

24th January 2022

FAO: Jane Pilkington, Greater Manchester Health and Social Care Partnership

Vaccination requirements for frontline health and social care staff

Dear Jane,

We are writing as the co-chairs of the VCSE Leadership Group's Commissioning workstream to seek clarity on Government legislation requiring all staff who deliver frontline health and social care services, regulated by the Care Quality Commission (CQC), to be fully vaccinated against COVID-19 by 31st March 2022. In particular, we want to set out our current position, identify how we can work together to accurately interpret the requirements, and ensure clear guidance and support is provided to our VCSE sector.

We recognise that the swiftly changing national guidance is challenging in that it requires a period of local interpretation and the collation of relevant guidance prior to rollout. However, we have already seen different parts of the GM health system across different localities offering different interpretation and guidance to the local VCSE sector. In order to avoid confusion and prevent any unintended consequences we have laid out below where we believe further clarity is needed.

Firstly, we want to understand our legal and statutory duties to implement the requirements, and to fully understand under what legal powers these are being enacted. Whilst there is a mandatory vaccination requirement for staff deployed to CQC regulated activity, or who are deployed in areas where CQC regulated activity takes place and contact with patients and service users is not avoidable, this does leave a number of grey areas with regards to VCSE sector providers, in particular:

- Incidental contact - such as co-location of VCSE and NHS staff within the same building;
- VCSE workers with honorary NHS contracts (for the purpose of having access to data and systems relevant to their contract);
- VCSE staff who are required to attend CQC regulated premises such as Hospitals and Care Homes;
- Implications for VCSE staff who are on standby for undefined 'civil contingency' roles - often who pick up reactive requests from the health system and so may at certain points come into direct contact with patients;
- Impact on volunteering roles which may from time to time interact with CQC regulated services, as there is no similar ability to enforce amongst voluntary roles;
- VCSE organisations who are sub-contracted by CQC registered organisations, but not actually providing CQC regulated activity;
- VCSE venues such as community centres, where CQC regulated activity may be taking place - many organisations with community space work in partnership to deliver a range of community health services.

We feel that urgent attention needs to be given to these 'grey areas' - with health leaders working in partnership with VCSE providers to clarify whether or not they fall under the vaccination requirements.

Secondly, as people leading VCSE organisations working to tackle inequalities, it is important for us to highlight some of the unintended consequences of this guidance and its potential impact on our sector.

We know that vaccine hesitancy has been and still is a particular issue amongst communities experiencing racial inequalities, in younger adults (although this has recently decreased), amongst those in lower socio-economic groups who are living in financial hardship, and amongst those who believe that they have already had the virus.

As providers where our workforce is frequently made up of the communities we serve, including marginalised groups, we have a real concern that a blanket requirement would have a severe and detrimental impact on both our workforce and our beneficiaries. At a time when our sector's services are in high demand from communities detrimentally impacted by the pandemic, we believe it is important to avoid any unnecessary disruption to these critical services.

We believe a nuanced approach is therefore needed, which also takes into account other risk areas, including any interactions with employment law and data governance, for instance whether it is GDPR compliant for organisations to hold information on individual staff's vaccination status. At present, the Greater Manchester VCSE sector employs 75,610 paid staff and is home to 496,609 volunteers. We don't currently know what proportion of our workforce this issue may apply to. Due to their size, many organisations do not have access to free and timely legal advice to help them work through these issues, or dedicated HR departments to help manage any workforce-related issues. For this reason, we are seeking clarity on a GM position so that this can be communicated across the VCSE sector.

Given the wide range of views and conflicting information in circulation, we propose a conversation between VCSE providers and key commissioning entities in Greater Manchester to work through these issues and ensure that we are able to respond with clarity, transparency and confidence, providing our sector with the support it needs.

We therefore request an initial conversation as soon as possible to begin to work through the areas outlined above.

With best wishes

Alison Page and Paul Martin

Co-chairs of the Greater Manchester VCSE Leadership Group's Commissioning workstream

The Greater Manchester VCSE Leadership Group is a collaboration between VCSE leaders in Greater Manchester.

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