

The implications of Brexit for public services

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Public service challenges

Taking stock March 2018

- Resourcing effects associated with the economic consequences of Brexit.
- The breaking or maintaining of linkages to the EU institutional and legal complex.
- The future employment of EU 27 citizens.
- The sequencing of the Brexit negotiation process.

Potential issues - NHS & social care

- Reciprocal care. Cost of patients needing care in EU countries and UK. EHIC.
- Cost of more intensive checking of patient eligibility for NHS services, inter-country billing for tourists and temporary residents?
- EU staff in the NHS, social care and academic research roles.
- The prospect of lower levels of EU cooperation on public health?
- EU law - the working time directive, procurement and competition law, regulation of medicines and medical devices and regulation of professional standards and medical education.
- Regulatory institutions – future of European Medicines Agency.
- EURATOM –radioisotopes

A Brexit induced staffing crisis?

- Currently in the English NHS 5.5% of the total workforce are from EU countries and 6.7% from rest of world other than UK.
- Context - nearly 6% of funded posts are currently unfilled.
- Long term recruitment from 27?
- Recruitment from rest of world?
- Nursing pay has fallen by 14% in real terms since 2010, the exchange rate has deteriorated significantly since the referendum.

The number of EEA/EU staff in the NHS and social care system.

Department of Health response to the House of Commons Health Committee report *Brexit and health and social care – people & process* (December 2017).

- Volume of data and specificity could impress .. but if you were already sceptical about the state of Brexit planning this is not data set you wanted.
- Provided in form of 39 Excel spreadsheets with no summary. (17 contain information of direct relevance). (NHS Digital)
- Committee referred to data running to December 2016.
- Nationality data is self reported . To be ‘...treated with a significant degree of caution.’ Staffing data will not equate with migration data.

The data needs to be examined in terms of trends

- NHS England joiner-leaver data (EEA) - 100 net gain during June -September 2017
- In 2009 2.8% of NHS England's nurses had EU27 nationality
- 2017 the figure is 7.3%
- Percentage of EU27 doctors risen by 3% in same period.
- Social care (adult) 2012 – 2017 (Skills for Care using NMDS-SC)
- The sector has over 20,000 care organisations operating at 40,000 locations
- 1.55million staff
- EEA staff proportion rises 5% – 7%
- RoW proportion falls 13 – 9%

Data gaps

- Data on nationality is self reported. Unknown for 7% staff.
- The information needed to guide workforce planning at local and national levels has failed to keep pace with the growing plurality of providers. (Kings Fund 2015)
- Large data gaps on key areas of the workforce in health and social care - primary and community care, agency and bank staff, vacancy rates, and independent and voluntary sector providers.
- A line seems to exist between fear of revealing the extent of reliance on EEA/EU staff and being open and focused on solutions which would require significant input from NHS Trusts and local primary and community care systems.

Policing and the EU

Criminal justice closely linked to the EU. A Security Treaty with EU is needed.

- EUROPOL. Gathers, analyses shares information and coordinates operations. UK uses it more than anyone. Diminished 'third country' membership status is inadequate.
- EUROJUST coordinates national investigating and prosecuting in relation to serious crime. Translation and legal advice are significant assets as are JITs.
- SIS II – real time alerts on individuals and objects of interest. 35,000 individuals wanted under EAW. UK joined 2015. Directly accessible by police officers on the street.
- ECRIS – records convictions in member states.
- Intergovernmental agreements negotiated bilaterally with individual EU members are possible but would be a long and complex process.

The current state of negotiations and contingency plans

Minister Nick Hurd's responses to Home Affairs Committee 23 January 2018

- Who leads in negotiations process Home Office or DExEU?
- Contingency plans for the event of no agreement upon an implementation deal and subsequently for the event of no deal.
- Extent of contingency planning underway?
- To date only a small scale exercise.
- No significant resource commitments made.
- Home Office allocated £50m but all spent on immigration contingency planning.
- Judgement is such that mutual interest will prevail and a Security Treaty agreed in time for Brexit day.
- Government's intention is to stay in all of the existing information databases
- Not unfounded but .. ECJ?

Achieving an institutionalised basis for cooperation across the EU took years of negotiation

- The police see themselves as 'behind the game' in dealing with cybercrime particularly.
- Shires and counties used to provide borders that police commanders sometimes struggled to deal with. Crime has now been globalized.
- Information, intelligence and analysis need to be shared if effective policing is to be delivered.
- The possibility of losing the benefits in data sharing provided by EU institutions would choke off the capacity development that has been gathering momentum.
- When you do not share land borders there is less pressure on the police to cooperate with EU countries.
- Intergovernmental agreements negotiated bilaterally with individual EU members are possible but would involve a long and complex process.

Brexit associated political states

Type 1

- Austerity forced public services off path into radical new journeys?
- Alternately reinforced reliance on short-term coping measures?
- Brexit represents an excuse to extend austerity – the economic impact is so unpredictable.
- Classic path dependency behaviour means you concentrate on what you know how to do.
- Brexit provides a great deal of work which needs to be dealt with in operational terms. A potential distraction from strategic choices?
- *Policing Vision 2025* (APCC and NPCC)
- *NHS England Forward View*

Type II

- Argumentation over Brexit to date has mostly consisted of a re-run of cases made in referendum.
- Poor public 'argumentation' – new strategies are not legitimized in discourse taking place in established political institutions.
- Even now it is not clear what will be represented, quantified, estimated and communicated by Government during negotiations.
- Excessive sense of fear around access to data producing inappropriate intensification of public fears and compromising of the negotiating position?
- Or traditional resistance to transparency?
- Assessing likely consequences on the basis of plausible premises, needs to be seen to move beyond Whitehall at some point and involve public service leaders

Type III

- Will long term strategies for public services receive political support during Brexit?
- Brexit end points do not emerge and transition extends far into future creating uncertainty.
- The longer the negotiations over future partnerships are delayed the greater the likelihood that post-Brexit decisions are based on expediency rather than analysis of threats and opportunities.

Type IV

- How much attention will the Welsh, Northern Irish and Scottish public services receive?
- Brexit makes apparent that relationships between the Whitehall departments and their counterparts in the devolved countries have never been specified.
- Devolved government departments are two stages removed from making an input into negotiations.
- The health, justice and local authority service focused departments in the devolved countries frequently take leads from their Whitehall counterparts but this is a part of inter-governmental relations which has no clearly identified constitutional basis.
- A reliance on professional networks appears to have provided sufficient coordination until Brexit.
- What is the impact on trust?

Negotiations and time

Emergent view of challenges and opportunities ahead for public services

- The parallels between decade long negotiations to join the EEC in 1972 and the current Brexit negotiations are striking.
- Public services need a sense of an endpoint that provides a basis for contingency planning.
- A transition phase after March 2019 is difficult to handle.
- Publicness
- Unlike businesses there is no re-locate option.
- Cannot shift target markets for services.
- Business leaders may risk taking decisions on contingencies until the beginning of the financial year in April 2018 public services needed to be making plans much earlier