

**Bradford District and Craven**  
Health and Care Partnership



*City of*  
**BRADFORD**  
METROPOLITAN DISTRICT COUNCIL

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**City of Bradford Metropolitan District Council**

**Bradford and District Residential and Nursing Care Homes Provider  
List**

**Reference: BMDC/DN420609**

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**5.1 PRICING SCHEDULE**

## **APPENDIX 5.1 - PRICING SCHEDULE**

The Applicant should also refer to the Standard Conditions of Contract in Provider List Document 3, Provider Contract.

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**Please note these terms of payment and terminology reflect current Council practice, and may be subject to change following the implementation of the Provider Portal. Providers will be informed of changes to payment processes**

### **Method of Payment**

1. The Council shall pay to the Provider the sum due under the Contract, taking account of: The Service provided in the Payment Period and the Contract provisions regarding Placements; the Contract Fee and provisions relating to payment; and any additions and deductions in accordance with the Contract.
2. The Council will supply the Provider with Payment Claim Forms. Payment Claim Form shall mean the form provided by the Council to the Service Provider, to be fully completed and signed by the Service Provider in order to obtain payment for the Services.
3. The Provider shall submit a completed Payment Claim Form to the Council at the address as follows, The Contracts Team, Financial Support Services, 5th Floor, Britannia House, Hall Ings, Bradford, BD1 1HX, on a two weekly basis in respect of services which have been properly carried out.
4. The Payment Claim Form shall be signed and complete in all respects and shall contain all details as previously agreed in writing between the parties. Unless otherwise agreed in writing, payment shall be in accordance with the Council's 14 day payment system.
5. The Provider shall re-submit 3.1a of the contract should the Fee/ Rate quoted in the contract change, including the details of any increased level of Service or other resources that has led to the increase. This should be to The Commissioning Team ([commissioninginbox@bradford.gov.uk](mailto:commissioninginbox@bradford.gov.uk))
6. Prompt payment on behalf of the Council can only be expected if Payment Claim Forms are completed correctly by the Service Provider and returned to the correct address within the specified timescales.

For Social Care Placements only, clauses 7 and 8 apply

7. The Council will pay the Provider the gross cost of the placement from the start of the placement until a financial assessment (where appropriate) has been completed for the Service User.
8. If the Council determines that after a financial assessment of the Service User (where appropriate), the Service User should make a contribution, the Provider shall be responsible for the collection of the assessed Client contribution payable by the Service User as notified by Adult & Community Services staff, as the Council's agent. The Service User shall have the right to amend their contribution towards the total weekly amount payable, in line with the outcome of further financial assessments undertaken.
9. In the event of the death of a Service User the Council shall pay the gross cost of the service (not including any Non-Health and Social Care Contributions) from the date of death up to the following Sunday after the date of the death of the Service User.
10. The total weekly amount payable by the Parties under this Agreement will be reviewed at least once a year.
11. Any change to the total weekly amount payable by the Funding Authority and the Service User to the Service Provider, will be effective from the Agreement Review Date
12. Although it will be possible to calculate the change in the total weekly amount payable by the Funding Authority and the Service User to the Service Provider by the Agreement Review Date, some adjustments may need to be made to their respective contributions towards that total amount.
13. The Council shall have the right to amend their respective contributions towards the total weekly amount payable, for example if a person's need changes.
14. Amendments to contributions to be made towards the total amount payable will be finalised by, at the latest, six weeks after the Agreement Review Date.
15. Whenever under the Contract or upon the termination thereof, any sum of money is due from, or payable by, the Service Provider to the Council, the same may be deducted from any sum then due, or which at any time thereafter may become due to the Service Provider from the Council under the Contract, or under any other Contract with the Council.
16. Payment referred to above is exclusive of any applicable Value Added Tax which the Council shall be additionally liable to pay to the Service Provider if they are able to evidence that the CQC registered-company is providing a VAT-able supply.

17. The Provider must maintain a detailed record of all contributions collected from the Service User. If the Service User fails to pay the contributions the Provider must inform Financial Support Services within 12 weeks. The provider must submit an unpaid Client Contribution Form with 3 pieces of evidence that sets out how the Provider has tried to collect the debt. The Council will pay the Provider the gross cost of the placement up to the standard rate until the issue is resolved. Once the issue is resolved the Provider shall revert to being responsible for the collection of the client contribution payable by the Service User.
18. Where a non-Health and Social Care Contribution exists, this needs to be declared in the Individual Service Agreement and detailed in either 3.1a and signed by the appropriate parties. Any changes to the Agreement will need to be reflected by supplying a signed copy of 3.1a to Financial Support Services (schedule 3 sets out the address.)
19. Please see Schedule 3 of the Individual Service Agreement, Section 2 for reference to
  - a. Appointeeships
  - b. Managing Service User's Personal Finances

### **Base Rates and 1 to 1 Rates**

20. The Pricing Schedule will be reviewed on an annual basis and upon completion of the review the Council shall inform Providers whether it has decided to amend the price or not.
21. The Pricing Schedule will specify the weekly bed price which the Council will commission with the Provider subject to the agreed care/support plan. The rates are all inclusive fixed rates and can be found in table 1 on page 6.
22. The Council will not pay the Provider any additional amount above the unit rate, unless individual Service User needs are identified at the time of assessment, in which case agreed additional hours will be paid at a single additional hourly rate.
23. Where a price review relates to working age adults then the authority may choose to undertake an individual costing exercise which might include the use of a tool e.g. CareCubed.

24. The Council will decide, based on the assessed need of individuals who require support, which Service Type will be used to call off the support package.
25. The basic rate will be applied with the exception of cases where the Council's Social Work Team or CCG Personalised Commissioning Department has assessed that, due to the complexity of the person's behaviour, additional hours are needed to support over and above that which is included in the weekly base rate.
26. Where a dispute occurs, a Provider may appeal to the appropriate panel. However the Council's decision will be final.
27. The call-off process will set out the proposals for the way the required service will be delivered and the element of that service that will be eligible for additional hours for enhanced support. The Provider must be prepared, as part of the call-off process, to evidence the enhanced services that will be delivered.
28. The Local Authority has a duty under the Care Act to ensure beds are available at a base rate price. We would expect Providers to work collaboratively with the Council to fulfil the Care Act duty.
29. In addition to this, please refer to the Specifications at Provider List, Document 2 for the services or types of future services we envisage may be procured under the Provider List.

**Table 1 Residential & Nursing Home Weekly Rates 2024/2025**

<b>Residential/Nursing</b>	
<b>Nursing</b>	
OPN Standard	£757.82
OPN Enhanced	£801.57
PDN	£801.57
LDN	£757.82
MHN	£757.82
<b>Residential</b>	
OPR Standard	£712.11
OPR Enhanced	£755.09
PDR	£755.09
LDR	£712.11
MHR	£712.11
<b>ICB</b>	
OPR2	
OPN2 (Standard CHC)	£1,043.98
OPN3 (Enhanced/higher CHC)	£1,243.06
Fast Track (CHC)	£1,096.13
FNC (CCG)	£235.90
FNC Higher (CCG)	£324.52
<b>Support at Nursing Home</b>	£19.16
<b>Support at Residential Home</b>	£19.16