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Weekly Care Homes Evidence Digest

Prevention and control of COVID-19 in home care/care homes settings

16th July 2020

Summary

This weekly digest contains a selection of evidence published in the last 7 days, in relation to the prevention and control of COVID-19 in home care/care home settings. We search a number of Covid-19 review repositories, an existing PHE Covid-19 evidence digest, Ovid Medline and Embase, Social Care Online, medRxiv (pre-print server) and various websites. We select peer reviewed and non-peer reviewed publications (pre-prints), as well as systematic reviews, guidance and evidence summaries.

The digest is produced by PHE [Knowledge and Library Services](#) (KLS), in conjunction with a small editorial team.

We do not accept responsibility for the availability, reliability or content of the items included in this resource and do not necessarily endorse the views expressed within them. Our intent is to highlight early emerging research findings as well as research that has been subject to peer review and wider scrutiny.

Peer-reviewed

Publication date	Title / URL	Journal / Article type	Digest
02.07.2020	Leading in isolation during Covid-19	Kings Fund / Article	<ul style="list-style-type: none"> • Author shares the challenges of leading an independent residential home during the pandemic and the feeling of isolation and loneliness that social care leaders may experience without the support of a large organisation like the NHS. • Actions and strategies they implemented to address and support the emotional and mental wellbeing of staff and residents are listed. • Looks at the way they have used technology to deal with practical tasks such as remote hospital visits, prescriptions sent to mobile devices, using online platforms to improve the experience of care for the residents.
06.07.20	Environmental Detection of Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) from Medical Equipment in Long-Term Care Facilities undergoing COVID-19 Outbreaks	American Journal of Infection Control / Short Communication	<ul style="list-style-type: none"> • Authors assessed surface SARS-CoV-2 contamination at three licensed long-term care facilities with declared COVID-19 outbreaks within a Canadian metropolitan city. Each long-term care facility services over 150 residents and provides room and board, management of medical conditions and assistance with activities of daily living. Environmental samples were collected from high-touch surfaces, communal sites, and mobile medical equipment at various sites in each of the three facilities. • Eighty-four of the 89 sites were negative for both SARS-CoV-2 virus targets. Six sites tested positive or indeterminate for the SARS-CoV-2 virus: two from each of the three facilities. • Findings suggest medical equipment is a potential environmental route for transmission of SARS-CoV-2 virus in long-term care facilities. As such, enhanced environmental cleaning for all medical equipment or prohibiting communal use is recommended.

<p>07.07.2020</p>	<p>Clusters of COVID -19 in long-term care hospitals and facilities – Japan, Jan 15-May 9, 2020</p>	<p>Geriatrics & Gerontology International / Article</p>	<ul style="list-style-type: none"> • To clarify the association of cluster number and size of coronavirus disease 2019 (COVID-19) in long-term care (LTC) hospitals/facilities, general medical/welfare facilities, and non-medical/welfare facilities, with morbidity and mortality in 47 prefectures during Jan 15 - May 9, 2020 in Japan. • A total of 381 clusters with 3,786 infected cases were collected, accounting for 23.9% of 15,852 cumulated cases on May 9, 2020. Although the cluster number (/107 subjects) in LTC hospitals/facilities was significantly smaller compared to those in the other two groups, the cluster size in LTC hospitals/facilities was significantly larger than that in non-medical/welfare facilities. • Cluster size in LTC hospitals/facilities was significantly positively correlated with morbidity, indicating that clusters in LCT hospitals/facilities were finally identified after already having grown to a large size in areas where infection was prevalent. Multivariate logistic regression analysis revealed that both cluster number and cluster size only in LTC hospitals/facilities were independently associated with higher mortality (> median: 0.64/105 subjects) after adjustment. • Preventive efforts against COVID-19 outbreaks even at the early phase of the epidemic are critically important in LTC hospitals/facilities, since both larger number and size of cluster only in LTC hospitals/facilities were independently linked to higher mortality in prefectures in Japan.
<p>07.07.2020</p>	<p>Nurse Staffing and Coronavirus Infections in California Nursing Homes</p>	<p>Policy, Politics, & Nursing Practice / Article</p>	<ul style="list-style-type: none"> • Study examines the relationship of nurse staffing in California nursing homes and compare homes with and without COVID-19 residents. • There was evidence of inadequate registered nurse (RN) staffing levels and infection control procedures in many nursing homes prior to the outbreak of the virus. • The study included licensed and Medicare/Medicaid-certified nursing homes in California (excluding assisted

			<p>living and residential care facilities). The study identified 272 nursing homes that had reported COVID-19 infections in staff and/or residents between March 15 and May 4, 2020.</p> <ul style="list-style-type: none"> • Results indicate that nursing homes with total RN staffing levels under the recommended minimum standard (0.75 hours per resident day) had a two times greater probability of having COVID-19 resident infections. • Nursing homes with low RN and total staffing levels appear to leave residents vulnerable to COVID-19 infections. Establishing minimum staffing standards at the federal and state levels could prevent this in the future.
07.07.2020	Adapting 'Sunshine,' A Socially Assistive Chat Robot for Older Adults with Cognitive Impairment: A Pilot Study	Journal of Gerontological Social Work / Letter	<ul style="list-style-type: none"> • In this letter, we propose a pilot study to use a socially assistive robot to help meet social needs for older adults with cognitive impairment residing in long-term care facilities. • Our project uses "Sunshine," a Korean-manufactured, English-speaking doll-chatbot system. • Sunshine can be programmed to remind users of meals, medications, and appointments. It can play songs, cue reminiscences, quote inspirational pas-sages, tell stories, and play Simon Says. • Our pilot investigates whether assistive and social characteristics of a cuddly Sunshine-doll can motivate older adults with ADRD to engage in conversational interaction and other activities, enhancing quality of life; and assesses barriers and facilitators to using telehealth for research with residents and caregivers.
09.07.2020	COVID-19 prevalence survey: domiciliary care staff in England	Public Health England / Article	<ul style="list-style-type: none"> • A prospective descriptive survey of a sample of workers from domiciliary care providers was carried out in June 2020. The study used a sampling frame of all care providers in England registered with CQC. The study took a 2-stage sampling approach, first to recruit providers and then to recruit staff. Providers were recruited by a combination of purposive, convenience and opportunistic methods. Providers were recruited from London, South East,

			<p>Midlands, North West, and North East and Yorkshire. Staff were recruited by employers opportunistically.</p> <ul style="list-style-type: none"> 62 providers across 5 regions were recruited to the study. Between 10 and 15 providers were recruited from each region. In total 3,813 swabs were sent out to recruited providers. 2,015 swabs were returned to PHE Colindale giving a response rate of 52.8%. Of 2,015 samples, 2 (0.1%, 95% confidence interval 0.02%-0.40%) participants were found to be positive for SARS-CoV-2 on PCR testing. Positive individuals came from 2 regions. Both were asymptomatic and 1 reported being a contact of a confirmed case. The findings provide evidence that the prevalence of COVID-19 among domiciliary care workers who are currently working is in line with the general population (0.1% with a 95% confidence interval of 0.02%-0.40% compared with 0.09% (95% confidence interval 0.04% -0.19%) in the general population) and not a higher prevalence as observed in studies of front line healthcare workers and care home staff. Due to the small size of this study it is not possible to investigate regional differences in prevalence. It should be noted that that domiciliary care workers currently off work or self-isolating are under-represented in this survey. This group may be expected to have higher prevalence but are also likely to have access to testing through Pillar 2.
<p>09.07.2020</p>	<p>Rapid Telehealth-Centered Response to COVID-19 Outbreaks in Postacute and Long-Term Care Facilities</p>	<p>Telemedicine and e-Health / Article</p>	<ul style="list-style-type: none"> This article is intended to inform PA/LTC facilities and neighbouring health care partners how to collaboratively utilize telehealth-centered strategies to improve outcomes in facility outbreaks. The University of Virginia rapidly developed a multidisciplinary telehealth-centered COVID-19 facility outbreak strategy in response to a LTC facility outbreak in which 41 (out of 48) facility residents and 7 staff members tested positive.

			<ul style="list-style-type: none"> • This strategy focused on supporting the facility team remotely using rapidly deployed technologic solutions. • Over a month since the outbreak began, 18 out of 48 (38%) facility residents required hospitalization and 6 (12.5%) died. Eleven facility residents have since returned to the SNF after recovering from their hospitalization. No staff required hospitalization. • The mortality and hospitalization rates seen in this PA/LTC facility outbreak are significantly lower than has been documented in other facility outbreaks. • Our multidisciplinary approach centered on telemedicine should be considered as other PA/LTC facilities partner with neighbouring health care systems in responding to COVID-19 outbreaks. We have begun replicating these services to additional PA/LTC facilities facing COVID-19 outbreaks.
<p>10.07.2020</p>	<p>Temperature in Nursing Home Residents Systematically Tested for SARS-CoV-2</p>	<p>The Lancet / Article</p>	<ul style="list-style-type: none"> • Many nursing home residents infected with SARS-CoV-2 fail to be identified with standard screening for the associated COVID-19 syndrome. • Current nursing home COVID-19 screening guidance includes assessment for fever defined as a temperature of at least 38.0°C. • The Veterans Administration (VA) operates 134 Community Living Centers (CLC), like nursing homes, that house residents who cannot live independently. • Among the 7325 CLC residents, SARS-CoV-2 was identified in 443 (6.0%). The average maximum temperature in SARS-CoV-2 positive residents was 37.66 (0.69) compared to 37.11 (0.36) (p=0.001) in SARS-CoV-2 negative residents. • Among SARS-CoV-2 positive residents, only 26.6% (n=118) met the fever threshold of 38.0°C during the survey period. • A single screening for temperature is unlikely to detect nursing home residents with SARS-CoV-2. The current fever threshold as a screening criteria for SARS-CoV-2 infection should be reconsidered.

<p>10.07.2020</p>	<p>Nursing Home Social Work During COVID-19</p>	<p>Journal of Gerontological Social Work / Letter</p>	<ul style="list-style-type: none"> • This letter highlights a few of the many the challenges facing nursing home social services workers and departments during COVID-19, for instance: <ul style="list-style-type: none"> ○ Figuring out effective ways to communicate with family members. ○ Helping residents stay connected to their families; ○ Obtaining PPE. ○ Figuring out how to conduct work remotely with frail residents. ○ Dealing with an increased workload with additional tasks. ○ Many feared contracting COVID-19 and bringing it home to their families.
<p>11.07.2020</p>	<p>Improving the care of older patients during the COVID-19 pandemic</p>	<p>Aging Clinical and Experimental Research / Article</p>	<ul style="list-style-type: none"> • Specific recommendations and reports have been released both at International and National level, regarding the diagnosis and management of COVID-19 in the elderly. However, little has been proposed for an appropriate response to older, frail and multimorbid patients in different settings of care including long term care facilities and nursing homes, and for the management of geriatric syndromes (i.e. delirium, sarcopenia, falls). • Suggests some key guide principles that could inspire the provision of healthcare services to older people and their families, such as: <ul style="list-style-type: none"> ○ Systematic and timely testing to isolate positive cases and to implement specific pharmacological treatment and supportive care, along with oxygen treatment if needed. ○ Asymptomatic residents who had contacts with confirmed cases should be tested and, if positive, isolated and periodically checked for specific and nonspecific symptoms. ○ Hospitalization should be limited to cases that cannot be managed in LTC facilities, and should be considered only after an assessment of the patient's

			<p>general health, cognitive and functional status and after an evaluation of patient's priorities and wills.</p> <ul style="list-style-type: none"> ○ Family involvement in choices regarding the treatment is recommended. ○ Monitoring of possible contagion among health care professionals should be systematically carried out, and the availability and correct use of PPE should be periodically assessed.
11.07.20	Impact of the COVID-19 Pandemic on the Utilization of Hospice Care Services: A Cohort Study in Taiwan	Journal of Pain and Symptom Management / Article	<ul style="list-style-type: none"> • All patients (n = 19,900) cared for at Taipei City Hospital from January 2019 to April 2020 were divided into three time points: January–April 2019 (before COVID-19), May–December 2019 (interim), and January–April 2020 (during COVID-19). This cohort study compared the monthly utilization of hospice services before and during the COVID-19 pandemic. • There was no significant difference in hospice home visits (194 vs. 184; P = 0.686) and new enrolments (15 vs. 14; P = 0.743) to hospice home care before and during the pandemic. However, the bed occupancy rate in hospice units in the hospital was significantly reduced from 66.2% before the pandemic to 37.4% during the pandemic (P = 0.029), whereas that in non-hospice units had a non-significant decrease from 81.6% before the pandemic to 71.8% during the pandemic (P = 0.086). During the pandemic, the number of inpatient days in hospice units was affected more severely than in non-hospice units (-42.4% vs.-10.9%; P = 0.029). • This study suggests that hospice home care services were maintained during the COVID-19 pandemic, while the utilization of hospice inpatient care services reduced. Home care for hospice patients is an essential component of palliative care during a pandemic.
13.07.2020	Covid-19: excess all cause mortality in domiciliary care	BMJ / Letter	<ul style="list-style-type: none"> • We estimate that deaths in all non-care home residents in England were 1.7 or 1.8 times the usual for this period.

			<ul style="list-style-type: none"> • Recipients of domiciliary care are at higher risk of getting covid-19 because of their age and underlying health problems and because of the way care is provided. • A quarter of the domiciliary care workforce is 55 years or older and 23% is from black, Asian, or minority ethnic (BAME) groups. Care workers cannot maintain “social distancing” from the vulnerable clients they are helping, putting themselves at risk. About 9400 agencies provide domiciliary care, and other careworkers are contracted individually, making access to PPE or testing challenging. • PPE supply and regular infection testing are needed to reduce transmission to the most vulnerable people, to the care workers, and to the wider community.
14.07.2020	Outcomes of Universal COVID-19 Testing Following Detection of Incident Cases in 11 Long-term Care Facilities	JAMA Internal Medicine / Article	<ul style="list-style-type: none"> • Performed universal testing of untested residents across 11 Maryland long-term care facilities that (1) had previously undergone targeted testing through the local health department based on individual residents’ symptoms and (2) had known positive cases. • Targeted symptom-based testing identified 153 cases prior to point-prevalence surveys at 11 facilities within 20 days of detection of the index case. Among the remaining 893 residents who were universally tested, 354 (39.6%) tested positive for SARS-CoV-2 RNA. Thus, universal screening increased the total number of detected COVID-19 cases across all sites from 153 to 507; of these, 281 (55.4%) were asymptomatic
15.07.2020	COVID-19: Role of Integrated Regional Health System Towards Controlling Pandemic in the Community, Intermediate and Long-Term Care	The Journal of Frailty & Aging / Letter	<ul style="list-style-type: none"> • During COVID-19 pandemic, Singapore’s Agency for Integrated Care (AIC) has been working closely with Ministry of Health (MOH), regional health system (RHS) clusters and community care providers in strengthening the pre-existing network to implement measures to slow the spread of the disease, and maintain the physical and mental wellbeing of older adults and caregivers. • AIC and MOH, supported by different RHS work with nursing homes, centre-based and home care providers to implement and reinforce COVID-19 measures including

			<p>infection prevention and containment, access to a steady supply of Personal Protective Equipment, safe distancing measures, split-zone arrangements and suspension of visits for nursing homes, alternative accommodation and transport arrangements for resident-facing staff, and surveillance testing for residents/clients and staff.</p> <ul style="list-style-type: none"> • The containment of small numbers of outbreaks has been made possible by above measures which also includes education, information sharing and learning from different intermediate and long-term care providers on success measures.
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Preprints (non-peer reviewed)

Publication date	Title / URL	Journal / Article type	Digest
10.07.2020	Evolution and impact of COVID-19 outbreaks in care homes: population analysis in 189 care homes in one geographic region	MedRxiv / Article	<ul style="list-style-type: none"> • This study systematically examines care-home outbreaks of COVID-19 in a large Scottish health board. • 70 (37.0%) of care-homes experienced a COVID-19 outbreak, 66 of which were in care-homes for older people where care-home size was strongly associated with outbreaks. • There were 852 confirmed cases and 419 COVID-related deaths, 401 (95.7%) of which occurred in care-homes with an outbreak, 16 (3.8%) in hospital, and two in the 119 care-homes without a known outbreak. • For non-COVID related deaths, there were 73 excess deaths in care-homes with an outbreak, but no excess deaths in care-homes without an outbreak, and 24 fewer deaths than expected of care-home residents in hospital. A quarter of COVID-19 related cases and deaths occurred in five (2.6%) care-homes, and half in 13 (6.9%) care-homes.

15.07.2020	Covid-19 infection and attributable mortality in UK Long Term Care Facilities: Cohort study using active surveillance and electronic records (March-June 2020)	MedRxiv / Article	<ul style="list-style-type: none"> • Cohort study using individual-level electronic health records from 8,713 residents and daily counts of infection for 9,339 residents and 11,604 staff across 179 UK LTCFs. • 2,075/9,339 residents developed Covid-19 symptoms (22.2% [95% confidence interval: 21.4%; 23.1%]), while 951 residents (10.2% [9.6%; 10.8%]) and 585 staff (5.0% [4.7%; 5.5%]) had laboratory confirmed infections. • Confirmed infection incidence in residents and staff respectively was 152.6 [143.1; 162.6] and 62.3 [57.3; 67.5] per 100,000 person-days. • 121/179 (67.6%) LTCFs had at least one Covid-19 infection or death. • 217 deaths occurred in 607 residents with confirmed infection (case-fatality rate: 35.7% [31.9%; 39.7%]). • 1 in 5 residents had symptoms of infection during the pandemic, but many cases were not tested. • Higher occupancy and lower staffing levels increase infection risk. • Disease control measures should integrate active surveillance and testing with fundamental changes in staffing and care home occupancy to protect staff and residents from infection.
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Guidance

Publication date	Title / URL	Author(s)	Digest
Updated 09.07.2020	Coronavirus (COVID-19): care home support package	Department of Health & Social Care	<ul style="list-style-type: none"> • This is the next phase of our response for care homes, using the latest domestic and international evidence brought together by Public Health England, and drawing on the insights of care providers. • This document sets out the steps that must now be taken to keep people in care homes safe, and the support that will be brought together across national and local government to

			<p>help care providers put this into practice. Includes information on:</p> <ul style="list-style-type: none"> ○ Infection prevention and control, including training, PPE, reducing workforce movement between care homes and minimising risk for care workers, quarantining, building scientific understanding and sharing good practice across the sector; ○ Stepping up NHS Clinical Support; ○ Comprehensive testing; ○ Oversight and compliance – local government and national; ○ Building the workforce; ○ Funding.
09.07.2020	CQC coronavirus update for adult social care providers	Care Quality Commission	<ul style="list-style-type: none"> • A regular update for providers and professionals working in adult social care, sharing the latest guidance on COVID-19 and CQC's approach during this period.
10.07.2020	Coronavirus: Local authorities' adult social care duties (the Care Act easements)	House of Commons Library / Research Briefing	<ul style="list-style-type: none"> • This Commons Library Briefing paper provides an overview of changes to local authority duties around the provision of adult social care during the coronavirus outbreak in England. • The Coronavirus Act 2020 provides for a relaxation of local authority duties around the provision of care and support needs. For example, local authorities will only be under a duty to meet a person's eligible needs where not doing so would breach their human rights. • The changes were brought into force on 31 March 2020, meaning that local authorities in England are now able, if they deem it necessary, to adapt their adult social care provision in line with the relaxed duties (referred to as the Care Act easements). • As at 30 April 2020 seven local authorities were operating under the Care Act easements. However, by 3 July no local authorities were currently operating under them. • On 16 March 2020, the CQC announced that its routine inspections of providers would be stopped immediately and

			<p>there would be a shift towards other, remote methods to give assurance of safety and quality and care.</p> <ul style="list-style-type: none"> On 26 March 2020, the Local Government and Social Care Ombudsman announced that it had suspended “all casework activity that demands information from, or action by, local authorities and care providers, in light of the current Coronavirus outbreak.” However, from 29 June the Ombudsman resumed all existing casework and began taking new complaints through its website.
14.07.2020	Age is more than just a number: older people and Covid-19	Local Government Information Unit / Briefing	<ul style="list-style-type: none"> This briefing provides an overview of the direct and indirect impacts of the pandemic on older people, and comments on some of the relevant issues for local government. It will be of interest to those in local authorities with responsibility for a wide range of services, especially pandemic response and recovery planning; adult social care; public health, health and wellbeing; commissioning; and equalities.
14.07.2020	NHS Volunteer Responders and adult social care	The Care Provider Alliance / Briefing	<ul style="list-style-type: none"> NHS Volunteer Responders offer help to people in need of support or who are avoiding public places during the COVID-19 pandemic. It is run by the NHS in England, supported by Royal Voluntary Service and operates across England. Its aims are to supplement existing voluntary support within communities, help people to stay well, and reduce avoidable demand on NHS services. This Care Provider Alliance briefing summarises the programme and how staff, care provider organisations and people who use care services can access NHS Volunteer Responders.

Statistical Reports

Publication date	Title / URL	Author(s)	Digest
09.07.2020	Coronavirus (COVID-19) care home support: council transparency data	Department of Health and Social Care	<ul style="list-style-type: none"> A list of councils in England that have published transparency returns on how they've supported adult social care during the pandemic.
15.07.2020	Coronavirus (COVID-19): adult care homes - additional data	Scottish Government	<ul style="list-style-type: none"> Weekly data on COVID-19 in adult care homes in Scotland, including: <ul style="list-style-type: none"> rates of suspected cases in care homes; proportion of care homes that have reported a suspected case since the start of the epidemic; the number of deaths reported by adult care homes, including Covid-19 and non-Covid-19 related deaths.

Editorials and News

Publication date	Title / URL	Author(s)	Digest
07.07.2020	Covid-19: One in 10 cases in England occurred in frontline health and social care staff	BMJ / News	<ul style="list-style-type: none"> Data Evaluation and Learning for Viral Epidemics (DELVE) (the multidisciplinary group of researchers convened by the Royal Society) estimates that around 10% of all covid-19 infections in England between 26 April and 7 June were among patient facing healthcare workers and resident facing social care workers (95% confidence interval 4% to 15%). During that period, residents in care homes made up 6% of all covid-19 cases. Their report highlights a number of factors implicated in infections of staff, patients, and care home residents, including inconsistent use of masks and other PPE; lack of access to testing; lack of physical distancing between staff and patients, not just on wards but also in corridors, officers, and canteens; environmental and hygiene problems, including disinfection of surfaces and ventilation; difficulties in avoiding mixing infected and uninfected patients; rotation of staff between different locations; and inadequate

			<p>surveillance systems both to investigate individual infections and wider outbreaks.</p> <ul style="list-style-type: none"> • The researchers called for “an ambitious and comprehensive approach” similar to the one that was successfully implemented to combat methicillin resistant <i>Staphylococcus aureus</i>, but one that achieved results in months rather than years.
09.07.2020	<p>Competing Crises: COVID-19 Countermeasures and Social Isolation Among Older Adults in Long Term Care</p>	<p>Journal of Advanced Nursing / Editorial</p>	<ul style="list-style-type: none"> • While debate over the appropriate scope and goals of COVID-19 lockdowns has raged, all public health agencies have been clear on one matter: older adults have the highest rates of mortality and should be isolated. • Yet, social isolation contributes to the onset and intensifies depression, feelings of despair and, in older adults with dementia, further cognitive decline. • Little attention has been paid to autonomy and individual acceptance of risk. Any pandemic response must balance these risks and recognize that morbidity may be as important as mortality. • LTC facilities must collaborate with residents and families to ideate creative solutions and help them understand the risks associated, to establish a care plan that is centered on the physical and psychosocial wellbeing of the resident.
11.07.2020	<p>Nursing Homes and Long Term Care After COVID-19: A New ERA?</p>	<p>The Journal of Nutrition, Health & Aging / Editorial</p>	<ul style="list-style-type: none"> • COVID-19 provides an opportunity to address chronically overlooked and underfunded sectors of long-term care, including nursing and residential homes, and homecare. Each mode of delivering long-term care must provide optimal standards of continuing care and maximum quality of life. More evaluation and research is needed to support decision and policy-making, in particular on the cost-effectiveness and cost-quality aspects for each specific country, region or system. So far, evidence on what works seems to point to person and relationship-centered solutions, combined with integrated health and social care,

			plus telehealth, to ensure timely, individualized responses to persons' needs.
13.07.2020	Lack of support for social care within new immigration system continues to be concerning	NHS Providers / News	<ul style="list-style-type: none"> "While conditions for recruiting international staff to the NHS have improved, we continue to be frustrated by the lack of support for our partners in the care sector. The new points-based system is likely to exacerbate the workforce crisis in social care, with the temporary visa route removed and the vast majority of social care professionals, still implied to be 'low skilled', and therefore ineligible to apply for a Tier 2 visa."
14.07.2020	'By shutting out overseas staff, the government has increased the pressure on itself to urgently develop and fund reforms' to the care sector: The King's Fund responds to new immigration rules	Kings Fund / Press Release	<ul style="list-style-type: none"> Commenting on the new list of occupations eligible for the health and care visa, Suzie Bailey, Director of Leadership and Organisational Development at The King's Fund, said: "International staff are a crucial part of the adult social care workforce, where one in six staff have a non-British nationality. Around half of these international staff come from the European Union, so the end of freedom of movement already risked significant staff shortages. With today's announcement, the government has firmly closed the door to frontline social care workers from overseas. In a sector where around 8 per cent of posts are already vacant, recruiting and retaining domestic staff is now more important than ever. By shutting out overseas staff, the government has increased the pressure on itself to urgently develop and fund reforms that make the care sector a better-paid and more attractive place to develop a career. This will require an unprecedented pace and scale of investment, and even then workforce shortages are likely to get worse before they get better as new immigration rules will come into force before reforms can realistically be implemented."