Herefordshire and Worcestershire Health and Care NHS Trust

Herefordshire Council

Herefordshire and Worcestershire Clinical Commissioning Group

Section 117: Aftercare under the Mental Health Act 1983/2007
Herefordshire Standard Operating Procedure

This document describes the statutory procedure for managing and supporting persons to whom section 117 of the Mental Health Act 1983 applies across Herefordshire. Staff must ensure they comply with these guidelines. The purpose of the procedure is to:

- provide guidance for consistent practice across Herefordshire in line with statutory duties and agreed policy;
- ensure that all staff are aware of their responsibilities under section 117; and
- provide guidance about when it is appropriate to discharge people from section 117 aftercare.

This document is not exhaustive and it recognises that although correct at the time of distribution there are likely to be changes to national legislation/guidance/policy developments or case law, or to local policy. This document should NOT be used as a substitute for seeking legal advice when required.

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1. Guiding Principles of the Mental Health Act Code of Practice 2015

The MHA Code of Practice provides a set of five guiding principles which should be considered when making decisions about a course of action under the Mental Health Act 1983/2007 (MHA):

- **Least restrictive option and maximising independence** - Where it is possible to treat a person safely and lawfully without detaining them under the Act, the person should not be detained. Wherever possible a person's independence should be encouraged and supported with a focus on promoting recovery wherever possible.

- **Empowerment and involvement** – A detained person should be fully involved in decisions about care, support and treatment. The views of families, carers and others, if appropriate, should be fully considered when taking decisions. Where decisions are taken which are contradictory to views expressed, professionals should explain the reasons for this.

- **Respect and dignity** – The person, their families and carers should be treated with respect and dignity and listened to by professionals. People taking decisions under the MHA must recognise and respect the diverse needs, values and circumstances of each patient, including their age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation, and culture. There must be no unlawful discrimination.

- **Purpose and effectiveness** - Decisions about care and treatment should be appropriate to the person, with clear therapeutic aims, promote recovery and should be performed to current national guidelines and/or current, available best practice guidelines.

- **Efficiency and equity** - Providers, commissioners and other relevant organisations should work together to ensure that the quality of commissioning and provision of mental healthcare services are of high quality and are given equal priority to physical health and social care services. All relevant services should work together to facilitate timely, safe and supportive discharge from detention.

Using the principles:

- These principles underpin a strength-based approach to practice. Strengths-based (or asset-based) approaches focus on a persons' strengths (including personal strengths and social and community networks) and not on their deficits. Strengths-based practice is holistic and multidisciplinary and works with the person to promote their wellbeing. It is outcomes led and not services led.

- All decisions must be lawful and informed by good professional practice. Lawfulness necessarily includes compliance with the Human Rights Act 1998.

- The principles inform decisions, they do not determine them. Although all the principles must inform every decision made under the MHA, the weight given to each principle in reaching a particular decision will depend on the context. That is not to say that in making a decision any of the principles should be disregarded. It is rather that the principles as a whole need to be balanced in different ways according to the particular circumstances of each individual decision.

2.0 Introduction

2.1 Section 117 of the MHA places a statutory duty on Clinical Commissioning Groups (CCGs) and Local Authorities to work together to provide after-care services for all persons who have been detained in hospital under a treatment section of the MHA (i.e. Sections 3, 37, 45a, 47 and 48). This includes all those subject to a CTO under the MHA. This duty is to consider the after-care needs of each person to whom section 117 applies. Processes must be in place to show that a full consideration of needs has taken place, and that a plan is in place to ensure those needs are met.

2.2 The responsibility for providing after-care services rests with the person's CCG and Local Authority.

2.3 There is no duty to provide particular services and the nature and extent to which these services are provided is, to a large extent, a matter of discretion for the individual authorities and commissioning bodies. However, if a person has been granted a conditional discharge (in relation to detention for treatment under section 37 or section 37/41 with restriction), the Court of Appeal has ruled that the local authority must take reasonable steps to fulfil the conditions concerned.

2.4 In order to fulfil their obligations, the CCG and the Local Authority must take reasonable steps to identify appropriate aftercare facilities for the person before his or her discharge from hospital.

2.5 The Care Act amends section117 MHA and provides a definition of what comprises "after care services", as services which *(i) meet a need arising from or related to the person's mental disorder; and (ii) reduce the risk of a deterioration of the person's mental condition (and, accordingly, reducing the risk of the person requiring admission to a hospital again for treatment for the disorder).*

2.6 Needs that relate only to physical needs or disability or substance misuse and are not related to the mental health needs, are not subject to section 117.

3.0 Organisational Roles:

3.1 Local Authority - Herefordshire Council

- Herefordshire Council are the responsible local authority for jointly meeting section 117 needs with the CCG. Section 4.3 of the Policy defines that responsibility.

- Where responsible for meeting a person's section 117 needs, Herefordshire Council is responsible for providing, or arranging to be provided, the social care element of any agreed section 117 aftercare plan. A social worker or social care worker may also be the named practitioner in the plan.

3.2 Herefordshire and Worcestershire Clinical Commissioning Group

- Herefordshire and Worcestershire Clinical Commissioning Group is the responsible health body for jointly meeting section 117 needs with the relevant responsible local authority. Section 4.4 of the Policy defines that responsibility.

- Where responsible for meeting a person's section 117 needs, Herefordshire and Worcestershire Clinical Commissioning Group is responsible for arranging to be provided (commissioning) the health element of any agreed section 117 aftercare plan.

3.3 Herefordshire and Worcestershire Health and Care NHS Trust (the Trust)

- The Trust is the main commissioned health provider of mental health and learning disability community health services to those persons who may be eligible for section 117 care and who are registered with a GP practice which is a member of the Herefordshire and Worcestershire CCG, at the time of detention, or where not registered with any GP, were usually resident in that local area.

- The Trust is responsible for the direct provision of health services. Where a person is the responsibility of a CCG other than Herefordshire and Worcestershire CCG, then that responsible CCG must agree with the Trust which services it provides.

- The Trust is responsible for ensuring that each person who is eligible under section 117 has a named Responsible Clinician, where appropriate, and a health professional from the Trust may also be the named practitioner for the section 117 aftercare plan.

4.0 Overall Purpose of Section 117 Aftercare

4.1 After-care is the plan of care put in pace when a person is discharged from hospital following treatment under sections 3, 37, 47 and 48 of the MHA.

4.2 The purpose of aftercare services is to
:

- Support the person to live in the community;
- Enable them to fully recover from the social and health impact of their mental disorder;
- Prevent their mental health deteriorating to the point they need to be readmitted to hospital.

4.3 After-care may include residential and community (non-residential) services.

4.4 All aftercare planning should follow the principles set out in section 1.0 above and follow the principles of strength-based practice.

5.0 Planning for Section 117 Aftercare

5.1 Planning for discharge from hospital and after-care arrangements should commence at the earliest point possible following admission to hospital. This will depend on the response to treatment, but should not be a last minute consideration at the point of discharge. There should be no delay in the allocation of a named practitioner from the local authority or the Trust which could have the effect of prolonging the person's stay in hospital. Should delays occur this should be raised with Senior Managers to ensure a speedy resolution.

5.2 The hospital manager where the person is detained must inform the relevant local authority and CCG that the person will be entitled to aftercare under section 117. This information must be sent to the Mental Health Act office. Section 117 after-care planning meetings should be convened and managed by the relevant ward staff.

5.3 Any Tribunal or hospital manager's hearing will expect indicative aftercare arrangements to have been considered and presented.

5.4 Aftercare planning should be undertaken using the principles of the CPA and lead by the named practitioner. This may be the Responsible Clinician, a community psychiatric nurse from the Trust or a social worker from the local authority. The named practitioner is responsible for co-ordinating the preparation, implementation and review of the care plan.

5.5 Section 117 after-care planning meetings will include all relevant parties who are or will be actively involved in the person's care once they are discharged from hospital.

5.6 The following should therefore be in attendance at the section 117 after-care planning meeting:

- the person
- the person's Responsible Clinician, or where not available, whoever has been agreed to provide cover
- any carer who will be involved in looking after them outside hospital (including, in the case of children and young people, those with parental responsibility)
- a social worker from the responsible local authority;
- in the case of a child in the care of the local authority, a social worker from the responsible local authority, or where a care leaver, the personal advisor
- in the case of a person with a diagnosed learning disability or an autistic spectrum disorder and whose behaviour challenges services, a CCG commissioner from the Transforming Care team
- in the case of a restricted patient, multi-agency public protection arrangements (MAPPA) co-ordinator
- in the case of a transferred prisoner, the probation service
- an independent mental health advocate, if the person has one
- an independent mental capacity advocate, if the person has one, or anyone else with authority under the Mental Capacity Act 2005 to act on the person's behalf
- the person's attorney or deputy, if the person has one; and
- any other representative nominated by the person

5.7 The following may also be in attendance, subject to the circumstances and the person's consent:

- the person's nearest relative (if there is one) or other carers
- nurses and other professionals involved in caring for the person in hospital
- a practitioner psychologist registered with the Health and Care Professions Council, community mental health nurse and other members of the community team
- the person's general practitioner (GP) and primary care team (if there is one). If the person does not have a GP, they should be encouraged and helped to register with a practice
- a representative of any relevant voluntary organisations
- a representative of housing authorities, if accommodation is an issue
- an employment expert, if employment is an issue
- a representative of the education function of the Council, if the person is still in education
- the clinical commissioning group's appointed clinical representative (if appropriate)

5.8 The planning meeting will agree the lead organisation (the Trust or the responsible local authority) and named practitioner. Where there is a named practitioner already assigned to a person who will be section 117 eligible, that worker will be expected to co-ordinate the discharge planning.

5.9 Section 117 is the responsibility of all organisations and they must agree to accept the shared responsibilities and prioritise staff to deliver section 117 processes within a legal framework.

5.10 When a discharge date has been agreed, it is the responsibility of the hospital manager to notify the relevant local authority and CCG. This information must be sent to the Mental Health Act Office of the responsible local authority and will be held on section 117 register. The named practitioner must ensure that the person's GP receives a copy of the aftercare plan.

6.0 Assessment of Section 117 Needs

6.1 An assessment should follow the principles of strength-based practice, focusing on the person's own strengths and that of their family, social and community network.

6.2 A thorough assessment will involve consideration of:

- the person's wishes and feelings;
- continuing mental health care and support, whether in the community or on an outpatient basis
- the psychological needs of the person and, where appropriate, of their carers
- daytime activities, further education, training or employment
- appropriate accommodation
- identified risks and safety issues
- any specific needs arising from a co-existing physical disability, sensory impairment, learning disability or autistic spectrum disorder
- any specific needs arising from drug, alcohol or substance use (if relevant)

- any parenting or caring needs
- social, cultural or spiritual needs
- counselling and personal support
- assistance in welfare rights and managing finances
- involvement of authorities and agencies in a different area, if the person is not going to live locally
- the involvement of other agencies, such as the probation service or voluntary organisations (if relevant)
- for a restricted person, the conditions which the Secretary of State for Justice or the Tribunal has – or is likely to – impose on their conditional discharge, and
- contingency plans (should the person's mental health deteriorate) and crisis contact details.

6.3 In the case of a child or young people under 18 year, the assessment must include:

- their educational needs
- the views of those with parental responsibility
- if the person is looked after by the local authority, any arrangements in place to enable them to have contact with their family

6.4 An assessment of after-care needs should also include an assessment of all other support needs as well as those specifically around mental health support. This could include assessment for Continuing Health Care, assessment under the Care Act 2014 and, in the case of children and young people, assessment under the Children Act 1989 (children in need), Leaving Care Act 2000 (care leavers) and under Special Educational Needs and Disability Act 2001 (special educational needs).

7.0 Planning and commissioning care and support

7.1 A person's support plan may include services which meet needs which fall outside of section 117, such as physical health. Services may therefore be commissioned under section 117 (which are not chargeable to the person), and services provided under the Care Act 2014, for which the Council's usual charging policy will apply.

7.2 Care plans must clearly document which services are planned under section 117 provision, and which services are not subject to this provision.

7.3 The care plan ensures a transparent, accountable and coordinated approach to meeting wide ranging physical, psychological, emotional and social needs which are associated with a person's mental disorder. The care plan should set out the practicalities of how the person will receive treatment, care and support on a day-to-day basis, and should not place undue reliance on the person's carers. The plan should include:

- details of medical, nursing, psychological and other therapeutic support for the purpose of meeting individual needs promoting recovery and/or preventing deterioration
- details regarding any prescribed medications
- details of any actions to address physical health problems or reduce the likelihood of health inequalities, including arrangements for an annual physical health check

- details of how the person will be supported to achieve their personal goals
- support provided in relation to social needs such as housing, education, occupation, finances
- support provided to carers
- actions to be taken in the event of a deterioration of a person's mental health, and guidance on actions to be taken in the event of a crisis
- details of any areas of need which are critical to preventing behavioural disturbance, including guidance on how staff and carers should respond if behavioural disturbance does arise
- details of the named practitioner, who is responsible for co-ordinating the plan, and when it will be reviewed

7.4 The range of services which can be put in place under section 117 include:

- community mental health services which are part of the commissioned mental health services of the CCG
- social care services which are part of the commissioned social care services of the responsible Council
- services which are commissioned and purchased specifically for the person.

7.5 Where services are purchased specifically for the person, the responsible local authority and the CCG have a joint responsibility to commission and purchase these. Funding responsibility will be determined by the protocol set out in the Policy.

7.6 Section117 aftercare plans must be recorded on the Person Record System of the Trust and the relevant Client Record Management Systems of the local authorities.

7.7 Copies of the plans must be made available to:

- the person
- the person's formal representatives
- where appropriate to do so, family members or carers
- any organisation which is contributing to the delivery of the plan

7.8 Where residential or nursing care provision under section 117 is being made available, the person's choice of home should be accommodated – see section 13 below.

7.9 Services may be provided as a Direct Payment to either the person or to a third party. Arrangements for direct payments must be in accordance with the Policy.

8.0 Review of Section 117 Aftercare

8.1 A review of section 117 aftercare should be organised by the person who is the named practitioner with responsibility for the aftercare plan.

8.2 Care plans for people receiving aftercare under Section 117 will be regularly reviewed.

8.3 Scheduled reviews will be held:

- within 3 months of discharge from hospital;
- at whatever agreed interval, but at least every 12 months;

8.4 Unscheduled reviews will be held:

- whenever the person moves to another local authority area;
- whenever there is information that indicates that the current plan is not meeting the person's mental health needs;
- at the request of the person or their formal representative;
- whenever discharge from section 117 is being considered

8.5 The review should include all relevant parties who been actively involved in the person's care:

- the person
- the person's named practitioner
- the person's Responsible Clinician, where appointed
- any carer who will be involved in supporting them outside hospital (including, in the case of children and young people, those with parental responsibility)
- in case of a child in the care of the local authority, a social worker from the responsible local authority
- in the case of a care leaver, the personal advisor from the responsible authority
- in the case of a child or young person in education, a representative from the education function of the responsible authority
- in the case of a restricted person, multi-agency public protection arrangements (MAPPA) co-ordinator
- in the case of a transferred prisoner, the probation service
- an independent mental health advocate, if the person has one
- an independent mental capacity advocate, if the person has one, or anyone else with authority under the Mental Capacity Act 2005 to act on the person's behalf
- the person's attorney or deputy, if the person has one; and
- any another representative nominated by the person
- a representative from any organisation which is providing services to support the person

8.6 The review and the process needs to be proportionate. Where the person is receiving services under other statutory provisions, the review should be aligned with reviews of these services so that the overall review of the person's care is co-ordinated and in order to minimise the bureaucratic burden on the person and their representatives.

8.7 The review must consider:

- the views and wishes of the person.
- the appropriateness of services to meet current needs
- whether the current plan is effectively reducing the risk of the person being readmitted to hospital
- whether support is required under other statutory provisions (e.g. Care Act 2014)
- whether the person can be discharged from section 117

8.8 If amendments to the care plan identify additional services to address the mental health needs, and these are not already funded, these will need to be agreed according to the arrangements set out in the Policy.

8.9 Any changes to care plans for section 117 should be recorded and electronic record systems should be updated.

8.10 Where it is recommended in the review that the person should be discharged from section 117, a report must be provided to the section 117 Panel setting out:

- the views and wishes of the person or their representative
- the reason why the person no longer needs support in order to meet any needs arising from the mental health condition which lead to their original detention in a hospital for treatment
- the reason why the person is not at risk of being readmitted to hospital
- confirmation that discharge is supported by the Responsible Clinician
- confirmation that discharge is supported by a social care manager from the Council

9.0 Section 117 and Section 17 Leave

9.1 People subject to Section 17 leave under the Mental Health Act are covered by the section 117 criteria. For any extended periods of section 17 leave there should be a section 117 care plan to cover the period of leave and providing as necessary for:

- supply of medication
- emergency contact
- any necessary support
- leave address and any care arrangements
- duration of section 17 leave

9.2 Where section 17 leave is to be used to transfer a person to a residential or nursing placement, this should not occur before the Responsible Clinician has notified the CCG and the responsible local authority of the start and planned end date, and they have both agreed the appropriateness of the placement and all costings.

10.0 Discharge from Section 117

10.1 Once the person is no longer in need of aftercare services in respect of their mental health needs, they can be discharged from Section 117 after care. This means the person must:

- no longer need support in order to meet any needs arising from the mental health condition which lead to their original detention in a hospital for treatment; and
- not be at risk of a being readmitted to a hospital

10.2 Discharge from section 117 must always involve the person subject to Section 117 and where appropriate their carer.

10.3 Where discharge is considered, a review must be held (see section 8 above). All recommendations to discharge someone from section 117 must be ratified by the Section 117 Panel and a report submitted covering the matters set out in 10.1 above. This is to ensure that the CCG and Council are satisfied that the grounds for discharge are met.

10.4 Discharge from Section 117 is important in terms of the person's recovery and their expressed outcomes. Decisions about discharge should be based on the circumstances of each person subject to review and should be considered as part of every review.

10.5 A person's refusal to receive section 117 services is not grounds for discharge. A person remains eligible for as long as their mental health condition places them at risk of re-admission to hospital.

10.6 The person and their carers and any formal representative should always be advised before section 117 care plan commences, that section 117 status will be reviewed and can be discharged. When section 117 is discharged, the named practitioner should ensure that the person understands their revised status.

10.7 After-care services under section 117 should not be withdrawn solely on the grounds that:

- the person has been discharged from the care of specialist mental health services
- an arbitrary period has passed since the care was first provided
- the person is deprived of their liberty under the Mental Capacity Act
- the person has returned to hospital informally or under section 2, or
- the person is no longer on a Community Treatment Order or section 17 leave.

10.8 Aftercare services may be reinstated if it becomes obvious that they have been withdrawn prematurely where a person's mental health began to deteriorate immediately after they were withdrawn.

11.0 Responsibility for Funding Section 117 Aftercare

11.1 Funding of Section 117 aftercare is a joint responsibility between the responsible Council and CCG. Section 8 of the policy sets out how this is to be apportioned. Services must not be delayed pending any dispute or disagreement.

11.2 Section 8.1 of the Policy sets out the local arrangements for considering requests for funding of aftercare services.

12.0 Charging for Section 117 Aftercare

12.1 Section 117 services to the person cannot be charged for and are free at point of delivery. Services to carers however can be charged for under other relevant statutory provisions, subject to local policy on charging.

12.2 The responsible local authority and the CCG will not pay for services which are not normally funded by their respective organisations (e.g. food, clothing, household bills, rent) unless this is part of the assessed need met by full residential or nursing care. Other services attached to rent (which may include support services) are not classed as section 117 services and charges may therefore apply. The named practitioner will ensure the person subject to section 117 accesses all benefits to which they are entitled.

12.3 Where a person receiving aftercare under section 117 is also receiving services for another reason unrelated to their mental health, for example a physical disability, charges may be made for this part of their care, in accordance with the responsible local authority's charging policy.

13.0 Third Party/ Self Top Ups: Choice of Accommodation

13.1 If the person with section 117 aftercare has been assessed as requiring residential or nursing care, they or their family may express a preference for a particular residential or nursing accommodation (section 75 (6) of the Care Act). Reasonable steps should be taken to facilitate individual choice where this is compatible with the assessed need.

13.2 The following sequence of steps must be followed and it is essential that each stage is fully recorded and documented:

a) The responsible local authority's assessment identifies a need for residential or nursing care; provision is identified that can meet eligible needs at the local authority's "usual cost", and an offer of funding made accordingly.

b) If the person with section 117 aftercare expresses an alternative preference that meets the assessed needs and that is no more expensive than the local authority's (offered and available) choice, the authority will normally fund the person's choice under section 117.

c) If the person with section 117 aftercare expresses an alternative preference that meets the assessed needs but is more expensive than the local authority's (offered and available) choice, then the authority will consider permitting the person or a third party to make up the difference between the cost of the authority's (offered and available) choice and the person's preference through a 'top up' payment, where it is evidenced that those additional costs can be met.

d) For each 'top up' payment arrangement, confirmation must be sought of the person's agreement.

e) It must be evidenced that the person and/or the third party making the 'top-up payment' understand that:

- If the 'top up payment' funding source runs out it may be necessary, after assessment of need, to move the person to a lower cost placement.

- If the person with section 117 aftercare is discharged from section 117 and meets the eligibility criteria for social care services, then usual financial arrangements will apply, which may include, following a financial assessment, being charged.

14.0 Continuing Healthcare and Section 117

14.1 A person's eligibility for services under section 117 should in general be considered before considering potential eligibility for CHC services. If all of the services which the eligible person requires are to be provided under section 117, there will be no need to conduct a CHC assessment.

14.2 Where a CHC assessment is additionally conducted for a person who is also eligible for Section 117 services, the CHC assessment should focus primarily on physical health needs which are not linked to the mental disorder. For further guidance on this issue, professionals should consult the National Framework.

15.0 Transfer to Another Local Area

15.1 If the person moves to another area, the named practitioner is responsible for ensuring the plan for the person's aftercare remains relevant and appropriate. To that end, the following must be undertaken:

- the care plan must be reviewed;
- transfer arrangement must be clear and include responsibility for commissioning and providing care (it should be noted that the commissioner of care can change, but this will not change responsibility for paying for the care, see section 4.2 of the Policy);
- new roles and responsibilities should be set out; and
- if there is any change to the Responsible Clinician and named practitioner, this must be clear and communicated to the person.

15.2 It should be noted these provisions also apply if the person transfers between Herefordshire and Worcestershire local authorities.

16.0 Access to Advocacy (Statutory Advocacy – IMHA and IMCA)

16.2 Section 130A of Mental Health Act 1983 established arrangements for statutory MHA advocacy. The Independent Mental Health Advocate (IMHA) Service provides advocacy for people who have mental capacity but who are subject to compulsory powers under the MHA. This includes people who are in a psychiatric hospital and others who are subject to either section.17A CTO or section 7 Guardianship. Anyone who is directly involved in a person's care or treatment can refer to the IMHA Service, as can the person themselves.

16.3 Under the Mental Capacity Act 2005, there has been a legal duty, since 2007, to refer people to the Independent Mental Capacity Advocate (IMCA) Service, where they have been assessed as requiring to move to new residential accommodation, as part of the section 117 MHA aftercare package, and if they are deemed to lack capacity and have no relatives or family whom it is appropriate to consult. This referral must be made before the aftercare plan is implemented.

17.0 References

Mental Health Act 1983/2007
http://www.legislation.gov.uk/ukpga/2007/12/contents

Mental Health Act Code of Practice
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/435512/MHA_Code_of_Practice.PDF

The Care Act 2014
http://www.legislation.gov.uk/ukpga/2014/23/contents/enacted

Mental Capacity Act 2015
http://www.legislation.gov.uk/ukpga/2005/9/contents

Mental Capacity Act 2005 Code of Practice
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/497253/Mental-capacity-act-code-of-practice.pdf

National Framework for NHS Continuing Healthcare and NHS-funded Nursing Care (Revised)
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/746063/20181001_National_Framework_for_CHC_and_FNC_-_October_2018_Revised.pdf

Annex A: Key Words and Phrases used in this Framework

Term	Definition
Care programme approach (CPA)	A system of care and support for individuals with complex needs which includes an assessment, a care plan and a care coordinator. It is used mainly for adults in England who receive specialist mental healthcare and in some CAMHS services. This approach is described in Chapter 34 of the Mental Health Act Code of Practice
Clinical Commissioning Group (CCG)	The NHS body responsible for commissioning (arranging) NHS services for a particular part of England from NHS trusts, NHS foundation trusts and independent sector providers. CCGs replaced primary care trusts from 1 April 2013. CCGs' commissioning plans are reviewed by the NHS Commissioning Board (NHS England). CCGs are generally responsible for commissioning mental healthcare, except for specialist care commissioned by the NHS Commissioning Board.
Community Treatment Order (CTO)	The legal authority for the discharge of a person from detention in hospital, subject to the possibility of recall to hospital for further medical treatment if necessary. Community persons are expected to comply with the conditions specified in the community treatment order.
Continuing Health Care (CHC)	CHC is a package of care for adults aged 18 or over which is arranged and funded solely by the NHS. In order to receive NHS CHC funding, a person has to be assessed by Clinical Commissioning Groups (CCGs) according to a legally prescribed decision making process to determine whether the person has a 'primary health need'. Similar provisions exist for children and young people.
Detention under the Mental Health Act (MHA) 1983/2007	Unless otherwise stated, being held compulsorily in hospital under the Mental Health Act for a period of assessment or medical treatment.
Hospital managers	The organisation (or individual) responsible for the operation of the Act in a particular hospital (e.g. an NHS trust, an NHS foundation trust or the owners of an independent hospital). Hospital managers have various functions under the Act, which include the power to discharge a person. In practice, most of the hospital managers' decisions are taken on their behalf by individuals (or groups of individuals) authorised by the hospital managers to do so. This can include clinical staff.
Human Rights Act 1998	The Human Rights Act 1998 sets out the fundamental rights and freedoms that everyone in the UK is entitled to.
Independent mental capacity advocates (IMCA)	An advocate able to offer help to persons who lack capacity under arrangements which are specifically required to be made under the Mental Capacity Act 2005.
Independent mental health advocate (IMHA)	An advocate available to offer help to persons under arrangements which are specifically required to be made under the Mental Health Act.

Learning disability	In the Mental Health Act, a learning disability means a state of arrested or incomplete development of the mind which includes significant impairment of intelligence and social functioning. Further guidance on the meaning of learning disability is provided in chapter 20 of the Code of Practice
Mental Disorder	Any disorder or disability of the mind. As well as mental illnesses, it includes conditions like personality disorders, autistic spectrum disorders and learning disabilities
Mental Health Act Office	The office established in each local authority to oversee and monitor MHA activity.
Named Practitioner	Any health professional or social worker who is named as the person with overall responsibility for the section 117 aftercare plan. This role is sometimes also referred to as: lead professional, key worker or care co-ordinator.
Responsible clinician	A clinician approved by the Secretary of State with overall responsibility for a person's case whilst they are detained under a section of the Mental Health Act. A responsible clinician will always be appointed when a person is admitted to hospital under the Act and will therefore always be involved in discharge planning. A person may or may not have a responsible clinician following discharge under section 117, depending on their care plan.
Responsible local authority	The local authority responsible for commissioning section 117 aftercare for the person. As this is not always the local authority in whose area the person is ordinarily resident, absolute clarity about responsibility must be sought at the outset.
Section 17 leave	Section 17 of the Mental Health Act allows detained persons to be granted leave of absence from the hospital in which they are detained. Leave is an agreed absence for a defined purpose and duration and is accepted as an important part of a person's treatment plan.
Tribunal	The First-tier Tribunal (Mental Health) called in the Code 'the Tribunal' was established under the Tribunals, Courts and Enforcement Act 2007. This is a judicial body which has the power to discharge persons from detention, community treatment orders, guardianship and conditional discharge.