

FAQ to accompany guidance for financial support for social care providers

Before reviewing this document please read;

- [Guidance](#) for financial support for social care providers during COVID-19 to June 2021
- [Principles](#) for Social Care Sustainability Payments v4 and v3 for period prior to December 2020.

Purpose of FAQ

The FAQ has been developed to bring together a set of frequently asked questions on the financial support available for social care providers during COVID-19 to support implementation of the guidance.

The document will be updated as required.

Who should use the FAQ?

The FAQ is relevant to Health and Social Care Partnership and Local Authority staff involved in the process, social care providers accessing the support and the workforce.

Questions on process

Q. When will the guidance be reviewed?

A. The guidance is in place until end of June 2021. A working group with membership from Scottish Government, COSLA, Finance representatives from Local Authorities and Health and Social Care Partnerships, CCPS, Scottish Care and Trade Unions will meet every 3 weeks to discuss any issues arising and review the guidance as appropriate.

Q. The guidance comes into effect from December 2020, but the additional costs in question relate to an earlier period.

A. The updated guidance document outlines the arrangements from December 2020 onwards. The principles for treatment of any additional costs prior to this period can be found [here](#).

Any costs that relate to periods prior to December should be submitted and processed as soon as possible. This is to ensure that adequate funding continues to be provided from Scottish Government.

Q. How should additional costs for people placed across the border be treated?

A. There are separate arrangements in place for each of the devolved nations. The provider should speak to the commissioning authority where they are based in the first instance.

Q. How should additional costs for direct payments be treated?

A. Where a person has chosen for their social care support or service to be via Self-directed Support Option 1 and the delivery of their chosen support or service is impacted by the pandemic meaning it cannot be/is not being delivered as normal, the supported person should continue to receive their full Direct Payment from the Local Authority.

The guidance for financial support for social care providers should be followed in relation to the criteria for non-delivery of services as set out in paragraphs 20 to 47.

If a supported person in receipt of a direct payment is concerned about any additional costs they are experiencing as a result of COVID-19 they should speak to the authority that makes payment.

Q. How can services that are contracted through health boards receive support?

A. Where a social care service has no contractual relationship in place with a Health and Social Care Partnership or Local Authority, they should contact the NHS Board who contract services in the first instance. There may need to be a discussion between the Integration Authority and Health Board to agree a process of how to treat requests like this. This would be relevant for services such as care homes with block funded health contracts or some rehabilitation services.

Q. How long will it take to process claims for financial support?

A. Providers and finance teams alike are under significant additional pressure. The timescales for payment will vary depending on capacity and whether the required information has been submitted. Local Authorities will seek to process payments as quickly as possible to support sustainability. If a provider is concerned about their financial sustainability due to a delay in payment, they should contact the commissioning authority.

If a provider has not heard about a claim that was submitted some time ago, they should contact the commissioning authority in the first instance then their membership organisation if they are unable to resolve locally.

Question on access to Coronavirus Job Retention Scheme (furlough scheme)

Q. How should staff who cannot work due to advice in relation to shielding be supported?

A. Staff who are unable to work due to Public Health advice as they are in the shielding category should also be placed on the furlough scheme if they cannot be redeployed to another role. The use of the term 'fit note' to describe the shielding letter has caused some confusion. Any staff, including Personal Assistants, who are currently shielding should be placed on the Coronavirus Job Retention Scheme. This applies from the date that the CJRS re-opened to new applications. They should not be placed on sick pay.

The guidance also sets out the expectation that the furlough scheme should be accessed where there has been an impact on service delivery that has impacted on a worker's hours.

[Check which employees you can put on furlough to use the Coronavirus Job Retention Scheme - GOV.UK \(www.gov.uk\):](https://www.gov.uk/guidance/check-which-employees-you-can-put-on-furlough-to-use-the-coronavirus-job-retention-scheme)

The Social Care Staff Support Fund cannot be used for people in the shielding category.

Q. How should providers evidence why they can't access the furlough scheme?

A. A narrative explaining why the scheme cannot be accessed should be provided alongside the form and any supporting documentation for example information from HMRC.

Q. Can furlough payments be topped up by an employer?

A. No additional cost as a result of 'topping' up furlough payments can be reclaimed from the Scottish Government through the financial support available for social care.

Questions on payment for non-delivery of support

Q. How should additionality to payments for services not delivered be treated?

A. Providers should use payment for non-delivery of service (as set out in section 2 of the guidance) and any other national schemes such as furlough before claiming for other additional costs.

If social care providers face additional costs (as set out in annexe A of the guidance) in addition to the amount paid for non-delivery of support or other national schemes such as furlough they can claim for the additional cost of these. These costs should be detailed on the claim form provided and the declaration form should be signed to agree that all other forms of financial support such as any business grant or the furlough scheme have been claimed prior to submitting additional costs.

Example

	Example 1 Income Loss @ 80% NCHC Rate	Example 2 Income Loss @ 90% of Contract Rate
Payment of Income loss	2,000	2,000
Additional staffing	2,000	3,000
Furlough support for staff shielding	(1,600)	(1,600)
Net cost of additional staff	400	1,400
Additional PPE and infection control costs	1,000	1,000
Total additional costs	1,400	2,400
Are Costs Higher Than Payment Please note if costs are lower this will be considered when management accounts are reviewed either for a future claim or at the end of the financial year.	No	Yes

Q. What if my costs are not covered by the payment for non-delivery of service ?

A. Where relevant, the guidance allows for additional costs in excess of the payments made for non-delivery of a service/support to be reimbursed. The guidance is clear that the full costs incurred for non-delivery of a service must be covered by payments if they are in excess of the payments made.

Q. How should additional costs for residential care homes and building based services which are not under the National Care Home Contract (NCHC) be treated?

A. The guidance published in December had an error which has raised questions about how care homes that are not subject to the NCHC would be treated.

This has now been updated to clarify that support will be provided by the host authority where a commissioning relationship is in place. This is intended to prevent providers having to complete returns to all of the authorities that commission services from them. The rate claimable for occupancy will be that of the hosted body.

Testing

The boxes of 25 Innova Testing Kits were not designed for self-testing (at home) as such we recommend that testing take place in the workplace wherever possible.

MHRA have, however, made an exception for those staff who are dispersed, travel extensively, and do not have a work base or hub. For those staff, testing can be carried out at home. In such cases, employers should confirm the most appropriate location for staff to carry out testing. The Scottish Government meets on a regular basis with the MHRA and any change in advice will be communicated nationally. The Scottish Government social care testing guidance ([Coronavirus \(COVID-19\): social care testing guidance - gov.scot \(www.gov.scot\)](https://www.gov.scot/publications/coronavirus-social-care-testing-guidance/pages/1-1-introduction.aspx)) and adult care home visitor testing guidance ([Coronavirus \(COVID-19\): adult care home visitor testing guidance - gov.scot \(www.gov.scot\)](https://www.gov.scot/publications/coronavirus-adult-care-home-visitor-testing-guidance/pages/1-1-introduction.aspx)) both contain an overview of testing arrangements for care at home, social care and care home settings.

Arrangements to change the supply to kits approved for self-testing at home are underway and details will follow later this spring.

Care Homes

It is important to always remember that, while testing can reduce the risk of transmission, it does not completely remove the risk of infection. When used alongside robust Infection Prevention and Control (IPC) measures such as PPE, testing can support care homes to safely maintain a balance between infection control and the vital benefits of visiting to the health and wellbeing of residents.

In line with the SAGE recommendations, staff should be tested using LFD tests twice weekly alongside existing weekly PCR testing. It is recommended that, testing is carried out in the workplace. The first LFD test should be done on the same day as the PCR. The second LFD test can be carried out later in the week to best fit with shift patterns. Additional costs incurred by providers to provide backfill cover for any staff members who are having tests

carried out, are considered to be reasonable additional costs and will fall within scope of the additional funding.

Social Care Testing (excluding care homes)

As set out in the [Adult Social Care testing guidance](#), due to the diverse nature of social care testing, staff will either use LFD or PCR testing. Where a member of staff using a LFD kit tests positive, a confirmatory PCR test should be taken.

- **LFD**
LFD detects a COVID-19 antigen that is produced when a person is infectious with COVID-19. If this antigen is present, then a coloured strip on the LFD will appear to show a positive result within 20 to 30 minutes. Individuals should test themselves twice a week, every three to four days, to fit with shift patterns. For example, Wednesday and Sunday; or Monday and Thursday. As with other testing processes, lateral flow testing is not a foolproof solution; it should be seen as an addition to PPE and other IPC measures. Due to the nature of LFD tests, staff should not incur any travel costs. Therefore, as is the position with other staff groups across different sectors, financial recompense for staff undertaking LFD testing is not within the scope of this additional funding. Social care providers can, however, claim reasonable administration costs in connection with LFD tests as outlined in paragraph [**Administration costs for all care settings**] of this guidance, and reasonable additional costs for backfill where it is supporting services from fixed sites to allow staff to test at work.
- **PCR**
For those staff undertaking PCR, kits must be sent to the laboratory for testing via a priority post box. Reasonable travel costs incurred by social care staff through travelling to and from a priority post box, or an agreed drop-off point, to collect a testing kit or to drop off a sample are considered to be a 'reasonable additional cost', that falls within the scope of the additional funding being provided to social care providers.

Administration costs for all care settings

It is recognised that care providers may incur additional administrative costs due to staff testing (both PCR and LFD testing), such as ordering, stocktaking, preparation, distribution of kits, recording data from testing. Any such reasonable administrative costs will fall within the scope of this additional funding being provided to the sector.

Vaccination

When arrangements occur within the working time of staff, providers are expected to support staff to attend for vaccination without any financial detriment. This means we would expect staff to not lose earnings or have to take annual leave.

Where providers incur additional costs as a result of enabling staff to be vaccinated in working time, e.g. backfill, these are reasonable additional costs and within the scope of the additional funding for the sector. Travel costs to and from vaccination are not within scope.

Where providers incur other additional administrative costs due to staff vaccination, e.g. recording and reporting where required, these are also regarded as reasonable additional costs and within the scope of the additional funding for the sector.

Supporting evidence for additional costs associated with testing and vaccination

In terms of evidence to support payment from HSCPs to providers for these additional costs, the same approach should be taken as set out for wider costs in the guidance for financial support for social care providers during COVID-19. Namely, that relevant extracts from ledger details or management accounts to evidence expenditure should be regarded as sufficient evidence, alongside the provider completing any relevant forms from the commissioning authority to detail the additional costs and signing the declaration form.