

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			Iain Stewart Assistant Director - WICCG.InTouch@nhs.net
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	
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.			
1	Please provide a brief outline of how you determine and agree the allocation of S117 aftercare costs between the CCG and Relevant Local Authority?		Joint Mental Health Panel review of each case between health and social care colleagues following assessment of cases based on patients needs. Panel funding application form provides opportunity for referrer to identify specific health & social needs
2	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.	Split costs	Specific and bespoke to each individual case based on their health and social care needs.
2a	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.		The split between health and social care funding is specific to each individual case. - This generic 50/50 split is applicable especially to the Learning Disability and Children and Young Person cohort.
2b	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.		All costs.
3	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 .		There are no specific criteria or tools employed to share costs between the Clinical Commissioning Group (CCG) and Local Authority (LA).
3a	Where funding shares are agreed on a case by case, how often are the shares applicable in individual cases reviewed?		This is bespoke to each individual case dependent on the level of support provided. For example, more intensive support may be reviewed sooner and more regular based on the patients needs. Statutory reviews occur at 3 and 12 months which are fed back to panel for approval.
3b	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?		For 2020/21, the total CCG spend was: Learning Difficulties S117 = £2,245,855 Mental Health S117 = £6,919,706 Total = £9,165,561
4	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.	N	The total cost under 117 does not include the cost of universal services as these services have already been commissioned by the CCG. Interventions that support the individual patients to live safely in the community are what are included.
5	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?	Y / N	Funded Nursing Care (FNC) contributions are from a different funding scheme hence not applicable to Sec 117. However, the CCG contributes to the provision of the Registered Nurse wherever needed with equivalent FNC rate (same cost as FNC for Continuing Healthcare (CHC) cases).