

Vaccines as a condition of deployment in Health and Adult Social Care settings

THE SECRETARY OF STATE FOR HEALTH AND SOCIAL CARE said that this was a moral and practical issue. The moral case was clear, that carers should take all reasonable and proportionate steps to keep those they are caring for safe. There were also significant practical questions which were important and difficult. The Department of Health and Social Care (DHSC) was proposing to bring into force the vaccination of staff at care homes for the over 65s as a condition of deployment as a proportionate first step.

Continuing, THE SECRETARY OF STATE FOR HEALTH AND SOCIAL CARE said that there was a strong case for the vaccination against flu and Covid-19 (coronavirus) of all patient-facing staff across the entire health and care system with doctors already having to have a hepatitis B vaccination. Such an approach would save lives with the moral case for it being very strong. There were practical difficulties with a significant reaction likely from a small minority of people. A calculation therefore had to be made as to whether this policy might inadvertently harm wider vaccination efforts that had been going very well thus far.

Continuing, THE SECRETARY OF STATE FOR HEALTH AND SOCIAL CARE said that, in the NHS, this was much less of an issue with over 90 per cent of those in patient-facing roles having been vaccinated. In London this was lower but climbing. In adult social care the numbers were lower in London, with the level being 60 per cent. There was a strong case for taking action and winning the public argument, but caution was needed on implementation of this policy, due to the potential risk of more people seeing the vaccination project as authoritarian and not permissive. There was also a high risk of a legal challenge to secondary legislation, however primary legislation would take a long time. There was a Health and Social Care bill forthcoming, but this was not expected to be law until 2022 and having something in place for this coming winter on vaccination of staff working in care homes for the over 65s was critical.

Concluding, THE SECRETARY OF STATE FOR HEALTH AND SOCIAL CARE said that for these reasons starting with this limited cohort in the first instance was the right approach. The Care Quality Commission as healthcare regulator were keen to support the Government on this, which would help ensure successful delivery.

THE MINISTER OF STATE (MINISTER FOR CARE) said that she shared the desire of the Secretary of State for Health and Social Care to have all of the social care workforce vaccinated and that this should be the norm for coronavirus and for the flu in due course.

In discussion, the following points were made:

- a) it would be important to address the fairness issue of why this policy was being applied to certain carer groups and not others. Those working in domiciliary care who were also looking after those who may be vulnerable from dying from coronavirus at home would be considered exempt. This was also the case for other frontline healthcare workers;
- b) this policy could create a challenge for the workforce with providers already operating with 10 per cent vacancies and some unsafe staffing levels. Often, those homes with only 30 to 40 per cent of their staff vaccinated were in areas that rely on lots of agency staff. Further research was needed on the likelihood of people leaving the profession due to this policy;
- c) Her Majesty's Treasury (HM Treasury) had provided £50 million to support vaccine uptake amongst social care workers and would expect to see the impact of this funding before agreeing any more. So clarity was needed on how any resulting workforce shortages would be funded. Targeted funding would be needed to make sure safe staffing levels were met, which mitigated the risk of staff leaving;
- d) the narrative should be that this policy is in addition to everything the Government is doing as part of the existing driving uptake strategy and increasing access to vaccines in order to reach the SAGE recommended safe level of over 80 per cent of the workforce in each care home;
- e) Black, Asian and Minority Ethnic (BAME) communities' hesitancy should not be underestimated and so, to mitigate this, the handling needed to be clear. The legislative proposals would feel authoritarian, so it was important to have families and trusted local voices in the sector involved early on and to talk publicly about why this policy was important before the Government started putting legislation in place. The need to use trusted voices was an important communications lesson learnt from the pandemic so far. The terminology used to describe the measure would also be important, given concerns about the potential backlash if the policy were to be interpreted as 'no jab, no job';
- f) uptake was improving amongst ethnic minorities so the Government should be assured that this issue would not just resolve itself in time, before implementing further measures. The success of the national rollout was already reducing hesitancy;