
REPORT FOR: HEALTH AND WELLBEING BOARD

Date of Meeting: 14 January 2020

Subject: Supporting People on a Section 117 (S117) Plan

Responsible Officer: Joint Report:

Javina Sehgal , Managing Director,
Harrow CCG

Paul Hewitt, Corporate Director,
People Services, Harrow Council,
Local Authority (LA)

Public: Yes

Wards affected: All Wards

Enclosures: S117 panel Terms of Reference
S 117 Matrices

Section 1 – Summary and Recommendations

This report sets out the agreed approach to supporting people placed on Section 117 of the Mental Health Act 1983, requiring after hospital care health and or social care support.

FOR INFORMATION ONLY

Section 2 – Report

Background - The Mental Health Act 1983, Section 117:

- Section 117 imposes an enforceable duty to provide after care service for people who have been detained under treatment section of the Mental Health Act.
- Section 117 is free standing duty which places upon CCG (depending on the nature of the service), and LA, a statutory joint duty to work together, in cooperation with relevant voluntary agencies, to provide after care services for all service users with S117 rights.
- This document sets out the process agreed between Harrow CCG, Harrow LA and Central and North West London (CNWL) to manage those in receipt of Section 117 care and support.

Current situation

People under S117 have an individual care package which is reviewed at least annually as part of their care programme approach (CPA). At the CPA the individual and the multi-disciplinary team (MDT) will establish:

- Whether the individual is still eligible under the s117
- If the individual is eligible, their needs are reviewed and a plan of care agreed across both health and social care
- The funding of the care package was previously split 50:50 between the commissioning organisations, regardless of whether the needs are health or social care needs. The historic funding split largely reflected need and enabled joint packages of care to be set up expediently. We now have fully implemented a funding matrix which correctly reflects costs against health or social care needs by applying a financial formula to the needs of the citizen.

Whilst we have maintained step one and two above, the funding arrangements are now split according to a matrix which has changed the average split from 50:50 to 30:70 health and social care.

What are the benefits of the change?

The matrix tool has provided a formula to ensure the citizen's needs are correctly reflected in the support plan and are being met fully with the appropriate funding arrangement in place.

Staff have been fully trained to use the tool and begun implementing the new approach from March 2019. This new way of working has been embedded through a jointly agreed S117 panel and quality assurance process

Implications

Resource: Harrow CCG allocated a resource of £194,000 to support the implementation of the utilisation of the new matrix. This provided the following health staff for the CCG and CNWL to carry out the 137 S117 reviews:

- Mental Health nurse assessors
- An experienced trainer
- Administrative support
- Quality Assurance clinician

Harrow Council, CNWL and CCG commenced reviews using new S117 matrices in March 2019 with first cases going to the new S117 panel 22nd March 2019. The last reviews for this project were completed in October 2019.

The CCG implementation funding for additional health staff ended September 2019.

Future reviews will be completed with the new S117 matrices and as part of business as usual. From November monthly S117 panels will remain in place as business as usual with Harrow council, Harrow CCG and CNWL ratifying the funding arrangements.

Ward Councillors' comments

Financial Implications/Comments

Whilst the new S117 matrix has helped to determine the appropriate split between the health and social care costs being provided to avoid a relapse of the s117, this has impacted partner organisations to varying degrees.

The additional cost, estimated at £497k for the Council in the current financial year will be funded from the specific Adult Social Care reserve set up as part of the budget setting process for 2019-20. The cost in a full year is estimated at just under £0.8m. For these cases the split has shifted from 50:50 to approx 65% LA 35% CCG.

For Mental Health service users under 65, a reduction of approx. £200k has been identified with the 50:50 shift now representing 45% CNWL 55% CCG. This reduction in cost for CNWL cases will reduce the cost of this service for the council.

It should be noted that it was agreed that any changes in the split of funding responsibilities would not be backdated and would be effective from the date of the review under the matrix.

As a result all historic invoices raised by the CCG prior to the implementation of the matrix tool (which reflected a desktop exercise) and which remain unpaid by the Council, will now be cancelled.

Legal Implications/Comments

Throughout the process, both the CCG and LA have sought legal advice, to ensure the new process is permissible.

The s117 aftercare duty to provide after care services arises when someone has been admitted to hospital under s3 or s37 of the Mental Health Act 1983 or transferred to hospital under s47 or 48 of the same Act, and after care is defined as those services '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'

The duty is jointly imposed on Health and Social Care (so here it is the LA and CCG) and requires that a plan is drawn up to identify relevant services. The plan can be reviewed but will remain in force until both the LA and CCG jointly decide that the services are no longer needed and discharge the plan. Discharge from the plan cannot be made unilaterally by either CCG or LA.

Risk Management Implications

1. Risk: Consistency of practice. Ensuring the methodology and quality of work is similar across health and social care.

Mitigation: Guidance manual to be updated and re-released to staff

2. Risk: Disputes. Disagreements have not occurred to date that were not able to be resolved by panel members or practitioners. However with the complex nature of the matrix there is a need to have a robust mechanism to manage resolutions, as there is no formal process to resolve situations where there are different professional opinions.

Mitigation: The CCG, LA and CNWL will draft a dispute resolution policy for adoption by all partners.

Equalities implications / Public Sector Equality Duty

Was an Equality Impact Assessment carried out? No

Not completed as considered as part of the multi-agency protocol which reflected a change in process not services.

Council Priorities

Please identify how the decision sought delivers these priorities.

1. **Building a Better Harrow**
 - More people are actively engaged in sporting, artistic and cultural activities in ways that improve physical and mental health and community cohesion
2. **Supporting Those Most in Need**
 - Empower residents to maintain their well-being and independence

Section 3 - Statutory Officer Clearance (Council and Joint Reports)

Name: Donna Edwards	<input checked="" type="checkbox"/>	on behalf of the Chief Financial Officer
Date: 06.12.2019		
Name: Sharon Clarke	<input checked="" type="checkbox"/>	on behalf of Legal Services
Date: 07.10.2019		

Name: Paul Hewitt	<input checked="" type="checkbox"/>	Corporate Director
Date: 14.10.2019		

Ward Councillors notified	YES
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Section 4 - Contact Details and Background Papers

Contact:

- Diane Jones: Chief Nurse & director of Quality, NW London CCGs
- David Muana : Associate Director for Continuing Healthcare Team & complex care, NHS Brent, Harrow & Hillingdon CCGs
- Seth Mills: Head of Service, LB Harrow CLDT and CYAD

Name	Contact email
Diane Jones	diane.jones11@nhs.net
David Muana	david.muana2@nhs.net
Seth Mills	seth.mills@harrow.gov.uk

Background Papers:

S117 panel Terms of Reference
S 117 Matrices