

Prime Minister
10 Downing Street
London
SW1A 2AA

8 December 2023

Dear Prime Minister,

Changes to the Health and Care Visa

We are writing to you on behalf of the Cavendish Coalition to outline our concerns about recently announced changes to UK immigration policy and how this will impact our continued efforts to support and protect the current and future health and social care workforce.

As you may be aware, the Coalition acts as a shared voice of representatives from social care, health, education and trade unions to co-ordinate sector insight and offer expert advice on the issues affecting the social care and health workforce.

Our members and the patients and communities they serve have welcomed the support offered by the government to our sectors in accessing vital global labour markets over the years. The recently announced proposed change to only allow Care Quality Commission registered providers in England to be able to sponsor health and care visa applicants is an important safeguard to the arrangements introduced in February 2022. However, we are profoundly concerned that the government's other changes to the Health and Care Visa risk taking us a seismic step backwards.

As you know, the social care and health workforce would not be able to function without its international colleagues. To assume therefore that care workers would work in the UK without their dependants will be disastrous to our services and make the UK a less attractive place for much needed social care staff weighing up where they might choose to work.

Since the Migration Advisory Committee recommendation to include care workers on the shortage occupation list which was implemented by the government in February 2022, we have seen some welcome improvements in the social care workforce¹ including:

- The vacancy rate fell to 9.9 per cent from 10.6 per cent in the previous year
- The number of filled registered nurse posts increased by 2 per cent in 2022/23 to 33,000
- Between March 2022 and March 2023, an estimated 70,000 people arrived in the UK and started providing direct care

However, Skills for Care projections show 'that the country will need 25 per cent more posts by 2035 (440,000) if the number of adult social care posts grows proportionally to the projected number of people aged 65 and over in the population'.

With the NHS being exempt from changes to the Health and Care Visa, there is also a danger that this new policy will perversely increase competition between social care and

¹State of the Adult Social Care Sector and Workforce report for 2022/23

health on international recruitment, at a time when we need both sectors to be working ever more closely, and not apart.

Worryingly, the policies set out on 4th of December lack detail as to their implementation. There is currently no information or guidance in relation to transitional arrangements, in particular. For example, it takes several months to for an international recruit to take up post following their job offer. Acceptances and travel plans may then be made on the current arrangements, but the new colleague will be subject to the changed arrangements. Similarly, when an international recruit applies for indefinite leave to remain, it is not clear if their families will also be able to stay in the UK. If this high-risk policy is to be implemented, then urgent clarification of its detail is required. Furthermore, the government has a responsibility to reassure care workers who have joined our sector from outside the UK that they and their families are welcome and seen as essential to the future prosperity of our nation.

There is increasing global competition for health and care workers and our country must do everything it can to be a more, not less, attractive destination. Therefore, we urge you to reconsider the government's decision to not allow care workers and senior care workers to bring their dependants with them to the UK. This should be done in conjunction with developing the domestic labour market and fully funding a Social Care Workforce Plan, which we believe will provide the best long term strategy to reduce the need for international recruitment.

If the changes are to be introduced despite these very serious concerns, we urge the government to disclose any assessments that have been made on how recruitment levels in social care will be affected and any impact this will have on waiting times for health and social care.

We would welcome the opportunity to meet with you or your team to discuss these changes to the Health and Care Visa and offer solutions to improve the system. Your office can get in touch via externalaffairs@nhsconfed.org.

We look forward to hearing from you.

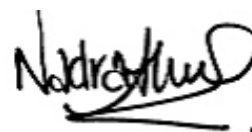
Yours sincerely,



Daniel Mortimer
Chief Executive
NHS Employers



Matthew Taylor
Chief Executive
NHS Confederation



Nadra Ahmed CBE
Executive Co-Chair
National Care Association



Dr Latifa Patel
Representative Body Chair
British Medical Association



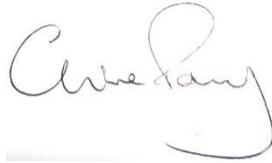
Ed Hughes
Chief Executive
Council of Deans of Health



Dr Christina McAnea
General Secretary
Unison



Sir Julian Hartley
Chief Executive
NHS Providers



Clive Parry
England Director
Association for Real Change



Lynne Bowers
Non-Executive Director
The Health Creation Alliance



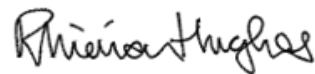
David Hare MBE
Chief Executive
Independent Healthcare Providers Network



Steve Ford
Chief Executive
Royal College of Occupational Therapists



Professor Karen Middleton CBE FCSP MA
Chief Executive
Chartered Society of Physiotherapy



Dr Rhidian Hughes
Chief Executive
Voluntary Organisations Disability Group

Cc: The Rt Hon James Cleverly MP, Secretary of State for the Home Office
The Rt Hon Victoria Atkins MP, Secretary of State for Health and Social Care (DHSC)
Steve Brine MP, Chair of the Health and Social Care Select Committee
The Rt Hon Dame Diana Johnson MP, Chair of the Home Affairs Select Committee
Gavin Larner, Director of Workforce, DHSC
Michelle Dyson, Director General of Adult Social Care, DHSC