



**Autistic Spectrum Condition Service
Contract for Supported Living Services
Contract ID: SC117**

CONTRACT SCHEDULES

(Schedules II - VI)

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Schedule II

The Contract Price for the Service

The Contract Price for the Service is as submitted in the Provider’s Tender:

| | |
|---|---|
| Insert Rates submitted - See Schedule 4 of ITT | |
| Pro-rata Hourly Rate: For each care and/or support hour to be provided by the Provider to the individual Client as specified in their Support Plan. | £ |
| Mileage Rate (per mile): Transportation payments will only be paid where such costs have been specifically identified in the Client’s Support Plan. In all other circumstances, the Council has no liability to make any transportation costs - Not Scored, for information purposes only. | £ |

The Provider acknowledges that the Council does not guarantee the number of hours of care to be provided to an individual Client; this figure is dependant on the assessed needs of a Client at any particular time. Nor does the Council give any guarantees in relation to the number of Clients referred to the Service during the Term.

The Provider will charge the same rate to both the Council and to Direct Payment Clients for Individual Care (Delivered Calls).

The Contract Price above will apply for the entire term of the contract, including any extensions that may be agreed.

Providers shall submit invoices on a four-weekly cycle, the dates for which will be advised to them by the Council. Invoices must be charged at the agreed rate. Each invoice shall contain the following details and be for one Client only:

- the Provider's name, address and telephone number;
- a unique invoice number;
- the Client's name
- the start and end dates for the current four week period;
- (Where Applicable) VAT number and amount displayed separately from the weekly charges;
- the date the invoice was raised (i.e. NOT backdated to the period end date);
- for each individual Client, the daily hours delivered and subtalled weekly charge, with a grand total of the information for the four week period.

To enable prompt payment the Council will accept e-invoices through a secure e-mail system. All invoices should be received no later than 10 days after the end date for the current four week period.

Any invoices received 28 days after the end date for the current four week period may not be paid.

The Council may request invoices/backing schedules in a particular format. Where reasonable this format should be used.

Invoices must be submitted based on actual calls delivered as opposed to planned calls, to within the nearest 15 minutes.

The Council will pay only for Services which it has authorised and which are delivered in accordance with the Support Plans. Invoices should only be based on the actual time recorded to deliver the service.

All Invoices shall be submitted to:

Reading Borough Council
Finance Processing Team
Level 4
Civic Centre
Reading
RG1 7AE

Schedule III

List of Insurance Requirements

- 1 The insurances you are required to hold under this Contract are:

| Insurance | Amount |
|---|---|
| Public Liability | £10,000,000 (ten million pounds) |
| Employers Liability | To comply with the Employers' Liability (Compulsory Insurance) Act 1969 |
| Medical Malpractice (if not covered to perform the tasks in the table below through extensions to your Public Liability insurance) | £10,000,000 (ten million pounds) |
| Motor Insurance (Business Use) | |

- 2 Medical Tasks that we may need you to carry out

| Procedure | Description |
|---|---|
| Bathing | |
| Catheters | Change bags and cleaning of tube |
| Colostomy/Stoma care | Change bags |
| Colostomy/Stoma care | Cleaning |
| Denture cleansing | |
| Eye drops | |
| Hearing aids | Checking |
| Hearing aids | Reinsertion (but not measuring for a hearing aid) |
| Inhalers and nebulisers | Provide assistance to user - both hand held and mechanical |
| Oral medication -prescribed | Antibiotic syrup, tablets etc |
| Oxygen -administration of | Provide assistance to user |
| Splints, braces, corsets etc | Application of appliances |
| Swabs | External (cleansing of the skin and inside mouth/ nose and taking of swabs of external wounds for analysis) |
| Toe nail cutting | |
| Topical medication and application of patches | Pre-prescribed medication only - creams lotions etc |
| Tracheostomy care | Clean round edge of tube only |

The Provider is **specifically excluded** from providing 'advice of a professional nature' within the terms of this Contract, such as would require Professional Indemnity Insurance Cover. For the avoidance of doubt Professional Indemnity Insurance Cover is not required.

Schedule IV

List of Commercially Sensitive Information

[TO BE SUPPLIED BY THE PROVIDER]

Schedule V

Details of Authorised Officer and Contracts Manager

| COUNCIL AUTHORISED OFFICER | PROVIDER CONTRACT MANAGER |
|---|---|
| <p>Name: Position: Contracts & Commissioning Manager Address: Education, Social Services & Housing Reading Borough Council PO Box 2624 Reading RG1 7WB</p> <p>Telephone: 0118 937 3776 Fax: 0118 937 2168 Email: @reading.gov.uk</p> | <p>Name: Position: Address:</p> <p>Telephone: Fax: Email:</p> |
| DEPUTY AUTHORISED OFFICER | DEPUTY CONTRACT MANAGER |
| <p>Name: Lesley Kent Position: Principal Contracts & Commissioning Officer Address: Education, Social Services & Housing Reading Borough Council PO Box 2624 Reading RG1 7WB</p> <p>Telephone: 0118 937 4772 Fax: 0118 937 2168 Email: Lesley.Kent@reading.gov.uk</p> | <p>Name: Position: Address:</p> <p>Telephone: Fax: Email:</p> |
| <p>Name: Jon Richardson Position: Contracts & Commissioning Officer Address: Education, Social Services & Housing Reading Borough Council PO Box 2624 Reading RG1 7WB</p> <p>Telephone: 0118 937 4849 Fax: 0118 937 2168 Email: Jon.Richardson@reading.gov.uk</p> | <p>Name: Position: Address:</p> <p>Telephone: Fax: Email:</p> |

Schedule VI

The Premises (at which the Service is to be provided)

| | |
|---|-------------|
| Service Name: Autistic Spectrum Condition Service | Service ID: |
|---|-------------|

The Service will be provided at the following Premises which is the home where the Clients shall reside at the time of the Contract Commencement Date or move in thereafter. This is the principal location of the Service, although the Service may be delivered within the community, as commissioned through Individual Care (Planned Calls):

| | |
|-------------------|---|
| Property Address: | Total Household Units Available for Property: 6 |
| 35 Alexandra Road | Mobility Standard Units: 0 |
| Reading | Units with Aids and Adaptations: 0 |
| Berkshire | Units with No Adaptations: 6 |
| RG1 5PG | Wheelchair Standard Units: 0 |
| | Furnishing Type: Unfurnished |
| Ward: | |

The Provider acknowledges that the Council reserves the right to ask the Provider to provide the Services from any alternative premises if the above property becomes unavailable for use at any point during the Term of the Contract.