

Report on the findings from Scottish Care Sustainability Surgeries

November 2020

Introduction

The pandemic response has significantly impacted the financial sustainability of care providers across Scotland. Reasons for this are varied, but many relate to the direct and indirect effects of infection prevention control guidance and the impact that the virus is having on staffing. Winter planning and EU Exit preparedness suggest that the sector must prepare for additional constraint in the coming months.

The Scottish Government introduced three funding routes to supporting sustainability in the sector:

1. Financial mobilisation - Payment per planned visits for homecare and occupancy rates for care homes,
2. Support for additional costs such as those relating to infection prevention control and staffing,
3. Social Care Support staff fund.

A set of Principles¹ was developed with COSLA and Health and Social Care Scotland to support mobilisation, Guidance for the Social Care Staff Support Fund², and COSLA also produced Guidance for Commissioned Services³. Guidance was also produced by Scottish Government and COSLA to support the ongoing implementation of Self-directed Support⁴ during the COVID-19 response.

In August, Scottish Care and CCPS jointly hosted workshops with Providers and Finance Officers to explore and address issues of concern. The results were shared with members, COSLA, the Chief Finance Officers Network and Scottish Government to support ongoing policy decisions.

In October, in response to ongoing concerns raised about financial mobilisation during the COVID-19 response, Scottish Care undertook a survey to establish the nature and extent of those concerns. Critically, 65% of providers reported that the stepping down of payment per planned or payment for occupancy will impact on their ability to continue providing a quality service.

Scottish Care reported the findings of this survey to COSLA and Scottish Government with particular recommendation to review the decision to step down aspects of financial mobilisation.

¹ https://www.cosla.gov.uk/_data/assets/pdf_file/0022/19534/Provider-Sustainability-Principles-v4.pdf

² <https://www.gov.scot/publications/coronavirus-covid-19-social-care-staff-support-fund-guidance/pages/fund-administration>

³ https://www.cosla.gov.uk/_data/assets/pdf_file/0026/15569/coslaguidanceforcommissionedservices170420.pdf

⁴ <https://www.gov.scot/publications/coronavirus-covid-19-guidance-on-self-directed-support/>

Since then, on Friday 6th November, a letter⁵ was received from Cabinet Secretary Jeane Freeman and Councillor Stuart Currie which included the extension of payments at the October rate until the end of November. In addition, a short life working group spanning 2 weeks has been established by Scottish Government and with membership from groups such as COSLA and the Chief Finance Officers Network as well as Scottish Care, to review existing systems of support and make recommendations about what needs to be in place going forward.

Scottish Care hosted two dedicated surgeries for members, one covering care at home and housing support provision and the other focussed on care homes to support a deeper dive and troubleshooting around issues of sustainability. These were on the 4th and 5th of November respectively. This report covers the findings from these events, attended by 26 homecare providers and 49 care home providers. Many of the findings will be recognisable as items that had been raised by Scottish Care and social care providers previously. The findings of this report should provide intelligence and insight useful to the short life working group hosted by Scottish Government on financial sustainability to support smoother access to funding which is available until the end of the financial year, but also in reviewing the Mobilisation Fund due to end November 20, and future requirements.

Findings

- Lack of a standardised approach

Providers described confusion with the process with differing methods for capturing financial mobilisation - *"We provide care and support in 9 different areas in Scotland and we have to complete 9 different forms"*. The forms themselves also caused confusion by not distinguishing between the three routes for funding, with each of these having had different start and end dates at different points throughout their lifespan. In some areas the forms were on Word documents whilst in others, spreadsheets making the administrative burden greater.

Differing deadlines also caused confusion both for form submission, but also in terms of support available as some areas applied deadlines to apply for support in purchasing specific items.

Providers felt that funding was allocated *"based upon your ability to complete a form"*, not on the support they needed to uphold IPC and high-quality care standards.

- Poor communication

Many providers described a lack of communication in relation to signposting of routes and processes for accessing the funding, expectations and timescales, and response to submissions. Transparency and consistency in the process would go a long way towards allaying these concerns.

- Delays

Most providers reported delays to funding mobilisation which risked cash flow problems. However, 3 areas came out at having a more successful approach – Fife, Angus and East Ayrshire. What helped was transparency in the process, keeping providers informed about delays and mitigation (which

⁵ <https://scottishcare.org/wp-content/uploads/2020/11/Social-care-provider-sustainability-payments-November-extension-draft-letter-to-sector-from-Cab-Sec-and-Clr-Currie-003.pdf>

also relates to communication as above). One provider who operates in 13 areas had only received funds from 4 areas. Another relatively small provider described cash flow delays in the region of £110K.

- Financial mobilisation - Payment per planned visits

All but two homecare providers had attempted to access this support, but 17 were still waiting to receive payments.

Providers in Aberdeenshire have been asked to repay the difference between planned and actual visits. This seems to sit outside of the principles and is causing significant concern.

- Financial mobilisation - Payment based upon occupancy rates

All care home providers had applied for this funding and agreed it was the most forthcoming. They described challenges with the reduced rate going forward. Providers also described lost space for indoor visiting which was impacting on occupancy rates. They requested this to be covered by mobilisation funding.

Providers requested that booked stays for respite are included in calculating occupancy rates as this has caused additional financial sustainability concerns for some.

- Support for additional costs such as those relating to infection prevention control and staffing

Proportionally fewer homecare organisations had requested support through this route than care homes. Two homecare providers reported that the process was simply too complex. Many described queries from partnerships for additional information to support applications for financial support as a cause of delay.

Access to PPE was also raised, with a request for clarity on when it is safe to use vinyl gloves similar to guidance that has been issued in England. There is inflated demand for nitrile gloves which is causing issues with the supply chain (providers reported deliveries being delayed month by month by suppliers) and providers requested guidelines to determine the point at which access via the local hubs was deemed appropriate (for example difficulties in supply, or when existing routes simply become too costly to sustain). They also raised the need for verified masks with clear inserts to allow for lip-reading. There is currently no product which has been deemed safe for use in the pandemic response in Scotland yet there are large numbers of people supported by social care providers who rely on lip-reading. This has also been raised via the Scottish Government/ NSS PPE Steering Group.

Where most confusion lay however was in establishing what providers were able to access funding for. Some local areas applied complicated formulas, resulting in one provider asking which half of the laptop it was that they were able to purchase. Other areas in question included the purchasing of screens, additional cleaning products, and items to support garden visits such as gazebos and patio heaters.

Some providers said they had been asked to provide evidence of how and where they have been making savings in other areas to be able to cover IPC costs.

Providers expressed concern that “*the goalposts keep shifting*” – this related especially to items such as furniture, which needed changed on the advice of the regulators as a result of updated IPC guidance. Some providers were able to access funding in the first phase of funding, but this was no longer available.

- Social Care Support staff fund

The most delays occurred for this type of funding, which ultimately affects the social care workforce. None of the homecare providers had received full payment yet only 4 had not applied. Those who did not apply said the process of applying for the few staff who needed it put them off, given that it would have been on top of the process for IPC and sustainability payment claims.

Out of 49 care home providers, all had applied to the support fund and none had received the full amount.

Some described confusion on the part of their local area confusing the system with furlough. They were clear that those staff furloughed were not the same staff eligible for the support fund.

A consequence of funding delays has also been fractured relations with unions.

Providers also raised the increase in absences at manager level and requested a tracking and action plan to support.

Many raised the issue of having claimed for what would essentially have been arrangements as agreed in the social care staff support fund via sustainability payments, before the former fund came into the existence. They have concerns that those payments will not be made, covering the period to February until the introduction of the staff support fund.

- SSP

Those organisations with 250+ staff raised that they were not eligible for the SSP element via HMRC which is causing financial concern.

- Scottish Living Wage

Homecare providers in Edinburgh and Glasgow described significant delays in receiving Scottish Living Wage payments. Some payments had only been received in the week before the surgery. The Scottish Living Wage announcement was made in March, in time for the financial year start thus making this a 7-month delay. In this context, providers raised concerns on behalf of those accessing care and support using SDS option 1. Those in Edinburgh received a letter from the Local Authority to advise them of the SLW uplift, but it was not clear if they might be able to access additional support to administer the process of backdating payments.

- Additional concerns

Trust – Providers raised the marked difference between the support offered for social care and other sectors and businesses. Other businesses can access funding on a basis which is far simpler and founded in trust, such as via grant processes. In addition, the language differs from accessing support to making sustainability claims in social care.

VAT on PPE - Providers raised the issue of the reinstating of VAT on PPE and the implications this had on their sourcing and decision to access the local hubs.

Commissioning and procurement – in some areas Electronic Call Monitoring remains in place which is compromising time available for donning and doffing PPE and other IPC measures, and impacting the delivery of care and support.

Day-care – some providers also offer day-care services and raised that they have received no support or guidance about when and whether they will be required going forward.

Routine funding – providers described a general slowing of the processing of regular payments. They recognised that there is administrative burden on Local Authorities but that such delays add to sustainability risks. The current context of slowed house sales should also be considered as this has added to reduced cashflow for self-funders.

Testing – provider raised concern about the cost of testing visitors such as family members, professionals and contractors. This includes technology, staffing and processing costs.

- Charities

Charitable providers raised concerns that previous income streams had dried up or been repurposed. Several described a particular gap in funding for refurbishment which pre-COVID19 was reliable but had now been pulled, despite being important in IPC. They had concerns about the long-term implications of reduced income on their reserves and OSCR registration.

One provider was given the freedom to divert funding which had been raised to purchase a new lift and instead use as part of their pandemic response. Whilst this is helpful in the moment, they will still need a new lift. It can be assumed that similar experiences apply to other providers who rely on fundraising to supplement their income.

Continued financial support request in addition to staffing, staff support and mobilisation

In an ever-shifting landscape, it is impossible to create a definitive list, but the following items were raised as being COVID-19-related.

- Additional staffing costs to support IPC, testing and additional admin, as well as support for staff shielding or self-isolating,
- Additional staff in a role of visiting co-ordinator to support safe visits to care homes,
- Transport and travel time for staff where there is reduced public transport,
- Enhanced pay rates over holiday period when it is likely that because of self-isolating, sickness or tier restrictions, families may not be together over the festive period (this usually allows for redistribution of funds to staff who work the festive period),
- Uniforms/ scrubs, especially as we head into winter. Many staff are working additional shifts and need more uniforms as they do not have tumble driers at home or because of enhanced IPC laundry requirements for care homes,
- Cleaning products,
- IT – software, hardware and infrastructure,
- Furniture and equipment to support visiting including domes/gazebos, patio heaters, screens etc (indoors and outdoors).