

Section 117 After Care Policy

Developed in conjunction with North Central London
Integrated Care Board and Local Authority Partners within
the North Central London Integrated Care System

October 2022

DOCUMENT TRAIL AND VERSION CONTROL SHEET

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1. Introduction

Section 117 (s117) of the Mental Health Act requires Integrated Care Systems (ICS) to provide or arrange for the provision of aftercare to individuals who have been detained in hospital for treatment and eligible for s117 aftercare. The commissioning and provision of mental health aftercare services is a statutory joint responsibility between Local Authorities and Integrated Care Boards (ICBs).

The North Central London Integrated Care Board (NCL ICB) and NCL Local Authorities (NCL LAs) s117 Policy sets out the roles and responsibilities regarding the provision of s117 'Aftercare' under the Mental Health Act 1983 (revised 2007) and how it is implemented across the NCL Integrated partnership (ICP).

The policy sets out how care for those eligible under s117 will be funded by the responsible LA and / or ICB.

The policy intends to clearly differentiate which aspects of patient's care falls under the definition of aftercare and therefore funded under s117 and those care and support needs that need to be funded from alternative sources, under different legislation or frameworks.

The policy needs to be considered alongside the Mental Health Act 1983 (revised 2007), the Health and Care Act 2022, the Care Act 2014 and the operational policies of those providers commissioned to deliver s117 services. Links to some of the current guidance can be found below:

- Mental Health Act 1983 (revised 2007) –
<https://www.legislation.gov.uk/ukpga/1983/20/contents>
- Mental Health Act Code of Practice 2015 –
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/435512/MHA_Code_of_Practice.PDF
- Refocusing the Care Programme Approach Policy and Positive Practice Guidance (2008) –
https://webarchive.nationalarchives.gov.uk/ukgwa/20130107105354/http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_083649.pdf
- Assessing and supporting adults who have no recourse to public funds (England)
<http://guidance.nrpfnetwork.org.uk/reader/practice-guidance-adults/>
- Nationality, Immigration and Asylum Act 2002 –
<https://www.legislation.gov.uk/ukpga/2002/41/contents>

2. Background

North Central London Clinical Commissioning Group (NCL CCG) and the London Boroughs of Barnet, Camden, Enfield, Haringey and Islington had a long history of working together to reduce health and social inequalities, promoting greater integration of health and social care whilst meeting the respective organisations' statutory functions.

North Central London Integrated Care Board (NCL ICB) (formerly NCL CCG) and the London Boroughs of Barnet, Camden, Enfield, Haringey and Islington, due to a change in legislation under the Health and Care Act 2022, have now formed the North Central London Integrated Care System (NCL ICS)

This policy aims to sustain effective joint working relationships close to home as we transition into the NCL ICS by:

- Developing a clear audit trail of joint decisions as they relate to individual users of mental health services entitled to s117 aftercare
- Supporting people to access timely care that best meets their needs
- Ensuring equitable access to care and support across NCL ICS
- Drawing on best practice of each borough and reflecting it in this policy to support more consistent and equitable access to appropriate services and support to meet assessed needs

3. Definition / Principles of s117 after care services

S117 of the Mental Health Act 1983 ('the MHA 1983') is a freestanding provision which imposes a joint duty upon every ICB and LA to provide or to arrange for the provision of after-care for persons who have previously been detained under the qualifying provisions.

The Mental Health Act Code of Practice 2015 (Code of Practice) indicates that ICBs and LAs should interpret the definition of aftercare services broadly. Aftercare can encompass healthcare, social care and employment services, supported accommodation and services to meet the person's wider social, cultural and spiritual needs. These services meet a need that arises directly from or is related to the particular person's mental disorder, and helping to reduce the risk of a deterioration in the person's mental condition and the risk of a patient requiring readmission to hospital for treatment for mental disorder. The outcome of aftercare service provision is to maintain individuals in the community, with as few restrictions as are necessary, wherever possible.

Following the completion of relevant health and care assessments the services and / or resources needed as part of this after care may include but is not limited to:

- Daytime activities / employment support
- Accommodation (see appendix 1 for further information)
- Counselling and personal support

- Social and health care support
- Assistance with welfare rights and finances
- Support with drug, alcohol and/or substance misuse
- Support with needs arising from co-existing learning disability or autistic spectrum disorder as well and those from physical and/or sensory impairments
- Support with recovery enhancing or learning new skills

Following completion of an assessment for aftercare services and establishing the eligibility criteria, s117 places no restriction on the type of service and/or resources that can be provided. However, the provision must meet the statutory definition of s117 aftercare.

Any course of action taken under the Mental Health Act 1983 (MHA83) (amended 2007 & 2017) must be done so with consideration to the Guiding Principles contained within the Mental Health Act Code of Practice 2015. All professionals involved with the care and treatment of persons who are detained or have been detained and are receiving s117 services must be familiar with the principles contained within the Code of Practice.

The Guiding Principles are:

- Least restrictive option and maximising independence.
- Empowerment and involvement.
- Respect and dignity.
- Purpose and effectiveness.
- Efficiency and equity

Mental health after-care services must be jointly provided or commissioned by LAs and ICBs. It is expected that both organisations should ensure that a record is kept of people for whom they provide or commission after-care and what after-care services are provided.

S117 aftercare services are not chargeable to the individual and therefore no assessment under social care charging arrangements required.

If after-care services fall under the provision of NHS Commissioning Board (NHS England (NHSE) then NCL ICB and LAs will liaise directly with NHSE to ensure the service is commissioned promptly. NHSE would only be responsible for the aftercare provision if the service required is the type that the NHSE Commissioning Board would normally be responsible for commissioning i.e. specialist care.

4. Eligibility

Under s117 and in accordance with the Code of Practice, NCL LAs and ICB are required to cooperate to provide or arrange for the provision of after-care to individuals detained in hospital for treatment under the following sections who then cease to be detained:

- Section 3
- Section 37 (with or without a restriction order)

- Section 45A (with or without a limitation direction)
- Section 47 or 48 (with or without a restriction order)

It applies to people of all ages, including children and young people.

The duty to provide after-care services continues for as long as the needs relating to a mental disorder continue to exist, and the individual remains under s117. If an individual is subject to a Community Treatment Order (CTO) then after-care must be provided for the full period of the CTO and beyond if assessed needs under s117 continue to be present.

S117 aftercare services are not subject to any immigration exclusions, so nationality and immigration status are not factors that affect whether a person can receive aftercare under s117. However, a joint decision must be made when preparing to discharge a person from s117 support. Regard should be given to their immigration status and entitlement to public funds. A referral to social services may be appropriate for a needs assessment under the Care Act 2014, and in some cases, a human rights assessment.

5. Responsible commissioner

The ICB commissioner responsible for the s117 aftercare provision is determined by NHS England Guidance and is therefore subject to change.

NCL ICB will follow the current NHS England guidance “Who Pays? Determining which NHS commissioner is responsible for commissioning healthcare services and making payment to providers” to determine the NHS Responsible Commissioner. In determining which NCL LA is responsible for aftercare provision, under s117 the duty falls to the LA where the patient was ordinarily resident immediately before being detained. This will be in accordance with the latest guidance “Ordinary residence guide: Determining local authority responsibilities under the Care Act and the Mental Health Act (2018).”

As with NHS determination, responsible commissioner for social care provision is nationally determined and therefore also subject to change.

A link to the current guidance, at the time of the policy being ratified, can be found below:

- <https://www.england.nhs.uk/publication/who-pays-determining-which-nhs-commissioner-is-responsible-for-commissioning-healthcare-services-and-making-payments-to-providers>
- <https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance#moving-between-areas-inter-local-authority-and-cross-border-issues>

6. Planning, assessment, support planning and reviews

The care coordinator in conjunction with other parties must consider the aftercare needs of everyone to whom s117 applies. Planning for s117 should start at the point of admission to hospital or the commencement of a qualifying section.

Those services must undertake a full assessment of a person's needs and where required, develop an after care and support plan to ensure needs relating to their mental disorder are met. This duty remains until such time that the individual is no longer in need of aftercare services.

The services provided under s117 are specifically intended to reduce the prospect of compulsory or informal readmission to hospital due to the deterioration of an individual's mental disorder.

Although the duty to deliver aftercare services commences once an individual is discharged from hospital, the relevant mental health team must commence care planning as early as appropriate following initial detention.

Any assessments required should complement each other and occur simultaneously to prevent repetitive questions and assessment of need.

Assessments should be undertaken within a strengths-based framework and clearly identify aftercare needs as well as those needs outside of s117 services i.e. physical health / disability needs.

Those subject to s117 and in receipt of aftercare services and / or support should be reviewed regularly including at every care planning meeting and at least every 12 months. The person, carer/s and advocate should be invited with the person's permission. This includes those who are eligible for s117 and live out of area. If a person placed out of area has been detained under the Mental Health Act again this should trigger a new s117 plan. Reviews should be undertaken whenever someone's needs change. If significant changes are apparent, a new assessment should be considered to determine the accurate needs under s117.

The person, carer/s or any member of the person's care team may request an earlier review, to discuss any changes in needs. The LA, ICB and local provider MH Trust will consider the merits of conducting a review, but should not withhold permission to carry out an early review unnecessarily.

The review meeting must consider the current service provision and purpose and whether it still meets the needs of the individual and whether this service provision still meets the definition of after care services under s117 eligibility. If a tangible change in need has been assessed, a reconsideration of the funding apportionment between the ICB and LA for the care package may be required.

It is expected that each NCL ICB commissioned service providing mental health care, treatment, such as the NHS Mental Health Trust, will have their own operational policies to detail how s117 processes around assessment, support planning, and reviews will be delivered which must be compatible with this policy.

7. Rights of individuals under s117 after care

Commissioned NHS mental health services and the Council services, where these are separate, must ensure that those individuals eligible to receive s117 aftercare services have their rights explained to them and given all appropriate information required.

An individual should have a care-planning meeting prior to release from detention of a qualifying mental health section. They should be offered the opportunity to attend in person or have representation at the meeting (see advocacy section below). The individual should be given a copy of the care and support plan that is agreed at the meeting.

An individual has the right to decline services unless the individual has been assessed as not having the capacity to make the decision. In such cases, a best interest process must be followed and documented.

It is expected that an individual will be informed in writing of the purpose of the s117 and the review procedures, including the removal of section, as and when appropriate.

Where a person requires specialist accommodation as an aftercare service they will be provided with information on what accommodation is available to appropriately meet their assessed needs to support them to make informed choices. Individuals subject to s.117 where the LA and/or ICB is arranging accommodation, are entitled to choose the accommodation they prefer. In some cases, the person or family may wish to top up payments in order to secure their preferred accommodation. If an individual who has specialist accommodation needs wishes to decline the identified option, they may do so providing they are able to source and fund appropriate specialist accommodation that meets their aftercare needs. Any individual who chooses to fund their own accommodation may continue to be eligible to receive other s117 aftercare provision.

8. Care outside of s117 provision

The aftercare services provided under s117 are non-chargeable and therefore a financial assessment is not required.

Care or support for needs not arising from the patient's mental disorder cannot be provided under s117. If individual needs are identified that are unrelated to the mental disorder these must be considered under separate health and community care legislation e.g. the Care Act and the NHS Act. Additional physical health needs may trigger the need to consider NHS Continuing Healthcare (CHC) or NHS Funded Nursing Care (FNC).

A financial assessment will be required if the person has other care and support needs that are met under The Care Act 2014. Therefore, people with eligible care and support needs that are not covered by s117 aftercare provision (except where there is eligibility for CHC or FNC (as below) will need a financial assessment to determine their contribution to their care and support costs. The outcomes, in accordance with the LA's charging policy

may be that the service remains funded under social care, a contribution must be made by the individual for the service provision or they may need to fund this care provision in full.

The following services will not be provided under s117.

- Storage of property
- Housing pets
- Household bills
- Food
- Holidays
- Payments towards ordinary housing

However, where someone is admitted to hospital, the LA must take reasonable steps under S47 of the Care Act to prevent or mitigate the loss or damage to pets and properties.

9. Continuing Healthcare and Funded Nursing Care

The National Framework for Continuing Healthcare and Funded Nursing Care July 2022 (revised) is clear that if an individual is eligible for after care service or care provision under s117 relating to their mental disorder then these must be provided under s117 rather than Continuing Healthcare (CHC) or Funded Nursing Care (FNC). However, the legislation relating to assessment for CHC and FNC contained in the Standing Rules applies to those eligible for s117, as it does for other individuals.

An individual in receipt of s117 aftercare services may also have ongoing needs that do not arise from their mental disorder, and therefore fall outside the scope of s117 after care service provision. For example, an individual with a mental disorder may also develop physical health needs, which may trigger a Continuing Healthcare assessment to be completed.

NCL ICB recognises that an individual may have care and support needs that are not related to their mental disorder which are not provided as part of aftercare services. If needs outside of aftercare services are identified, it is expected a checklist is considered and may be completed and if positive then a full CHC or Children's Continuing Care (CC) assessment and a Decision Support Tool (DST) will be completed by NCL ICB CHC/CC Services (either in house or commissioned services). It is essential to make a distinction between needs met under s117 and those needs met under a different arrangement i.e. CHC/ CC or FNC.

If an individual eligible for s117 aftercare develops physical care needs resulting in a rapidly deteriorating condition, then the use for a Fast Track Pathway Tool should be considered. If the physical health needs of an individual under s117 become more prevalent than the mental health needs, this will trigger the need to consider a CHC assessment.

The funding of s117 after care service and that of CHC / FNC provision will be under separate budgets.

Links to the policies are below:

- National Framework for Children and Young People's Continuing Care 2016 [Children and young people's continuing care national framework - GOV.UK \(www.gov.uk\)](http://www.gov.uk/government/uploads/system/uploads/attachment_data/file/471227/Children_and_young_people's_continuing_care_national_framework_-_GOV.UK.pdf)
- National Framework for NHS continuing healthcare and NHS funded nursing care 2022 revised - [National framework for NHS continuing healthcare and NHS-funded nursing care - GOV.UK \(www.gov.uk\)](http://www.gov.uk/government/uploads/system/uploads/attachment_data/file/1011227/nhs_continuing_healthcare_and_nhs_funded_nursing_care_2022_revised.pdf)

10. Personal budgets and personal health budgets

S117 aftercare services can be provided through a personal budget / direct payments managed through LAs, a personal health budget via the ICB or a combination of both which would be considered an integrated personal budget. The legal right to a personal health budget was extended to people eligible for s117 aftercare services on 2nd December 2019.

A personal budget / direct payment is an amount of money that the relevant LA will pay towards any required social care and support. The amount of money is decided following the completion of a s117 assessment.

A Personal Health Budget (PHB) is an amount of money to support the identified health and wellbeing needs of an individual, which is planned and agreed between the individual, or their representative, and NCL ICB. The budget is decided following the completion of the s117 assessment.

An integrated personal budget is an amount of money from both NCL ICB and the relevant LA to support both healthcare and social care assessed needs. This is known as integrated personal commissioning (IPC)

<https://www.england.nhs.uk/publication/integrated-personal-commissioning-operating-model/>

A personal budget, PHB and IPC can be delivered in one of 3 formats:

- Notional budget – where either the ICB or relevant LA will manage the budget and arrange care and support.
- Third party budget – where an independent organisation is responsible for the organisation of care and support as well as budget management.
- Direct payment – where the budget holder has the money paid into a specific bank account and takes responsibility for purchasing care and support including employment of personal assistants.

Any requests for personal budgets, PHB's and / or IPC's will be considered under the NCL ICB PHB Policy and the relevant LA's personal budget policies.

11. Process for agreeing funding

All requests for care provision will require authorisation at senior level by both NCL ICB and NCL LA, in line with each statutory authority's Standing Financial Instructions (SFI's).

All cases need to be presented at the relevant borough panel for agreement supported by the agreed borough specific panel terms of reference.

If approval is urgent, then an out of panel agreement can be made between LA and ICB with the case being presented at the next panel for formal agreement and sign off.

The funding contributions for LA and NCL ICB will be determined through current local agreements for each borough until a standardised funding apportionment methodology is agreed with all the NCL LA's and NCL ICB. These arrangements are subject to change on agreement by both parties.

Based on current funding contributions approach in place, the agreed split will be for the total cost of care for those assessed needs under s117 after care provision including any additional care beyond core hours of cost of placements i.e. 1 to 1.

Support for Children and young people eligible for s117 aftercare will be managed through the local borough NCL Children's Commissioning Teams and LAs Children's Teams in consultation with the NCL ICB Complex Individualised Commissioning team. Funding agreements will be subject to local NCL borough children's complex care/ multi-agency decision-making panels.

12. Dispute resolution

Any disputes between NCL ICB and respective NCL LAs around the funding contributions towards s117 after care services will follow the disputes process detailed below.

Each case requiring funding for aftercare provision will be presented to the appropriate borough panel. If panel agrees with the proposed funding split then no dispute is necessary.

If there is a disagreement between ICB and LA representatives at panel in regard to each party's contribution to service then the discussion should be clearly recorded on the panel minutes, clearly differentiating the ICB and LA views.

Stage 1 dispute – Local Resolution. The panel minutes and case notes will be considered and discussed jointly by NCL ICB Assistant Director of Mental Health or Learning Disabilities and equivalent Assistant Director Level/Head of Service in the LA. If required, the clinician / practitioner or relevant professionals involved in case management can be requested to attend panel to provide information but must not be involved in the decision-making.

Stage 1 should be completed within 5 working days of the panel where the disagreement occurred.

Stage 2 dispute – Director Resolution. If, following the stage 1 there is no resolution, the case will be escalated to the NCL ICB Director of Complex Individualised Commissioning and equivalent Director Level in the LA for the case to be considered.

Stage 2 should be completed within 10 working days of stage 1 being completed.

Stage 3 dispute – Formal Dispute. If the disagreement cannot be resolved at Director Level, then it must proceed to independent arbitration. This stage can only be invoked at Director Level and the costs will be equally split between both parties

Stage 3 should be completed within 6 weeks of stage 2 being completed.

At each respective stage throughout the resolution process, any agreements reached must be accepted between both organisations and no further disputes will be considered on that particular matter.

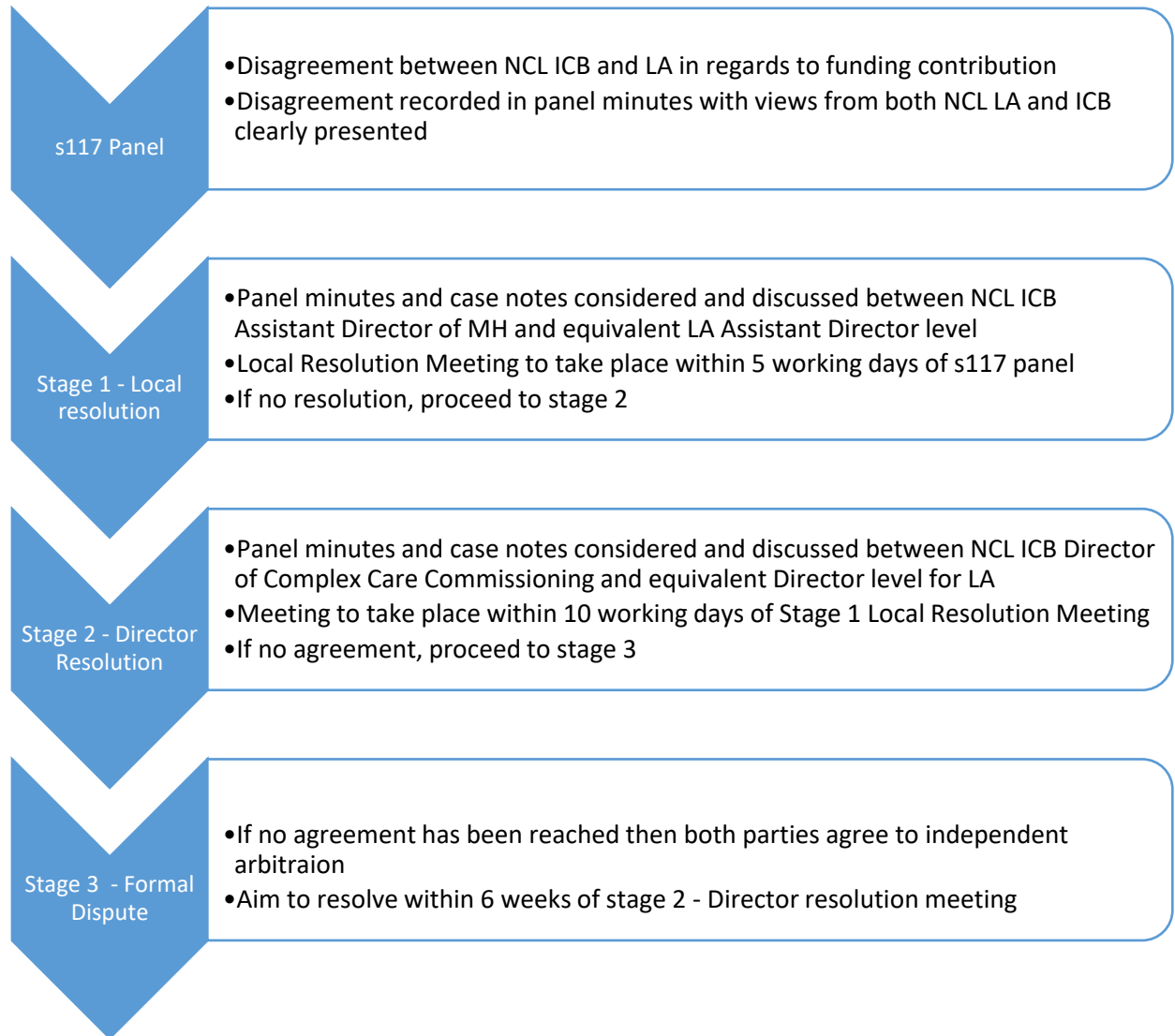
The individual in receipt of s117 after care services will continue to receive the appropriate care provision whilst the funding contributions for each party are resolved. Whichever statutory body is funding the patient at the time of disagreement will continue until resolution is achieved. If neither party is funding at the time of the dispute, then the parties will enter into a 50/50 without prejudice agreement pending resolution of the dispute. Any resolution of the funding agreement will then be applied retrospectively. Any necessary adjustments between NCL ICB and LAs will be made with refunds dating back to the panel date where the dispute was initially raised in line with the agreed funding contribution.

If NCL ICB are in dispute with another ICB, NCL ICB will ensure that one of the two ICBs agrees the initial funding on a 'without prejudice basis', pending the resolution of that dispute.

If an NCL LA is in dispute with another LA, the NCL LA will ensure that one of the two LAs agrees the initial funding on a 'without prejudice basis', pending the resolution of that dispute.

Disputes should be between equivalent bodies as they can then access intra LA and intra ICB dispute processes. The other NCL statutory partner will not be directly involved in intra agency disputes however may provide support, if appropriate.

Table 1: Resolution process



13. Advocacy / voluntary sector involvement

Section 130A MHA 1983 established arrangements for statutory MHA advocacy from 2009. The Independent Mental Health Advocacy (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 s17A Community Treatment Orders or Guardianship. NCL ICB commissioned services who are directly involved in a person's care or treatment or the individual themselves should refer to the IMHA Service, as appropriate.

Under the Mental Capacity Act 2005, there is a legal duty, since 2007, to refer people lacking capacity to the IMCA Service, where they are unable to make a decision about their s117 MHA aftercare package and have no relatives or family whom it is appropriate to consult. This duty arises only where the s117 MHA after care package involves a change of accommodation to a care home for a period exceeding 8 weeks (or to a hospital for a period exceeding 28 days). This referral must be made before the aftercare plan is implemented.

See appendix 3 for a list of current available advocacy services.

14. Complaints

Any complaints in regard to service provision or personnel must be addressed to the operational team involved in after care provisions (please refer to local operational policies). There is a statutory complaints process for adult social care, which applies across NCL ICS LAs.

Any complaints beyond service provision can be submitted via to NCL ICB via the complaints process. Details of this process can be found via the following link:

<https://nclhealthandcare.org.uk/about/advice-compliments-and-complaints/>

There may be circumstances where a joint approach between services is required to address any complaints raised.

15. Discharge from s117

There will be circumstances where the person's entitlement to aftercare ends and they will be discharged from s117, as they no longer have needs emanating from a mental disorder. However, the person may still require further support/services in the community. The needs assessment for any of these support/services should be completed under s9 - 13 of the Care Act 2014 or under the NHS Act if they require NHS support. If it is felt that there may be an eligibility for NHS CHC / CC, a checklist should be completed.

Aftercare under s117 should not automatically continue indefinitely, and each person's needs and circumstances should be reviewed regularly. The MHA Guidance makes it clear that even if the person is settled well in the community, they may still need s117 services to reduce the likelihood of a relapse, or to stop their condition deteriorating. The duty of the ICB and LA is to continue providing after care services until they are satisfied that the individual no longer requires them.

S117 aftercare services should therefore end only if an individual has improved to the point where the needs arising from their mental disorder are no longer present.

Aftercare under s117 may be terminated for the following reasons:

- Death of a service user
- The person emigrates (MHA only applies in England and Wales)
- The outcome of a review is the recommendation that aftercare is no longer required, and this is jointly agreed by both health and social care.

A person should only be discharged from the aftercare provisions of s117 if the responsible multi-disciplinary team (MDT) including the Responsible Clinician are satisfied that the person has recovered to a stage they can manage life in the community without services to prevent readmission for treatment of a mental disorder. The person must be fully involved in the decision making process and be informed of the decision in writing.

NCL ICB commissions local Mental Health Services to determine whether an individual should be discharged from s117. The commissioned mental health services will need to make a recommendation that comes to the s117 panel for a joint health and social care decision to be made, in regards to any individual being discharged from s117. There will ongoing discussions and monitoring of the number of individuals discharged from s117 with the commissioned mental health Services to ensure that s117 does not continue indefinitely where the assessed need indicate it is no longer required.

Appendices

1. Accommodation

Although accommodation may be provided under S.117, the need for accommodation to be provided under S.117 must be as a direct result of the mental disorder that the person required detention for under the qualifying section, this should be clearly documented. In R (Afework) -v- London Borough Camden the court set out three requirements that must be met for accommodation to be provided under S.117. They are:

- The need for accommodation is a direct result of the reason that the ex-patient was detained in the first place (“the original condition”);
- The requirement is for enhanced specialised accommodation to meet needs directly arising from the original condition;
- The ex-patient is being placed in the accommodation on an involuntary (in the sense of being incapacitated) basis arising as a result of the original condition.”

2. NCL ICB PHB Policy

<https://intranet.northcentrallondonccg.nhs.uk/policies/policies.htm>

3. Advocacy services

North Central London Advocacy Services

Advocacy is free, independent support to involve you in decisions about your health, care and wellbeing. An advocate is an independent professional who is on your side. They can support you to have your say and know your rights.

Advocates do not work for the LA, the NHS, or care providers. When you work with an advocate, they will keep things confidential. You do not need to pay for an advocate.

What do advocates do?

An advocate will:

- listen to what you think about what’s happening to you
- help you say what you want and don’t want
- help you understand information about your situation
- explain your options
- plan with you about what to do next

An advocate will not:

- offer counselling or befriending
- offer legal advice
- make decisions for you
- tell you what to do

Types of Advocacy

Independent Mental Health Advocates (IMHAs)

IMHA's support people with issues relating to their mental health care and treatment. They also help people understand their rights under the Mental Health Act.

Who can get an advocate?

- Advocates can support people who are:
- detained under the Mental Health Act (except under short term sections 4, 5, 135 and 136)
- conditionally discharged restricted patients
- subject to a Community Treatment Order
- subject to guardianship
- being considered for S57 or S58A treatment, or Electro-Convulsive Therapy

In Barnet, Enfield & Haringey – IMHA services are provided by PohWER.

Referral guidance and further information can be found on their website:

- <https://www.pohwer.net/independent-mental-health-advocacy-imha>
- Email: pohwer@pohwer.net
- Tel: 0300 456 2370

In Camden – IMHA services are provided by Rethink.

Referral guidance and further information can be found on their website:

- <https://www.rethink.org/help-in-your-area/services/advocacy/rethink-advocacy-london-hub/>
- Email: info@rethink.org
- Tel: 0300 790 0559

In Islington – IMHA services are provided by PohWER.

Referral guidance and further information can be found on their website:

- <https://www.pohwer.net/islington>
- Email: pohwer@pohwer.net
- Tel: 0300 456 2370

Independent Mental Capacity Advocacy (IMCA)

Independent Mental Capacity Advocates (IMCAs) support people when they are assessed to lack capacity to make a best interest decision and they do not have family or friends appropriate to consult about the decision.

When can an IMCA help?

An IMCA can support someone with best interest's decisions about:

- long-term accommodation (to hospital for more than 28 days or to other accommodation for more than 8 weeks)
- serious medical treatment (this can be a decision about whether to stop or withhold treatment, as well as a decision to start it)

Also, if the person is or may be deprived of their liberty, the IMCA can provide support:

- during an assessment under Deprivation of Liberty Safeguards (DoLS)
- between the appointment of Relevant Person's Representatives (RPRs) when an authorisation is in place
- to the person, RPR or both when the authorisation is in place.

Care Act advocacy

Care Act advocates support people to understand their rights under the Care Act and to be fully involved in a LA assessment, care review, care and support planning or safeguarding process.

Make an advocacy referral when all three conditions apply:

- one of these processes is taking place: social care needs assessment, carers assessment, care planning, care review or S42 safeguarding investigation
- without support, the person will have substantial difficulty being involved
- there are no appropriate, able and willing family or friends to support the person's active involvement

In Barnet, Enfield & Haringey – IMCA and Care Act Advocacy services are provided by VoiceAbility.

Referral guidance and further information can be found on their website:

- <https://www.voiceability.org/about-advocacy>
- Email: 20helpline@voiceability.org
- Tel: 0300 303 1660

In Camden– IMCA and Care Act Advocacy services are provided by ReThink.

Referral guidance and further information can be found on their website:

- <https://www.rethink.org/help-in-your-area/services/advocacy/rethink-advocacy-london-hub/>
- Email: info@rethink.org

- Tel: 0300 790 0559

In Islington– IMCA and Care Act Advocacy services are provided by PohWER.

Referral guidance and further information can be found on their website:

- <https://www.pohwer.net/islington>
- Email: pohwer@pohwer.net
- Tel: 0300 456 2370

NHS Children's Advocacy (CAMHS)

Children's and Young People's Advocacy including CAMHS | POhWER

POhWER works face to face with children and young people who are receiving treatment on a mental health unit - Child and Adolescent Mental Health Service (CAMHS). CAMHS advocacy support is provided within both private and NHS hospitals across the country. POhWER advocates provide drop in services for the young people to access advocacy on a regular basis.

In addition, LAs commission advocacy for children and young people who have statutory rights under The Children's Act. This includes children in care or care leavers, 16 and 17 year olds who lack mental capacity, young carers, children and young people who wish to make a complaint about health services or those with special educational needs and or disabilities (SEND)

- Barnet: [Action for Children](http://ActionforChildren.org.uk) LondonAdvocacy@actionforchildren.org.uk
- Camden: [Coram Voice](http://CoramVoice.org.uk) help@coramvoice.org.uk
- Enfield: [Action for Children](http://ActionforChildren.org.uk) Rosie.Penrose@actionforchildren.org.uk ; LondonAdvocacy@actionforchildren.org.uk
- Haringey: [Barnados](http://Barnados.org.uk) <https://www.barnados.org.uk/what-we-do/services/london-childrens-rights-0>
- Islington: [Action for Children](http://ActionforChildren.org.uk) LondonAdvocacy@actionforchildren.org.uk

Need further help? Struggling to receive advocacy support?

If you can't get hold of the advocacy service in your area, or they say that they can't give you an advocate – you can still get help.

The children's charity Coram Voice runs a backup service called Always Heard.

[How can I get an Advocate? - Coram Voice](#)