

## CONSULTATION

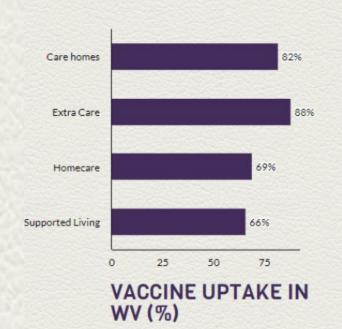
Staff Residents Providers Families

**APRIL-MAY 2021** 









# FLU VACCINE CONSULTATION WIDER CARE SECTOR

# Key Consultation Outcome to note -

The original scope of the consultation proposed applying this to only those care homes who look after someone aged 65 and over, though following the consultation it became clear of the need to extend this to all CQC-registered care homes providing nursing and personal care.

## Current situation – Care Homes

- 500 unvaccinated care home staff 350 have refused.
- c.2500 care home staff work in Wolverhampton
- 23 (out of 72) Care Homes have less than 80% vaccination rates for staff
- There are 1746 residents in Wolverhampton 1611 are vaccinated (92%)
- Contact made with all care homes with <50% of staff vaccinated. Where a reason was identified:
  - 5% due to recently having Covid and needing to wait 28 days
  - 5% based on medical advice pregnancy/allergies etc
  - 53% were outright refusals
  - 37% were undecided
- Of the 'outright refusals' the following were the most frequent reasons given:
  - Concerns about the impact on fertility
  - Lack of trust/conspiracy theories/lack of knowledge
  - Family members have advised them not to have it
  - Some are waiting to see impact/effectiveness/side effects

# Potential Impact on CWC and Care Market

- Risk at least a further 5% reduction in care home staff supply, on top of an already fragile care market
- Regionally this is more likely in local areas with high concentrations of retail and hospitality services.
- Movements of staff returning to these sectors, worryingly away from domiciliary care in particular (where, in general terms, we saw a temporary positive growth during the pandemic), as lockdown measures are eased.
- Increased costs specifically hourly rate and agency costs if fewer staff in the market
- Frontline staff including social workers, therapists and quality teams will have to be vaccinated to carry out their business as usual
- Possible lengthy HR and legal processes to follow

## Actions so far

- Communication to all care providers
- Mapping of Care Homes
- Agreement with Vaccination Bus to use care home route
- Initial programme meeting with Public Health, Adults, HR and Health to plan next steps
- Regular email communications with providers to publicise local and national vaccination offer, access and support information/events
- Continued access to local vaccination sites
- Telephone contact with individual providers with low uptake
  - Accuracy of current reported figure for staff who have received first COVID vaccination
  - Remaining barriers to uptake
  - Actions already taken to promote uptake
  - Risk assessments in place for staff who have not received the vaccination

## Actions continued

- Site visit by Quality & Safety nurse to one of providers contacted by DHSC to speak to hesitant staff directly
- Vaccine take-up data shared with Clinical Leads and PCNs to assist with targeted support as part of their role in vaccine rollout
- Collaborative work with Public Health colleagues, including their attendance at Provider forums
- Specific, briefings on high-profile risks and themes eg a fertility focussed Q&A shared with all care providers and staff encouraged to attend briefings
- Good practice identified and shared across the sector.
- Financial support has been provided by CWC to allow staff to be paid to attend their vaccination
- Regular monitoring and reporting of uptake through the SitRep and Capacity Tracker
- Request made to providers to review business continuity and contingency arrangements ahead of any legislation changes affecting older people care homes
- Promotion of risk assessment for unvaccinated staff in line with expectations advised by CQC

### **Timeline - Mandatory vaccine for care homes staff**

#### June/July



#### July/August



#### August/Sept.



#### Sept./Oct

- Communicate guidance / Govt announcement
- Supportive comms, but clear message of expectation. To include agencies
- Provider Calls Online Sessions
- Mapping/analysis of uptake by care home and location Promote mobile vaccine unit
- Contact Centre promotion
- Develop 4 month plan with Adults / PH / HR / Equalities and Unions
- One plan with Health

- Request data collation of outstanding staff i.e. number outstanding, number refusing, redeployment options
- care home plans refreshed in event of business continuity issues
- Analysis of impact and recruitment plans if needed
- Mid way report to SEB on expected impact and actions
- Member update

- Mapping of care homes at risk
- Understanding real risk to care market
- Possibly staff loss implications
- Update to SEB on progress and business continuity risks/HR & Equality outcomes

- Final Vaccination numbers
- Business continuity plans updated for commissioned care
- HR outcomes for CWC staff refusing vaccination\*

Unknown factors: Exemption criteria, vaccine evidence requirement and \*any legal challenge

# Programme Governance

SEB

#### **Adults IMT**

Chair: Becky Wilkinson

Responsible for overall plan and SEB reporting

Weekly / bi-weekly touchdown to include PH, HR, Equalities, Internal and Commissioned Care . Reports to Emma Bennett and SEB

#### **Internal Care**

Chair: Tom Denham

Responsible for all internal provision and operational staff

Weekly / biweekly meeting including HR & Union engagement

#### **Commissioned Care**

Chair: Alicia Wood

Responsible for all commissioned providers

Weekly/Bi weekly to involve provider support forum / WMCAssoc.