NHS
Nottingham and Nottinghamshire
Integrated Care Board

Section 117 After Care Policy

July 2022 - July 2025

CONTROL RECORD				
Reference Number COM-007	**Version** 1.0	**Status** Final	**Author** Head of Continuing Care	
			Sponsor Director of Nursing	
			Team Continuing Healthcare	
Title	Section 117 After Care Policy			
Amendments	None			
Purpose	To ensure after care services are provided to individuals who have been detained under certain sections of the Mental Health act 1983.			
Superseded Documents	This is a new policy taken from the Section 117 After Care Local Protocol; and replaces all prior S117 policies and protocols			
Audience	CHC and learning disability and mental health commissioners in the ICB, CHC operational staff, local authority social care workers and commissioners, Nottinghamshire Healthcare NHS Trust mental health and learning disability services			
Consulted with	Nottingham City Council; Nottinghamshire County Council; NHS Nottingham and Nottinghamshire CCG; Bassetlaw CCG			
Equality Impact Assessment	Completed April 2022			
Approving Body	ICB Board	**Date approved**	1 July 2022	
Date of Issue	July 2022			
Review Date	July 2025			
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1. Introduction

1.1. This policy applies to the NHS Nottingham and Nottinghamshire Integrated Care Board, hereafter referred to as 'the ICB'.

1.2. Section 117 of the Mental Health Act 1983 (MHA) places a statutory duty upon local social services and the ICB to plan and provide mental health after care for those detained in hospital under a treatment section of the MHA (section 3, 37, 45A, 47 and 48) and includes children and young adults.

1.3. The National Framework for NHS Continuing Healthcare and NHS-funded Nursing Care (2018) states that "*ICBs and Local Authorities (LAs) should have in place local policies detailing their respective responsibilities, including funding arrangements*". The Practice Guidance (paragraph 64.2) states that "*LAs and ICBs should have agreements in place detailing how they will carry out their Section 117 responsibilities, and these agreements should clarify which services fall under Section 117 and which authority should fund them*".

1.4. To be formally admitted and detained under a Section of the Mental Health Act (1983) for assessment and/or treatment in a hospital setting, requires assessment by an approved Mental Health Professional to ensure the criteria for admission to hospital is met and only where this is the least restrictive option should admission be considered. The Court can also apply sections of the Mental Health Act. Admission should only be the result of the individual putting the safety of themselves or others at risk.

1.5. The Mental Health Act 1983 S117(6) states that 'after care services'… means services which have both of the following purposes:

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

1.6. In addition, the Code of Practice 2015 section 33.4 states that ICBs and LAs should interpret the definition of after care services broadly. For example, after care [services] can encompass healthcare, social care and employment services, [provision of] 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.

1.7. This policy sets out how the local authorities and Nottingham and Nottinghamshire ICB discharge their respective responsibilities under Section 117 where the two of these organisations have been identified as the responsible commissioners. The organisations party to this agreement are:

- Nottingham City Council;
- Nottinghamshire County Council; and
- NHS Nottingham and Nottinghamshire ICB.

2. Purpose

2.1. This policy is for the commissioning of after care for those persons entitled to Section 117 of the Mental Health Act 1983.

2.2. This policy has been developed to help:

- Inform robust and consistent commissioning decisions.
- Ensure that there is consistency in the local area over the services that individuals are offered.;
- Ensure the ICB and Local Authorities achieve value for money in purchasing of services for individuals eligible for Section 117 after care.
- Facilitate effective partnership working between health care providers, NHS bodies and the Local Authority in the area responsible for the individual.
- Promote individual choice as far as reasonably possible and to be clear about the health elements to be funded.

2.3. This policy details the legal requirements, responsibilities and agreed course of action in commissioning care which meets the individual's assessed needs. This policy has been developed to assist the ICB and Local Authorities to meet their responsibilities under the sources of guidance listed towards the end of this policy.

2.4. Whilst improving quality and consistency of care, this policy is intended to assist the ICB and Local Authorities to make decisions about appropriate after care provision for individuals in a robust way.

3. Scope

3.1. This policy applies to all employees and appointees of the ICB and Local Authorities and others working within the organisation in a temporary capacity. These are collectively referred to as 'individuals' hereafter.

3.2. This policy will be developed in conjunction with the relevant stakeholders, including patient groups and third party organisations if appropriate.

3.3. Partner approval will be required for all policies created collaboratively across Health and Social Care where a joint working approach is adopted.

4. General Principles

4.1. Where an individual qualifies for Section 117 after care, the package to be provided is that which the ICB and Local Authority assesses is appropriate to meet all of the individual's assessed after care needs:

- The commissioners will seek to promote the individual's independence.
- The ICB aims to ensure that care is provided which is clinically safe.
- The commissioner's responsibility to commission, procure or provide Section 117 after care is not indefinite, as needs could change.
- Regular reviews are built into the process to ensure that after care provision continues to meet the individual's needs.

4.2. When commissioning services for an individual, the commissioners will balance a range of factors including:

- Individual safety.
- Individual choice and preference.
- Individual's rights to family life.
- Value for money.
- The best use of resources.
- Ensuring services are of sufficient quality and sustainable.
- Ensuring services are culturally sensitive.
- Ensuring services are personalised to meet individual need.

5. Definitions

Term	Definition
ICB	The Integrated Care Board will lead the Integrated Care System (ICS) alongside the Integrated Care Partnership (ICP).
Integrated Care System	Geographically based partnership that brings together providers and commissioners of NHS services with Local Authorities and other partners to plan, co-ordinate and commission health and care services.
Integrated Care Partnership	A statutory committee bringing together all system partners to produce a health and care strategy.

Term	Definition
Local Authority	Another name for the Local Council, responsible for the delivery of statutory duties in regard to social care for example; Nottingham City Council and Nottinghamshire County Council.
Section 117	Section 117 of the Mental Health Act states that after care services are intended to meet a need that arises from or relates to the patient's mental health problem and reduce the risk of the mental condition getting worse and having to be readmitted for treatment of the condition.
Mental Health Act 1983	This is the main piece of legislation that covers the assessment, treatment and rights of people with a mental health disorder.
Mental Capacity Act 2005	The Mental Capacity Act (MCA) is designed to protect and empower people who may lack the mental capacity to make their own decisions about their care and treatment. It applies to people aged 16 and over.
Continuing Healthcare	NHS Continuing Healthcare (CHC) is a package of care fully funded by the NHS that some people are entitled to receive as a result of disability, accident or illness.
Community Treatment Order	Community Treatment Order (CTO) Section 17A of the Mental Health Act 1983 is an order made by the patient's responsible clinician to ensure supervised treatment in the community is delivered.
Section 17 of the Mental Health Act 1983	Allows detained patients to be granted leave of absence from the hospital in which they are detained.
NHS Funded Nursing Care	When the NHS pays for the nursing care component of nursing homes fees. The NHS pays a flat rate directly to the care home towards the cost of this nursing care.
Commissioner	A person involved in the planning and purchase of NHS and publicly funded adult social care services to meet the needs of its users.
Independent Mental Capacity Advocate	An advocate appointed to act on behalf of someone if they lack capacity to make certain decisions. This role is defined further in the Mental Capacity Act 2005.

6. Roles and Responsibilities

Role	Responsibilities
Social Care Workers	• To participate in Section 117 after care discharge planning. • To complete Section 117 referrals and submit to the ICB CHC service prior to discharge. • To arrange Section 117 after care packages and obtain local authority approval to commission. • To review the Section 117 after care package in partnership with the Nurse Assessor.
Continuing Healthcare Nurse Assessors	• To receive Section 117 referrals and record onto database. • To carry out a health needs assessment and liaise with the social care worker to make a funding recommendation. • To submit the Health Needs Assessment (HNA) and recommendation to the next Section 117/CHC Panel. • To review the Section 117 after care package in partnership with the social care worker.
ICB Continuing Healthcare Team	• To chair the Section 117/CHC Panel and agree health contribution to the Section 117 after care package. • To record the outcome and financial information on the ICB database. • To process Agreements (City) or ACM33s (County) in line with the funding agreed at Panel. • To receive and process the re-charge from social care for the NHS contribution to the Section 117 after care package.
Social Care Team Manager/Group Manager	• To attend the Section 117/CHC Panel and agree the social care contribution to the Section 117 after care package. • To ensure the funding is recorded on the social care system. • To issue an Agreement (City) or ACM33 (County) to the ICB CHC Team for dual signature.

Role	Responsibilities
	• To re-charge the ICB for the health share of the funding on a quarterly basis.

7. Mental Capacity and Representation

7.1. Where there is reason to believe that an individual over the age of 16 may lack capacity as defined in the Mental Capacity Act (2005) regarding changes to their accommodation, care or support then a decision specific Mental Capacity Assessment must be undertaken. If this confirms that the individual lacks Mental Capacity in regard to the decision being taken then there is a requirement to undertake a Best Interests decision meeting. This should be undertaken in accordance with the Mental Capacity Act and its Code of Practice. Where there is no identifiable person to advocate on behalf of the individual then any party can refer for the appointment of an Independent Mental Capacity Advocate (MCA).

7.2. Where the individual may have already either appointed prior to losing mental capacity or a Court has appointed a representative to act in their best interests these named people must be consulted prior to the convening of a best interests meeting.

7.3. Where the commissioner is made aware there is a legal representative who needs to be consulted they should request evidence of documents for clarity either directly or through members of the multi-disciplinary team (MDT). These documents may include:

- Where the individual is under the age of 18 they may have a legal guardian appointed by the Courts, this guardian is able to make decisions on behalf of the young person who lacks capacity.

- A Lasting Power of Attorney (LPA) (or an Enduring Power of Attorney if made before October 2007 and will be Finance only) - is registered with the Office of the Public Guardian and applies to a person the individual has chosen to represent them, when they had capacity to do so. There are two types of LPA and people can choose to make one type or both:
    - health and welfare
    - property and financial affairs.

- An LPA enables the person who has been appointed to make decisions around property and finances and/or health and welfare depending upon which type of LPA is in place.

- Court Appointed Deputy – This is where an application has been made to the Court of Protection and they have appointed a Deputy for someone who lacks

Mental Capacity, this can be for either Property and Affairs and/or Health and Welfare decisions.

- A Court order from the Court of Protection which details the required care, treatment, or accommodation for the individual.

7.4. Where evidence of one of the above documents is provided to the commissioner, it must ensure the bearer is included and fully involved in any Best Interests Decisions in line with the Mental Capacity Act (2005).

8. Responsible Commissioner

8.1. The relevant guidance for the NHS is "*Who Pays? Determining which NHS Commissioner is responsible for commissioning healthcare services and making payments to providers*" (June 2022). Local Authority responsibility is determined by relevant guidance, local protocol and case law relating to Section 117. As case law can be subject to change Local Authority responsibility should be checked with the appropriate local authority legal department in each instance. Contact with the legal department will be organised via appropriately authorised managers or commissioners.

8.2. Due to previous, now replaced, guidance on the ICB responsible commissioner there are some cases where the ICB and the LA are not both within Nottinghamshire. This protocol only applies to cases that are the responsibility of an ICB and local authority within Nottinghamshire. However it is understood that the principles of this protocol will be used by both the ICB and local authority when required to work with an ICB/LA in another area.

9. Process

9.1. The flow chart in **Appendix A** sets out the process for making referrals, assessments, commissioning and discharge arrangements between all agencies involved. The agencies are:

- NHS Nottingham & Nottinghamshire ICB.
- Nottinghamshire Healthcare Trust (local mental health/learning disability services provider).
- Local Authorities : Nottingham City Council and Nottinghamshire County Council.
- Nottingham CityCare Partnership (service commissioned by Nottingham and Nottinghamshire ICB to carry out health assessments, case management and reviews for S117 funded individuals in Greater Nottinghamshire).

Referrals

9.2. Referrals for a contribution to Section 117 after care funding should be made to the relevant local CHC team (based on GP registration at the time of the original detention) by the provider organisation (eg the Healthcare Trust) or the local authority. In either case it is essential that a social care worker is allocated to the case at the outset. If the referral is received from a source other than the Local Authority then the CHC Team should contact the responsible Local Authority to request social care input. The case is then allocated to a Nurse Assessor (usually RMN or LD registered). Referrals should be made prior to hospital discharge as part of the S117 after care discharge planning process.

Assessment

9.3. The Nurse Assessor will contact the social care worker to carry out a joint assessment. The ICB has a standard expectation of completion of assessments within 28 days as an accepted referral. Where a care package is for seven hours or less a week the ICB and local authority have agreed that funding will be 70% social care and there is no requirement for a health needs assessment to be completed. Referrals for packages of seven hours a week or less should still be submitted in the normal way. Cases are presented to the joint ICB/local authority Panel with an MDT recommendation on how the funding should be split between the ICB and local authority.

Commissioning

9.4. The agreement between the ICB and local authorities is that the relevant local authority will be the lead commissioner for all Section 117 after care packages that are jointly funded. Seeking a suitable care package for the individual will run concurrently with the assessment process as local authority approval for the funding will be required. High cost packages require senior manager/director approval through each organisation's own process. Where the package is commissioned as a personal budget, then the health share shall be deemed to be a personal health budget, and the ICB provided with a copy of the support plan so that the health outcomes can be included.

Discharge from hospital

9.5. A Section 117 after care discharge meeting should be held with the agreed provider. The social care worker, as lead commissioner, will lead on this process. The local authority will confirm the discharge date to the ICB and issue a funding agreement (called an ACM33 in Nottinghamshire County Council area and a S256 Agreement in the City) to enable the agreed re-charge to commence. ACM33s and Agreements should be produced and signed in accordance with the financial principles agreed between the ICB and the local authorities.

10. Funding of Section 117 Packages of Care

10.1. The ICB and the local authorities have agreed to joint fund all new Section 117 cases. Funding will commence from the date the ICB CHC service receives the Section 117 referral or the start date of the package where this is a later date. Where a quick decision is required to facilitate hospital discharge, the ICB and Local Authority will agree an interim 50-50 funding split until the case is discussed at Panel and the correct split agreed – in these cases the correct split will be back-dated to the date of discharge as being the date that the ICB was first aware of the case. A referral form should then be issued if not already done so.

10.2. There are a number of historical cases pre-dating this policy where the ICB or Local Authority is funding the whole cost. It has been agreed to continue with these existing funding arrangements and that they will only be considered for change as part of the review process (see review section).

10.3. Joint funding will be agreed on one of the following three splits:

1. 70% ICB/30% local authority – where the assessment indicates that health needs are significantly higher than social care needs
2. 30% ICB/70% local authority – where the assessment indicates that health needs are significantly lower than social care needs.
3. 50% ICB/50% local authority – where the assessment indicates little difference in the respective health and social care needs.

10.4. It is difficult to be prescriptive regarding the above as each case is considered separately and the final decision will be made upon professional judgement of the Panel members from the ICB and local authority based upon a recommendation from the Nurse Assessor and Social Care Worker who completed the assessment.

Transition cases

10.5. Any under 18 S117 funded cases will transition to adult funded on the percentage split already in place and agreed by the Children's Panel. Changes will only be made on review as per the following section.

11. Reviews

11.1. All individuals who are subject to Section 117 after care should have a joint review completed by the CHC Nurse Assessor and the relevant social care authority. Section 117 funded cases are reviewed as follows:

- Health 70% funded annually.
- Joint Funded 50/50 every 2 years.
- Health 30% funded every 3 years.

11.2. The only exception to the above is for care packages of seven hours or less per week when there is no requirement for a review unless there is a subsequent change in needs which requires an increase in the care package to above seven hours per week.

11.3. There will also be a review at least annually by the individual's care co-ordinator if they remain on the Care Programme approach pathway or for those on the non-care programme approach a review at least annually by a secondary care consultant.

11.4. Reviews should be attended by a Nurse Assessor/Case Manager from the CHC team and a Social Care Worker from the relevant local authority. The Nurse Assessor will complete a Health Needs Assessment and will make a joint recommendation with the Social Care Worker if there have been any significant changes that would result in a change in the funding contributions from each agency. If there are no changes then the case does not need to be presented at the joint Panel, even where the Social Care Worker did not attend the review, and the existing funding will continue until the next review date.

11.5. If either the Nurse Assessor or Social Care Worker feel there has been a significant change in needs then the case should be presented to the next joint Panel with their recommendation so that the Panel can agree on the future funding split. Changes in placement, and costs, would not initiate a change in funding splits unless a new joint assessment has been completed that confirms a significant change in need. Each organisation will have its own processes for carrying out routine care reviews (usually at least annually) and wherever possible these should coincide with planned Section 117 funding reviews.

11.6. Changes to placements and costs should be communicated by the Council in line with the General Principles (as lead commissioner) to the ICB by secure e-mail and a new funding agreement signed.

11.7. Where an existing Section 117 package has been historically 100% funded by either the ICB or the local authority, this will continue, even with a new hospital admission, unless there is a significant change to the package and the following criteria is met:

- **For 100% health funded cases**:
  A reduction in health needs and reduction in the commissioned care package costs. In such cases the Nurse Assessor/Case Manager will request a social care worker to carry out a new joint assessment and present to the local authority to agree a contribution to the new package of care.

- **For 100% social care funded cases**: An increase in health needs and an increase to the commissioned care package. In such cases the local authority will make a referral to the CHC team for a health needs assessment to be

completed as outlined in the process section above. For the avoidance of doubt, 100% social care funded cases will not be presented to the ICB for a contribution if the health needs are all being met by universal NHS commissioned services – for the avoidance of doubt such cases can be discussed at the joint ICB/Local Authority panel.

12. Case Management

12.1. All health funded cases where health is contributing 70% or above will be allocated to a Case Manager for quarterly review. The case manager will make recommendations for changes in need which may require a re-negotiation of costs with the provider or a change of placement if the existing placement is failing to meet needs. 50% health funded cases may also be allocated to a case manager subject to Panel agreement.

13. Discharge from Section 117 After Care

13.1. The duty to provide after care services lasts so long as such services are required because of the individual's mental condition "*R v Richmond LBC et al (1999)".* The Code of Practice states: 'The duty to provide after care services exists until both the ICB and the Local Authority are satisfied that the patient no longer requires them'.

13.2. The Code of Practice states: After care services under Section 117 should not be withdrawn solely on the grounds that:

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

13.3. Section 33.22 of the Code of Practice states that after care services may be reinstated if it becomes obvious that they have been withdrawn prematurely, eg where a patient's mental condition begins to deteriorate immediately after services are withdrawn.

13.4. The authority responsible for providing the particular services should consider whether ending Section 117 is appropriate, closely consulting with the individual, nearest relative and other agencies and individuals involved. Section 117 obligations end only at the point when <u>both</u> the ICB and Local Authority have come to a decision that the individual no longer needs any after care service for their

mental health needs (if both involved in provision as would generally be the case). There needs to be positive evidence that an individual no longer needs Section 117 after care services otherwise their discharge from Section 117 is considered unlawful.

13.5. The relevant paperwork required to be completed by the responsible clinician prior to removal of the Section 117 is appended at **Appendix B.**

14. Disputes

14.1. Where there are disputes between the ICB and Local Authority over a jointly funded package of care then the Inter-Agency Dispute Protocol will be used.

15. Equality and Diversity Statement

15.1. NHS Nottingham and Nottinghamshire ICB and the Local Authorities pay due regard to the requirements of the Public Sector Equality Duty (PSED) of the Equality Act 2010 in policy development and implementation, as a commissioner and provider of services, as well as an employer.

15.2. The ICB is committed to ensuring that the way we provide services to the public and the experiences of our staff does not discriminate against any individuals or groups on the basis of their age, disability, gender identity (trans, non-binary), marriage or civil partnership status, pregnancy or maternity, race, religion or belief, gender or sexual orientation.

15.3. We are committed to ensuring that our activities also consider the disadvantages that some people in our diverse population experience when accessing health services. Such disadvantaged groups include people experiencing economic and social deprivation, carers, refugees and asylum seekers, people who are homeless, workers in stigmatised occupations, people who are geographically isolated, gypsies, roma and travellers.

15.4. As an employer, we are committed to promoting equality of opportunity in recruitment, training and career progression and to valuing and increasing diversity within our workforce.

15.5. To help ensure that these commitments are embedded in our day-to-day working practices, an Equality Impact Assessment has been completed for, and is attached to, this policy.

15.6. The Nottinghamshire County Council Equality and Diversity information can be accessed here: Our commitment to equality | Nottinghamshire County Council

15.7. The Nottingham City Council Equality and Diversity information can be accessed here: Equality and Diversity Policy and Resources - Nottingham City Council

16. Communication, Monitoring and Review

16.1. The ICB and Local Authorities will establish effective arrangements for communicating the requirements of this policy to staff via upload to the public facing Website as well as to the internal Intranet site.

16.2. This policy will be jointly reviewed bi-annually by the CHC Operational Group unless national guidance is updated prior to this. Any changes will be submitted to the joint health and social care CHC Strategic Oversight Group for approval.

17. Staff Training

17.1. All staff involved in operationalising this policy should have knowledge of the Mental Health Act and in particular Section 117.

17.2. Any individual who has queries regarding the content of this policy, or has difficulty understanding how this policy relates to their role, should contact the policy author.

18. Interaction with Other Policies

18.1. This policy should be read in conjunction with the following:

- Continuing Care (Adults and Children) Commissioning Policy

19. References

19.1. This policy should be read in conjunction the following guidance*:*

- National Framework for NHS Continuing Healthcare and NHS-funded Nursing Care July 2022 (Revised) (Department of Health) and the chapter on Mental Health legislation (paragraphs 333-343).
- Who pays? Determining responsibility for payments to providers. August 2013 (NHS England)
- Mental Capacity Act 2005 Code of practice (The Stationary Office)
- Mental Health Act 1983
- Making decisions: The Independent Mental Capacity Advocate (IMCA) service
- Rethink mental illness fact sheet. Section 117 after care
- Memorandum of Understanding – Undertaking Court of Protection work inregard to citizens entitled to Section 117 After Care

- Who Pays? Determining which NHS commissioner is responsible for commissioning healthcare services and making payments to providers
- R v Richmond LBC et al (1999).

20. Equality Impact Assessment for this Policy

Date of assessment:	**April 2022**			
For the policy, and its implementation, please answer the questions against each of the protected characteristic and inclusion health groups:	Has the risk of any potential adverse impact on people in this protected characteristic group been identified, such as barriers to access or inequality of opportunity?	If yes, are there any mechanisms already in place to mitigate the adverse impacts identified?	Are there any remaining adverse impacts that need to be addressed? If so, please state any mitigating actions planned.	Are there any positive impacts identified for people within this protected characteristic group? If yes, please briefly describe.
Age[1]	No risk identified for people with this protected characteristic	No impacts identified	N/A	None identified
Disability[2]	No risk identified for people with this protected characteristic	No impacts identified	N/A	None identified
Gender identity (Trans, non-binary)[3]	No risk identified for people with this protected characteristic	No impacts identified	N/A	None identified

[1] A person belonging to a particular age (for example 32 year olds) or range of ages (for example 18 to 30 year olds).

[2] A person has a disability if she or he has a physical or mental impairment which has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities.

[3] The process of transitioning from one gender to another.

Date of assessment:	**April 2022**			
For the policy, and its implementation, please answer the questions against each of the protected characteristic and inclusion health groups:	Has the risk of any potential adverse impact on people in this protected characteristic group been identified, such as barriers to access or inequality of opportunity?	If yes, are there any mechanisms already in place to mitigate the adverse impacts identified?	Are there any remaining adverse impacts that need to be addressed? If so, please state any mitigating actions planned.	Are there any positive impacts identified for people within this protected characteristic group? If yes, please briefly describe.
Marriage or civil partnership status[4]	No risk identified for people with this protected characteristic	No impacts identified	N/A	None identified
Pregnancy or maternity[5]	No risk identified for people with this protected characteristic	No impacts identified	N/A	None identified
Race[6]	No risk identified for people with this protected characteristic	No impacts identified	N/A	None identified
Religion or belief[7]	No risk identified for people with this protected characteristic	No impacts identified	N/A	None identified

[4] Marriage is a union between a man and a woman or between a same-sex couple. Same-sex couples can also have their relationships legally recognised as 'civil partnerships'.

[5] Pregnancy is the condition of being pregnant or expecting a baby. Maternity refers to the period after the birth, and is linked to maternity leave in the employment context. In the non-work context, protection against maternity discrimination is for 26 weeks after giving birth, and this includes treating a woman unfavourably because she is breastfeeding.

[6] Refers to the protected characteristic of race. It refers to a group of people defined by their race, colour, and nationality (including citizenship) ethnic or national origins.

[7] Religion refers to any religion, including a lack of religion. Belief refers to any religious or philosophical belief and includes a lack of belief. Generally, a belief should affect your life choices or the way you live for it to be included in the definition.

Date of assessment:	**April 2022**			
For the policy, and its implementation, please answer the questions against each of the protected characteristic and inclusion health groups:	Has the risk of any potential adverse impact on people in this protected characteristic group been identified, such as barriers to access or inequality of opportunity?	If yes, are there any mechanisms already in place to mitigate the adverse impacts identified?	Are there any remaining adverse impacts that need to be addressed? If so, please state any mitigating actions planned.	Are there any positive impacts identified for people within this protected characteristic group? If yes, please briefly describe.
Gender[8]	No risk identified for people with this protected characteristic	No impacts identified	N/A	None identified
Sexual orientation[9]	No risk identified for people with this protected characteristic	No impacts identified	N/A	None identified
Carers[10]	No risk identified for people with this protected characteristic	No impacts identified	N/A	None identified

[8] A man or a woman.

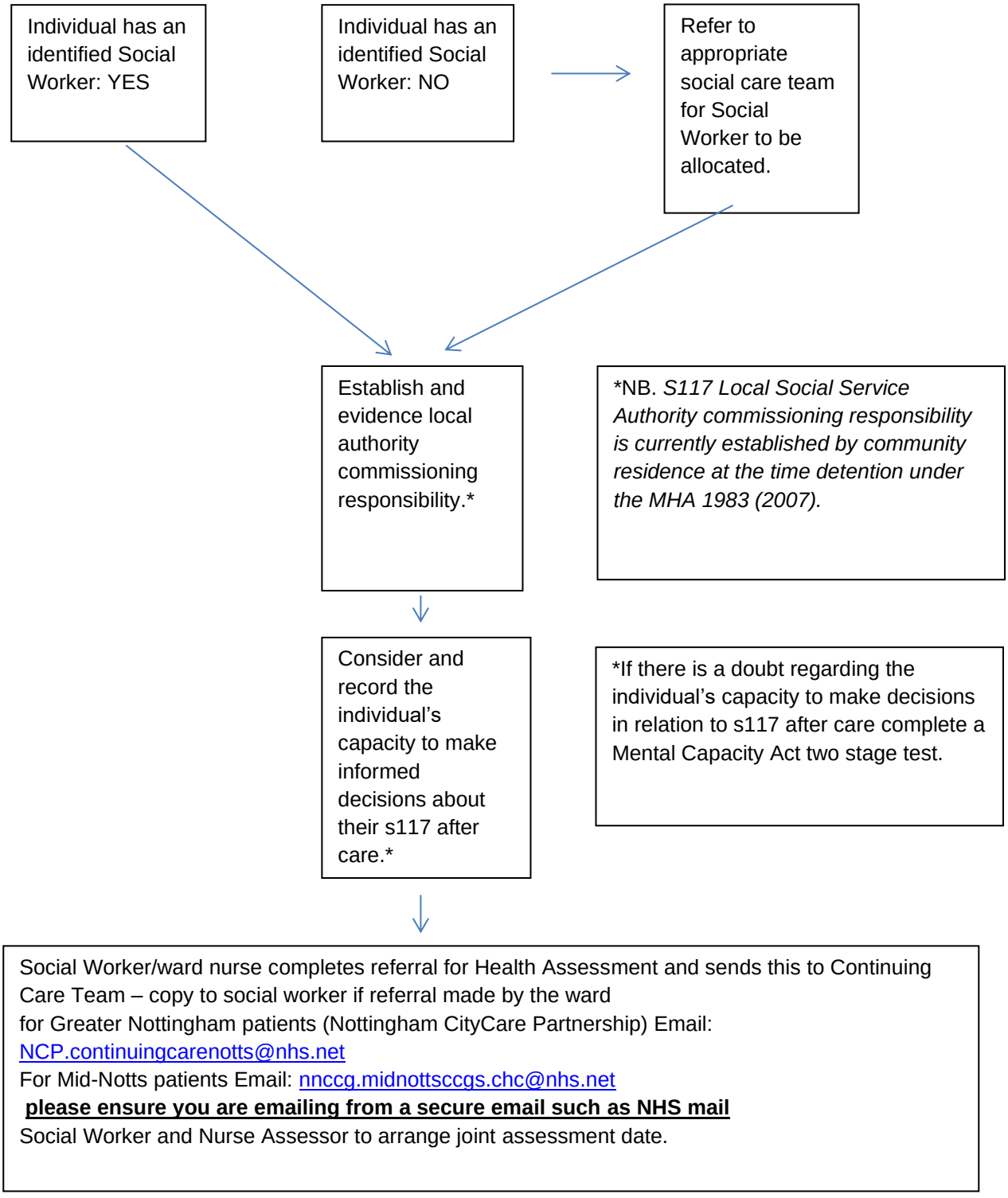
[9] Whether a person's sexual attraction is towards their own sex, the opposite sex, to both sexes or none. https://www.equalityhumanrights.com/en/equality-act/protected-characteristics

[10] Individuals within the CCG which may have carer responsibilities.

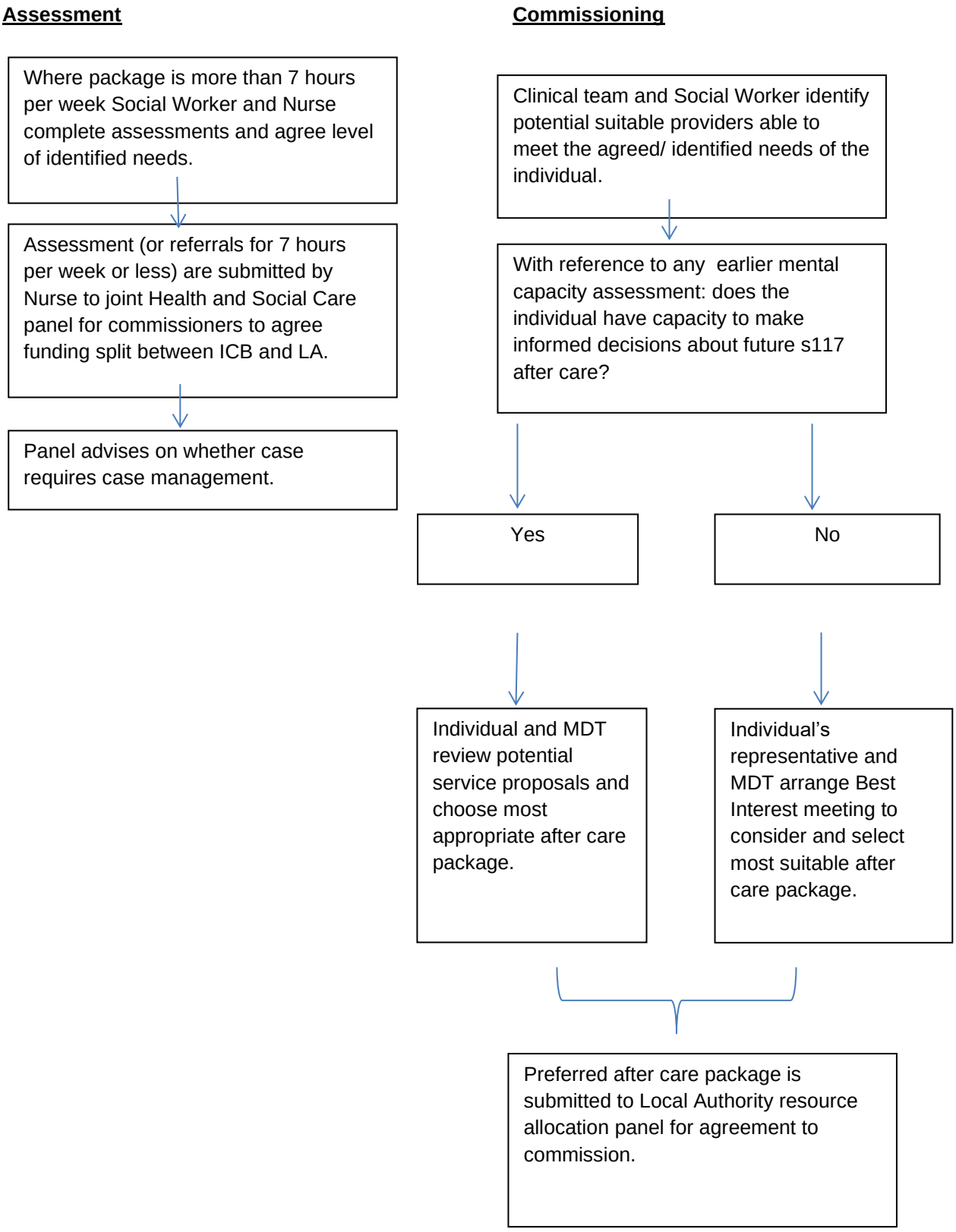
Appendix A: Section 117 After Care Flow Diagram

Referral

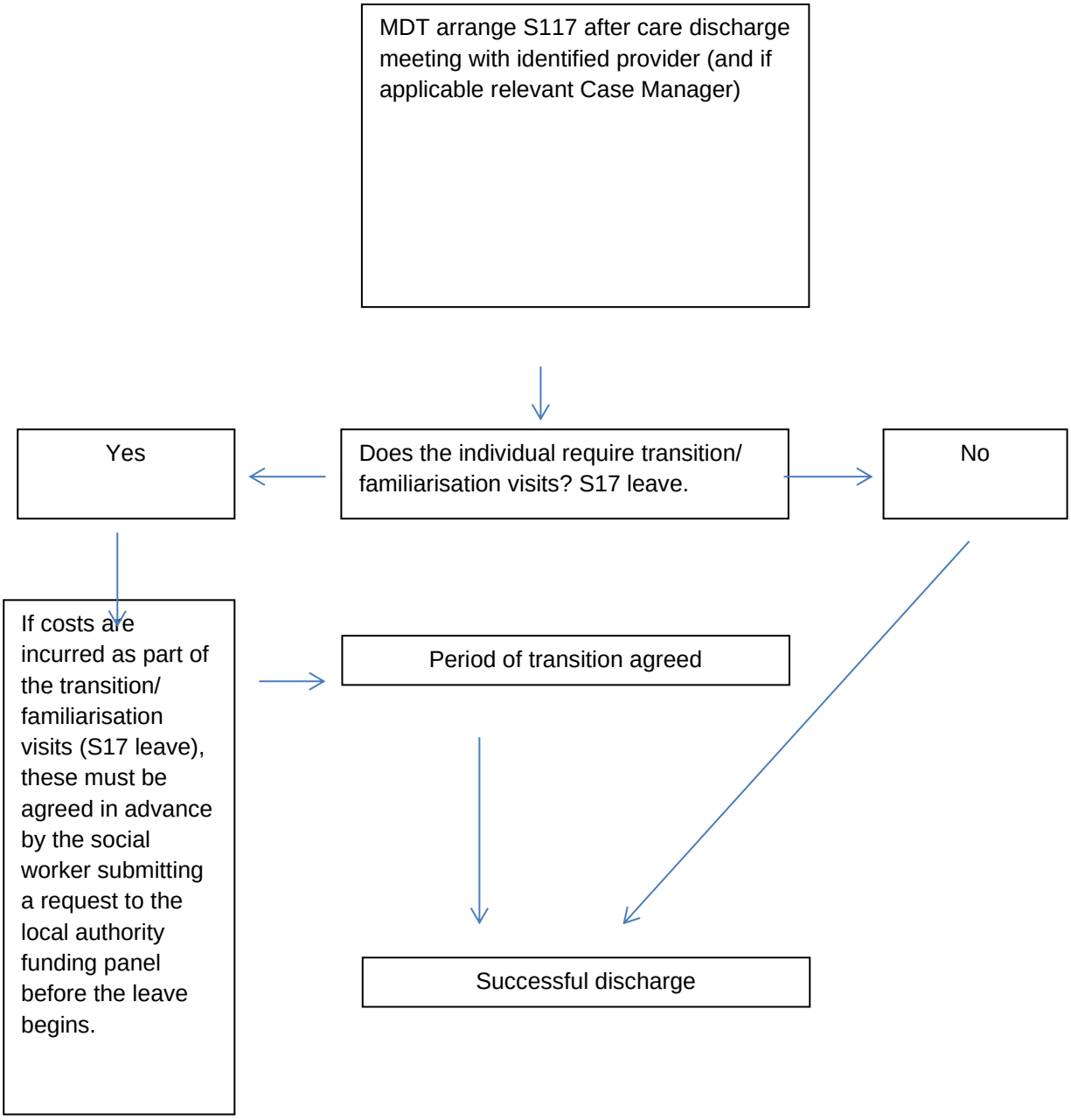
This part of the process is the responsibility of the referrer / referring organisation:



The next two stages in the process can run concurrently. The Nurse Assessor will coordinate the Health Assessment with the Local Authority (LA) social worker (Assessment). The referring worker/ Clinical team in conjunction with the identified LA social worker begin the process of identifying a suitable s117 after care package to meet the identified needs of the individual (Commissioning). If at this point it is confirmed that the care package will be 7 hours or less per week there is no requirement for an assessment. The social worker will commission the care package and provide details to the Nurse Assessor for presentation to Panel.



Discharge


MDT arrange S117 after care discharge meeting with identified provider (and if applicable relevant Case Manager)
Does the individual require transition/ familiarisation visits? S17 leave.
Yes
No
If costs are incurred as part of the transition/ familiarisation visits (S17 leave), these must be agreed in advance by the social worker submitting a request to the local authority funding panel before the leave begins.
Period of transition agreed
Successful discharge

Appendix B:

To be completed by the responsible clinician prior to removal of the Section 117

Nottinghamshire Healthcare (NHS) Trust & Social Services Discharge from Section 117 MHA 1983 Form

Name
Date of Birth
HoNOS
Care Coordinator
RC
GP
Social Worker
Relevant Carer
Date of CPA Review ...../……/……

Reason for Discharge from Sec 117 MHA 1983:

Level of risk felt to be present:

Signed: ..... (Service User) Print Name: .....
Signed: .....(Carer) Print Name: .....
Signed: ..... (Care Coordinator) Print Name: .....
Signed: ..... (Consultant) Print Name: .....…
Signed: .....(GP) Print Name: .....…
Signed:.....(Social Services) Print Name: .....
Copy to: Service User, Support Services Manager, Care Co-ordinator, RC, G.P., Social Services, Nearest Relative (if appropriate) and all other relevant people.

NB Please remembers to consult the Service User regarding who else receives a copy.

Copy to CPA Co-ordinator