

ADULT SOCIAL CARE INFECTION CONTROL FUND ROUND 2 – FREQUENTLY ASKED QUESTIONS

Please note these questions and answers are to be used as a guide, in conjunction with the Council's summary of the fund requirements and conditions. This is not an exhaustive list. Please email commissioninginbox@bradford.gov.uk, using the subject line reference 'IPC2', if you have a query that is not covered below.

	Question	Answer
1.	What are the start and end dates for the fund?	The start date is 1 October 2020. The end date is 31 March 2021
2.	Can providers use this funding for expenditure incurred before 1 October?	This funding cannot be used retrospectively to compensate for expenditure incurred before 1 October 2020. It can, however, be used by providers to cover the ongoing costs of activities consistent with the approved IPC measures
3.	When will the first and second instalments be paid?	The first instalment will be paid on: 28 October (Care Homes) November (date tbc) (CQC Community Regulated Care Providers) The second instalment will be paid in January 2021
4.	When does all the money have to be spent by?	You have up to 31 December 2020 to spend the first instalment, and up to 31 March 2021 to spend the remainder. You may be asked for your future plans for spending the money as part of the reporting requirements.
5.	Will the Council be recovering any unspent money?	Yes. The government has asked Councils to do this.
6.	What are the reporting requirements for care home providers?	To be eligible for the fund, care home providers are required to have

		completed the Capacity Tracker at least twice (on two consecutive weeks), and have committed to do so once per week until 31 March 2021. We will require you to return a signed declaration of this. You will also be required to complete a monthly Council survey reporting on spend of the fund.
7.	What are the reporting requirements for home support, supported living and extra care providers	To be eligible for the fund, providers in this group are required to have completed the CQC homecare survey at least twice (on two consecutive weeks), and have committed to do so once per week until 31 March 2021. We will require you to return a signed declaration of this. You will also be required to complete a monthly Council survey reporting on spend of the fund.
8.	Our organisation operates over more than one location – do we have to report on each setting?	Yes. The fund conditions apply per setting, rather than by provider.
9.	What can I spend the funding on?	The purpose of the fund is to support providers to reduce the rate of COVID-19 transmission within and between care settings, in particular by helping to reduce the need for staff movement between sites. Please see the Council's guidance document for details of specific measures and restrictions.
10.	Can we use this funding to pay for continuation of infection control measures we have already taken if in line with the list of approved measures?	Yes
11.	Can providers use this funding to pay usual wages of staff who are self isolating with suspected COVID 19 symptoms (rather than only after a positive test)	Yes, but those individuals must be seeking to confirm whether this is COVID through a test. In these circumstances, where a member of staff receives a negative test for COVID, a provider can still use this fund to pay usual wages where the symptoms were suspected to be COVID in line with government guidance.

12.	Can providers use this funding to pay usual wages for staff who are off sick with conditions other than COVID 19	No
13.	Can providers use this funding to top up the pay of furloughed staff?	No
14.	Can providers use this funding to pay the wages of staff who are shielding?	No.
15.	Can providers use this funding to pay for PPE?	The 80% 'per bed/per user' allocation cannot be used by providers to pay for the cost of purchasing PPE
16.	Are we required to send receipts and invoices to the Council	We do not require you to provide us with receipts or invoices to prove how the funding has been spent.
		You will, however, need to keep these records in the event that they are required to provide reassurances that the funding has been used in accordance with the grant conditions. These records need to be sufficient to show how much of the Infection Control Fund they have actually spent on different measures.
17.	Is the Infection Control fund subject to VAT?	The payment itself is a grant and therefore VAT isn't applicable
18.	How has the Care Home allocation been calculated	We have 4,183 CQC registered beds in Bradford The Government grant allocation to BMDC for Care Homes is £2,747,771 This equates to £656.89 per CQC registered bed The 1st instalment has been paid in October 2020 and is £328.45 per CQC registered bed The 2nd instalment will be paid in January 2021.
19.	What should I do if my organisation has exceeded the de minimis threshold for State Aid	Please inform the Council in writing. The Council's proposal is that where a provider declares that they have exceeded the de minimis threshold, this does not preclude payment of the second round funding, however this information will be held on a risk register. The risk to you as a provider,

		is that you may subsequently be asked to repay some or all of this money, if the government requires this at a later date. If you do not wish to undertake this risk, you may decline the funding at this point.
20.	The checklist references dates from January to April 2020 – is this correct	These dates should read January to April 2021. Please refer to the timetable provided in the guidance document
21.	I'm not receiving the CQC home care survey – what should I do?	Please contact CQC for advice, and inform the Council, so that we can take this into account.
22.	What is the format and timescale of the October return	Care Homes - The first survey will be sent out to care home providers this week via email, for completion by 16 November
		CQC-Regulated Community Providers - The final allocations for the CQC- regulated community care providers are still in progress, therefore the 16 November deadline will be delayed. Providers will be informed of the revised first reporting point after the allocations have been made.