

12 May 2021

Helen Whately, Minister of State for Social Care
CC: Matt Hancock, Secretary of State for Health and Social Care
Nadhim Zahawi, Minister for COVID Vaccine Deployment

Dear Minister,

Response to the Department of Health and Social Care Consultation on making vaccination a condition of deployment in older adult care homes

The National Housing Federation is the voice of England's housing associations. Our members provide more than two-and-a-half million homes and support for around six million people who typically have greater social or health needs than the general population. They manage nearly 15,000 care home places and provide three-quarters of all supported and sheltered housing. This includes retirement and extra care housing, homeless hostels, homes for people with learning or physical disabilities and people with autism, mental health step-down units and domestic abuse refuges.

As the trade body representing supported housing providers, care home providers and general needs housing providers, we have consulted our members on the questions set out in the above consultation.

We write to you today to ask you to take into account the range of views that exist on this matter among providers and to ask for greater dialogue to address the range of concerns expressed by people managing services for people with care and support needs in a variety of settings. We would be happy to meet with you to discuss this further.

Proposed legislative change and Impact and implications of the policy

There is varying opinion among our members who manage care homes as to whether or not vaccination against coronavirus should be compulsory for their staff. Our members are supportive of the idea of staff vaccination but not necessarily supportive of compulsion. Some feel that it is reasonable to expect staff to be vaccinated as part of contractual obligations, unless they are medically exempt. Others feel that education and encouragement would be more ethical in terms of securing vaccination uptake and more effective.

Our members also feel that there are practical implications to contemplate before considering whether to support mandatory vaccination, such as the potential impact on costs and suitable labour force supply. They expressed concerns that compulsory vaccinations could result in staff leaving the social care sector which is already under pressure. Other

considerations are that evidence that vaccination reduces transmission effectively for all groups is not yet sufficiently conclusive to secure 'buy in' from staff.

Definition and persons requiring vaccination

We have also consulted our members on the scope of the proposals and the proposed 'trigger' of any care home which has at least one person over the age of 65 living there. There are varying views amongst our membership on these points. Some argue that, should vaccinations be made mandatory, all staff employed to deliver personal care (home care staff, including teams based in extra care schemes, care home staff, and NHS staff delivering personal care to vulnerable groups) should be considered. This would mean widening the scope to all supported housing and domiciliary care – settings where one-to-one support or care is necessary and where client groups display vulnerabilities – and to all frontline NHS staff, so as to protect people coming into contact with them. Others feel that if vaccination is to be compulsory, the scope as set out in the consultation is appropriate.

With regard to the 'trigger' age, members feel that, were vaccination to be mandatory, the trigger for care homes should be 55. However, they feel that a better designation would be that the vast majority of residents are in a vulnerable group – this would extend beyond over 65s to those with learning disabilities, or conditions or characteristics that make them more susceptible to the worst effects of coronavirus.

Examples of alternatives to compulsory vaccination

The NHF and our members welcomed the inclusion of supported housing staff as part of cohort 2b, frontline health and social care workers, in the priority list for vaccinations. Some members reported very good take up through a voluntary approach while others reported some reluctance particularly amongst younger staff. Take up may increase amongst younger age groups as getting the vaccine becomes more common for all younger people.

Our members have used a range of measures to encourage vaccine take-up, such as:

- offering time off for vaccine appointments;
- bringing in experts like GPs to field staff questions;
- partnership with religious leaders;
- staff testimonials;
- internal communications tools;
- non-judgmental conversations between trusted colleagues;
- understanding staff concerns;
- team briefings;
- information sharing;
- messaging that the employer recommends the vaccine but does not require it.

Housing association staff have played a critical role in responding to the coronavirus crisis, in particular by providing vital care and support services to vulnerable people in supported and specialist accommodation. Thanks to their dedication, vital services have kept running and infection rates in vulnerable populations have been kept down.

They have implemented a range of innovative measures to support and safeguard residents, such as:

- delivering support outdoors or in locations where it is easier to socially distance
- using communal areas (when open) on a booking-only basis
- training staff in the proper use of PPE
- increasing the use of technology-enabled care
- making locations covid secure
- preparing meals for residents to enable them to safely self-isolate.

Our members have also implemented very stringent and detailed risk assessment measures and safe operating procedures, a gold–silver–bronze command structure and staff redeployment where possible. They have achieved a balance of risk management and enabling people to live fulfilled lives.

Some housing associations also suggest that other measures, including understanding the impact of requiring staff to undertake regular coronavirus testing, and a national education and information campaign, should be trialled before taking the step towards compulsory vaccination.

We welcome the government’s effort to consult the care home sector on its proposals. We urge you to reach out to the supported housing sector as well. We are sure you will consider carefully all the implications of the proposed policy and of its alternatives.

I would be happy to meet with you to discuss this further.

Yours sincerely,

Kate Henderson
Chief Executive, National Housing Federation