

REPORT TO: Health Policy & Performance Board

DATE: 28th September 2021

REPORTING OFFICER: Strategic Director, People

PORTFOLIO: Adult Social Care

SUBJECT: Staff Vaccination Regulations in Adult Care Homes – Risks

WARD(S): Borough-wide

1.0 PURPOSE OF REPORT

- 1.1 To provide the Board with details of the risks associated with the recent Government legislation published on the need to vaccinate people working or deployed in care homes.

2.0 RECOMMENDATION

RECOMMENDED: That the Board

(1) Note contents of the report.

3.0 SUPPORTING INFORMATION

3.1 Background

Adult Care Homes are a “high risk” environment for Covid-19 infection, because of the age and frailty of residents and the close living and working conditions, which make transmission between residents and staff more likely.

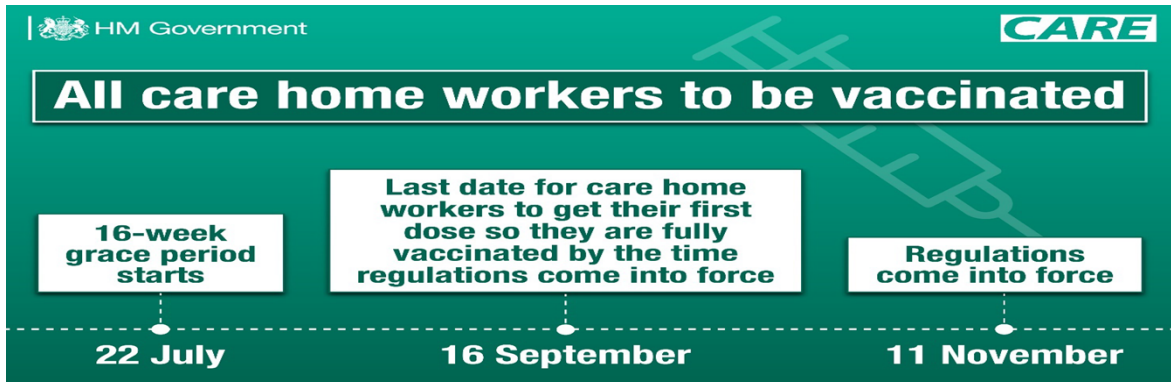
Mitigations in the form of infection prevention and control measures have recently been strengthened through the introduction of new legislation.

In order to now ensure that care homes are as safe as possible for the staff working in them and the people they care for, the Government has decided that the best way to do this is to regulate that all persons entering Care Quality Commission registered care homes must be fully vaccinated, in order to enter the indoor premises of a home.

The Board will note that there will be some exemptions from the vaccination regulations. This includes relatives and friends visiting residents within homes, those that are medically exempt from vaccination and those emergency services who are required to attend a care home in the event of an emergency.

The implications of implementing the regulations are that those staff who are not fully vaccinated or refuse to be vaccinated who work within care homes, or are required to visit care homes as part of their role cannot continue to be employed in that role.

- 3.2 The [regulations](#) were made on 22nd July 2021, published on 4th August and must be implemented by 11th November 2021.



Whilst this legislation is expected to reduce the health risks to care home residents and staff, the restrictions on staff deployment introduce a number of consequential risks which threaten the operation of local health and care systems.

This report considers these consequential risks and the immediate actions needed to prepare for workforce reductions that are expected to arise as a result of the legislation.

3.3 Halton – Current Assessment

There are an estimated 942 staff working within the identified Halton Care Homes. As at 13th August 2021 the headline vaccination rates are 765 (81 %) of staff having received an initial vaccine dose and 722 (76%) of staff being fully vaccinated.

Although staff vaccination rates continue to rise slowly, there are still some staff within care homes who remain totally unvaccinated. This means that approximately 200 workers (24% of the workforce) could be prevented from working in care homes, unless they become fully vaccinated in the next few weeks.

The charts below show the total numbers of staff with one vaccine and those fully vaccinated across Halton compared to the staff total in each home.

Figure 1: Staff with one vaccine compared to total staff in each home

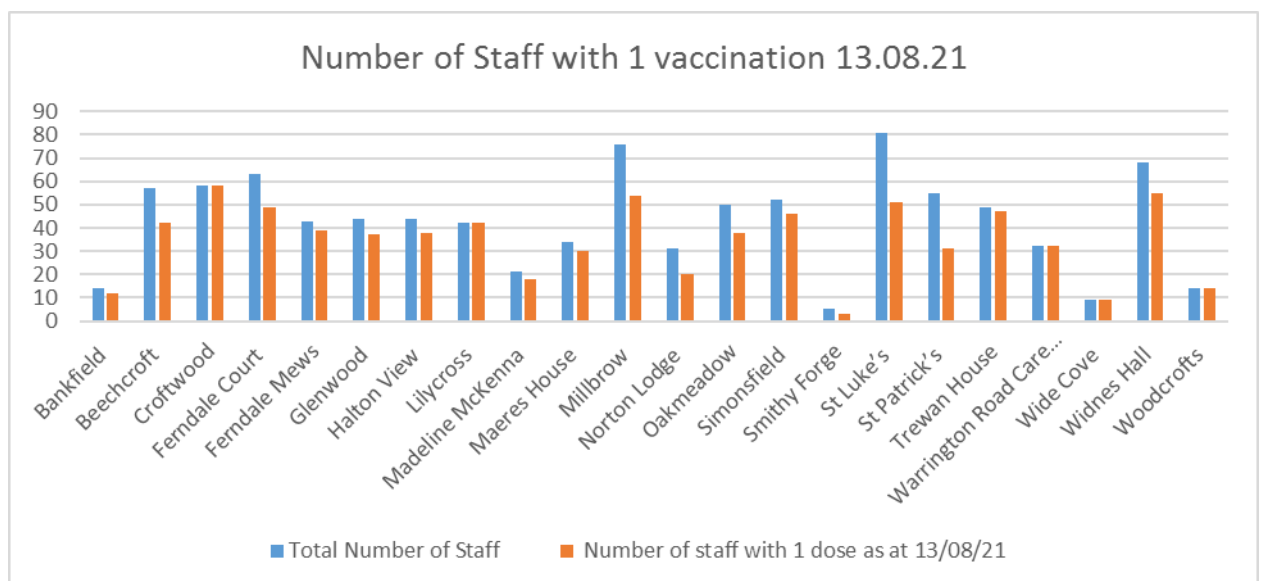
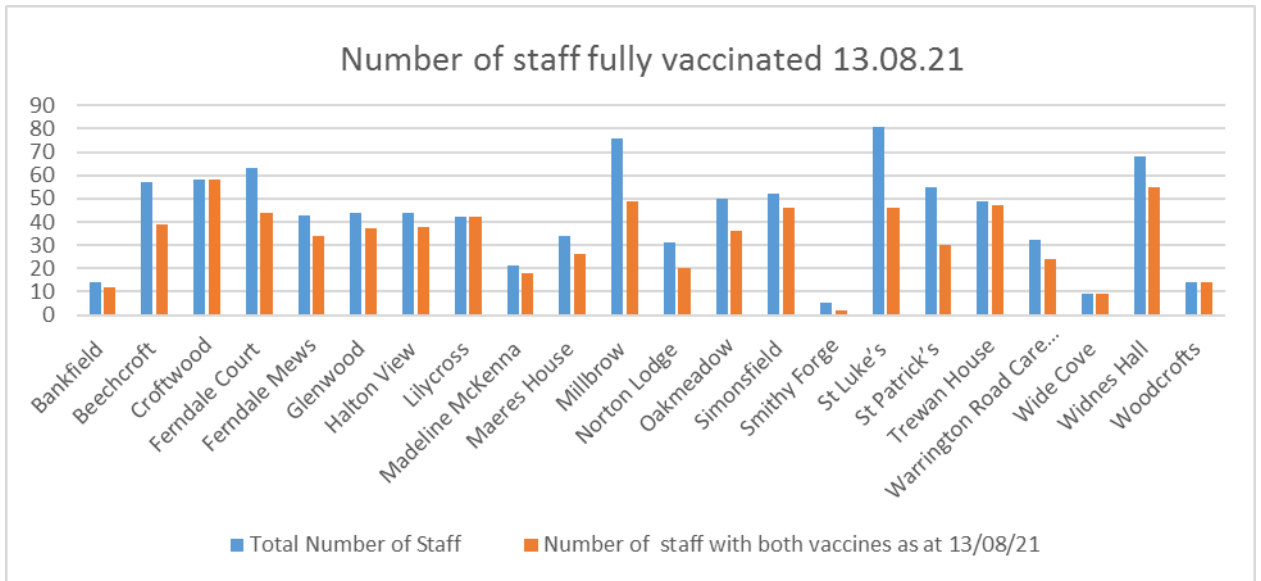


Figure 2: Staff fully vaccinated compared to total staff in each home



The graphs below show the number of staff in Halton Borough Council (HBC) Care Homes with one vaccine and those fully vaccinated.

Figure 3: Staff within HBC Homes with one vaccine compared to total staff

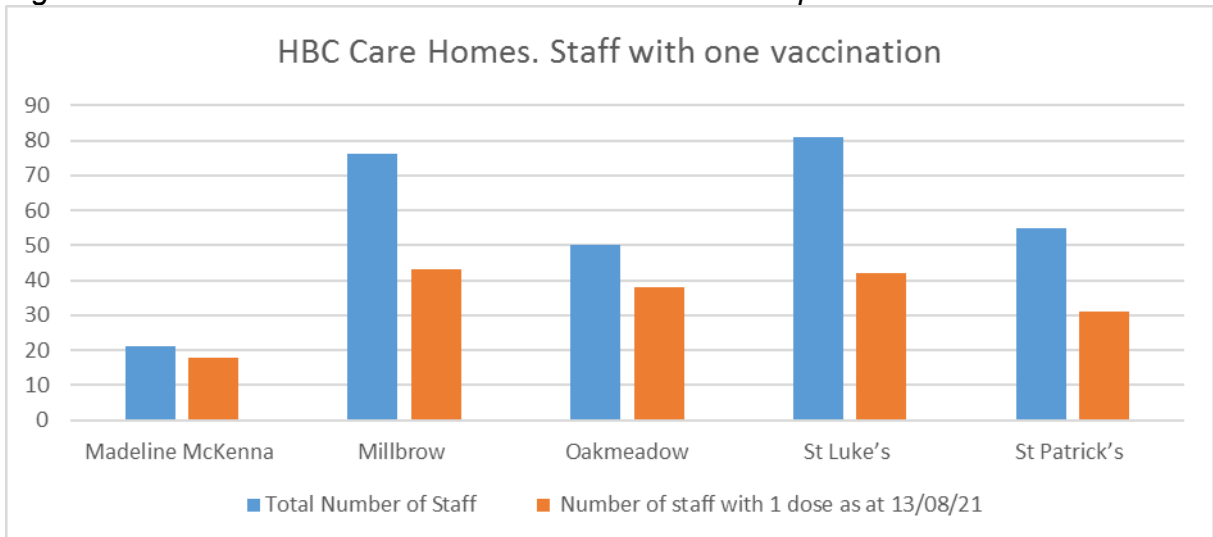
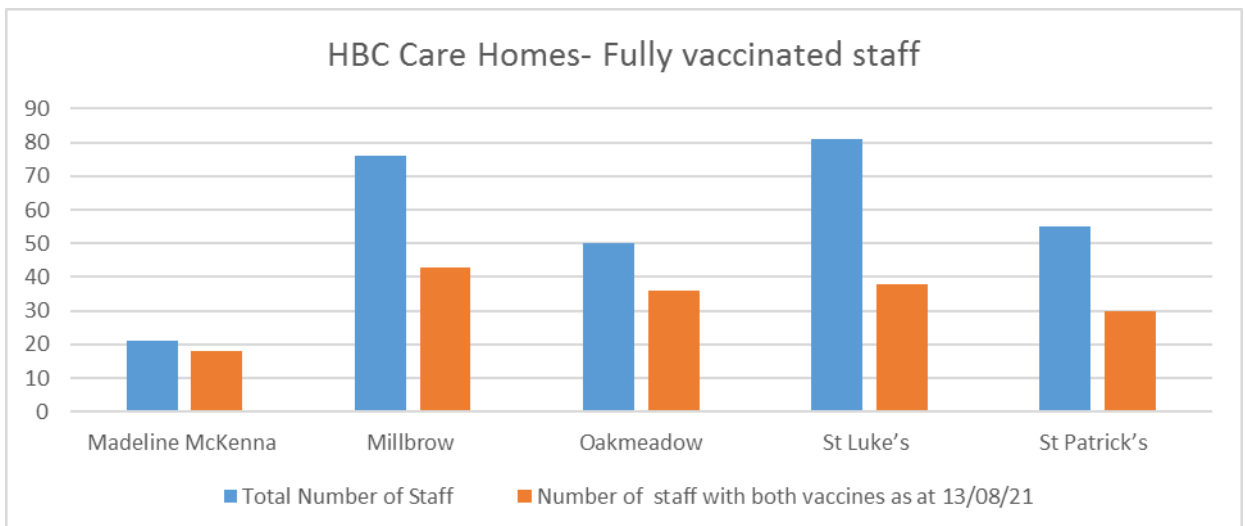


Figure 4: Fully vaccinated staff within HBC Care Homes compared to total



3.4 Statement of Risks

With only 3 homes (Croftwood, Lilycross and Wide Cove) currently reporting that all staff have received both doses of the vaccine, this has the potential to severely impact the Halton care market.

Several types of risks have been identified if care home staff (other than those clinically exempt under the legislation) are not fully vaccinated against Covid-19.

- a. Unvaccinated staff are at risk of losing their jobs because they are unable to be deployed within care homes (**the “employment” risk**);
- b. Care Homes are at increased risk of staffing shortages due to their inability to deploy unvaccinated staff (**the “workforce” risk**);
- c. Staffing shortages may force care homes to reduce bed capacity and limit their ability to accept new residents, making it much more difficult for people to access residential and nursing care (**the “commissioning” risk**);
- d. Severe staffing shortages may compromise the ability of care homes to maintain safe staffing levels for existing residents, forcing the relocation of some residents (**the “continuity of care” risk**);
- e. Prolonged curtailment of operations due to below optimal occupancy levels will limit the revenues of care home operators and increase the risk of provider failure due to financial pressures (**the “viability” risk**).

3.5 Halton Impact Assessment

An impact assessment has been carried out against the 5 risk areas outlined above, as follows:-

3.5.1 Employment Risk – Approximately 200 care home workers face losing their jobs if they do not become fully vaccinated before the restrictions on staff deployment come into effect. The figures currently show there is little difference between the numbers with one (765 people) or two vaccines (726 people) which may indicate that the remaining workers are reluctant to have the vaccination. The mandatory element of the new regulations may increase this, but this remains a high risk that these workers will remain unvaccinated and lose their jobs within care homes.

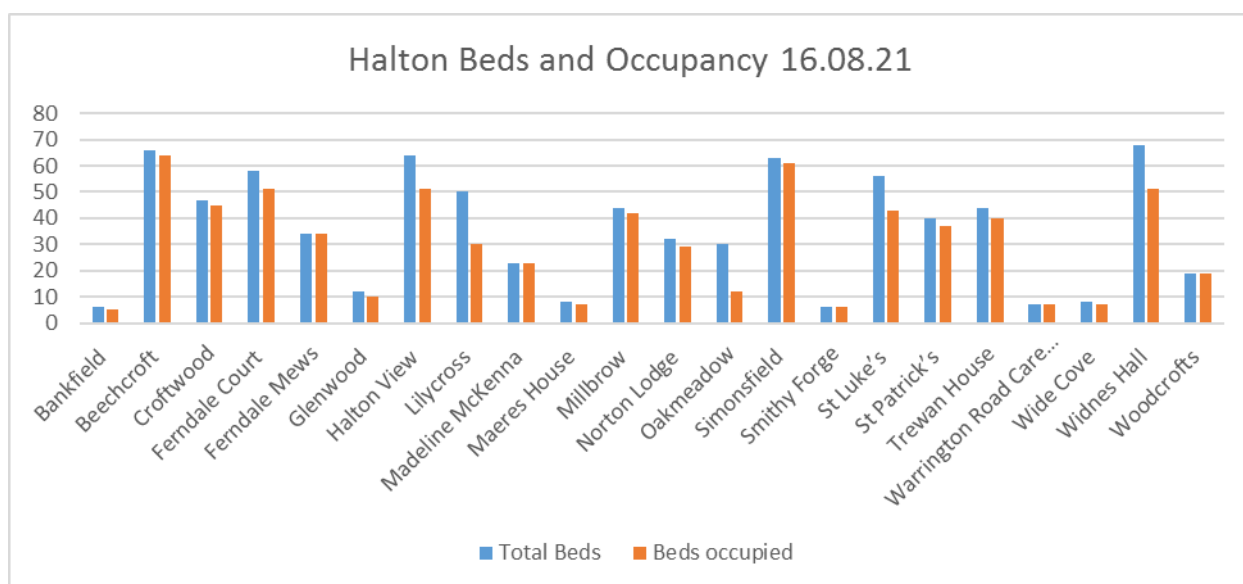
3.5.2 Workforce Risk – At this point in the vaccination programme there are only 3 homes that have reached 100% of staff being fully vaccinated, so unless uptake changes the remaining homes can expect to be unable to deploy some of their existing workforce. This is on top of current systemic recruitment and retention pressures, with some homes already operating below their full staff complement. Homes will hopefully be able to adjust to staffing reductions without significant detriment as most or all of their staff are fully vaccinated. However, there are some HBC homes with cohorts of unvaccinated staff and the ability of these homes to continue unaffected is more challenging.

3.5.3 Commissioning Risk – Care Homes may consider contracting their bed capacity in order to ensure that the staffing ratios required to maintain safe standards of care can be met. Finding suitable places in care homes for new residents – either publicly or privately funded will become more challenging, with a reduction in choice of accommodation at the very least being likely. This would also affect the ability to place care home residents being discharged from hospital, with the potential for longer discharge delays.

3.5.4 Continuity of Care Risk – There are currently approximately 790 care home beds in Halton with 560 occupied. That is 70% occupancy. With approximately 790 beds and 940 staff, this is a crude ratio of 1.1 staff members for every bed. If we assume a safe staff to resident ratio of 1.1, the loss of all staff yet to be fully vaccinated (200 staff), would potentially require a reduction of around 180 beds in Halton in order to maintain safe staffing levels.

With only 230 beds currently vacant across Halton, a staff reduction would eradicate available capacity and require significant reliance on contingency plans. Whilst a lower reduction in staffing is a more likely scenario the uneven distribution of staff vaccination uptake and vacancies in care homes means that the scale of the workforce risk for some homes makes it unlikely that they will be able to maintain staffing levels commensurate with safe standards of care for existing residents. In these circumstances, and in the absence of other workforce options, continuity of care will become a serious challenge for councils and for the homes concerned.

Figure 5: Total number of Beds vs Beds Occupied



3.5.5 Viability Risk – Some homes have been operating with low levels of occupancy for many months and with the workforce set to contract further, some may face the prospect of reduced revenues as they scale back their operations to ensure safe standards are maintained. For some, the scale of the workforce challenge could make it impossible for them to continue. It is a possibility that must be considered that the potential exists for provider failure just at the point that annual winter pressures are beginning to accelerate.

3.6 Mitigating the Risks

The above assessment is necessarily pessimistic in the absence of any clear current indication of a rapid increase in staff vaccination. If the risks identified are to be mitigated, urgent action is required across all care homes with less than full staff uptake.

HBC has been pro active in trying to overcome vaccine hesitancy and have consistently used the capacity tracker data to identify and contact homes with low vaccine uptake amongst staff.

The Home Managers and the Divisional Manager for HBC Care homes have offered support and met with and spoken to multiple staff within our homes. As at 18th August 2021, we are confident that two of the HBC care homes will have all staff fully vaccinated by the September deadline (Last date for Care Home workers to get their first dose so they are fully vaccinated by the time regulations come into force).

Work is on-going in the other homes and plans are in place to minimise risk to service delivery within those homes. HBC will continue to review the business contingency plans for Council run care homes and the numbers vaccinated will be monitored weekly.

Commissioners are urgently establishing with providers the potential impact on care provision for a range of scenarios, based on best case, worst case and most likely case staff reductions.

Providers have been asked to review their plans on the basis of their individual current and projected staff vaccination uptake levels and to share the results with commissioners so that they can jointly assess the potential impact on continuity of care and future bed capacity.

HBC will then use this intelligence to develop strategies for both increasing uptake and simultaneously preparing for major adjustments in the workforce and care market.

HBC will continue to use all means available to encourage higher levels of uptake and to ensure that providers accurately and regularly report the vaccination status of their staff.

4.0 POLICY IMPLICATIONS

- 4.1 Associated changes in Human Resource and Care Home processes are required to support the introduction of this legislation and have been/continue to be developed.

5.0 OTHER/FINANCIAL IMPLICATIONS

- 5.1 As this issues has the potential to severely impact the Halton care market, there will undoubtedly be resulting financial implications. Further work is being carried out to fully understand these.

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 Children & Young People in Halton

None identified.

6.2 Employment, Learning & Skills in Halton

None identified.

6.3 A Healthy Halton

The availability of an effective Care Home market in Halton is directly linked to this priority.

6.4 A Safer Halton

None identified.

6.5 Halton's Urban Renewal

None identified.

7.0 RISK ANALYSIS

7.1 This report specifically focuses on the risks associated with the introduction of the new legislation.

8.0 EQUALITY AND DIVERSITY ISSUES

8.1 None identified.

9.0 LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE LOCAL GOVERNMENT ACT 1972

9.1 None associated with this report.