UK Health Security Agency

24 December 2021

Dear Colleagues,

Re: Local flexibility in supporting social care settings

We hope that many of you were able to attend the joint DsPH and Local Government Chief Executive call yesterday evening, and that you found it a useful update on the current Omicron situation. As a follow-up to that call, and given the interest shown in relation to care home safety and staffing, we thought it would be timely to provide a written summary of existing guidance on the restriction of staff movement across the adult social care sector, and the authority DsPH can make use of to limit Omicron transmission in this vulnerable population. We know from research[1] earlier in the pandemic, that staff movement across care settings is a significant risk for transmission of infection and this is likely to be heightened given the pace of Omicron spread.

The current guidance (available here) contains provision in high risk context for staff movement to be restricted to all but **exceptional circumstances,** as in the situation which Omicron now presents. Specifically; "providers are strongly recommended to ensure they review any communications or data available from local and national partners regarding other local circumstances such as high levels of community infection, concerns about specific variants, and/or other local intelligence on transmission patterns that may lead directors of public health and/or health protection teams to advise on time-bound restrictions on movement of staff providing direct care".

DsPH should feel able and authorised to exercise their judgement and, in collaboration with Adult Social Care Directors and local Health Protection Teams, advise providers should stop the movement of all staff providing direct care, aside from the most exceptional circumstances, where this is appropriate to local settings and epidemiology.

These exceptional circumstances are where, in order to ensure enough staff are available to deliver care (including specialised care) safely, providers may need to deploy people who are also working in another health or social care setting. Further information is available here.

Providers deploying staff working in multiple locations in these exceptional circumstances should ensure this is for as limited a period of time as possible, and should only be for as long as is needed for the provider to resolve any staffing issues. Adult social care staff will continue to be prioritised for asymptomatic testing, and strict adherence to this, and IPC measures, is essential.

As COVID-19 cases are rising nationally, we have also started to see an increase in outbreaks in care homes. In line with guidance on variants of concern, public health advice for the Omicron variant maintains that outbreak restrictions in care homes should remain in place for 28 days following the last positive case. Uncertainty about the severity and impact of Omicron remains and we have not yet completed the roll-out of our booster programme in care homes and we are therefore continuing to recommend a defensive approach at a national level. However, this risk will need to be balanced against other risks to individuals and the wider health and social care system. Decisions on the timely discharge, from

[1] Factors associated with SARS-CoV-2 infection and outbreaks in long-term care facilities in England: a national cross-sectional survey (nih.gov)

hospital to care homes, where that would both support residents' recovery and contribute to easing hospital capacity are a consideration in this.

There is already local flexibility within Government guidance to allow for residents to be safely admitted to a care home including when the care home is under outbreak restrictions. Local public health teams and DsPH should take a risk-based approach to considering where there could be flexibility to allow care homes to open up to admissions sooner than 28 days. This risk assessment should take into account the size of outbreaks and whether they only affect staff; and the care home environment, including size/layout, rates of booster vaccination and current Care Quality Commission (CQC) rating. Should you need it, the local NHS nursing team can help provide additional advice and support on good IPC practice. The CQC is aware of this recommendation and will support risk-based decisions made on admissions to support the discharge of people with a negative covid test result. Care home providers must be able to refuse admissions where they feel they cannot provide safe care and they must not be put under undue pressure.

Aside from any limitations on staff deployment in different adult social care settings, booster vaccinations of course remain vital in protecting this vulnerable population. As of 19 December, just 37% of care home staff had received a booster.

Finally, we thank you all again for the excellent work you and your teams continue to deliver for the benefit of your local population's public health. Have a very merry Christmas.

Professor Jenny Harries OBE

Chief Executive, UKHSA

Jim McManus

President, Association of Directors of Public Health UK