

**Response to the Department of Health and Social Care consultation on making vaccination a condition of deployment in the health and wider social care sector.**

The National Housing Federation (NHF) 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 understand the 'wider social care sector' in question to include supported housing, extra care and home care settings that our members provide and manage.

In order to convey the view of the housing association sector as a whole, rather than responding to the consultation's questionnaire, we are writing to ask you to take into account the range of views that exist on this matter. We ask also that you factor in the variety of issues that providers raise around the implementation of the proposal and its potential impacts. We would be happy to meet with DHSC officials to discuss this further.

**Members' views on the proposed extension of compulsory vaccination:**

Whilst there are a range of opinions amongst our membership, the majority of respondents to our call for organisations' position on this consultation are in favour of the proposal to extend compulsory vaccinations as a condition of deployment to health and wider social care settings including domiciliary care services. For those who are in favour, the principal motivators are both the additional degree of protection that compulsory vaccination would provide, as well as the feeling that there must be parity across the social care sector. The latter point relates to the fact that the current requirement of vaccination as a condition of deployment applies only

to staff and volunteers in CQC registered care homes. Some members feel that this not only affords greater protection to some vulnerable residents over others, but that these care settings have been and will increasingly face disproportionate administrative and staffing pressures as a result. It is worth noting that during the consultation on the introduction of compulsory vaccinations for care home staff, a large number of respondents expressed to us that they thought the requirement should be extended to all social care settings in the interest of sector parity. Whilst the landscape has changed since this initial consultation and there are operational concerns around implementation, many members' underlying desire for equal distribution of protection across the sector has been consistent.

### **Time to measure impact:**

Despite the general position of support amongst members, some are concerned that there has not yet been enough time to measure the impact of the compulsory vaccination requirement for care homes. Given that the 11 November deadline is yet to be reached, some members – especially those that manage care homes and are the landlords of housing where CQC-registered services are provided – are concerned that the expansion of compulsion could exacerbate the staffing and administrative burdens that they are experiencing as a result of the existing requirement. In light of this, the government might consider delaying the proposed requirement until it becomes clearer that wider social care settings are going to be able to manage the challenge of delivering it.

### **Guidance:**

There is also a need for clear guidance around the systems of proof of vaccination amongst both staff and volunteers delivering care directly, and especially for external personnel entering the affected settings, such as cleaners and maintenance staff, if they are to be included in the scope of the requirement.

Members favour the NHS app vaccine verification method, with some suggesting proof of identity as a means to supplement this.

### **The scope of the proposed policy:**

The majority of our respondents stated that they are in favour of the proposal and are therefore happy for the vaccination requirement to be extended to those delivering CQC-regulated care activities in health and social care settings.

Most respondents said that the requirement should not be extended to staff not involved in delivering social care. This is in part borne out of a desire to limit the negative effects of compulsory vaccination on staffing levels and also to ensure that essential services can continue unaffected. These members are worried about the ongoing viability of their housing services as a result of the concurrent pressures of cost inflation alongside chronic staff shortages which are facing the social housing sector. The latter is already being exacerbated by the vaccination requirement in care homes. Some members think compulsory vaccination should be applied to all staff and volunteers, regardless of their role and degree of contact with vulnerable residents. They are, however, in the minority and generally still acknowledge the risks that this approach poses. These will be expanded on below.

### **The potential impact and implications of the proposed policy:**

The most significant reservation that members have around the proposed extension of compulsory vaccinations to wider social care settings is the detrimental impact it may have on an already acute staffing crisis. The National Care Forum recently surveyed over 2000 social care services and found that 74% of providers have seen an increase in staff exits since April 2021. Whilst this trend is not solely due to the vaccine mandate within care homes, it has been estimated that the net loss to the sector as a result of mandatory vaccination requirements could be up to 70,000 people. This is an alarming situation and will inevitably have a direct impact on providers' ability to offer an acceptable standard of social care.

There is an additional layer of complication for those members who are landlords providing housing within which CQC-regulated care and support services are delivered. Whilst they are not opposed to the requirement being applied to those delivering care directly, the prospect of mandating vaccination as a condition of deployment for housing management staff and external contractors is a very challenging one. There are valid and robust reasons for these concerns, principally that these staff have sufficient infection control measures in place already and that a vaccination requirement for anyone entering domiciliary care settings would prove near impossible to enforce. This is because in these settings, residents have a tenancy or licence to occupy their own property and so will ultimately have control over who enters their home, regardless of the providers' rules governing the building as a whole. A vaccination requirement that restricts access to these premises and applies not just those delivering personal care but also anyone affiliated with the service will, therefore, be very difficult to enforce. Members also point out that to

support residents' health, wellbeing and safety, non-CQC regulated personnel such as maintenance, cleaning staff and gas safety engineers need to be able to access properties, sometimes in an emergency. There is no feasible way of making vaccination a condition of these external contractors entering residents' own homes.

### **Recommendations:**

We recommend that the government take a balanced, risk-based approach to considering how it will implement any requirement. We feel that waiting to get to a stage where the effects of the 11 November deadline for care home vaccination can be assessed before extending the requirement is a sensible approach. If the proposal is introduced, then we recommend that compulsion is not extended to staff in extra care and supported living settings, other than those who are delivering CQC registered care services. We recommend clearly stating a uniform method of proof of vaccination and providing clear guidance around the exact scope of the requirement. Lastly, we ask that the government carefully factor in the wider pressures facing the social housing and social care sector at present while considering the outcome of this consultation. Many of our members that are either providing social care directly or acting as landlords where care is provided have a duty to their residents not just in terms of protection of health, but also wider wellbeing, safety and quality of life. We ask that the government consider the implications for the delivery of these services that the proposed extension of compulsory vaccinations to wider health and social care settings may have.

We welcome the government's effort to consult the health and social care sector on its proposals. We are sure you will consider carefully the views of our members and all the potential implications of the proposed policy.

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

Yours sincerely,

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