

SHEFFIELD CITY COUNCIL

EXECUTIVE LEADER DECISION RECORD

The following decision was taken on 28 October 2016 by the Leader of the Council.

Date notified to all members:

Please note that this decision is not subject to call-in, in accordance with the Fast Track process set out in Scrutiny Procedure Rule 17 of the Constitution.

1. **TITLE**

Future Commissioning of Mental Health Services

2. **DECISION TAKEN**

That the Leader:-

- allows the current Section 75 Agreement between the Council and SHSC to expire at the end of October 2016;
- agrees to enter into 4 new contracts for services with SHSC for delivery of mental health services from 1st November 2016 until 31st March 2017;
- agrees that the Council will supply staff to SHSC for delivery of the mental health services commissioned by the Sheffield Clinical Commissioning Group under an agreement for the supply of staff and under robust secondment agreements between Sheffield City Council, SHSC and the relevant employees.
- delegates authority to the Director of Commissioning, Communities in consultation with the Director of Finance and Commercial Services and the Director of Legal and Governance to agree the terms of and award the contracts for services including the distribution of the allocated funding across the 4 services.
- delegates authority to the Director of Commissioning, Communities in consultation with the Director of Finance and Commercial Services, Director of Human Resources and the Director of Legal and Governance to agree the terms of and enter into the agreement for the supply of staff with SHSC and the secondment agreements.
- delegates authority to the Chief Property Officer, in consultation with the Director of Commissioning, Communities and the Director of Legal Services to agree arrangements in relation to premises at Wainwright Crescent and

Pitsmoor Road.

3. **Reasons For Decision**

It is recommended that new contact arrangements with SHSC are put in place to enable the continued delivery of integrated health and social provision as described in the proposals above, including the supply of SCC staff.

The intended outcomes for service users are

- No disruption / delayed transfer of care out of hospital.
- A named worker who can manage both health and social care arrangements
- Continued single assessment and care planning across health and social care

The intended outcomes for staff

- Clear roles and responsibility from their employer (SCC) and host (SHSC)

The intended outcomes for both organisations

- Clear partnership working with contractual arrangements
- Transparent cost breakdowns for each organisation
- Enable each organisation to deliver strategic priorities

4. **Alternatives Considered And Rejected**

Continue the Section 75 agreement with SHSC

This option was discounted as SHSC are not willing to agree to the extension of the current Section 75 Agreement and are looking for an arrangement that offers greater certainty.

Complete the termination of Section 75 agreement with SHSC and manage the legal duties and staff within SCC

It would be possible for the mental health services to be delivered in-house. However, this would require careful transition alongside a review of service delivery to minimise disruption to customers and to prepare staff for changes to management, practice and environment. It is anticipated that this would take more than 12 months to complete.

If SCC staff were removed from the integrated teams, this would create increased demand on Health staff, requiring extra resources from Sheffield CCG. This may not be in the interest of the wider health and social care economy or foster a continued positive relationship with Sheffield CCG.

Given these dis-benefits and the converse benefits of integration with the health sector already identified in this Report, it is not felt that this option would improve the customer journey or offer opportunities for improved outcomes in the short- or medium-term.

This option was therefore discounted due to national and local commitments to integrated health and social care services and wish to avoid the duplication of assessment and care management activity. However, the proposed arrangement does allow for this option to be considered in the future.

5. **Any Interest Declared or Dispensation Granted**

None

6. **Respective Director Responsible for Implementation**

Executive Director, Communities

7. **Relevant Scrutiny Committee If Decision Called In**

Healthier Communities and Adult Social Care Scrutiny Committee