

# Introduction to Section 117 Services

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Note: If printed, this document is for immediate reference only. Do not file it, as it will go out-of-date over time and be replaced by newer versions on-line.

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## Purpose of this document

The purpose of this document is to provide Local guidance and good practice principles for agreeing responsibility for after care services and funding responsibilities under s117 of the Mental Health Act 1983 and the Care Act 2014. The document clarifies locally agreed responsibility for funding and providing s117 services.

**This document should complement the Pan London guidance and good practice principles for After Care Services under S117 issued January 2018 and should be read in conjunction with the Care and Support statutory guidance. It is not exhaustive and recognises that although correct at time of distribution there are likely to be changes to national legislation/guidance/policy developments or case law.**

Link to Pan London Guidance available here:

<https://londonadass.org.uk/wp-content/uploads/2018/01/Section-117-Protocol-reviewed-Dec-2018.pdf>

## Section 117 Aftercare Arrangements

Section 117 of the Mental Health Act 1983 places a joint duty on local NHS and social services commissioners to provide aftercare services for people that have previously been sectioned under the treatment sections of the Mental Health Act, i.e. Sections 3, 37, 45A, 47 and 48. The duty to provide aftercare services begins at the point that someone leaves hospital and last for as long as the person requires the services.

The Mental Health Act does not define what constitutes “aftercare services” but the Dept. of Health’s Code of Practice states:

*After-care is a vital component in patients’ overall treatment and care. As well as meeting their immediate needs for health and social care, after-care should aim to support them in regaining or enhancing their skills, or learning new skills, in order to cope with life outside hospital and reduce the likelihood of the person being re-admitted to hospital.*

The Care Act 2014 provides further clarity in its statutory definition of after-care services for the first time as below:

*“after-care services, in relation to a person, means services which have both the following purposes –*

*(i) meet a need arising from or relating to a person’s mental disorder; and*

*(ii) reducing the risk of a deterioration of a person’s mental condition (and accordingly, reduces the risk of the person requiring admission to a hospital again for treatment for the disorder).”*

Therefore, in the letters of the Care Act, After-care services must have both the purposes of meeting a need arising from or related to a person's mental health disorder and reducing the risk of a deterioration of the person's mental health condition and so reducing the risk of a person requiring re-admission for treatment for mental disorder.

Local authorities cannot fund health services. This is a NHS responsibility.

The Mental Health Act Code of practice states that CCG's and the local Authorities should interpret the definition of after-care services broadly. For example, after-care can include healthcare, social care, employment services, supported accommodation and services to meet the person's wider social, cultural and spiritual needs if these needs arise directly from or are related to the person's mental disorder and help to reduce the risk of deterioration in the person's mental condition.

After-care is a vital component in patients' overall treatment and care. As well as meeting their immediate needs for health and social care, after-care should aim to support them in regaining or enhancing their skills, or learning new skills, in order to cope with life outside hospital.

Mental health after-care services are jointly provided or commissioned by local authorities and CCGs. There is a requirement to maintain a register of all people who are eligible for s117 services and provide details of the after-care services that are available. Services provided under section 117 can include services provided directly by local authorities or which local authorities commission from other providers. CCGs will commission (rather than provide) these services.