



South Sefton
Clinical Commissioning Group

Our Ref: 67595

13 May 2021

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NHS South Sefton CCG

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Re: Freedom of Information Request

Please find below the response to your recent Freedom of Information request regarding S117 (Mental Health Act) Aftercare within NHS South Sefton CCG.

Request/[Response](#):

[Please see Appendix 1](#)

Please identify and provide contact (telephone and/or email) details for the correct person within your CCG who is responsible for information regarding Section 117 aftercare - this may be the S117 commissioner / Commissioning Support Unit / Continuing Health Care commissioners		Tracey Forshaw, Deputy Chief Nurse tracey.forshaw@southseftonccg.nhs.uk 0151 317 8456
S117 places an enforceable duty on both Health (Clinical Commissioning Group (CCG)) and Social (Local Authority/Council (LA)) Services to provide aftercare services to individuals on discharge from hospital. This request is to better understand how CCGs meet this duty.		
	Please indicate which	Comments
<u>For each of the following questions, if the answers are different or you have different policies for different groups (e.g. Older Peoples Mental Health, Learning Disability etc) please provide a separate response for each group.</u>		

<p>Please provide a brief outline of how you determine and agree the allocation of S117 aftercare costs between the CCG and Relevant Local Authority?</p>		<p>For s. 117 after care for people with a learning disability, the Local Authority and CCG have in place an interim arrangement in place to agree to the allocation of s. 117 after care costs of 50/50. In Mental Health there is currently an agreement between the LA and CCG's of a 50/50 Joint Funding agreement for mental health needs. This is an interim agreement until the Merseyside Standard Operating Policy (SOP) is ratified.</p>	
<p>Do you apply a generic split (or pooled budget) for S117 aftercare costs e.g. a 50:50 (or other specific) split of costs between LA & CCG? If YES please specify the respective shares.</p>	<p>Y</p>	<p>For s. 117 after care for people with a learning disability, there is an interim arrangement are 50/50 split for both the CCG and Local Authority. In Mental Health there is currently an agreement between the LA and CCG's of a 50/50 Joint Funding agreement for mental health needs. This is an interim agreement until the Merseyside SOP is ratified.</p>	
<p>If you apply a generic split in determining CCG and LA contributions, does this apply to all individuals in receipt of S117 aftercare or to specific patient groups only? Please specify.</p>		<p>The 50/50 split is in place for all individuals who have a package of care above £500 per week, who are in receipt of s117 aftercare. Where the package of care is up to £500 per week the CCG funds the package of care via block contracting arrangements with Mersey Care NHS Foundation Trust. In these cases, the packages are 100% funded by the CCG.</p>	
<p>If you apply a generic split in determining CCG and LA contributions for any or all patients, does this apply to the full cost or only to costs above a specific financial threshold? If the latter applies, please specify the relevant threshold.</p>		<p>These would be the costs attributed to what the NHS would be expected to fund. This would exclude holidays, trips, specific items of purchase. In Mental Health, if the funding is for low level pertaining to social care needs only, health funding may be declined. However, the CCG will retain the clinical statutory duties, with the provision of specialist mental health services as part of the s117</p>	

		after care arrangements, as set out in the Mental Health Act.	
If the share of costs between the CCG and LA is, instead, agreed either for all individuals or for a specific patient group, on a case by case basis, please outline how the respective shares of contributions are derived and provide a copy of the criteria / tools used to achieve this .		Not applicable as the costs are shared equally between the CCG and Local Authority.	
Where funding shares are agreed on a case by case, how often are the shares applicable in individual cases reviewed?		N/A	
Where funding shares are agreed on a case by case basis, please provide the proportion of total S117 aftercare costs which are attributable to, and paid by the CCG? Please specify if this proportion is based on the total cost all individuals or whether it relates to e.g. packages of care commencing in a specific period e.g. the financial year 2020/2021. If you do not routinely record this information, can you please provide an estimate of the proportion of costs in such cases which are paid by the CCG?		N/A	

<p>Does the total cost identified for joint funding under S117 aftercare arrangements include the costs of universal health service provision (e.g. GP & primary care services, , community mental health team activity, community nursing and costs of medications etc.)? If so please advise what is specifically included or excluded.</p>	<p>N</p>	<p>No, all costs are calculated excluding core and universal services, which are free at the point of need.</p>	
<p>When S117 aftercare requires placement in a Nursing Home, with support from a Registered Nurse for their mental health needs, is the CCG share of costs based on a total cost which includes FNC contribution or is FNC excluded from the total cost before that cost is apportioned?</p>	<p>Y</p>	<p>The current agreement between the CCG and LA is a 50/50 split including the FNC. (Cost of package of care + FNC) divided 50/50. However those people in receipt of s.117 aftercare may also be eligible for Continuing Health Care (CHC) funding depending on the level of need. s117 aftercare does not preclude the individual's assessment of entitlement under CHC</p>	