This consultation response was submitted by the Homecare Association via an online form on 22/10/21

Department of Health & Social Care

Making vaccination a condition of deployment in the health and wider social care sector

Introduction

This consultation to seek views on making vaccination a condition of deployment in the health and wider social care sector within England only.

In your response to questions in the consultation, please do not include any information that could identify you or somebody else other than in the section titled 'About you'. For example do not include anyone's name, age, job title or email address.

You can save your response at any point and come back to complete it later.

When you submit your response you will have the option to print a copy of your answers - click on File and Print in your browser.

This consultation closes on 22 October 2021.

About you

To evaluate responses fully we need to ensure we reach a wide number of people from diverse backgrounds and experiences.

The following set of questions will help us have a better understanding of who is responding to this consultation and in what capacity.

What is your first name? (optional)

What is your last name? (optional)

Is it OK for the Department of Health and Social Care to contact you about your response? *

- [x] Yes
- [ ] No

Would you like to receive information about other DHSC consultations? *

- [x] Yes
- [ ] No

What is your email address?

policy@homecareassociation.org.uk

Are you completing this consultation as:

- [x] A representative organisation or body (e.g. trade unions, bodies representing health or care providers)
- [ ] An organisation providing health or care services
- [ ] A manager of healthcare or social care services
- [ ] A member of health and care workforce delivering services to patients or clients
- [ ] A current service user/patient or family, friend or carer of current service user/patient
- [ ] A member of the public
- [ ] Other

About your organisation

How many employees does your organisation have/represent?

If your organisation provides health or social care services, please state number of total employees of the whole organisation (e.g. your NHS Trust). If your organisation does not provide health or social care services but represents those who do (e.g. trade union), please state the number of employees you represent.

- 1-10
- 11-50
- 51-250
- [x] Over 250
- I don't know
- Not applicable

Where does your organisation provide its services? *

- [x] England
- Northern Ireland
- Scotland
- Wales

[Please note that the Homecare Association operates in England, Northern Ireland, Scotland and Wales but it was not possible to select all options due to the survey design. As the policy is most likely to apply to England immediately, England was selected.]

Please give the name of the organisation you represent / work for *

Homecare Association (formerly United Kingdom Homecare Association / UKHCA)

Which persons should be required to be vaccinated?

Which of the following best describes your opinion of the requirement: Those deployed to undertake direct treatment or personal care as part of a CQC regulated activity in a healthcare or social care setting (including in someone's home) must have a COVID-19 and flu vaccination?

Must have a COVID-19 vaccination in healthcare *

- Supportive
- Slightly supportive
- Neither supportive nor unsupportive
- Slightly supportive
- Not supportive
- I don't know

Please provide details to support your answer (maximum 500 words)

We strongly support and encourage staff vaccination in health and social care. There may be a time when it is appropriate to make this a requirement to practice but advise against this now, given pressures on the workforce, and unmet need.

Social care services should not be held to a higher standard than healthcare settings, where arguably people are at similar or higher risk. If homecare staff are required to vaccinate (which we do not advocate) then community nurses, community mental health teams and others must be subject to the same requirements. In acute hospitals, patients are by definition sicker and weaker than those at home. If anything, given the more stringent registration requirements, higher level of medical knowledge, and better pay and conditions offered for healthcare professionals, we would expect healthcare professionals to be held to a higher standard than social care staff.

We question why the Government introduced vaccination as a condition of deployment for care homes in advance of NHS in-patient settings, when in both cases the service users are likely to be highly vulnerable to COVID-19 and the settings are high-risk.

Points that apply equally to the social care and health sectors:

- We are concerned that evidence suggests that vaccination as a condition of deployment may harden people's views against vaccination and increase their levels of distrust. They may otherwise have been persuaded of the

safety and efficacy of the vaccine had there been effective one-to-one or small group engagement with them regarding their particular concerns. Impacted levels of trust could have long-term effects including in relation to take up of future vaccination programmes.

- We are extremely concerned that introducing vaccination as a condition of deployment could leave some regions with staff losses, adversely affecting patient safety and waiting times for treatment. The implementation of the policy in care homes is also concerning. The Government's own data suggests that healthcare professionals in some regions have a double vaccination rate of 78%, including 76% for Primary Care in the East of England. Some trusts have vaccination rates of 83% for the first dose.

- The NHS cannot afford to lose staff with COVID-19 pressures and waiting lists of over 5 million. Recruitment for some roles requires years of training. What is the Government's contingency plan (especially for the regions of the country that are likely to be most impacted)? Exacerbating staff shortages could cost more lives than those that might be saved through vaccination as a condition of deployment. There are other COVID-19 risk mitigation measures in place (including PPE and routine testing).

- If any such requirement is pursued it must not be in the middle of winter pressures and without a contingency plan.

Must have a COVID-19 vaccination in social care *

- Supportive
- Slightly supportive
- Neither supportive nor unsupportive
- Slightly supportive
- Not supportive
- I don't know

Please provide details to support your answer (maximum 500 words)

1) **Workforce shortages are already critical and risk harm:** In August we conducted a survey of our membership. Of 843 responses, 95% of providers said that recruitment was harder than before the pandemic with 78% saying it was 'the hardest it has ever been'. 65% of homecare providers said that more careworkers were leaving their jobs than before the pandemic. As demand booms, in parts of the country people are being left without care, or placed in more expensive settings of care not of their choice, because of lack of capacity in the sector (ADASS rapid survey).

2) **Further reduction of workforce could cause business closures:** In a recent survey of 150 of our members, two-thirds thought it would severely impact their business. 86% of providers thought there would be increased recruitment costs; 93% thought it was certain or likely it would be harder to recruit; 84% thought it was certain or likely they would need to dismiss staff; 76% thought employee relations issues were likely; 79% that they would have to reduce the number of hours of care delivered; two-thirds thought they were certain or likely to hand back work and around a quarter thought it was certain or likely they would close their business.

   Around a third of providers expected to lose less than 10% of their workforce. 40% expected to lose between 10 and 24%; almost a quarter thought they would lose a quarter or more of their workforce with a minority expecting the majority of staff would leave.

   Official figures suggest 83.2% of homecare staff have had a first dose. According to Skills for Care data the CQC registered domiciliary care workforce is around 588,000. If the requirement were brought in immediately, we could lose around 100,000 staff.

3) **There is no credible contingency plan:** previous data suggest the staff to user ratio is approximately one-to-one. Recruitment is exceptionally difficult, so employers will struggle to recruit immediately to replace many of those that leave. If we lose 100,000 staff, there could be 100,000 people without care that is vital to their safety and wellbeing. Who will care for them?

4) **We believe the mitigated risk of infection is lower than the risk of no care:** care from unvaccinated staff subject to PPE and testing is likely to present lower risks to people's wellbeing than no care being provided due to staff shortages. Most homecare is not as high-risk as care home provision.

5) **Some regions will be severely affected:** Some providers report staff vaccination rates lower than 50%, concentrated in certain areas. This will put severe pressure on certain local authorities and NHS trusts, possibly creating states of emergency.

6) **We are facing winter pressures and a pandemic backlog:** the Government must address workforce shortages first before implementing policies that will exacerbate pressures on the sector.

7) **Unvaccinated staff may move into unregistered care:** and continue to work with highly vulnerable people.

Must have a Flu vaccination in healthcare *

- Supportive
- Slightly supportive
- Neither supportive nor unsupportive
- Slightly supportive
- Not supportive
- I don't know

Please provide details to support your answer (maximum 500 words)

We do not represent the healthcare sector.

As with social care, we anticipate that this may serve to harden the position of those who are hesitant to accept the COVID-19 vaccine and may also encourage some staff to leave, who otherwise would have stayed.

Considerable progress on uptake has been made in the NHS in recent years, it is feasible this could be continued without vaccination as a condition of deployment if staffing levels would otherwise be adversely impacted.

Must have a Flu vaccination in social care *

- Supportive
- Slightly supportive
- Neither supportive nor unsupportive
- Slightly supportive
- Not supportive
- I don't know

Please provide details to support your answer (maximum 500 words)

While we promote access and uptake of the flu vaccine every year, we believe it is the wrong time to introduce flu vaccination as a condition of deployment. It is likely to intensify the concerns already outlined in relation to the COVID-19 vaccine. Furthermore, effectiveness of the flu vaccine is questionable and may be lower in older and immune-compromised people.

We undertook a survey of our members to ask whether addition of the flu vaccine to the requirement would be likely to increase the number of staff who leave the organisation. We received 130 responses. 66% of providers thought that the addition of the flu vaccine to a requirement would increase the number of staff who left. 18% felt it would not increase the number of staff who left. 15% found the outcome difficult to predict.

Those who did not expect the flu vaccination to worsen the situation (18%) tended to explain this through the fact that their vaccination rates were already high, or because the staff who were hesitant regarding the COVID-19 vaccine were the same as those that were hesitant about flu. Even amongst these providers, however, there were concerns about how this would affect recruitment and a lack of clarity about what new recruits may feel about the flu jab.

Providers who reported that they expected an increase in staff leaving (66%) felt that there were some staff who have had the COVID-19 vaccine who would not have the flu vaccine. There were concerns that the importance or urgency of the flu vaccine was not as widely accepted as the COVID-19 vaccine was, which may be seen in some ways, as part of an exceptional response to the pandemic. In some cases the addition of the flu vaccine was felt to be one requirement too far.

The impact on individual providers would be likely to vary considerably (as with COVID-19) In some cases providers felt that the number of staff that would leave would increase by 50% or more if flu vaccination was a condition of deployment.

If flu vaccine uptake were to mirror uptake in previous years, then a substantial proportion of the workforce would not meet the requirement. More can be done

to promote uptake within the social care workforce, and we would be happy (to continue) to work with the Department on this.

Social care services have had some difficulties in accessing the flu vaccination in the past. In the winter of 2020-2021 this was a particular issue with many staff being repeatedly turned away from GPs practices and community pharmacies due to shortages of the vaccine. For this reason, uptake last year was less than 30%. If introduced (which we do not recommend), any legal requirement must take account of the possibility of shortages or access problems in future years.

Do you think there are people deployed in or visiting a healthcare or social care setting (including someone's home) who do not undertake direct treatment or personal care as part of a CQC regulated activity but should also be included within the scope of a requirement to have a COVID-19 and flu vaccine?

- Yes
- No
- I don't know

Which people do you think should be covered by the scope of the requirement to have a COVID-19 vaccination and flu vaccination?

- Porters
- Administration staff
- Cleaners
- Volunteers
- I don't know
- Other (please specify)

High risk settings, like hospitals, should be held to the same standard as care homes. We are extremely concerned about the existing care home policy. However, if retained, comparable controls should apply to in-patient wards and other high-risk settings.

In people's own homes, individuals that have direct contact with the client for the purposes of assessment or staff supervision should be held to the same standards as careworkers – but we suggest no requirement for either at this stage.

It is not possible to control who enters someone's own home. Some people may have numerous contacts unrelated to care. If the

government genuinely wants to protect vulnerable people, it needs to implement policies which reduce community transmission of COVID-19. Right now, the UK is an outlier, with higher case numbers, hospitalisations and deaths than our European neighbours, indicating that the government is not taking infection control in the population seriously.

For COVID-19 and flu vaccination are there people deployed to undertake direct treatment or personal care as part of a CQC regulated activity that should not be in scope of the policy?

COVID-19 vaccination *

- Yes
- No
- I don't know

Please explain your answer (maximum 500 words)

As outlined above the level of risk in different parts of the sector are substantially different.

The justification for the policy may be stronger:

a) Where staff are working in settings which are higher-risk for COVID-19 transmission. The Government's initial study into the prevalence of COVID-19 in the domiciliary care workforce suggested that it was comparable to the general population, unlike staff working in high risk congregate settings, or in environments with poor ventilation.
b) For parts of the workforce that are professionally registered healthcare practitioners - it might be more reasonable to expect those who have received significant training in medical science, are professionally registered and are paid at a rate significantly above the minimum wage to be vaccinated than careworkers. If the Government wants the care workforce to behave like professionals, they must treat them like professionals. This includes registering the workforce and increasing funding to allow pay rates to reflect this.

If the Government is insistent that the policy must be pursued but is not able to demonstrate a contingency plan for the whole of health and social care then perhaps the policy could focus on higher risk settings in the first instance.

While introducing a requirement for any part of the sector will raise an expectation that all parts of the sector should be covered, increasing staff pressure on the whole of health and social care simultaneously through a policy change of this nature may have severe consequences.

The Homecare Association would like to see the whole of the homecare workforce vaccinated and for rates to be increased by a kind and compassionate approach to engaging directly with the concerns of the workforce in the first instance.

We also believe that if any policy is introduced, there should be exemptions for individuals who have a medical reason not to be able to receive the vaccine.

Flu vaccination *

- Yes
- No
- I don't know

Please explain your answer (maximum 500 words)

As above, we consider that it is likely that introducing this policy across the whole sector is likely to have very serious consequences due to staffing shortages.

As above, the justification for the policy may be stronger:

a) Where staff are working in settings which are high-risk for flu transmission.
b) For parts of the workforce that are professionally registered healthcare practitioners.

We also believe there should be exemptions for individuals who have a medical reason not to be able to receive the vaccine.

Are there any other health and social care settings where an approach similar to adult care homes should be taken? (that is, all those working or volunteering in the care home must have a COVID-19 vaccination or have an exemption)

- Yes
- No
- No opinion

You said there are other health and social care settings where an approach similar to adult care homes should be taken (that is, all those working or volunteering in the care home must have a COVID-19 vaccination or have an exemption)
Please select all that apply

- Hospice
- Residential recovery services for drugs and alcohol
- Registered extra care and supported living services
- Registered Shared Lives services
- Other (please specify)

We do not support VCOD in care homes due to the critical implications for staff shortages in some regions. However, if VCOD is to be implemented in care homes, other very high-risk settings such as hospital in-patient services should be treated in the same way.

Which of the following best describes your opinion of the requirement: Those under the age of 18, undertaking direct treatment or personal care as part of a CQC regulated activity (in a healthcare or social care setting, including in someone's home), must have a COVID-19 and flu vaccination?

COVID-19 vaccination in healthcare *

- Supportive
- Slightly supportive
- Neither supportive nor unsupportive
- Slightly supportive
- Not supportive
- I don't know

Please provide details to support your answer (maximum 500 words)

If at the time any requirement is introduced, staff under the age of 18 have equal access to the vaccination and are undertaking the same work (i.e. CQC regulated activity), we believe they should be treated the same as over 18s. Our response is the same as for over 18s.

If vaccination is introduced as a condition of deployment but only one dose is recommended for under 18s (i.e. the second dose recommended by JCVI is not offered) then the number of doses required in legislation should reflect this. Similarly, if in future a particular type of vaccine is considered safer for younger people, this should be taken into account.

COVID-19 vaccination in social care *

- Supportive
- Slightly supportive
- Neither supportive nor unsupportive
- Slightly supportive
- Not supportive
- I don't know

Please provide details to support your answer (maximum 500 words)

If at the time any requirement is introduced, staff under the age of 18 have equal access to the vaccination and are undertaking the same work (i.e. CQC regulated activity), we believe they should be treated the same as over 18s. Our response is the same as for over 18s.

If vaccination is introduced as a condition of deployment but only one dose is recommended for under 18s (i.e. the second dose recommended by JCVI is not offered) then the number of doses required in legislation should reflect this. Similarly, if in future a particular type of vaccine is considered safer for younger people, this should be taken into account.

Flu vaccination in healthcare *

- Supportive
- Slightly supportive
- Neither supportive nor unsupportive
- Slightly supportive
- Not supportive
- I don't know

Please provide details to support your answer (maximum 500 words)

If at the time any requirement is introduced, staff under the age of 18 have equal access to the vaccination and are undertaking the same work (i.e. CQC regulated activity), we believe they should be treated the same as over 18s. Our response is the same as for over 18s.

Any requirement should reflect clinical advice for flu vaccine administration for that age group.

Flu vaccination in social care *

- Supportive
- Slightly supportive
- Neither supportive nor unsupportive
- Slightly supportive
- Not supportive
- I don't know

Please provide details to support your answer (maximum 500 words)

If at the time any requirement is introduced, staff under the age of 18 have equal access to the vaccination and are undertaking the same work (i.e. CQC regulated activity), we believe they should be treated the same as over 18s. Our response is the same as for over 18s.

Any requirement should reflect clinical advice for flu vaccine administration for that age group.

Exemptions

Do you agree or disagree that exemption from COVID-19 vaccination and flu vaccination should only be based on medical grounds?

COVID-19 vaccination *

- Strongly agree
- Somewhat agree
- Neither agree nor disagree
- Somewhat disagree
- Strongly disagree
- I don't know

Flu vaccination *

- Strongly agree
- Somewhat agree
- Neither agree nor disagree
- Somewhat disagree
- Strongly disagree
- I don't know

On what other basis, if any, should a person be exempt from COVID-19 vaccination requirements? (maximum 500 words)

If vaccination as a condition of deployment is implemented in the wider health and social care sector (which we do not support) we would agree that exemptions should be largely based on medical grounds.

We note that the current list of exemptions for care home staff include a time-limited exemption for those who are pregnant. The care workforce contains a disproportionate number of women of childbearing age.

While current clinical advice recommends vaccination for pregnant women, we do not believe that employers should be put in a position where they may have to require women to receive the vaccination while pregnant. This is obviously a protected characteristic, an area of health and safety concern and potentially otherwise sensitive from an employment law perspective. We believe a temporary exemption for pregnant staff would be preferable.

We are concerned about how exemptions will be evidenced. We were dismayed at how late the Department published guidance on exemptions for the care home sector. The system in place still appears to be temporarily based on self-certification until the NHS COVID Pass is implemented, this leaves a degree of uncertainty about how the system will work and its reliability or fairness.

If vaccination as a condition of deployment is extended, we urge the Government to ensure that there is clear guidance on exemptions, informed by lessons learnt from implementation in the care home sector. This must be in advance so that staff and managers can make informed decisions in plenty of time before a requirement is introduced.

While careworkers are not eligible for the Skilled Worker Visa route, senior care workers may be. There will be a need to understand how exemptions can be evidenced for careworkers coming into the country from abroad.

On what other basis, if any, should a person be exempt from Flu vaccination requirements?

Were the flu vaccination included in the requirement, we expect that this would significantly exacerbate the staff shortages and damage the morale in the sector.

While considerable effort was made to ensure that COVID-19 vaccines were supported by religious leaders and that the primary vaccines used in the UK did not contain animal derived ingredients, the same is not usually true of flu vaccinations. This may have implications if certain belief groups are particularly disadvantaged by this and withdraw from health and social care roles as a result.

Otherwise, similar concerns apply with regards to the COVID-19 vaccinations as above.

Considerations of potential impacts

Are there particular groups of people, such as those with protected characteristics, who would particularly benefit from COVID-19 vaccination and flu vaccination being a condition of deployment in healthcare and social care? *

- Yes
- No
- Not sure

Which particular groups might be positively impacted and why? (maximum 500 words)

Disabled and older people who are clinically vulnerable and who live in areas where vaccine hesitancy levels are low. In these cases vaccination as a condition of deployment might make services slightly safer, but without impacting staffing levels or capacity.

Staff members who are clinically vulnerable, may be safer if colleagues are vaccinated. However, in areas where significant staff shortages result this may put increased pressure on the staff who remain.

The social care workforce has a higher proportion of staff identifying as belonging to minority ethnic groups than the general population. Evidence from the COVID-19 pandemic suggested that certain ethnic groups experienced more severe symptoms of COVID-19 than others. Vaccine hesitancy is, however higher in some minority ethnic groups than others, due to fears arising from historic mistreatment and distrust of authority. Whilst some groups would undoubtedly benefit from vaccination, seeking to force this by making it a condition of deployment is likely to be counterproductive and risks deepening inequalities.

Are there particular groups of people, such as those with protected characteristics, who would be particularly negatively affected by COVID-19 and flu vaccination being a condition of deployment in healthcare and social care?

- Yes
- No
- Not sure

Which particular groups might be negatively impacted and why? (maximum 500 words)

As you say, there is some evidence that vaccine hesitancy is more prevalent amongst some parts of the population and in some regions. The latest ONS data (Coronavirus and vaccine hesitancy, Great Britain: 9 August) suggested that while this affects 4% of the general population, this figure doubles in deprived areas, is higher in 16-25 year olds and affects around a fifth of adults identifying as Black or Black British. We also know from discussions with our members that there have been concerns about fertility or receiving the vaccine whilst pregnant amongst some women. As a consequence, care workers from particular ethnic groups, some women or workers of particular age groups may be more likely to be reluctant to be vaccinated and, therefore, to be impacted by this policy.

People in receipt of care in areas where there is a high prevalence of vaccine hesitancy may be more likely to experience issues with access to care, or disruption to care services, due to recruitment and retention following the introduction of any such policy. This could include losing long-standing careworkers with whom they had a developed relationship. It is possible that those recipients of care services may be more likely to have particular characteristics (such as minority ethnicity) also, if those characteristics are more prevalent in that region or area.

As mentioned above, the flu vaccine often contains animal ingredients and there is not as visible an endorsement from religious leaders. Adding the flu vaccine to the requirement without considering this may disadvantage some religious groups or ethical vegetarians/vegans (though some of these groups will accept medications that don't meet their dietary requirements).

Do you think a vaccination requirement policy could cause any conflict with other statutory requirements that healthcare or social care providers must meet? *

- Yes
- No
- I don't know
- Not applicable

Please give further detail on other statutory requirements that a vaccination requirement policy could conflict with (maximum 500 words)

For care providers that lose a significant proportion of staff due to this policy, it may be difficult to meet statutory requirements to safely and effectively deliver care (as required by the CQC) without handing back contracts or reducing business. Indeed in our survey of 150 of our members around half of providers said they were certain they would have to reduce the number of hours they delivered and a quarter thought they would be certain or likely to close the business.

If there are significant staff loses in some regions that reduce capacity in the care sector, this will affect local authorities' statutory duties under the Care Act 2014.

You say:

> "During the consultation period, we intend to discuss directly with employers the anticipated impact on individuals and the employment law consequences. Providers will be supported to manage this in a way which does not destabilise the provision of safe, high quality care. If the policy is implemented, operational guidance for providers would be published to set out the implications of the policy for managers and members of staff."

It is likely that the introduction of a vaccination requirement would lead to a number of legal challenges in Employment Tribunals. The Government should make available legal advice for care providers, and the Government should indemnify providers who follow this advice.

Providers are concerned that, due to the direct relationship between staffing levels and the number of people that can be supported, loss of staff due to this policy means loss of business and loss of income. This could lead to organisations needing to close, sell or restructure and could mean difficulties with cash flow, or attracting investment. Providers that support individuals that pay for their own care may well increase prices as a consequence.

Clear guidance specific to this particular issue from the Information Commissioner's Officer with regards data protection would be welcome.

In general, the government needs to decide if it believes in regulation of homecare or not. Either personal and healthcare services need rules and oversight for public protection, or they don't. Right now we have rules for some and a free-for-all for others, despite doing identical work. VCOD is a case in point. Granting exemption to vaccination as a condition of deployment to the 20% of the homecare workforce that is unregulated, appears to favour the unregulated market, which already

benefits hugely from the absence of the costs and process burdens of regulation. This could lead to growth of the grey economy, with cash for care under the radar of DWP, HMRC and CQC. Is this the policy intention? Law firms tell us of a growing number of enquiries from providers about de-registering services and setting up as "introductory agencies".

What could the government do to encourage those working in unregulated roles to have the COVID-19 and flu vaccine? (maximum 500 words)

As mentioned above, by excluding the unregulated sector, the Government is essentially creating a double standard for people doing the same work. According to Skills for Care, 130,000 people work in unregulated care – around 20% of the homecare workforce. Aside from the risk of displacing care staff (and potentially care provision) into the unregulated sector, this is inconsistent. If it is desirable for people providing personal care to be vaccinated (or tested, or provided with PPE, or trained in certain ways) then this should be the case for the whole sector.

First, we recommend that the government closes a loophole in the legislation and brings introductory agencies into the scope of registration. Introductory agencies match potential 'self-employed' careworkers, or personal assistants with people seeking care services.

Second, we recommend that the Government creates a careworker register for personal assistants and others in the unregulated workforce. Registration could provide increased assurance for individual employers of personal assistants as well as a mechanism for identifying and communicating with those working in the unregulated part of the social care sector.

Penalties could be in place for undertaking formal care work without registering. Registration could be extended to the CQC regulated workforce. Registration of careworkers needs to be adequately funded and carefully implemented, learning from the successes and mistakes in Northern Ireland, Wales and Scotland.

Throughout the pandemic the Government has struggled to get messages out to, and to know how to include, personal assistants and other unregulated staff . A register would assist with this in any future emergencies.

We would welcome any comments you may have relating to Annex B - proposed addition to the code of practice – criterion 10. (maximum 500 words)

It is not clear how effectively CQC will enforce the regulations and as outlined above, we are concerned about the fact that this approach does not include the unregulated part of the workforce.

The way that Annex B is drafted at the moment may not make allowance for careworkers who:

a) Had a COVID-19 vaccination abroad that may not have MHRA approval – approximately 16% of the workforce are non-British nationals.
b) Were involved in vaccination trials

We remain concerned about some of the practicalities involved in keeping vaccinations up-to-date. The Department have made clear that while the current regulation for care homes only require the first and second dose; booster vaccinations may be required in future. This will potentially require careful consideration. We suggest that if the Government is considering amending legislation to incorporate booster vaccines that the sector is consulted on workable regulations in terms of what time period care staff in different circumstances are given to receive the vaccine(s).

As we have raised with the Department previously, we are also concerned that it is possible that the type of vaccine that staff have had could be relevant if the clinical outcomes for future virus variants vary depending on what vaccination a person has had.

The implementation of the regulation has significant cost implications just in terms of administration time and supporting staff to access vaccinations. We expect that this will be significant and potentially higher than for care home staff as homecare staff are a dispersed workforce, and they may need to come into the office specially to prove their vaccination status.

Some of the costs of staff pay and travel for vaccinations have so far been covered by the Infection Control and Testing Fund. There remains a question about how these costs will be met in future, increased funding to local authorities does not always mean increased fee rates for providers, but the policy will increase overheads. This, administration and other costs must be funded. If vaccination as a condition of deployment is pursued and the ICF is not continued we suggest that the administration and vaccination costs are included in the Government's exercise regarding a 'fair price for care' and that a minimum rate for care is enforced to ensure that providers can afford to comply.

Costs relating to engaging with vaccine hesitant staff and recruiting replacement staff if any leave will not be evenly distributed across the sector and we call on the Government to proactively identify providers with high rates of vaccine hesitancy (via the information held on Capacity Tracker) and to offer support, including (but not limited to) funding, if this policy is pursued.

The standard of support and education expected from social care organisations who do not necessarily have clinical expertise needs to be proportionate – unlike the NHS, care providers may not employ anyone with medical training.

We welcome any further comments you may have relating to this consultation (maximum 500 words)

Vaccine hesitancy is reducing: ONS figures clearly show that vaccine hesitancy is reducing. This means that more staff may choose to get vaccinated yet. By introducing the requirement now, we may lose experienced staff to other sectors that will come around if given a little longer.

Annex A to the consultation document shows huge disparity between the health sector and the social care sector: you say that "a trusted medical voice is often critical to shifting staff from a position of hesitancy to confidence. Our learning from primary care shows that having a 1 to 1 conversation with a Clinician can turn hesitancy into acceptance in 70% of cases". We agree. Yet this was not proactively offered to social care staff to date. Homecare employers do not ordinarily have in-house clinicians and in some cases have struggled to access this kind of support. We are working with the NHS now to try to make more support available to homecare providers, and are grateful to our contacts for facilitating this.

Careworkers who are not taking up the vaccine may have fears for their own health or their position may reflect the level of trust in Government or health services. An authoritarian approach to vaccination without first having made clear efforts to engage with people's concerns risks making those fears and lack of trust worse not better; it is not an appropriate response.

The Government should invest in trying to increase vaccination rates by enabling clinicians to engage with those who are hesitant. Webinars and internet-based resources are appreciated but are not enough. This should happen before a requirement is announced. We would suggest: facilitating conversations between vaccine hesitant staff and clinicians; a national advice line for care workers who are hesitant; and continued access to the National Booking System.

Timing and grace periods: if the Government does go ahead to pursue a vaccination requirement, we suggest leaving this until after the sector is through the worst of winter pressures (including challenges staffing services over the holiday season). The grace period must be at least as long as the grace period used for the initial care home regulations in order to allow staff to have initial discussions with their managers and then reach the required vaccination level before any requirement is introduced.

If the policy is pursued, the Government must ensure that guidance is made available and that a contingency plan is published and in place before the grace period begins.

Additional support for the sector: if this policy is pursued, we would suggest that the Government provide:

- legal advice for care providers, and for the government to indemnify providers who follow this advice;
- financial support to aid recruitment and assistance with staffing shortages for businesses that have a vaccine hesitancy rate that is higher than the population average; and
- redundancy support for affected individuals, including assistance finding alternative work before the end of the transition period.