

**Lincolnshire County Council**  
**NHS Lincolnshire Integrated Care Board**  
**Lincolnshire Partnership Foundation Trust**  
**Section 117 aftercare Joint Agency Procedures and**  
**Guidance for Children and young people’s services.**

**V2.0**

June 2024

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## GLOSSARY

The glossary below is not an exhaustive list but covers the terminology covered in the S117 Joint Policy and the Procedures and Guidance for the S117 Joint Policy

<b>Term/Acronym</b>	<b>Definition</b>
<b>Approved Mental Health Professional (AMHP)</b>	Approved Mental Health Professionals work on behalf of local authorities to carry out a variety of functions under the Mental Health Act. One of their key responsibilities is to make applications for the detention of individuals in hospital, ensuring the MHA and its Code of Practice are followed.
<b>Care Programme Approach (CPA)</b>	The approach used in secondary mental health care to assess, plan, review and coordinate the range of treatment and support needs for people in contact with secondary mental health services who have complex characteristics The CPA process is being refocused under NHS England “personalised care and support planning” Personalised care systems are evolving to replace the CPA.
<b>Section 117 aftercare CYP OATs Panel</b>	The Out of Area treatments Panel for children and young people have representation from both Health (Integrated Care Board and Lincolnshire Partnership NHS Foundation Trust and Social Care (Lincolnshire County Council) and the panel will be supported by representation from; <ul style="list-style-type: none"> <li>➤ Designated Clinical Officer for CYP with (SEND LICB)</li> <li>➤ Children’s services SEN Manager (Lincolnshire County Council)</li> <li>➤ CAMHS Mental Health Practitioner (LPFT)</li> <li>➤ Representative from Therapies (LCHS)</li> <li>➤ Community Paediatric Consultant Representative (ULHT)</li> <li>➤ Administrator (LICB)</li> </ul>
<b>Eligibility and Entitlement</b>	Where eligibility for section 117 aftercare is a consequence of being on a qualifying section and entitlement is the package of section 117 aftercare services they are entitled to receive.
<b>Hospital Managers Review</b>	This has a similar function to the Tribunal service in that the patient can apply to a panel of at least three members who will consider whether the statutory criteria for detaining a patient continue to be met. In the event that the criteria are not met, the panel can discharge the patient.
<b>Hospital Lead Professional and  Section 117 aftercare Lead Professional and  Social Worker</b>	The Hospital Lead Professional is the professional appointed to ensure that the persons care is being co-ordinated and managed whilst in hospital, and covers the terms Care Co-ordinator, Named Nurse, Lead Practitioner. The Lead Professional will usually be a Registered Nurse. The section 117 aftercare lead professional will be the individual identified who will work alongside the Hospital Lead Professional in preparations for the individuals plans post discharge and take the section 117 aftercare lead professional role following the individuals discharge from hospital. This individual could be a Social Worker or a Registered Nurse.

	A Social Worker, will be involved in the planning of the appropriate aftercare services to meet your needs in conjunction with the allocated Nurse and the hospital Lead Professional.
<b>Mental Health Act (MHA)</b>	The <b>Mental Health Act</b> (1983 as amended 2007) is the main piece of legislation that covers the assessment, treatment, and rights of people with a <b>mental health disorder</b> .
<b>Qualifying Section</b>	The qualifying section a person must have been placed on in order to be eligible for section 117 aftercare is one (or more) of the following sections: 3, 37, 45, 47 or 48
<b>Section Papers</b>	These are the legal forms required to detain a person in Hospital under the Mental Health Act. <ul style="list-style-type: none"> <li>• For section 3 this will comprise of 2 medical recommendations (Form A7 or A8) and an application by an AMHP (form A6)</li> <li>• For section 37 they will be Order's from the court</li> <li>• For section 47 these will be Transfer Orders from the Ministry of Justice</li> </ul>
<b>Mental Health Review Tribunal (MHRT)</b>	The First Tier Tribunal (Mental Health) are an independent body who are responsible for considering the discharge from section of patients detained under the Mental Health Act.
<b>LCC, LA</b>	Lincolnshire County Council Local Authority
<b>LICB (ICB)</b>	NHS Lincolnshire Integrated Care Board
<b>LPFT</b>	Lincolnshire Partnership NHS Foundation Trust

## 1.0 Introduction

### 1.1 Section 117 of the Mental Health Act 1983 (as amended 2007)

Section 117 of the Mental Health Act 1983 (as amended 2007) imposes a free-standing duty on Lincolnshire NHS Integrated Care Board (ICB) and Lincolnshire County Council (LCC), (Eligible children and Young People (CYP) cannot be charged for section 117 aftercare services under the free-standing duty) in co-operation with statutory and voluntary agencies, to provide or arrange for the provision of aftercare to certain eligible CYP. This duty arises once the CYP ceases to be detained and then leaves hospital whether or not the individual leaves hospital immediately after they have ceased to be detained. The duty to provide this service applies until such time as the ICB and the LCC are satisfied that the CYP concerned is no longer in need of such services.

Section 117 aftercare services are services which have both of the following purposes

- meeting a need arising from or related to the CYP's mental disorder and
- reducing the risk of a deterioration of the CYP's mental condition and,
- accordingly, reducing the risk of the CYP requiring admission to a hospital again for treatment for mental disorder.

All processes should be based on aiding recovery and a meaningful personalised lifestyle within the CYP's family, education, and local community.

The joint agency CYP policy and these procedures and guidance relate to the following partnership organisations to follow and refer to:

- Lincolnshire County Council (LCC)
- Lincolnshire Partnership NHS Foundation Trust (LPFT)
- NHS Lincolnshire Integrated Care Board (ICB)

## **2.0 Section 117 Information sharing agreement**

An Information Sharing Agreement has been approved by the three organisations (LPFT, ICB and LCC) in order to share all relevant section 117 information. A copy of this information sharing agreement can be viewed at appendix A.

## **3.0 Section 117 Eligibility & Entitlement**

### **3.1 Becoming Eligible**

A person is **eligible** for section 117 aftercare if they have ever been subject to any of the following 'qualifying sections' of the Mental Health Act:

- Section 3 is the section mainly used for children and young people
- Section 37 power of courts to order hospital admission
- Section 47 Removal to hospital of persons in Youth detention accommodation, can be applicable however is very rarely used for children and young people
- Section 45A is not applicable to individuals under the age of 21
- Section 48 – Removal to hospital of prisoner (Not applicable to CYP)

### **3.2 Period of eligibility for section 117 aftercare**

Once a person becomes eligible for section 117 aftercare they remain eligible until:

- the death of an individual
- eligibility is formally ended by the responsible commissioning agencies following a recommendation from a formal review
- For Local authorities being detained on a further qualifying section will end the existing section 117 aftercare that was in place immediately prior to the subsequent detention

### **3.3 Entitlement**

Entitlement to service(s) will be determined upon an assessment of section 117 aftercare needs, and entitlement(s) can be ended and restarted throughout a person's lifetime. Details of ending, and reinstating section 117 aftercare entitlement and eligibility is covered in paragraphs 16.0 below.

## **4.0 Determining which Local Authority & Integrated Care Board is responsible for Section 117 aftercare**

- As stated at paragraph 3 of the section 117 aftercare Joint policy for CYP it is the responsibility of the relevant NHS Integrated Care Board and Local Authority to fund eligible Lincolnshire CYP's, entitlement to section 117 aftercare. The determination is primarily based upon where the patient was ordinarily resident immediately prior to them being placed on the qualifying section (for CYP usually section 3).
- The Policy provides information in respect of the responsible authorities. The Local Authority and the Responsible Health Authority Commissioners (ICB) for ordinary residence.
- Ordinary residence is different for Local Authorities and Integrated Care Boards, Local Authority is based on where the individual is living (ordinarily resident) whilst the Integrated Care Board is based on GP practice registration and the ICB who is responsible for that GP practice, as described in paragraph 5 below ratified by the respective legal departments.

### **4.1 Who is responsible for identifying ordinary residence?**

There are different agencies who, in general, will be responsible for determining Ordinary Residence on an individual basis, as follows

- For section 3 it will be the AMPH making the application

- For Section 37, it will be the Court
- For Section 47 it will be the Ministry of Justice.
- Sections 45A and 48 are not applicable to children and young people

#### **4.2 Determination of Ordinary residence for Local Authority**

For Local Authorities the place of Ordinary Residence will be the home address of the individual that is put on the AMHP application, the Court Order, or the Transfer Direction from the Ministry of Justice.

#### **4.3 Determination of Ordinary residence for Health services**

For Health the 'who pays determining which NHS commissioner is responsible for commissioning healthcare services and making payments to providers', which states that the responsible ICB is determined by the individual's GP registration and the ICB that manages the said GP practice is the originating and responsible ICB.

#### **4.4 Identifying the responsible commissioner where this is not clear or recorded.**

If there is a dispute about Ordinary Residence or that the AMHP application, Court Order or the Transfer direction do not include a home address then the section 117 aftercare Lead Professional in conjunction with the Local Authority and Integrated Care Board will determine the Ordinary Residence based upon their originating home address for Lincolnshire County Council and GP registration for Health. Where the identification is complex line managers may seek legal advice as to Ordinary residence.

#### **4.5 Individual workers and identification of the responsible commissioners.**

All individuals working with the individual should be checking that the relevant responsible commissioners are identified. Should there be any uncertainty as to the responsible commissioning bodies this should be escalated to Senior Managers for clarity or further actions.

#### **5.0 Identifying responsible NHS Integrated Care Board and Local Authority (LA) , "The legislation"**

Section 117 of the Mental Health Act 1983 (MHA) sets out the legal obligation on relevant Local Authorities and CCGs now ICB to provide aftercare to certain detained patients once they cease to be detained.

Section 117(3) of the Mental Health Act 1983 defines who the responsibility to provide aftercare services falls upon.

S.117 (3) currently provides as follows

"(3) In this section the "integrated Care Board or Local Health Board" means the integrated care board or Local Health Board, and "the local social services authority" means the local social services authority—

- (a) if, immediately before being detained, the person concerned was ordinarily in England, for the area in England in which he was ordinarily resident.
- (b) if immediately before being detained, the person concerned was ordinarily resident in Wales, for the area in Wales in which he was ordinarily resident; or
- (c) in any other case for the area in which the person concerned is resident or to which he is sent on discharge by the hospital in which he was detained."

In the event of a dispute section 40 of the Care Act provides for a mechanism to resolve that dispute. In order to fully understand the effect of these provisions it is necessary to look at the responsibilities of the local authority and the integrated care board separately.

#### **5.1 The Responsible Local Authority**

It is important to recognise that different provisions apply depending on whether you are dealing with pre 2015 or post April 2015 cases.



### **Pre -Care Act 2014 cases**

Prior to the Care Act coming into effect on 1 April 2015, Section 117(3) provided that the responsible CCG (now ICB) and Local Authority was that in whose area the patient was resident immediately before being detained. If the patient had no such residence, then the responsibility defaulted to the bodies for the area the patient was sent to on discharge.

The case law applying to these types of cases confirmed that the local authority “deeming provisions” (which were familiar to social care staff under Acts such as the National Assistance Act 1948) had no application and therefore did not apply when determining responsibility under section 117 of Mental Health Act 1983. [A deeming provision is a provision which means that in certain circumstances the person is placed out-of-area but continues to be deemed in law as ordinarily resident in the placing Local Authority's area.]

### **Post Care Act cases (Post 1 April 2015)**

Section 75 of the Care Act 2014 amended the wording of section 117 to change the wording from “resident” to “ordinarily resident”. In all other respects the section remained the same. This simply served to confuse matters as it was not clear whether by making this change it was necessary to import the deeming provisions. In March 2016 a revision to the Care and support statutory guidance made it clear that the deeming provisions which are used to determine Care Act responsibilities do not apply to section 117. This still remains the position.

### **Practical Application**

Section 117 responsibilities for local authorities are determined therefore by reference to the common law without the use of deeming provisions. In most cases a person's ordinary residence is straight forward. In more complex cases the individual facts will need to be considered.

The courts have considered the meaning of ordinary residence and the leading case is that of Shah v London Borough of Barnet (1983). In this case Lord Scarman stated that:

“unless it can be shown that the statutory framework or the legal context in which the words are used requires a different meaning I unhesitatingly subscribe to the view that ordinarily resident refers to a man's abode in a particular place or country which he has adopted voluntarily and for settled purposes as part of the regular order of his life for the time being, whether of short or long duration.”

The statutory guidance helpfully provides the following.

Local authorities must always have regard to this case when determining the ordinary residence of adults who have capacity to make their own decisions about where they wish to live. Local authorities should in particular apply the principle that ordinary residence is the place the person has voluntarily adopted for a settled purpose, whether for a short or long duration. Ordinary residence can be acquired as soon as the person moves to an area, if their move is voluntary and for settled purposes, irrespective of whether they own, or have an interest in a property in another local authority area. There is no minimum period in which a person has to be living in a particular place for them to be considered ordinarily resident there, because it depends on the nature and quality of the connection with the new place”

### **Where the individual lacks capacity the statutory guidance provides the following:**

Therefore, with regard to

establishing the ordinary residence of adults who lack capacity, local authorities should adopt the Shah approach, but place no regard to the fact that the adult, by reason of their lack of capacity cannot be expected to be living there voluntarily. This involves considering all the facts, such as the place of the person's physical presence, their purpose for living there, the person's connection with the area, their duration of residence there and the person's views, wishes and feelings (insofar as

these are ascertainable and relevant) to establish whether the purpose of the residence has a sufficient degree of continuity to be described as settled, whether of long or short duration.” The local authority will therefore consider the position of ordinary residence by using the common law interpretation above without consideration of the deeming provisions when considering whether it is has responsibility under Mental Health Act section 117 for aftercare.

### **Accommodation provided under section 117 Mental Health Act 1983**

Where accommodation is provided under section 117 aftercare of the Mental Health Act, (as opposed to under the Care Act), section 39(4) of the Care Act deems the person to be ordinarily resident in the Section 117 authority's area for the purposes of other Local Authority services as well.

### **What happens if the individual has a section 117 entitlement in one local authority but is subsequently re-detained in the area of another authority under section 3.**

This scenario has been the subject of longstanding litigation by the name of R. (on the application of Worcestershire CC) v Secretary of State for Health and Social Care [2021] EWCA Civ 1957. This Court of Appeal case heard in December 2021 has changed for now the way in which these cases are dealt with. It is an important decision which affects local authority funding.

(Paragraph 3)

The conventional legal view was that where a person was ordinarily resident in another local authority area (local authority B) and was re-detained under section 3 in the area of local authority B, that local authority would be responsible for the provision of after-care services and not the local authority under which the first detention had occurred (local authority A).

Court of appeal Judgement

The Court of Appeal has changed that position. The first local authority (local authority A) will retain section 117 aftercare responsibility unless and until a joint decision (following proper process) has been made by the responsible local authority and integrated care board that the individual is no longer in need of any aftercare services. Re-detention will not automatically terminate the section 117 duty but it is clear that had such a decision been made to bring the aftercare services to an end, the outcome would have been different.

### **Supreme Court Judgement**

Upon consideration of the Supreme Court decision, following the appeal submitted by Worcestershire, the current position for Local Authorities as from the 10.08.2023 is as follows: The conventional legal view as outlined above in paragraph 3 was that where a person was ordinarily resident in another local authority area (local authority B) and was re-detained under section 3 in the area of local authority B, that local authority would be responsible for the provision of after-care services and not the local authority under which the first detention had occurred (local authority A) was upheld.

Effectively if an individual is detained on a qualifying section the existing section 117 aftercare is effectively ended due to their being no requirement for section 117 aftercare, due to the detention readmission to hospital on a qualifying section. The process for identifying the responsible Local Authority commences along with the process to identify the section 117 aftercare needs at the point of discharge from section/hospital.

Concluding the case, the Supreme Court said: ““We conclude that the courts below were right to decide that, in circumstances where Parliament has deliberately chosen not to apply a deeming (or equivalent) provision to the determination of ordinary residence under section 117 of the 1983 Act,

the words “is ordinarily resident” must be given their usual meaning, where a person was ordinarily resident immediately before the second detention.”

It should be noted that the government has published a draft bill to amend the MHA, which includes provisions that would insert the deeming rules from the Children Act 1989 and Care Act 2014 into section 117 (clause 39). Should this be the case then this policy will need to be updated to reflect this or any change.

## **5.2 The Responsible Integrated Care Board Commissioner. The legislation**

The key legislative provisions relating to the determination of commissioning responsibility are contained in

- the NHS Act 2006 (“the 2006 Act”), as amended, including by the Health and Care Act 2022 (“the 2022 Act”);
- the National Health Service (Integrated Care Boards: Responsibilities) Regulations 2022 (the “ICB Responsibilities Regulations”);
- the National Health Service (Integrated Care Boards: Exceptions to Core Responsibility) Regulations 2022 (the “ICB Exceptions Regulations”);
- the National Health Service (Integrated Care Boards: Description of NHS Primary Medical Services) Regulations 2022 (the “Primary Medical Services Regulations”); and
- the National Health Service Commissioning Board and Clinical Commissioning Groups (Responsibilities and Standing Rules) Regulations 2012 (as amended by the Health and Care Act 2022 (Consequential and Related Amendments and Transitional Provisions) Regulations 2022) (the “Standing Rules Regulations”), Who Pays? Determining which NHS commissioner is responsible for commissioning healthcare services and making payments to providers 01.07. 2022.

### **“Who pays Determining which NHS commissioner is responsible commissioning healthcare services.**

There have been several changes to the NHS responsible commissioner for detained individuals and their section 117 aftercare, over the past few years. This document will inform of the current position, previous changes will not affect CYP upon discharge at this time.

The current position as of 1 July 2022 onward is outlined in paragraph 18 of the 2022 Who Pays? Determining which NHS commissioner is responsible for commissioning healthcare services and making payments to providers.

In respect of ICB-commissioned detention and aftercare services, the ICB responsible for commissioning and payment will be determined on the basis of the general rules at paragraph 10.2 of the 2022 “Who pays? Determining which NHS commissioner is responsible for commissioning healthcare services and making payments to providers, applied at the point of the patient’s initial detention in hospital under the Act (whether for assessment or treatment). This ICB will be known as the “originating ICB”. Paragraph 10.2 of the 2022 “Who pays? Determining which NHS commissioner is responsible for commissioning healthcare services and making payments to providers) states: “The general rules for determining responsibility between ICBs Where a patient is registered on the list of NHS patients of a GP practice, the ICB with core responsibility for the individual will be the ICB with which that GP practice is associated”.

Any one GP practice may have some patients who are usually resident in one ICB area and others who are usually resident in another. In that situation, the responsible ICB (originating ICB) for all of the patients registered with that practice will be the ICB of which that practice is a member.

This originating ICB will then retain responsibility for commissioning and payment throughout the initial detention (including any period of informal admission following detention, during which the

CYP is no longer detained but remains in hospital voluntarily), for the whole period for which any section 117 aftercare is provided.

The recent supreme court judgement relating to the appeal submitted by Worcestershire, relates to Local Authorities and has not currently impacted on the NHS who pays guidance as of 1 July 2022 which remains in place as described above.

Where a patient is not registered with a GP practice, the responsible commissioner will be the ICB in whose geographic area the patient is “usually resident”.

### 5.3 Ascertaining originating responsible authorities where capacity is impaired

Where an individual lacks capacity to make decisions about their care, the Cornwall case provides the following assistance:

“Adopt the Shah approach, however, place no regard to the fact that the adult, by reason of their lack of capacity cannot be expected to live there voluntarily. This involves considering all the facts, such as the place of the person’s physical presence, their purpose for living there, the person’s connection with the area, their duration of residence there and the person’s wishes and feelings (insofar as these are ascertainable and relevant) to establish whether the purpose of the residence has a sufficient degree of continuity to be described as settled, whether of long or short duration”

Where an individual has capacity to decide where to live ordinary residence “refers to a man’s abode in a particular place or country which he has adopted voluntarily and for settled purposes as part of the regular order of his life for the time being, whether of short or long duration.” This is known as the “Shah” test.

## 6.0 Access for determining section 117 aftercare eligibility for LPFT users in RIO and LCC in MOSAIC

### 6.1 AMHP report

AMHPs will complete an “AMHP report” and case notes as required on Mosaic.

All AMPHs ensure their AMPH report is available on MOSAIC and emailed to LPFT’s single point of access (SPA) who upload onto RIO. The mental health Act history and status must always be completed.

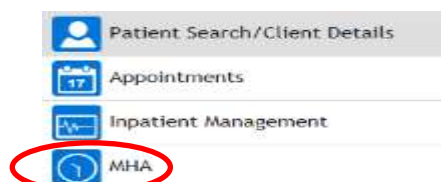
### 6.2 Determining if a CYP is eligible for section 117 (for RiO users)


It is the responsibility of all health and social care professionals to ascertain if a person under their care is subject to section 117 aftercare and to check and update the Mental Health Act history and status section.

LPFT and staff who have access to RiO can see if someone has a been subject to a qualifying section by viewing the section history on RiO in the following way.

Whilst in the 'Clinical Portal – Client View' for the patient follow these steps:

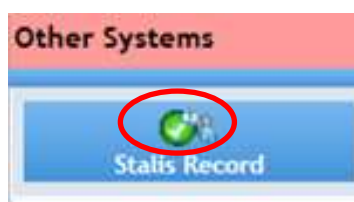
- 1) Click on the icon next to ‘MHA’ which is a ‘clock symbol’ and select ‘Section History’ *see screenshot below*



- 2) You will then be presented with the Patient Section History (Search) window. Click on  and you will then be presented with the section history page *see screenshot below*. NB If the search history displays no results, please also check archived records on ‘Stalis’.

Section Transfer Historic Details	
Section Transfer Details	
Transfer In Date	Location
Current	St Auby
Current/Final Section(Code)	
Section 3 - Admission for treatment (3)	

- 3) If no results are found on the above search, as indicated you will need to search archived records on 'Stalis'. To view this, Go back to the 'Clinic Portal – Client View'. Under the section 'Stalis Record' if the tick is **Green** then there are archived records to view, if the tick is **Red** then there are no archived records. **See screenshot below.**



- 4) If there are archived records you will get to the Stalis homepage. Click on 'Mental Health' tab and then subsequently the 'Mental Health Act' tab. **See screenshot below.**



- 5) Once in the 'Mental Health Act' tab section, this will display the archived **Section History**. If you click on the 'Review Type' in the left-hand side of the window, this will display the 'Section Details' on the right-hand side. **See screenshot below.**

Review Type: Aftercare

- Review: 28-Dec-2017 13:40 117

Review Type: Appeals

Review Type: Hearing

Review Type: Sections

- Review: 28-Dec-2017 13:40 2 Responsible Clinician Discharge
- Review: 06-Dec-2017 06:00 Further Section Applied

Review Date Time:	28-Dec-2017 13:40
Detention Start Date Time:	28-Dec-2017 13:40
Detention End Date Time:	06-Feb-2018 11:00
Mental Health Act:	3
Section Under Review:	(2)
Review Type:	(Sections)

### 6.3 MOSAIC USERS

Mosaic users check the legal status, then the Mental Health Act Assessment (AMHP)' and the outcome which will identify if the individual has been on a qualifying section and therefore

1) Bring up the persons 'Summary page' on Mosaic

3) Click on the Legal Status

2) This will bring up the legal history if it has 117-Aftercare or any qualifying section (s.3, 37 etc.) then the person is eligible.

From	To	Status
26/06/1989	08/08/1989	C: Advised/Befriend - unspecified legal status
24/09/2013		B: MHA 1983 S117 - Aftercare

If there is no indication in the legal status that the person is eligible the following steps should be taken.

2) Click on 'Documents'

1) View all 'Adult Mental Health Act Assessment (AMHP)' then select it.

3) If section 3 or CTO shows, then the person is 117 eligible.

4) Click on 'Outcome'

6. Outcome

Admission

Informal  Compulsory

if detained, under which section? s3

#### 6.4 Determining if an individual is eligible for section 117 aftercare (Non RiO or Mosaic Users)

A master list for all Lincolnshire residents who are eligible for section 117 is managed by the MHA Office (MHA) at LPFT. If you do not have access to RiO then you can ask the MHA office if the

individual is on the section 117 aftercare master list. You can request this information by emailing the MHA office on [lpft.mha@nhs.net](mailto:lpft.mha@nhs.net).

The MHA office will only provide the requested information where the requestor provides a reason as to why they want the information and will only process a request received from the following email addresses:

- @nhs.net  
section@Lincolnshire.gov.uk
- @lpft.nhs.uk

#### **7.0 The section 117 aftercare master list**

The section.117 Master list is a list of Lincolnshire individuals who have been subject to a qualifying section of the Mental Health Act 1983. It holds the following information:

- Name / DoB / Patient ID Number (NHS Number or Mosaic No.) / GP Registration at time of detention / Residence at time of detention / Location of detention / Date added to Master List

The MHA Office at LPFT have responsibility for maintaining the Section.117 aftercare Master list.

#### **7.1 Evidence required to prove section 117 aftercare eligibility**

In order for a CYP to be added to the section 117 Master list, one of the following pieces of evidence must be located and saved to the clinical systems to confirm if a person is eligible:

- A copy of the complete set of 'section papers' for a qualifying section where possible to obtain. In the absence of a complete set of 'section papers', a copy of transfer order / court order under Part III (The completed section papers are completed by the attending AMPH and handed to the receiving hospital)
- A copy of the Mental Health Act Assessment completed by the Approved Mental Health Professional for a qualifying section
- In the absence of these documents the following can be considered as evidence if they relate to a qualifying section (however it must be agreed by the funding decision makers):
- Sufficiently detailed, relevant medical and social care records such as the Clinician and/or Nursing reports and ultimate decision provided for or by a Mental Health Tribunal.

#### **7.2 Informing the Mental Health Act Administrators**

If a team becomes aware any team becomes aware of any inaccuracy relating to an individual in respect of section 117 aftercare they must inform MHA office and correct details recorded.

#### **7.3 Security of information flow**

The information MUST be sent to the secure MHA office email account [lpft.MHA@nhs.net](mailto:lpft.MHA@nhs.net).

If you are sending any CYP identifiable lists from anywhere other than from an nhs.net account to an nhs.net account, then you must ensure the email is sent either Encrypted (LCC) or password protected with the password being sent separately.

#### **7.4 Sharing the Section 117 aftercare Master list**

The MHA Office will share the complete Section 117 aftercare Master list with NHS Lincolnshire Integrated Care Board (ICB) on the first working day of each month so that the ICB have an up-to-date record of all eligible section 117 individuals.

The MHA office will send it to the ICB on [licb.mhldateam@nhs.net](mailto:licb.mhldateam@nhs.net)

## **7.5 ICB Coordination in respect of the Section 117 aftercare master list.**

Lincolnshire Integrated Care Board will use the Section 117 aftercare Master list to ensure:

- Individuals who are eligible for section 117 services are not being charged for those services.
- Individuals who are not eligible for section 117 services, but who are (incorrectly) in receipt of section 117 services, are identified and that the funding decision makers correct the error.
- To aid accurate communication between organisations.
- Identification of individuals who are eligible for section 117 aftercare, for planning purposes.

## **7.6 Section 2 and qualifying date**

If a CYP is detained under mental health act section 2 for assessment and then, while they are in hospital, this becomes a section 3 detention for treatment, the 'point of initial detention' will be the date of the section 2 detention.

## **8.0 Involvement with section 117 aftercare**

### **8.1 CYP and Family involvement**

It is important to note that the CYP and their family are involved and central to all decisions and the implications of any decisions have on them and their family any decision must be personalised into the family lifestyle.

### **8.2 Hospital and Section 117 aftercare Lead Professionals**

Where children and young people are detained in an out of area hospital placement (a hospital outside of Lincolnshire) there will usually be involvement from a care coordinator within the (children's) Community Mental Health Team who will become the section 117 aftercare Lead Professional and in conjunction with the receiving hospital (who should also identify a hospital Lead Professional whilst in hospital), will work in co-ordinating the hospital treatment and involving the Social Worker and section 117 aftercare Lead Professional in the assessment and aftercare plan thus providing a robust and seamless transition back into the local service.

### **8.3 Allocation of Hospital Lead Professional**

The hospital Lead Professional will co-ordinate the hospital treatments and update the allocated Social Worker and section 117 aftercare Lead Professional from LPFT, this allows time for planning for the post discharge services if required.

### **8.4 Allocation of section 117 aftercare Lead Professional**

Should the CYP not be open to LPFT, the CYP will be allocated to the CAMHS Crisis and Enhanced Treatment Team managed by LPFT from the children's urgent care directorate from where a named Section 117 aftercare Lead Professional will be allocated to work alongside the hospital Lead Professional and Social worker.

### **8.5 Social Worker input**

Where the CYP is not open to social Care a referral will be made by the Hospital and by the LPFT co-ordinator, where the CYP is open to a Social Worker they will continue to be involved and undertake their assessment to identify and integrate with any existing provision made for the CYP, working alongside the LPFT Section 117 aftercare Lead Professional and Hospital Led Professional.

### **8.6 Delivery of care under the Care Programme Approach**

Where the CYP's care is being delivered under the CPA then the care coordinator will be the section 117 aftercare Lead Professional otherwise it can be the Social Worker/ Nurse/ key worker/ involved with the CYP who the team around the child determine is best placed to be the Section 117 aftercare Lead professional.



The care programme approach has been the care planning framework for the past 30 years, NHS England has stated with the publication of the “community mental health framework” that the care programme approach has been superseded. Work in refocusing the Care Programme approach in Lincolnshire in line with personalised care will take a period of time therefore reference to CPA will remain in this policy until such time as there is a formal change and, for those individuals who are currently on CPA for this to continue. Any eventual change would need to be discussed with those individuals in receipt of CPA and reflected within this procedure document.

### **8.7 Lead Professional and assessment.**

The hospital Lead Professional is the individual responsible for coordinating the completion of the section 117 aftercare assessments prior to discharge.

For Lincolnshire County Council the allocated Social Worker will undertake the ‘Child and Family assessment’ with subsequent aftercare plan.

For health, the joint health section 117 aftercare assessment and section 117 aftercare Joint Health care plan will be completed by the section 117 aftercare Lead Professional both assessments and care plan will dovetail together, and the Social Work assessment and Health assessment must clearly specify what are the section 117 aftercare needs and other needs that do not relate to section 117 aftercare.

The hospital Lead Professional, the LPFT Section 117 aftercare Lead Professional and the Social Worker will need to work together in all aspects of the individuals care and treatment and assessments leading to the CYPs discharge.

### **9.0 Section 117 in relation to Children and Young People (MHA CoP 19.111 and 19.118).**

Aftercare should start to be considered as soon as practically possible after admission to hospital to ensure the appropriate services are identified and in readiness for the CYP’s planned discharge from hospital.

### **9.1 Reporting detention for 12 consecutive weeks under section 85 of the Children Act 1989.**

Where a child or young person is detained in hospital and that is likely to be for at least 12 consecutive weeks, the authority or health body who arranged for the detention is required under section 85 of the Children Act 1989 to notify the responsible local authority. This duty ensures that the Local Authority is aware of any child or young person in such detention and can ensure they are being safeguarded and their needs are being met. The responsibility to inform the relevant Local Authority lies with the receiving Hospital, LPFT also through their Urgent Care meeting flag the need and inform the local Authority through their section 117 aftercare Lead Professional.

It is appropriate to inform the responsible Integrated Care Board to make them aware of the detention and the possible need for section 117 aftercare.

### **9.2 Integration of existing provisions and section 117 aftercare.**

In relation to children and young people additional factors will need to be considered. This may include ensuring that the aftercare integrates with any existing provision made for “children in care” (also referred to as looked after children which is the legal status), care leavers, and those with Education, Health, and Social Care needs, as well as safeguarding vulnerable children. Whether or not section 117 aftercare of the Act applies, a child or young person who has been admitted to hospital for assessment and/or treatment of their mental disorder may be ‘a child in need’ for the purpose of section 17 of the Children Act 1989.

### **9.3 Section 117 aftercare reflected and informed in other statutory and non-statutory plans.**

In agreeing a section 117 aftercare plan, the local authority must also ensure that this is informed by, and reflected in, any other statutory and non-statutory assessment or ‘team around the child plan’

such as Education Care and Health Plan, Early Help Plan, Child in Need Plan, Child Protection Plan, Child in care Plan or Leaving Care Pathway Plan, and where appropriate run concurrently with coordinated reviews. Whilst coordinating planning can be complex, for example where a CYP is transitioning to adult health and social care services, this should never be a reason to delay discharge.

#### **9.4 (EHC Plan) Informing the Local Authority of a detention under the Mental Health Act**

If a child with an education, health and care plan (EHC plan) is admitted to hospital under the Mental Health Act (section 3) the local authority who maintains the plan should be informed, and where appropriate should be involved in the discharge plan so that the EHC plan can ensure that educational support continues to be provided. If necessary, this should be kept under review and amended to ensure targets and provisions remain appropriate. The local authority should also be involved in creating the discharge plan, so that the EHC plan is revised as necessary to continue to reflect the child or young people educational, health and social care needs and where relevant links to the section 117 aftercare plan. Where there is no EHCP this would fall to the school to decide if they can meet needs or if they need them to apply for an EHCP, as well as reflecting the duty under Section 19 of the Education Act to provide education where this isn't reasonably accessible for the CYP to attend their school, which may be the case for CYP eligible for section 117 aftercare who don't have an EHCP.

#### **9.5 Integration with the Children's Act 1989**

Where it is found that a child requires any support provided in order to meet section 117 aftercare needs, staff must ensure is done in line with the legal requirements of the Children's Act 1989 and should be assessed accordingly.

#### **9.6 Personalised approach**

All processes should be based on aiding recovery and a meaningful personalised lifestyle, with the aim to maintain individuals within their family setting and community where appropriate.

### **10.0 Supporting service user involvement and participation**

#### **10.1 Information and support**

The 'Rethink fact sheet' admission to hospital for treatment (in place at the time) should therefore be provided to CYP at the point of admission and where appropriate to the parents or carers. Prior to discharge the leaflet relating to section 117 aftercare should be discussed with the CYP and their parents or carers to inform them of their rights and their eligibility to section 117 aftercare on discharge and their entitlement to care as assessed. Both documents can be located at appendix B in the procedures document.

Consideration as to how a CYP with additional needs is supported and how information is shared with them, will need to be assessed on an individual basis and include the parents and carers who will be able to assist in the communications with the young person in order to give the details of section 117 aftercare to vulnerable people and would include Learning Disabled young people, autistic people, and other vulnerable young people. A member of staff with appropriate experience of providing information to the specific group of vulnerable service users should be available or sourced to undertake this communication.

#### **Key points to get across are but not limited to**

- You are eligible for section 117 aftercare
- You will not be required to pay for any section 117 aftercare
- You are encouraged to participate when your aftercare needs are being decided
- You are entitled to independent advocacy
- You can have an identified supporter with you
- You will be consulted throughout the assessment, care planning and aftercare decision process along with your parents/carers.

- Respond to any questions raised by the CYP.

### **10.2 Discharge and aftercare planning**

Discharge and aftercare planning must start as soon as practically possible after admission and must be child and young person focused and informed by an assessment of need. In relation to children and young people, the Mental Health Act Code of Practice 2015 recognises additional factors will need to be considered. This may include ensuring that the aftercare integrates with any existing provision made for in care, care leavers and those with special educational needs or disabilities, as well as safeguarding vulnerable children.

### **10.3 Capacity and Consent**

Issues of capacity and consent must be in line with the respective organisations local policies and procedures.

### **10.4 Assessing, Care Planning and review Attendance.**

Before commencing section.117 aftercare assessment planning care and reviewing, consideration will be given as to, who needs to be involved in assessing the section.117 aftercare needs of a CYP. The child or young person should be present when the assessing staff are deciding the section 117 aftercare plan.

Where the CYP does not wish to attend then this must be documented in the CYP's records, assessors however should discuss the best way for the CYP to input post meeting.

In addition to the individual themselves being present, the hospital Lead Professional should actively consider the list of potential attendees contained within paragraph 34.12 of the Mental Health act Code of Practice 2015. After-care planning should take account of the CYP's age and should involve their parent/carer (as appropriate) to ensure that they will be ready and able to provide the assistance which the young person may need.

Where appropriate a CYP can be supported by an advocate this is detailed below.

This will be known as team around the child

In order to ensure that the aftercare assessment and plan reflects the full range of needs of the young person, it is important to consider who needs to be involved. Subject to the views of the young person, this may include:

- Social Worker
- The young person's responsible clinician
- Nurses and other professionals involved in caring for the young person in hospital
- A practitioner psychologist, community mental health nurse and other members of the community mental health team
- GP and primary care team
- Any carers who will be involved in looking after the young person outside hospital including, where relevant, those with parental responsibility
- A representative of any relevant voluntary organisations
- An Independent Mental Health Advocate, if the CYP has one
- An Independent Mental Capacity Advocate if the CYP has one
- Attorney/Deputy if applicable
- Anyone with authority under the Mental Capacity Act 2005 to act on the CYP's behalf.
- Any other representative nominated by the CYP
- Where the individual has a learning disability, ADHD, young person within autistic spectrum, mental health, or other relevant diagnosis consider inviting where involved or for advice a specialist with experience of the condition, this could be a, Social Worker, or Registered

Nurse with experience of children, a Clinical Psychologist, Clinical Psychiatrist, Neurologist and members of the children and adolescent mental health services (CAMHS) team

- A person to whom the Local Authority is considering making Direct Payments and the Health Personal Health Budget for the CYP
- A representative of housing authorities if accommodation is an issue
- MAPPA co-ordinator if applicable
- National Probation Service if applicable

### **10.5 Advocacy**

LCC, ICB and LPFT utilise VoiceAbility to provide advocacy for CYP subject to detention under the Mental Health Act.

Referrals can be made to VoiceAbility as describe below.

Contact details:

- *Telephone: 0300 303 1660*
- *Email: [helpline@voiceability.org](mailto:helpline@voiceability.org)*

**VoiceAbility** works to provide children and young people (up to their 18th birthday) access to advocacy for situations where they require specialist support and advocacy.

They offer an independent voice to children and young people, to assist them in resolving issues relating to their welfare, care, and circumstances.

Young people aged 16 or 17 also have a statutory right to an Independent Mental Capacity Advocacy (IMCA) if they:

- lack capacity to make a specified decision at the time it needs to be made
- are facing a decision on a long-term move or about serious medical treatment, or are subject to deprivation of liberty safeguards (DoLS); and
- have nobody else who is willing and able to represent them or be consulted in the process of working out their best interests.

The role of an IMCA is to ensure that people are as involved as possible in major decisions about their lives, and that any decisions made on a person's behalf are made in that person's best interests.

Once discharged from detention, a person will not continue to be eligible for an IMHA simply because they are receiving Section 117 aftercare, although some patients will qualify because, for example, they are under Guardianship or on CTO.

### **10.6 Independent Mental Capacity Advocacy (IMCA)**

In certain circumstances, local authorities or NHS organisations will be responsible for instructing an Independent Mental Capacity Advocacy (IMCA) under provisions in the Mental Capacity Act (2005).

The role of the IMCA is to represent a person who lacks capacity and has no-one other than a professional to give an opinion about their best interests

This may apply where a person who meets these criteria is being discharged from detention and a decision is needed about a move into long-term accommodation (for eight weeks or longer) or about a change of accommodation in circumstances where the person lacks capacity to make a decision and there is no one apart from a professional or paid carer for the authority to consult.

The duty to involve an IMCA does not apply if the person will be required to stay in accommodation under the Mental Health Act (1983).

### **10.7 Independent Advocacy under the Care Act (2014)**

People who are receiving aftercare and do not retain a right to an IMHA may be eligible for advocacy under the Care Act (2014).

This may apply when the CYP's care and support needs are being assessed and during care and support planning or the subsequent review of a care and support plan (which may reach a decision that a person is no longer in need of aftercare).

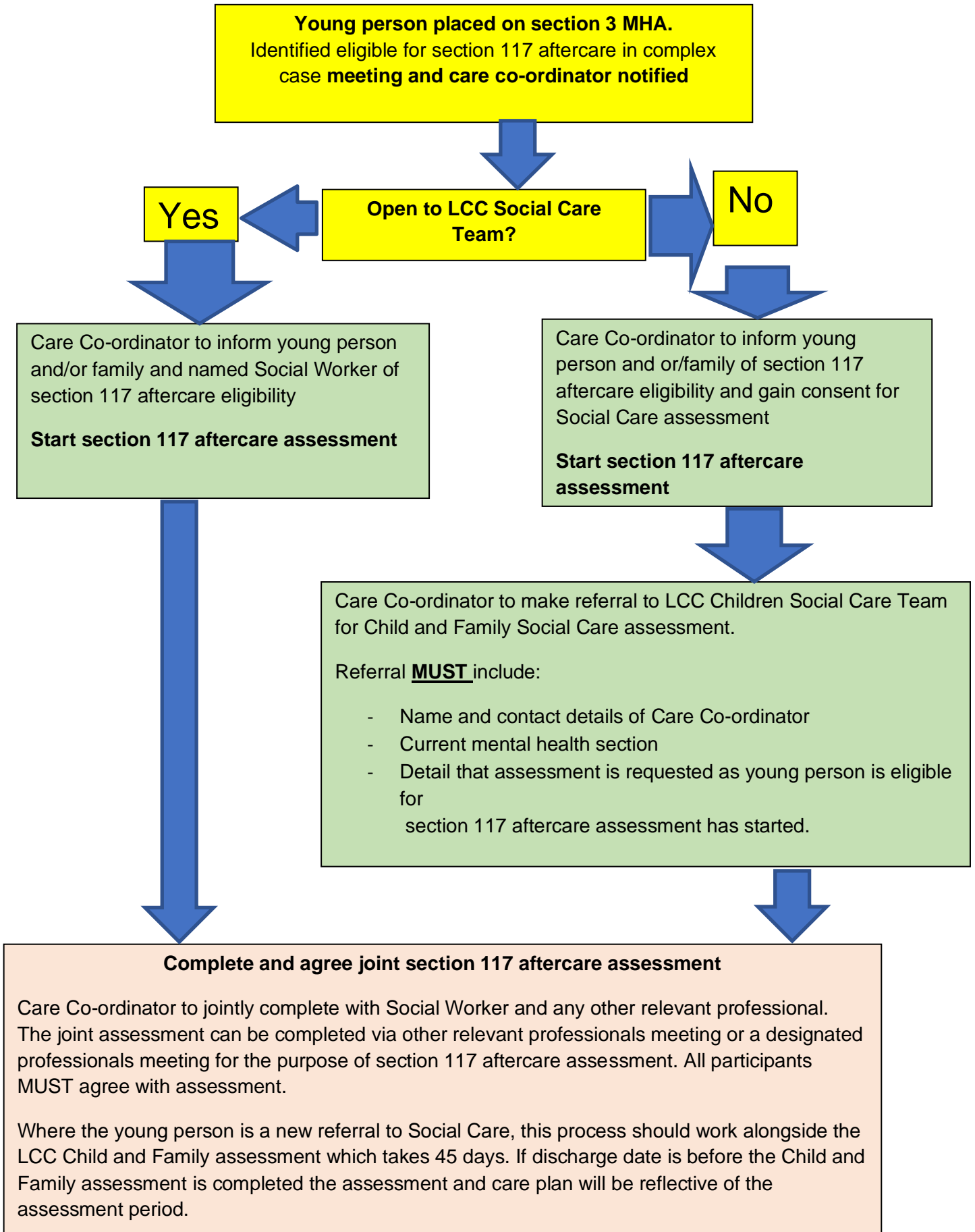
In general terms, a person with assessed social care needs will be eligible for advocacy under the Care Act if they have substantial difficulty in being involved in the assessment or review of their needs and if there is no appropriate person to support their involvement.

### **11.0 Flowchart for joint working and process from assessment to review**

#### **Child and young person section 117 aftercare assessment and review working process**

This process map sets out a joint clinical and operational approach between LPFT and LCC when a young person aged under 18 years old is eligible for section 117 aftercare. This process is mapped out in consideration of legal frameworks set out by the Mental Health Act 1983 (revised 2007) and children in care act 1989

(Flow chart on page 22)



## **12.0 Assessment**

### **12.1 Assessments of aftercare needs should be conducted:**

- as soon after admission as possible
- prior to discharge
- prior to any Mental Health Act Tribunal or Hospital Managers review of detention
- as part of ongoing review in the community
- when considering ending someone's section 117 entitlement
- reassessment if the CYP is at risk of readmission to hospital

### **12.2 Assessment documents**

The following documents must be completed when assessing section 117 aftercare needs.

- For Lincolnshire County Council "child and family assessment" (This also couples as the plan/progress of care) Appendix C. and the 'Early Help assessment for partner agencies' Appendix D.
- For Lincolnshire NHS services the CYP Joint health Section 117 aftercare health needs Assessment for Children and Young People Appendix E.
- The NHS Lincolnshire Children and Young people care and review plan for section 117 aftercare is embedded at appendix F.
- Non section 117 aftercare health needs must be recorded but funded separately and actioned/referred accordingly.
- All needs must clearly be identified as either section 117 aftercare needs or non-section 117 needs.

## **13.0 Section 117 aftercare planning.**

Following assessment, the young person's agreed aftercare needs form the plan of care by the relevant organisations as follows:

- For Lincolnshire County Council the existing Child and Family assessment will be undertaken this assessment will capture all the relevant needs of the CYP and formulates the plan of care for the CYP, which will include all relevant legislation for which the Council is responsible
- For the NHS services provided by Lincolnshire Partnership NHS Foundation Trust and Lincolnshire Integrated Care Board the Joint health section 117 aftercare assessment will provide information under section 117 aftercare of the Mental Health Act and any health needs that require onward referral which then form the basis for the completion of the Joint agency NHS health care plan.
- The NHS Lincolnshire children and young people's aftercare plan must clearly identify the interventions that are related to section 117 aftercare entitlement and those identified needs that are not related to section 117 aftercare.

### **13.1 Section 117 aftercare needs: -**

Needs arising from or related to the CYP's mental disorder

- Needs that reduce the risk of a deterioration of the CYP's mental condition and
- accordingly, reducing the risk of the CYP requiring admission to a hospital again for treatment for mental disorder.

### **13.2 Non section 117 needs**

A CYP in receipt of aftercare services under section 117 aftercare may also have or develop needs that do not arise from, or are not related to, their mental disorder, and so do not fall within the scope of section 117 aftercare such as physical health needs. These needs not related to the section 117 aftercare, cannot be funded as section 117 aftercare and must be funded by statutory services or outside of the section 117 aftercare needs.

Referrals to the appropriate agency may be required for identified non-section 117 aftercare unmet needs.

### **13.3 Where there is debate around 'is this a section 117 aftercare need'**

There is often debate around those needs where it may or may not be a section 117 aftercare need, in these cases the assessors will need to identify the need and the reasoning for their decision (the assessors must make a decision as to a section 117 aftercare need or not a 117 aftercare need) if there is a differing of opinion this will need to be flagged up to the CYP OATs section 117 aftercare panel who will advise the assessors on where the need sits and the rationale behind this to aid future decision making.

### **13.4 Care programme approach**

In summary the care programme approach (CPA) was the current framework which governs the assessment of needs and planning<sup>1</sup> of care of mental health individuals. The CPA process is being refocused under NHS England "personalised care and support planning" services are developing more personalised approaches to their care and support processes. This includes individuals who are entitled to section 117 aftercare. The CYP currently on the CPA system will remain on CPA until another system is communicated and implemented. It must always be remembered that this is the families plan and services should facilitate integration into the family setting. A holistic approach is required during the assessment.

### **14.0 Section 117 aftercare process following identification of aftercare needs.**

#### **Process of securing support**

1. Assessment of section 117 aftercare needs with CYP and parents/carers
2. Care Planning with CYP and parents/carers
3. Where aftercare needs have been identified and agreed the section 117 aftercare Lead Professional will in conjunction with the allocated Social Worker coordinate the options to meet the identified needs.
4. The options can relate to statutory services that exist within the services and can be utilised or an independent provider where there is a funding requirement.
5. Three quotes are required in respect of funded care packages (ICB financial process)
6. Where there is a need for a package of care to be funded this will be detailed and forwarded to the Out of Area Treatment Panel (meets monthly) with the assessment, care plan and other relevant information, (Risk assessments, desired outcomes from the care package, provider details, options considered). (There is always the opportunity to pre-inform the Out of Area Panel of a CYP, that a care package is being sourced and the expected time scale for presenting it to the panel).
7. The Out of Area Treatments Panel will either
  - A. approve the package of care or
  - B. defer providing the Lead Professional with details of what needs to be done to progress meeting the aftercare needs
8. Once the actioned the package is returned to the Out of Area Treatment Panel for



Ratification.

9. CYP discharged from section/hospital agreed care package commences
10. Review process commences.

### **Time Scales**

All packages of care must be sourced in a timely way with the aim of being in place prior the CYPs planned discharge date and should not result in delaying discharge bearing in mind the process of sourcing providers and seeking approval from the Out of Area Treatments Panel who meet monthly.

Where there is a delay in discharge this will be escalated to:

- For Lincolnshire County Council the Head of Children's Services for the area in which the CYP lives in
- For NHS Integrated Care Board the Chief Commissioning Manager (Mental Health, Intellectual Disabilities & Autism)

### **Personal Health Budgets and Direct payments**

Where there is a decision taken by the CYP and their parents/carers for a direct payment or a personal Health budget, the section 117 aftercare Lead Professional will refer directly to

- Contact the allocated Social Worker to discuss eligibility and the provision of Direct Payments in line with the identified section 117 aftercare needs.
- the Integrated Care Boards Mental Health Learning Disability and Autism team who will action the eligibility and the requirements of processing the Personal Health Budget in line with the agreed section 117 aftercare needs. Referral by the section 117 aftercare Lead Professional to:

### **Sourcing packages of care**

The core purpose of any care and support is to help individuals to achieve the outcomes that matter to them and their family.

All care packages must be identified on the plan of care, identification of support needs for individuals is through assessment, and care planning processes.

Everyone's needs are different and personal to them, consideration as to how to meet each person's specific needs rather than simply considering what service they will fit into. The concept of meeting needs recognises that modern care and support can be provided in any number of ways rather than the previous traditional models. Direct payments and Personal Health Budgets can provide freedom to support the identified needs in different ways. Discussion and communication is key in the team around the child getting the correct support in the correct way to the CYP and their family.

### **15.0 Mental Health Review Tribunals**

If you are new to Mental Health Act Tribunals (MHRT) they consist of

- a judge – the chairperson of the panel
- a medical member – a psychiatrist (but not one who works in the hospital you are in)
- a lay member – a professional with relevant experience

The MHRT will:

- request a report prior to the hearing by a specified date
- look at the mental health of the CYP and how well they are recovering

- speak to the professionals involved in the CYP's care
- ask for up-to-date reports, (for the section 117 aftercare lead professional it is always advisable to inform the MHRT of the plans or anticipated plan on discharge usually in the report that is required prior to the hearing).

They will use this information to decide if the CYP:

- still fits the conditions for being sectioned, or
- should be discharged from section and possibly leave hospital

## **16.0 Reviews (section 117 aftercare)**

### **16.1 Reviewing towards recovery**

The identified section 117 aftercare Lead Professional is responsible for ensuring section 117 aftercare needs are reviewed at the agreed timescale, recording progress towards the CYP's goals/ independence, community presence, integration within the family and supported with a focus on promoting recovery. The section 117 aftercare can be integrated into the team around the child reviews.

The Lead Professional will give consideration as to, who needs to be involved in reviewing the section 117 aftercare needs of a CYP. The child or young person and their parent/carer/ guardian, an appropriate representative from Social Care and from the NHS, and other relevant professionals involved in the ongoing support of the CYP.

### **16.2 Review time scales**

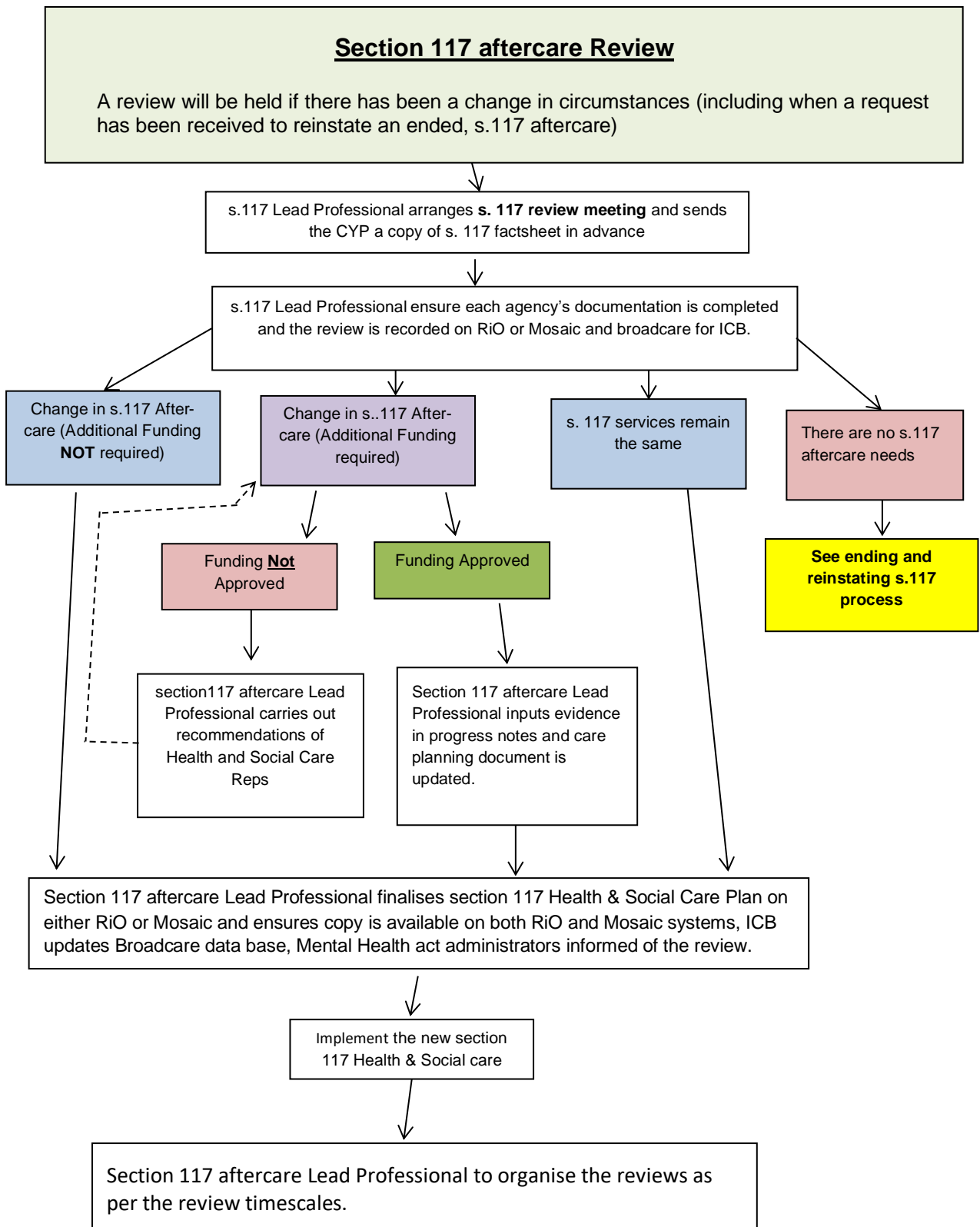
Aftercare reviews should take place at intervals of 72 hours post discharge, 6 weeks post discharge, 6 months post discharge, 12 months post discharge and annually thereafter, ad hoc reviews can be convened as required. Progress with each aftercare need should be recorded, and where applicable adjusted, any funding implications would need ratification by the Out of Area Treatments Panel.

- If the individual is discharged from hospital into adult services the first review will be 72 hours post discharge, 6 weeks, 6 months 12 months and annually thereafter
- If the individual has been discharged and is in receipt of aftercare services prior to their 18<sup>th</sup> birthday and transitioning into adult service reviews should follow the agreed timescales if there is no change to the package of care the reviews will continue as planned.
- Should there be a change to the care package the first review will be after 72 hours following the change and the agreed time frame followed of, 6 weeks, 6 months 12 months and annually thereafter.

### **16.3 Consideration to end entitlements and eligibility at reviews**

It is at review meetings that consideration to end either an entitlement(s) or eligibility for section 117 aftercare will be discussed.

## 16.4 Review flow chart



## **17.0 Ending Entitlement and eligibility in relation to Section 117 aftercare**

### **17.1 Duty to provide section 117 aftercare**

The Code of Practice also states (paragraph 27.3) that the 'duty to provide aftercare services continues as long as the CYP is in need of such services' and confirms (in paragraph 27.19) that 'the duty to provide aftercare services (for Lincolnshire eligible CYP) exists until both the Lincolnshire Integrated Care Board and Lincolnshire County Council are satisfied that the CYP no longer needs them. Circumstances in which it is appropriate to end such services vary by individual and the nature of the services provided.

### **17.2 Note in respect of differing responsible authorities**

Please note the responsible commissioners for a CYP may come from different authorities in as much as the NHS ICB may be Nottingham and the Local Authority may be Lincolnshire or vice versa, the same principals will apply to all relevant responsible commissioners for section 117 aftercare. Similarly, health services may come from different Integrated Care Boards for non- section 117 aftercare health needs for example if an individual who has section 117 aftercare funded by Lincolnshire ICB moves area their 117 aftercare needs are still funded by Lincolnshire ICB, however, if they change GP practice to the new area and develop other non-related 117 health needs these could be funded by the ICB in the new area.

### **17.3 Longevity of the responsible commissioners.**

Once Ordinary residence is confirmed the responsible commissioner role remains with the Integrated Care Board and Local Authorities until ended, therefore for those CYP whose ordinary residence is Lincolnshire the Lincolnshire County Council and the NHS Lincolnshire Integrated Care Board remain the responsible authorities irrespective of where the CYP lives in the future, if the section 117 aftercare eligibility remains in place. Only once the eligibility has been ended or a second eligible detention occurs the responsible Local Authority revert to the ordinary residence criteria, whilst the original ICB retains the commissioning responsibility should there be a further eligible section detention.

### **17.4 The need for section 117 aftercare**

Aftercare under Section 117 may not continue indefinitely, and each CYP's needs and circumstances should be reviewed regularly. The MHA Guidance makes it clear that even if the CYP is settled well in the community, they may still need section 117 aftercare services to reduce the likelihood of a relapse, or to stop their condition deteriorating. Section 117 aftercare services should therefore end only if the CYP has been functioning well for a sustained period and no longer needs services that meet the statutory definition for Section 117 aftercare.

### **17.5 Ending section 117 entitlement(s)**

Consideration to end an entitlement would be considered at a review meeting where one of the topics under review is the section 117 aftercare. If there is agreement for an entitlement, or all entitlements to end this recommendation and supporting information should be forwarded for ratification by the section 117 aftercare Out of Area Treatments panel for children and young people. The views of the CYP and their family or carers will form an important part of the discussion. All decisions must be recorded as evidence of the outcome.

Supporting information will include

- The review assessment documents, for LCC the Child and Family assessment and review documents identifying progress
- The review Joint health assessment and care and review document
- Reports from other professionals involved
- Reports from providers of a service

- Risk assessments
- Care records
- The CYP's/family views
- Which services are to be discontinued

### **17.6 Formal letter**

A formal letter from the chair of the CYP OATs panel outlining the ending of one or more entitlements will be sent to the CYP and their parent or Guardian. A template letter can be found at Appendix G

Eligibility for services under section 117 aftercare remains in place until eligibility is ended.

### **17.7 Ending Section 117 aftercare Eligibility**

Aftercare eligibility under Section 117 may not continue indefinitely, and each CYP's needs and circumstances should be reviewed regularly. The MHA Guidance makes it clear that even if the CYP is settled well in the community, they may still need Section 117 aftercare services to reduce the likelihood of a relapse, or to prevent their condition deteriorating. Section 117 aftercare services should therefore end only if the CYP has been functioning well for a sustained period and no longer needs services that meet the statutory definition for section 117 aftercare.

The initial consideration to end section 117 aftercare eligibility would be made at a team around the child meeting (multi-disciplinary) where section 117 aftercare review of CYPs on section 117 aftercare which is an agenda item as part of that meeting..

A Section 117 aftercare team around the child multidisciplinary discharge meeting must be convened when discharge from Section 117 eligibility is considered, and all decisions must be recorded as evidence of the outcome. The views of the CYP and their family or carers should form an important part of the discussion. If there is agreement that section 117 aftercare eligibility can be ended/discharged, this will be recommended to the section 117 aftercare Out of Area Treatments Panel for Children and Young People with supporting information as described above, who will take a final decision, this decision will be communicated in writing by the chair of the section 117 aftercare OATs panel to the individual. A template letter for ending eligibility can be found in the procedures and guidance at Appendix H.

### **17.8 Informing the LPFT Mental Health Act Administrators**

The Mental Health Act Administrators must be informed of any section 117 eligibility ending.

### **18.0 Process for reinstating Section 117 aftercare**

#### **18.1 Reinstating section 117 aftercare**

Where it is determined that a CYP who is eligible for section 117 aftercare has had their eligibility or entitlement ended prematurely, and there is a need to reinstate care in respect of; "meeting a need arising from or related to the CYP's mental disorder and reducing the risk of a deterioration of the CYP's mental condition and, accordingly, reducing the risk of the CYP requiring admission to hospital again for treatment for mental disorder". Reinstatement of eligibility and entitlement should follow the process for review identified in the flow chart at section 20.0 below.

#### **18.2 Assessing the urgency of the need to reinstate section 117 aftercare**

The section 117 aftercare Lead Professional will assess the urgency of the need to reinstate eligibility or entitlement for section 117 aftercare and takes appropriate action to meet urgent need via interagency communication and agreement or, if non urgent via the agreed process of review and process through the OATs panel, who will be furnished with all relevant information and will review the premature ending of the case for learning points.

### **18.3 Informing the LPFT Mental Health Act Administrators**

The Mental Health Act Administrators must be informed of the change in the mental Health Act status of a CYP.

### **19.0 Disengagement from service**

Eligible CYP are under no obligation to accept the aftercare services they are offered following assessment, any decisions they may make to decline them should be fully informed. An unwillingness to accept services does not mean that the CYP does not need to receive services, nor should it preclude them from receiving services later under section 117 aftercare should they change their mind. Discussion on a case-by-case basis to ensure all legal obligations are maintained such as those relating to a Community Treatment order (CTO).

When a CYP becomes disengaged with services or refuses to accept aftercare services, the entitlement does not automatically lapse and the care team should ensure that needs and risks are reviewed and, where possible, communicated to the CYP.

Aftercare services under section 117 aftercare should not be withdrawn solely on the grounds that:

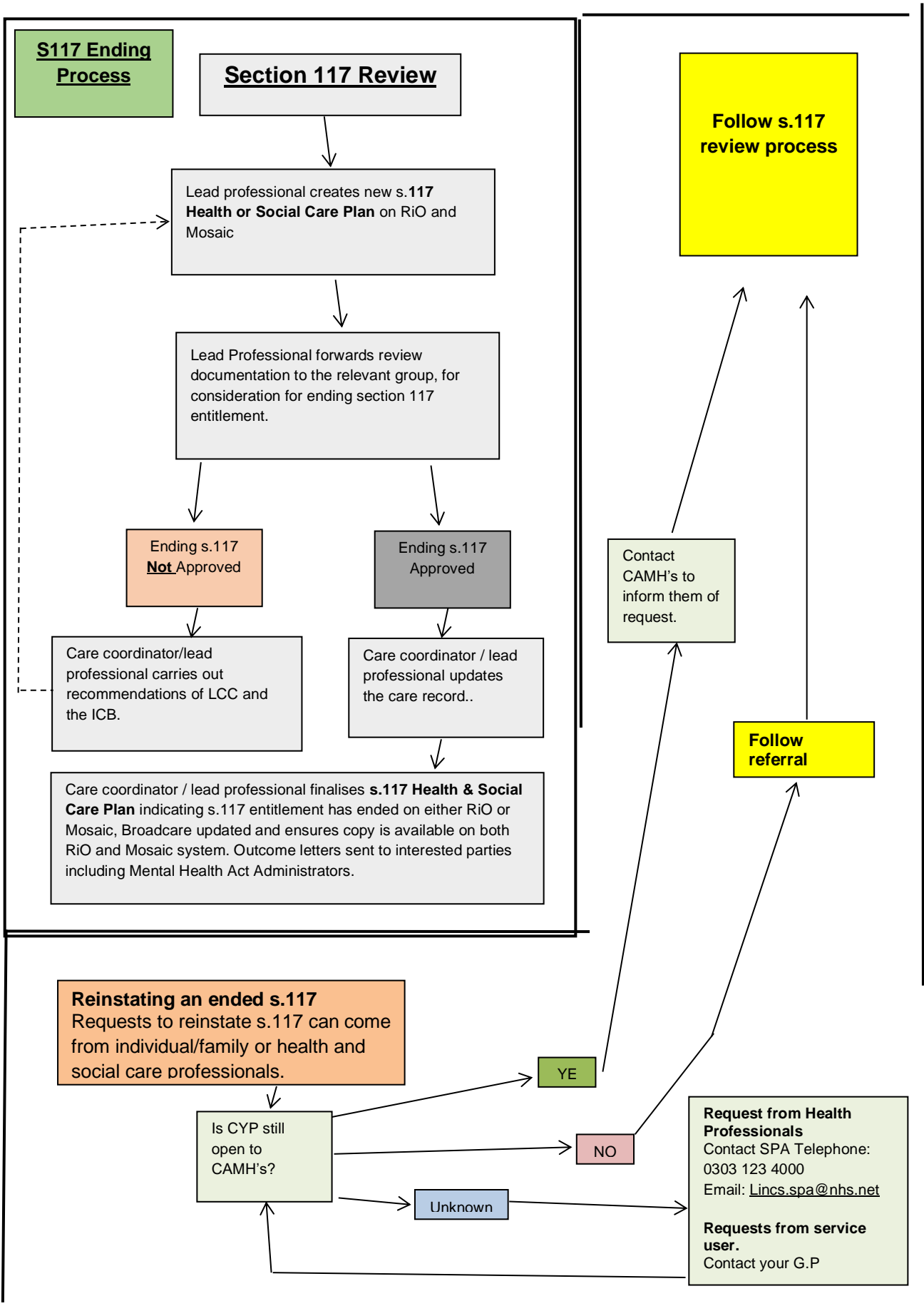
- The CYP has been discharged from the care of specialist mental health services
- An arbitrary period has passed since the care was first provided
- The CYP is deprived of liberty under the MCA
- The CYP has returned to hospital informally or under a Mental Health Act section 2
- The CYP is no longer on a CTO or Mental Health Act section 17 leave

Even where the provision of aftercare has been successful in that the CYP is now well settled in the community, the CYP may continue to need aftercare services to prevent a relapse or further deterioration in their condition.

### **20.0 Responsible commissioning authorities prior to and after ending eligibility**

Lincolnshire County Council and the Lincolnshire NHS Integrated Care Board remain the responsible authorities irrespective of where the CYP lives if the section 117 aftercare entitlement remains in place. Only once the eligibility has been ended/discharged the responsible commissioning authorities may revert to the Local Authority under ordinarily residence and originating ICB under the GP registration, should there be a further eligible section detention.

**21.0 Flow Chart ending and reinstating section 117 aftercare**



## **22.0 Recording section 117 aftercare information**

Records must be managed in accordance with the law and local policies and procedures. Health and Social care professionals also have professional responsibilities for example, complying with the Caldicott Principles and record keeping standards.

Good record keeping is an essential part of the accountability of organisations to those who use their services. Maintaining proper records is vital to individuals care and safety.

An accurate written record detailing all aspects of CYP monitoring is important, it contributes to the circulation of information amongst the different Professionals and teams involved in the CYP's treatment/care and progress. Accurate record keeping indicates a healthy respect for the CYP and colleagues as an up-to-date information record. Records relating to the care, treatment and progress of each CYP using the service must be kept and be fit for purpose which means they must be complete, legible, Indelible, accurate, and up to date, with no undue delays in adding and filing information as far as is reasonable.

### **22.1 Information input to data base(s)**

Details entered onto each organisations data base must be completed in full and should indicate that the CYP is eligible for section 117 aftercare for LPFT using RIO and LCC using MOSAIC and for ICB broadcare, practitioners from LPFT, LCC and ICB should be able to check the mental health act status on their database as described in 6.0 above for RIO and MOSAIC users.

## **23.0 Lincolnshire County Council and NHS Lincolnshire Integrated Care Board section 117 aftercare Funding Agreement.**

Funding for section 117 aftercare CYP will be discussed by the respective commissioning authorities on an individual basis, at the Out of Area Treatments Panel, the process for agreeing funding must involve individuals who can make decisions in relation to funding to prevent any delays in meeting the entitlement for section 117 aftercare services.

### **23.1 Funding requests**

The section 117 aftercare CYP OATs Panel will consider individual CYP section 117 aftercare requests for funding where a service, intervention or treatment falls outside existing service agreements. It is anticipated that the requests will be submitted due to an unmet need or due to an un-commissioned service. The Panel will also oversee and monitor the type and nature of the requests with a view to identifying themes and making recommendations for planning to address those service gaps in Lincolnshire

### **23.2 Introduction to Direct Payment (Social Care) and Personal Health Budgets (NHS Health Care)**

CYPs who are eligible for Section 117 aftercare, following assessment by a Social Worker and an NHS Health worker can offer a Social Care Direct Payment and a Personal Health Budget in respect of their entitlement for service(s).

The criteria is set out in the relevant agency policy:

For Lincolnshire County Council, 'Direct payments policy' this can be found at appendix I.

For NHS Lincolnshire Integrated Care Board 'Lincolnshire Personal Health Budget Direct Payment Guidance. This can be found at appendix J

### **23.3 Working together with funding packages**

The Local Authority and the Integrated Care Board are integral partners in the effective delivery of personalisation through Direct Payments (Social Care) and Personal Health Budgets (Health).

Lincolnshire County Council and NHS Lincolnshire Integrated Care Board work closely with each other to ensure processes are aligned for any CYP who receive a Direct Payment via Social Care and a Personal Health Budget from the ICB (through a jointly funded package).



### 23.4 Process for offering Direct payments and Personal health budgets

The process for offering and making Direct payments and personal health budgets are described in the respective policies for Lincolnshire County Council and NHS Lincolnshire Integrated Care Board, For LCC Direct Payments aren't currently widely used across CYP Social Care (except in relation to children with disabilities) and agreement that this is a further process/way of working in its own right that will need developing across social care teams for the purpose of aftercare provision.

Direct Payment Policy for Lincolnshire County Council at Appendix I

Personal Health Budgets for Lincolnshire Integrated Care Board Appendix J.

### 24.0 Out of Area Treatments Panel for Children and young people (section 117 aftercare)

The Out of Area Treatments Panel for children and young people have representation from both Health (Integrated Care Board and Lincolnshire Partnership NHS Foundation Trust), and Social Care (Lincolnshire County Council) and the panel will be supported by representation from:

- Designated Clinical Officer for CYP with (SEND LICB)
- Children Services SEN Manager (Lincolnshire County Council)
- CAMHS Mental Health Practitioner (LPFT)
- Representative from Therapies (LCHS)
- Community Paediatric Consultant Representative (ULHT)
- Administrator (LICB)

### 24.1 Contact point for Out of Area Treatments panel

The out of area treatments panel for children and young people can be contacted via

[licb.mhldateam@nhs.net](mailto:licb.mhldateam@nhs.net). All correspondence must have **S117** in the subject of the email.

The terms of reference for the CYP section 117 aftercare OATs panel can be found at Appendix K

### 25.0 Transition planning

Transition planning and referrals for children and young people into adult services in respect of Section 117 aftercare should be identified at age 17, at the very latest or immediately if aged over 17 where aftercare services are or may be required at the age of 18 years and transferring to adult services. Referrals will be made following the local protocols for each agency.

There are other time scales in respect of planning for adulthood these plans including the section 117 aftercare must dovetail together the statement above relates to the referrals to adult services in respect of section 117 aftercare and does not prevent prior and ongoing planning for adulthood which is good practice:

- For young people with education, health, and care plans this **must** happen from year 9, as set out in the Children and Families Act 2014. For young people leaving care, this **must** happen from age 15-and-a-half.
- For young people with a child in need plan, an education, health and care plan or a care and support plan, local authorities **must** carry out a review, as set out in the Children Act 1989, the Children and Families Act 2014 and the Care Act 2014.

Legislation and the respective responsibilities of the ICB and LA and are different in CYP and adult services.

Referral to the appropriate adult service is an important step in preparing for the transition into adult services and should be made at the latest at age 17 years.

- The NICE quality standard QS140 Transition from CYP to adult services sets out some fundamental principles of assuring an effective transition, along with the NICE guidance for

transition (NG43) which is a separate and more comprehensive document both can be found at appendix L.

- Transition: moving on well sets out good practice for health professionals and their partners in transition planning for CYP with complex health needs or disabilities.
- A Quick Guide: Commissioning for transition to adult services for young people with Special Educational Needs and Disability (SEND) explains how all relevant services should work together with a young person to identify how they can best support that person to achieve their desired outcomes.

### **25.1 Section 117 aftercare Lead Professional and Transition to Adult services**

Transfers of responsibility from CYP to Adult services will be the responsibility of the identified section 117 aftercare Lead Professional in ensuring that transfer of care is agreed, and all relevant information is transferred in a timely manner in accordance with the organisations transitions/transfer policy, the section 117 aftercare Lead Professional will remain the Lead Professional until the role is formally transferred to a section 117 aftercare Lead Professional in the adult service.

The identification of CYP who may require a transition plan is through the urgent care meetings and managed through the Team around the child meetings which will include the respective adult services.

There is an awareness that some services will not accept referrals prior to age seventeen and a half years. It is in the best interest of each CYP to be assessed for transition on an individual basis, the identification at age seventeen years allows for time to arrange aftercare where needs may be complex and require additional time for assessment to implementation. This is a very small cohort of CYP with very differing needs, which requires sensitivity in planning when in transition.

### **25.2 Adult assessment and care planning tools for individuals transitioning into adult services**

The adult policy and the procedures and guidance and agreed assessment and care planning / review tools should be used when transitioning into adult services to determine what section 117 aftercare care services individuals aged 18 years or over should receive or identify that no ongoing aftercare service is required.

The assessment and care planning tools when transitioning into adult services are the joint agency assessment and joint agency care planning tools which can be located within the section 117 aftercare procedures and guidance document for each of the organisations.

### **25.3 Transition Principles for young people.**

- The ICB and LA should ensure that adult services are appropriately represented at all transition planning meetings to do with CYP whose needs suggest that there will be eligibility and may be entitlement. The needs of the CYP, and any future entitlement to adult section 117 aftercare should be clarified as early as possible in the transition planning process, especially if the CYP's needs are likely to remain at a similar level until adulthood.
- Children's services should identify those CYP for whom it is likely that adult services will be necessary (via the urgent care meetings) and ensure involvement from adult services the ICB and the Local Authority who will be responsible for them as adults. Identification should occur for the young person at the age of 17 or if older on admission.
- If admitted on or after their 17<sup>th</sup> birthday and are likely to require aftercare services, referral to the appropriate Local Authority and ICB for an adult assessment using the jointly agreed assessment and subsequent care planning tools for adult section 117 aftercare which should ensure effective packages of care can be commissioned in time for the CYP's 18th birthday. In

order to do this staff from adult services will need to be involved in both the assessment and care planning to ensure smooth transition to adult services. If needs are likely to change, it may be appropriate to make a provisional decision, and then to recheck it by repeating the process as adulthood approaches.

- Any entitlement that is identified by means of these processes before a CYP reaches adulthood will come into effect on their 18th birthday, subject to any change in their needs.
- Where a CYP has been assessed as being eligible for section 117 aftercare when they reach 18 years but lacks the mental capacity to decide about their future accommodation and support arrangements, a best interest's decision may need to be made about these issues. This process must be compliant with the 2005 Mental Capacity Act and follow local processes for ascertaining capacity and consent.
- If there is a difference of opinion between the responsible commissioner and the young person's family as to what arrangements would be in their best interests, resolution is achieved through engagement with parents in open and collaborative discussion.
- All parties with current or future responsibilities should be actively represented in the transition planning process.
- A dispute or lack of clarity over commissioner responsibilities must not result in a lack of appropriate input into the transition process.
- The focus should always be on the CYP's desired outcomes, and the support needed to achieve these and be compatible with the involvement with family.
- Where a CYP has a Education, Health and Care plan (EHC plan) for special educational needs in addition to section 117 aftercare needs this may continue up to age 25; the transitional period will provide an opportunity for aligning a review of that EHC plan, and the assessment/review for section 117 aftercare.
- A key aim is to ensure that a consistent package of support is provided during the period before and after the transition to adulthood.
- The nature of the package may change because the CYP's needs or circumstances change. However, it should not change simply because of the move from children to adult services or because of a change in the organisation with commissioning or funding responsibilities.
- There should be no gap in service provision based on age. Where service gaps are identified, these should be noted to the ICB and LA who should consider how to address these as part of their strategic commissioning responsibilities.
- The overriding principal behind an effective transition process is that it should be managed safely for the CYP and their family
- Individual needs and safeguarding requirements will be recognised and addressed.
- Every CYP who could transfer to adult services must have a transition plan.
- Transition planning must focus on providing flexible and continuous services tailored to meet THE CYP's individual needs. This should include consideration of any diversity issues for every CYP.
- Where change is necessary, it should be carried out in a planned manner, in full consultation with the CYP, bearing in mind the options available through personal health budgets and LA direct payments
- Relevant information about the CYP must be shared between CYP services and adult services before transfer.
- The CYP and their families/carers will be actively involved in planning for their transition and understand and agree the plans in place.
- Each transition will seek interventions for continuous improvement in the CYP's mental health and the prevention of deterioration and therefore reduce the need for hospital re-admission during the transition process.

- No services or funding should be unilaterally withdrawn unless a full joint health and social care assessment has been carried out and the entitlement to services ended or alternative funding arrangements have been put in place.

#### **25.4 Transition planning Adult Learning Disability services.**

For Lincolnshire learning disability service there is a partnership arrangement under Section 75 of the NHS Act 2016, the arrangement shall comprise “the delegation by NHS Lincolnshire ICB to Lincolnshire County Council of the NHS Functions in respect of those Lincolnshire individuals eligible for Mental Health Act section 117 aftercare, so that it may exercise the delegated NHS functions alongside the Council Functions and act as commissioner of the services, with a pooled budget and the NHS staffing resource employed by the County Council working within the County Councils Learning Disability Teams. The pooled budget enables the Local Authority to manage and maintain the staffing and funding arrangements on behalf of the NHS Integrated Care Board for those individuals transferring to adult learning disability services via the pooled budget. There is a single point of contact within Lincolnshire County Council for NHS and social care referrals for CYP Learning Disability individuals transitioning into adult learning disability services and includes those individuals eligible for section 117 aftercare.

There will occasionally be a CYP with a learning disability and section 117 aftercare responsibility who is the responsibility of Lincolnshire NHS Integrated Care Board but with a Local Authority other than Lincolnshire, in these cases the NHS commissioning will be the responsibility of the ICB’s Mental Health, Learning Disability, and Autism team, as these CYP are not part of the section 75 learning Disability agreement.

#### **25.5 Funding agreements on transfer to adult services**

When transitioning into adult services there is an agreement on the level of funding for each organisation currently the funding split is as follows:

##### **For Learning Disability and working age section 117 aftercare individuals**

For care packages of £1,500 and below the percentage split between the authorities is 65% Social Care and 35% Health Care.

For care packages over £1,500 the percentage split between the authorities is 65% health and 35% Social Care.

#### **26.0 Learning Disability and autistic people programme (LDA programme) (previously Transforming Care)**

The LDA programme relates to those CYP who have a learning disability, autistic people, or both and especially focuses on people with behaviour of concern, or a mental health condition.

In February 2015, NHS England publicly committed to a programme of closing inappropriate and outmoded inpatient facilities and establishing stronger support in the community.

NHS England rolled out a programme of Care, Education and Treatment Reviews (CETRs) of individuals to prevent unnecessary admissions and avoid lengthy stays in hospital.

#### **26.1 LDA programme, eligibility to section 117 aftercare and funding**

CYP in hospital on the LDA programme, Care, Education and Treatment Reviews pathway, and are detained on one of the eligible mental health act sections, will be eligible to section 117 aftercare upon discharge from the section.

The entitlement to services with funding will be agreed following assessment and care planning on a case-by-case basis.

## **26.2 Funding for individuals when discharged from hospital after their 18<sup>th</sup> Birthday**

For individuals on the LDA programme pathway should they become 18 years of age prior to discharge the first 3 months of any funded aftercare package is 100% funded by Health with a review at 3 months to ascertain the lead agency and the split of funding is implemented as noted above.

## **27.0 Joint Professional Resolution and Escalation Protocol in relation to Section 117 Aftercare**

The Joint professional resolution and escalation protocol document identifies the principals for resolving differences between professionals and agencies, these principals have been extracted from the Lincolnshire Safeguarding Adults Partnership, 'Joint Professional Resolution and Escalation Protocol October 2022'

Where there is the need for an escalation process this will be agreed via multi-agency and line management interventions in line with the principals at Appendix O.

Providers, commissioners, and other relevant organisations should work together to ensure that the quality of commissioning and provision of mental health care services are of high quality and are given equal priority to physical health and social care services.

Whilst all relevant services should work together to facilitate a timely, safe, and supportive discharge from detention, in order to facilitate section 117 aftercare, differences may arise. Any difference that arises with regards to section 117 aftercare, within the responsible organisations, are to follow the principals identified in the above document, using line management and multi-agency meetings escalation where necessary.

Where there is a difference regarding funding and/or commissioning the principals of the Joint Professional Resolution and Escalation Protocol will be followed, including the provision of 'without prejudice' funding by the authority with the primary duty of care at the time, pending resolution of the issue, and if neither is currently funding or prepared to fund, this should be on a 50/50 basis between the Local Authority and the Integrated Commissioning Board (ICB). This will avoid funding disputes detrimentally affecting an individual's care or causing undue delay in discharging the CYP from hospital. All relevant information should be provided to enable informed discussion towards a resolution.

### **27.1 Disputes between other Local Authorities and Integrated Care Boards.**

Where there is a difference between a Lincolnshire Local Authority and another Integrated Care Board, or vice versa the Joint Professional Resolution and Escalation Protocol process can be invoked, in agreement with both authorities, this can be the initial step in resolving the difference, prior to moving to the nationally agreed processes

as described below in paragraphs 21.6 for Integrated Care Boards and 21.7 for Local Authorities.

### **27.2 Funding arrangements where there are difference of opinion.**

Neither the ICB nor LCC should unilaterally withdraw from an existing funding arrangement without a joint re-assessment of the individual, and without first consulting one another and informing the individual about the proposed change of arrangement. Any proposed change should be put in writing to the individual by the organisation that is proposing to make such a change. If agreement cannot be reached on the proposed change, the Joint Professional Resolution and Escalation Protocol should be followed, and current funding arrangements should remain in place until resolution.

### **27.3 Dispute resolution process for ICBs within the NHS in England.**

Appendix 1 of the "who pays? Determining which NHS commissioner is responsible for commissioning healthcare services and making payments to providers (version 1.1 (draft) 14. June

2022) sets out principles which apply where there is disagreement about a responsible commissioner issue between ICBs, or between ICBs and an NHS England commissioning team, and describes the formal dispute resolution process to be followed where a disagreement cannot be resolved locally. A template for national arbitration can be found at appendix 3 if all local processes have been unable to resolve the dispute, this can be found at

<https://www.england.nhs.uk/publication/who-pays-determining-which-nhs-commissioner-is-responsible-for-commissioning-healthcare-services-and-making-payments-to-providers/>

This process applies only within the NHS in England. It does not apply to disputes involving an NHS commissioner and a local authority, nor does it apply to cross-border disputes within the UK. There is, however, a separate process for dispute resolution between NHS bodies in England and Wales set out in England / Wales Cross Border Healthcare Services: Statement of values and principles. A template for escalating for national arbitration after all local dispute processes have been exhausted without

#### **27.4 Disputes between Local Authorities.**

The dispute resolution for Local Authorities is laid out in the Care Act 2014 “statutory instruments 2014 No. 2829 The Care and Support (disputes between Local Authorities) regulations 2014.

#### **28.0 Complaints**

Where individuals express dissatisfaction with any aspect of their section 117 aftercare collaborate engagement is required to resolve the complaint in the first instance. If an individual remains dissatisfied and wishes to make a formal complaint this should be done in line with each partnership organisations complaints procedure. One collaborative response from the agencies involved will be made to the complaint through each organisations complaint department and delivered to complainant by the section 117 Lead Professional.

<b>Organisation</b>	<b>e-mail</b>
Lincolnshire County Council	<a href="mailto:CustomerRelationsTeam@lincolnshire.gov.uk">CustomerRelationsTeam@lincolnshire.gov.uk</a>
Lincolnshire Partnership Foundation Trust	<a href="mailto:PALS@lpft.nhs.uk">PALS@lpft.nhs.uk</a>
NHS Lincolnshire Integrated Care Board (ICB)	Informal advice: <a href="mailto:LHNT.LincsPALS@nhs.net">LHNT.LincsPALS@nhs.net</a> Formal Complaint: <a href="mailto:licb.feedbacklincolnshireicb@nhs.net">licb.feedbacklincolnshireicb@nhs.net</a>

#### **29.0 Training**

Each partnership organisation will provide appropriate and sufficient level of training for each of their employee groups in respect of section 117 aftercare.

### **Appendices A – P**

Please see links to the relevant Appendix in the table below: These are located within the [Resources and Forms Section of the Childrens Manual](#)

<b>Section 117 aftercare Joint Agency Procedures and Guidance for Children and young people's services.</b>	
<b>Appendices: A - P</b>	
<b>Appendix A - Information sharing agreement</b>	<a href="#">Appendix A - Information Sharing Agreement</a>
<b>Appendix B - Rethink fact sheet admission to hospital for treatment</b> Leaflet: Section 117 aftercare	<a href="#">Appendix B - Rethink Factsheet</a> <a href="#">Appendix B - Leaflet: S117 Aftercare</a>
<b>Appendix C - Child and family assessment and plan of care</b>	<a href="#">Appendix C - Child &amp; Family Assessment &amp; Plan of Care</a>
<b>Appendix D - Early help assessment for partner agencies</b>	<a href="#">Appendix D - Early Help Assessment for Partner Agencies</a>
<b>Appendix E - CYP Joint health section 117 aftercare health needs assessment</b>	<a href="#">Appendix E - CYP Joint Health S117 aftercare Health Needs Assessment</a>
<b>Appendix F - CYP joint health section 117 aftercare Care planning and review document.</b>	<a href="#">Appendix F - CYP Joint Health S117 aftercare Planning &amp; Review Document</a> <a href="#">Appendix F - CYP S117 aftercare Planning Guidance</a>
<b>Appendix G - Template letter for ending section 117 aftercare Entitlement(s)</b> Blank Guidance for completion	<a href="#">Appendix G - Template Letter for ending S117 aftercare Entitlement</a>  <a href="#">Appendix G - Ending S117 aftercare Entitlement, Guidance for Completion</a>
<b>Appendix H - Template Letter for Ending Section 117 aftercare Eligibility.</b> Blank template Guidance for completion	<a href="#">Appendix H - Template Letter for ending S117 Eligibility</a> <a href="#">Appendix H - Template Letter for ending S117 aftercare Eligibility, Guidance for Completion</a>
<b>Appendix I - Direct payments policy LCC</b>	<a href="#">Appendix I - Direct Payments Policy LCC</a>
<b>Appendix J - Personal health budgets policy ICB</b>	<a href="#">Appendix J - Personal Health Budgets Policy ICB</a>
<b>Appendix K - Terms of reference Out of Area Treatments Panel (OATs panel)</b>	<a href="#">Appendix K - TOR Out of Area Treatments Panel</a>
<b>Appendix L - NICE quality standard QS140 Transition from CYP to adult services</b>  NICE guidance for transition (NG43)	<a href="#">Appendix L - NICW QS140 Transition from CYP to Adult Services</a>  <a href="#">Appendix L - NICE Guidance for Transitions</a>
<b>Appendix M - Section 117 aftercare Easy read</b>	<a href="#">Appendix M - S117 Aftercare Easy read</a>
<b>Appendix N - Summary of process towards discharge.</b>	<a href="#">Appendix N - Summary of Process towards discharge</a>

<p><b>Appendix O</b> – Extract of principals taken from the Lincolnshire Safeguarding Adults Board, Lincolnshire Safeguarding Children Board and The Safer Lincolnshire Partnership taken from the 'Joint Professional Resolution and Escalation Protocol October 2022'</p>	<p><a href="#">Appendix O - LASB Principles 'Joint Resolution &amp; Escalation Protocol'</a></p>
<p><b>Appendix P - CYP Joint health Agency Section 117 aftercare policy</b></p>	<p><a href="#">Appendix P - CYP Joint Health Agency S117 aftercare Policy</a></p>