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| **E**nding eligibility **from Section 117** aftercare **Mental Health Act 1983** | | | |
| **Name** |  | **DOB** |  |
| **Address** |  | **NHS Number** |  |

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| **S117 review meeting date** |  |

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| **People present at the meeting** | | | |
| **Name** | **Role** | **Agency** | **Contact details** |
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| **Summary of the Review** |
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| **Outcome** |
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| **Statement by responsible authorities** |
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| **Signatories of responsible authorities** |

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| **Signature** |  | **On behalf of Lincolnshire County Council** |
| **Name** |  |
| **Title** |  |
| **Date** |  |

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| **Signature** |  | **On behalf of Lincolnshire Integrated Care Board** |
| **Name** |  |
| **Title** |  |
| **Date** |  |

**Template Letter confirming discharge from s117 aftercare – consider if an easy read version of this letter is required**

Dear [name]

**Mental Health Act 1983 – Aftercare under Section 117 – Notification of discharge**

Our records show that you were detained in hospital under a treatment order of the Mental Health Act [Section] on [date]. At the time of your discharge from hospital section 117 aftercare as set out in the aftercare plan commenced and your name was added to our list of people who are eligible for section 117 aftercare.

Section 117 of the Mental Health Act 1983 places a joint duty on local NHS and adult social services commissioners to provide free aftercare services for people that have previously been sectioned under the treatment sections of the Mental Health Act. Eligibility for section 117 aftercare remains in force until the responsible authorities (the Local Authority and Integrated Care Board), are satisfied that the person concerned is no longer in need of these services.

On [date] you were involved in a review of your circumstances and have received a copy of the documentation associated with that review.

This review concluded that you no longer require aftercare services under section 117 as you no longer have needs arising from or related to a mental disorder.

I am writing to confirm that this recommendation has been accepted by the responsible authorities and that you are now discharged from the Section 117 aftercare. Your name will be removed from the current version of the aftercare list that we maintain as of the date of the review.

Yours sincerely

Out of Area Treatments Panel

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| **Signature** | **Signature** |
| **Name** | **Name** |
| **Position** | **Position** |
| **For Best Local Authority** | **For NHS Integrated Care Board** |

***Copies to***

* Person
* Parents
* GP
* Social Worker
* NHS file
* ICB file
* MHA Administration Team