

Item No.	Classification	Date: 15 December 2022	Meeting: Health and Social Care Scrutiny Commission
Report title:	Impact of Brexit and the pandemic on adult social care workforce in the independent sector in Southwark		
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1.0. Purpose

- 1.1 To explain the impact of Brexit and the pandemic on the workforce in social care; and the actions taken by officers to recruit, train and retain the workforce.

2.0 Background

- 2.1 Adult Social Care is a diverse sector of skills and activities, which covers social work, personal care and practical support for adults (18+) with a physical disability, a learning disability or physical or mental illness, as well as support or their carers. The adults that are eligible for adult social care support cannot perform some activities of daily living such as washing dressing, or feeding themselves without some form of support. It is helpful to reiterate the diversity of social care due to the media/public image of adult social care being about older people in care homes and an enabler to hospital discharge. Adult Social Care supports working age adults as well as older people and often in their own homes. See appendix A for more information about adult social care.

- 2.2 The workforce that supports adults in adult social care mainly supports people in their own homes – this can range from the homes that people own or rent as part of general housing through to supported accommodation/living and extra care (known locally as flexi-care) housing schemes.

3.0 Brexit

- 3.1 The United Kingdom voted to leave the European Union (EU) in 2016 and officially left the trading bloc on 31 January 2020. In addition to trade and legislation, the departure meant that the government could develop and apply rules about the employment of foreign nationals.

- 3.2 In preparing for Brexit, the council maintained a Brexit Risk Register. The social care workforce was not identified as a risk. Nonetheless, in the lead up to Brexit in 2018 and 2019, the Children's and Adults' Services department required providers to consider the risks related to Brexit and ensure that they had a business continuity plan that included a response to identified risks related to Brexit. Providers did not identify workforce as a risk and instead focused on the supply and cost of goods and equipment.

- 3.3 In addition, a cross-council group of officers promoted to the public, the council's workforce and care providers the opportunity to apply to the EU settlement scheme before 30 June 2021. Prior to the pandemic, support was available to make the on-line application.
- 3.4 During 2021, a points-based system was introduced for foreign citizens (except Irish nationals) wanting to move to the UK. People wanting to move to the UK to work, live or study have to apply and pay for a visa. Applying for a visa as a skilled worker costs between £600 and £1,500 per person - unless an individual has skills the country is short of. Social Care is deemed to not have a shortage of skills and therefore is not subject to the visa scheme.
- 4.0 The Covid 19 pandemic
- 4.1 The Covid 19 pandemic affected the adult social care sector prior to the national lockdown as some care homes chose to close their doors to visitors prior to the first national lockdown announced on 23 March 2020. The pandemic further affected the sector when PPE supplies ordered by social care providers were diverted to healthcare providers. In addition the transfer of care (discharge) of untested patients from hospital to care homes had a significant impact on the residents and staff in those care homes.
- 4.2 During the spring of 2020, locally (reflecting the national picture) the number of deaths amongst older residents in care homes, those with learning disabilities, men and those from a black and/or minority ethnic groups was higher than the same time in the previous year.
- 5.0 The Workforce
- 5.1 The adult social care workforce is monitored by Skills for Care. The latest report about the workforce is in appendix C.
- 5.2 Appendix B shows the headline information from Skills for Care about the workforce in London after Brexit. In Southwark, like the rest of the London region, the adult social care workforce is predominantly British nationals. 77% of the workforce is British with 17% non-EU foreign nationals and 6% of EU (non-British) nationals. Therefore, the impact of Brexit was minimal on the workforce as evidenced by lower than regional average vacancy and turnover rates at 8% vs 9.5% and 26.4% vs 29% respectively.
- 5.3 The Department of Education does not appear to report on the nationality of the workforce but it does report on ethnicity. Ethnicity is not an indication of nationality and therefore there is no available regional information.
- 5.4 In terms of the local authority's data, the council reports its equalities, diversity and inclusion data on an annual basis through the Annual Workforce Report the report presented at the February 2021 Overview and Scrutiny Committee did not include the nationality of staff.

6.0 Impact of Brexit of the workforce in Southwark

6.1 Due to the number of EU (non-British) nationals and the steps taken to ensure that the workforce could apply for settled status there has been no material impact on the social care workforce in relation to Brexit.

7.0 Impact of the pandemic on the workforce

Emotional and mental wellbeing of the workforce

7.1 During the initial lockdown with the lack of certainty about the way in which the virus was passed on and the changing advice about the appropriate PPE, staff continued to deliver services within an anxious atmosphere. Unlike elsewhere in the country, the only certainty that the workforce had was that the recommended PPE was made available to their employers by the council where they alerted us to supply shortages and virtual meetings took place with public health professionals to provide assurance about what to wear and how to dispose of it.

7.2 Staff continued to deliver services within a national context of fear and anxiety mixed with a misunderstanding of what adult social care is along with an underestimation/undervalued of its importance to the lives of the adults they support and this meant that their decision to continue delivering services was a heroic one.

7.3 During the lockdown, the council set up weekly forums for the different types of care services – homecare, care homes and supported living – so that the local managers were supported in any areas of concern. These forums indicated that the workforce that was most impacted were those that were accommodation-based and in particular care homes for older people.

7.4 In recognition of the impact of the wellbeing on staff, the then CCG created [Keeping Well SEL](#). By way of a thank you for the continuity of service in extremely challenging circumstances, the council funded the [Proud to Care discount scheme](#) as part of a wider programme for recruitment and retention. In addition, due to not all staff in the care home sector being paid at least the London Living Wage, the council paid £100 as a one-off 'thank you' for their work during the height of the pandemic.

7.5 In addition, Southwark Works continues to support residents into jobs in the health and social care sectors and develop partnership with local employers looking to recruit. Southwark Works will continue to promote their services to care home providers and develop further links to the Proud to Care network to ensure local residents are able to secure vacancies in the sector.

C19 Vaccinations – and the mandating of vaccine

7.6 Senior officers noted the relatively low take up of vaccines amongst the care workforce in the spring of 2021. This reflected the demographics of the workforce in terms of being predominantly from black and ethnic minority

communities. Due to the low take up of the C19 vaccine, officers from across the health and care sectors undertook the following:

- a. Each home was provided with a roving vaccination team visit and follow up visits by GPs to talk to unvaccinated staff.
- b. Staff webinars and 1:1 discussions on their concerns
- c. Extensive promotion of vaccinations with care homes and their staff, with a particular focus on tackling vaccine hesitancy amongst black and minority ethnic staff
- d. Opportunities to attend pop up clinics etc., were promoted e.g. Millwall football stadium and Tate Modern as well as smaller local clinics
- e. Myth busting comms promoted including [vaccine facts resource](#) and promotion of webinars tackling popular concerns about fertility and pregnancy
- f. There was a Southwark weekly task group for driving up vaccinations established with representatives from health, social care, public health, communications and the SEL vaccinations programme
- g. There were regular 1-1 discussions between care homes and commissioner at a senior level where thresholds are not met.
- h. Close scrutiny of data on vaccinations to ensure accurate and up to date recording. Daily update of data to assist monitoring and targeting of efforts.
- i. Care home staff forums every two weeks with commissioners and public health, learning shared and ideas on support for take up of vaccines
- j. Informative sessions (led by public health) with targeted care homes (with a lower vaccine uptake) to discuss any concerns/worries the staff have around the vaccination process, approved vaccines, adverse events, etc. while also addressing any vaccine hesitancy issues

Mandating the vaccine

- 7.7 In June 2021, the then Health and Social Care Secretary announced that frontline care home workers (working in care homes registered with the Care Quality Commission (CQC) in England) were obliged to have the Covid jab by 11 November 2021. He said that “Now that the vast majority of staff in care homes are already vaccinated, but not all, we know that a vaccine not only protects you but those around you... [therefore]... After careful consultation we have decided to take this proposal forward to protect residents”. This was six months after the Covid jab was being rolled out to the health and care sector and the wider public.
- 7.8 The council is strongly in favour of vaccinations but did not support the mandating of vaccinations, particularly given the cohorts who were hesitant and the reasons for their hesitancy.
- 7.9 In spite of the efforts described in paragraphs 7.6a to 7.6j and lobbying by care provider associations for more time to persuade staff to take the jab the government enforced the deadline of 11 November with a ‘no jab, no job’

approach. Not all care home workers took up the job locally, and this reflected the national experience. 47 (out of 665) care home workers across 11 (out of 16) homes refused the job and were either redeployed or moved to alternative employment.

- 7.10 In November 2021, the government then announced that the obligation for vaccination would be extended to the remainder of the adult social care sector and health care sector and that the deadline was April 2022. They had to have their first dose of the vaccine by 3 February 2022 or risk losing their job at the end of March.
- 7.11 Following a publicised visit by the Health and Social Care Secretary to Kings College Hospital (7 January 2022).where an unvaccinated doctor made his views known that he was unhappy with the mandating of vaccinations for NHS staff and extensive media coverage, the Health and Social Care Secretary (Sajid Javid) announced plans to abolish the legal requirement for compulsory evidence of COVID-19 vaccinations in the health and social care sector in England (on 31 January 2022). This included the legal requirement already in force for evidence of vaccinations for those working or deployed in care homes registered with the Care Quality Commission (CQC) in England.
- 7.12 At the time, Sajid Javid said that a two-week consultation would be launched due to “dramatic changes” in the virus since the policy for the wider health and social care sector was devised last year. The Consultation Response was published on 1 March 2022. Along with the release of the Consultation Response, the Health and Social Care Secretary confirmed on 1 March that the legislation requiring evidence of vaccination as a condition of deployment in CQC-regulated care homes in England would be revoked on 15 March 2022. On 31 January, the Health Secretary had already confirmed that the Department for Health and Social Care would contact care home providers immediately, to make it clear that the forthcoming changes are no longer applicable and there would be no further enforcement of the legislation. However, he confirmed he would nevertheless be taking further non-statutory measures including:
 - a. to ask regulatory bodies to emphasise and encourage a professional duty for such staff to receive COVID-19 vaccinations,
 - b. to update and strengthen the code of practice that applies to all CQC-regulated providers of healthcare and social care with regard to COVID-19 and,
 - c. at least with regard to the NHS, potentially review the hiring of non-vaccinated new recruits.
- 8.12 At the time of writing it has simply been stated that “the government is continuing to work closely with royal colleges and professional regulators to strengthen guidance and consult on updating the code of practice on the prevention and control of infections in relation to COVID-19 requirements for CQC-registered providers of health and social care in England”.

8.13 Whilst the Health Secretary confirmed that both sets of regulations would be revoked, he stated that the policy introduced for CQC-regulated care homes in England was right at the time (November 2021), because then the dominant variant of COVID-19 was the Delta variant. He commented that if someone working or deployed in a care home chose not to get vaccinated at the time, then it was their choice. If they want to reapply for a job in that sector when the restrictions are lifted, they will be free too, but he encouraged them to “make the right positive decision and get vaccinated.

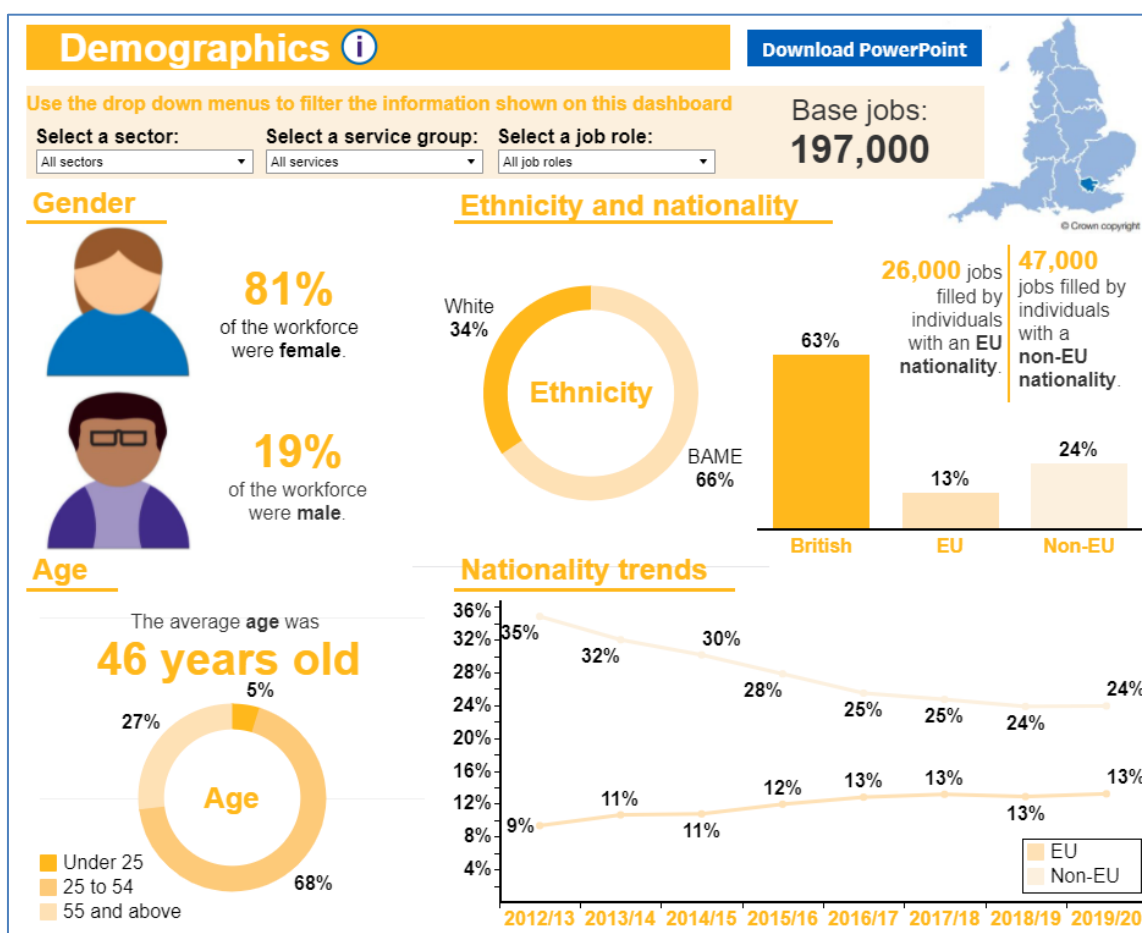
Appendix A

National Audit Office report (July 2018)

‘Adult Social Care at a Glance’

Appendix B

Infographic of the adult social care workforce in London (2021)



Appendix C

Skills for Care report

'The State of the Adult Social Care Sector and Workforce 2022'



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