



Mental Health Act (1983) - Aftercare s.117 Responsibilities - FINAL 17/11/2021

Review of this guidance to be carried out after 6 months, and then annually thereafter.

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1. Version Control			
Version Number	Date Amended	By Whom	Nature of Amendments

1. Introduction

1.1

This guidance relates to ‘aftercare’ following treatment and discharge from hospital for a mental health disorder. However, it is closely linked to other processes that need to be followed leading up to hospital admission, during treatment and discharge. All professionals working with children in these circumstances are advised to familiarise themselves with these processes; Responsible commissioner guidance around detaining place of ordinary residence retaining s.117 responsibility; Mental Health Act Assessment; Care Education and Treatment Review (CETR); Dynamic Support Register (DSR); Liberty Protection Safeguards (LPS) and Staffordshire County Council, Stoke-on-Trent, North Staffordshire Combined Health Care Trust and Midland Partnership Foundation Trust children to adult service transitions policies.

1.2

Section 117 of the Mental Health Act (1983) requires clinical commissioning groups (CCGs) and local authorities, in co-operation with health and social care providers and voluntary agencies, to provide or arrange for the provision of aftercare to particular service users/patients detained in hospital for treatment, who then cease to be detained. This includes individuals granted leave of absence from hospital (under s.17 MHA) and those discharged on community treatment orders (CTOs). It applies to people of all ages including children and young people. 1.3

Sections of the Act to which this duty relates are all concerned with compulsory detention in a hospital:

- Section 3 deals with people who are detained in hospital for treatment.
- Section 37 gives the magistrates' court or crown court a power to direct that a person will be detained in hospital either following conviction for an offence or, on being satisfied that the person carried out the action that would have constituted the offence.
- Section 45A gives the higher courts a power to direct that a person convicted of an offence shall be detained in hospital instead of being detained in prison.
- Section 47 authorises the Secretary of State to direct that a person serving a prison sentence shall be detained in hospital.
- Section 48 authorises the Secretary of State to direct that a person who has been remanded to custody or detained under immigration legislation shall be detained in hospital.

1.4

Where eligible people have remained in hospital 'informally' after ceasing to be detained under the Act, they are still entitled to after-care under s.117 once they leave hospital. S.117 does not apply to those who have been detained in under any other section of the Mental Health Act, for example s.2, 4, 5(2), 135 or 136.

1.5

Whether or not s.117 of the Mental Health Act applies, a child/young person who has been admitted to hospital for assessment and/or treatment may be a **child in need** and assessments and services should be provided as appropriate including children/young people subject to education health and care plans (EHCP)

1.6

Most children/young people entitled to s.117 aftercare and support will be detained in hospital under s.3 of the Mental Health Act for treatment.

2. After-Care Services

2.1

Clinical Commissioning Groups (CCGs) and local authorities are required to interpret the definition of after-care broadly. The definition of after-care services is contained within Section 75 of the Care Act (2014) and states that after care are:

“those services which have both of the following purposes:

- 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".

2.2

Consideration will also need to be given to how after-care services integrates with any existing provision made for looked after children, those with special educational needs or disabilities, as well as safeguards being in place to protect vulnerable children and those subject to the criminal justice system.

2.3

Although the duty to provide after-care services begins when the child/young person leaves hospital, planning should start as soon as possible after the child/young person is admitted to hospital. Representatives from health, (including the hospital), children's social care and education should meet and discuss how and when the child/ young person's needs for after-care will be assessed and the arrangements for identifying appropriate services to address these needs.

2.4

After-care planning should involve the child/young person, parent/carer (if the young person consents to this) as well a named allocated / involved professional from health children's social care and education etc. It may also include the CCG, NHS England, criminal justice system, school nurse, housing etc. If the young person is approaching 18 years of age, then adults' services should also be invited to contribute to s.117 planning as they will be ultimately responsible for plans that are put into place going forward.

2.5

S.117 after-care is intended to provide sufficient support for an individual who has been compulsorily detained so that they can leave hospital and return to their home, or other accommodation in a manner that minimises the risk of deterioration of their mental health and, the chances of them needing further hospital admission for treatment. Any assessment of s.117 needs should clearly evidence this. For children/ young people, the key domains of support are, appropriate accommodation with support from family, friends and or carers; access to appropriate mental health services including treatment; appropriate access to education and or training.

2.6

When considering s.117 aftercare, the child/young person's views, wishes and feelings should always be sought and taken seriously, and professionals should work with them collaboratively and they should be fully informed throughout the process.

2.7

The duty to provide after-care services continues for as long as the person needs such services. In the case of someone on a Community Treatment Order (CTO),

after-care must be provided for the entire period they are on the CTO, and continue past this, if needed. (see appendix A for CTO)

2.8

The duty to commission or provide mental health after-care rests with the CCG and Local Authority for the area in which the person concerned was ordinarily resident, immediately before they were detained in hospital, even if the person becomes ordinarily resident in another area whilst in hospital, or after leaving hospital. Although any change in a child/young person's ordinary residence after discharge will affect local health social care and education services it will not affect responsibilities for commissioning any additional services under s.117 after-care. In such circumstances, it will be very important for the professionals involved to be very clear about what the child/young person's s117 needs are. (Please see Appendix B for s.117 pro-forma)

2.9

S.117 services must only be ceased when both the CCG and the Local Authority are satisfied that the service user no longer requires them. It is important that the child/young person and their carer/advocate are involved in this decisionmaking process.

2.10

After-care services under s.117 should not be withdrawn solely on the grounds that:

- The person has person has been discharged from specialist mental health services.
- An arbitrary period has passed since the care was first provided.
- The person is deprived of their liberty under the Mental Capacity Act.
- They person has returned to hospital informally (voluntarily).
- The person is no longer on a Community Treatment Order (CTO) or is on s.17 leave.

2.11

After-care services should be reinstated if it becomes apparent that the services have been withdrawn prematurely. Services should be provided for as long as they are required to prevent a relapse or further deterioration in the child/young person's mental health.

2.12

Young people can refuse after-care services but any decision to refuse them should be fully informed. If they initially refused services but then subsequently change their mind, s117 services should be provided.

2.13

Caution and careful consideration should always be applied when considering discharging s.117 entitlement for any child/young person even if the child,

young person, or family are asking for this. S.117 aftercare is focused on preventing a mental health relapse requiring hospital admission. The likelihood of a relapse may increase with significant life events associated with early adulthood.

3. Assessment and Planning

3.1

It is important that s.117 after-care is effectively managed and delivered to improve outcomes for the child/young person, carers, and families. For a long time, health services have used the Care Programme Approach (CPA) as an overarching system for co-ordinating the care of people with mental health disorder. However, CPA'S have been superseded, and reference removed from NHS standard contracts. Overtime health services will use a Personalised Care Plan (PCP). It is important to note that hospitals will assess and plan under PCP, but the language of CPA's may be used for a short time. Ideally this type of planning should continue with children's mental health services following discharge. Whether or not the PCP process continues each agency should regularly review their care / risk plans and clearly identify needs under s.117 3.2

At the point that a child/young person is compulsorily detained in hospital, relevant health, children's social care, and education assessments should be undertaken. For children's social care a statutory full 45 working day Child Social Work Assessment (CSWA) should be undertaken. Where a child or young person is already 'open' to children's social care and has recently had an assessment, the assessment should be updated to include the relevant information in respect of the mental health concerns and their ongoing s.117 aftercare needs.

3.3

This assessment should include the following considerations:

- Background history and impact upon the child's emotional well-being and mental health needs.
- Continuing mental healthcare needs.
- The psychological needs of the young person and of their family.
- Physical healthcare.
- Any specific needs e.g., arising from co-existing physical disability, sensory impairment, learning disability or autistic spectrum condition.
- Education, training, or employment.
- Appropriate accommodation: If the aftercare plan includes the provision of specialist accommodation and or the young person has committed one or more criminal offences, the circumstances of any victims of the offence(s), and of their families should be taken into account when deciding where the young person should live.
- Identified risks and protective factors.
- Any specific needs arising from drug, alcohol, or substance misuse.
- Parenting capacity of parent/carer.
- Social, cultural, or spiritual needs.

- Direct therapeutic interventions including medications and personal support.
- Assistance in welfare rights, managing finances and independence skills (if appropriate).
- The involvement of authorities and agencies in a different area, if the young person is not going to live locally.
- The involvement of other agencies, for example the probation service, YOS or voluntary organisations.
- Any conditions likely to be imposed by the Secretary of State for Justice or the Tribunal.
- Contingency plans (should the young person's mental health deteriorate); and
- Any assessed social care needs.

3.4

All assessments (health, social care, and education) should be informed by the views of the child/young person, parents/carers and involved professionals.

While most children/young people detained in hospital will have identified social care and education needs, there may be a small number of who's only needs relate to their mental health and emotional wellbeing. While this doesn't take away from the Local Authorities' duty to contribute to s.117 planning, it will be an important consideration when identifying the Care Co-ordinator (see 3.6) and the provision of additional funding of services if required.

3.5

There is an expectation that the hospital in-patient Lead Clinician will arrange an initial meeting under PCP (or CPA) and will invite the child/young person's local (ordinary residence) mental health, social care, and education services. To facilitate this process once a child/young person is detained in hospital allocated representatives from health, social care and education should contact the hospital CPA co-ordinator as soon as possible and ask to be invited to the initial meeting either in person or via telephone/ MS Teams etc. This meeting will address the following:

- Consideration as to how long the child/young person is likely to be detained.
- Confirmation that all contributors to the care planning process are aware of the child's s.117 status and the agency's statutory responsibilities in relation to this status.
- When initial discharge planning will commence.
- Allocation of roles and responsibilities for ongoing care co-ordination and in-patient care, community CAMHS and social care support.
- How and when the child/young person's needs for aftercare will be assessed.
- Arrangements for identifying appropriate services to address these needs.
- Identification of the Care Co-ordinator.

3.6

For children and young people detained in hospital the Care Co-ordinator will initially be from the inpatient team, but a community-based care co-ordinator must be identified to support discharge before the young person leaves hospital. Once a child young person is discharged the care co-ordinator role will transfer to the 'community' mental health team named professional. The care Coordinator role may change again once adult services become involved. This might be an adult mental health social worker or named health care professional.

3.7

The Care-Coordinator must be clearly identified. They pull together the child/young person's hospital plan (PCP) and monitor the implementation and review. They must also report any problems to their managers, as they arise, and which cannot be resolved through discussion. The Care Co-ordinator must be able to ensure the appropriate provision and co-ordination of services including liaising with relevant senior managers. Allocated children's social workers will assist from a social care perspective and liaise with their relevant senior managers as appropriate.

3.8

If no contact has been received from the hospital within 7 days of admission, the allocated children's social worker must make contact with the hospital to ascertain the arrangements for the initial meeting.

3.9

The child/young person's needs should be considered, and a PCP should be formulated. The PCP plan will be recorded on the child/young person's primary agency plan. All needs should be considered carefully, identifying those needs which should be met under s.117 and those that should be met under existing, or additional health social care and education plans. The PCP should clearly identify the name of the Care-co-ordinator and the services which are to be provided under s.117, with clear timescales for the implementation of key actions and the identification of people with specific roles and responsibilities, as well as those services to be provided outside of s117.

3.10

It will be the responsibility of the children's social care representative to ensure the s117 checklist at Appendix B is completed.

3.11

Included within a PCP:

- A treatment plan which details medical, nursing, psychological and other therapeutic support for the purpose of meeting individuals' needs promoting recovery and/or relapse.
- Details regarding any prescribed medications.

- Details to address any physical health problems or to reduce the likelihood of health inequalities.
- Details of how the child/young person service will meet their personal goals.
- Support to be provided in relation to social needs, including housing, education, finances etc.
- Support to be provided to carers.
- Actions to be taken to prevent a deterioration of the child/young person's mental health (relapse plan or community safety plan)
- Actions to be taken in the event of a mental health deterioration.
- Any support to be provided outside of s.117 to meet the child/ young person's wider assessed needs.

3.12

The PCP should set out the practicalities of how the child/young person will receive treatment, care, and services. The plan should be set out in writing and a copy should be given to the child/young person, parents/carers, and all involved professionals, including the child/young person's GP. It is the

responsibility of the Care Co-ordinator to oversee the implementation of the PCP and to arrange regular review meetings.

3.13

The PCP will be a significant factor in deciding when the child/young person will be discharged from hospital. It is important to ensure that assessments are completed in a timely manner that assessed needs are identified, and that decisions regarding the provision of services, are in place. At the point of discharge there should be a clear understanding of the child/young person's ongoing health, social care, and educational needs, with agreement about how and by whom, these needs will be met. If these are likely to involve the accommodation of a child/young person through local authority care, or the provision of an 'specialist' placement, then permissions must be sought at the earliest opportunity and prior to the child's/young person's discharge, or to any mental health tribunals. (Please see Appendix C for Mental Health Tribunal).

3.14

A child /young person's discharge should not be delayed by the seeking of appropriate permissions.

3.15

Health, social care, and education services should remain involved (open) for oversight throughout the duration of the child/young person's detention in hospital and discharge through the provision of s.117 services and should only cease when s.117 planning has ended.

3.16

Local authorities should plan to provide suitable education for all children and young people of compulsory school age. Children and young people who are admitted to hospital should have access to education that is on a par with their mainstream education provision. Consideration should be given to the child's educational needs and how these will be met during the child's detention in hospital.

3.17

The PCP should be reviewed on a regular basis. It will be the responsibility of the Care Co-ordinator to arrange reviews of the plan until it is agreed between all parties, (including the child/young person) that it is no longer required. The review meeting should consider:

- S.117 needs identified in the PCP and whether these needs have been met/continue to exist.
- Consideration as to whether any additional s.117 needs have been identified.
- Ensure all everyone present at PCP meetings have equal opportunity to contribute to discussions around ongoing health, social and education needs.
- Any additional needs not subject to s.117 should be recorded and addressed in the PCP.

- The PCP should be updated as appropriate.
- Where all professionals in attendance agree that the s.117 needs have been satisfactorily met, this needs to be clearly evidenced and documented along with the decision to discharge from s.117. Please see appendix B for s.117 pro-forma
- The child/young person may require ongoing support for assessed needs, outside of s.117 services.
- All review meetings must be clearly documented, and care plans updated.
- Where a child/young person or their representative does not agree with the decision to discharge from s.117, they should be advised of their right to appeal the decision and their views and supported, and information recorded.
- The Care Co-ordinator should support the child/young person with the process which should be brought to the attention of the responsible agency senior manager.

4. Complex Needs Panel

4.1

Most children/ young people s.117 needs will be met via existing health social care and education provision. However, it is possible that a s.117 need cannot be met by existing services and will require requests for additional commissioning. For example, specialist residential accommodation, combining psychological and social care interventions or a particular type of therapy.

4.2

The principle agreed for individuals with a s.117 after-care needs where additional services are required will be funded as a 1/3 equal split between education, health, and social care. The panel and its respective organisation representatives have the delegated responsibility for agree such funding.

4.3

The six CCGs (soon to be Integrated Care System) of Staffordshire and Stokeon-Trent have worked in conjunction with both Staffordshire County and Stokeon-Trent City Councils to establish tripartite (education, health, and social care) funding panel for children and young people who have assessed needs that cannot be met by commissioned universal or specialist services. This panel meets monthly. Stoke-on-Trent have a Tripart Tripartite Panel, Placement Panel and High Needs Review Panel. (Please see appendix D for Panel referral form.)

4.4

Referrals for children and young people with s.117 after-care needs should be taken through this process to determine the following:

1. Assessed needs of the child/ young person
2. Assurance that voluntary sector and routinely commissioned services have been exhausted

3. A holistic discussion on how the child/young person's needs can be best met, supported by a comprehensive care plan with clear goals and expected outcomes

5. Preparation for Adulthood / Transferring S.117

5.1

The transition from children to adult services can be a difficult time for young people. This is often compounded by many other changes in a young person's life, including: transitions from school to further/higher education or employment; changes in self-identity and relationships and changes which arise from the shift from childhood to adulthood. This can result in uncertainty, anxiety and stress. It is important that any required transition process is managed sensitively and collaboratively to ensure there is continued support and engagement of the young person and their parents /carers

5.2

Arrangements should be made to involve respective adult health and children's social care services in line with relevant agency transition policies. Whilst these may slightly differ between agencies the general agreement for s.117 is that adult services should be notified once a young person reaches 17.5 years of age or above before their 18th birthday.

5.3

Referrals to adult services should be discussed and explored as part of the PCP process. Two separate referrals should be made for young people who fall within Midland Partnership Foundation Trust (MPFT) catchment area. One referral to be made to the 'social care pathway' via the young person's allocated social worker and the other to the relevant adult mental health team (pathway) via the young person's care co-ordinator.

5.4

Young people who fall within North Staffordshire Combined Health Care (NSCHT) may also require separate social work and mental health referrals under s.117 (please check NSCHT CAMHS to AMH policy)

6. Looked after young people / care leavers.

6.1

Where a child/young person is Looked After under s.31, Children Act (1989), they will continue to be Looked After while they are detained under the Mental Health Act. They will continue to have a social worker and will be subject to all the statutory arrangements that are in place for Looked after Children. They will continue to have a care plan and will be subject to statutory reviews. It will be important for these reviews to work closely with the CPA Reviews. When a Looked After child/young person is discharged from hospital, the Local Authority

will continue to have responsibility for them and for their accommodation. It will be crucial for the support to be co-ordinated via the CPA process with support to the child/young person carried out through their legal status as a Looked after young person.

6.2

Where a child/young person is Looked After under Section 20, Children Act (1989) usually referred to as 'voluntary accommodation' they will retain their **Looked After status** whilst detained in hospital and will have social care support via a social worker.

6.3

Where a young person is a Care Leaver, they will continue to have support under the Leaving Care (2000) Act. This will mean that they will continue to have a Personal Advisor (PA) and a Pathway Plan. The duties of the Local Authority towards care leavers may be more limited than they are for Looked after Children, depending on their leaving care status. There is no duty on the Local Authority to provide accommodation for 'former relevant' or 'qualifying young people'. It will be important that the CPA and Pathway Plan link, but that the CPA reflects the more limited role of the Pathway Plan.

7. Appendices

A: Community Treatment Order (CTO)

Although not often used in children services it is possible for a child/young person to be discharged from hospital under a CTO. S.117 still applies to children/young people subject to a CTO

Where children and young people have been detained in hospital under the Mental Health Act, the responsible clinician can arrange for the child/young person to have a community treatment order (CTO). This means that the child/young person will have supervised treatment when they leave hospital. The responsible clinician will be able to bring the child/young person back to hospital if there are concerns about the child's/young person's mental health, or if the young person does not follow the conditions of the CTO. The conditions set out in the CTO will ensure the child/young person continues to receive treatment and will seek to prevent the child/young person from harming themselves or others. Conditions can also include where the child/young person lives and where they will receive treatment.

If the child/young person breaks the conditions of their CTO or, if the responsible clinician is concerned, they may become unwell again then the child/young person can be brought back into hospital. The responsible clinician can detain the child/young person in hospital for up to 72 hours while they decide what should happen next. If required, the responsible clinician can keep the child/young person in hospital and put them back on the section they were on when the CTO was made. This is known as the CTO being "revoked". The CTO will continue until the responsible clinician discharges it.

B: s.117 Pro-Forma

Section 117 Checklist

ID No:	Key Worker:
NHS No:	Primary Support Reason:
First Name(s):	Surname:
Title:	Preferred Language:
Date of Birth:	Age:
Gender:	Marital Status:
Ethnicity:	Religion:
Current Address (including Post Code):	Current Telephone No:
Permanent address (including Post Code):	Preferred contact address (including Post Code):
Accommodation Type:	
Main Telephone No:	Mobile No:
Email Address:	Preferred contact method (e.g., tel. no, email):
Employment Status:	Lives with:

Date of Assessment:	Date of Completion:
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Client preferred name	
Team	
Organisation completing this form	

Form completed by	
Role/Profession	
Contact details	

Does the service user have S.117 entitlement?

If yes, is continuation of S.117 entitlement appropriate?

If no, then S.117 entitlement needs to be formally ended and sign form

D	D	M	M	Y	Y	Y	Y
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S.117 checklist to be completed at each planning meeting or review

If yes, please indicate which aspects of the care plan meet the requirements of S.117

(NB where S.117 entitlement exists, we cannot charge for relevant services)

	Service Provision/Input	Relevant to S.117 entitlement
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		

Do all the members of the multi-agency team agree?

If not, please indicate which members disagree, reason for the difference of opinion and in respect of which services

--

S117 Cessation Criteria (refer to local policy guidance) – Consultant & Social Worker to sign this form if S117 is ended.

1. Aftercare is no longer required

2. Person has moved out of the local area

3. Ongoing care needs are superseded by non-mental health needs

4. Person has died

Signed	Social Worker Signature
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Signed	Care Co-ordinator
Date:	

Please obtain Senior Officer's agreement before changing charging arrangements for the service user.

C Mental Health Tribunal

A tribunal is an independent judicial body which reviews cases of those detained and conditionally discharged and those subject to CTOs under the Mental Health Act. The tribunal will direct the discharge of any young person, where it thinks it is appropriate. The tribunal will give due consideration to the young person's wishes and feelings and medical condition. It is for those who believe that a young person should continue to be detained, or remain a community patient, to prove their case; and not for the young person to disprove it. Clinical and Social Circumstances' Reports are essential to the effective running of the tribunal. Tribunals usually take place because a child/young person appeals against their section. The outcome of tribunals varies, but includes the following:

- To remain on section,
- Allow power to discharge a young person from their section,
- Recommend home leave,
- Recommend supervised community treatment, instead of staying in hospital (CTO),
- Decide on delayed discharge or conditional discharge,
- Transfer to another hospital (or mental health facility),
- Arrange another meeting, if their recommendations are not followed.

However, the hospital is not legally obliged to follow their recommendations.

It is the expectation that the allocated worker from health, social care and education attends every tribunal. The allocated social worker or agency representative will produce and present a Social Circumstances Report. It is a statutory duty on the Local Authority to provide a report to the tribunal. The hospital will normally provide their own social circumstances pro-forma. The majority of information requested will already have been gathered for the child social work assessment.

All children/young people, who have not had tribunal for 12 months and who meet the criteria for a tribunal, will be automatically referred for a tribunal to take place.

A tribunal must consist of: a legal member (usually a solicitor or a barrister), a doctor (usually a psychiatrist), and a lay member (a person who is not medically or legally trained) with some mental health experience, the child/young person, parent (s) or carers and the responsible clinician.

The tribunal will consider a range of evidence and information provided by all involved. A main consideration will be what support, risks and protective factors are in place should the child/young person be discharged that day. The tribunal will make reference to a social circumstances report prepared specifically for the case.

Where possible, a CPA planning meeting should take place prior to the tribunal to ensure that appropriate discharge planning arrangements are in place should the tribunal direct the discharge of the child/young person.

D Complex Needs Panel referral form

Child or young person's details					
Name					
Date of birth		NHS Number		EHCP	Yes/ No
Address					
Current/ temp address <i>(if different from home address)</i>					
School/ education placement <i>(if applicable)</i>					
Gender	Male		Female		
Legal Status/ Parental Responsibility <i>(if applicable)</i> If not applicable, please do not complete this section					
Parental responsibility held by		Contact No			
		Email			
Basis of parental responsibility <i>(e.g. legal guardian, LA section 20 etc.)</i>		Address			
Name and Address of GP Practice					
Responsible CCG					
Responsible LA					
Details of Referrer					
Name of Lead completing referral					

Address		
Job Title		
Organisation		
Contact Details		
Signature		
Date		
Name of Lead undertaking Quality Assurance		
Address		
Job Title		
Organisation		
Contact Details		
Signature		
Date		
Other health professionals involved	Name	
	Job Title	
	Contact Details	

Reason(s) for referral

- Please provide **brief rationale that supports your decision making for the referral.**
- Also provide any other relevant health, social care or educational information that supports this request.
- Include what interventions have been exhausted by commissioned services, list why this has not been successful.

Existing Assessments

Please provide details below of any relevant **assessments or reports completed in the last 12 months** (e.g., education, health and care plan or statement of SEND, CAMHS assessments, child protection plan/ early help plan, initial health assessments (IHA) or review health assessments)

	Health	Education	Social Care
	CAMHS assessment	EHC Plan	Child in Need
	OT assessment	Educational Psychology	Child in Care
	Physio assessment	School targets	Child Protection
	SALT assessment	School report	Early Help
	Youth Offending		

Looked After Children (documents for review purposed in reference to child/ young people who are placed by the Local Authority.

	Compliance review
	Independent Review (by Independent Reviewing Officer)
	Annual health review (Looked After Children's Nurse)
	EHCP annual review

Health needsWhat support is the child or young person **currently receiving** from health?

<i>Details of specific health or disability (including diagnosis. Working diagnosis):</i>	Yes/ No	
<i>Allergies?</i>	Yes/ No	
<i>Details of medication and regime</i>	Include dose and management of prescribing/ clinical oversight	
<i>Special dietary needs/ requirements</i>	Yes/ No	
<i>Continence problems</i>	Yes/ No	
<i>Sensory impairment</i>	Yes/ No	
<i>Special communication aids, methods</i>	Yes/ No	

<i>Mobility aids</i>	Yes/ No	
<i>Specialist equipment</i>	Yes/ No	
<i>Details of any mental health concerns/ diagnosis?</i>	Yes/ No	
<i>Details of support and intervention from psychological, psychiatry or therapeutic involvement</i>	Yes/ No	

Are there any risks resulting from the child or young person's health needs?

<i>Is the young person at risk of sexual exploitation or trafficking?</i>	Yes/ No	
<i>Does the young person pose a risk self or others?</i>	Yes/ No	

<i>Has the young person committed any offences?</i>	Yes/ No	

<i>Details of any current involvement with Youth Offending services?</i>	Yes/ No	
Behaviour (including risk taking behaviours, presenting risk and risk management)		
Self- Harm?		Yes/ No
<i>How?</i>		
<i>Frequency?</i>		
<i>Last Incident?</i>		
<i>Triggers?</i>		
<i>Strategies used?</i>		
Eating Disorder?		Yes/ No
<i>How?</i>		
<i>Frequency?</i>		
<i>Last Incident?</i>		
<i>Triggers?</i>		
<i>Strategies used?</i>		
Withdrawn?		Yes/ No
<i>Where/ with who?</i>		
<i>How long?</i>		
<i>Triggers?</i>		
<i>Strategies used?</i>		
Violent Behaviour?		Yes/ No
<i>Who to?</i>		
<i>When/ frequency?</i>		
<i>Triggers?</i>		

Strategies used?			
Verbally abusive or threatening behaviour		Yes/ No	
Who to?			
When/ frequency?			
How?			
Triggers?			
Strategies used?			
Discrimination towards others?		Yes/ No	
Who to?			
When/ frequency?			
How?			
Triggers?			
Strategies used?			
Bullying others?		Yes/ No	
Who to?			
When/ frequency?			
How?			
Triggers?			
Strategies used?			
Destructive?		Yes/ No	
What was damaged?			
Who's property?			
When/ frequency?			
How?			
Triggers?			

Strategies used?			
Anti-social behaviour?			Yes/ No

How?			
When/ frequency?			
Who with?			
Triggers?			
Strategies used?			

Fire raising?			Yes/ No
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Conviction?	Yes/ No		
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What?			
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How?			
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When/ frequency?			
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Last incident?			
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Triggers?			
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Strategies used?			
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Stealing?			Yes/ No
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From you?			
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When/ frequency?			
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What/ value?			
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Triggers?			
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Strategies used?			
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Drug/ alcohol abuse?			Yes/ No
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What substance(s)?			
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When/ frequency?			
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<i>Confirmed usage?</i>	Yes/ No		
<i>Triggers?</i>			
<i>Strategies used?</i>			
Going missing?			Yes/ No
<i>When/ frequency?</i>			
<i>Last incident?</i>			
<i>Where to?</i>	Yes/ No		
<i>Triggers?</i>			
<i>Strategies used?</i>			
Sexualised behaviour?			Yes/ No
<i>How is this displayed?</i>			
<i>Is this sexually harmful to self or others?</i>	Yes/ No		
<i>Triggers?</i>			
<i>Strategies used?</i>			
Cruelty to animals?			Yes/ No
<i>How?</i>			
<i>Frequency?</i>			
<i>Last incident?</i>			
<i>What to?</i>			
<i>Triggers?</i>			
<i>Strategies used?</i>			
Anything not covered above?			

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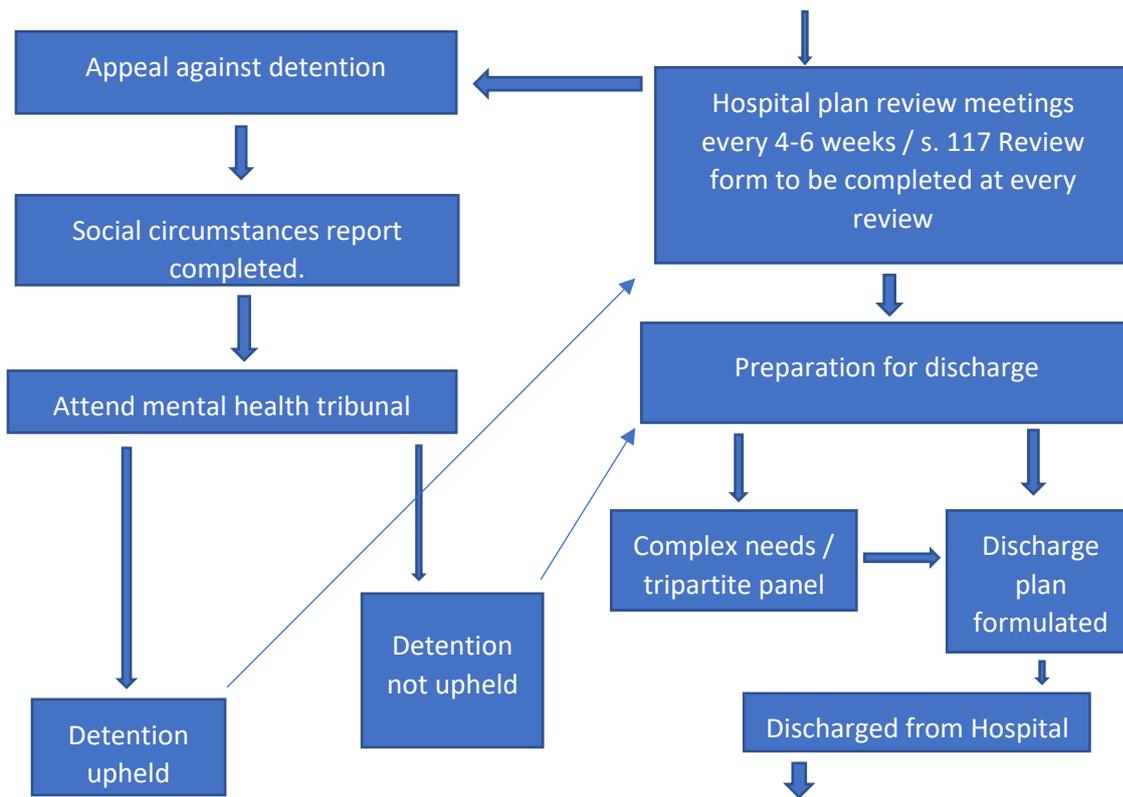
1.0 Provider and cost breakdown

Name of proposed provider		
Type of placement requested	<i>Residential</i>	
	<i>Supported accommodation</i>	
	<i>Education</i>	
	<i>Other (please state)</i>	
Is the provider Ofsted registered?	Yes/ No	
Is the provider CQC registered?	Yes/ No	
If the provider is not registered with a professional regulatory body, has the placement been signed off by a Director within the Local Authority?	Yes/ No <i>If yes, please state name, designation and date of approval</i>	
Category of care requested	<i>Include staffing levels, number of other young people, facilities etc</i>	
Cost of placement	<i>Weekly costs</i>	

Breakdown of weekly costs	<ul style="list-style-type: none"> -Staffing -Therapeutic support -Education arrangements -Other
Requested contribution from the CCG?	
Anticipated duration of placement?	
Agreed placement monitoring arrangements?	<ul style="list-style-type: none"> -Who will lead? -Frequency? -Reporting mechanisms to health and social care?

E : Children's Social Care s.117 flowchart





Mental Health Act (1983) - Aftercare s.117 Responsibilities

FINAL DRAFT – 17/11/2021

<u>Organisation :</u>	<u>North Staffordshire Combined Healthcare NHS Trust</u>
<u>Name :</u>	<u>Dr Buki Adeyemo</u>
<u>Job Title :</u>	<u>Interim Chief Executive</u>
<u>Date :</u>	<u>15.3.2022</u>
<u>Signature :</u>	

<u>Organisation :</u>	<u>CCG</u>
<u>Name :</u>	<u>Gemma Smith</u>
<u>Job Title :</u>	<u>Deputy Director of Commissioning</u>
<u>Date :</u>	<u>12/05/2022</u>
<u>Signature :</u>	

<u>Organisation :</u>	Stoke-on-Trent City Council
<u>Name :</u>	Vonni Gordon
<u>Job Title :</u>	Assistant Director - Early Intervention
<u>Date :</u>	23/5/22
<u>Signature :</u>	

<u>Organisation :</u>	Staffordshire County Council
<u>Name :</u>	Natasha Moody
<u>Job Title :</u>	Assistant Director Wellbeing & Partnerships
<u>Date :</u>	7/6/22
<u>Signature :</u>	

<u>Organisation :</u>	Midlands Partnership NHS Foundation Trust
<u>Name :</u>	Dawn Crowther
<u>Job Title :</u>	Head of Mental Health Act & Mental Capacity Act
<u>Date :</u>	15/03/2022
<u>Signature :</u>	Authorised at board via email