**INDIVIDUAL SERVICE USER PLACEMENT AGREEMENT:**

**BOLTON CLINICAL COMMISSIONING GROUP**

**A.2 SERVICE USER DETAILS**

|  |  |
| --- | --- |
| **Surname** |  |
| **First name** |  |
| **Title** |  |
| **Date of birth** |  |
| **NHS Number** |  |
| **Registered GP details**  (including full postal address, postcode & telephone contact details) |  |

**A.3 CARE PACKAGE DETAILS**

|  |  |  |
| --- | --- | --- |
| **Care Category** (e.g. Physical disability, Mental Health) |  | |
| **Commissioning** (e.g. Continuing Healthcare, or Social Care Placement) |  | |
| **Standard weekly rate** (as per Module B, Section 2, Part 2 of the Agreement) |  | |
| **Agreed additional charges**  A full breakdown showing reasons, rates and calculations to be provided confirming:   * additional service inputs (e.g. Registered nursing) * the units of measure (e.g. per hour) * cost per unit (£) * total units per week * total calculated cost per week (£) |  | |
| **Total weekly rate** (£)  i.e. Standard weekly rate plus Agreed additional charges |  | |
| **Discounted weekly rate** (£)  i.e. Applicable when Service User temporarily not resident within Premises e.g. when admitted to hospital | | |
| For Continuing Healthcare Placements:  First 2 (two) weeks: No discount applicable  From weeks 3 (three) onward: 80% of Standard Weekly rate payable only | |  |
| For Social Care Placements:  First 6 (six) weeks: No discount applicable  From weeks 7 (seven) onward: 80% of Total Weekly rate) | |  |

***All above rates applicable on a daily pro-rata basis.***

**A.4 RELEVENT COMMISSIONER DETAILS**

|  |  |
| --- | --- |
| **Relevant Commissioner (agreeing this Service User Placement)** | NHS Bolton Clinical Commissioning Group |
| **Relevant Commissioner’s address** | 1st Floor,St Peter’s House,SIlverwell Street ,Bolton, BL1 1PP |
| **Primary contact name & position** | Caroline Gee – Modern Matron NHS Funded Care Team |
| **Contact phone & email** | 01204 462279  Caroline.gee3@boltonft.nhs.uk |
| **Secondary contact name & position** | Continuing Healthcare Admin Team |
| **Contact phone & email** | 01204 462291/462293 |
| **Invoicing address** | OOT PAYABLES LO 95  PHOENIX HOUSE, TOPCLIFFE LANE, WAKEFIELD, WEST YORKSHIRE WF3 1WE |
| **Invoice payment queries** |  |

**A.5 PROVIDER DETAILS**

|  |  |
| --- | --- |
| **Provider name** |  |
| **Provider address** |  |
| **Establishment delivering the Services** |  |
| **Establishment address** |  |
| **Primary contact name & position** |  |
| **Contact phone & email** |  |
| **Secondary contact name & position** |  |
| **Contact phone & email** |  |

**A.6 AGREEMENT**

This Individual Service User Placement Agreement (ISUPA) is an agreement made between the following parties and is hereby duly authorised:

1. The Commissioner

|  |  |
| --- | --- |
| **Signature** |  |
| **Name** | Caroline Gee |
| **Position** | Modern Matron NHS Funded Care Team |
| **Relevant Commissioner (agreeing this Individual Service User Placement)** | NHS Bolton Clinical Commissioning Group |

2. The Provider

|  |  |
| --- | --- |
| **Signature** |  |
| **Name** |  |
| **Position** |  |
| **Provider Name** |  |

3. Relevant Dates

|  |  |  |
| --- | --- | --- |
| **Date of agreement** |  | |
| **Anticipated Service Commencement date** | |  |
| **Longstop date** | |  |
| **Delayed Service Commencement Date** |  | |
| **Date by which the Relevant Commissioner will have conducted next assessment / review of Service User’s eligibility and / or care package** | |  |