# Draft Buckinghamshire Joint Local Health and Social Care s117 Protocol

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| **Approved by** | **BCC CHASC Business Unit Board**<br>**Aylesbury Vale CCG Executive Team**<br>**Chiltern CCG Executive Team** |
| **Equality Impact Assessment** | **In progress** |
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## Introduction

S117 Aligned Budget Proposal between BCC and Bucks CCG's

It has been previously proposed that the procurement of all Buckinghamshire s117 packages will be undertaken by BCC on behalf of the CCG under a s75 Agreement.

This means from 1st July 2017 the partners have proposed that the procurement, purchasing and supplier contract management will be undertaken by BCC. The individual s117 split and determination for each case will not be required, for BCC/Bucks CCG clients. The procurement of all s117 packages will be undertaken by BCC on behalf of the partners under a s75 Agreement and a process will be implemented to transfer the existing health contracts to the management of the local authority. BCC will issue spot contracts to the service suppliers and will make payments on behalf of the aligned budget.

This document sets out the arrangements for BCC to purchase and contract manage suppliers in accordance to the BCC Supplier Management Policy for S117 related aftercare on behalf of the CCG via a S75 agreement.

## Financial

Aligned Budget Funding Split

The split of the funding from 1st July 17 to 31st March 18 was proposed as 61% Social Care and 39% CCG when this was originally taken through governance, based on the best available data at the time. The data has been reviewed, new packages added and existing packages amended where costs or funding source has changed and the Arden-GEM data added, including the clients receiving s117 aftercare who have a learning disability. This has had a significant impact on the split and is projecting as 54% Social Care and 46% CCG split, based on this collation of purchasing data for the existing cohort.

Current data shows £12,552,310.16 total per annum expenditure.

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| Equates to | £241,390.16 | total per week |
| 53.93% | £130,176.66 | BCC |
| 46.07% | £111,212.92 | CCG |

£125,523.10 .92 = 1 % variance per annum

The % budget funding mirrors exactly existing spending by both the CCG's & BCC.

It is proposed that all new arrangements from the 1st July 2017 will be funded by s117 come in to the aligned budget arrangements, except for specified exceptions.

Exceptions to the list

- Existing joint funding arrangements where there has been no recent joint review completed, to confirm and identify appropriate funding.
  BCC or Bucks CCG and another LA/CCG will sit outside the aligned budget

- Any disputes which arise from care and support prior to 1st July 2017
  This may include those being discharged from specialist commissioning arrangements
- Existing disputed cases [redacted]
- Resolved disputes would collectively enter the s75 as a single contract variation annually
- Funding arrangements made with any statutory bodies other than Buckinghamshire CCGs and Buckinghamshire County Council. For instance if it is necessary for Buckinghamshire CCGs to have a joint funding arrangement with a LA from another county this will not be included as part of the aligned budget or be covered as part of this agreement.

Annual reassessment of the financial split

The ABM (BCC role where Aligned Budget Manager function sits) for a representative 10% sample to be taken (by agreement but without reference, by using the DST as the tool) which includes both new and existing s117 packages. These will be co-ordinated and supported by a nurse assessor in partnership with the multidisciplinary team around the patient. For the purpose of reviewing the split - If a patient would have qualified for health funding using the determining tool, then the package would be determined as Health funds 100% of the care package; if they would not have qualified then 100% falls to Social Care.

The ABM will report back to ICET annually and recommend whether the split remains valid or proposing a variation to the split. This will need reporting to the CCG and BCC internal governance as appropriate.

The ABM will report the outcome of the 10% sample – quality and effect on the split to ICET and the Joint Management Group. The amendment to the split will be agreed within a £500K variance and applied for all expenditure related to s117 aftercare in the following agreed period. If the variance is greater than £500K either way, then a report will be produced for OCB for BCC and the Chief Executives meeting for CCG. To manage risk of a large change in the split due to the sample. Bucks CC CHASC and the CCG will recommend to their respective governance whether to continue with the aligned arrangements, negotiate or recommend to end the arrangement.

Exceptions outside of the aligned budget

Anyone who is sectioned after 30/6/17 will be funded through the aligned budget. [redacted] Their entry will be negotiated for inclusion in the aligned budget at the review stage based on the agreed funding determination tool.

Management Fee

BCC are proposing a management fee to the CCG. This will enable BCC to carry out activities on behalf of the CCG. This includes; placement, purchasing, contract/supplier management, aligned budget management including supplier payment, client review, quality checking of care plans to ensure only s117 eligible

tasks paid for and s117 discharge. This fee is proposed as £25k per annum from CCG.

Additional Costs

There are further costs associated with Annual Review and Annual sampling to determine the split between health and social care within the aligned budget and for those exceptions.

The charges for sampling and reviews in addition to management fee are proposed as a 50: 50 of the cost of the sample for aligned budget approximately 40 clients (10%)

The proposal is for the CCG to fund (nearly 0.25 of a FTE nurse) £15K. Further costs of reviews 70 people a year annual review (the current Arden Gem cohort) will equate to 0.5 FTE £30K. However this may be deliverable through the current contract existing between the CCG and OHFT/HFPT through a variation at lesser cost to the CCG. This needs to be confirmed by the CCG with HFPT/OHFT.

There should be no additional cost to BCC social work; BCC already pick up the annual 70 reviews as part of the multi- agency assessment.

There will also be costs for the brokerage role BCC may play for clients on s117 who are non BCC clients but are Bucks CCG/GP. The role is currently fulfilled by Arden Gem. Costs have yet to be determined and agreed by the CCG and are dependent on the actual numbers who are excluded from the aligned budget and should be agreed on an annual basis.

There will also be a Aligned Budget Management fee agreed at 25K

The ABM will report back to ICET annually and recommend whether the split remains valid or proposing a variation to the split. This will need reporting to the CCG and BCC internal governance as appropriate.

## Proposed Payment Process from CCG to BCC

Payments will be invoiced by BCC to CCG, quarterly retrospectively for the actual clients being funded from the aligned budget on the basis of the agreed split.

## Purpose of s117 aftercare

Responsibility for the provision of s117 aftercare services (s117 Mental Health Act 1983) lies jointly with Local Authorities (LA) and the NHS Clinical Commissioning Groups (CCGs).

Aftercare under s117 must be provided free of charge to the service user. After-care services are services designed to meet identified need relating to the service user's mental disorder. The purpose of aftercare is to reduce the risk of a deterioration of

the service user's mental condition and thus reduce the risk of the service user requiring admission to hospital again for treatment for mental disorder.

The duty continues until such time as both authorities are satisfied that the person is no longer in need of the services that make up the s117 aftercare plan.

Given the complexities involved, LAs and CCGs are required to have local agreements in place detailing how they will carry out their s117 responsibilities. This protocol sets out the arrangements for the provision of s117 aftercare between the partners in Buckinghamshire

This protocol will sit alongside the agreed multi-agency policy entitled *"Interagency Policy for Section 117 (Mental Health Act 1983) Aftercare"*

The purpose of this protocol is to enable us to operationalise a s75 agreement in Buckinghamshire to:

- provide guidance to staff responsible for the delivery of s117 in Buckinghamshire
- seek to ensure the consistency and quality of services provided under s117 across Buckinghamshire
- set out the arrangements under which a patient can be discharged from s117

In practice many of the CCGs and Council duties are delegated to other organisations to carry out on their behalf

The duties and responsibilities of the partners Include –

- CPA
- Administration of MHA register
- Responsibility of s117 including discharge
- Delegated re for AMHP by the council

This protocol has been developed in partnership with commissioners from the local authority and CCGs.

Equality

In fulfilling our statutory duties with respect to s117, we will be cognisant of our duty under Equalities legislation: -

- providing fairness and equality of opportunity
- recognising that everyone is different and that these differences must be equally respected
- Challenging discrimination and manifesting our commitment to equality.

Legal Framework

The Mental Health Act 1983 defines S117 in the following way:

> *"It shall be the duty of the [Primary Care Trust or] [Local Health Board] and of the local social services authority to provide, in co-operation with relevant voluntary agencies, Aftercare services for any person to whom this section applies until such time as the [Primary Care Trust or] [Local Health Board] and*

*the local social services authority are satisfied that the person concerned is no longer in need of such services".*

Section 117 (s117) states that it is the duty of the clinical commissioning groups and the local social services authority to jointly arrange for the provision of aftercare services to any person to whom s117 applies, until such time as the person is no longer of need of any such services and can be discharged from s117.

The procedure should be read in accordance with a number of national documents including:

- Mental Health Act 1983
- Code of Practice, Mental Health Act 1983 (2015)
- NHS and Community Care Act 1990
- The National Framework for NHS Continuing Health Care and NHS funded health care July 2009 (revised)
- Buckinghamshire County Council Adults and Family Wellbeing Guidance on care management
- Guidance relating to the Single Assessment Process within Older People Services
- The Care Act 2014 – National Eligibility Threshold.
- The Care Programme Approach (CPA)

## Who is covered by the Joint Health and Social Care s117 Protocol?

- Adults and older adults who have been subject to section under the mental health act as detailed in the paragraph below.
- Services to protect and promote the welfare of children are provided under Child Care legislation. However, where a child or young person has been detained under relevant sections of the Mental Health Act 1983, the provisions of S117 will also extend to their after-care.

S117 Mental Health Act 1983 applies to the following individuals:

- Service Users placed in psychiatric hospital under Section 3 Mental Health Act 1983 (but excluding Section 2 Mental Health Act 1983).
- Service Users admitted on a court order under Section 37 or Section 45a Mental Health Act 1983.
- Service Users transferred to a psychiatric hospital from prison or remand centre (including those on remand, detained in prison under the civil law or held under the Immigration Act 1971) in pursuance of a transfer direction under Section 47 and Section 48 Mental Health Act 1983.
- Service Users who cease to be detained under the sections described above.
- Service Users subject to a Guardianship Order where he/she has previously been detained under Sections 3, 37, 45a, 47 or 48 Mental Health Act 1983 and where S117 remains in force.
- Service Users subject to a Community Treatment Order
- Service Users detained under Sections 3, 37, 47 or 48 Mental Health Act 1983, who are given leave of absence under Section 17 Mental Health Act 1983 as part of the preparation of a post discharge Aftercare Plan and where that Care

Plan is based on jointly assessed and agreed Health and Social Care needs.

S117 does not apply to:

- Service users detained in hospital for assessment under section 2
- Service users detained in an emergency under section 4
- Service users detained while already in hospital under section 5 (2)
- Service users who were not detained under any section (informal or voluntary service users)

## Identifying the Local Social Services Authority and CCG responsible for providing services under S117

Health and social care services, and should work together to facilitate timely, safe and supportive discharge and to prevent readmission to hospital wherever possible.

The legal responsibility to provide services to patients covered by s117 remains with the local authority where they were resident at the time they were admitted to hospital on the relevant section, even if there are no plans for the patient to return there on discharge. Patients admitted to hospital from prison will be the responsibility of the authority where they were resident at the point they were detained in custody. The local authority's duties under s117 continue until s117 is discharged, or until the patient is detained again under one of the qualifying sections.

Clinical Commissioning Groups in conjunction with the local authority are responsible for the provision of s117 aftercare services. For discharges post 1 April 2016 the responsible CCG will be the CCG responsible for the geographical area in which the person was Ordinarily Resident immediately prior to detention under a qualifying section of the MHA.

In light of the above for patients that live geographically in one County but are registered with a GP in another will invariably be funded by separate statutory bodies (CCG and Local authority).

Example: Patient lives in County A but is registered with a GP in county B. In this scenario the responsibility for this patient's s117 aftercare would lie with the local authority from County A and the CCG from County B.

If, exceptionally, no place of residence can be identified (usually because the patient had been of no fixed abode at time of admission under section) s117 responsibility will lie with the authority for the area to which the patient will be discharged. Until this is known the LA where the hospital is situated may need to take responsibility for co-ordinating aftercare planning and then liaising with the LA for the area to which it is planned to discharge the patient once this has been determined

## Ordinary Residence and Responsible Commissioner guidance

Ordinary residence

The Care Act 2014 states that the term "resident" in the Mental Health 1983 Act is not the same as "ordinarily resident" in the 1948 Act and therefore the deeming

provisions (and other rules about ordinary residence explained in this guidance) do not apply. Responsibility for the provision of s117 aftercare services falls to the local authority in the area in which the person was resident before being detained in hospital, even if the person does not return to that area on discharge. If no such residence can be established, the duty falls on the authority where the person is to go on discharge from hospital.

The Care Act 2014 made amendments to the determination of the responsible aftercare authority. The impact of this change is that Local Authority responsibility is now where the service user was 'Ordinarily Resident' at the point of the relevant detention, rather than purely 'resident'. The local authority would retain responsibility until such time as the client was readmitted to hospital under section, at which point it would be the local authority in which they were sectioned that would assume responsibility.

Responsible Commissioner

**Who Pays' amendment to the section on 'persons detained under the Mental Health Act 1983'**

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

BCC and Bucks CCGs are committed to ensuring that s117 after care for an individual is provided at the most appropriate geographic place for that individual. If this involves a service user moving in or out of Buckinghamshire this would follow open and frank discussion between health and social care partners, with a clear understanding of the financial impact on the health and social care partners.

The NHS Commissioning Board (NHS England) is responsible for a service user's after-care if the after-care services required are of the type that the NHS Commissioning Board would be responsible for commissioning rather than a CCG.
NHS England, rather than the local CCG, will be responsible for providing services under S117 for people detained in prison.

No recourse to public funds

Unlike the provision of many services, the duty to provide s117 applies to service users irrespective of their country of origin or immigration status. Even if an individual has no recourse to public funds in the UK, they must be provided with free aftercare when they are discharged following detention from hospital under one of the qualifying sections.

Registration

The LA and CCGs have a responsibility to maintain a record of people in receipt of s117 aftercare and what is being provided. This relates to the specific statutory obligation to provide after-care under s117 to the specific cohort.

On admission to hospital under one of the relevant Sections, the name of the service user will be placed on the joint NHS and Social and Health Care registers of OHFT and Herts Foundation Partnership Trust or successor organisations, to confirm entitlement to s117 Aftercare services. It is important that s117 eligibility is recognised to ensure that those individuals are not inappropriately charged for their after care service. Any changes in s117 status will be immediately recorded in the register, within 5 working days.

The register will be reviewed regularly and shared with the LA and CCGs to provide assurance with regard to regular reviews. The Register can be used as part of the process for reviewing individual status for S117.

## Planning of s117 Aftercare

Section 75 of the Care Act (2014) states that s117 aftercare applies to:

(a) meeting a need arising from or related to the person's mental disorder; and

(b) 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).

This has become known as the 'two stage' test.

The Care Programme Approach (CPA) is the way in which mental healthcare is planned and delivered. The planning of after-care needs to start when the service user is admitted to hospital and the Mental Health Act Code of Practice is clear that after-care for all service users admitted to hospital for treatment for mental disorder should be planned within the framework of the care programme approach (CPA). It means that a person should be allocated a care coordinator, engage in a process of needs led assessment, have multi-disciplinary care planning and review meetings and a written care plan.

A written multi-disciplinary care plan, agreed with the service user will specify after-care needs that arise from a person's mental disorder and associated arrangements before discharge from hospital. The care plan should clearly identify S117 aftercare

needs which will prevent relapse and readmission to hospital and identify the support/interventions that are required to address these aftercare needs.

Distinguishing between needs which are s117 eligible and those which are not

The aftercare plan may also include identified needs which are unrelated to their primary mental health disorder, and may be needs relating to a primary physical health issue and would not be s117 eligible needs and as such may be chargeable. These should be recorded in the Aftercare Plan, but would not be provided under a s117 arrangement. The recording must make clear needs which are s117 eligible and those which are not.

Aftercare should be planned with the service user, their family and carers (where appropriate). The allocated Care Coordinator will discuss their health and social care needs and entitlements under s117.

The type of aftercare required will depend on the circumstances of the individual. Both the Local Authority and the CCGs recognise that the service user's need for such services will usually change over time and the fact that the services being provided differ from those provided at the time of discharge does not have the effect of extinguishing the duty to jointly provide after care under s117.

Aftercare services are not defined in the Mental Health Act, but the Code of Practice to the Act provides a useful list of examples of services that could be part of an aftercare package:

> *"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, providing that they clearly meet a need that arises directly from or is related to the particular service user's mental disorder, and will help to reduce the risk of a deterioration in the service user's mental condition which would result in readmission".*

Aftercare can include health and social care services provided through commissioned services, direct payments, personal budgets or self-directed support. Services can range from support from a community mental health or learning disability team, counselling or therapy, GP and primary care support, assistance with benefits or managing money, the use of a day centre, the provision of domiciliary services and residential/nursing home care.

There is no obligation on the local authority to fund services which are not normally regarded as part of the LA's community care responsibilities e.g. there is no obligation to pay for rent, even where this is for specialist supported accommodation.

If part of the aftercare plan includes arranging accommodation, the service user and/or friends or relatives identified in regulations may make top-up payments to enable the service user to live in their preferred accommodation if certain conditions are met as detailed in the Care and Support statutory Guidance issued under the Care Act 2014.

Health and social care services are entitled to consider their resources when

assessing eligibility for funded aftercare services and are required to look for the most appropriate way to meet identified needs in the most cost effective way

On-going health needs

Arrangements under the **Mental Health Act** are separate and different from **NHS Continuing Healthcare** and the two should not be confused. An individual may have care needs which are separate to their mental disorder and their s117 Aftercare treatment, which may be funded from another, more appropriate funding stream, which may be chargeable.

Some service users will have or may develop other health and social care needs not associated with treatment of a mental disorder. Such service users should be assessed by local authority following the usual referral and assessment process to determine if they have any eligible needs for services provided under other legislation. If there are other needs the practitioners should identify needs which are distinct from those that might form part of duties under s117. These eligible needs may be subject to means testing unlike s117 after care needs. If the need is identified as a primary health need, the service user may be eligible for continuing health care funded packages.

Funded Nursing Care (FNC)

The Funded Nursing Care contribution (**FNC)** is the cost paid by the CCGs towards the provision of the nursing care for someone in a registered nursing home.

This also applies to s117 clients whose care plan includes a placement in a registered nursing care home.

## Annual review

All service users in receipt of funded s117 aftercare will have a care plan and will receive an annual health and social care review of their needs, and the appropriateness of the care plan to meet those needs.

For clients engaged with secondary mental health services, the review must consider explicitly the changing needs of the service user and the continuing need for s117 aftercare services. This review of the service user's needs must include the Case Responsible Person or Lead Professional, service provider(s) and Consultant Psychiatrist (or his/her representative). Any elements of a service provided under the s117 care plan may be discontinued at any time when it is clearly assessed, agreed and recorded by health and social care agencies that the service no longer required to meet the needs of the service user. The care plan will reflect this. Likewise additional services identified as a result of the review, and to be provided under s117 should be added into the care plan, following the review.

Any changes in s117 status will be immediately recorded in the register, within 5 working days.

If the multidisciplinary team decides that aftercare is no longer required and that its removal will not put the person at risk of readmission to hospital, a decision to discharge the service user from s117 aftercare arrangements can be made.

Each review must make explicit whether the person continues to need aftercare

## Discharge from s117

s117 responsibility ends when the service user's mental health has improved to a point where they no longer need services because of their mental disorder.

Decisions about discharge should be based on the circumstances of a particular case and for the majority, will normally be taken as part of the CPA process, if the client is under the care of a secondary mental health provider.

The decision to discharge a service user from s117 must be:

- discussed with the service user so that their views are taken into account
- jointly agreed by the multi-disciplinary team, including both health and social services representatives

However, any such decision must be fully justified and preceded by a proper reassessment of the service user's needs.

The decision to discharge s117 must be clearly recorded with details of who was involved in the decision making and the reasons. A standard template is to be developed and added to this protocol.

For those patients no longer under CPA and not in receipt of secondary care services, discharge from s117 still must be agreed by health and social care partners. It is possible that medication prescribed through primary care may be the only element of a s117 aftercare plan. If this is the case then the s117 aftercare plan remains necessary.

When a patient disengages from services or wishes to discharge him or herself from aftercare, a review of needs must be undertaken before discharge from s117.

Appeals against s117 discharge can be made via the relevant organisations complaints procedure

The English and Welsh Codes of Practice say that individuals should be fully involved in any decision making process to end aftercare services.

They also say that aftercare services under s117 should not be taken away because:

- a client has been discharged from the care of specialist mental health service
- an arbitrary period of time has passed since the care was first provided
- the client has been deprived of their liberty under the Mental Capacity Act
- the client has returned to hospital as a voluntary patient or been detained under section 2

- the client is no longer on a CTO or on s17 leave

If a client's aftercare service(s) has been taken away and their mental condition has begun to deteriorate, then the services should be put back to stop their condition from getting worse.

There are no clear rules in the Mental Health Act for deciding when a person no longer needs aftercare; but s117 of the MHA says that it is up to the health and social services to make a joint decision that a client no longer needs it.

We must be able to give clear reasons for our decision and a client's needs must be reassessed before the aftercare is ended, to see how their mental health and ability to manage would be affected.

Guidance says that even if a client is well settled in the community, aftercare may still continue to prevent them from becoming ill again or from getting worse.

Housing Support

If s117 aftercare includes the need for housing support, this would only be funded through s117 when there is no clear split between the care support and the housing costs i.e. placements in registered care homes/nursing homes where inclusive costs are funded whereas in the majority of circumstances the cost of accommodation in supported housing would be charged as rent and this is not usually funded by the partners.

There is no obligation on the local authority to fund services which are not normally regarded as part of the LA's community care responsibilities e.g. there is no obligation to pay for rent although Housing Benefit may apply.

If part of the aftercare plan includes support with arranging accommodation, the service user and/or friends or relatives identified in regulations may make top-up payments to enable the service user to live in their preferred accommodation if certain conditions are met as detailed in the Care and Support statutory Guidance issued under the Care Act 2014.

## Aligned budget Management

Transition and Discharge Planning

Where the multi-disciplinary care team, which must include representation from Health and Social Care (Care Coordinator and Care Manager), agree that the service user is ready for transition/ discharge and that the individual requires aftercare support/services (including those under s117), the care plan should clearly identify s117 aftercare needs which will prevent relapse and readmission to hospital and identify the support/interventions that are required to address these aftercare needs. Any additional care needs should be included and detailed in the discharge plan and the care plan should clearly identify that these are not related to s117 care and support and where the costs will be met from. The care plan also needs to identify whether the required health provisions are part of an already commissioned service. This will support review of the aligned budget.

## s75 s117 Quality Assurance Function

The Joint Management Group for the s75 will address the quality assurance function and will;

- ensure that s117 aftercare plans and funded services will address eligible needs in the most appropriate and cost effective way
- ensure clients in receipt of funded s117 care plans, receive regular and at least annual reviews
- Ensure that cases where individuals may be discharged appropriately from s117 are considered
- maintain oversight of the current status of the register of s117 eligible clients, with the purpose of being assured that the list is up to date

To carry out these functions it will be necessary to annually review a sample of s117 care plans. This is to ensure that S117 funded tasks and other, non-s117 tasks are appropriately detailed, as well as to provide a mechanism to determine whether the agreed split remains acceptable. A representative 10% sample of cases discharge plan or review will be reviewed for;

- Quality of Care plan
- Apportioning of cost against the agreed split

The ABM will facilitate a 6 monthly quality assurance group. Required attendees include;

- A health commissioner and social care commissioner or joint health and social care Commissioner,
- A social work practitioner
- Service manager LD/MH – relevant ops representative
- Clinical Commissioning Lead (Chair)
- Aligned Budget Manager for co-ordination of the panel
- OHFT & HFPT Specialist Health Provider representative

The group will review the appropriateness of the sample of plans.

If the plans are not sufficiently robust, there will be a requirement to ensure staff are provided with additional training and guidance. i.e. if the forms are not identifying the s117 related and non s117 related tasks appropriately then the responsibility to ensure staff are provided with additional training and guidance will fall to the relevant service manager. The group will review the funding determining tool and provide a list to the BCC Finance Director and Head of Supply and Purchasing to enable a review of the split. The information will be made available to CCG via a report to ICET.

The JMG will also have oversight of the s117 reviews and the register. Service users engaged with secondary mental health or LD services and in receipt of funded s117 aftercare plan will receive an annual health and social care review of their needs and the appropriateness of the aftercare plan to meet those needs. They will be actively in receipt of services from secondary mental health or Learning Disability services.

Changes to their identified needs which required an amendment to the aftercare plan will be presented to this joint group, if the indication is that the cost of the plan to meet all the needs is likely to increase.

The Local Authority system SWIFT(AIS) would be used to flag reviews (for those in receipt of services) at their due date (new placements are reviewed after 6-12 weeks depending on the case and package and will take place at least annually but the group can recommend review sooner)

The ABM will report back to ICET annually.

The ABM will report the outcome of the 10% sample – quality and effect on the split to the JMG.

The report will recommend whether the split remains valid or proposing a variation to the split. This will need reporting to the CCG and BCC internal governance as appropriate. If the variance is greater than £500K for either party, then a report will be produced for ICET and then progressed through for OCB for BCC and CCG Executives for CCG in order to manage risk of a large change in the split due to the annual sample. BCC and the CCG will recommend to respective governance whether to continue with the aligned arrangements, negotiate or recommend to end the arrangement.

## Data Entry Process

The application is completed by care coordinator and signed off by the team manager – (there is a standard form for this) and this provide a précis of the history and the support required.

Care co-ordinator/care manager will complete and send the following documents to SWIFT / PBM:

- service user accommodation needs assessment
- the detailed clients' needs assessment - FACE assessment and CFC Care Funding Calculator when required.
- assessment of health needs

Practitioner guidance will be developed by the Business and Systems Team

## s117 eligible clients discharged from secondary care services

There are a group of s117 clients who only receive services in primary care; they are no longer on CPA; have no social care or secondary health needs. This is the group who do not currently receive a regular review. However, when the primary care intervention/support is no longer required, then the individual could potentially be discharged from s117. The discharge is to be signed off jointly by health and social care – in this scenario this would be by the responsible clinician and in this case this would be the GP and a reviewing officer (tbc) from the LA. The importance of this is that the individual would only become s117 eligible in future if they were re-sectioned

– failure to discharge service users who no longer need aftercare means that their eligibility remains open

## Out of County transfers into Buckinghamshire

Commissioners seeking to place an out of county user in Buckinghamshire should seek the support of secondary MH services in the county. The partners when considering s117 funding will apply Ordinary Residence and Responsible Commissioner guidance

*The table below should provide a useful distinction of the changing commissioner responsibilities for patients discharged under section 117.*

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

## Buckinghamshire transfers Out of County

When it is proposed that an application for funding is to be made for a Buckinghamshire resident and service user to be placed outside of the county, the care co-ordinator in Buckinghamshire, on behalf of the service user's clinical team, will make the referral for S117 in the usual way. They should also make the rationale clear for the proposed discharge to another area.

## Management of Disputes

- Initially any dissonance will be raised at JMG
- ABM will prepare a report for ICET
- Any escalation will be agreed at ICET

Where there is a dispute about whether a particular case is an exception the JMG will make reasonable attempts to resolve it.

If the JMG are unable to resolve the issue then a report will be prepared for ICET to recommend.

## Complaints

The service user/family has the right to complain. The complaint may be addressed to health or social care organisations, but when it relates to s117 provisions; it will be responded to in partnership by health and social care. The complaint might relate to the outcome of the assessment and/or the process and to do this they need to write to:

[redacted]
**Statutory Complaints Officer**
**Customer Experience and Communications Team**
**HQ-Business Enterprise**

**Buckinghamshire County Council**
**County Hall**
**Walton Street**
**Aylesbury**
**Bucks HP20 1UA**

Or

**Chiltern CCG Complaints Manager:**
E-mail: patientexperience.service@buckinghamshire.nhs.uk

## Protocol review

The protocol will be kept under regular review to ensure that it is operable and does not introduce unnecessary bureaucracy into the s117 aftercare planning process