



## Health and Social Care Alliance Scotland (the ALLIANCE)

### Response: Health and Sport Committee – Impact of leaving the European Union on health and social care in Scotland

23 January 2018

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The Health and Social Care Alliance Scotland (the ALLIANCE) is the national third sector intermediary for a range of health and social care organisations. The ALLIANCE’s vision is for a Scotland where people of all ages who are disabled or living with long term conditions, and unpaid carers, have a strong voice and enjoy their right to live well, as equal and active citizens, free from discrimination, with support and services that put them at the centre.

The ALLIANCE has over 2,200 members including large, national support providers as well as small, local volunteer-led groups and people who are disabled, living with long term conditions or providing unpaid care. Many NHS Boards are associate members and many health and social care professionals are Professional Associates. Commercial organisations may also become Corporate Associates.

The ALLIANCE believes that disabled people, people who live with long term conditions and unpaid carers must be a key consideration in the Brexit negotiations, and the Scottish Government and Scottish Parliament’s approach to Brexit, given that many of the real-life implications in health and social care will be felt most acutely by them. The ALLIANCE recently surveyed members on their preparation for the UK leaving the European Union and how it is likely to impact them or their organisation. Views obtained from the survey participants are included in our response.

#### **1) How could the potential risks of Brexit for health and social care in Scotland be mitigated?**

It remains difficult to assess potential risks whilst the Brexit deal remains under negotiation. As a recent article published in The Lancet<sup>1</sup> recognises, “the effects depend on what type of Brexit is pursued; the harder the Brexit, the worse the effects, with no deal being the worst of all.”

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<sup>1</sup> [http://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736\(17\)31926-8.pdf](http://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736(17)31926-8.pdf)

We can anticipate, however, that the effects of Brexit are likely to be wide-ranging, and it appears unlikely that full mitigation of the impact on funding, the workforce, research and medicines development, as well as the potential impact for human rights, can be achieved by the Scottish Parliament alone.

### **European Union (Withdrawal) Bill – Amendment NC44**

The ALLIANCE, alongside Camphill Scotland and fifty-five other health and social care organisations from across the UK, have proposed an amendment to the European Union (Withdrawal) Bill<sup>2</sup> which could ensure that future planning and decision making in the health and social care sector in relation to recruitment and staffing is informed by UK wide assessments of the impact of Brexit. This amendment was recently narrowly defeated in the House of Commons (by 318 votes to 294) on 20 December 2017, however we intend to further pursue this amendment in the second chamber.

We encourage the Committee to support our call for an impact assessment, which we believe can allow for ongoing assessment and mitigation of the impact of Brexit across health and social care.

### **Social Care Workforce**

Our members have expressed an unwelcome uncertainty about the impact of Brexit on the social care workforce in Scotland, with MND Scotland noting existing “retention and recruitment problems in social care” could be “exacerbated” by retraction from the freedom of movement utilised by many social care staff at present. This reiterates concerns expressed in an earlier survey of ALLIANCE members in the aftermath of the Brexit vote in August 2016<sup>3</sup>, and comes at a time when there are already well documented threats facing current and future social care provision in Scotland<sup>4</sup>.

The ALLIANCE believes that mitigation of these concerns can be achieved through confirmation of the rights of those EU-nationals who already live and work in Scotland to remain and further actions that ensure the social care workforce will be essential

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<sup>2</sup> <https://www.alliance-scotland.org.uk/blog/resources/eu-withdrawall-bill-independent-review-amendment-briefing/>

<sup>3</sup> <https://www.alliance-scotland.org.uk/blog/resources/alliance-eu-and-brexit-resources/alliance-briefing-brexit-survey-august-2016/>

<sup>4</sup> See, for example: <http://www.scottishcare.org/scottish-care-news/blogs/guest-post-from-policy-and-research-manager-becca-gatherum/>; <https://www.scottishparliament.tv/meeting/health-and-sport-committee-december-12-2017>; <http://www.ccpscotland.org/news/ccps-publishes-latest-survey-sustainability/>

consideration in the future development of migration policy at UK-level. The Scottish Government has noted the potential negative impacts of Brexit on the social care sector in its National Health and Social Care Workforce Plan<sup>5</sup>, including reference to “commissioned work to improve understanding of the contribution of non-UK EU nationals to the social services workforce.” The Scottish Parliament should encourage the Scottish Government to share these findings once available and, along with local authorities and Health and Social Care Partnerships, take necessary mitigating action, involving the significant number of social care providers from the third and independent sectors.

### **Access to Medicines**

The ALLIANCE is concerned to note that the Life Science Industry Coalition<sup>6</sup> has suggested that Brexit could create delays or shortages in the supply of medicines for people who use existing medicines (and also access to new medicines) if trade barriers are not resolved. Securing access should be a key concern, as shortages of supply will both increase costs to both people who require them and the NHS in Scotland. We agree with the Life Science Industry Coalition that mitigation should be sought through future trade agreements that facilitate a sure and certain supply of medicines by underlining a maximum level of cooperation on pharmaceutical regulation and cooperation.

### **EU Funding and Research**

We also believe that there is the potential for the Scottish Government to consider the creation of pooled national research funds with existing European programmes post-Brexit. ALLIANCE members have expressed concern that “uncertainty for the future isn’t good for funders and for those looking to receive funding.” Many of our members receive EU funding for innovative and far reaching projects and we encourage the Committee to make representation on their behalf that such arrangements continue.

### **Future Collaboration**

The EU is well positioned to gather and act as a central point for the exchange of good practice, for example through offering funding to collaborative projects such as the pan-European EUPATI project<sup>7</sup> which focuses on education and training to increase the capacity of people who use support and services to understand and contribute to

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<sup>5</sup> <http://www.gov.scot/Resource/0052/00529319.pdf>

<sup>6</sup> [http://www.abpi.org.uk/media/4575/uk-exiting-from-eu\\_life-science-industry-coalition\\_position-paper.pdf](http://www.abpi.org.uk/media/4575/uk-exiting-from-eu_life-science-industry-coalition_position-paper.pdf)

<sup>7</sup> <https://www.alliance-scotland.org.uk/engagement-in-europe/eupati/>

medicines research and development. As people are more empowered to self manage long term conditions and make decisions about their support and treatment (as per Gaun Yersel, the Scottish Government's Self Management Strategy<sup>8</sup>) the dissemination of high quality information is of greater importance than ever. We believe that new, formal networks created or endorsed by the Scottish Government should be created to allow for cross-border collaboration between people who use support and services, health and social care staff, researchers and experts across public, independent and third sectors to continue learning from health and social care systems operating across the EU.

## **Incorporation of Human Rights**

ALLIANCE members have expressed concern about the long-term impact of Brexit on the rights of people living across the UK. Some have considered the UK's membership of the EU as having been important to fighting for the rights of people who use health and social care support and services and that leaving the EU could enable a retraction in people's rights.

The Scottish Government has previously stated its support for human rights frameworks and has stated its intention to implement the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) in the "A Fairer Scotland for Disabled People" Delivery Plan<sup>9</sup>. The ALLIANCE believes that the Scottish Government can go further in order to avoid a retraction of the rights of disabled people, people with long term conditions and unpaid carers post-Brexit, by fully incorporating the UNCRPD into Scottish law alongside the International Covenant on Economic, Social and Cultural Rights (ICESCR) which establishes a range of rights including the highest attainable standard of physical and mental health.

## **2) How could the potential benefits of Brexit for health and social care in Scotland be realised?**

### **Health Workforce**

As the General Medical Council (GMC) pointed out in its response to a recent House of Commons' Health Select Committee inquiry into priorities for health and social care in the Brexit negotiations<sup>10</sup>, "under European law, doctors who are nationals of the EEA (and those who are entitled to count as such) and hold medical qualifications from

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<sup>8</sup> <http://www.gov.scot/Resource/0042/00422988.pdf>

<sup>9</sup> <http://www.gov.scot/Resource/0051/00510948.pdf>

<sup>10</sup> <http://data.parliament.uk/writtenevidence/committeeevidence.svc/evidencedocument/health-committee/brexit-and-health-and-social-care/written/42694.pdf>

another country in the EEA are entitled to have their qualifications recognised and to pursue the medical profession in the UK with the same rights as doctors who qualified in the UK.” As such, a reliance on the robustness of medical education and regulation systems in other EU countries has been required.

Dependent on the negotiation around the UK’s place in the single market, there may be an opportunity to test and ensure the competence of European doctors, which is currently restricted by European law. This could allow for improved standards and greater reassurance to the public.

## **Public Health and Health Inequalities**

As NHS Health Scotland acknowledge<sup>11</sup>, Scotland’s health inequalities are determined by circumstances largely beyond an individual’s control. These circumstances are often determined by decisions made the state or people acting on behalf of the state. The Committee should consider whether there are benefits related to the determinants of health which could be positively impacted by a progressive approach to Brexit, if the political will exists to make that happen. For example, the UK has struggled to meet EU directives which have a major impact upon public health. These include:

- Cleaner air – The Royal College of Physicians and the Royal College of Paediatrics and Child Health (RCPCH), estimate that ambient air pollution causes approximately 40,000 premature deaths, over 6 million sick days and an estimated total social cost of £22.6 billion per year<sup>12</sup>. Poor air quality can also exacerbate the impact of long term conditions such as lung disease and COPD.

The EU’s Ambient Air Quality Directive set legally binding limits for concentrations in outdoor air of major air pollutants that impact public health such as particulate matter and nitrogen dioxide. EU member states were required to produce plans to limit nitrogen dioxide to acceptable levels by 2010, or 2015 at the latest, however the UK has struggled to meet these targets and forty-four cities remain in breach of recommended World Health Organisation guidelines for air quality, with Glasgow having one of the highest rates<sup>13</sup>.

- Cleaner water – The EU Water Framework Directive required the UK to achieve ‘good’ status of all water bodies (including rivers, streams, lakes, estuaries, coastal

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<sup>11</sup> <http://www.healthscotland.scot/health-inequalities>

<sup>12</sup> <https://www.rcplondon.ac.uk/news/research-shows-44-uk-cities-breach-world-health-organization-guidelines-air-pollution>

<sup>13</sup> <https://www.rcplondon.ac.uk/file/8062/download?token=bwmqA51j>

waters and groundwater) by 2015, a target which was not fully met.

New and progressive approaches to the realisation of challenging targets related to air and water quality, as well as in relation to agriculture, food and environmental standards, could have benefits for Scotland's public health. Alongside this, the ongoing development of a new public health framework in Scotland, as well as indications that the UK Public Health Network will take a human rights based approach to public health in future, should allow for opportunities to further embed rights-based approach to health and social care in Scotland.

Considerable concerns remain, however, that despite the opportunities presented to increase the pace of change in these areas, the UK Government would seek to repeal and amend existing legislation and strategies aiming to achieve progressive targets – or choose timescales towards meeting limited targets on each of these issues.

### **For More Information**

#### **Contact:**

**Andrew Strong, Assistant Director (Policy and Communications)**

E: [andrew.strong@alliance-scotland.org.uk](mailto:andrew.strong@alliance-scotland.org.uk)

**Lucy Mulvagh, Director of Policy and Communications**

E: [lucy.mulvagh@alliance-scotland.org.uk](mailto:lucy.mulvagh@alliance-scotland.org.uk)

T: 0141 404 0231

W: <http://www.alliance-scotland.org.uk/>