

## Brexit Deal or No Deal

# What does this mean for Greater Manchester

## Health and Social Care Workforce Update



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## Summary - Brexit making sense of the issues

- Following the UK vote to leave the European Union which is scheduled to leave on the **29<sup>th</sup> March 2019**. The UK and EU must provisionally agree on three main issues. **Money, NI Border** and **UK citizens** living elsewhere in the EU and EU citizens living in the UK.
- **Negotiations** about future relations between the United Kingdom and European Union are **taking place** with both sides hoping that they can **agree by October** on the outline of the future relations on things like **trade, travel** and **security** but what impact will leaving the EU have on the NHS?
- Following the EU referendum the Kings Fund published an article on the **Five Big Issues for Health and Social Care** after the brexit vote which focussed on **staffing, accessing treatment** here and abroad, **regulation, cross border co-operation, funding** and **finance**. For the purposes of this update the workforce team will focus on staffing across health and social care presenting analysis on the shape and composition of the greater manchester workforce.

# Does Brexit mean an uncertain future for the NHS

- Leaving the EU would allow the **UK to restrict the flow** from Europe. Campaigners in favour of Britain remaining in the EU have argued that this could cause an NHS staffing crisis.
- **Impact** on the **significant number of EU clinicians** and other staff who make a vital contribution both to health services and social care. Those who are here now face uncertainty over whether they can remain, while those who are needed to fill gaps in the workforce have seen their potential salary devalued by over 15 per cent with the fall in the value of the pound.
- According to a 2017 British Medical Association (BMA) survey of **EEA doctors** working in the UK, **45 per cent** said they were **considering leaving the UK**, with 18 per cent having already made plans to leave.
- The Royal College of Nursing (RCN) reported a **92 per cent drop in registrations of nurses** from the EU27 in England in March 2017, and attributed this, at least in part, to the failure of the government to provide EU nationals with any security about their future.

## Preparatory Activity

The Government is also putting in place measures to manage the other potential implications for the health and care sector, including, for example, future immigration rules; continuity of research funding and pan-European clinical and research collaborations; and future reciprocal healthcare arrangements.

There are three points in particular to note at this stage.

1. Opportunity to reiterate that the Government recognises the valuable contribution that EU citizens make to the UK, including those working in the health and care system. The Home Office have recently launched a **toolkit to assist employers in reassuring and supporting EU citizens** already resident in the UK and their dependents to apply for settled status.
2. The Government recently announced that doctors and nurses are now exempt from the cap on skilled worker visas. This means that there will be **no restrictions on the number of doctors and nurses who can be employed through the Tier 2 visa route** – giving organisations the ability to recruit more international doctors and nurses to provide outstanding patient care when required.
3. The Treasury is extending the government's guarantee of EU funding to underwrite the UK's allocation for structural and investment fund projects under this EU Budget period to 2020. The Treasury is also **guaranteeing funding in event of a no deal for UK organisations** which bid directly to the European Commission so that they can continue competing for, and securing, funding until the end of 2020. This ensures that UK organisations, such as charities, businesses and universities, will continue to receive funding over a project's lifetime if they successfully bid into EU-funded programmes before December 2020.

- Massive financial and service pressures
- Bed occupancy level and A&E crisis
- Five Year Forward View
- New models of care
- Integrated health & social care
- Service re-design: STPs
- Seven-day services

**Add Brexit to the pot.....**

# The health and social care workforce national headlines

- There are approximately **144,000 EU nationals** working in **health and social care** organisations across England:

- **80,000** in **adult social care**



**10% of NHS doctors** come from elsewhere in the EU. This is 7% of the UK medical workforce

- **58,000** in the **NHS** from a total of 1.2 million staff which includes doctors; nurses, other professionals like paramedics and pharmacists; support workers and administrative staff



**5% of NHS nurses** are from elsewhere in the EU

- and **6,000** in **independent health organisations**

- As of June 2018, there are 69,582 wte workers employed within the National Health Service (NHS) in Greater Manchester. From that, approximately 62,484 identify as British, with 2,622 as EU and 4,475 as non-EU respectively.



2,622 EU workers



4,457 non-EU workers



62,484 British nationals

- Finally, 640 wte chose not to give their nationality. Based on the data of known nationalities in the NHS in Greater Manchester, 89.8% of the workforce is British. 3.8% of workers are from the EU and the remaining 6.4% are from the rest of the world.

*The factors affecting the future of Brexit on the NHS staffing in Greater Manchester will include:*

- the number of other EU nationals who choose to leave and whether these numbers increase;*
- the numbers of other EU nationals who continue to come to work in the NHS and whether these numbers increase or decrease;*
- the composition of a new structure for managing immigration, post-Brexit and how this impacts on medical staff.*

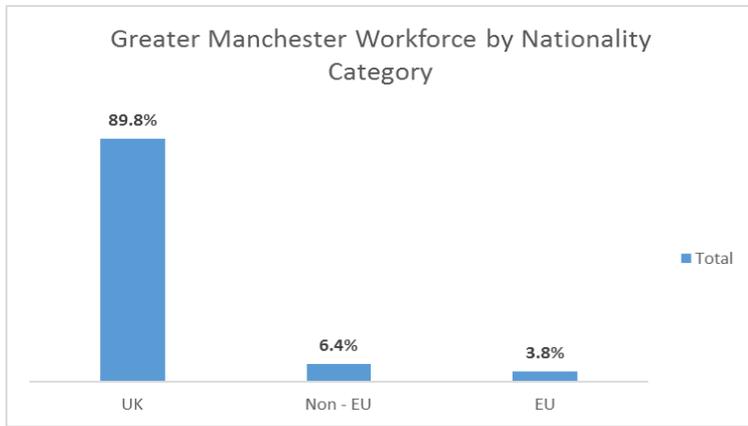
# Locality Workforce Patterns and Skills – Health and Social Care

- There is a higher proportion of non-EU staff working in the NHS than EU. In particular, of the **non EU staff 4,567 workforce**, 1,223 (26.8%) are Indian nationals and a further 372 (8.1%) are Philippine nationals.
- The locality map below illustrates where the proportion of EU staff are working across the Greater Manchester footprint. For NHS figures, this is the % of EU workers by locality, against the total GM workforce



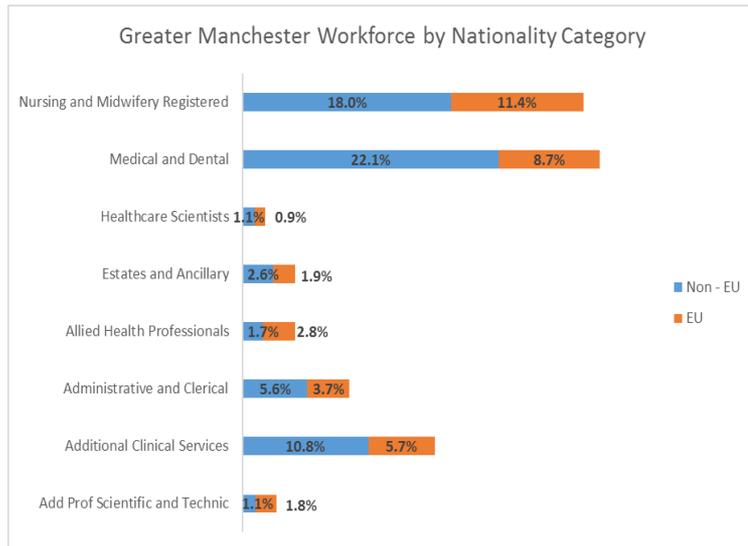
Locality	NHS Health %	LA Social Care %
Bury	0.3%	4%
Bolton	0.2%	2%
Rochdale	0.3%	2%
Manchester	0.8%	4%
Oldham	0.3%	2%
Salford	0.4%	5%
Stockport	0.4%	3%
Tameside & Glossop	0.1%	2%
Trafford	0.8%	6%
Wigan	0.1%	2%

# Greater Manchester Workforce Analysis – Health and Social Care



Across Greater Manchester 3.8% of the total workforce are identified as EU nationals, this equates to 2,622 wte.

## Deep Dive – Staff Group Categories

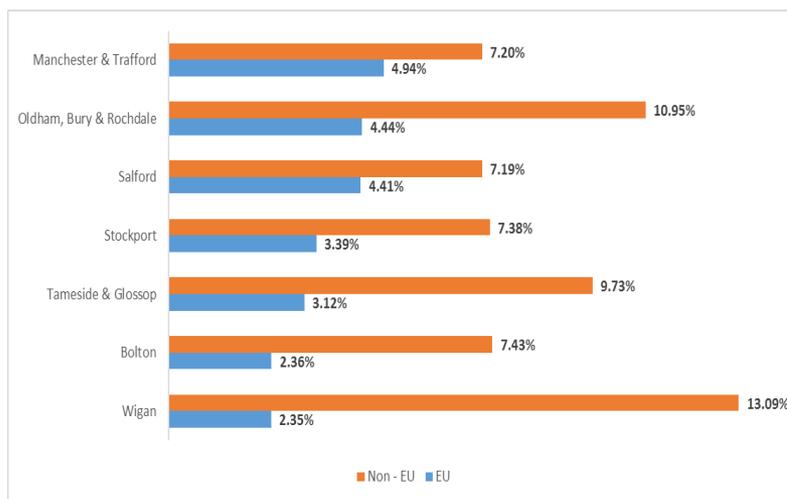


This graph illustrates the total workforce % represented across non EU and EU counties who are employed within clinical and non clinical staff group categories in Greater Manchester.

EU representation is reportedly higher within the nursing and midwifery group with 11.4% of EU nationals working in qualified roles, with 5.7% of workforce are working in additional clinical services supporting roles.

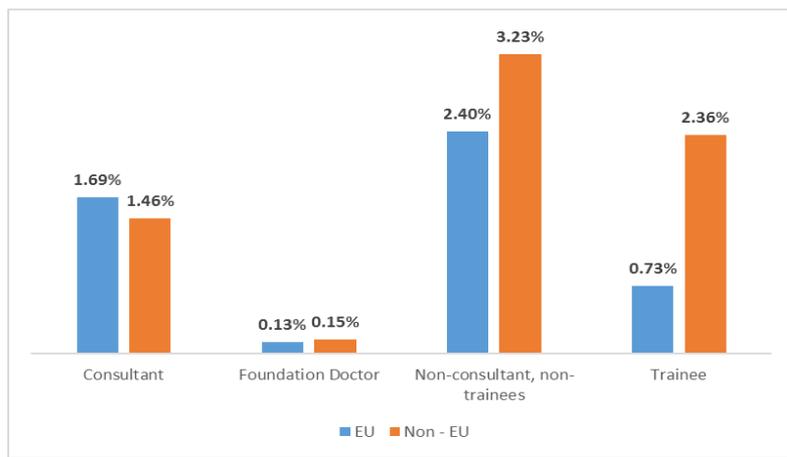
*The following slides provide deep dive analysis where the highest proportion of EU employees can be observed across staff group categories within qualified and unqualified roles which are defined within the Electronic Staff Records system.*

## Medical & Dental Staff Group – Locality deep dive analysis



This graph illustrates the total medical workforce % proportion represented across non EU and EU nationalities who are working within each locality footprint across Greater Manchester. The top three locality areas where EU nationals were reportedly higher are within Manchester & Trafford 4.94%, Oldham, Bury and Rochdale 4.44% and Salford 4.41%

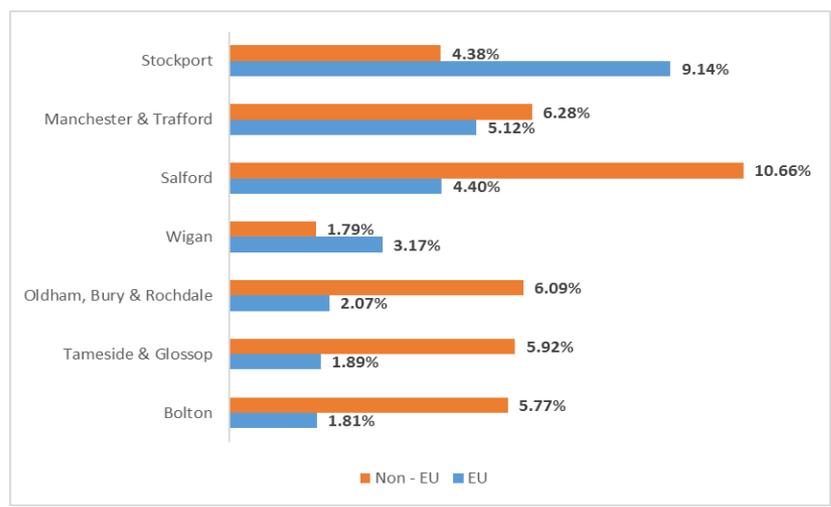
## Deep Dive – Manchester & Trafford Locality



Further analysis shows that the highest % of EU workers can be observed within Manchester & Trafford local authority area with the highest number of medical employees standing at 4.94%.

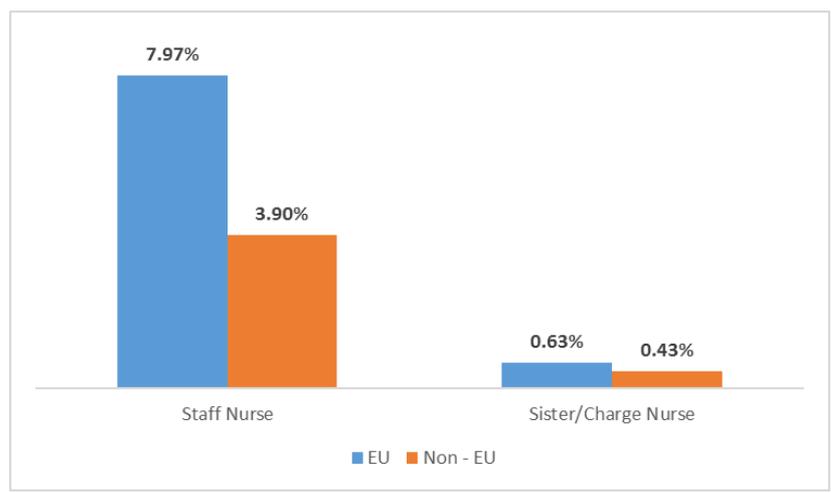
2.40% of medical staff are employed as non consultant trainee's, these are defined as staff grade, associate specialist, clinical fellows and specialty doctor roles.

## Nursing and Midwifery Staff Group – Locality deep dive analysis



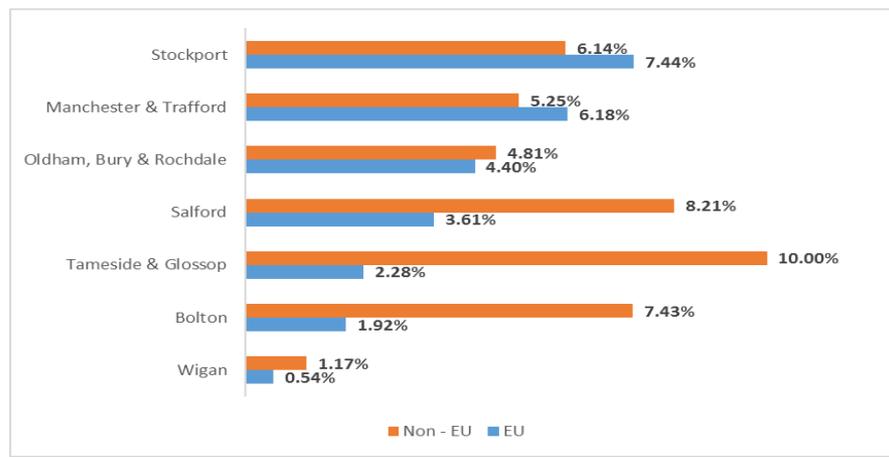
This graph illustrates the total nursing and midwifery workforce % proportion represented across non EU and EU nationalities who are working within each locality footprint across Greater Manchester. The top three locality areas where EU nationals were reported the highest were within Stockport 9.14%, Manchester & Trafford 5.12% and Salford 4.40%

### Deep Dive – Stockport Locality



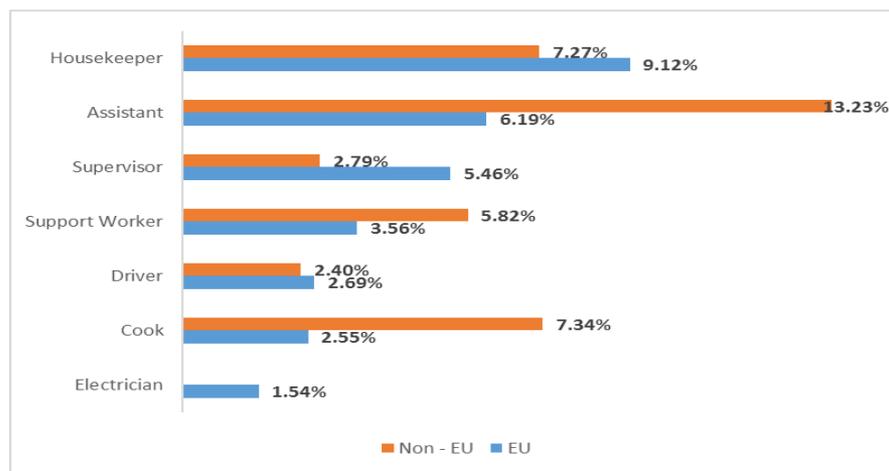
Further analysis shows that the highest % of EU workers can be observed within Stockport local authority area with the highest number of nurse employees standing at 9.14% of which 7.97% are employed as staff nurses.

## Estates and Ancillary Staff Group – Locality deep dive analysis



This graph illustrates the total Estates and Ancillary workforce % proportion represented across non EU and EU nationalities who are working within each locality footprint across Greater Manchester. The top three locality areas where EU nationals were reported the highest were within Stockport 7.44%, Manchester & Trafford 6.18% and Oldham, Bury & Rochdale 4.40%

### Deep Dive – Stockport Locality



Further analysis shows that the highest % of EU workers can be observed within Stockport local authority area with the highest number of nurse employees standing at 7.44% of which 9.12% are employed as housekeepers.

It is worth noting that EU nationals within Stockport who are employed within unqualified roles provide support to nursing and midwifery staff group, this equates to 3.56% of the workforce.

## NHS Source of Recruitment - International Recruitment Headlines

### Medical and Dental

#### European Union Recruitment

#### Non EU Recruitment



0.76%



3.95%

### Nursing and Midwifery



0.07%



0.72%

### Estates and Ancillary



0.11%

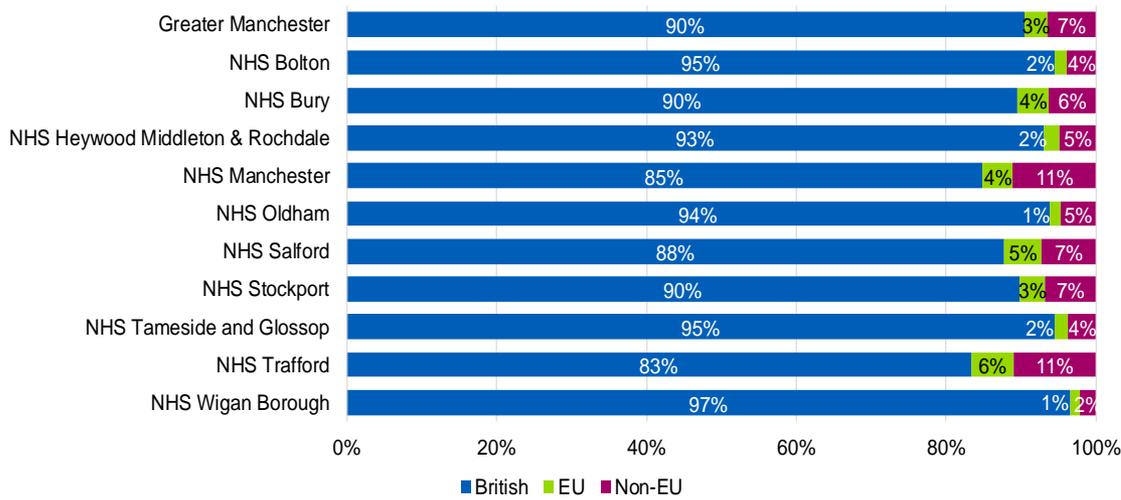


0.11%

Due to internal workforce movement we can only apply assumptions on first destination recorded within the ESR system.

# Greater Manchester Workforce Analysis – Health and Social Care

**Chart 1. Proportion of jobs by nationality across the Greater Manchester CCG's**  
 Source. Workforce estimates 2017



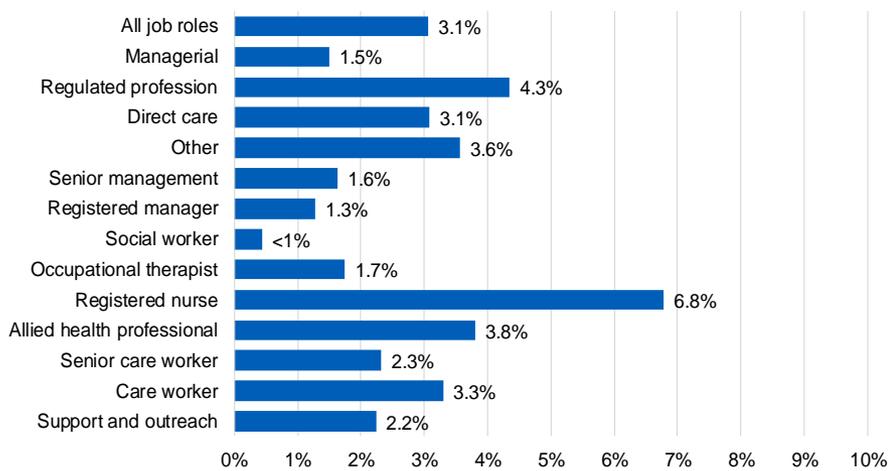
Nationality varies significantly when looked at proportionately across GM localities.

The proportion of the social care workforce identifying as EU varies by locality, with the lowest as Wigan and Oldham at 1%, and highest as Trafford at 6%

The picture also varies significantly when analysed by type of role within social care.

Regulated professions show the highest proportion, and when this is examined in more detail it is clear that the biggest area of risk is Registered Nurses, of whom 6.8% are EU nationality. In direct care provision roles the proportion is 3.1% which is the same as the average for social care as a whole

**Chart 2. Proportion of jobs held by EU nationality workers in Greater Manchester**  
 Source. Workforce estimates 2017



Number of EU Care Workers	
GM Total	1020
Bolton	66
Bury	108
Manchester	285
Oldham	66
Rochdale	58
Salford	130
Stockport	152
Tameside	52
Trafford	160
Wigan	38

The largest group of workers within adult social care, is care workers. The above table shows the potential impact across GM localities in terms of number of EU care workers within each locality

% Registered Nurse Workforce - EU	
England	16%
North West	8%
GM	7%
Bolton	2%
Bury	5%
Manchester	2%
Oldham	4%
Rochdale	2%
Salford	19%
Stockport	11%
Tameside	0
Trafford	21%
Wigan	2%

The occupation with the largest proportion of EU workers within Adult Social Care is Registered Nurses, and this varies considerably by locality. The additional risk created here is that Registered Nurse roles are also difficult to fill and experience high levels of turnover across GM

- **Shortages:** Although shortages and recruitment challenges are longstanding problems, the sector faces undoubted contemporary recruitment difficulties which have been exacerbated by Brexit. Shortages affect areas such as nursing and midwifery (about 1,200 are needed each year in GM), some areas of medical practice (about 300 doctors needed), and professional practice areas such as radiology and radiography and children's services; but a disproportionate amount of the demand for new recruits in HSC is driven by care (about 8,500 a year – about 2,000 managers and about 6,500 care staff). Churn in care (turnover rates of 31% and vacancy rates of 5.4%), often generated by job quality issues such as pay, hours and stress contribute to demand.
- **Brexit:** Leaving the EU is one of the central challenges to the health and social care workforce. For example, EU nationals registering as nurses in the UK have dropped by 96% since the referendum (Nursing and Midwifery Council). Uncertainty over residency and a weakened pound are two contributing factors.
  - 12% of NHS staff are citizens of other countries; 5.5% are from the EU. This is roughly the same as the wider economy.
  - About 90,000 of the health workforce of 1.3m comes from EU. The number of non-British EU nationals working in the care system has increased by 40% in three years

In May 2018, NHS Employers and the Shelford Group sent out the seventh joint survey under the umbrella of the Cavendish Coalition, asking providers for information on their EEA workforce following the Brexit vote. 48 organisations responded, representing over a fifth (21%) of trusts across England. All regions and types of trust were represented in the sample.

## Key Findings from the survey highlighted:

1. This quarter, **42%** of respondents felt that the **impact of the UK leaving the EU would be negative**; an increase from 37% since the previous quarter but down from 50% in Q2 2017/18.
2. Almost half (**48%**) of **organisations** felt that it was **too early to assess the impact** of the recent developments in Brexit negotiations on their workforce and just over a third (38%) were neutral in their response. Negative responses increased from 7% to 13% this quarter.
3. Just over a third (**35%**) of respondents told us they had an **EU recruitment strategy in place**. This proportion has remained relatively consistent over the last five quarters, fluctuating between 32%-35%.
4. Of the **organisations who told** us they had a **strategy to recruit from the EEA**, the majority planned to recruit nurses (100%), doctors (71%) and allied health professionals (53%).
5. More than a fifth (**21%**) of **organisations indicated** that they have **changed their EEA recruitment strategy** this quarter, a 1% decrease from Q3 2017/18 but an increase from 13% in Q2 2017/18.
6. Almost a quarter (**24%**) of **organisations indicated** that an **instance of racist or xenophobic bullying/harassment** had taken place at their trust. This is consistent with the results observed in previous surveys.

# Recommendations

1. While there is uncertainty around a no-deal scenario for Brexit, it is recommended that a **more in-depth analysis** and study is undertaken to identify particular **high areas of risk** within certain occupations and geographical areas, and align this with already established patterns of recruitment and retention difficulty.
2. Given that the picture differs considerably across localities, and in particular within social care, **LCOs** will need to **prioritise workforce planning** across the sector to ensure that very specific risk areas relating to **occupational areas** are addressed.
3. Improve the ability for the workforce to work more **flexibly across organisational and occupational boundaries** where possible, to create a more flexible and resilient workforce. This needs to be factored into recruitment, retention and workforce development plans at both a GM and locality level.
  - This could include, for example, health and social care role design such as **rotational apprenticeships** around the system in Nursing Assistants and AHP Assistants to form an **integrated health and social care** support worker role.
4. Creation of **experience programmes** that are **focused to providing functional skills** to establish a GM wide entry level talent pool designed to recruit from local communities

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