

REPORT TO: Health & Wellbeing Board

DATE: 19 January 2022

REPORTING OFFICER: Director of Social Services

PORTFOLIO: Adult Social Care
Health & Wellbeing

SUBJECT: Vaccinations in Care Homes

WARD(S): Borough-wide

1.0 PURPOSE OF THE REPORT

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

2.0 **RECOMMENDATION: That the Board note the 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 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 There are an estimated 942 staff working within Halton Care Homes. The chart below shows the total numbers of staff within the independent sector fully vaccinated and those now receiving the booster vaccination and the flu vaccination. It also identifies the number of staff who potentially meet the medical exemption criteria. The cut off for the validity of temporary self-certified medical exemption letters has now been extended from 24th December 2021 until 31st March 2022.

3.4

	Independent sector	HBC owned care homes
Total Number of Staff	616	216
Total Staff undertaken Vaccination 1	611	212
% Total Staff undertaken Vaccination 1	100%	99%
Total Staff undertaken Vaccination 2	608	212
% Total Staff undertaken Vaccination 2	99%	99%
Total Staff undertaken Booster Vaccination	220	47
% Total Staff undertaken Booster Vaccination	36%	45%
Total Staff undertaken Flu Vaccination	72	33
% Total Staff undertaken Flu Vaccination	12%	14%
Number of staff refusing COVID vaccine	2	0
Number of staff exempt	5	4

3.5 HBC has been proactive 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.

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.

3.6

An initial Impact Assessment was undertaken against 5 identified risk areas which has been updated:

- **Employment** - Although the initial figures indicated that there may have been a high number of care home workers at risk of losing their positions the reality was that there were 8 people in the independent sector.
- **Workforce** – Homes have been able to recruit and retain new staff, however, they report that staffing remains the biggest risk to the sector with low rates of responses to advertised vacancies.
- **Commissioning risk** – There are a couple of homes that have contracted their bed capacity in order to operate safe staffing levels due to their staffing shortages due to both recruitment issues and the ongoing isolation requirements.
- **Continuity of Care** – It was anticipated that the scale of the workforce risk and reliance upon agency staff would impact on the care levels within the care homes. However, there is a reluctance of care homes to engage agency staff due to the increased care costs and the increased risks as the booster vaccinations are not mandatory. This has an impact on the permanent staff within the home covering rotas and potential burn out.
- **Viability** – Throughout the pandemic care homes had been operating with high under occupancy numbers and therefore reduced income. It was anticipated that the scale of the workforce challenge would make it impossible for them to be financially viable. Although there has undoubtedly been a financial impact on the sector the predicted provider failure has not emerged in Halton.

3.7

Work has commenced looking at internal policy for the extension to mandatory vaccination across health and social care. In house services have high levels of vaccination (above 90%) and work continues to improve this further. External services have high rates in supported living (circa 905+) with lower rates (circa 75%) in domiciliary care however this is increasing since the announcement.

4.0 POLICY IMPLICATIONS

4.1 Associated changes in Human Resource and Care Home processes have been required to support the introduction of this legislation and has continued to be developed in the light of further requirements.

5.0 OTHER/FINANCIAL IMPLICATIONS

5.1 These issues have 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 None identified.

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

Document	Place of Inspection	Contact Officer
Not Applicable		