

What it Is

Section 117 of the Mental Health Act 1983

<https://www.legislation.gov.uk/ukpga/1983/20/section/117>

It applies to people of all ages including children (<18)

What it Does

Sets out duties for care that should be provided to anyone discharged from Hospital after they were subject to compulsory detention under Section 3, and other parts of the Act. It covers needs that arise from or relate to the person's mental health problem, and care that might reduce the risk of their mental health condition getting worse, and them having to go back to hospital. The duty to provide aftercare services continues for as long as the patient needs such services.

Who Does What

Rotherham Metropolitan Borough Council and South Yorkshire Integrated Care Board (ICB) form the Section 117 Funding Forum, whose remit is to:

- Inform the decision-making and commissioning of care under section 117.
- Make funding decisions for all specialist provisions and complex high-cost care packages.
- Ensure that individuals whose circumstances change are reviewed and funded appropriately.
- Ensure that individuals who no longer require services have their entitlement reviewed and where appropriate ended.
- Ensure that all discussion and decisions made at meetings are accurately recorded.

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There are three options for funding a person's health and social care needs:

1. **100% ICB Funding.** Where a person meets eligibility criteria for fully funded Health Services, the ICB will resource 100% care provision.
2. **Shared Local Social Services Authority (LSSA) and ICB funding.** Where there are both health and social care requirements, aftercare will be funded on a proportional basis.
3. **100% LSSA funding.** Where a person meets the eligibility for social care services alone, the LSSA will fund that care provision.



FORWARD PLANNING IS ESSENTIAL

A Care Co-ordinator must be identified to manage the Discharge Care Plan, and determine:

- the care and support that relates to the patient's mental disorder which will be provided free of charge, and
- the physical health difficulties the patient may experience which may be subject to appropriate charges by the Local Authority, or eligible for Continuing Health Care funding.

The Discharge Plan must be agreed by Health and Social Care professionals, and the necessary documentation completed jointly between them. The Care Co-ordinator must submit the documents, informing the ICB of the Discharge Plan prior to discharge, and review within six weeks of discharge, then annually until it is agreed by all, including the young person, that it is no longer necessary.

Documents and Guidance

Local Authority ~ RMBC Social Care
[The Duty to Provide Aftercare Services](#)

NHS ~ RDaSH CAMHS
[Section 117 Policy](#)