



ADULTS AND COMMUNITIES OVERVIEW AND SCRUTINY COMMITTEE
1 NOVEMBER 2021

MANDATORY COVID-19 VACCINATION FOR WORKERS IN CARE HOMES

REPORT OF DIRECTOR OF ADULTS AND COMMUNITIES

Purpose of report

1. The purpose of the report is to provide an update on mandatory Covid-19 vaccinations for people working in care homes, including anyone entering as part of their employment, and how the Council is supporting care home providers with this new requirement. It covers the measures that the Council has put in place to ensure that, for its own workers, only those who are fully vaccinated will be deployed into care homes.
2. The report also describes the recently closed national consultation on proposals to extend mandatory vaccination for Covid-19 and seasonal flu to frontline health and wider social care staff in England.

Policy Framework and Previous Decisions

3. The provision of adult social care in Leicestershire is underpinned by the Council's Strategic Plan and the Adults and Communities Department Strategy 2020-24, the latter of which was approved by Cabinet at its meeting of 18 September 2020. The Strategy sets out the aim to ensure that the services delivered meet the eligible needs of the citizens of Leicestershire to maximise their opportunities and wellbeing.
4. Reports to the Adults and Communities Overview and Scrutiny Committee of 2 November 2020, 8 March 2021 and 6 September 2021 have provided in-depth descriptions of the challenges faced by care homes as a consequence of the Covid-19 pandemic, and set out the support offered to them by the County Council to continue to provide safe and effective care.
5. Leicestershire County Council's responsibilities under the Care Act 2014 include market oversight, involving proactive work to manage risks to service interruption, ensuring that people continue to receive the care and support they need.

Background

Mandatory vaccination requirement

6. The requirement for those working in a Care Quality Commission (CQC) registered care home environment to be fully vaccinated against Covid-19 unless they have an exemption, was confirmed by the Government on 22 July 2021, with a 16 week lead-in period for unvaccinated workers to have their first and second doses before the full implementation date of 11 November 2021. This also applies to all professionals and trades people who enter these settings.
7. Care home managers across external and internal services are working hard to prepare staff and services to ensure that they are compliant with the new law.

Take-up rates

8. The Covid-19 vaccination programme in Leicestershire began in December 2020. The County Council worked with the local NHS in the planning and prioritisation of vaccinations across Leicestershire to ensure consistency. Much of the vaccination programme has been co-ordinated at a Leicester, Leicestershire, and Rutland level. The local roll-out followed the national priority cohorts, with care home workers and residents being in the first prioritised grouping.
9. In Leicestershire, as of 15 October 2021:
 - 94% of workers have received dose 1 and 86.4% have received dose 2 in care homes for older adults;
 - 89% of workers have received dose 1 and 81.4% have received dose 2 in care homes for working age adults.
10. As the table below shows, for dose 1, Leicestershire's take up of the vaccines amongst older adult care home staff is in line with the rate for the East Midlands and England. For working age adult homes' staff, it is lower. For dose 2, Leicestershire's rate for older adult home workers is slightly below the region and England. For working age adults, the local dose 2 take up is the same as the regional level, and lower than that of England.

	<u>Older Adult Care Home Staff</u>		<u>Working Age Adult Care Homes Staff</u>	
	Dose 1	Dose 2	Dose 1	Dose 2
<u>Leics</u>	<u>94.0%</u>	<u>86.4%</u>	<u>89.0%</u>	<u>81.4%</u>
<u>East Mids</u>	<u>93.6%</u>	<u>87.9%</u>	<u>92.6%</u>	<u>81.4%</u>
<u>England</u>	<u>94.3%</u>	<u>88.0%</u>	<u>92.1%</u>	<u>84.6%</u>

Source: <https://tableau.leics.gov.uk/#/workbooks/9263/views>

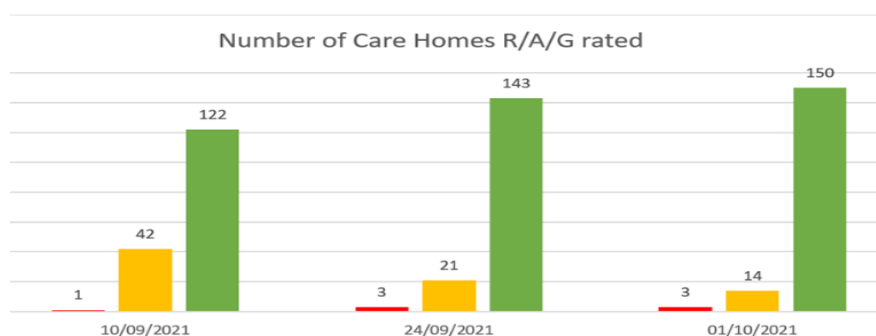
11. Every encouragement and support continues to be given to providers and staff across internal and external services to increase vaccine take-up. Some of the

methods employed include virtual Q&A sessions with experts; publicity materials and FAQ documents; communications for Black, Asian and Multi-Ethnic communities; provision of vaccination sessions at times and locations which are convenient; adjustments for people who are needle-phobic; a dedicated social care provider and staff vaccination enquiry web page, enquiry form, enquiry email address, and booking phone line; weekly updates; targeted work for areas of particular hesitancy such as pregnancy; a 'healthy conversations toolkit' for managers; and a care home manager resource pack.

12. External providers have sought their own professional advice on the human resources and legal considerations for their workforce, whilst internally staff roles affected by the legislation have been identified and managers are working with HR Advisors where support is required. Internal policies and procedures have been drafted in line with government guidance and internal legal advice and is continually being reviewed as and when more is known.

Risk appraisal

13. The Council has undertaken detailed work across all 167 operational independent care homes in Leicestershire to allocate a 'red-amber-green' risk rating to each, principally focussed on the likelihood and impact of a reduced number of staff being able to work in the setting.
14. Providers have been asked to identify how many staff in each role, such as manager, care staff, and nurses, who have not been vaccinated, to determine the risk to the provider if the staff continue to decline the vaccination. This has informed the prioritisation of support to providers by adult social care and public health officers to address barriers to vaccination on an individual care home basis. For example, in two higher-risk homes, it has been identified that the vaccine hesitant staff are younger, and therefore tailored approaches to consider barriers to vaccination for younger workers have been implemented.
15. The risk ratings have been reviewed weekly. As of 5 October 2021, there are three 'red', 14 'amber' and 150 'green' care homes in Leicestershire; as shown in the table below, overall, the number of higher-risk (red and amber) homes has decreased in recent weeks, reflecting providers' efforts in encouraging take-up of the vaccine.



16. A 'menu' of interventions has been developed which has been used by the Council's officers with care home workers to enable the most appropriate and tailored package of measures to encourage take-up. This has included:
- Detailed discussions with GPs, including on culturally relevant matters;
 - Staff focus groups using behavioural science methods to determine barriers to vaccination;
 - Manager training in the use of the 'healthy conversations toolkit';
 - Hands-on support with recruitment and retention;
 - Business continuity planning and critique;
 - Signposting to specialist resources including (but not limited to) a supportive framework within the Council's internal policy and a bespoke procedure for managers to follow.
17. Multi-disciplinary teams have met to review the highest risk, 'red' homes, and to consider the support needs of people living there ahead of 11 November. It is not possible to list these individual care homes to avoid compromising confidentiality.

Professionals entering care homes from other settings

18. The regulations require that workers entering care homes from other settings – including but not limited to GPs, hairdressers, community nurses and plumbers – must also be fully vaccinated from 11 November. The Council has supported providers with this element of the requirement through communications which care homes can use to inform contractors entering the home of the requirement and their obligations. In addition, liaison with Health bodies has taken place to ensure that only fully vaccinated staff can be deployed to care homes and can evidence their vaccination status.
19. The obligation includes relevant Council staff who in the course of their work must enter care homes, including social workers, best interest assessors, and adult social care contract officers. The Council has identified all roles in scope of the regulations and has worked with staff affected by the legislation to progress the requirement for care home workers to become fully vaccinated by the 11 November deadline. For a very small number of employees, exemption on medical grounds has been identified. The Council's vaccination policy has been revised to take the changes into account and will continue to be revised as necessary.

Medical exemption from vaccination

20. National guidance was recently published on temporary medical exemption for Covid-19 vaccination of people working or deployed in care homes. From mid-September, people working or volunteering in care homes who have one of a limited number of medical reasons for being unable to have a Covid-19 vaccine (including prior vaccination abroad) have been able to self-certify that they meet the medical exemption criteria.

21. Care home workers who are exempt must sign a form and give it to their employer as proof of their temporary exemption status. The temporary self-certification process was introduced for a short period prior to the launch of the new NHS Covid Pass system, which subsequently went live on 1 October 2021.
22. Now that the NHS Covid Pass system is active, care home workers will need to apply for a formal medical exemption through that process. The temporary self-certification expires 12 weeks after the NHS Covid Pass system was launched, i.e. 23 December 2021.
23. All exemptions will be confirmed by the worker's GP, specialist clinician or midwife. The NHS Covid Pass is then used to prove the individual's status.

Response to provider instability and failure

24. Covid-19 has been very challenging for the care home market, and although the requirement for workers to be fully vaccinated is positive for the safety of residents and other workers, it brings with it a short-term risk of instability as a result of insufficient staffing, if key workers remain unvaccinated and cannot work beyond 11 November, and if recruitment is unsuccessful. There are also medium-term risks of financial instability or failure if a care home has to operate on reduced capacity in an effort to manage its operation within the available staffing.
25. As described earlier in this report, the Council has worked extensively with the sector to understand and assist managers in managing risks relating to the new requirement. However, some short-term and medium-term risks remain.
26. During the pandemic, the Council has learnt about potential indicators of unstable care home provision. As a result of this, the support offered to homes has developed in the last 18 months and the escalation points of concerns for a home's ability to manage the situation, to enable a multi-disciplinary approach.
27. Providers are supported with recruitment through the Council's Inspired to Care team. Although they do not act as a short-notice recruitment agency, they can support a provider with long-term recruitment to enable them to have a full staff team which reduces financial pressure on a home as well as providing continuity of care for people living there.
28. In case of provider failure there is a mutual aid agreement where all Health and Social Care partners become involved to ensure people are cared for safely. This includes Health partners where clinical support may be needed, the CQC and internal direct services in case of additional hands-on support being required.
29. The Council uses a variety of options to respond to provider failure depending on the size, vulnerability, and risks of a home. The Council continues to use its provider instability and failure protocol and checklist. The checklist provides a framework to enable the Council to manage issues in care homes and has been successful in addressing quality concerns in care homes within Leicestershire.

Consultation on mandatory vaccination of health and wider social care staff

30. The National Government has recently run a consultation on extending mandatory vaccination to frontline health and wider social care staff in England. Staff may be obliged to have Covid-19 and 'flu vaccinations under the proposals. If introduced, requirements would apply to those with face-to-face contact with patients and clients through the delivery of services as part of a CQC regulated activity. It would mean that only those workers who are fully vaccinated or who have a medical exemption could be deployed to deliver those services. The consultation closed on 22 October 2021.
31. The Council has responded to the consultation to indicate that whilst the additional protection from infection for people who use adult social care services is to be welcomed, the impact on the workforce is likely to be severe. Home care and other adult social care providers have, for many years, found recruitment challenging, a position which has worsened significantly in recent months with the reduction in workers from overseas, and competing industries such as hospitality and retail opening up again following the height of the pandemic. Even a small number of vaccine-hesitant workers may compromise the ability of social care providers to deliver services and will have resulting negative impacts on hospital discharge and the ability of people to be supported in their own homes.

Engagement with Providers

32. Council officers are in regular contact with care home providers to give bespoke support and address queries. Regular care home provider meetings are held to engage with providers and give a two-way flow of information to support care homes to remain stable during the pandemic period, including vaccinations and the mandatory obligation. These have been well-received by providers since their initiation in March 2020 and will continue for as long as they are required. These Covid-19-specific meetings run in parallel with new locality-based forums which will begin to increase the focus back to strategic, contract management and business-as-usual matters.

Risks

33. Risks are highlighted throughout this report, including the measures which the Authority has been undertaking or is considering to mitigate them.
34. Central to the Council's approach to risk is the need to ensure the safety of people using its services and those of the adult social care providers which it commissions.

Resource Implications

35. Internal staff resource implications of the mandated vaccinations are given earlier in the report.

36. The Council used £154k of the national Workforce Capacity Fund to support providers with the costs of worker Covid-19 vaccination, which have included staff time away from their core duties, travel, administration, and manager time in addressing employees' queries.
37. The Director of Corporate Resources and the Director of Law and Governance have been consulted on the contents of this report.

Conclusions

38. The care home market has been substantially impacted by the Covid-19 pandemic, and the mandatory vaccination requirement for employees and visiting workers has presented a considerable challenge. However, Leicestershire is well placed to meet the regulations, with the majority of the workforce now having completed a course of an approved Covid-19 vaccine, and with approximately 10% of care homes receiving support with workforce risk ahead of the 11 November deadline.
39. The Committee is asked to note the contents of this report, including the national consultation on extending the requirement for vaccination to the wider health and social care workforce, and to cover Covid-19 and seasonal 'flu vaccination.

Background Papers

- Report to the Cabinet: 18 September 2020: Adults and Communities Department Strategy 2020-24 – Delivering Wellbeing and Opportunity in Leicestershire
<http://politics.leics.gov.uk/ieListDocuments.aspx?CId=135&MId=5997&Ver=4>
- Report to Adults and Communities Overview and Scrutiny Committee: 2 November 2020 – Care Home Sustainability
<http://politics.leics.gov.uk/ieListDocuments.aspx?CId=1040&MId=6171&Ver=4>)
- Report to Adults and Communities Overview and Scrutiny Committee: 8 March 2021 – Care Home Sustainability -
<http://politics.leics.gov.uk/ieListDocuments.aspx?CId=1040&MId=6461&Ver=4>
- Report to Adults and Communities Overview and Scrutiny Committee: 6 September 2021 – Care Home Quality
<http://politics.leics.gov.uk/ieListDocuments.aspx?CId=1040&MId=6463&Ver=4>
- Vaccination of people working or deployed in care homes: operational guidance
<https://www.gov.uk/government/publications/vaccination-of-people-working-or-deployed-in-care-homes-operational-guidance>
- National consultation on making vaccination a condition of deployment in the health and wider social care sector
<https://www.gov.uk/government/consultations/making-vaccination-a-condition-of-deployment-in-the-health-and-wider-social-care-sector>

Circulation under the Local Issues Alert Procedure

40. A copy of this report will be circulated to all members.

Equality and Human Rights Implications

41. There are no Equality and Human Rights implications arising directly from this report, which does not propose specific service changes.
42. The Department of Health and Social Care has undertaken an Equality Impact Assessment of the requirement to make vaccination a condition of deployment in care homes. It has identified that negative impacts (such as the possibility of a worker losing their job) are likely for some protected characteristics because they have higher vaccine hesitancy rates:
 - sex, particularly for women;
 - Black, Asian, and Multi-Ethnic groups;
 - age, particularly younger people;
 - religion, where people do not wish to be vaccinated because of their beliefs;
 - pregnancy and maternity.
43. The County Council has a range of interventions and promotional activity in place to support providers with the expectation, including measures tailored to specific groups or hesitancy reasons. The Council wishes to build vaccine confidence in the external workforce such that workers of all backgrounds can continue to provide support for people with adult social care needs in Leicestershire.

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