

## **Scrutiny review scoping proposal**

### **1 What is the review?**

'Health & Social Care Workforce'.

The review has two themes:

- Impact of Brexit on workforce retention and recruitment
- Impact of the pandemic on morale and well being

#### **Impact of Brexit**

The review will look at how the downward turn in EU migration along with the high levels of outward migration from EU workers has affected the Health and Social Care industry.

As of 2020, of every 1000 NHS staff in England, 55 were from the EU with the Health and Social Care industry relying on this workforce.<sup>1</sup>

However, since Brexit a different picture has been clear with those from the EU either leaving the NHS and applications falling. In 2015/16, 11% of those joining the NHS were EU nationals. In 2017/18, this had fallen to 8%, and in 2019 to 7%. For nurses the percentage of EU joiners fell from 19% in 2015/16 to 6% in 2019. Meanwhile, the proportion of nurses joining the NHS with non-EU nationality rose from 8% in 2015/16 to 22% in 2019.<sup>2</sup>

In 2017/18, 12.8% of nurses leaving the NHS were EU nationals, up from 9% in 2015/16. This fell to 11% in 2019.<sup>3</sup>

With this in mind, the review will look at how this outward migration has impacted the workforce, along with an emphasis on how to encourage retention; increase recruitment and train the local workforce.

The review aims to assist the Council's Economic Review Plan, which aims to, "mitigate the impacts of Brexit as they become evident, with a shared emphasis on protecting our local economy and our diverse Southwark communities".

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<sup>1</sup> <https://ukandeu.ac.uk/wp-content/uploads/2018/03/Brexit-and-the-NHS-.pdf>.

<sup>2</sup> Ibid.

<sup>3</sup> Ibid.

## Pandemic

The impact has not only hit the health and social care workforce in terms of employment numbers, but also the well-being of the existing workers and the strain felt during the pandemic. Firstly, in terms of social workers:

- Social care workers faced among the highest mortality rates by occupation during the first phase of the pandemic and sickness absence rates more than doubled between February and October 2020, with the industry carrying increased risk of COVID-19 exposure.<sup>4</sup>
- Staff are also at higher risk of getting the virus and of dying from it because they are older and more ethnically diverse than the general population – a quarter are aged 55 and older and 21% are from black and minority ethnic backgrounds.<sup>5</sup>
- Moreover, the government was slow to implement policies (for example to ensure staff had access to enough PPE and comprehensive testing) to protect the sector.
- In a Health Foundation funded ‘pulse’ survey of nearly 300 social care staff in July 2020, a sobering four out of five respondents said that their job had left them feeling ‘tense, uneasy or worried’ more often since the onset of COVID-19.
- In July, four in five reported that their workload had risen, mainly due to covering for colleagues who had to self-isolate or having to train new volunteers.<sup>6</sup>

Secondly, NHS staff are feeling similar effects on wellbeing, mental health and physical burnout:

- Pre-pandemic reports indicate high levels of staff stress and burn-out. Features of burn-out include exhaustion, detachment and cynicism, which can reduce the healthcare provider’s capacity for empathy and in turn negatively impact on their ability to provide high quality care. It can also increase the risk of mental ill health.
- 50% of staff felt that their mental health had declined during the first two months of the pandemic. 45% of doctors across the UK surveyed in May 2020 by the British Medical Association (BMA) reported experiencing depression, anxiety, stress, burn-out or other mental health conditions relating to or made worse by the outbreak.<sup>7</sup>
- Six months into the pandemic, 76% of almost 42,000 nurses surveyed by the Royal College of Nursing (RCN) reported an increase in their stress levels since the advent of the pandemic.<sup>8</sup>

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<sup>4</sup> <https://www.health.org.uk/news-and-comment/blogs/how-is-covid-19-impacting-people-working-in-adult-social-care>.

<sup>5</sup> Ibid.

<sup>6</sup> Ibid.

<sup>7</sup> <https://post.parliament.uk/mental-health-impacts-of-covid-19-on-nhs-healthcare-staff/>.

<sup>8</sup> Ibid.

The government's announcement of mandatory vaccinations for the health and social care workforce (later dropped) was predicted to have similar detrimental effects on staffing issues. The leader of Britain's biggest union – Unison - warned that tens of thousands of people could lose their jobs unless the government drops plans to enforce compulsory Covid-19 jabs for workers in adult care homes in England and, potentially, frontline NHS staff.<sup>9</sup> She said the government's "heavy-handed" and "counter-productive" approach could be perilous for the health sector, which is suffering from staffing shortages following post-Brexit barriers to hiring overseas workers.

**2 What outcomes could realistically be achieved? Which agency does the review seek to influence?**

The review will aim to influence the Council and especially Cabinet Member for Health & Wellbeing to encourage local job retention, employment and advocate training.

It will also aim to provide a forum to investigate the impacts of Brexit on our local workforce by working with external organisations, as well as examining the wider issues surrounding well-being and mental health of the workforce.

**3 When should the review be carried out/completed? i.e. does the review need to take place before/after a certain time?**

The review will take place across administrative year, 2021/2022 and 22/23 aiming to complete early 2023

**4 What format would suit this review? (eg full investigation, q&a with executive member/partners, public meeting, one-off session)**

The commission will seek to hold a Q&A with external actors such as SEL and Commission leads on initiatives such as 'Proud to Care', which will help build a larger picture for a full investigation and subsequently a report for the cabinet.

In carrying out this investing, the review will also work with local partners within the NHS and the social care industry.

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<sup>9</sup> <https://www.ft.com/content/5ab2c2de-96f2-4748-8444-480900900d2a>.

**5 What are some of the key issues that you would like the review to look at?**

- Analysis of the impact of Brexit on health and social care provision
- Actions to encourage retention of the existing workforce
- Actions to recruit to vacancies
- Actions to train the local workforce
- The impact of work on the well-being, mental health, moral and physical burnout of the health and social care workforce, and how this has been especially exasperated by Brexit and Covid-19.
- The introduction of mandatory vaccinations for Social Care NHS workers.
- Fair pay / ethical care charter
- Precarious employment in care sector
- impact of commissioning due covid cost issues

**6 Who would you like to receive evidence and advice from during the review?**

- Cabinet Member for Health and Wellbeing
- Cabinet Member for Jobs, Business and Towns
- Local authority best practice (e.g. Islington, Lambeth, Hackney, Kensington and City of London)
- Mayor of London / GLA findings and work
- Proud to Care organisation
- The Nuffield Trust
- Unions
- Equality Trust

**7 Any suggestions for background information? Are you aware of any best practice on this topic?**

- The UK in a Changing Europe (Kings College) report: <https://ukandeu.ac.uk/wp-content/uploads/2018/03/Brexit-and-the-NHS-.pdf>.
- Nuffield Trust - Impact of Brexit on the UK Health Sector: <https://www.nuffieldtrust.org.uk/research/understanding-the-impact-of-brexit-on-health-in-the-uk>.
- The Kings Fund: Brexit and the End of the Transition Period: <https://www.kingsfund.org.uk/publications/articles/brexit-end-of-transition-period-impact-health-care-system>.
- Age UK - Brexit Could Worsen Broken Care System for Older People: <https://www.ageuk.org.uk/our-impact/campaigning/care-in-crisis/brexit/>.
- Government Website – NHS Staff from Overseas: <https://commonslibrary.parliament.uk/research-briefings/cbp-7783/>.
- Nuffield Trust on Statistics: <https://www.nuffieldtrust.org.uk/resource/the-nhs-workforce-in-numbers#1-what-kinds-of-staff-make-up-the-nhs-workforce>.
- Proud to Care: <https://www.proudtocarenorthlondon.org.uk/>.
- London Assembly report on EU Migration Consequences: <https://www.london.gov.uk/about-us/london-assembly/london-assembly-publications/eu-migration>.
- How Covid is Impacting the Social Care Workforce - <https://www.health.org.uk/news-and-comment/blogs/how-is-covid-19-impacting-people-working-in-adult-social-care>
- Work Study <https://www.hscworkforcestudy.co.uk/>.
- Parliamentary Report on the Health Care of the NHS <https://post.parliament.uk/mental-health-impacts-of-covid-19-on-nhs-healthcare-staff/>.
- FT article on Mandatory Vaccinations <https://www.ft.com/content/5ab2c2de-96f2-4748-8444-480900900d2a>.
- House of Commons Health and Social Care Committee Workforce:

recruitment, training and retention in health and social care Third Report of Session 2022–23  
<https://committees.parliament.uk/publications/23246/documents/171671/default/>

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**8 What approaches could be useful for gathering evidence? What can be done outside committee meetings?**

e.g. verbal or written submissions, site visits, mystery-shopping, service observation, meeting with stakeholders, survey, consultation event

Verbal and/or written submissions from external actors, NHS bodies and organisations, cabinet members and officers.

Stakeholder representation that speaks to the session and assists in framing and scoping the review.