

Mandatory Vaccinations in Care Homes Update

To:	Adults and Health Committee
Meeting Date:	22 September 2021
From:	Charlotte Black, Director of Adults and Safeguarding Will Patten, Director of Commissioning Jyoti Atri, Director of Public Health
Electoral division(s):	All
Key decision:	No
Forward Plan ref:	N/A
Outcome:	The Government's new legislation on mandatory vaccination of care home staff will have significant impacts on the outcomes for residents in residential and nursing care settings and the staff who provide that care and their employers.
Recommendation:	<p>The Adults and Health Committee is asked to confirm the following recommendations:</p> <ol style="list-style-type: none">1. The Council will continue to work closely with all the Adult Social Care providers to monitor the uptake of vaccines and target support to these settings where vaccination uptake is lowest.2. The Council will continue to work with Cambridgeshire and Peterborough CCG to ensure that access to vaccines is available for all staff who have yet to take up the vaccine.3. The Council will continue to work with the CCG to promote access to and uptake of the vaccine booster and flu jab.4. Officers to keep the Adults and Health Committee informed about the impact of mandatory vaccines on staffing levels and the impact on capacity.

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1. Background

- 1.1 On the 4th August the Department of Health and Social Care (DHSC) issued guidance on the 'Vaccination of people working or deployed in care homes: operational guidance'. The full guidance can be found here: <https://www.gov.uk/government/publications/vaccination-of-people-working-or-deployed-in-care-homes-operational-guidance>
- 1.2 The purpose of this paper is to provide an update to committee on the mandatory vaccination legislation and the potential impact on providers, staff and residents.

2. Main Issues

2.1 Legislation

- 2.1.1 Following an extensive public consultation (over 13,500 responses were received), DHSC published guidance on the 'Vaccination of people working or deployed in care homes: operational guidance' on the 4th August 2021. This legally requires that from 11th November 2021, that anyone working or volunteering in a care home will need to be fully vaccinated against covid-19, unless exempt.
- 2.1.2 The timeline for implementation of the regulations is outlined below:



- 2.1.3 The guidance applies to all CQC-regulated care homes which provide accommodation for persons who require nursing and personal care.
- 2.1.4 It will apply to all workers employed directly by the care home, those employed by agency and deployed by the care home, and volunteers deployed in the care home.
- 2.1.5 Those coming into care homes to do other work, for example healthcare workers, social workers, tradespeople, hairdressers and beauticians, and CQC inspectors will also have to follow the new regulations, unless they have a medical exemption.

2.1.6 It only applies to those who go inside a care setting, so those entering the building. It does not apply to surrounding grounds.

2.1.7 The registered manager is responsible for ensuring that everyone who enters their care home in these roles is either vaccinated or exempt.

2.1.8 The requirement does not apply to:

- Someone who is resident or being admitted as a residents and their accompanying friend or relative.
- Someone who is entering the care home for emergency assistance purposes (e.g. members of the public responding to a fire or flood, social workers responding to immediate safeguarding concerns)
- Emergency services staff, e.g. fire and rescue, emergency health and police.
- Visits from friends, family and essential care givers

2.1.9 Acceptable proof of vaccination using the NHS COVID Pass service via the following three routes:

- The NHS App
- NHS website – nhs.uk
- NHS COVID Pass letter

Further guidance is due to be published in relation to those who received a vaccination outside the UK.

2.1.10 Medical exemptions are in line with the [Green Book on Immunisation against infectious disease](#), chapter 14a and clinical advice from the Joint Committee of Vaccination and Immunisation (JCVI). An individual risk assessment should be undertaken for those who are exempt from vaccination, which may include a change to their duties where such a change is appropriate.

2.1.11 Booster doses are not currently included in the regulations, but managers are strongly advised to encourage workers to take up booster vaccinations if eligible, and a provision for booster vaccinations may be added to the regulations in the future. The County Council is currently working with the CCG to plan the roll out of boosters and flu jabs to Adult Social Care staff.

2.1.12 There is an expectation that all those entering care homes, continue to follow infection, prevention and control measures, including the correct use of Personal Protective Equipment (PPE) to reduce the risk of transmission. The [Government Every Action Counts](#) campaign has been developed to support this.

2.1.13 The government has indicated that it plans to launch a further public consultation on whether to make COVID-19 and flu vaccination a condition of deployment across wider health and care settings. This is as a result of significant support for this identified from the initial consultation.

2.2 Data and Evidence

- 2.2.1 Data on vaccine effectiveness from Public Health England (PHE) indicates that the covid vaccination programme has so far prevented 14,000 deaths and around 42,000 hospitalisations of older people in England (up to 30th May 2021).
- 2.2.2 The Social Care Working Group of the Scientific Advisory Group for Emergencies (SAGE) advises that an uptake rate for one dose of 80% in staff and 90% in residents in each individual care home setting is needed to provide a minimum level of protection against outbreaks of covid, recognising that current or emergent variants may require even higher levels of coverage and/or new vaccines to sustain levels of protection.
- 2.2.3 Residents in care homes are particularly vulnerable to severe illness and death from covid-19. Based on Office for National Statistics (ONS) data, around a third (31%) of registered deaths from covid-19 in England were care home residents, as of 2 April 2021.
- 2.2.4 Across Cambridgeshire, there are 129 CQC registered care homes, with approximately 5,500 staff and 3,660 residents. Based on nationally monitored tracker that is completed by care home providers, current uptake is shown below (as of 28th July 2021):

	1 st Dose	2 nd Dose
Staff	89.4%	77.9%
Residents	96.4%	94.7%

- 2.2.5 Nationally reported data is not always accurate as there can be a time lag. Based on locally collected data related to first dose, 85% of care homes in Cambridgeshire have reached the 80% threshold for staff receiving the first dose of covid-19 vaccine and 93% of care homes in Cambridgeshire have reached the 90% threshold for residents receiving the first dose. Currently the national data reported in the above table provides the most accurate position in relation to second dose covid-19 vaccine uptake.

2.3 Barriers to Vaccination

- 2.3.1 The Council and CCG have worked proactively with providers over the course of the pandemic to understand what some of the barriers to vaccine uptake are. Anecdotal feedback from care homes, has identified the following as some of the key barriers:
- Concerns around impact on fertility
 - Concerns around pregnancy and breastfeeding
 - Concerns around side effects of the vaccine
 - Concerns around vaccine safety
 - Previously had COVID-19, therefore no need to vaccinate
 - Allergies / severe reactions
 - Contra-indications
- 2.3.2 A system wide Vaccine Confidence Steering Group has been established to ensure there is a cohesive and targeted response to support vaccine confidence across Cambridgeshire. Whilst the focus of this work is not specific to care homes, the community focused approach is targeted at communities which care workers are part of. Following a soft intelligence

survey, the feedback identified three key barriers to vaccination: complacency – convenience – confidence.

Soft intel survey feedback 2:

COMPLACENCY

- ▶ Does not want vaccine - no reason given
- ▶ No need to get the vaccine - I don't get ill or I put too much stuff in my body as it is
- ▶ Non-belief in Covid

CONVENIENCE

- ▶ Know where to get a vaccine when ready
- ▶ Not enough Cambridge City appointments (April 21)
- ▶ Not understanding the 8-week gap between 1st & 2nd Vaccine

CONFIDENCE

- Side-effects
 - Would not get the second vaccine as they were poorly with the first
 - Fear of falling ill after the vaccine - on days when there are key events in the calendar
 - Strokes / heart-attacks after having vaccine
- Vaccine has not been tested enough to feel confident
- Not sure what is in the Vaccine (i.e. has pork in it)
- Confusing messages about if you have had Covid and if you need a vaccine?
- Not having the right medical advice for those with pre-existing conditions (GP's are too busy)
- Pregnant or new mother - is it safe? Can I breastfeed?
- Confusing messages about if you have had covid and when you can have the vaccine
- Young People more hesitant about the Vaccine (Needle phobia, Government way of tracking, invincible etc)

2.3.3 This has informed the programme of work over the coming weeks and months. In terms of confidence, several vaccine factsheets and videos have been issued and in different languages to various community groups, workplaces and communities to ensure the right messages and facts are being known. This has involved different communication and community engagement models such as leafleting, street engagement, door-to-door engagement, engaging with people at vaccination walk-in's and talking them through the process and any concerns they may have. Adult Social Care staff in a variety of settings have received the 'making every contact count' vaccine confidence training and this is now being rolled out to community groups and local businesses. In addition daily walk-in clinics have been established as well as a number of one-off pop-up walk-in clinics for people close to them within their community and workplaces. This has included the Mosque, Community Centres, Arbury Court Precinct, Kings College and the Guildhall. A bus has been commissioned and is another way to help deliver vaccinations where they are needed the most. All vaccination clinics for Cambridgeshire and Peterborough are being advertised on social media platforms and include a central website www.thevaccinators.co.uk.

2.3.4 Locally, significant support to care homes related to vaccination for both staff and residents has been provided by Cambridgeshire and Peterborough CCG and CCC's Public Health Team, Commissioning and Care Home Support Teams. A strategy to increase vaccine uptake was developed in March and implemented over the spring/summer period. Support has been offered to all care homes in Cambridgeshire where uptake is below 80% amongst staff or below 90% amongst residents by both the CCG and the local authority. Support offered is bespoke to each home, and has included practical help with booking appointments, coaching support to care home managers to help them have vaccine confidence conversations with their staff, signposting to reliable information and resources and webinars for staff to enable them to discuss

concerns and ask questions. This support will continue into the autumn to support uptake of the booster covid vaccine and flu jab.

2.4 Impact on Providers, Staff and Residents

2.4.1 We sought feedback from all CQC registered care home providers across Cambridgeshire on the implications of mandatory vaccination for their staff through an online survey. We received 45 responses, a 31% response rate representing 2,524 beds and 3,350 staff across Cambridgeshire. 42% of responses were from small providers (less than 50 beds).

The results from the survey responses are outlined below:

- 67% had responded to the government consultation. For those who didn't respond the reasons for not responding (in order of highest number of responses): were not aware of the consultation (73%), no reason given (20%), waste of time responding (7%).
- 73% thought mandatory vaccinations were a good thing, 18% were undecided and 9% thought it was a bad thing.
- 55% thought it would have a significant impact on their business. The following, in order of highest impact: Loss of workforce, monitoring and policing the workforce, morale of workforce.
- Two providers indicated that they had already implemented compulsory vaccinations for staff and most staff being happy to receive the vaccine.
- The survey identified the following key areas of support that providers felt they would need to respond to this mandated legislation (in order of most responses):
 - No support required
 - Recruitment Support
 - Government increasing staff wages
 - Accessible local vaccination provision
 - More webinars and information on vaccinations to support staff education
 - Information on the legislation roll out and clarity on requirements and timelines

2.4.2 Feedback from the Cambridgeshire Care Providers Alliance indicated that they were not supportive of the mandatory vaccination of care home staff. They are a voluntary membership organisation for providers, who reflect the views of their membership. They raised concerns over the potential reduction in workforce numbers at a time when the demand for provision is rising and the impact on the management and staff relationships. However, they also recognised in practical terms there was a high rate of vaccination uptake across the workforce, so the practical impact would be minimal. This is as a result of the continued hard work and effort of providers to support and encourage their workforce to be vaccinated. Concerns were also raised about the need for 'parity of esteem' and for the mandatory vaccine requirement to be applied equally across the health and care sector. We recognise that this feedback does conflict with the survey results outlined in 2.4.1.

2.4.3 Healthwatch responded to the government consultation raising concerns over the implementation of mandatory vaccination, preferring staff vaccination to be strongly encouraged and supported by employers, rather than a required change to their contract of employment. They also flagged that any policy position for staff vaccination should be applied across all health and social care sectors equally to ensure equitability.

2.4.4 One of our largest providers, a national care home operator Barchester Healthcare has voluntarily implemented mandatory vaccinations for their own staff since April 2021. Barchester have been active partners with Central Government in testing out the impact of mandated vaccinations as a pilot.

2.5 Support to Providers from the County Council

2.5.1 Throughout the pandemic, we continue to work closely with providers to support uptake of covid vaccinations for their staff. This includes a range of support as outlined below.

- Regular communication with providers, via multiple channels, including existing provider forums, email, social media, website and provider newsletters.
- Review and development of targeted communications, e.g. FAQs and webinars. Regular sharing of good quality, reliable resources.
- Vaccination conversations part of contract management conversations with providers and part of the Care Home Support Team and infection and prevention control (IPC) conversations. Utilising every conversation as an opportunity to reinforce vaccination key messages and talk through areas of issue/concerns.
- Coaching support for managers to equip them with the skills to discuss vaccine hesitancy with staff.
- Webinars for staff on covid vaccination
- Practical help with navigating the booking process or facilitating reasonable adjustments
- Facilitating opportunities for staff to have conversations with healthcare professionals from their own communities
- Primary Care Networks (PCNs) supported the initial phase of vaccination roll out, going into care homes to vaccinate residents and staff who had not been able to access alternative vaccination sites.
- Monitoring of care home completed capacity tracker data to inform system planning and specific follow up actions with identified homes, e.g. public health phone calls to home with low uptake, working with care homes to improve data quality on the capacity tracker.
- Linking care homes into the wider work in the community, such as promoting pop-up vaccine sites and walk-in clinics
- As a result of national workforce grant funding, we ran a targeted social care recruitment campaign earlier in the year to support private providers with recruitment. We continue to explore opportunities for continued recruitment support with providers.

2.5.2 We are working in conjunction with the Cambridgeshire and Peterborough Clinical Commissioning Group (CCG) to plan for third dose covid-19 booster vaccinations for staff, the roll out of which is due to commence in September 2021. A similar programme of support will continue to be offered.

3. Alignment with corporate priorities

Report authors should evaluate the proposal(s) in light of their alignment with the following four Corporate Priorities.

3.1 Communities at the heart of everything we do

There are no significant implications for this priority.

3.2 A good quality of life for everyone

Ensuring a good quality of life for residents in care homes, supporting safe and effective provision.

3.3 Helping our children learn, develop and live life to the full

There are no significant implications for this priority.

3.4 Cambridgeshire: a well-connected, safe, clean, green environment

There are no significant implications for this priority.

3.5 Protecting and caring for those who need us

There are no significant implications for this priority.

Have the resource implications been cleared by Finance?

Name of Financial Officer: N/A

Have the procurement/contractual/ Council Contract Procedure Rules implications been cleared by the Head of Procurement?

Name of Officer: N/A

Has the impact on statutory, legal and risk implications been cleared by the Council's Monitoring Officer?

Name of Legal Officer: N/A

Have the equality and diversity implications been cleared by your Service Contact?

Name of Officer: N/A

Have any engagement and communication implications been cleared by Communications?

Name of Officer: N/A

Have any localism and Local Member involvement issues been cleared by your Service Contact?

Name of Officer: N/A

Have any Public Health implications been cleared by Public Health?

Name of Officer: N/A

If a Key decision, have any Environment and Climate Change implications been cleared by the Climate Change Officer?

Name of Officer: N/A

4. Source documents guidance

4.1 Source documents

None