

Agreement for Placement – Non-Framework Spot Contract (Sample)



Adults Invoicing Team
County Hall, Colliton Park,
Dorchester
Dorset, DT1 1XJ

Official - sensitive

Provider Name
Address

Direct line: 0300 330 1374

Email: adultsinvoicing@dorsetcouncil.gov.uk

Date: [date]

My Ref: [MosaicID]

Agreement for Placement – Long Term Spot Placement (Non-Framework Spot Contract 2025)

Contract Number	Insert
Initials for person placed	Insert
Placement start date	Insert

Dear Provider,

Individual Placement Agreement for Long Term Placement of [name of service user] (“the Service User”) [MOSAIC Number] at [Name of Care Home] under the Non-Framework Care Home Services Spot Contract between Dorset Council and [Provider] dated [insert date] (“the Contract”).

This agreement is made pursuant to the Contract, between the Council and Provider. This agreement is governed by the terms of the Contract in all respects.

This agreement details the date of admission, length of placement (where known), the services to be provided and the financial arrangements.

1 Agreement Period

(delete as appropriate)

1.1 **Short term** - Parties agree that the Service User will be placed from [date] (“the Start Date”) and will end on [date] in accordance with the provisions set out in the Contract.

Or

1.2 **Long term** - Parties agree that the Service User will be placed from [date] (“the Start Date”) and will continue until ended in accordance with the provisions set out in the Contract (where applicable).

OR – TO BE USED IF 5.1.b APPLIES

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1.3 The Service User was placed on [date] (“the Start Date”) under an agreement dated [insert date or first placement letter] (“the Original Agreement”). The Service User’s needs have subsequently changed and therefore this agreement replaces the Original Agreement in its entirety.

2 Services to be Provided

2.1 You will be responsible for delivering Services to meet the Service User’s needs in accordance with the Contract.

3 Finance

3.1 The weekly fee payable by Dorset Council for the Services provided to the Service User under the Contract is £xxx.xx per week for Service Category [XXX]. Schedule 2 Clause 2 outlines the basis for fee setting.

3.2 Dorset Council reserve the right to end this Agreement with immediate effect from the date we notify you that a financial assessment has identified that the Service User has funds in excess of the upper capital limit. Dorset Council shall notify you of the change as soon as possible.

3.3 If the Service User becomes eligible to self-fund their placement Dorset Council will agree with you a date from which you will invoice the Service User privately.

(Delete next paragraph if not nursing)

4 Funded Nursing Care

4.1 The weekly fee set out in paragraph 3.1 excludes any Funded Nursing Care (FNC) which may or may not be payable.

4.2 NHS Integrated Care Boards are responsible for the NHS Funded Nursing Care payment. This is a National Health Service responsibility and as such the determination and payment of the funded nursing care (FNC) contribution is administered directly to you by the NHS Integrated Care Board that is relevant to the GP surgery your Service User is registered with. It is your responsibility to pursue the NHS contribution if not paid when it should be.

Delete if not applicable

5 Exceptional needs

5.1 Based on the information provided by the Service Provider, the Purchaser agrees that:

6 Signatory

6.1 By signing this agreement for placement, you are agreeing to the terms and conditions of the framework agreement and fees set out. Please ensure this is signed and returned to the Council within 7 working days. In the event that this agreement is not signed, the contract will be formed by conduct on these terms and conditions when the Service User starts their placement at the home.

Yours sincerely,



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Tanya Dawson-Sheehan
Head of Quality, Contracts and Purchasing (Brokerage)
Adults and Housing Directorate

Authorised Signatory on behalf of Dorset Council

We accept the terms of the Agreement as set out in this letter:

.....
Signed by Authorised Signatory on behalf of the Provider

.....
Name (please print)

.....
Position

.....
Date

Please sign, date and return this Agreement via email to Dorset Council Adults Contracts Team – adultscontractsteam@dorsetcouncil.gov.uk