

Partners in Care and Health - Mental Health Act (MHA) Section 117 Aftercare Framework

Wednesday 04 March, 2.00 – 4.00pm

- The **Local Government Association** and **Association of Directors of Adult Social Services** are **Partners in Care and Health** (PCH) working with well-respected organisations.

PCH helps councils to improve the way they deliver adult social care and public health services and helps Government understand the challenges faced by the sector.

The programme is a trusted network for developing and sharing best practice, developing tools and techniques, providing support and building connections. It is funded by Government and offered to councils without charge.

- www.local.gov.uk/PCH



Introducing the Section 117 Aftercare Framework

For Local Authorities & Partners

Abbi Murr, Social Care & Health Collaborative (SCHC)



What is the purpose of the guidance?

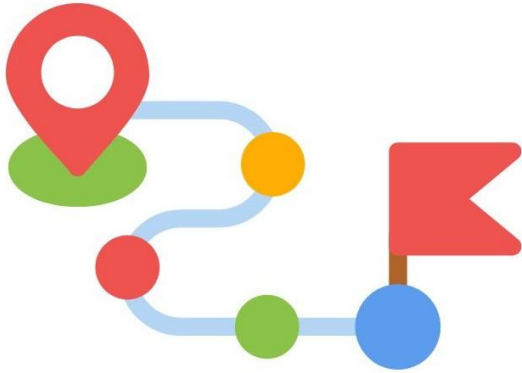
- ✓ Provide examples of what 'good looks like' in practice
- ✓ Provide practical guidance for delivering lawful, person-centred Section 117 aftercare
- ✓ Strengthen governance, legal literacy, joint accountability and ownership
- ✓ Address risks identified through case law, Ombudsman decisions, and national engagement
- ✓ Promote consistent, strengths-based, recovery-focused practice across all systems



Co-Production at the Heart of the Guidance

- ✓ Guidance shaped through extensive engagement with people with lived experience
- ✓ Dedicated co-production focus group and national lived experience S.117 survey
- ✓ Carer's voices integrated throughout
- ✓ Professional Advisory Group (30+ multi-disciplinary experts)

This has ensured the guidance reflects real-world experiences and challenges!



How the Guidance was Developed

- National/regional engagement including ADASS forums
- Input from social care, ICBs, NHS Trusts, housing, VCSE, forensic, prison mental health leads & children & young people mental health leads
- Insights from legal judgments, Ombudsman findings/national research
- Tested with frontline practitioners to ensure practicality
- Feedback from lived experience focus groups & national survey
- Framework reviewed by people with lived experience and leading Mental Health Barrister



What's in the Framework?

1. **What Good S117 Aftercare Looks Like: 9 Pillars for effective partnership S117 Aftercare**
2. **Legal Frameworks, Common Challenges & Key Judgements**
3. **S117 Partnership Implementation Toolkit and suite of templates**
4. **Key Findings from Engagement**
5. **Your Rights Under S117 Aftercare**

1. What Good S117 Aftercare Looks Like

How this document can be used

- **Local Authorities & ICBs:** Benchmark S117 arrangements, strengthen joint policy, resolve funding and governance gaps
- **Strategic Leaders:** Align practice with legal duties
- **Commissioners:** Shape flexible, needs-led commissioning beyond standard service models
- **Practitioners:** Guide lawful, person-centred aftercare planning and defensible decision-making
- **Partnership Boards:** Structure oversight, performance monitoring and system improvement

A practical roadmap for moving from variation and uncertainty to lawful, consistent and recovery-focused Section 117 delivery.

The Nine Pillars of Effective Section 117 Aftercare

Defining What “Good” Looks Like Across the System



1 Clear Joint LA–ICB Policy & Governance



2 Person-Centred, Strengths-Based Aftercare Planning



3 Integrated Multi-Agency Working



4 Prevention & Early Intervention



5 Effective Discharge Planning to Reduce Readmission



6 Inclusive, Responsive & Inequality-Aware Practice



7 Clear Funding Arrangements & Roles



8 Effective Information Sharing & Governance



9 Monitoring, Quality Assurance & Continuous Improvement

2. What Included in the Legal Frameworks, Common Challenges & Key Judgements?

A comprehensive legal and practice guide to support lawful, defensible and confident decision-making on Section 117 aftercare.

- The current legal position under the MHA 1983
- The MHA 2025 reforms, what has changed, what has not, and implementation timelines
- The interface between S117, the Care Act 2014 and NHS Continuing Healthcare
- Key case law shaping practice (e.g. Stennett, Mwanza, Worcestershire, CXF)
- Ordinary residence and placing authority rules
- Accommodation funding and the “accommodation-plus” principle
- Medication, prescription charges and transport access
- No Recourse to Public Funds (NRPF)
- S17 leave and safe discharge transitions
- S117 responsibilities for people in prison and when they leave prison
- Children and young people, entitlement, transitions and common risks
- Common myths and recurring unlawful practice

Purpose: To reduce variation, prevent unlawful decision-making, strengthen governance, and support systems to apply S117 consistently, transparently and in line with statute and case law.



3. What's Included in the Toolbox?

It includes 10 practical tools:

1. Programme governance and Partnership Board model
2. Baseline diagnostic and improvement planning tool
3. Joint policy development framework
4. Workforce training and legal literacy programme
5. End-to-end pathway redesign guidance
6. Standardised S117 assessment and review templates
7. Shared Section 117 register and minimum dataset
8. Funding protocols, panel redesign and dispute processes
9. Culturally competent and inclusive practice standards
10. KPIs, audit framework and quality assurance model

Purpose: To move from policy to delivery — embedding joint governance, lawful assessments, clear funding decisions, robust data oversight and continuous improvement across Integrated Care Systems.



4. What's Included in the Engagement Findings?

- **Key Strengths:** Highlights effective practice, positive outcomes & what stakeholders value in current S117 aftercare arrangements.
- **Key Challenges:** Identifies barriers, inconsistencies & areas where practice, coordination, or systems require improvement.
- **Lived Experience of People Entitled to S117 Aftercare:** Shares insights from people on how they understand, access & experience their aftercare, including what enables their recovery & what falls short.

Purpose: To ground the framework in real-world experience, expose systemic risks, and provide a clear mandate for lawful, person-centred and preventative reform of Section 117 practice.

Key Findings from Section 117 Engagement

Lived Experience, Carers and Professional Insight



National insight drawn from focus groups, surveys and system engagement with people with lived experience, carers, practitioners and leaders – shaping the S117 Framework.

Strengths Identified

- Strong system appetite for improvement
- Examples of high-quality joint practice and governance
- Impact of specialist mental health social care leadership
- Value of peer support and recovery-focused approaches
- Importance of community crisis alternatives
- Emerging integrated partnership models



Key Challenges Identified

- Legal literacy failures and inconsistent application of the statutory test
- Confusion between S117, CHC and the Care Act
- Poor joint ownership and governance disputes
- Weak, non-co-produced assessments and reviews
- Accommodation funding confusion and unlawful charging
- Workforce capability gaps



Lived Experience Survey Findings

- Limited understanding of entitlement
- Unable to access 117 aftercare
- Carers excluded
- Reactive not planned
- Rarely involved in reviews or assessments



Purpose. To ground the framework in real-world experience, expose systemic risks.

A clear mandate for lawful, person-centred and preventative reform of Section 117 practice

Your Rights Under Section 117 Flyer - Co-produced Easy Read Guide

The most important document in this suite!

A plain-language guide explaining clearly:

- ✓ Who is entitled
- ✓ What support can include
- ✓ That it is free and not means tested
- ✓ That immigration status does not remove entitlement
- ✓ That it lasts as long as needed
- ✓ The right to involvement, advocacy and challenge

Why this matters nationally

It turns legal duty into lived reality; it gives people a voice. It makes S117 visible, understandable and enforceable.

How systems should use it

- ✗ Give to every eligible person
- ✗ Use in assessments and reviews
- ✗ Embed in discharge pathways
- ✗ Publish openly to strengthen transparency
- ✗ Use as an assurance test: Are we delivering what this says?



With Deepest Thanks

This Section 117 Framework exists because of you.

- It has been shaped by the courage of people with lived experience.
- Strengthened by the insight of carers and families.
- Refined through the skill and judgement of practitioners.
- Guided by the leadership of system partners.

Across people with lived experience, local authorities, NHS organisations, professional bodies and national leadership — you have given:

- Your time
- Your expertise
- Your challenge
- Your honesty
- Your commitment to doing better

You have helped create a framework grounded in law, partnership and real-world practice to improve people's outcomes.

With Thanks

A special thanks to all those who attended the lived experience focus groups, completed the survey, developed the flyer and spent their valuable time in reviewing all the documents.

Local Authorities

Calderdale Council
Cumbria Council
South Tyneside Council
Hampshire County Council
Surrey County Council
Essex County Council
Middlesbrough Council
Gateshead Council
Leicestershire County Council
Derbyshire County Council
Hartlepool Borough Council
Durham Council
Newcastle City Council
East Riding of Yorkshire Council

NHS Organisations

Lancashire and South Cumbria
NHS Foundation Trust
Leeds and York Partnership
NHS Foundation Trust
Sussex NHS Foundation Trust
Devon Partnership NHS Trust
North London NHS Foundation
Trust
North London Forensic Service

National & Professional Bodies

Office of the Chief Social Worker (DHSC)
ADASS Mental Health Regional Groups
BASW Mental Health Group
NHS England

Questions

