

Hertfordshire Partnership University NHS Foundation Trust (HPFT)

Information on the day rates (fee/price) of Mental Health and Learning Disability rehabilitation services

(Freedom of Information request)

To Whom It May Concern

27.10.2016

Dear Freedom of Information Manager,

On the basis of the Freedom of Information Act 2000, please may I request a response to the 6 questions laid out below. The laid out questions are structure as follows: questions 1-3 relate to the provision of **mental health rehabilitation services**, questions 4-6 relate to the provision of **learning disability rehabilitation services**.

Please use pages 2 to 10 of this document for your answers (or as a format template for your response) and return your response electronically to thomascasio.inbox@gmail.com.

I look forward to hearing from you.

Yours faithfully,

—Thomas Casio

E. thomascasio.inbox@gmail.com

Hertfordshire Partnership University NHS Foundation Trust (HPFT)

FOI Questions

1. Do you provide mental health rehabilitation services within your trust? Please select appropriate response and continue to corresponding question.

Yes, please see questions 2

No we outsource our rehabilitation services, please see question 3

2. Do you provide mental health rehabilitation services on a block contract or as a spot purchase? Please tick appropriate box.

Block contract (if yes, please see questions 2a)

Spot purchase (if yes please see question 2b)

a. If services are bought on a block contract, please provide the number of bed days you have had and total funding received for mental health rehabilitation services for following years financial years (FY), defined as April- March.

We do not provide as bed days, but have indicated the number of beds available in each year.

Year	Number of bed days sold	Contract value (£)
FY15-16	47	No separate contract
FY14-15	50	No separate contract
FY13-14	50	No separate contract
FY12-13	50	No separate contract

b. If services are spot purchased, please provide the day rates, in £, of the latest 20 service users that were placed in your mental health rehabilitation service.

Service user	Year of placement	Day rate (£)	Type of provider (independent or NHS)
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- c. If any of the service users from 2b have received any further payments (in the forms of top-ups/ additional observations/specialing) please indicate the latest available weekly cost; please use the service user number from 3.c as a reference/index. Indicate where a service user did not get further payments with "n.a".

Service user	Weekly cost (£)
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3. Do you outsource mental health rehabilitation services on a block contract or as a spot purchase? Please tick appropriate box.

Block contract (if yes, please see questions 3a)

Spot purchase (if yes please see question 3b)

- a. If services are bought on a block contract, please provide the number of bed days you have outsourced and total contract value for mental health rehabilitation services for following years financial years (FY), defined as April- March.

Year	Number of bed days sold	Contract value (£)
FY15-16		
FY14-15		
FY13-14		
FY12-13		

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- b. If services are spot purchased, please provide the day rates, in £, of the latest 20 service users that were placed in a mental health rehabilitation service.

Service user	Year of placement	Weekly rate (£) (not kept as a day rate)	Type of provider (independent or NHS)
1	16/17	2730	Independent
2	16/17	2730	Independent
3	16/17	2310	Independent
4	16/17	2499	Independent
5	16/17	2555	Independent
6	16/17	2757	Independent
7	16/17	2625	Independent
8	16/17	2555	Independent
9	16/17	2520	Independent
10	16/17	2555	Independent
11	16/17	2730	Independent
12	16/17	2625	Independent
13	16/17	2730	Independent
14	16/17	2499	Independent
15	16/17	2499	Independent
16	16/17	2499	Independent
17	16/17	2499	Independent
18	16/17	2730	Independent
19	16/17	2760	Independent
20	16/17	2760	Independent

- c. If any of the service users from 3b have received any further payments (in the forms of top-ups/ additional observations/ specialing) please indicate the latest available weekly cost; please use the service user number from 3b as a reference/index. Indicate where a service user did not get further payments with "n.a".

Service user	Weekly cost (£)
1	n/a
2	n/a
3	n/a
4	n/a
5	n/a
6	n/a
7	n/a
8	n/a
9	n/a
10	n/a
11	n/a
12	n/a
13	n/a
14	n/a
15	n/a
16	n/a
17	n/a
18	n/a
19	n/a
20	n/a

4. Do you provide learning disability rehabilitation services within your trust? Please select appropriate response and continue to corresponding question.

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We do not provide Learning Disability Rehab, nor do we outsource it.

Yes, please see questions 5

No we outsource our rehabilitation services, please see question 6

5. Do you provide learning disability rehabilitation services on a block contract or as a spot purchase? Please tick appropriate box.

Not applicable

Block contract (if yes, please see questions 5a)

Spot purchase (if yes please see question 5b)

a. If services are bought on a block contract, please provide the number of bed days you have had and total funding received for learning disability rehabilitation services for following years financial years (FY), defined as April- March.

Year	Number of bed days sold	Contract value (£)
FY15-16		
FY14-15		
FY13-14		
FY12-13		

b. If services are spot purchased, please provide the day rates, in £, of the latest 20 service users that were placed in a learning disability rehabilitation service.

Service user	Year of placement	Day rate (£)	Type of provider (independent or NHS)
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- c. If any of the service users from 5b have received any further payments (in the forms of top-ups/ additional observations/ specialing) please indicate the latest available weekly cost; please use the service user number from 3.a as a reference/index. Indicate if where a service user did not get further payments with “n.a”.

Service users	Weekly cost (£)
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6. Do you outsource learning disability rehabilitation services on a block contract or as a spot purchase? Please tick appropriate box.

Not applicable

Block contract (if yes, please see questions 6a)

Spot purchase (if yes please see question 6b)

- a. If services are bought on a block contract, please provide the number of bed days you have outsourced and total contract value for learning disability rehabilitation services for following years financial years (FY), defined as April- March.

Year	Number of bed days sold	Contract value (£)
FY15-16		
FY14-15		
FY13-14		
FY12-13		

- b. If services are spot purchased, please provide the day rates, in £, of the latest 20 service users that were placed in a learning disability rehabilitation service.

Service user	Year of placement	Day rate (£)	Type of provider (independent or NHS)
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- c. If any of the service users from 6b have received any further payments (in the forms of top-ups/ additional observations/ specialing) please indicate the latest available weekly cost; please use the service user number from 3.a as a reference/index. Indicate if where a service user did not get further payments with “n.a”.

Service user	Weekly cost (£)
1	
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End of FOI