Unite evidence to the Health Select Committee Inquiry into Brexit and health and social care

This evidence is submitted by Unite the Union - the UK's largest trade union. The union's members work in a range of industries including manufacturing, financial services, print, media, construction and not-for-profit sectors, local government, education and health services.

Executive Summary:

- **Unite campaigned hard to remain within the EU, believing it to be in the best interests of the union's membership, particularly in terms of job security and workers' rights.**
- **Brexit is creating huge instability in the UK economy and this will have knock on effects on the available funding for our public services.**
- **The NHS and social care systems are already under huge strain due to underfunding, privatisation and staff shortages.**
- **Depending on the shape of the final agreement, the impacts of Brexit could trigger crisis across our health and social cares systems with staff shortages, increased service demand, losses of science funding and interstate cooperation.**
- **Unite believes that any new negotiated arrangements must:**
    - **Guarantee that all EU nationals living and working in the UK must have the right to work and remain here.**
    - **'Grandfather' over all EU employment rights, professional standards and other vital regulations that affect our health as part of any Brexit deal.**
    - **Guarantee continued reciprocal rights for UK citizens and citizens from other EU countries to continue to access health care services in future.**
    - **Introduce strict measures to guarantee the safety of non-British health and social care staff following the rise in hate crime caused by the Brexit referendum.**
    - **Introduce an integrated, long-term and interventionist industrial strategy to mitigate against the impact of Brexit on jobs and industries in the UK.**
    - **Maintain all interstate science and innovation cooperation and collaboration and, if that is not possible, the UK Government must commit to providing similar support so our NHS, Universities and Industry do not suffer.**

1. Introduction

1.1. Unite represents approximately 250,000 members across the public sector. Approximately 100,000 of these are health sector workers, including members in seven professional associations – the Community Practitioners and Health Visitors' Association (CPHVA), Guild of Healthcare Pharmacists (GHP), Medical Practitioners Union (MPU), Society of Sexual Health Advisors (SSHA), Hospital Physicists Association (HPA), College of Health Care Chaplains (CHCC) and the Mental Health Nurses Association (MNHA) – and members in occupations such as allied health professions, healthcare science, public health specialists, applied psychology, counselling and psychotherapy, dental professions, audiology, optometry, building trades, estates, craft and maintenance, administration, ICT, support services and ambulance services. Unite also represents a large range of members working in social care for local authorities, housing associations, health, disability, elderly and children's charities as well as other community and not for profit organisations.

1.2. Unite welcomes the opportunity to comment on this important inquiry. Unite campaigned strongly for Britain to stay in the EU, believing it to be in the best interests overall of the union's membership, particularly in terms of job security and workers' rights. When surveyed 60% of Unite representatives working in the Health supported remaining in the EU.

1.3. At Unite's last policy conference in July 2016 our members passed a statement setting out our response to the result of the Brexit referendum. Fundamental to this was that:

> *"We believe that it is vital that there is no rush to trigger Article 50, and that the terms of "Brexit" reflect trade union input and trade union values. Working people must not pay the price for "Brexit". We would oppose a "Brexit" that reduces trade union rights, excludes Britain from the EU Single Market and fails to deal fairly with the difficult issue of the free movement of labour."*

1.4. Sadly from what little we know about the Government's plans for Brexit, the current direction of travel appears to be in line with many of our worst fears. Brexit will affect all sectors of the economy and is therefore likely to present significant challenges to public services such as health and social care. Many of the main proponents of leaving the EU (like Michael Gove, Matthew Elliott and Nigel Farage) have also actively campaigned against the NHS.

1.5. Unite is arguing that given the result of the referendum, there now must be a parliamentary vote on triggering article 50. Unite continues to demand access to the European single market and has been calling on the Government to end the current period of economic uncertainty which is destabilising British industry and leading to reduced investment. Unite's core demand is for the grandfathering over of all existing EU standards, protections and rights, particularly those related to employment protections but also on issues like professional standards, food safety and environmental protections.

1.6. Unite is also demanding the introduction of a an integrated, long-term and interventionist industrial strategy to mitigate against the impact of Brexit including investment in infrastructure, the strategic use of the public sector procurement budget, removing barriers to

reshoring of manufacturing, investment in apprenticeships and access to skills, the replacement of lost EU funding and support for strategic industries.

2. Health and Care funding and the economy

2.1. Unite's position above is relevant to this inquiry as the funding to UK's health and social care systems is predicated on a strong UK economy and the tax returns that it generates. Our health and social care systems are also interrelated with other key industries, such as pharmaceuticals that form part of the overall health and care economy.

2.2. The Leave campaign made many extremely misleading statements about the economic impact of Brexit and the amount of money that could be redirected to the NHS if the UK stopped paying into the European Union. The most well publicised and infamous claim was that that membership of the EU was costing the United Kingdom £350 million a week, which, if we left, could be spent on other priorities, such as the NHS. More specifically, Vote Leave pledged to invest an additional '£100 million per week cash injection'[1] in the NHS over and above the additional funding provided in the last Spending Review[2]. These figures were jettisoned immediately after the Brexit vote result but they have set major expectations that are unlikely to be met in the settlement that follows.

2.3. Unite believes that the reality is that the Brexit process is likely to add to the already significant funding crisis in health and social care.

2.4. Unite has recently submitted evidence on the current funding crisis in the NHS to the House of Lords Select Committee on the Long- Term Sustainability of the NHS and Social care[3]. The submission presented evidence that the current Government, and Coalition before it, has done enormous damage to the NHS and social care systems. They have implemented the worst funding settlement of any government since the Second World War, alongside huge turmoil through top down reorganisations of England's NHS that has hardwired wasteful fragmentation, competition and privatisation into the system and a staffing crisis that has sent the services into crisis. 81 per cent of local councils are now spending less on adult social care in the past five years because of squeezed local authority budgets resulting in 400,000 fewer people receiving publicly funded social care. Unite strongly recommends that the Health Select Committee reads that submission as the context behind the impact of Brexit on the NHS and social care system.

2.5. At a time when our NHS and social care systems urgently need stability and increased funding the Brexit vote clearly introduces extreme levels of uncertainty and economic instability. Estimates of the impact of Brexit on economic growth vary considerably and we would caution against sticking to any firm numbers, given the uncertainty of economic forecasting, however

[1] Vote Leave (2016). 'Statement by Michael Gove, Boris Johnson and Gisela Stuart on NHS funding'. Vote Leave website.

[2] HM Treasury (2015). *Spending Review and Autumn Statement 2015*. Gov.uk website. Available at:www.gov.uk/government/publications/spending-review-and-autumn-statement-2015-documents

[3] http://data.parliament.uk/writtenevidence/committeeevidence.svc/evidencedocument/nhs-sustainability-committee/longterm-sustainability-of-the-nhs/written/38704.html and http://data.parliament.uk/writtenevidence/committeeevidence.svc/evidencedocument/nhs-sustainability-committee/longterm-sustainability-of-the-nhs/written/38707.html

the impact on the value of sterling and the consequent increases in inflation are highlighting how uncertain the current economic situation is. Reports of employers relocating and the potential this will have in causing a recession should not be underestimated. It should also be stressed that the health effects of job losses and poverty would be significant.

2.6. Just over half of the UK's trade is with EU member states, and unless the UK Government can swiftly renegotiate trade deals and a new and acceptable settlement, this is likely to have a negative economic impact on the UK economy. The difficulty in achieving such a feat in a short space of time would suggest that, at the very best, the UK economy would encounter a period of "troubled transition" if only in the short to medium term, a view reinforced by a survey of 100 economists in the Financial Times where over three quarters predicted adverse impact on the UK's medium term economic prospects[4].

2.7. Such negative economic impacts are likely to have a severe impact on NHS and social care finances as tax-funded system such as ours would be affected by any economic shocks that reduced tax revenues, even in the short term. A prolonged decline in the value of sterling would increase inflation, leading to higher prices for some drugs and other goods and services the NHS purchases. Given the demographic and cost pressures the services already face Unite is extremely concerned at the impact of this. The crisis in funding in our health and care systems is not inevitable and has been the result of ideological political decisions that now put these services in grave peril.

3. Preventing collaboration, funding and innovation

3.1. Unite is concerned at the potential loss of funding for research, development and innovation that comes through membership of the EU. For example between 2007 and 2013 the UK contributed €5.4 billion to EU research and development[5] but also received €8.8 billion for research, development and innovation activities[6]. Horizon 2020 will be investing £7.5 billion in research into health and well-being initiatives over the next five years, and in 2014/15 the UK was by far the largest recipient with around £232 million supporting organisations such as Great Ormond Street children's hospital, the London School of Hygiene and Tropical Medicine, University Hospital Birmingham and NHS Blood and Transplant[7].

3.2. Other funding streams such as the Innovative Medicines Initiative, the Active and Assisted Living programme for older people and European Co-operation in Science and Technology (COST) are making millions available to Higher Education, NHS organisations and industry to develop new technologies that benefit all of us.

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[4] https://www.ft.com/content/1a86ab36-afbe-11e5-b955-1a1d298b6250

[5] Office for National Statistics (2015). 'UK government expenditure on science, engineering and technology'. ONS website. Available at:www.ons.gov.uk/economy/governmentpublicsectorandtaxes/researchanddevelopmentexpenditure/bulletins/ukgovernmentexpenditureonscienceengineeringandtechnology/2015-07-17 (

[6] European Commission (2015). 'EU expenditure and revenue 2007-2013'. European Commission website. Available from: http://ec.europa.eu/budget/figures/2007-2013/index_en.cfm

[7] http://www.horizon2020publications.com/H9/files/assets/common/downloads/Pan%20European%20Networks%20-%20Government.pdf

3.3. EU membership also provides access to networks of other organisations across Europe working together on issues such as cross border co-operation on HIV/AIDS, hepatitis and tuberculosis control and prevention. The EU operates systems for the surveillance and early warning of communicable diseases, managed by the European Centre for Disease Prevention and Control that strengthen our Public Health system. These facilitate the rapid sharing of information and technical expertise in response to potential pandemics, communicable diseases and other cross-border health threats. Recent examples of such collaboration include the H1N1 pandemic and efforts to tackle anti-microbial resistance (AMR). There are also formal and informal networks across Europe that support work on rare diseases, where the low numbers affected make it beneficial to work across the EU.

3.4. Members of the academic and medical communities are already expressing serious concerns about the impact of leaving the EU on the future of science and research in the UK e.g. Nobel Prize winner Professor Sir Paul Nurse, Chief Executive of the Francis Crick Institute[8].

3.5. The Government currently has no answers to what will happen to these projects or funding schemes should we leave the EU. Unite would stress that it is important that this cooperation and collaboration is maintained in any post Brexit settlement and, if that is not possible, that the UK Government commits to providing similar support so our NHS, Universities and Industry do not suffer.

4. Workforce issues

4.1. Leaving the EU creates significant potential staffing concerns for the NHS and social care providers. The EU's policy of freedom of movement and mutual recognition of professional qualifications means that many health and social care professionals currently working in the UK have come from other EU countries. The debate about free movement of people therefore has a major impact both on current and potential skilled workers from across the continent that work in the NHS and student numbers in UK universities.

4.2. The EU agreed a common set of professional standards in 2013 that set out requirements for the qualifications, training and competencies expected of healthcare workers establishing standards that health workers are required to meet to work in the UK. These regulations came into effect in January this year and aimed to facilitate cross-border working between member states monitored and enforced by regulatory bodies such as the Nursing and Midwifery Council.

4.3. NHS England provides figures that show a total number of all staff (part and full time) coming from the EU countries were just over 53,000 or 4.6 per cent of the total NHS workforce[9]. A total of 9 per cent of NHS England's hospital doctors came from the EU and the number of EU nurses and health visitors accounted for 6 per cent of the total. Doctors from the European

[8] Ghosh P (2016). 'Paul Nurse: "Research needs free movement to thrive".' BBC website. Available at:www.bbc.co.uk/news/science-environment-36667987

[9] Health and Social Care Information Centre (2015). 'NHS Hospital and Community Health Services (HCHS): All staff by nationality and main staff group in England as at 30 September 2015'. HSCIC website. Available at:www.hscic.gov.uk/media/20194/All-staff-by-staff-group-nationality-and-HEE-region---full-time-equivalents-and-headcount---Sep-2015/xls/Staff_groups_by_nationality_and_HEE_region_FTE_and_HC_-_Sep_2015_-_Final.xlsx.

Economic Area (the EU plus Norway, Liechtenstein and Iceland) account for 4.2 per cent of full-time GPs working in England (excluding locums). There were also 2,500 allied health professionals from other EU countries, such as physios and radiographers. The NHS in Scotland, Wales and Northern Ireland currently do not publish the breakdown of their staff by nationality. Skills for Care figures also show that 80,000 of the 1.3 million workers in the adult social care sector come from other EU countries[10].

4.4. The NHS is already struggling to recruit and retain permanent staff – in 2014, health care providers reported that there was a shortfall of 5.9 per cent (equating to around 50,000 full-time equivalents) with particular gaps in nursing, midwifery and health visitors[11]. Social care providers report similar problems with an estimated vacancy rate of 5.4 per cent, rising to 7.7 per cent in domiciliary care services, and a high turnover rate of 25.4 per cent[12].

4.5. Unite is concerned that the instability caused by the Brexit vote, particularly on free movement rights, will only add to the current recruitment shortages faced in those sectors. Unite is demanding that all EU nationals living and working in the UK have the right to remain here.

4.6. Unite has also been horrified by the surge in levels of hate crime, racial abuse and violence that has taken place since the referendum result and the Government and employers must make it a priority to protect minority and immigrant communities from such threats. The upsurge in such racism is the responsibility of those Tory and UKIP politicians who conducted the "Leave" campaign in such disgraceful terms. Given the numbers of migrant workers in our health and care services and the pre-existing risks of violence to health and care staff Unite is demanding that the safety of these staff is take very seriously.

4.7. Health and care recruitment problems are not the fault of the EU but sit squarely with the Government and employers. Unite believes that a sustainable approach to workforce planning should not use migration as a substitute for training more UK-based health workers. There is unlikely to be a significant turnaround any time soon however, given the debacles around junior doctor contracts, the ending of training bursaries for NHS students, the policy of long term pay caps on NHS staff the continued squeeze on NHS and local authority funding. A decade of pay restraint and attacks on other terms and conditions is making public sector employment increasingly less attractive to work in, particularly at a time of moderate but real pay increases in the private sector.

4.8. In social care in particular Unite and other trade unions continue to stress that employment conditions are simply unacceptable, with illegal underpayment of the National Minimum Wage, and the endemic use of zero hours contracts highlighting how unscrupulous employers

[10] Skills for Care (2016). Nationality of the adult social care workforce 2015. Skills for Care website. Available at:www.skillsforcare.org.uk/NMDS-SC-intelligence/NMDS-SC/Workforce-data-and-publications/Workforce-data-and-publications.aspx

[11] National Audit Office (2016). *Managing the supply of NHS clinical staff in England*. NAO website. Available at:www.nao.org.uk/report/managing-the-supply-of-nhs-clinical-staff-in-england/

[12] Skills for Care (2015). *The state of the adult social care sector and workforce in England*. Skills for Care website. Available at: www.skillsforcare.org.uk/NMDS-SC-intelligence/NMDS-SC/Workforce-data-and-publications/State-of-the-adult-social-care-sector.aspx

have used the UK's relatively weak employment protections to get away with exploiting workers in the sector.

4.9. Unite believes that leaving the EU will almost certainly exacerbate staffing crises in the NHS and social care with detrimental impacts on service delivery.

5. Accessing treatment here and abroad

5.1. As stated above Unite is demanding that all EU nationals living and working in the UK have the right to remain here and is strongly opposed to any attempts to reduce their rights to access health and care services in the UK.

5.2. Roughly 3 million people from other EU countries live and work in the UK and those people must continue to have equal rights and protections from UK public services. Unite believes that all migrant workers (not just EU migrants) should have access to the universal system NHS system here in the UK and has been staunchly against the introduction of residence checks and charging on migrants accessing services. Unite believes that health care is a basic human right and access to services should be based on health need rather than where someone is born or their ability to pay. Migrant worker's pay taxes and contribute on average more than they take out of public finances, while exclusion and charging for migrants creases unnecessary cost and bureaucracy and poses significant risks to public health as diseases go untreated impacting on everyone no matter their nationality.

5.3. Again Leave campaigners have irresponsibly fuelled myths and misinformation about this issue in order to whip up anti-immigrant sentiments. Evidence suggests that the average use of health services by immigrants and visitors is lower than that of people born in the United Kingdom, which may be partly due to the fact that immigrants and visitors are, on average, younger and are therefore supporting older residents through net tax contributions[13].

5.4. All EU citizens, including British people, are entitled to hold a European Health Insurance Card (EHIC), which gives access to medically necessary, state-provided health care during a temporary stay in another EEA country and the costs of treatment under these schemes can be subsequently reclaimed from the visitor's country of residence via reciprocal health care agreements. Under EU rules, UK citizens therefore have reciprocal rights to access health services when visiting or living in other EU countries. It is estimated that around 1.2 million British migrants live in other EU countries[14] but many of these are UK pensioners who will have far higher net health and care costs.

5.5. Unite believes that any new negotiated arrangements must guarantee continued reciprocal rights for UK citizens and citizens from other EU countries to continue to access health care services in future.

[13] Steventon A, Bardsley M (2011). 'Use of secondary care in England by international immigrants'. *Journal of Health Services Research and Policy*, vol 16, no 2, pp 90–4. Available at:http://hsr.sagepub.com/content/16/2/90.full#cited-by

[14] Hawkins O (2016). *Migration statistics* [online]. Briefing Paper no SN06077. London: House of Commons Library. Available at: http://researchbriefings.parliament.uk/ResearchBriefing/Summary/SN06077

6. Rights and regulations

6.1. As stated above Unite is extremely concerned by the potential of the Brexit negotiations to undermine rights and regulations here in the UK. Many of our core employment rights could be under threat should the Government no longer be obliged to comply with EU legislation, including TUPE, the Working Time Directive, parental leave, and access to European Works Councils. Unite is similarly concerned by other regulations on issues such as food standards and environmental protections. Many of these support the long-term goals of the NHS in promoting health and well-being at work and home.

6.2. To avoid any levelling down of workers' rights, any new bilateral trade deals must, as a minimum, adhere to the International Labour Organisation (ILO) conventions. Any new trade deals must contain sanctions if workers' rights are violated.

6.3. Unite demands the retention of hard won EU wide employment rights and a level playing field with the EU. Unite has identified the following workers' rights, currently underpinned or supported by EU legislation, which must be upheld in any new trade deal or trading arrangement:

- The Working time directive, which ends the 'long hours culture' by limiting the working week and guaranteeing 11 hours of rest in 24-hour period
- 20 days paid holiday at average pay as a minimum (excluding Bank Holidays)
- Equal pay
- Anti-discrimination rights
- Health and safety protection
- Maternity and parental leave, Time off work for urgent family reasons
- Information and consultation rights
- Equal treatment for part time, fixed term and agency workers
- Transfer of Undertakings Protection of Employment (TUPE)
- Right to written terms and conditions.

6.4. This is not an exhaustive list. Faced with the most restrictive anti-union laws in Western Europe, the retention of the protections listed above must be a red line in any negotiation.

6.5. Unite is calling for all existing standards and labour laws to be 'grandfathered' across into UK law at the point of Brexit as a minimum. This could be achieved by a 'EU Transition Act' in 2017 to formalise this process.

6.6. Unite demands further rights to protect and enhance the position of UK workers. These must include scrapping the 2016 Trade Union Act and guarantees that protect the right of workers to organise into trade unions and the right to collective bargaining, including sectoral and national bargaining, and the right to strike.

6.7. Rights like the Working Time Directive (WTD) have a particular impact on UK health and wellbeing. The WTD is designed to protect us from the stress and ill health that arise from working excessive hours, a serious issue for health service workers, e.g. junior doctors. At a time when unsocial hours has become a major issue with the government's attempt to extend "plain time working" for junior doctors and to revise terms and conditions for Agenda for

Change staff, withdrawal of Working Time Regulations could have serious implications for those providing our health care.

6.8. Given the high percentages of female workers in both the NHS and social care services other EU-derived regulations that particularly benefit women, such as the equal pay and maternity rights need protection, while conditions to safeguards against sharp instrument and needlestick injuries are also very relevant to health.

6.9. In addition medicines are currently regulated at EU legislation with a harmonised approach across all EU member states through the European Medicines Agency, based in London. The EMA is responsible for the scientific evaluation of human and veterinary medicines developed by pharmaceutical companies for use in the EU. This benefits companies by allowing them to submit a single application to the EMA to obtain a marketing authorisation that is valid in EU, EEA and European Free Trade Association (ETFA) countries. While the UK has its own national regulatory agency, the Medicines and Healthcare products Regulatory Agency (MRHA) reverting solely to this will add to the bureaucracy faced by pharmaceutical companies which may slow down the availability of drugs and add costs to medicines supplied to the UK, and manufacturers operating out of the UK.

6.10. Similarly while clinical trials are currently carried out on a national level, regulations due to take effect in 2018 planned to harmonise arrangements across the EU with the aim of creating a single entry point for companies that wish to carry out trials of new drugs on patients in different countries. Leaving the EU could therefore result in the UK losing out on some trials that might otherwise benefit patients as we would no longer be part of the harmonised procedure.

6.11. EU membership provides regulatory safeguards that promote public health, thereby helping tackle long term demands on the NHS. For example regulations on food and other consumables establish the rights of consumers to safe food and to accurate and honest information. In the European Union, labelling rules enable citizens to get comprehensive information about the content and composition of food products, helping consumers make an informed choice. There are binding regulations on all EU member states ensuring the quality and safety of human blood, tissues and cells, and organs and a range of other public health requirements, such as the management of communicable diseases.

6.12. Lastly the vast majority of UK environmental laws have been developed through the EU, often with the UK taking a leading role. Examples such as air and water pollution and regulation of our countryside and beaches will all need to be replaced if the UK leaves the EU.

6.13. As with employment rights Unite believes that, at the very least, these must all be ‘grandfathered’ over as part of any Brexit deal.

7. Excluding our voice from trade deals

7.1. Unite has been a strong voice against plans to introduce trade deals such as the Trans-Atlantic Trade and Investment Partnership (TTIP) between the EU and US, and the Canada-EU deal known as CETA, both of which pose significant threats to the NHS as a public service.

7.2. Of particular concern have been issues such as the lack of a positive exemption of public services, the use of 'ratchetclauses' which make liberalisation measures irreversible and the power provided to corporations to challenge anti-marketisation measures through an unaccountable Investor-State Dispute Settlement (ISDS) mechanism. These features take away power from democratically-elected governments and mean publicly owned health services like our NHS could be undermined.

7.3. Unite believes that, contrary to claims that leaving the EU would give us power to protection from the impacts of such deals, we will in fact be far weaker. We will be excluded from the negotiating process and agreements will then be imposed on us bilateral agreements with the larger trading blocks.

28/10/2016

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