

visiting in/out came into effect on 15 December and we have put in place tight restrictions on staff movement, including requiring staff to be vaccinated/boosted, which includes discretion for Directors of Public Health – DsPH – to ban staff movement altogether in cases of VOC (although this will need to be balanced against workforce capacity pressures for which staff movement is an important mitigation). At this point we believe these measures are proportionate to the risk the Omicron variant presents, however the impact is kept under review and further escalation is available to use if required. Having consulted with UKHSA, our intention now, as part of a broader approach to supporting local systems, is to make clear that LAs and, in particular, DsPH already have the required autonomy and flexibility to manage restrictions to respond to local circumstances. We will keep this position under review and stand ready to step up our range of measures as new clinical data emerges and should further steps be taken in relation to wider society. There are, of course, some exceptions to this – for example on testing capacity – where we need to manage at a national level to ensure equitable supplies, but our broad approach will be to support LAs and LRFs to take the decisions necessary to manage local risk.

7. **Testing:** testing is a key part of the protective net around care settings, so we are continuously reviewing, with UKHSA, the most appropriate testing regimes across all ASC settings (including unpaid carers). Since 15 December the policy is to test care home staff through 1 PCR and three LFDs every week. Through UKHSA we continue to monitor closely test positivity rates and experience of outbreaks, to add to our understanding of impact. We have carried out a number of red team exercises, including on 16 December, through which we identified that testing in domiciliary care is an area for attention. Following discussions at the ASC sub-group of SAGE on 17 December, we are urgently considering the merits of aligning the testing regime for domiciliary care staff with that of care home staff, as early as possible this week, including assessing the impact on testing capacity. We are however clear that the impact of the increased testing regime for domiciliary care could be increased burdens on staff with the risk of decreased adherence.

Workforce risk

8. Omicron is likely to significantly exacerbate existing workforce pressures in adult social care, which are already acute. Since May 2021, the ASC workforce has been falling week-on-week (as of 14 November, care home workforce has fallen by 3.3% and the domiciliary workforce has fallen by 4.2% – more than 36,000 staff in total – compared to the beginning on 2020/21). This is the first time the workforce has contracted in at least nine years: by the end of November there were 40,000 fewer staff working in the sector than in May 2021. Meanwhile, demand for care has continued to grow. In November, ADASS reported that the number of home care hours which local authorities were unable to meet had increased by over 160% compared to three months earlier, and by more than five times compared to six months earlier.
9. These workforce pressures could compound the significant strain on local health and care systems. As of 9 December, 41% of hospital discharge delays for long stay (14+ day) patients were for individuals awaiting assessment and start of care (including some forms of health care and rehabilitation) at home or in a care home. This amounts to nearly 3,000 [2,893] individuals. Diminished workforce capacity also presents risks to the delivery of safe care and can contribute to longer-term provider viability.
10. Current Covid-19 absence rates in the sector are 0.9%. At the peak of the second wave (January 2021) Covid-19 absence rates reached 4.6% (which would translate into approximately 69,000 staff from a total workforce of 1.5 million). Omicron absence rates could be significantly higher, and absence from other causes (such as 'flu) could rise significantly at the same time. The chart at Annex A sets out the process of escalation from the front-line to national level. Local authorities are responsible for managing ASC