

Policy Title	Policy and guidance for the management and administration of Aftercare under S117 MHA in Oxfordshire
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Approvals

Approval history	
Oxfordshire Mental Health Joint Management Group	22 October 2020

All policies are copy controlled. When a revision is issued previous versions will be withdrawn. An electronic copy will be posted on the Trust Intranet for information.

Change control

Number of pages (excluding appendices): 16
Summary of revisions: <ul style="list-style-type: none"> • New policy combining previous documents from OHFT, and OCC/OCCG • Policy reflects changes to legal frameworks, case law and commissioning guidance; it includes specific guidance regarding cross border arrangements and transfers of care. • Appendices include template letters for communicating eligibility to patients and primary care.
Consultation with: Representatives from Oxon CCG and Oxfordshire County Council OHFT: Clinical Directors, MHA Office, and Head of Information Governance.

Aftercare under S117 MHA

Policy code

MHA 07

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1. Purpose of policy

The purpose of this policy is to:

- Detail the obligations of Oxford Health NHS Foundation Trust, Oxfordshire County Council and Oxfordshire Clinical Commissioning Group under section 117;
- Provide guidance to staff responsible for the delivery of section 117 in our services;
- Ensure the consistency and quality of services provided under section 117 across our service user groups;
- Detail the arrangements and responsibilities for patients who are discharged from secondary care services within OHFT and who remain subject to the provisions of s117;
- Set out the provisions under which a patient can be discharged from section 117.

As aftercare is an integral part of care planning, this policy defers to the Trust CPA policy and should be read in conjunction with such. The need for aftercare for patients on Section 117 should therefore be assessed as part of the CPA care planning and / or Care Act care and support planning processes and considered specifically at multidisciplinary care planning meetings and reviews as for the care needs of any other patient. All contributors to the care planning process should be aware of the patient's Section 117 status and the additional statutory duty to provide aftercare services that this entails. The care plan should indicate that Section 117 applies and any care package for a patient, including residential and non-residential services, should be drawn up in awareness of Section 117 rights and responsibilities.

2. What is S117?

S117 of the Mental Health Act 1983 (as amended 2007). When people are detained in hospital under certain sections of the Mental Health Act there is a legal duty to provide "After-care" to these people when they are discharged from hospital. This after-care is often referred to as "section 117 after-care".

People are not "subject" to section 117; it is not an "order" like a Community Treatment Order (CTO). People do not have to accept services offered; They have a right to receive services and they should be described as being "eligible for section 117 aftercare". We should never talk about "discharging someone from section 117", as this creates confusion; We should talk about "ending section 117 eligibility".

Section 117 after care services are coordinated through CPA and are often identical to

services provided through other routes. The key differences are:-

- People cannot be charged for section 117 after-care services.
- There is a strict legal duty to provide after-care services.

Because of this legal duty it is important:-

- That we provide the necessary services,
- That we know and record when we are providing the services and
- That we know and record when we no longer need to provide the services.

It is the responsibility of all Health & Adult Social Service professionals to be aware if a person under their care is eligible for section 117 After-care.

3. Who is entitled to S117 Aftercare?

A service user is eligible for section 117 services if they are or have been detained under Sections 3,37,45A, 47 or 48, including restriction and transfer directions, of the Mental Health Act 1983.

This includes service users who have been detained under one of the above sections of the Mental Health Act and then remain in hospital informally, are transferred to prison, are granted leave of absence under section 17, are placed on a Community Treatment Order (CTO) or are discharged from a CTO.

The duty to provide after-care services applies irrespective of a person's immigration status in the UK.

4. Who is responsible for S117 Aftercare¹?

It is the joint responsibility of Health and Social Services to provide section 117 after-care (in cooperation with the Voluntary Sector).

The responsible CCG will be the one that covers the GP practice where the person was registered at the point of detention, if someone is not registered with a GP, section 117 after-care services are the responsibility of the CCG covering the area where the person is "usually resident".

If a patient moves to a different area when they are discharged and registers with a different GP the responsible CCG will still be the one covering the GP practice where the person was registered at the point of detention (other than for those detained between April 2013 – April 2016, please see below table).

The responsible Local Authority is the area in which the person was "ordinarily resident" before they were admitted.

In most cases it is straightforward to decide the responsible bodies. However, sometimes it is more complicated to decide who is responsible for providing section 117 aftercare. The

¹ The references to responsibilities were correct at the time of writing, they are however subject to change without notice as a result of case law or changes to the 'Who Pays Guidance' for example. In the event of any lack of clarity the most recent commissioning guidance should be consulted.

provision of services must not be delayed or otherwise adversely affected because of uncertainty over which local authority or CCG is responsible.

There were changes to the determination of the responsible CCG between 2013 and 2016, whilst in 2016 the rules reverted to those pre-2013, those changes were not retrospective, therefore if the patient was detained under the eligible section of the MHA during that time period, please follow the table below:

Patients discharged pre 1 April 2013 come under the pre-August 2013 PCT Who Pays Guidance and the legacy/originating CCG continues to be responsible for subsequent compulsory admissions under the MHA, and current and subsequent S117 services until such time as they are assessed to no longer need these services.
Patients discharged between 1 April 2013 and 31 March 2016 fall under August 2013 Who Pays Guidance –CCG B would be responsible if a patient is discharged into a location in CCG B and registers with a GP in CCG B.
New revised guidance from 1 April 2016 will revert back to the pre 1 April 2013 position where the legacy/originating CCG continues to be responsible in most cases.

5. Local S117 funding arrangements

The Mental Health Act is clear that services provided under section 117 are a joint duty and, though there are no set criteria on apportionment of funding, there is a requirement that the authorities should establish a jointly agreed policy for deciding funding arrangements.

The provision of health services will ordinarily be provided through Oxfordshire Clinical Commissioning Group's existing contracts for primary care and mental health and learning disability secondary care services.

Oxfordshire Clinical Commissioning Group has delegated the responsibility for facilitating and managing 'health' aftercare services for people with a diagnosis of learning disability to Oxford Health NHS Foundation Trust as part of the contract for the delivering of Learning Disability services within the county. This includes service users who are either placed or move out of area.

Responsibility for meeting the section 117 aftercare needs of people with mental health conditions who move out of area but remain the commissioning responsibility of Oxfordshire Clinical Commissioning Group will be agreed by them and Oxford Health NHS Foundation Trust.

Where one body commissions aftercare services on the other's behalf then the agreed costs will be recovered in line with the agreed recharge arrangements between both organisations.

Agreed recharges will be actioned on a quarterly basis.

6. Meeting S117 Aftercare needs in urgent cases

A patient may be discharged from detention under the Mental Health Act by their Responsible Clinician, on application to or on review by the Mental Health Tribunal or the Hospital Managers, or in some cases where their period of detention expires without renewal. In all but exceptional cases the above process will have been followed and an agreed aftercare plan will be in place at the point of discharge.

Where the patient applies to the tribunal or hospital managers seeking discharge, the Code of Practice requires that the multidisciplinary team provide details of the aftercare services that would be put in place were the patient to be discharged. It is common practice for after-care needs to be set out in the individual's Social Circumstances report presented to the tribunal. If the required support is not in place the tribunal would ordinarily grant a deferred discharge for arrangements to be made.

Where the Responsible Clinician is considering discharge they must engage with the Oxfordshire Clinical Commissioning Group and Oxfordshire County Council through the multidisciplinary team to ensure, in accordance with the above procedure, that the necessary aftercare arrangements have been made prior to the patient's discharge.

In urgent cases where an agreed After-care plan is not in place the Oxfordshire Clinical Commissioning Group and Oxfordshire County Council may provide services on an interim basis pending completion of an aftercare plan. The costs of such interim services will be shared between OCCG and OCC and subject to the usual commissioning arrangements.

7. Charges for After-Care Services

It is unlawful for any authority to charge for services provided under section 117. Care Coordinators and/or Social Workers should ensure Oxfordshire County Council finance assessment team are aware of the Service Users S117 rights at the time of commissioning services and clearly indicate which services fall under section 117 and should not be charged for. Notification processes should be followed to reduce the likelihood of charges being made against section 117 after-care provision.

8. Recording of Eligibility

Oxfordshire County Council and Oxfordshire Clinical Commissioning have a responsibility to maintain a record of people entitled to section 117 aftercare. Detail of eligible after-care needs and what is being provided will be recorded in individual's after-care plan.

There will be one section 117 register covering those people for whom Oxfordshire County Council and Oxfordshire Clinical Commissioning Group have joint or individual responsibility and this will be hosted by Oxford Health NHS Trust's Mental Health Act Office.

It is important that section 117 eligibility is regularly cross referenced with Oxfordshire County Council Finance Assessment Team to ensure those individuals are not inappropriately charged for their section 117 after care services. Any changes in section 117 status will be recorded in the register within 5 working days.

If eligibility and subsequent charging are found later to have been made incorrectly, the backdating/refunds of payments and/or charges will be reviewed on a case by case basis, in accordance with LGA ombudsman rulings.

The register will be reviewed monthly and shared with Oxfordshire County Council and Oxfordshire Clinical Commissioning Group to provide assurance about regular reviews.

At the point of discharge from the inpatient admission which has led to the eligibility, a letter confirming the eligibility will be sent to the patient. A template for this letter can be found in

appendices.

Where a patient becomes eligible for S117 Aftercare following detention under a relevant section in an OHFT inpatient service, the Trust's Mental Health Act Office will record the eligibility on the S117 Register.

Where a patient becomes eligible whilst in an inpatient service provided by another organisation, the Mental Health Act Office will need to be informed by that organisation of the eligibility and will require the following information:

- Patient name,
- DOB,
- NHS Number,
- Consultant,
- Community team,
- Local Authority Area,
- GP practice and
- Date eligible section began

This information should be provided to the Mental Health Act Office by the Care Coordinator.

9. What are Aftercare services?

The range of services that might be provided under Section 117 are not listed in the Mental Health Act, however the Code of Practice and the Care Act 2014 have provided some definition and guidance.

The Care Act now defines "after care services" as services which: -

- Meet a need arising from or related to the person's mental disorder; and
- Reduce the risk of a deterioration of the person's mental condition (and, accordingly, reducing the risk of the person requiring admission to a hospital again for treatment for the disorder).

The ultimate aim of aftercare services is to "maintain patients in the community, with as few restrictions as are necessary, wherever possible" (Mental Health Act 1983.Code of Practice 33.3)

CCGs and local authorities should interpret the definition of after-care services broadly. For example, after-care can encompass healthcare, social care and employment services, supported accommodation and services to meet the person's wider social, cultural and spiritual needs, if these services meet a need that arises directly from or is related to the particular patient's mental disorder, and help to reduce the risk of a deterioration in the patient's mental condition. (Mental Health Act 1983.Code of Practice 33.4)

After-care is a vital component in patients' overall treatment and care. As well as meeting their immediate needs for health and social care, after-care should aim to support them in regaining or enhancing their skills, or learning new skills, in order to cope with life outside hospital. (Mental Health Act 1983.Code of Practice 33.5)

After-care planning should start as soon as possible after admission and should be service user focused. The service user's care needs should be considered at Care Planning meetings in the same way as any other service user. The differences should be that: -

- Contributors to the care planning process should be aware of the service user's section 117 status and the additional statutory duty to provide after-care services that this entails.

All the service user's needs should be considered carefully, identifying which needs should be met under section 117, and which should be met as part of any previous or additional care package. It is important to remember that patients who are section 117 eligible might receive a mixture of services, some of which are section 117 after-care and some of which are not. For example, a frail person with dementia, might attend a day centre for people with dementia (which would be section 117 after-care) and home care to help them get dressed due to their physical frailty (which would not be a section 117 after-care service). CPA care plans and social care support plans should clearly state which services are After-care and which are not.

- The care plan should indicate very clearly which services are being provided under section 117 and which are not. The care plan should clearly identify which section 117 aftercare needs will prevent relapse and readmission to hospital and identify the support/interventions that are required to address these aftercare needs. People might have multiple care plans in place, e.g. health care plan, social care plan, EHCP. Each eligible service user will also have a section 117 after-care plan that will be referenced in all other care plans as necessary.
- Any care package for a service user, including residential and non-residential services, should be drawn up in awareness of their section 117 rights and responsibilities
- The full needs of the individual should be considered and not only mental health and social care needs. A risk assessment and management process should be incorporated and monitored as part of the after-care planning.
- Services users should be provided with the Service User Leaflet which explains their rights under section 117, the discharge process and how to complain should they wish to (Appendix 2).
- The needs assessment and any discussion and/or agreements should be well documented in the service user's notes.
- The Care Coordinator or Case Manager must ensure that the service user's GP receives a letter from the Responsible Clinician advising of a service user's section 117 after-care support plan.

Services provided under section 117 can include services commissioned by local authorities or CCGs from other providers.

The NHS Commissioning Board (NHS England) is responsible for a patient's after-care if the Aftercare services required are of the type that the NHS Commissioning Board would be responsible for commissioning rather than a Clinical Commissioning Group. In these circumstances, local authorities and Clinical Commissioning Groups should liaise with the NHS Commissioning Board to ensure these services are commissioned promptly.

An individual subject to section 117 should only be considered for NHS Continuing Health Care where they have significant healthcare needs which are not related to their mental

health aftercare needs. NHS Continuing Healthcare means a package of ongoing care that is arranged and funded solely by the NHS where the individual has been found to have a 'primary health need'. Such care is provided to an individual aged 18 or over, to meet needs which have arisen because of disability, accident or illness.

National Framework for NHS Continuing Healthcare National Framework clarifies the relationship between section 117 and NHS CHC in sections 118 - 122, with the main points being:

- Where a patient is eligible for services under section 117 these should be provided under section 117 and not under NHS continuing healthcare. (National Framework section 120)
- It is not, therefore, necessary to assess eligibility for NHS continuing healthcare if all the services in question are to be provided as after-care services under section 117. (National Framework section 121)
- However, a person in receipt of after-care services under section 117 may also have ongoing care/support needs that are not related to their mental disorder and that may, therefore, not fall within the scope of section 117. Also, a person may be receiving services under section 117 and then develop separate physical health needs (e.g. through a stroke) which may then trigger the need to consider NHS continuing healthcare only in relation to these separate needs, bearing in mind that NHS continuing healthcare should not be used to meet section 117 needs. (National Framework section 122)

In addition, NHS-funded nursing care (FNC) is a universal service available to people under section 117 and on the same criteria as to anyone else. Patients placed in nursing homes should be funded by that CCG where the patient is registered with the GP. See National Framework.

10. Reviewing the Section 117 aftercare plan

All Section 117 aftercare plans for people under the care of secondary mental health or learning disability services or receiving a social care package will be subject to regular reviews commissioned by Oxfordshire County Council and Oxford Health NHS FT on behalf of Oxfordshire Clinical Commissioning Group. These will be held at regular intervals, not less than yearly. Additional reviews may be necessary where there is a change in the patient's circumstances.

It must be made clear to those attending the review and recorded in the case notes of the meeting, that the Care Programme Approach meeting (or alternative care planning meeting) has reviewed the patient's Section 117 aftercare plan, to measure progress against the objectives set in the original after-care plan and to consider any variations that might be appropriate. In the unlikely event that an individual does not come under an established care management process, a section 117 after-care review process will be established for this purpose.

The review meeting must be recorded in writing and address as a minimum:

- Any significant changes in the patient's presentation and circumstances since the last review.
- Whether the services provided under the aftercare plan remain necessary.

- Whether the services provided under the aftercare plan remain sufficient, and if not, what additional services are required?
- Whether there is a continuing need to provide services to prevent the risk of the deterioration in the patient's mental condition and readmission to hospital.

After the review meeting, recommendations should be made as to whether:

- The aftercare plan needs to continue;
- The aftercare plan needs to be modified in response to changing needs; or
- Aftercare services are no longer necessary.

Where recommendations are made that additional or different services are required under the individual's aftercare plan then these will be commissioned through the relevant processes.

Where the person is **only** receiving after-care from their GP within primary care (this is likely if on discharge from secondary services they are continuing to require medication to prevent deterioration of their mental disorder) there is no requirement to undertake an annual review. It is anticipated that their S117 After-care needs and ongoing eligibility will have been reviewed prior to transfer of care to their GP, should their needs change whilst under GP care, it is anticipated that a re-referral to mental health or learning disability services will be made. The After-care needs of the person will also have been set out clearly at the point of transfer to primary care by use of template letter '2' in appendices.

The responsibility of the GP is to provide mental health care as for other patients, there are no additional duties for the GP as a result of S117 eligibility.

11. Advocacy Service

Independent Mental Health Advocates (IMHAs) provide support to patients who are detained in hospital under one of the qualifying sections of the 1983 Act and those in the community subject to the framework of the 1983 Act.

The role of an IMHA is primarily to help patients understand and exercise their rights under the 1983 Act and to facilitate their involvement in decision making. This can include liaising with others on the patient's behalf and attending review meetings or Hospital Manager's hearings.

Independent Mental Capacity Advocates (IMCAs) represent those who lack the mental capacity to take certain decisions for themselves under the Mental Capacity Act 2005.

The NHS body or Oxfordshire County Council must appoint an IMCA where a person lacks capacity to make certain decisions and does not have anyone else to represent them and certain decisions must be made, including decisions that relate to long-term accommodation provided under s.117.

A person may require an Independent Advocate (IA) under the Care Act 2014 where they have a substantial difficulty in participating in an assessment or safeguarding process under that Act and have no-one else to represent them. In this circumstance the Care Coordinator must arrange for an Independent Advocate for the patient

12. Top Up Payments

S117A sets out that where an After-care need is to be met by the provision of specialist accommodation people should be able to access their preferred choice, if such a preference is expressed. Should the preferred choice be more expensive than the Local Authority would normally expect to pay, the difference can be covered by a 'top-up' payment from the person themselves or another person on their behalf agreeing to pay the difference between the two costs.

To comply with the duty under those Regulations the Oxfordshire County Council and Oxfordshire Clinical Commissioning Group will therefore need to ensure:

- That the aftercare plan clearly identifies where accommodation is to be provided under section 117 and the type of accommodation that is to be provided.
- That the patient is presented with a range of accommodation options within that type;
- The aftercare plan sets out the usual cost of accommodation of the identified type.

Where the cost of the preferred accommodation is more than the expected cost, the patient or a third-party must enter into a written agreement with the Oxfordshire County Council to pay (top-up) the additional cost. Oxfordshire County Council must be satisfied that the payer is financially able to meet the additional cost for the likely duration of the placement.

Full consideration will be given to section 1(4) of the NHS Act and Oxfordshire's Top-Up Guidance when making accommodation decisions pertaining to S117 clients.

13. Direct Payments

"A local authority may make direct payments to pay for after-care services under section 117 of the Act". (Mental Health Act 1983. Code of Practice 33.17) CCGs also should make Personal Health Budgets available for the purchasing of After-care services.

Oxfordshire County Council must provide aftercare services as a direct payment where requested by the patient subject to the conditions set out in section 31 of the Care Act 2014 and The Care and Support (Direct Payments) Regulations 2014.

Where the patient does not have capacity to request direct payments then a third party may do so on their behalf subject to section 32 of the Care Act 2014

Oxfordshire Clinical Commissioning Group may make direct payments for aftercare services under The National Health Service (Direct Payment Regulations) 2013 where prescribed criteria are met (also known as Personal Health Budgets).

14. When Does entitlement to S117 Aftercare end?

The duty to provide after-care services exists until both the CCG and the Local Authority are satisfied that the patient no longer needs them. This decision may only be taken after a thorough multi-disciplinary review of the person's needs, for most patients this is likely to take place through the CPA review process. There are no absolute rules as to when to end section 117 eligibility; each case needs to be considered on its own merits.

Section 117 entitlement can end at any point following a full multi-disciplinary review. The questions that need to be asked are: -

- Do the after-care services continue to meet a need arising from or related to the person's mental disorder?
- Do the after-care services reduce the risk of a deterioration of the person's mental condition?
- Do the after-care services reduce the risk of the person requiring admission to a hospital again for treatment for the disorder?

If the answer to all 3 questions are "yes", then section 117 eligibility *must* continue, and this must be recorded on both Carenotes and the Local Authority system.

If any of the answers are "no" then the full multi-disciplinary review should decide about whether to formally end the section 117 eligibility. This decision making must involve a representative of the CCG and the Local Authority, this is likely to be via the care coordinator, and a consultant psychiatrist². The CCG will nominate a responsible clinician competent to carry out this review to be involved in agreeing the discharge of the s117. Fully involving the patient and (if indicated) their carer and/or advocate in the decision-making process will play an important part in the successful ending of after-care.

Before ceasing to provide any after-care services, there should be due regard given to Mental Capacity and Best Interest processes. If people with capacity refuse services, then a risk assessment should be undertaken to explore risk management options.

Entitlement is significantly more likely to end when a service user is discharged from services than at any other point in their care pathway. However, it should be noted that the MHA Code of Practice (para 33.21) sets out that S117 After-care should not be withdrawn solely on the grounds that:

- The patient has been discharged from the care of specialist mental health services
- An arbitrary period has passed since the care was first provided
- The patient is deprived of their liberty under the MCA
- The patient has returned to hospital informally or under Section 2, or
- The patient is no longer on a CTO or S17 leave

Patients cannot be discharged from S117 where they remain subject to a community treatment order (CTO) or if they are subject to after-care under supervision (S37 with a S41 MHA Restriction Order) unless the respective orders have been discharged.

Patients are under no obligation to accept after-care services, and an unwillingness to accept services does not mean that they are not needed (CoP 33.24).

When preparing to end the entitlement of someone who has no recourse to public funds, due regard must be given to the person's immigration status and entitlement to support in the UK.

Once the decision has been made to end eligibility, this will need to be recorded on both health and social care systems, it is the responsibility of the CPA Care Coordinator and/or Social Worker to ensure that this takes place.

² Where services are not provided through a S75 partnership agreement, a representative from the relevant Local Authority should be identified and be part of the decision making.

15. Reinstatement of Aftercare Services

There may be occasions where After-care has been ended, and the patient experiences a deterioration of their mental disorder.

Once section 117 after-care entitlement ends, it can only be reinstated if the patient experiences a deterioration of their mental disorder immediately after the withdrawal of services when it may be evident they have been withdrawn prematurely. Should this scenario occur when the responsible bodies are in another area, OHFT clinicians should liaise with services in the relevant area to facilitate the reinstatement of After-care, quoting paragraph 33.22 of the Code of Practice. The reinstatement and reasons for the decision will need to be clearly recorded.

In any other circumstances they would only receive section 117 Aftercare services once more if they are readmitted to hospital under a treatment section of the MHA as detailed in 2.2.

16. Transitions of Care

Where a young person who is eligible for S117 After-care is transferring from CAMHS to Adult Mental Health or Learning Disability services, this must be discussed as part of the transition process, which should start at least six months prior to the person's eighteenth birthday. S117 After-care needs should be clearly identified in the transition plan and discussed with the young person.

Where a young person's care transitions to Adult Mental Health Services in another Trust, it is important to ensure that information related to the S117 After-care eligibility is included in the clinical information at the point of transfer. It is likely that the most appropriate means of achieving this is during the transfer CPA. Clinicians in the receiving care team are responsible for ensuring that the relevant information is provided to the Mental Health Act Office for their Trust, who can in turn ensure the relevant record is made on their clinical database. This information should also be provided to the patient.

Where an Adult's care is transferring to an Older Adult service in a different organisation, for example where Older Adult mental health social care is provided within the Local Authority, the CPA transfer of care must include a discussion about After-care needs.

Transfers of care are also an opportunity to discuss ongoing eligibility to After-care and to end this if the criteria outlined above are met.

17. Cross Border Transfers of Care

It is not unusual for patients in receipt of Aftercare to move from one area to another. Where such patients move into Oxfordshire, it is the responsibility of the receiving team to ensure that any S117 After-care needs are clearly documented in the information provided by the previous Trust, this should also clearly set out who the responsible CCG and Local Authority are and who will be responsible for reviewing the Aftercare needs after the transfer of day to day care. This person should be invited to participate in the CPA reviews to ensure that S117 Aftercare needs and the organisation responsible for meeting those needs are clearly documented in the OHFT CPA care plan.

The 'Who Pays' guidance sets out responsibilities should such a patient then require

admission to acute inpatient care:

If a detained person who was registered with a GP in one area (CCG A) is discharged to another area (CCG B) and is in receipt of services provided under section 117 of the Mental Health Act) is subsequently readmitted or recalled to hospital for assessment or treatment of their mental disorder, it is the responsibility of CCG A to arrange and fund the admission to hospital (except where the admission is into specialised commissioned services). Furthermore, the originating CCG (CCG A) would remain responsible for the NHS contribution to their subsequent aftercare under S117 MHA, even where the person changes their GP practice (and associated CCG).

Following this guidance, it is important to ensure that those coordinating admission are aware of S117 entitlement and which CCG is responsible for inpatient care, this should be set out in the CPA care plans of the relevant patients.

Where young people under the care of Child and Adolescent Mental Health Services become eligible for S117 Aftercare, that information should be communicated to the responsible Local Authority by the Care Coordinator.

18. Key responsibilities

- All CPA Care Coordinators and/or Consultants are responsible for ensuring CPA care plans accurately reflect S117 After-care needs and services, and that these are communicated in writing to patients when care plans are reviewed and at the point of discharge from services.
- Team and Service Managers are responsible for ensuring that team members understand their responsibilities under this policy and that these are delivered.
- The Mental Health Act Office is responsible for ensuring the accurate recording of S117 Eligibility on the S117 Registers on receipt of necessary information.

19. Training required to implement policy

MHA Mandatory training will reflect content of this policy. Any additional training needs identified should be reported to Associate Director of Social Care.

Monitoring and evaluation

Criteria	Measurable	Lead person/group	Frequency	Reported to	Monitored by	Frequency
S117 Register is accurate	S117 register is an accurate record of all patients eligible for S117 After-care, and corresponds to OCC s117 register for charging purposes	MHA Office	Monthly	Oxfordshire County Council Finance Assessment Team	Head of Information Governance	Annually
Service users are informed of S117 eligibility	Letters to patients are recorded in clinical records where patient is S117 eligible	Audit	Annually	Associate Director of Social Care, OHFT	Lead Commissioning Manager – Mental Health, OCCG	Annually

Appendices



Aftercare template
letter 1.docx



Aftercare template
letter 2.docx

Equality impact assessment

Equality Impact Assessment	
Service Area: Oxfordshire	Date: 5.12.2019
Policy title: Policy and guidance for the management and administration of Aftercare under S117 MHA in Oxfordshire	
<p>Purpose of policy:</p> <ul style="list-style-type: none"> • Detail the obligations of Oxford Health NHS Foundation Trust under section 117; • Provide guidance to staff responsible for the delivery of section 117 in our services; • Ensure the consistency and quality of services provided under section 117 across our service user groups; • Detail the arrangements and responsibilities for patients who are discharged from secondary care services within OHFT and who remain subject to the provisions of s117; • Set out the provisions under which a patient can be discharged from section 117. 	
What is the likely positive or negative impact on people in the following groups?	
Older or younger people none	
People with disabilities – Ensure people with mental health needs have their eligibility for After-care services recognised and those needs met appropriately.	
People from different ethnic/cultural backgrounds (including those who do not speak English as a first language) - none	
Men, women or transgender people none	
People with different religious beliefs or no religious beliefs none	
Gay, lesbian, bisexual or heterosexual people none	
People from a different socio-economic background none	
Evidence	
What is the evidence for your answers above?	
What does available research say?	
What further research would be needed to fill the gaps in understanding the potential difficulties or known effects of the Procedural Document?	
Have you thought about consulting/researching this gap? What would you need?	
Does the Procedural Document need a Full Equality Impact Assessment? No	