



**Follow up of the agreed actions from the  
2015/16 S.117 Mental Health Act audit  
City of York Council 2018/19  
Memorandum**

For: Assistant Director, Adults & Social Care, Head of Adult Safeguarding & Mental Health  
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# **1 INTRODUCTION**

- 1.1 Section 117 of the Mental Health Act 1983 (MHA) imposes a duty on Local Authorities and Clinical Commissioning Groups to provide or arrange the provision of aftercare services for individuals who have left hospital at the end of a period of detention under sections 3, 37, 45A, 47 or 48 of the MHA.
- 1.2 An audit completed in 2016 of the council's arrangements for Section 117 aftercare (s.117) identified that there was no procedure in place for reviewing eligibility for care once a care package had been put in place. It also highlighted the lack of clearly documented and agreed procedures for working with partner organisations, such as Vale of York Clinical Commissioning Group (CCG), when arranging care.

## **Scope and Objectives**

- 1.3 The aim of this work was to review progress against the two actions raised in the internal audit report issued in April 2016.
- 1.4 The first objective was to assess whether or not reviews of s.117 eligibility were being conducted at agreed intervals.
- 1.5 The second objective was to establish whether or not policies and procedures for all aspects of s.117 had been documented and agreed with the CCG and Tees, Esk and Wear Valley NHS Trust (TEWV).

## **Key findings**

- 1.6 A sample of 20 s.117 cases on Mosaic was reviewed to confirm whether or not reviews of eligibility were being undertaken while the new procedures were agreed.
- 1.7 In 4 cases, there was evidence of reviews being undertaken, while 1 more was a new case so it was not yet due for review. The other 15 cases had not been reviewed for some time because the council was not involved in commissioning the care. However, officers could not be certain of the status of the individuals. A finding has been raised regarding the accuracy of the council's records and the need to conduct joint reviews of all cases in line with the new procedures.
- 1.8 The council has developed a new process for s.117 aftercare with its partners. The new process has been fully documented and clearly sets out the methods for reviewing s.117 eligibility. It was piloted at two hospital wards in Harrogate and York in October 2018. The s.117 Steering Group will now oversee the implementation of the new process and training of staff. A finding has been raised regarding the timely roll out of the process.

## **2 FINDINGS**

### **Area Reviewed – S.117 Reviews**

- 2.1 New s.117 procedures and supporting documentation have now been developed. These include new guidance outlining how s.117 eligibility will be reviewed and a new form that includes a section on s.117 eligibility. The new procedures require the council to be involved in all reviews (conducted at least annually) with partners from the healthcare sector, even if it is not commissioning care for the individual. S.117 aftercare can also only be ended with the joint agreement of the council and healthcare partners.
- 2.2 A report listing individuals eligible for s.117 aftercare as at 26/7/2018 was extracted from Mosaic. The report listed 738 individuals and a sample of 20 was reviewed to confirm whether or not the council was conducting reviews of their eligibility.
- 2.3 It was found that, where the council is providing care, reviews are being conducted. In 4 cases, there was evidence of reviews being undertaken; while 1 more was a new case so it was not yet due for review.
- 2.4 However, where it is not providing care, currently it is not involved in reviews: the other 15 cases had not been reviewed for some time because the council was not involved in commissioning the care. Discussion with officers suggested that, because they are not involved in reviews, they cannot be sure that the individual is not eligible for s.117 aftercare. Therefore, their status on Mosaic is left as 'eligible', although it cannot be confirmed whether or not this is correct.
- 2.5 The Head of Adult Safeguarding and Mental Health stated it is the service's intention to begin joint reviews of all cases, but plans for doing so have not yet been drawn up. Doing so has resourcing implications for the service and will also require coordination with the council's partners.
- 2.6 It was also found that the new s.117 form will be incorporated into Mosaic as an electronic form so that reviews can be clearly documented. However, a timescale for doing so has not yet been agreed.

### **Area Reviewed – S.117 Policy and Procedure Documentation**

- 2.7 A Steering Group made up of staff from the council, North Yorkshire County Council, TEWV and the CCG has overseen the development of new procedures and guidance for s.117 aftercare.
- 2.8 It was found that, while the new procedure and guidance documents were being prepared, the service had prepared its own internal guidance for s.117 aftercare for council staff. The internal documents included guidance on reviewing and ending s.117 aftercare.

- 2.9 Documents including an s.117 aftercare plan, a process flowchart, and supporting guidance documents have been developed.
- 2.10 The aftercare plan document includes a section on the needs identified and the support required. It requires reviewers to clearly state which organisation will be responsible for providing or commissioning each element of support. It also contains a section for outlining the funding proposal for commissioned services. This should include a clear rationale of why services will be commissioned by a particular organisation or funding split if jointly funded. It provides detail on how funding will be agreed, including escalation procedures for disputes. It also states that the organisation responsible for commissioning the majority of support will be responsible for fully funding care in the interim while awaiting a panel decision to avoid delayed discharges from hospital.
- 2.11 The new process was trialled at hospital wards in Harrogate and York for 4 weeks from 8/10/2018. Feedback from staff members to the Steering Group was positive, highlighting the clarity and ease of use of the new process and supporting documents. It was also noted that the format of the new documents helps support good practice. Furthermore, the outcomes, the need for care and the rationale for commissioned support were clearly evidenced in the aftercare plans.
- 2.12 It was noted, however, that only 6 individuals were discharged with s.117 aftercare plans during this period. The feedback raised a concern as to whether this represents a large enough sample to properly evaluate the success of the new process and documents. Overall, however, the pilot was deemed a success.
- 2.13 The feedback from the pilot was discussed at the Steering Group meeting on 15/11/2018. The Group recommended the creation of a working group to roll out training to all relevant staff by 1/3/2019, while also continuing to gather feedback on the process and make any necessary changes.
- 2.14 A plan for providing the training and implementing the new process should be formulated as soon as is practicable. The procedure documents should be finalised and agreed by the council and its partners prior to the implementation of the new process.

### **3 CONCLUSIONS**

- 3.1 The council has made reasonable progress since the 2015/16 audit in that it has now developed new procedures, guidance and documentation for s.117 aftercare. However, the procedures have not yet been finalised and rolled out by the s.117 Steering Group and staff across all the partners require training on them
- 3.2 Furthermore, the council is not yet conducting joint reviews of all individuals eligible for s.117 aftercare. The service is aware of this, but has yet to develop a plan to implement it.
- 3.3 Given the developments since the 2015/16 audit, the actions raised then have now been superseded. However, as there is still work to be carried out to implement the new procedures and joint reviews, an action plan has been included at Appendix 1 to address these issues.

## APPENDIX 1 – ACTIONS AGREED TO ADDRESS CONTROL WEAKNESSES

Action Number	Report Reference	Issue	Risk	Agreed Action	Priority	Responsible Officer	Timescale
1	2.1 – 2.6	The council is not conducting joint reviews of persons who are eligible for s.117 aftercare, but for whom it does not commission care.	The council does not have an accurate record of persons eligible for s.117 aftercare. The council is not compliant with the Mental Health Act 1983 Code of Practice.	A proposal will be prepared outlining options for reviewing s.117 aftercare. One option may be to fund a post to review existing cases.	2	Head of Adult Safeguarding & Mental Health	31/3/2019
2	2.7 – 2.14	The new s.117 process and supporting documentation have not yet been finalised and implemented by the council and its partners.	The new s.117 process and supporting documents are not implemented in an organised and timely fashion. Staff members are not sufficiently trained on the new process.	The new process and documents will be finalised by the Steering Group. Training will be provided to all relevant staff members.	2	Head of Adult Safeguarding & Mental Health	30/6/2019

### Priorities for Actions

Priority 1	A fundamental system weakness, which presents unacceptable risk to the system objectives and requires urgent attention by management.
Priority 2	A significant system weakness, whose impact or frequency presents risks to the system objectives, which needs to be addressed by management.
Priority 3	The system objectives are not exposed to significant risk, but the issue merits attention by management.