**Spot Purchase Form**

**Spot Purchase arrangements should only be considered when In-house and Commissioned services are unable to meet the need at the time required.**

**This protocol should be used in every instance whereby**

**Gateshead Council intends to implement a Spot Purchase arrangement.**

**Spot Purchase arrangements should only be agreed short term whilst Commissioning continue to actively source in-house provision and / or framework provider via the portal.**

**There are compliance requirements set out below which should be completed by a Contract Management Officer, with the Provider, prior to the service being agreed and only once funding has been agreed by the Resource Networking Panel.**

**This form will be required for support including but not exclusive; after school support, pre-school, holiday clubs, home care and community outreach.**

**The primary responsibility will remain with the Service Manager for the social care team making the Spot Purchase arrangement and for any placements being made in the event of an emergency in advance of this form being completed.**

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| **Spot Purchase Details:** |
| Allocated Social Worker and Team Manager details:  |  |
| Young person’s name and P number |  |
| What support is required;* level of support
* Staffing ratio
 |  |
| Is transport required? (please provide details and costs) |  |
| What is the frequency and costs? |  |
| Date service to commence  |  |
| Expected duration of service |  |
| Provider Name |  |
| Address |  |
| Contact number |  |
| Contact email |  |
|  |
| **Provider checklist:**  |
|  | **Obtained** | **Comments**  |
| Relevant inspection body registration i.e. Ofsted, CQC etc.  | [ ] Y[ ] N |  |
| Inspection body reference i.e. (CQC, Ofsted: URN) | [ ] Y[ ] N |  |
| Latest inspection date and overall rating: | [ ] Y[ ] N |  |
| **Relevant documentation obtained** |
| Referee contact details | [ ] Y[ ] N |  |
| Case study showing where support has been provided with positive outcomes. | [ ] Y[ ] N |  |
| Can the provider confirm they have a Recruitment and Selection policy in place including safer recruitment practice, include the date and review date.  | [ ] Y[ ] N | Date:Review Date: |
| Can the Provider confirm that all staff, agency staff and volunteers hold a current enhance DBS? | [ ] Y[ ] N |  |
| Can the provider confirm they have a Health & Safety policy in place, include the date and review date.  | [ ] Y[ ] N | Date:Review Date: |
| Can the Provider confirm they have a Safeguarding Policy in relation to children and / or adults, include date and review date: | [ ] Y[ ] N |  |
| Can the Provider confirm that all staff, agency staff and volunteers have completed up to date children’s and / or adults safeguarding training? | [ ] Y[ ] N |  |
| **Insurance**we also require copies of certificates of your current Employers and Public Liability Insurance. We are unable to complete the contracting process without this information. The insurance certificates must:* Be on headed paper clearly stating the insurance company’s name and organisation details,
* State clearly that they cover Employers and Public Liability.
* Employer’s (Compulsory) Liability Insurance £5,000,000.
* Public Liability Insurance £10,000,000.
* Professional Indemnity Insurance £5,000,000.
 | [ ] Y[ ] N | Evidenced: |
| Contract Management Officer details. |  |  |
| **Approvals** |
| Approval given for placement/support from Service Manager:  | **Date:** | **Name:****Signature:** |
| Funding agreed for:(Please indicate term of approval to ensure the arrangement is reviewed) | **Date:** | **Period of Funding:****With effect from:****To:** |
| Provider Name, Signature (must be signed by a person with responsibility to sign contractual documents on behalf of the organisation) | **Date:** | **Name:****Signature** |