immigration policy will have an impact on the health and social care workforce in Wales, which has staff from across the UK, European Union and the rest of the world.

As part of the EU Transition Support Fund Grant received from the Welsh Government, the Welsh NHS Confederation commissioned the Wales Centre for Public Policy to analyse the likely effects on the health and social care workforce, which staff groups might be most affected, and the implications for the long-term workforce strategy for health and social care, including future retention and recruitment. This report uses existing Welsh NHS workforce data from Health Boards, Trusts and other national bodies and published documents and interviews with stakeholders to analyse the likely impacts. While the implications for social care are discussed, social care workforce data is not readily available, in part due to the number of care providers across Wales. Primary care staff data was also currently not available but there are plans to address this.

The report finds that the likely impacts of the new rules on the Welsh NHS will be small. The challenge will be for the system to provide support for new migrant workers to navigate the bureaucratic challenges involved. However, there are likely to be greater vulnerabilities within the social care workforce, and this will have consequences for the integrated health and social care system if not addressed, including increased demand on primary, community and acute NHS services.

Context and existing research

As a consequence of the UK leaving the EU, free movement rules concerns EU migrants will end. While the end of free movement for people will need to come into force through the Immigration and Social Security Co-ordination (EU Withdrawal) Bill, the new immigration system to replace freedom of movement will come into force through the Immigration Rules.

The legislation and rules governing immigration are reserved to the UK Parliament. As a member of the European Union, there were very few restrictions on EU nationals moving to the UK for work. In contrast, non-EU citizens must apply to work in the UK, generally through a Tier 2 visa. Eligibility for this working visa depends on the skills involved in the role (as

determined by the level of qualification necessary to successfully apply for the role), whether the job is listed as a shortage occupation, and the salary involved. There are many exceptions to this, such as those with refugee status, some international students and family members of UK and EU citizens.

In November 2018, the UK Government proposed to replace this system with one that was 'skills-based' and that treated potential migrants from the EU and outside the EU on the same basis, with a modified and simplified version of the current Tier 2 system (with the exception of Irish nationals, who will continue to have the unfettered right to live and work in the UK). Under the Future Skills Based Immigration System White Paper (Immigration White Paper), published in December 2018, a key requirement would be a job paying £30,000 per annum (in line with the current immigration salary threshold for non-EU nationals), with a minimum skill level of RQF3 (roughly A-level equivalent).

The Wales Centre for Public Policy published an assessment of the Immigration White Paper proposals at the time which found that:

- Depending on the detail after consultation, the impacts of these proposals would be to very substantially reduce low-paid EU migration to the UK; to reduce middle and higher-paid EU migration, but not by as much, and to somewhat increase non-EU migration.
- The changes would not just impact "low-skilled" workers and their employers; those with intermediate skills, particularly in manufacturing, would also be affected, as would the social care sector. The impact on the education and health sectors would depend both on how the new system operated for skilled workers and the broader attractiveness of the UK as a destination.
- The priority for Welsh Government and business should be to secure a salary threshold well below £30,000, which would slightly mitigate the impacts, and for which there was broad support, as well as ensuring that the new system would be as flexible and user-friendly as possible (Portes, 2019).

The UK Government's 2018 proposals were widely criticised; in particular, the £30,000 salary threshold (which couldn't be pro-rated to account for part-time employment) was generally seen as too high and likely to result in significant pressures in a number of sectors, including health and social care. If the current exemption for non-EU nationals, which lowers the salary thresholds for some NHS roles, were not in place vast numbers of prospective migrant health and social care workers would have been ineligible. There were also particular concerns about social care workers, and the changes would have especially impacted women due to a higher proportion working on a part-time basis (Morris et al., 2020, Buchan and Shambevnekar, 2020, Dixon, 2020 and Holmes et al., 2019).

The UK Government subsequently reconsidered aspects of the proposals based on a review of the salary threshold by the Migration Advisory Committee, and published further and more detailed proposals in February and July 2020. While the basic principles of the new system remain as above, there are a number of key modifications:

- The salary threshold for the new Skilled Worker visa (replacing "Tier 2" visas) has been reduced to £25,600 or the "going rate" for the job (whichever is higher); this means a significantly greater proportion of jobs are potentially open to non-UK applicants, but will still not be pro-rated to account for part-time employment
- A new Health and Care Visa (HCV) has been introduced, which means that for certain occupations the salary threshold will be set at the appropriate NHS pay scale – in other words, for such roles the NHS can hire non-UK workers because all roles are paid according to Agenda for Change[1] pay scales. The HCV covers many but not all roles within the NHS and has been criticised for not including social care worker roles. The occupations covered by the HCV (as at July 2020) are:

    - Biological scientists and biochemists
    - Physical Scientists
    - Medical Practitioners
    - Psychologists
    - Pharmacists
    - Ophthalmic Opticians
    - Dental practitioners
    - Medical Radiographers
    - Podiatrists
    - Health Professionals not elsewhere classified
    - Physiotherapists
    - Occupational Therapists
    - Speech and Language Therapists
    - Therapy professionals not elsewhere classified
    - Nurses
    - Midwives
    - Social Workers
    - Paramedics

- People coming under the HCV and their dependants will not have to pay the Immigration Health Surcharge, which as of October 2020 will increase to £624 per year for those who need to pay the fee. The cost of the visa to the worker is lower for the HCV than the Skilled Worker visa; costing £464 (or lower if for a shorter period of time), for the workers themselves and the same again for dependents.

[1] The main pay system for staff in the NHS, except doctors, dentists and senior managers. Abbreviated to AfC and also known as NHS Terms and Conditions of Service.

- Employers will have to pay an Immigration Skills Charge for each skilled migrant which is employed through the Skilled Worker visa or the HCV, at a cost of £1,000 for the first 12 months, plus £500 each additional six-month period.
- For the Skilled Worker visa, the £25,600 salary threshold is reduced in practice (via the "tradable points" element of the system) for several categories, most importantly for roles in shortage (and therefore on the Shortage Occupation List), those with a PhD to the role or in a STEM subject, trainees and new entrants to the labour market.
- For roles included on the Shortage Occupation List (SOL), the salary threshold would be reduced to no less than £20,480 or at least 80% of the "going rate", whichever is higher. Most NHS roles previously included within the SOL will now qualify for the HCV. However, essential social care roles are out of scope from the SOL.
- The 'temporary worker' route was removed, which would have enabled a 12-month working period followed by a 12-month 'cooling off period'. The original White Paper stressed that this route would have addressed 'low skilled' workers and vulnerable sectors that are more reliant on an EU workforce such as social care. The removal of this route means that there is no clear immigration route that could support social care.

What are the implications for the Welsh NHS? Although details are still scarce, the published proposals imply that they fall into three broad groups:

- **Those which fall within the HCV**. This seems likely to include all, or at least the vast majority, of posts within the following staff groups: medical and dental, nursing and midwifery, allied health professionals, and healthcare scientists. It may include some staff that fall within the professional scientific and technical group, but not all.
- **Those which do not fall within the HCV, but are paid at a level where they may qualify for an "ordinary" skilled worker visa**. Essentially, this corresponds to Band 5 or above on the NHS Wales pay scale Agenda for Change. This would apply for example to mid-level and senior staff in an administrative, managerial or IT role. People in these roles will need to pay the Immigration Health Surcharge, but staff can apply for a refund once in the UK.
- **Those which would not fall within either category**. This would apply to the vast majority of support staff (cleaners, porters and junior administrative staff), and perhaps to some more junior technical staff (for example, pharmacy technicians).

For each of the first two groups, it will be possible to recruit non-UK nationals, EU and non-EU, although the policy intention appears to be that it should be somewhat easier, and cheaper, to recruit via the HCV than via the standard skilled worker route. This means that compared with the existing system, it will be easier (and, for those qualifying for an HCV visa, cheaper) for non-EU nationals, but considerably harder (and more expensive) for EU

nationals (compared to the current free movement system). For the third group, it will only be possible to recruit non-UK citizens if they are already resident here via another route, such as the EU Settled Status Scheme; this represents no change for non-EU citizens, but it will particularly impact future recruitment of EU citizens. The turnover of this group in particular is therefore most important.

Migrant workers in the Welsh NHS

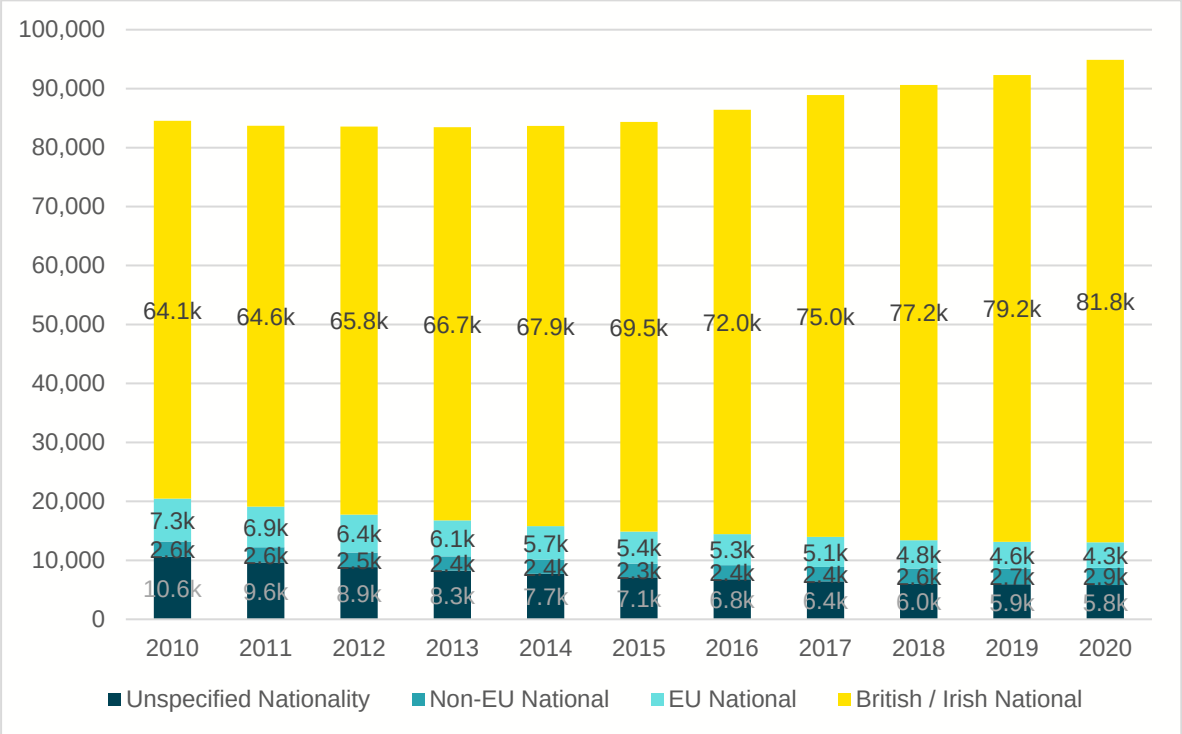
Supporting the recruitment and retention of the NHS Wales workforce continues to be a major challenge for the health and care system in Wales. Approximately 180,000 people are employed in health and social care roles in Wales, with over 98,000 working within the NHS in Wales as of June 2020. To support the delivery of more seamless models of health and care, following the publication of *A healthier Wales: long term plan for health and social care* in June 2018, the Welsh Government commissioned Health Education and Improvement Wales (HEIW) and Social Care Wales to develop a draft 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.

The draft strategy was published in December 2019 and is underpinned by seven key themes (HEIW, 2020). Of these, two directly cover recruitment and workforce supply. The first argues that health and social care in Wales should be established as a strong and recognisable brand and choice for the future workforce, and the second that there should be a sustainable workforce with sufficient numbers to meet the health and social care needs of the Welsh population. Within the strategy there is a recognition that there are "shortages in many occupations and professional groups in many services and settings" and there needs to be consideration of how to "market and promote the hundreds of roles… [available] at local, national or international level*"* (HEIW, 2020: 17).

However, the reliance of the Welsh NHS on non-UK nationals has fallen somewhat over the last decade (Figure 1).[2] In 2020, approximately 8% of staff with an identifiable nationality are non-British; those from the EU account for 5% of staff, and those from outside the EU 3% of staff. This is well below the proportions for the NHS in England, where a total of about 14% of staff are non-UK national, with a greater proportion from outside the EU (8.5% of the total, compared to 5.5% being EU nationals) (Baker, 2020).

[2] Note however that since migrants can acquire British nationality after a certain period in the UK, some of this fall may simply represent people reclassifying themselves as British; since the Brexit referendum, a significant number of EU nationals have applied for British citizenship.

Figure 1: Wales NHS workforce (by identifiable nationality)



In Wales, the proportion of non-UK nationals working within the NHS in Wales varies considerably between staff groups, but critically, as shown in Table 1 below more than a quarter of the doctors in 'medical and dental group' are from outside the UK. The most notable feature is the very high concentration of non-EU nationals in this staff group, at 22%. EU nationals are also overrepresented in this group, at 6%.

Both in England and Wales, overseas doctors account for about 26% of the total. However, there are some significant difference between nationalities (Global Future, 2018a). EU nationals account for 10% of doctors in England, when compared to 6% in the Welsh NHS – meaning that the Welsh NHS has a greater reliance on non-EU nationals when compared to NHS England. This warrants a closer look into the top countries of origin among these nationality groups from non-EU countries.

It is clear from Table 2 that Indian nationals are the largest overseas nationality group to be represented in the medical and dental group – with their numbers being steady across the ten-year period (2010-2020), although that does not mean there have not been new recruits in this group, since there will be some natural turnover. In addition, some of those who joined the NHS as Indian nationals will subsequently have acquired UK citizenship.

Table 1: Medical & Dental Staff Group by Nationality Group (numbers and percentage)

Unique Headcount.	Year										
Staff Group	**2010**	**2011**	**2012**	**2013**	**2014**	**2015**	**2016**	**2017**	**2018**	**2019**	**2020**
Medical and Dental											
British / Irish National	67.4%	68.1%	69.6%	70.2%	71.4%	72.0%	73.0%	73.9%	73.8%	73.3%	72.1%
Non-EU National	24.8%	23.9%	22.6%	21.6%	20.7%	20.1%	19.4%	19.0%	19.2%	19.9%	21.6%
EU National	7.8%	8.0%	7.8%	8.2%	7.9%	7.9%	7.6%	7.1%	7.0%	6.8%	6.3%

Unique Headcount.	Year										
Staff Group	**2010**	**2011**	**2012**	**2013**	**2014**	**2015**	**2016**	**2017**	**2018**	**2019**	**2020**
Medical and Dental											
British / Irish National	4022	4159	4344	4429	4586	4618	4826	5016	5172	5275	5378
Non-EU National	1481	1462	1411	1361	1329	1290	1282	1289	1345	1430	1608
EU National	466	488	486	515	509	508	505	484	492	487	470

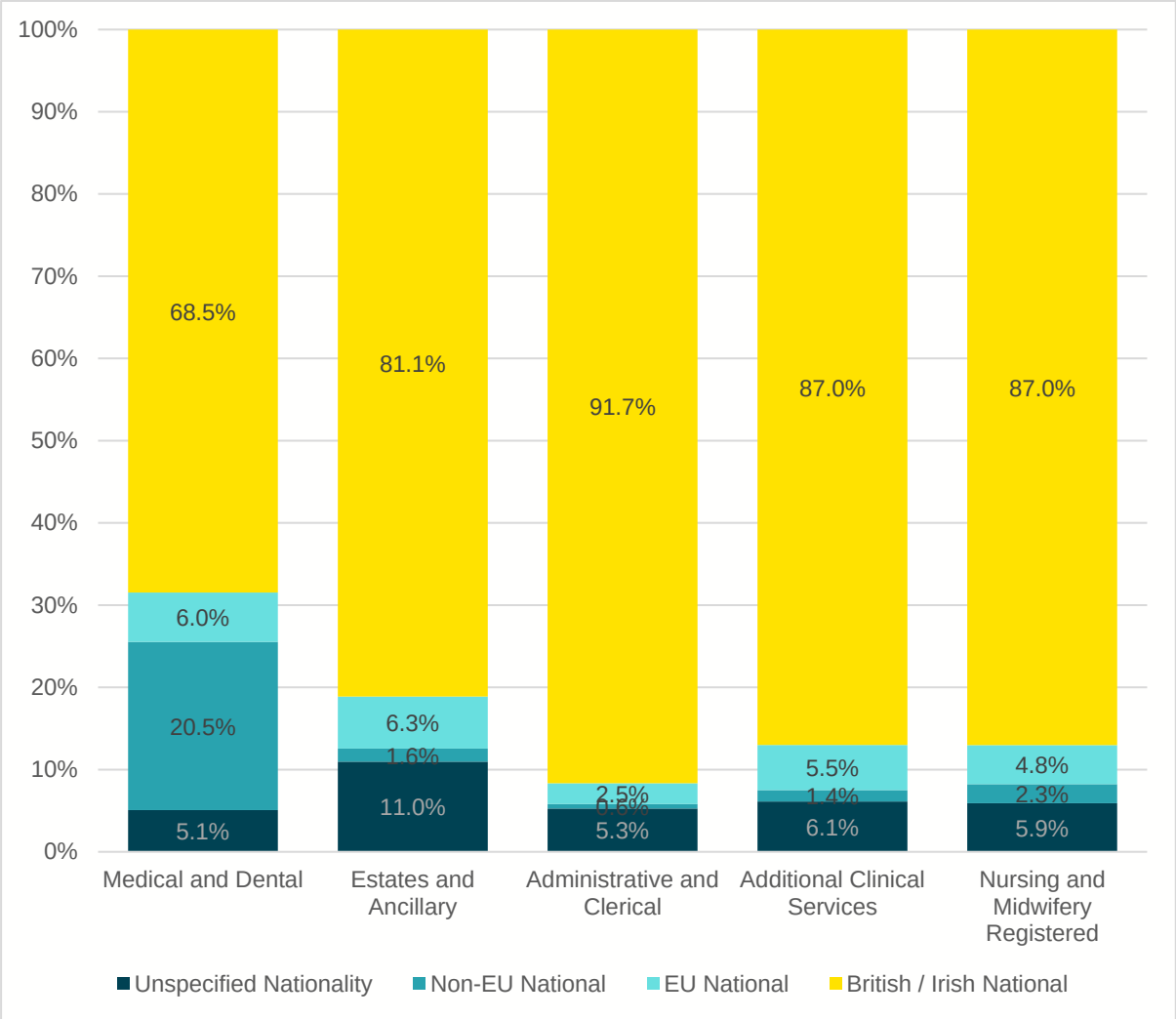
Table 2: Medical & Dental Workforce by top individual nationalities

Medical & Dental Staff by Country (>100 over 10 years)

Unique Headcount.	Year										
Nationality by Staff Group	**2010**	**2011**	**2012**	**2013**	**2014**	**2015**	**2016**	**2017**	**2018**	**2019**	**2020**
Medical and Dental											
British / Irish National											
British	3525	3746	3953	4058	4246	4295	4504	4683	4833	4920	4953
Irish	80	86	100	97	88	95	107	109	115	125	126
Welsh	28	20	20	20	19	18	19	35	53	60	120
Non-EU National (only those with over 50 in any given year shown)											
Indian	846	790	744	679	637	583	568	560	573	586	609
Pakistani	160	155	156	158	161	181	177	181	188	195	207
Malaysian	76	82	79	77	73	87	93	87	98	104	108
Egyptian	41	50	51	57	53	60	66	71	74	101	142
Sri Lankan	54	60	55	57	59	47	43	49	60	67	68
Nigerian	40	39	38	42	40	34	34	41	49	68	120
Nationality by Staff Group	**2010**	**2011**	**2012**	**2013**	**2014**	**2015**	**2016**	**2017**	**2018**	**2019**	**2020**
EU National (only those with over 50 in any given year shown)											
German	58	62	59	59	63	61	58	58	63	61	58
Greek	22	24	32	44	43	46	56	52	50	48	43

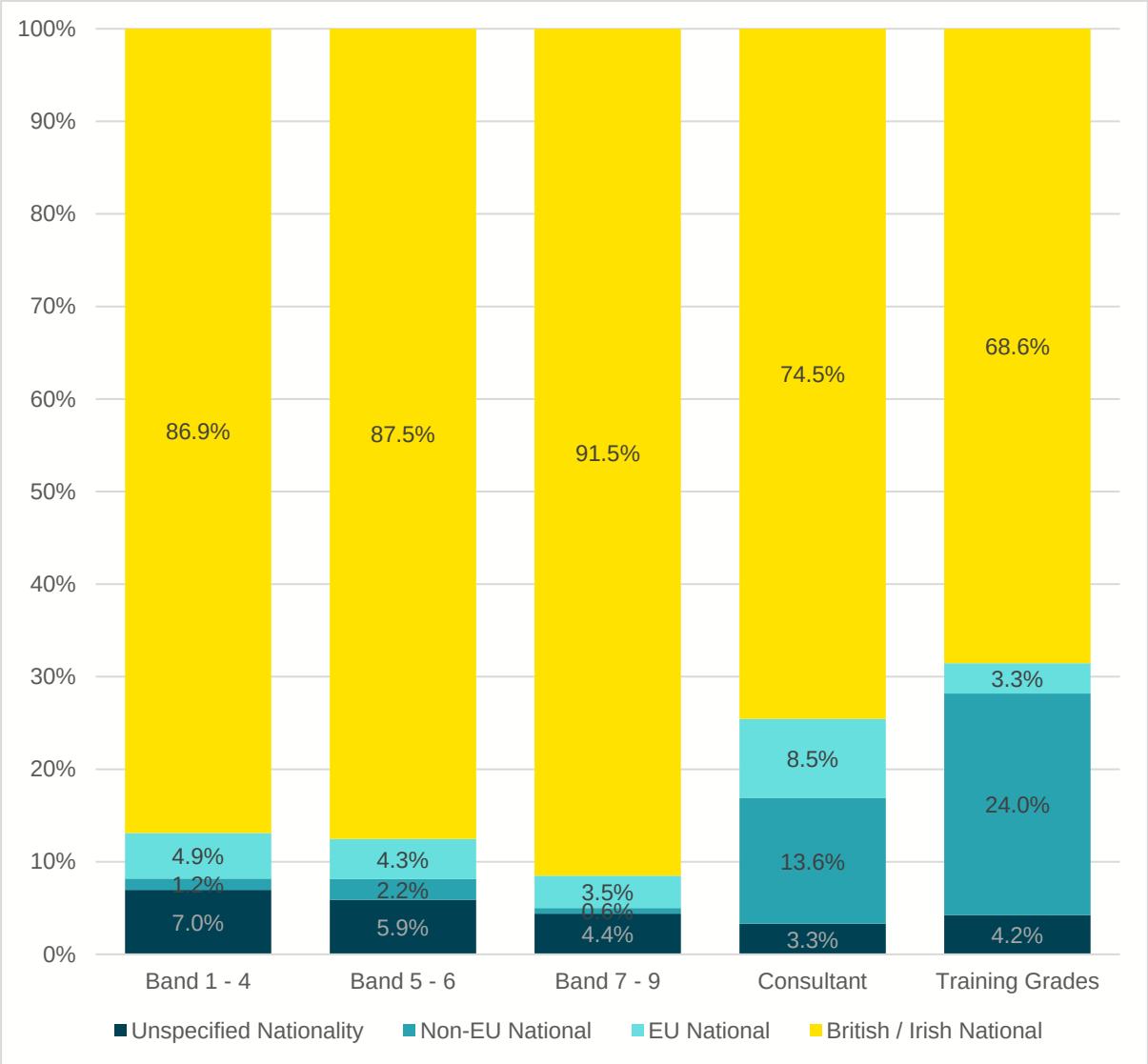
The distribution of overseas nationals employed across the various staff groups and staff bands also gives us crucial information. As highlighted in figure 2 below, NHS estates and ancillary services are the second staff group that shows a higher concentration than average on overseas staff (8%), who are mostly EU nationals (6.3%). These are the essential services that ensure the smooth running of every hospital and other health care establishments – all the more critical during the Coronavirus pandemic.

Figure 2: Top 5 staff groups by nationality



A closer look at the volume of staff across the grade bands (see Figure 3) also points to the predominance of overseas staff in certain roles, particularly within the medical and dental group. The below chart shows that a staggering 27% of training grade are filled by non-British/Irish nationals. It is also worth reiterating that these junior roles have been very important during the NHS response to the Coronavirus pandemic – especially with junior doctors fast tracked to help tackle the Coronavirus pandemic in several NHS Wales Health Boards and Trusts. At the most senior levels, 22% of consultant positions are filled by non-UK nationals.

Figure 3: Top 5 grade bands by nationality



If we look at new starters only (Tables 3 and 4 below), a slightly different picture emerges. Over the last few years, non-UK nationals have made up about 10% of new starters. It is notable that the number of EU nationals joining more than doubled between 2010 and 2016, but has halved again since, reflecting the impact of the EU referendum in June 2016.

Non-EU nationals follow an exactly opposite pattern, with numbers mostly falling between 2010 and 2016, and rising thereafter. The recent rise is likely to reflect substitution for EU nationals, as well as the recent liberalisation of the Tier 2 route, where the “cap” on numbers was removed for NHS workers. The implication of the changing workforce patterns is that there is a considerable degree of substitution between EU and non-EU nationals, even under the current system which treats them very differently; this has significant implications for future policy.

Table 3: Starters by nationalities (numbers)

	Year										
Nationality	**2010**	**2011**	**2012**	**2013**	**2014**	**2015**	**2016**	**2017**	**2018**	**2019**	**2020**
British / Irish National	4683	3963	4508	4286	4729	5651	6587	7324	7052	7043	7836
EU National	140	188	154	187	185	280	436	408	275	256	256
Non-EU National	445	382	349	299	335	307	377	413	464	474	701
Unspecified Nationality	433	206	244	206	209	195	341	306	231	528	448
Grand Total	**5701**	**4739**	**5255**	**4978**	**5458**	**6433**	**7741**	**8451**	**8022**	**8301**	**9241**

Table 4: Starters by nationalities (%)

	Year										
Nationality	**2010**	**2011**	**2012**	**2013**	**2014**	**2015**	**2016**	**2017**	**2018**	**2019**	**2020**
British / Irish National	82.1%	83.6%	85.8%	86.1%	86.6%	87.8%	85.1%	86.7%	87.9%	84.8%	84.8%
EU National	2.5%	4.0%	2.9%	3.8%	3.4%	4.4%	5.6%	4.8%	3.4%	3.1%	2.8%
Non-EU National	7.8%	8.1%	6.6%	6.0%	6.1%	4.8%	4.9%	4.9%	5.8%	5.7%	7.6%
Unspecified Nationality	7.6%	4.3%	4.6%	4.1%	3.8%	3.0%	4.4%	3.6%	2.9%	6.4%	4.8%

The new system and the workforce

In Tables 5 and 6 below, we show how the new immigration rules map onto the current NHS Wales workforce. The following points emerge:

- The vast majority of non-UK nationals currently working in NHS Wales would qualify for a Tier 2 and/or a HCV visa under the current rules. But there is a noticeable difference between EU and non-EU nationals with a substantially greater proportion of the former who would be ineligible. This is not surprising given that non-EU nationals face much stricter rules at present (those non-EU nationals currently working in NHS Wales who would not be eligible presumably entered the UK through other routes, such as the family route).
- The largest single group of current workers who would be ineligible under the current rules is EU nationals in the "additional clinical services" group. This would include, for example: ambulance drivers, dental surgery assistants, social care support workers, health care support workers / healthcare assistants, patient care assistants, emergency care assistants, and pharmacy assistants.

It is important, to note that those currently employed, regardless of whether they would, in principle, be eligible for a visa under the new system, will not be obligated to leave their jobs (or the UK). All EU nationals resident in the UK before 31 December 2020 are entitled to apply for Settled Status[3] (or pre-settled status) which gives them, effectively, indefinite leave to remain and work in the UK. The majority of EU citizens currently resident have applied (although, since we do not have precise figures on the numbers eligible, we cannot quantify this exactly). Approximately 60,000 EU nationals resident in Wales have applied so far (as of June 2020). The Coronavirus pandemic has meant that many in person resources, such as ID Document Scanner Locations and the EU Settled Status Scheme Resource Centre, were closed under lockdown restrictions. These restrictions have impacted the ability for some EU residents and their families to apply to the Scheme, with drastic reductions in applications when lockdown restrictions were enacted. Some of these restrictions are still in place and therefore limit the availability of technical support to those that need it. While the deadline to apply to the Scheme is 30 June 2021, the UK Government has faced criticism over the

[3] The UK Government introduced the EU Settlement Scheme ('EUSS') as a way to safeguard the rights of residence of EU nationals and their family members in the UK. The EUSS allows EU nationals and their family members to apply for 'settled' (indefinite leave to remain) or 'pre-settled' (limited leave to remain) status in order to remain in the UK beyond the end of the transition period (31 December 2020).

Scheme in areas such as lack of physical proof of residency and impact of the Coronavirus pandemic.

Table 5: HCV eligibility across all staff in number (2010-2020)

Unique Headcount.	Nationality Group										
Year	**2010**	**2011**	**2012**	**2013**	**2014**	**2015**	**2016**	**2017**	**2018**	**2019**	**2020**
Eligible	70238	70537	71422	72070	73005	74435	76868	79800	82041	83931	86697
British / Irish National	64073	64577	65818	66693	67875	69490	71978	74957	77218	79164	81827
EU National	3845	3678	3446	3291	3093	2966	2911	2830	2693	2547	2413
Non-EU National	2320	2282	2158	2086	2037	1979	1979	2013	2130	2220	2457
Not Eligible	3719	3527	3309	3140	2942	2803	2764	2683	2575	2447	2388
EU National	3429	3222	2991	2810	2610	2447	2356	2255	2114	2012	1930
Non-EU National	290	305	318	330	332	356	408	428	461	435	458
Unspecified Nationality	10582	9631	8853	8259	7725	7123	6798	6445	6016	5936	5804

Table 6: HCV eligibility across all staff % (2010-2020)

Unique Headcount.	Nationality Group										
Year	**2010**	**2011**	**2012**	**2013**	**2014**	**2015**	**2016**	**2017**	**2018**	**2019**	**2020**
Eligible	83.1%	84.3%	85.4%	86.3%	87.3%	88.2%	88.9%	89.7%	90.5%	90.9%	91.4%
British / Irish National	75.8%	77.2%	78.7%	79.9%	81.1%	82.4%	83.3%	84.3%	85.2%	85.8%	86.2%
EU National	4.5%	4.4%	4.1%	3.9%	3.7%	3.5%	3.4%	3.2%	3.0%	2.8%	2.5%
Non-EU National	2.7%	2.7%	2.6%	2.5%	2.4%	2.3%	2.3%	2.3%	2.4%	2.4%	2.6%
Not Eligible	4.4%	4.2%	4.0%	3.8%	3.5%	3.3%	3.2%	3.0%	2.8%	2.7%	2.5%
EU National	4.1%	3.8%	3.6%	3.4%	3.1%	2.9%	2.7%	2.5%	2.3%	2.2%	2.0%
Non-EU National	0.3%	0.4%	0.4%	0.4%	0.4%	0.4%	0.5%	0.5%	0.5%	0.5%	0.5%
Unspecified Nationality	12.5%	11.5%	10.6%	9.9%	9.2%	8.4%	7.9%	7.2%	6.6%	6.4%	6.1%

In order to assess the impact of the changes, we also look at new starters in the Welsh NHS workforce (see Tables 7 and 8). As noted above, recent years have seen a significant growth in the number of non-EU nationals as a proportion of new starters. Our data shows the vast majority of these would be eligible for an HCV or skilled worker visa; it also, in contrast to the data for the overall workforce, shows most EU nationals joining now would be eligible, with 1% falling in the “at-risk” group (EU nationals who would probably not qualify for a visa).

As discussed in the previous section, a closer look at the starters in 2020 informs us that the largest addition has been in medical and dental group – out of which the majority are non-UK nationals - most of whom will automatically qualify for the HCV visa.

We also analysed the geographical spread of EU nationals working across the Welsh NHS. While there is greater concentration of EU nationals in south Wales – in Cardiff and the Vale University Health Board (UHB), Cwm Taf Morgannwg UHB and Swansea Bay UHB in particular – further and more Health Board-specific research would be necessary to analyse the geographical impact across Wales. The key takeaway remains that the numbers of likely ineligible EU nationals is small.

Table 7: Starters by nationality and HCV eligibility (%)

	Year										
Eligibility/Nationality	**2010**	**2011**	**2012**	**2013**	**2014**	**2015**	**2016**	**2017**	**2018**	**2019**	**2020**
Eligible											
British / Irish National	82.1%	83.6%	85.8%	86.1%	86.6%	87.8%	85.1%	86.7%	87.9%	84.8%	84.8%
EU National	1.7%	2.8%	2.3%	2.9%	2.7%	3.1%	3.5%	2.8%	2.2%	2.0%	1.7%
Non-EU National	7.1%	7.3%	5.8%	5.2%	5.5%	4.0%	3.9%	4.2%	5.0%	5.1%	6.6%
Not Eligible											
EU National	0.8%	1.1%	0.6%	0.8%	0.7%	1.2%	2.1%	2.1%	1.3%	1.1%	1.0%
Non-EU National	0.8%	0.8%	0.9%	0.8%	0.6%	0.7%	1.0%	0.7%	0.8%	0.6%	1.0%
Unspecified Nationality	7.6%	4.3%	4.6%	4.1%	3.8%	3.0%	4.4%	3.6%	2.9%	6.4%	4.8%

Table 8: Starters by nationality and HCV eligibility (numbers)

	Year										
Eligibility/Nationality	**2010**	**2011**	**2012**	**2013**	**2014**	**2015**	**2016**	**2017**	**2018**	**2019**	**2020**
Eligible											
British / Irish National	4683	3963	4508	4286	4729	5651	6587	7324	7052	7043	7836
EU National	96	135	120	146	149	200	274	234	173	168	160
Non-EU National	402	346	304	260	300	260	302	351	398	423	609
Not Eligible											
EU National	44	53	34	41	36	80	162	174	102	88	96
Non-EU National	43	36	45	39	35	47	75	62	66	51	92
Unspecified Nationality	433	206	244	206	209	195	341	306	231	528	448

Social care

Health and social care are intrinsically linked. When people's needs are not met by the social care system they turn to the NHS, where the impact manifests in the form of increased demand for primary, community and acute services – including A&E attendances – and delays in discharging people from hospital. It is key to have a strong social care sector to ensure service users are receiving the care they need in the most appropriate setting. Developing an integrated health and social care system that is focused on partnership and collaborative working across all sectors is one of the challenges facing the Welsh health and care system. In recent years, there have been significant pressures around capacity and demand for care services and the Coronavirus pandemic has exacerbated this problem.

The data we have available for this report is solely for Welsh NHS staff in secondary care and not those working in social care, nor those NHS staff in primary care. There are particular difficulties relating to the immigration rule changes for social care as it is more difficult for those working in social care to meet the criteria set out by the UK Home Office in relation to the salary and skill level (i.e. the qualifications necessary to be eligible for a job).

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 (Hutcheson and Ormston, 2019).[4] While this is a similarly low number to those employed in the NHS, there are fewer eligible workers who would be able to be recruited in future, and higher levels of turnover. The new immigration rules should allow international workers into regulated occupations on the HCV list, but this list is small. It includes nurses, occupational therapists and social workers. It would appear particularly important that migrant nurses in social care are included for visa purposes: EU nationals are estimated to make up 17.7% of nurses in social care in Wales (Hutcheson and Ormston, 2019).

Work by the Cavendish Coalition (2020a) – a group of UK health and social care organisations – found that nearly three quarters of social care occupations across the UK do not meet the qualification threshold, nor earn enough to meet the salary threshold. They argue that migration into these roles will effectively end, and could exacerbate existing workforce issues in social care. Even with the current free movement of people the social care sector already has a staffing crisis, and was forecasted to have more than 100,000 fewer care staff in England by 2026 – meaning 350,000 additional social care jobs to fill just

[4] England's adult social care sector also relies heavily on foreign born workers – almost 20% who care for elderly and disabled people are migrant workers (Global Future, 2018b).

to keep up with the needs of our ageing population (Global Future, 2018b). The Cavendish Coalition (2020b) wrote to the Prime Minster in July 2020 highlighting how the new immigration policies would impact social care provision in England and across the UK and calling for a transitional solution to bridge the gap until a long term funding solution can be established.

The legislative landscape for social care is fundamentally different in Wales to England. The Social Services and Well-being Act (Wales) 2014 and the Regulation and Inspection of Social Care (Wales) Act 2016 reconfigured the way that social care operates in Wales. For example, as required by Welsh Government by 2022 all domiciliary and residential workers, in both children and adults, must be registered with Social Care Wales, and meet specific levels of competence and conduct. As a result, this fundamentally changes the market for these roles in Wales. Also, the level of self-funding in Wales is markedly lower in Wales than in England. Most social care services that exist in Wales operate within a monopsony, where the only buyer is the local authority. This changes the nature of the market and limits flexibility in terms of rates and income.

As such, social care remains a low paid sector in Wales. Average earnings per Full Time Equivalent (FTE) are approximately £16,900, just over half the average FTE earnings in Wales of £29,200 (Welsh Government, 2020). Fewer than half of the personal care workforce are paid the Real Living Wage in Wales, and Wales and England appear to be outliers, in an international context, in paying particularly low wages for social care workers (Siôn and Trickey, 2020). The prevalence of women in the workforce also means these impacts are gendered, having a more significant impact on women who often take on caring roles and work more in part-time environments (Webb et al., 2018 and Morris et al., 2020). In addition to this, the social care sector experiences high rates of turnover in staff – more so for commissioned services than in local authorities. Recent research has shown that 58% of registered social care providers reported difficulties recruiting to vacancies, with 28% indicating that it had become ‘very difficult’ (Hutcheson and Ormston, 2019).

> If the trend whereby local authorities increasingly outsource care provision to operators in the independent sectors continues, it is important to consider what effect this might have on the future stability of the social care workforce; a high turnover rate could undermine long-term planning initiatives and increase the likelihood of recruitment problems down the line. To this end, the importance of ensuring secure employment arrangements and that employees are fairly compensated for their work should not be understated (Siôn and Trickey, 2020: 27).

A combination of low remuneration, high turnover and few eligible migrant workers presents significant challenges for the social care sector. With this in mind, the Welsh NHS

Confederation (2020: 4) has voiced its opposition to the proposals with particular regard to social care:

> We are concerned that [the proposals] do not go far enough to address the workforce challenges in social care… there is a particular reliance on workers from outside the UK to help provide this service. Currently, the system focused on skills, qualifications and especially on salary doesn't recognise the current and future needs of social care and the demographics in Wales.

If the data presented in this report for relatively low-paid Welsh NHS workers in roles not identified for the HCV is broadly reflected in social care, then the availability and eligibility of migrant workers is likely to be a considerably more serious issue in social care than for the Welsh NHS itself. Migrant workers are likely to remain an important means of meeting workforce needs, but the new system will make that significantly more difficult. However, the challenges of the new immigration system are part of the wider set of issues facing the social care sector and its workforce; such as fragmented provision, underfunding and meeting future demand.

It is unclear to what extent small changes in policy by the UK Government would solve the problem. Adding additional social care job types to the list of shortage occupations may help. But even then, the low salaries and often part-time working arrangements of social care staff would still leave potential workers struggling to qualify. Adding additional visa routes for temporary or 'low skilled' workers may also address the gap. However, it is clear that this is not the current policy direction for future immigration policies.

Implications

The introduction of the HCV, and the fact that it covers not just medical staff but most professional and technical staff, mean that ending free movement and the introduction of the "points-based system" may only have a limited impact on NHS recruitment in Wales. We estimate that the group most obviously at risk – EU nationals who would not be likely to qualify for an HCV or a skilled worker visa – appears to make up about 1% of new starters. The largest impact is likely to be felt in the "additional clinical services" group (which includes, for example, ambulance drivers, dental surgery assistants, social care support workers, and health care support workers / healthcare assistants), where EU nationals fill a number of posts that do not appear likely to qualify, but are nevertheless important to the running of the NHS in Wales.

The changes are likely to have a bigger impact on social care recruitment and hence provision in Wales, which in turn will have knock-on impacts on demand for NHS services in Wales. While both the NHS and social care are able to recruit to most roles at present (since the impacts of the Covid-19 pandemic has been to increase domestic labour supply), future trends are uncertain. The difficulties with recruitment in social care are long-standing and structural. So notwithstanding the impact of the pandemic on both demand and supply, the greatest risk of the new changes in the medium to long-term would appear to be the extent to which it will impact social care recruitment and hence creates vulnerabilities across the health and social care system.

For EU nationals who will qualify for skilled worker or HCV, it nevertheless represents a significant increase in bureaucracy and costs relative to the current situation; so some drop in recruitment in these groups, including among medical and nursing staff, is also likely. By contrast, the new rules will be more liberal than at present for non-EU staff, so there may be some potential for increasing recruitment from outside the EU. Recent trends in recruitment suggest that there is a considerable degree of substitution between non-EU and EU nationals, with recruitment of the former already rising, counterbalancing lower recruitment and a potential increase in departures from the latter.

It will therefore be important for the Welsh NHS to familiarise itself with the new procedures, both for HCVs and the mainstream skilled worker route (and establishing appropriate relationships with Home Office relationship managers and caseworkers) so that it can both minimise new burdens for EU nationals and maximise the potential advantages of the liberalisations for non-EU workers. This will be particularly important at key points, such as at the end of 2020 when application routes start to open and at the beginning of 2021 as the

new system is fully in place. While the UK Government's policy intention is to simplify and streamline the overall sponsorship process, further details have not been released.

Much can be learned from how the Welsh Government, Health Boards, NHS Trusts, Health Education and Improvement Wales (HEIW) and local authorities have supported EU citizens to acquire Settled Status in the UK. The Scheme has been open since March 2019. Since then, the Welsh Government announced a package of support to help EU citizens to continue to live and work in Wales, including digital support with their applications, advice on welfare and workers' rights, and immigration advice for cases that were more complex. Local authorities also supply detailed information as to help and support that is available, both in general terms and for individual groups. The Welsh NHS Confederation (2019) also supplied toolkits for line managers in the NHS to support EU nationals working in their organisations and raised awareness of the EU Settled Status Scheme through their communication channels. While there have been issues with the application process, it has been relatively straightforward for Welsh NHS employees, as they are in an advantageous position to demonstrate their employment status. Conversations with NHS Wales and Welsh Government suggest that the Scheme has generally worked well and that the system of support has been satisfactory.

Another helpful indicator of potential systemic support is to consider the support currently given to Tier 2 visa applicants in NHS Wales. NHS Wales Shared Services Partnership is responsible for sponsoring all junior medical and dental workers and trainees requiring a Tier 2 visa. This is delivered in conjunction with HEIW. HEIW send the worker the application form, who returns it along with their visa, passport and payslip. HEIW completes the rest of the sponsorship form. NHS Shared Services Partnership then review this information and supply it to the Home Office, and so long as information has been entered correctly, the worker will receive sponsorship details in due course. If there are any difficulties, support is provided by NHS Wales Shared Services Partnership and the relevant employing organisation.

As an already approved sponsoring organisation and with a good system already in place for international recruitment, the Welsh NHS is well placed to support new workers who meet the criteria either for the skilled worker visa or HCV. The processes themselves will not be radically different from the existing procedures, and while particular attention will need to be paid to ensure the system is in place from January 2021, the organisation should be amongst the best placed to support new recruits from 2021 onwards.

Wales is moving towards an integrated, seamless health and care system. While immigration policies are far more supportive of recruitment into the NHS, social care is also highly reliant on a migrant workforce. The impacts of future immigration policies are drastic for social care. Many essential social care roles have been excluded from the HCV and the Shortage

Occupation List because they have been labelled ‘low skilled’. These roles are essential to service provision. With the future Health and Social Care Workface Strategy, thought should be given to recruitment into the health and care sector as a whole, rather than separating out health and social care.

Conclusion

The UK leaving the EU and the transition to a new set of immigration rules raises a number of issues, and there are particular concerns for impacts on specifically Welsh devolved issues like the NHS and social care workforce.

The introduction of the Health and Care Visa, and in particular its wide-ranging coverage across medical, professional and technical services in the NHS, suggests that the specific impacts on NHS recruitment in Wales may be limited. Most roles within the Welsh NHS will qualify for either a Health and Care Visa and skilled worker visa, therefore the overall impacts will be small. However, some jobs will slip through the new criteria and the existing system of support for recruits will need to adapt to continue providing important and highly valued professions.

The implications for social care are more severe. Fewer roles will qualify for the Health and Care Visa or skilled worker visa, and the faster turnover of staff presents particular challenges. Given both the importance of social care provision for NHS service provision and the desire for an integrated health and social care system in Wales, the particular challenges presented here represent a potential vulnerability.

The Welsh NHS appears well placed to support future migrant workers through the new system, with good relations and shared views across Health Boards, Trusts, HEIW, NHS Wales Shared Services Partnership and sectoral and governing bodies in terms of support for migrant workers and seamless systems.

Should the Welsh NHS Confederation and other organisations wish to change the system to favour future recruitment and retention, the priority is likely to be expanding eligibility of occupations that are of importance within the social care sector for the Health and Care Visa, or failing that, for Shortage Occupational Lists should be a priority. A more general reduction in the salary threshold would also be helpful for both the NHS and social care. While each of these may not solve the particular problem, they may soften the effects.

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