



# **Isle of Wight NHS Trust / Isle of Wight Council**

## **Adult Social Care**

### **SECTION 117 - MENTAL HEALTH ACT 1983 AFTER-CARE POLICY**

**March 2015**

**DOCUMENT HISTORY**

(Procedural document version numbering convention will follow the following format. Whole numbers for approved versions, e.g. 1.0, 2.0, 3.0 etc. With decimals being used to represent the current working draft version, e.g. 1.1, 1.2, 1.3, 1.4 etc. For example, when writing a procedural document for the first time – the initial draft will be version 0.1)

<b>Date of Issue</b>	<b>Version No.</b>	<b>Next Review Date</b>	<b>Date Approved</b>	<b>Director Responsible for Change</b>	<b>Nature of Change</b>
20/11/13	0.1		17/12/13	Community Health Clinical Director	New Policy - Ratified at MH&LD Clinical Quality, Risk and Patient Safety Committee
18/12/13	0.2		03/01/14	Community Health Clinical Director	Ratified at Clinical Standards Group
03/01/13	0.2	Jan 2017	21/01/14	Community Health Clinical Director	Approved at Policy Management Group
24/02/15	1.3	Jan 2018	17/03/2015	Community Health Clinical Director	New statutory definition of 'after-care' and application of 'ordinary residence'; revised Code of Practice

NB This policy relates to the Isle of Wight NHS Trust hereafter referred to as the Trust.

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## **1. EXECUTIVE SUMMARY**

Section 117 of the Mental Health Act places a joint duty on health and social care to provide support to patients who are discharged from longer term detention under the Mental Health Act, to reduce the risk of their readmission to hospital.

This After-care Policy – Section 117 of the Mental Health Act provides guidance to staff in both the Isle of Wight NHS Trust and the Isle of Wight Council on the discharge of this duty, including clarification of their responsibilities, the range of services to be provided, monitoring and review and when the duty may come to an end.

## 2. INTRODUCTION

The Mental Health Act places a duty on health and social services authorities to provide after-care services on discharge for certain patients who have been detained under the Act. This duty is a free-standing duty, which is not subject to the rules that govern other legislation, such as the National Assistance Act 1948 or NHS and Community Care Act 1990.

After-care services are defined as services which:

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

Health and social care authorities should have a jointly agreed policy on discharging their duties under section 117.

## 3. SCOPE

This policy applies to all patients entitled to after-care services under section 117 of the Mental Health Act 1983 and the staff providing services for them. The patients concerned are all those who are or have been detained under sections 3, 37, 45A, 47 or 48 of the Act, including those who remain in hospital informally following a period of detention under the above sections and those who are on leave from hospital under section 17.

## 4. PURPOSE

This Policy provides a framework for the discharge of the responsibilities of health and social care to provide after-care for entitled patients. Appendix A provides a form to be added to the care record for formal recording of a joint agreement to provide after-care and for transfer and discharge arrangements. Appendix B provides further guidance on interpretation and application of the policy.

## 5. ROLES AND RESPONSIBILITIES

The Trust and the Local Authority are committed to delivering effective public protection and safeguarding arrangements. Where a safeguarding issue is identified, procedures on the following link will be followed:

<http://wightnet.iow.gov.uk/documentlibrary/view/safeguarding-adults-multi-agency-policy-procedure-guidance>

### 5.1 Clinical Commissioning Group and Isle of Wight Council

- The Isle of Wight Clinical Commissioning Group and Isle of Wight Council have a joint duty to provide after-care services for any qualifying patient until he/she no longer needs them.

### 5.2 In-patient staff:

- identify eligible patients
- refer eligible patients to Community Mental Health Services
- arrange timely discharge planning meeting

### 5.3 Community Service Leads/Group Managers:

- allocate appropriate professional as care coordinator
- agree after-care arrangements on behalf of the agency

#### **5.4 Care Coordinator/care manager**

- assess after-care needs
- arrange appropriate after-care plan
- liaise with other agencies to support after-care plan

#### **5.5 Mental Health Act Administrator**

- ensure eligible patients are identified and recorded on electronic information systems

### **6. POLICY DETAIL / COURSE OF ACTION**

#### **6.1 Identification of eligible patients**

The electronic patient record will include a process for recording and tracking entitlement to after-care services under section 117. After accepting the application for the admission of an eligible patient, the MHA Administrator will ensure that the patient's entitlement to after-care is recorded on the patient record. Whilst the NHS and the Local Authority are using separate record systems the MHA Administrator will notify the identified officer in the Local Authority of eligible patients on discharge from detention.

#### **6.2 After-care Planning**

Planning for the discharge of eligible patients should start as soon as the patient is admitted. Patient's who do not have a care coordinator should be referred to Community Mental Health Services on admission. All patients discharged with entitlement to after-care must have a named care coordinator.

A care coordinator must be allocated as soon as possible and before discharge in all cases. The care coordinator will assess the patient's needs in conjunction with other agencies as appropriate and prepare an after-care plan to meet the patient's needs on discharge. All patients must be involved in planning for their after-care.

The care coordinator can be either a healthcare or a social care professional, depending on the patient's main needs. In some cases the involvement of both health and social care will be necessary, at least for a short period after discharge. Where only one professional will be involved, the after-care plan must be agreed by a senior practitioner (must be a qualified mental health practitioner) for the other agency.

The care coordinator will prepare the "Checklist for the After-care under section 117" (Appendix A) to confirm the agreement of health and social care to the after-care plan. This form must be signed by both health and social care and a copy must be kept on the patient's record.

#### **6.3 Charging for After-care Services**

The local authority cannot charge for any of the services provided under section 117. During assessment and care planning the care co-ordinator must consider if the need for any service to be provided arises from their mental health needs. It may be appropriate to charge for services that are not designed to meet mental health after-care needs. This must be discussed with the team leader and agreed by a service manager and the reason for the decision recorded on the care plan.

#### **6.4 Patients subject to Supervised Community Treatment**

Patients who are subject to Supervised Community Treatment are some of the most vulnerable patients who present high levels of risk to themselves, their health or others. Particular attention must be given to planning the after-care needs of these patients and they must be supported to participate in care planning, to minimise the risk of recall and revocation of the Community Treatment Order.

Patients subject to SCT will generally require the involvement of professionals from both health and social care, although the care coordinator will take the lead on behalf of their agency.

### **6.5 Review of After-care**

The care co-ordinator will arrange a review of the CPA within the first 3 months and thereafter at intervals of ideally 6 months, no longer than 12 months. Each review must include consultation between Health and Social Services and make an explicit and clearly documented decision on whether the person continues to need after-care.

### **6.6 Discharge from Section 117**

A decision to discharge the person from S 117 after-care must only be taken at a multi-disciplinary review involving at least the patient, the care co-ordinator and a representative for both health and social care. Any carer or relative must also be consulted. Although the care team can decide to discharge the person from section 117 even if he/she or their carer disagrees, all attempts must be made to reach an agreement.

Discharge from S 117 is indicated when the service user has experienced a significantly improved level of functioning for a sustained period of time, requires only minimal support and there are no perceived risks of relapse or readmission to hospital. Whilst there is no formal agreement for the delegation of functions between health and social care (section 75 agreement), the ending of duties under section 117 must be agreed and signed for (section 6 of the "Checklist for after-care under section 117" (appendix A)) by both healthcare and social care. The patient should also be asked to sign their agreement if appropriate. A copy of the checklist must be forwarded to the MHA administrator to update the patients' record. The MHA Administrator will notify the identified officer in the Local Authority of discharge from after-care.

Where a patient disengages from services or wishes to discharge him/herself from after-care, a multi-disciplinary care review must be arranged and a risk assessment undertaken.

- If this risk assessment identifies medium or high risks to the patient, his/her health or to others if he/she does not continue to receive after-care, then he/she will not be discharged from after-care. The need for further action under the Mental Health Act must be considered.
- If the risks of disengagement are agreed by all to be low, then the person may be discharged.

Patients subject to Supervised Community Treatment, Guardianship (who have previously been detained under one of the trigger sections) or Conditional Discharge from section 37/41 cannot be discharged from S 117 entitlement until the respective order is discharged.

### **6.7 Transfer to another Area**

The "responsible authorities" under S117 are those authorities in the area where the person was ordinarily resident at the time of detention and they retain responsibility until the person no longer needs after-care or another authority accepts the responsibility to provide services. This should normally happen when the person becomes ordinarily resident and registers with a GP in another area (HSC 2000/003 and LAC (2000)3).

Where a person receiving after-care under section 117 moves to another area, contact must be made with the local authority and healthcare services in that area, to facilitate transfer of the

responsibility to those authorities. Appropriate information, including care records, must be sent to the new authorities and transfer of after-care documents completed. It is the responsibility of the care co-ordinator to ensure this happens.

Persons in receipt of section 117 after-care who move to the Isle of Wight must be treated as a priority for allocation of a care co-ordinator and every effort must be made to ensure that appropriate information is received and arrangements made to meet their needs.

Where a patient is to be discharged from hospital to another area, the “responsible authorities” are those in the area where the patient was ordinarily resident prior to being detained in hospital (HSC 2000/003 and LAC (2000)3). If a patient entitled to after-care under 117 is to be discharged to an area outside the Isle of Wight, he/she will remain the responsibility of the authorities on the Isle of Wight, until the authorities in that area accept responsibility. The care co-ordinator may need to arrange and purchase services in the area the patient is being discharged to. They must inform the relevant authorities in that area of the arrangements for after-care of the patient and attempt to negotiate transfer to that authority.

Once a transfer of after-care has been agreed with the new authorities the “Checklist for after-care under section 117” (appendix A) section 5 should be completed and sent to the new authorities, asking for a signed copy to be returned for our records. A copy of the checklist must be forwarded to the MHA administrator to update the patients’ record. The MHA Administrator will notify the identified officer in the Local Authority of discharge from after-care.

## **7. CONSULTATION**

This policy is a revision of a working draft that has been in place for a number of years without formal approval. Prior to presenting for formal approval it has been circulated to service and team leaders in all areas of NHS mental health services and within Local Authority adult social care services. No dissenting views have been received.

## **8. TRAINING**

This Policy on After-care has a mandatory training requirement for all qualified nurses, Occupational Therapists and Doctors in mental health services. Training will be provided via the annual mandatory training for mental health staff.

## **9. DISSEMINATION**

- 9.1 When approved this document will be available on the Intranet and will be subject to document control procedures. Approved documents will be placed on the Intranet within 5 working days of date of approval once received by the Risk Management Team.
- 9.2 When submitted to the Risk Management Team for inclusion on the Intranet this document will have fully completed document details including version control with the actual hard copy signed by the relevant Lead Director. Keywords and description for the Intranet search engine will be supplied by the author at the time of submission.
- 9.3 Notification of new and revised documentation will be issued on the Front page of the Intranet, through e-bulletin, and on staff notice boards where appropriate. Any controlled documents noted at the Trust Executive Committee will be notified through the e-bulletin.

- 9.4 Staff using the Trust's intranet can access all procedural documents. It is the responsibility of managers to ensure that all staff are aware of where, and how, documents can be accessed within their areas of work.
- 9.5 It is the responsibility of each individual who prints a hard copy of any document to ensure that the printed hardcopy is the current version. Current versions are maintained on the Intranet.

## **10 EQUALITY ANALYSIS**

This procedure has undergone an equality analysis please refer to Appendix E.

## **11. REVIEW AND REVISION ARRANGEMENTS**

This policy will be reviewed every three years by the Lead for Mental Health Act / Mental Capacity Act.

## **12. MONITORING COMPLIANCE AND EFFECTIVENESS**

An annual audit of compliance with this policy will be undertaken and monitored by the Mental Health Quality and Risk Group.

## **13. LINKS TO OTHER ORGANISATION POLICIES/DOCUMENTS**

- Care Programme Approach (CPA) & Standard Care Policy
- Supervised Community Treatment Policy
- Care Management Guidelines for Adult Social Care
- Mental Capacity Act 2005 Guidance For Staff In Health And Social Care

## **14. REFERENCES**

- Mental Health Act 1983 as amended by the MHA 2007
- Code of Practice to the Mental Health Act (2105)
- Care Act 2014
- Mental Capacity Act 2005
- Code of Practice to the Mental Capacity Act

## **15. DISCLAIMER**

It is the responsibility of all staff to check the Trust intranet to ensure that the most recent version/issue of this document is being referenced

### Checklist for After-Care under Section 117

This form must be completed by the Care Co-ordinator Before the patient is discharged from hospital. Must be kept on the patient's Medical Record (P-notes) and the Care Co-ordinator's Patient file.

Checklist record  
Is this the first checklist?

yes  no

If no, please give number

#### 1 About the patient

a) the full name of the patient is

c) the patient lives at

--	--

#### 2 After-care plan

a) An after-care plan was agreed for the patient on

give date

b) Patient agrees with after-care plan

yes  no

c) Patient signature

Print name

---



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#### 3 Certificate of agreement to after-care

Signed

Print name

On behalf of the Health Authority

Title

Signed

Print name

On behalf of the Local Authority

Title

#### 4 Transfer of responsibility for patient's after-care

This section must be completed if the patient is to be moved to the care of another health or local authority. **Once this section is completed copies of this form must be sent to those involved in the patient's after-care and who have a need to know.**

If the information in paragraphs 1-6 has changed, you **must complete a new checklist**. It should be sent, with this checklist (or any previous one) numbered, to show which is the later version (in box on front page).

**Responsibility** for the patient's after-care **remains with** the current health and local authorities **until** the new authorities have **signed** the certificate of agreement.

Responsibility for the patient's after-care transferred: on

Date

from

Health Authority to

Health Authority

from

Local Authority to

Local Authority

## 5 Certificate of agreement to after-care

Signed \_\_\_\_\_ Print name \_\_\_\_\_

On behalf of the current Health Authority \_\_\_\_\_ Title \_\_\_\_\_

Signed \_\_\_\_\_ Print name \_\_\_\_\_

On behalf of the current Local Authority \_\_\_\_\_ Title \_\_\_\_\_

Signed \_\_\_\_\_ Print name \_\_\_\_\_

On behalf of the new Health Authority \_\_\_\_\_ Title \_\_\_\_\_

Signed \_\_\_\_\_ Print name \_\_\_\_\_

On behalf of the new Local Authority \_\_\_\_\_ Title \_\_\_\_\_

A copy of this form with parts 1 - 5 completed was sent:

Give date

## 6 Discharge from after-care

This section **must** be completed when the patient is discharged from after-care  
**Once this section is completed copies of this form must be sent to everyone involved in the patient's after-care.**

### Certificate of agreement to discharge from after-care

The patient was discharged from after-care on \_\_\_\_\_  
because (*give reasons*)

Signed \_\_\_\_\_ Print name \_\_\_\_\_

On behalf of the Health Authority \_\_\_\_\_ Title \_\_\_\_\_

Signed \_\_\_\_\_ Print Name \_\_\_\_\_

On behalf of the Local Authority \_\_\_\_\_ Title \_\_\_\_\_

Patient signature \_\_\_\_\_ Print Name \_\_\_\_\_

A copy of this form was sent:

Give date

## Further Guidance on the Interpretation of Section 117

### BACKGROUND

S117 of the Mental Health Act is a free-standing duty to provide after-care services to particular patients detained under the Act and is not subject to the rules that apply to services provided under the National Assistance and NHS and Community Care Acts, such as Fair Access to Care Services (FACS). Entitlement to after-care acts as a passport to services and does not require further assessment of eligibility. Services provided under section 117 duty must be provided without charge, hence it is essential that entitlement and applicable services are accurately identified and reviewed and that a decision is made to end entitlement when appropriate.

For more detailed guidance refer to Chapters 33 and 34 of the Code of Practice to the Mental Health Act (DH 2015).

### CARE PLANNING

The purpose of after-care is to enable a patient to return to their home or accommodation other than a hospital or nursing home and to minimise the chance of a need for future in-patient care.

This section gives considerable discretion to health and local authorities as to the nature of the services that can be provided. The Care Act 2014 has amended section 117 of the MHA, which now defines after-care as services which

1. meet a need arising from or related to the person's mental disorder, and
2. reduce the risk of a deterioration of the person's mental condition (and, accordingly, reduce the risk of the person requiring admission to a hospital again for treatment for mental disorder).

*'Arising from or related to'* would seem to draw a very broad scope for after-care services, but the association with the second requirement, to *'reduce the risk of the person requiring admission to hospital again'* suggests that services must be directly related or consequential to the admission, as stated by Mostyn J in the case of *R (Afework) v LB of Camden* [2013] EWHC 1637, which stated that services must be *consequential to the detention and relate to the reason for detention*, as well as being *on an involuntary basis*.

The Code of Practice to the Mental Health Act, revised in 2015, supports the wider scope, before again emphasising the link with prevention of readmission (paragraph 33.4):

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

The scope of after-care services is not further defined, but would normally include "social work, support in helping the ex patient with problems of employment, accommodation or family relationships, the provision of domiciliary services and the use of day centre and residential facilities" (*Clunis V Camden and Islington Health Authority* (1998). 'Ordinary accommodation' (as opposed to 'specialist accommodation such as residential care) would not normally be included, although assistance in accessing and keeping appropriate accommodation would be (*R (Mwanza) v Greenwich L.B.C.* [2010] EWHC 1462).

The Code of Practice to the MHA lists the following needs for consideration in care planning (34.19):

- Continuing mental health care, whether in the community or on an out patients basis;
- The psychological needs of the patient and where appropriate, of their family and carers;
- Physical healthcare;
- Daytime activities and employment;
- Appropriate accommodation;
- Identified risks and safety issues;
- Any specific needs arising from, for example co-existing physical disability, sensory impairment, learning disability or autistic spectrum disorder;
- Any specific needs arising from drug, alcohol or substance misuse;
- Any parental or caring needs;
- Social, cultural and spiritual needs;
- Counselling and personal support;
- Assistance with welfare rights and managing finances etc;
- The involvement of other agencies and authorities from different areas, if the patient is not going to live locally;
- Involvement of other agencies and authorities for example Probation services or voluntary organisations;
- For restricted patients, the conditions which the secretary of State for justice or the Tribunal has imposed or are likely to impose on their conditional discharge; and
- Contingency plans (should the patients mental health deteriorate) and crisis contact details.

The Responsible Clinician should ensure that the patient's needs for after-care have been fully assessed and discussed with the patient and his/her carers (if appropriate) before deciding to discharge the patient from hospital, so that a care plan to meet the patient's ongoing health and social care needs can be prepared (Code of Practice 33.13).

The care plan for patients entitled to after-care must be prepared in close partnership with the patient (CoP 34.10) and will normally be under CPA (CoP 34.8).

This discussion will usually be a multi professional case conference in the hospital and should involve CoP 34.12):

- The patients Responsible Clinician;
- Nurse and other professionals involved in the hospital care of the patient;
- Social Worker and/or Community Psychiatric Nurse and/or other members of Community Mental health Services;
- The patient's relative or nominated representative and/or IMHA (subject to the patient's wishes);
- The GP or primary care team;
- The patient's IMHA or IMCA, as appropriate;
- A representative from other relevant agencies, such as housing, probation, MAPPA, voluntary organisation etc.

The relevant professionals should be made available to attend and be able to take decisions regarding their own and their agencies involvement. If approval needs to be gained at a more senior level (ie for funding) this must not cause a delay to the implementation of the plans (CoP 34.22)

The care plan should set out the practicalities of how the patient will receive treatment, care and support, be recorded in writing and a copy given to the patient (CoP 34.13 & 34. 14).

## CHARGES FOR AFTER-CARE SERVICES

S117 places the same duty on both local authorities and health authorities and raises the practical question of who should pay. S117 is a joint duty, regardless of which side of the health/social services divide a patient falls at a specific time, thus enabling cross funding of community care. Section 117 imposes a duty on both authorities to exercise their respective powers – not to require one to exercise the powers of the other. (R v Richmond exp. Watson – Court of Appeal July 2000).

The High Court confirmed that charges may not be made for after-care services including accommodation under S117 (R v Manchester City Council Ex p. Stennett [2002] UKHL 34). However there will be cases when all services will not automatically have to be provided for under S117 and each case will have to be judged individually. For example housing benefit is available for accommodation independently of S117. Or a stair lift or bath aid may be required totally unrelated to a person's mental health needs.

Following the amendment of section 117 by the Care Act 2014, services will fall within the meaning of after-care if they are consequential to the detention in hospital and relate to the reason for detention in hospital.

## ORDINARY RESIDENCE

There is no statutory definition of "ordinary residence", therefore, the term should be given its ordinary and natural meaning, subject to any interpretation by the courts. The courts have considered the meaning of "ordinary residence" and the leading case is that of Shah v London Borough of Barnet (1983) 1 All ER 226. In this case, Lord Scarman stated 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.'*

Ordinary residence can be acquired as soon as a 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.

For people who lack capacity to make decisions about their accommodation, ordinary residence must be determined in accordance with one of the alternative tests set out in R v Waltham Forest London Borough Council, ex Parte Vale (1985).

1. In the Vale case, Taylor J held that a young person with severe learning disabilities was ordinarily resident at her parents' house where she was temporarily living at the time. He stated that she was in the same position as a small child who was unable to choose where to live.
2. However, the approach set out in test one of Vale may not always be appropriate and should be used with caution: its relevance will vary according to the ability of the person to make their own choices and the extent to which they rely on their parents or carers.

For people who have become ordinarily resident in an area and then lost capacity, or younger people who have either lived independently of their parents prior to losing capacity or have limited contact with them, the alternative approach set out in Vale should be used:

All the facts of the person's case should be considered, including physical presence in a particular place and the nature and purpose of that presence as outlined in Shah, but without requiring the person themselves to have adopted the residence voluntarily.

## **DISCHARGE FROM S117**

After-care must continue until such time as both the health and local authority are satisfied the individual is no longer in need of such services.

All cases must be examined individually. Discharge should be considered when the patient has experienced a significantly improved level of mental health for a sustained period and the risk of relapse or re-admission to hospital is agreed to be low. When this can be said to have occurred, will depend on the individual history of the patient, the nature of the diagnosis, the overall duration and severity of the disorder, the frequency and duration of any relapses and admissions, the time since the last episode and the availability of other supports.

After-care provision under S117 does not have to continue indefinitely. It is the responsibility of Health and Social Services authorities to decide in each individual case whether after-care under S117 should end taking into account the patient's needs at the time. The authority responsible for providing the particular services should take the lead in deciding when those services are no longer required. The patient and their carer and other agencies must be consulted (LAC 2000 (3)).

There may be cases where after a period of after-care the person makes a full recovery and is no longer in need of services for their mental illness or still requires services for other needs – for example a physical disability. In such cases it may be possible to end the S117 after-care.

**However there will many situations where the person is suffering from an enduring mental illness such as dementia where it is difficult to see how in practice discharge from S117 could occur.**

## CHECKLIST FOR THE DEVELOPMENT AND APPROVAL OF CONTROLLED DOCUMENTATION

To be completed and attached to any document when submitted to the appropriate committee for consideration and approval.

Title of document being reviewed:		Y/N/ Unsure	Comments
<b>1.</b>	<b>Title/Cover</b>		
	Is the title clear and unambiguous?		
	Does the title make it clear whether the controlled document is a guideline, policy, protocol or standard?		
<b>2.</b>	<b>Document Details and History</b>		
	Have all sections of the document detail/history been completed?		
<b>3.</b>	<b>Development Process</b>		
	Is the development method described in brief?		
	Are people involved in the development identified?		
	Do you feel a reasonable attempt has been made to ensure relevant expertise has been used?		
<b>4.</b>	<b>Review and Revision Arrangements Including Version Control</b>		
	Is the review date identified?		
	Is the frequency of review identified? If so, is it acceptable?		
	Are details of how the review will take place identified?		
	Does the document identify where it will be held and how version control will be addressed?		
<b>5.</b>	<b>Approval</b>		
	Does the document identify which committee/group will approve it?		
	If appropriate have the joint Human Resources/staff side committee (or equivalent) approved the document?		
<b>6.</b>	<b>Consultation</b>		
	Do you have evidence of who has been consulted?		
<b>7.</b>	<b>Table of Contents</b>		
	Has the table of contents been completed and checked?		
<b>8.</b>	<b>Summary Points</b>		
	Have the summary points of the document been included?		
<b>9.</b>	<b>Definition</b>		
	Is it clear whether the controlled document is a guideline, policy, protocol or standard?		
<b>10.</b>	<b>Relevance</b>		
	Has the audience been identified and clearly stated?		
<b>11.</b>	<b>Purpose</b>		
	Are the reasons for the development of the document stated?		
<b>12.</b>	<b>Roles and Responsibilities</b>		
	Are the roles and responsibilities clearly identified?		
<b>13.</b>	<b>Content</b>		
	Is the objective of the document clear?		

Title of document being reviewed:		Y/N/ Unsure	Comments
	Is the target population clear and unambiguous?		
	Are the intended outcomes described?		
	Are the statements clear and unambiguous?		
<b>14.</b>	<b>Training</b>		
	Have training needs been identified and documented?		
<b>15.</b>	<b>Dissemination and Implementation</b>		
	Is there an outline/plan to identify how this will be done?		
	Does the plan include the necessary training/support to ensure compliance?		
<b>16.</b>	<b>Process to Monitor Compliance and Effectiveness</b>		
	Are there measurable standards or Key Performance Indicators (KPIs) to support the monitoring of compliance with and effectiveness of the document?		
	Is there a plan to review or audit compliance within the document?		
	Is it clear who will see the results of the audit and where the action plan will be monitored?		
<b>17.</b>	<b>Associated Documents</b>		
	Have all associated documents to the document been listed?		
<b>18.</b>	<b>References</b>		
	Have all references that support the document been listed in full?		
<b>19.</b>	<b>Glossary</b>		
	Has the need for a glossary been identified and included within the document?		
<b>20.</b>	<b>Equality Analysis</b>		
	Has an Equality Analysis been completed and included with the document?		
<b>21.</b>	<b>Archiving</b>		
	Have archiving arrangements for superseded documents been addressed?		
	Has the process for retrieving archived versions of the document been identified and included within?		
<b>22.</b>	<b>Format and Style</b>		
	Does the document follow the correct style and format of the Document Control Procedure?		
<b>23.</b>	<b>Overall Responsibility for the Document</b>		
	Is it clear who will be responsible for co-ordinating the dissemination, implementation and review of the documentation?		
<b>Committee Approval</b>			
If the committee is happy to approve this document, please sign and date it and forward copies for inclusion on the Intranet.			
Name of Committee		Date	
Print Name		Signature of Chair	

**IMPACT ASSESSMENT ON DOCUMENT IMPLEMENTATION**

Summary of Impact Assessment (see next page for details)

<b>Document title</b>	<b>After-Care Policy – Section 117 Mental Health Act</b>		
<b>Totals</b>	<b>WTE</b>	<b>Recurring £</b>	<b>Non Recurring £</b>
<b>Manpower Costs</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Training Staff</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Equipment &amp; Provision of resources</b>	<b>0</b>	<b>0</b>	<b>0</b>

**Summary of Impact:**

This is a revised policy that has been in place for a number of years and continues existing practice.

**Risk Management Issues:**

The main risk issue is that after-care entitlement is not properly tracked, reviewed and discharged. In conjunction with this policy electronic record systems are being developed to support adherence to the policy.

**Benefits / Savings to the organisation:**

- Improved patient care.
- Effective discharge of statutory duties under section 117 of the Mental Health Act.
- Effective joint working with partner agencies in the discharge of joint duties.

**Equality Impact Assessment**

- |  |     |
|--|-----|
| ▪ Has this been appropriately carried out? | YES |
| ▪ Are there any reported equality issues?  | NO  |

If "YES" please specify:

**Use additional sheets if necessary.**

## IMPACT ASSESSMENT ON POLICY IMPLEMENTATION

Please include all associated costs where an impact on implementing this policy has been considered. A checklist is included for guidance but is not comprehensive so please ensure you have thought through the impact on staffing, training and equipment carefully and that ALL aspects are covered.

<b>Manpower</b>	<b>WTE</b>	<b>Recurring £</b>	<b>Non-Recurring £</b>
<b><i>Operational running costs</i></b>			
Additional staffing required - by affected areas / departments:			
<b>Totals:</b>	0	0	0

<b>Staff Training Impact</b>	<b>Recurring £</b>	<b>Non-Recurring £</b>
Affected areas / departments		
e.g. 10 staff for 2 days		
<b>Totals:</b>	0	0

<b>Equipment and Provision of Resources</b>	<b>Recurring £ *</b>	<b>Non-Recurring £ *</b>
<b><i>Accommodation / facilities needed</i></b>		
Building alterations (extensions/new)		
IT Hardware / software / licences		
Medical equipment		
Stationery / publicity		
Travel costs		
Utilities e.g. telephones		
Process change		
Rolling replacement of equipment		
Equipment maintenance		
Marketing – booklets/posters/handouts, etc		
<b>Totals:</b>	0	0

- Capital implications £5,000 with life expectancy of more than one year.

Funding /costs checked & agreed by finance:	
Signature & date of financial accountant:	
Funding / costs have been agreed and are in place:	
Signature of appropriate Executive or Associate Director:	

## **IMPACT ASSESSMENT ON DOCUMENT IMPLEMENTATION - CHECKLIST**

### **Points to consider**

#### **Have you considered the following areas / departments?**

- Have you spoken to finance / accountant for costing?
- Where will the funding come from to implement the policy?
- Are all service areas included?
  - Ambulance
  - Acute
  - Mental Health
  - Community Services, e.g. allied health professionals
  - Public Health, Commissioning, Primary Care (general practice, dentistry, optometry), other partner services, e.g. Council, PBC Forum, etc.

#### **Departments / Facilities / Staffing**

- Transport
- Estates
  - Building costs, Water, Telephones, Gas, Electricity, Lighting, Heating, Drainage, Building alterations e.g. disabled access, toilets etc
- Portering
- Health Records (clinical records)
- Caretakers
- Ward areas
- Pathology
- Pharmacy
- Infection Control
- Domestic Services
- Radiology
- A&E
- Risk Management Team are responsible to ensure the policy meets the organisation approved format
- Human Resources
- IT Support
- Finance
- Rolling programme of equipment
- Health & safety/fire
- Training materials costs
- Impact upon capacity/activity/performance

## Equality Analysis and Action Plan

*This template should be used when assessing services, functions, policies, procedures, practices, projects and strategic documents*

### Step 1. Identify who is responsible for the equality analysis.

<b>Name: Stephen Ward</b>
<b>Role: MHA/MCA Lead</b>
Other people or agencies who will be involved in undertaking the equality analysis:

### Step 2. Establishing relevance to equality

Protected Groups	Relevance		
	Staff	Service Users	Wider Community
Age			
Gender Reassignment			
Race			
Sex and Sexual Orientation			
Religion or belief			
Disability		X	
Marriage and Civil Partnerships			
Human Rights			
Pregnancy and Maternity			

Show how this document or service change meets the aims of the Equality Act 2010?

Equality Act – General Duty	Relevance to Equality Act General Duties
Eliminates unlawful discrimination, harassment, victimization and any other conduct prohibited by the Act.	This policy applies equally to all patients entitled to after-care.
Advance equality of opportunity between people who share a protected characteristic and people who do not share it	The overall aim of this policy is to promote the recovery and rehabilitation of patients with severe mental disorders.
Foster good relations between people who share a protected characteristic and people who do not share it.	The overall aim of this policy is to promote the recovery and rehabilitation of patients with severe mental disorders.

### Step 3. Scope your equality analysis

	Scope
What is the purpose of this document or service change?	To update an existing policy and to ensure effective discharge of statutory duties.
Who will benefits?	Patients with severe mental disorders and staff providing services.
What are the expected outcomes?	Better patient care. Compliance with statutory duties and good practice guidance.
Why do we need this document or do we need to change the service?	To support staff in the discharge of their duties

It is important that appropriate and relevant information is used about the different protected groups that will be affected by this document or service change. Information from your service users is in the majority of cases, the most valuable.

Information sources are likely to vary depending on the nature of the document or service change. Listed below are some suggested sources of information that could be helpful:

- Results from the most recent service user or staff surveys.
- Regional or national surveys
- Analysis of complaints or enquiries
- Recommendations from an audit or inspection
- Local census data
- Information from protected groups or agencies.
- Information from engagement events.

### Step 4. Analyse your information.

As yourself two simple questions:

- What will happen, or not happen, if we do things this way?
- What would happen in relation to equality and good relations?

In identifying whether a proposed document or service changes discriminates unlawfully, consider the scope of discrimination set out in the Equality Act 2010, as well as direct and indirect discrimination, harassment, victimization and failure to make a reasonable adjustment.

### Findings of your analysis

	Description	Justification of your analysis
No major change	Your analysis demonstrates that the proposal is robust and the evidence shows no potential for discrimination.	This is an update of an existing policy, which promotes the rights of a protected group.
Adjust your document or service change proposals	This involves taking steps to remove barriers or to better advance equality outcomes. This might include introducing measures to mitigate the potential effect.	

Continue to implement the document or service change	Despite any adverse effect or missed opportunity to advance equality, provided you can satisfy yourself it does not unlawfully discriminate.	
Stop and review	Adverse effects that cannot be justified or mitigated against, you should consider stopping the proposal. You must stop and review if unlawful discrimination is identified	

## 5. Next steps.

### 5.1 Monitoring and Review.

Equality analysis is an ongoing process that does not end once the document has been published or the service change has been implemented.

This does not mean repeating the equality analysis, but using the experience gained through implementation to check the findings and to make any necessary adjustments.

Consider:

How will you measure the effectiveness of this change	File audit
When will the document or service change be reviewed?	Every 3 years
Who will be responsible for monitoring and review?	MHA/MCA Lead
What information will you need for monitoring?	Information on compliance from file audits. Feedback from staff and service users.
How will you engage with stakeholders, staff and service users	

### 5.2 Approval and publication

The Trust Executive Committee / Policy Management Group will be responsible for ensuring that all documents submitted for approval will have completed an equality analysis.

Under the specific duties of the Act, equality information published by the organisation should include evidence that equality analyses are being undertaken. These will be published on the organisations "Equality, Diversity and Inclusion" website.

### Useful links:

#### Equality and Human Rights Commission

<http://www.equalityhumanrights.com/advice-and-guidance/new-equality-act-guidance/equality-act-guidance-downloads/>