

Vaughan Gething AC/AM
Ysgrifennydd y Cabinet dros Iechyd a Gwasanaethau
Cymdeithasol
Cabinet Secretary for Health and Social Services



Llywodraeth Cymru
Welsh Government

Ein cyf/Our ref MA-P/VG/0964/18

Dr Dai Lloyd AM
Chair, Health, Social Care and Sport Committee
National Assembly for Wales
Cardiff Bay
Cardiff
CF99 1NA

23 March 2018

Dear Dai,

Thank you for your letter of 22 February addressed to the Cabinet Secretary for Finance about the potential implications of Brexit on health and social care services in Wales. I am responding given my portfolio responsibility for Brexit as it affects the health and social care sectors.

As the UK leaves the EU, significant aspects of the devolved settlement will no longer be constrained by EU law. Of the 64 areas identified as relevant for Welsh Government, 11 are directly relevant to Health and Social Services:

- Mutual recognition of professional qualifications;
- Organs;
- Blood Safety and Quality;
- Tissues and cells (apart from embryos and gametes);
- Elements of reciprocal healthcare;
- Free movement of healthcare (the right for EEA citizens to have their elective procedure in another MS);
- Elements of tobacco regulation;
- Good laboratory practice;
- Nutrition health claims, composition and labelling; and,
- Food and Feed Law (Food and feed safety and hygiene; food and feed law enforcement).

Officials from the Welsh Government are now actively engaged on groups established by UK Cabinet Office and Department of Health to assess the implications of these returning powers, including the potential need for UK-wide frameworks and ongoing coordination arrangements across the UK post Brexit. Although many of these are in their early stages, officials will seek to protect the interests and promote the priorities of Wales in the development of UK Government policy thinking.

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Rydym yn croesawu derbyn gohebiaeth yn Gymraeg. Byddwn yn ateb gohebiaeth a dderbynnir yn Gymraeg yn Gymraeg ac ni fydd gohebu yn Gymraeg yn arwain at oedi.

We welcome receiving correspondence in Welsh. Any correspondence received in Welsh will be answered in Welsh and corresponding in Welsh will not lead to a delay in responding.

In addition to considering the returning powers, officials are reviewing more than 70 items of Welsh domestic legislation which may need to be amended, mostly in public health and food standards areas.

Officials have worked closely with the Welsh NHS Confederation to elaborate the key risks to services in Wales. The NHS Wales Executive Board has also identified service leaders for the main areas of concern, helping to address aspects of recommendation 3 in the External Affairs and Additional Legislation Committee report '*How is the Welsh Government preparing for Brexit?*' We have ensured increasing lines of two-way communication on Brexit matters, with organisations like Public Health Wales working alongside officials to identify which health protect systems, forums and networks are at risk in the event of a no-deal scenario. Similar arrangements are being developed with Social Care Wales.

I trust this re-assures the Committee that the Welsh Government is linking to key health and care stakeholders within Wales to develop a more comprehensive appreciation of the implications for service delivery and using the information gathered to inform negotiations with UK Government departments.

Let me now turn to the areas you highlighted as particular areas of concern for the Committee:

Implications for health and social care workforce following changes to immigration rules

One of our six Brexit priorities clearly sets out that any new migration system should link migration more closely to employment so we can recruit the doctors, nurses and other workers that we need, while also protecting employees from exploitation.

As noted in our "Brexit and Fair Movement of People" policy document published in September last year, the potential impact of Brexit on EU nationals working in the health and social care sector not only affects doctors and nurses. Other health professions, including healthcare assistants and support workers such as cleaning staff, are also likely to be affected. Indeed, the effects of Brexit migration changes may be most keenly felt in roles requiring less skilled workers in both the NHS and Social care sectors.

The UK Government agreed the phase 1 deal with the European Council in December 2017 which set out the new settlement status for EU citizens in the UK. The UK Government is currently agreeing the legal text of this agreement with the European Parliament. While the UK Government's announcement that EU citizens currently living in the UK will be able to remain is seen as a positive development, we may still see restrictions on migration numbers that impact on the availability of staff, particularly for those groups not on the UK's Shortage Occupation List.

Latest figures indicate over 1,400 EU nationals are directly employed by the NHS in Wales with around 7% of doctors coming from the EU. This represents a significant number of trained, qualified and dedicated staff who could not be replaced in the short term. We are working with Welsh NHS Confederation and NHS Employers to break this figure down further by key roles. Interestingly, while the numbers of EU registered nurses and new registrations have been falling across the UK since the referendum, the number of EU registered nurses working in NHS Wales has increased.

We will ensure our 'Train, Work, Live' campaign continues to target nurses in EU countries if new immigration rules allow post 31 March 2019.

Data on the nationality of workers within the social care sector in Wales is not collected, but 2016-17 figures for similar regions in England (published by Skills for Care) suggest around 3% of jobs within social care are held by people with a non-UK EU nationality and a further 4% were held by people with a non-EU nationality although this can vary significantly depending on the role. For example, for registered nurses within the social care sector, the figures are significantly higher with an EU nationality of around 8%-10% and those with a nationality outside the EU at around 12%-16%. It is also an area where significant resourcing pressures already exist.

We are therefore following closely the work commissioned by the Scottish Government to forecast the number of EU and non-EU nationals within the social care sector in Scotland and will use the emerging findings to inform steps in Wales.

We are also addressing a range of Brexit-related challenges in the programme of work underway within the social care sector to address recruitment and retention issues. This includes:

- Improving terms and conditions by making regulations to limit the use of zero hours contracts and to clearly delineate between care and travel time;
- Professionalising the workforce by extending registration to domiciliary care workers from 2018 and to adult residential care workers from 2020;
- Social Care Wales (SCW) (the workforce regulator) is engaging with the sector to develop a workforce strategy and underpinning plan to identify and address future resource and skills needs;
- A commitment to raise the profile and status of the social care workforce – SCW is developing an attraction, recruitment and retention campaign which is expected to launch in the autumn.

In addition to our direct engagement with the UK Government that I set out above, the Welsh NHS Confederation, NHS Wales Employers and Skills for Care are part of the UK-wide Cavendish Coalition which is actively campaigning for measures to help mitigate potential workforce shortage issues post Brexit. We are working with these organisations to ensure Welsh views are clearly and consistently delivered.

Continued mutual recognition of professional qualifications (MRPQ) post-Brexit will be crucial for the movement of health and care staff. The Department for Business, Energy and Industrial Strategy (BEIS) lead the negotiations for the UK Government and Economy, Skills and Natural Resources lead for the Welsh Government. However, health officials are active participants in the framework discussions, which also include officials from the other devolved administrations. Whilst health professional qualifications are not devolved, social care is devolved with Social Care Wales having responsibility for setting the qualifications required for registered roles in Wales. As social care policy in Wales may diverge from that in England, my officials will ensure the Welsh requirements are fed into the ongoing discussions and negotiations on MRPQ.

Research Collaboration and Innovation

Countries and regions across the world are facing common and significant health and care challenges. Diseases do not recognise national borders and our challenges cannot be addressed in isolation. Continued cross-border collaboration in research, development and innovation, (principally through the Horizon 2020 programme at present), is particularly important and should continue after the UK has left the EU. EU programmes provide opportunities for health and care professionals and businesses to collaborate with each other and work together towards common goals.

We advocate that the UK Government should seek to ensure continued participation for NHS and social care organisations in Horizon 2020 and its successor programmes. We will also make explicit representation to ensure continued access to the 3rd Health programme and any successor.

We want our health and care researchers and innovators to continue to work with partners throughout Europe and beyond, building on successes such as our 4-star reference site status in the European Innovation Partnership on Active and Healthy Ageing. To this end, we are strengthening our direct links to other regions in Europe through partnerships with, for example, Basque Country in Spain. We also take an active role in a number of European networks, such as the European Regional and Local Health Authorities (EUREGHA). The newly established Digital Health Ecosystem Wales is a member of the European Connected Health (ECH) Alliance, connecting with 20 ecosystems across Europe, USA, Canada and China with the objective to share good practice, develop relationships and partner on work where there are joint interests.

In the areas of disease prevention, public health and health technologies regulation, my officials are working closely with counterparts in the UK Government and its agencies. For example, we are working with the Medicines and Healthcare products Regulatory Agency (MHRA) on regulatory and supply issues on both medicines and devices. While the regulatory aspects are non-devolved, we will continue to press for close continued cooperation between the EU and the UK to ensure Welsh patients have timely access to the latest new drugs and innovations and Welsh life science businesses can access new markets to innovate and grow. MHRA is also seeking to identify drugs and vaccines whose supply and availability may be at risk in the event of no-deal, enabling us to more accurately identify risks to service delivery in Wales.

Reciprocal health care arrangements

The joint report from the EU and the UK Government on progress during phase 1 of negotiations stated that EU nationals currently living in the UK, and UK nationals currently living in the EU, will be able to continue to reside abroad and will have the same access to health care as they do now. The report also stated that UK residents - who are temporarily in the EU (and vice versa) on the date of the withdrawal - will continue to be eligible for healthcare reimbursement under the European Health Insurance Card (EHIC) scheme for as long as that scheme continues. Future arrangements are subject to further negotiation. Preliminary discussions between Welsh Government officials and UK Government officials have taken place with further detailed workshops scheduled. The Welsh Government will continue to actively engage with UK Government on the rights of Welsh residents to access healthcare after the date of withdrawal.

Funding

With the health and social care taking the largest proportion of the Welsh Government budget, any deterioration in the performance of the wider UK economy will bring further pressure. We will continue to make our case to the UK Government for negotiating outcomes that minimise any economic downturn for the people of Wales.

Closer to home, the First Minister has announced the EU Transition Fund, supported by an initial £50m. This will be developed in partnership with Welsh businesses, public services and other key organisations, to provide tailored support as the UK prepares to leave the EU. Officials are working with stakeholders to identify opportunities for using this funding for innovative projects in the Welsh health and social care sector.

I hope the above information provides you with reassurance that I and my colleagues in the Welsh Government are actively engaged with the process of exiting the EU, and are seeking to ensure continued cooperation in the areas above, wherever and whenever the opportunity arises.

Yours sincerely,

A handwritten signature in black ink that reads "Vaughan Gething". The signature is written in a cursive, flowing style.

Vaughan Gething AC/AM

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Cabinet Secretary for Health and Social Services