**FORM B**

**REVIEW AND OUTCOMES OF**

**SECTION 117 AFTERCARE ARRANGEMENTS**

***Please note:***

***The definition of after-care have the purpose of:***

***meeting a need arising from or related to the individual’s mental disorder***

***and***

***reducing the risk of deterioration of the individual’s mental condition***

***(and accordingly reduce the risk of the individual requiring admission to hospital again for treatment for mental disorder) s117(6) MHA***

***They are also to meet the individual’s immediate health and social care needs, as well as,***

***their wider social, cultural and spiritual needs***

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| --- | --- | --- | --- |
| Name: |  | Date of Birth: | \_\_\_\_/\_\_\_\_/\_\_\_\_\_ |
| Address  (inc Postcode) |  | | |
| NHS Number: |  | | |
| **Date of S117 review meeting** | \_\_\_\_/\_\_\_\_/\_\_\_\_\_ | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **History:** | | | |
| Date of last detention under MHA | \_\_\_\_/\_\_\_\_/\_\_\_\_\_ | Date S117 effective from (date of discharge from section) | \_\_\_\_/\_\_\_\_/\_\_\_\_\_ |

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| **People attending MDT Assessment (name and function):** | |
| Service User: |  |
| Carer/Relative: |  |
| Advocate: |  |

|  |  |
| --- | --- |
| **People attending MDT Assessment (name and function) continued:** | |
| Responsible Clinician: |  |
| CCG Representative: |  |
| Social Care Practitioner: |  |
| Care Coordinator or Health Practitioner: |  |
| Ward Nurse: |  |
| Other: |  |

|  |  |
| --- | --- |
| **Copies of this form have been given / sent to** (please tick where appropriate): | |
| Service User | Carer |
| G.P. | Social Care Practitioner. |

|  |  |
| --- | --- |
| **Date of next review meeting (if required)** | \_\_\_\_/\_\_\_\_/\_\_\_\_\_ |

We agree that the above named person continues to be entitled to Section 117 Aftercare

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| Signed by RC: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date: | \_\_\_\_/\_\_\_\_/\_\_\_\_\_ |
| CCG Representative: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date: | \_\_\_\_/\_\_\_\_/\_\_\_\_\_ |
| Social Care Practitioner: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date: | \_\_\_\_/\_\_\_\_/\_\_\_\_\_ |

# Complete checklist against original Section 117 checklist, if needs have changed detail how below:

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| What are the service user’s current mental health needs? |
| Answer: |
| What are the service user’s current social care needs as related to their mental disorder? (Eligibility criteria under The Care Act 2014 is NOT required). |
| Answer: |
| To what extent is the provision of health and social care aftercare services for the service user likely to prevent a return to hospital or relapse? |
| Answer: |
| Will the service user be regularly seeing a GP and if so what treatment or medication if any are they receiving? |
| Answer: |
| What service is being provided by the commissioned Mental Health Trust? |
| Answer: |

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| Is any additional healthcare provision currently being made, if so what, how frequently and by whom? (e.g. substance misuse) |
| Answer: |
| What is the likelihood of the service-user returning to hospital? |
| Answer: |
| What is the likelihood of the service-user’s mental health deteriorating? |
| Answer: |
| Does the service user have significant physical health needs separate to their mental health needs? Have you undertaken a CHC check-list? |
| Answer: |
| Does the service user agree with their after-care plan? |
| Answer (please indicate):Yes No |
| Is there any treatment, care or medication that cannot be provided in a home (ordinary residence). What is the reason for this? |
| Answer: |

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| Does the service user have care needs outside the scope of S117 Aftercare (e.g. cervical vascular event) |
| Answer: |

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| Following the review and completion of Form B initial decision on S117 Aftercare entitlement continuing? |
| Answer (please indicate):Yes No |
| If the answer to the above is No, please email:[mhsection117@kent.gov.uk](mailto:mhsection117@kent.gov.uk) |