**Responsible Authorities for section 117 aftercare.**

**Health** – Lincolnshire Integrated Care Board / Other (Enter ICB) [DELETE AS APPROPRIATE]

**Social Care** – Lincolnshire County Council / Other (Enter Local Authority) [DELETE AS APPROPRIATE]

**1. Person details**

|  |
| --- |
| Name: |

|  |
| --- |
| Date of Birth: Click or tap to enter a date. |

|  |
| --- |
| Current Location: |

|  |
| --- |
| Home address: |

|  |
| --- |
| Contact details (Telephone / Email):  Telephone:  Mobile:  Email: |

|  |
| --- |
| Gender: Choose an item. |

|  |
| --- |
| Religion: Choose an item. |

|  |
| --- |
| NHS Number: |

|  |
| --- |
| Broadcare identifier: |

|  |
| --- |
| RIO identifier: |

|  |
| --- |
| MOSAIC identifier: |

|  |
| --- |
| Telephone number: |

|  |
| --- |
| GP name and Address: |

|  |
| --- |
| Record any cultural needs the individual has: |

|  |  |
| --- | --- |
| Lead Professional  Name:  Designation: | Work base: |

|  |
| --- |
| Date of assessment: Click or tap to enter a date. |

|  |
| --- |
| Does this assessment have links to the Care Act: Choose an item. |

**2. Mental Health Act Detention details**

|  |
| --- |
| Qualifying Detention under which section of the Mental Health Act 1983: Choose an item.  Commencement date of this detention: Click or tap to enter a date.  Date of Discharge (if known): Click or tap to enter a date.  Date(s) of Previous Detentions: |

**3. Data collection**

|  |
| --- |
| Inform the individual of the data collection leaflet, giving information about how data will be collected and used. *Leaflet/Information Sheet to be supplied to individual on date of assessment being completed – ICB from 01/07, LCC have one, LPFT request made, awaiting response.* |

**4. Consent**

|  |
| --- |
| We ask for and record your consent before doing the section 117 assessment. For people who do not have decision specific capacity to consent, we will record why we believe you lack capacity. We will also record details of any decisions to continue with the assessment, taken in your best interests by either your formally appointed representative or your assessor. |
| Record of consent: Choose an item. |

**5. Diagnosis and about you.**

|  |
| --- |
| 5.1. Diagnosis and reason for admission: |
|  |

|  |
| --- |
| 5.2. Lets start with you: |
| ***Guidance:*** Note a succinct summary of the individual their personality, past history, understanding, their strengths, and overall development needs, their family structure, hobbies and interests, likes and dislikes.  Any caring responsibilities, and record and refer if a carers assessment is required.  Current key challenges and issues.  Please record any current safeguarding issues. |
|  |

**6. Assessment**

Section 117 Aftercare services must meet a need arising from, or related to, the person’s mental condition. Aftercare needs aim to reduce the risk of the persons mental health condition worsening and therefore reduce the risk of them needing a further hospital admission.

Record the risks in each domain and undertake risk assessments where appropriate to inform the level of risk.

|  |
| --- |
| 6.1 Psychological and emotional: |
| ***Guidance:*** There are many different types of mental health problems.  The individual subject to section 117 aftercare will have been diagnosed (see diagnosis in 5.1 above) with a condition that has impacted on their life where their functioning, (thinking, emotion and behaviour), has been impaired for a short period or it might have a life-long impact. Describe the effects of the mental health issue(s), the fluctuations and how the individual responds to interventions. Take into consideration the impact of any Learning Disability or Autistic Spectrum Disorder developmental states, motivational issues and how this might affect the Service User. |
| Description of need: All identified needs require to be pulled through to the support plan.  *LCC – can embed into system*  *LPFT positive that can embed into system*  *ICB continuing to look at embedding into Broadcare* |
| Description of risk: |
| Individual or carers views: |

|  |
| --- |
| 6.2 Behaviour: |
| ***Guidance:*** Provide information in respect of behaviour, any triggers for the behaviour, the type, intensity and frequency of behaviours, including the positive management of behaviours. (noting the skill of carers and any environmental factors). Note if the behaviours were present prior to admission.  Does the service user experience any of the following:  Aggression or violent behaviours  Passive non-aggressive behaviour  Dis-inhibition  Resistance to necessary care and treatment  Inappropriate interference with others  Do the behaviours respond to reassurance  Impact on family and family support |
| Description of need: |
| Description of risk: |
| Individual or carers views: |

|  |
| --- |
| 6.3 Cognition: |
| ***Guidance:*** Are there any concerns regarding orientation and ability to perform everyday tasks or ability to meet personal care needs. Has there been any cognitive testing, if so what was the outcome, is the individual able to take part in decision making and make choices. Can the individual able to follow instruction, or join in conversations. Do they recognise people that are familiar to them. Is there a diagnosis of Learning Disability (prior to age 18) or Autistic Spectrum Disorder and how has this affected their abilities as described above? |
| Description of need: |
| Description of risk: |
| Individual or carers views: |

|  |
| --- |
| 6.4 Communication and decision making: |
| ***Guidance:*** Does the individual require any aids to enable them to communicate i.e. visual aids, hearing aids, glasses. What is their first language, do they need an interpreter. Is the individual able to demonstrate that they understand what is said to them e.g. asks questions to clarify issues and make decisions based on the information given. Does the individual display postures, gestures, facial expression, noise’s or blinks to communicate wants or needs. Consider the impact of their Learning Disability or Autistic Spectrum Disorder on their ability to communicate in alternative ways. Is the individual able to communicate and make decisions relating to correspondence received. |
| Description of need: |
| Description of risk: |
| Individual or carers views: |

|  |
| --- |
| 6.5 Medication and symptom control: |
| ***Guidance:*** List the prescribed and over the counter medications the individual takes.  Please note who and how prescribed medication is ordered, collected, and administered.  The management of symptoms plus the intensity of such symptoms, should inform this domain. Note how effective the medication is in managing the symptoms, and if the individual is concordant with the taking of the prescribed medication. Where this impacts on other domains please note the impact.  Record medication reviews and any changes in the last year to prevent over-medicating. |
| Description of need: |
| Description of risk: |
| Individual or carers views: |

|  |
| --- |
| 6.6 Eating and drinking: |
| ***Guidance:*** Record individuals at risk of malnutrition, dehydration, significant weight loss or gain arising from, or related to, the person’s mental condition, (but not amounting to an eating disorder).  Is there an existing diagnosis (such as diabetes which is not being managed).  Research suggests that deficiencies in certain nutrients may [contribute to or exacerbate certain mental health conditions](https://nutritionj.biomedcentral.com/articles/10.1186/1475-2891-7-2) |
| Description of need: |
| Description of risk: |
| Individual or carers views: |

|  |
| --- |
| 6.7. Family relationships |
| ***Guidance:*** Record the role within the family, what informal care is provided, does the individual care for others, are there any vulnerabilities within the family set up. What support is required in maintaining strong family links.  What support may be required should the informal support not be available or, require periods of respite. **What is the contingency should this support not be available?**  Record any on-going safeguarding issues. |
| Description of need: |
| Description of risk: |
| Individual or carers views: |
| Is a Carers Assessment required? Choose an item. |

|  |
| --- |
| 6.8. Informal support: |
| ***Guidance:*** Record the role within informal support, what informal care is provided, does the individual care for others, are there any vulnerabilities within this set up. What support is required in maintaining strong family links.  What support may be required should the informal support not be available or, require periods of respite. **What is the contingency should this support not be available?**  Record any on-going safeguarding issues. |
| Description of need: |
| Description of risk: |
| Individual or carers views: |
| Is a Carers Assessment required? Choose an item. |

|  |
| --- |
| 6.9. Maintaining personal care: |
| ***Guidance:*** Is the individual able to meet their personal care needs and maintain their personal hygiene levels.  Is any identified need related to or arising from the mental health disorder.  Have they previously had support in this area, or is it as a result of their mental health, Learning Disability or Autistic Spectrum Disorder that they have never had the ability, or are no longer able to perform these tasks. Are they unable to perform tasks as a result of lack of motivation.  What current level of assistance is required to support independence, appearance, and dignity in maintaining their personal care needs.  Is a referral to Occupational Therapists, specialist services to promote independence in these areas required. |
| Description of need: |
| Description of risk: |
| Individual or carers views: |

|  |
| --- |
| 6.10 Maintaining the home: |
| ***Guidance:*** Is the individual able to maintain the home environment and safety within the home.  Is any identified need related to or arising from the mental health disorder.  Have they previously had support in these areas, or is it as a result of their mental health, Learning Disability, or Autistic Spectrum Disorder, that they have never had the ability, or are they no longer able to perform these tasks. Are they unable to perform tasks as a result of lack of motivation.  What current level of assistance is required to promote and support independence, environmental safety, cleanliness, and comfort within the home.  Consider if a referral to Occupational Therapists, specialist services to promote independence in these areas is required. |
| Description of need: |
| Description of risk: |
| Individual or carers views: |

|  |
| --- |
| 6.11. Accessing essential community facilities, leisure, and social inclusion: |
| ***Guidance:*** Record any support needs relating to the aspirations of the individual and their ability to access the community for essential and recreational purposes, including transport needs, with the aim of improving the terms in which the individual take part and feel connected and valued in society in the community/society. |
| Description of need: |
| Description of risk: |
| Individual or carers views: |

|  |
| --- |
| 6.12. Education and Occupation: |
| ***Guidance:*** Record the service user’s need’s if practical or emotional support is required to enable them to engage with occupation or education services.  Note how this will improve their mental health. |
| Description of need: |
| Description of risk: |
| Individual or carers views: |

|  |
| --- |
| 6.13. Accommodation: |
| ***Guidance:*** Please state how the accommodation relates to the Mental Health section 117 aftercare need.  Does the individual need support, care home or supported living accommodation that was not required previously to avoid further compulsory admissions to hospital. Has the need arisen because of difficulties associated with the service user’s mental disorder. |
| Description of need: |
| Description of risk: |
| Individual or carers views: |

|  |
| --- |
| 6.14. Managing Finance: |
| ***Guidance:*** Record any needs relating to managing finance. Consider the effect of their mental disorder, learning disability, or autistic spectrum disorder, and their vulnerability to financial exploitation, how does this impact on their ability to manage their own financial affairs.  Do they require support to secure their welfare benefit entitlement. Is there a Power of Attorney or Court appointed Deputy or an Appointee identified. |
| Description of need: |
| Description of risk: |
| Individual or carers views: |

|  |
| --- |
| 6.15. Other Section 117 Needs: |
| ***Guidance:*** Note other needs related to or arising from the mental health disorder, these could relate to Mobility, Continence, Skin or Breathing. |
| Description of need: |
| Description of risk: |
| Individual or carers views: |

|  |
| --- |
| 6.16. Co-existing conditions: |
| ***Guidance:*** Co-existing condition simply means that someone has more than one condition or illness at the same time. Record co-existing conditions not covered in previous domains. |
| Description of need: |
| Description of risk: |
| Individual or carers views: |

|  |
| --- |
| 6.17. Identified and unmet non-section 117 needs: |
| ***Guidance:*** Record identified and any unmet needs, and the action to be taken in referring the unmet needs.  Where social care and health needs that arise as a result of physical health problems or disabilities (which are not related to or arise from the mental health disorder) are subject to the normal assessment, funding and charging arrangements must be indicated in the **S117 Assessment record**. See Chapter 33 of the Code of Practice for further details of services covered by section 117.  Note any needs and the care input prior to admission. |
| Description of need: State if the need is currently met or unmet. |
| Description of risk: |
| Individual or carers views: |

|  |
| --- |
| 6.18. Compilation of identified risks: |
| Record all the risk identified: |
| Individual or carers views: |

**7. Crisis plan**

|  |
| --- |
| Please indicate the signs and symptoms that may trigger a relapse and the actions agreed in managing this. These needs must be entered on the section 117 aftercare care plan. |
|  |

**8. Views and Comments**

|  |
| --- |
| 8.1. Record the individual’s overall views or comments. |
| Views and comments: |

|  |  |
| --- | --- |
| 8.2. Record where appropriate the Carer’s overall views or comments. | |
| Views and comments: | |
| Name of person commenting: |  |
| Relationship: |  |
| Contact details: |  |

|  |  |
| --- | --- |
| 8.3. Record where appropriate the nearest relative’s views and comments. | |
| Views and comments: | |
| Name of person commenting: |  |
| Relationship: |  |
| Contact details: |  |

**9. Annual Health Assessment**

|  |  |
| --- | --- |
| Has the individual had an annual health assessment Choose an item. | |
| Date: | Click or tap to enter a date. |
| Date Next due: | Click or tap to enter a date. |
| Booked by: |  |

**10. Supporting information**

|  |
| --- |
| ***Guidance:*** Supportive information may include up-to-date risk assessment(s), professional’s reports, MAR sheet and other information supporting the narrative. |
| Please note the information provided:  Risk assessment:  Other assessments:  MAR:  CTR Documentation for LD and Autism *if appropriate*:  Other reports: |

**NB** – Assessment care plan and supporting documentation to be forwarded to the Joint agency section 117 Quality assurance Group.

**Participant details**

Involved professionals to enter details of their designation and organisation.

The individual and their relations leave the organisation box empty.

|  |  |
| --- | --- |
| Name of lead Professional (print): |  |
| Designation/Relation: |  |
| Organisation: |  |
| Contact details: |  |
| Signature: |  |

|  |  |
| --- | --- |
| Name: |  |
| Designation /Relation: |  |
| Organisation: |  |
| Contact details: |  |
| Signature: |  |

|  |  |
| --- | --- |
| Name: |  |
| Designation /Relation: |  |
| Organisation: |  |
| Contact details: |  |
| Signature: |  |

|  |  |
| --- | --- |
| Name: |  |
| Designation /Relation: |  |
| Organisation: |  |
| Contact details: |  |
| Signature: |  |

|  |  |
| --- | --- |
| Name: |  |
| Designation /Relation: |  |
| Organisation: |  |
| Contact details: |  |
| Signature: |  |

|  |  |
| --- | --- |
| Name: |  |
| Designation /Relation: |  |
| Organisation: |  |
| Contact details: |  |
| Signature: |  |

|  |  |
| --- | --- |
| Name: |  |
| Designation /Relation: |  |
| Organisation: |  |
| Contact details: |  |
| Signature: |  |

|  |  |
| --- | --- |
| Name: |  |
| Designation /Relation: |  |
| Organisation: |  |
| Contact details: |  |
| Signature: |  |

|  |  |
| --- | --- |
| Name: |  |
| Designation /Relation: |  |
| Organisation: |  |
| Contact details: |  |
| Signature: |  |

|  |  |
| --- | --- |
| Name: |  |
| Designation /Relation: |  |
| Organisation: |  |
| Contact details: |  |
| Signature: |  |