

Z46 - Removal of Section 117 Entitlement

Client name:	
DOB:	
Address:	
NHS Identifier No:	
Local Authority Identifier No:	
L.A. responsible for S117:	
Health and Care Partnership responsible for S117:	
GP:	

Date of Review where S117 Continuation / Removal discussed _____

Original date of S117 coming into effect _____

Before terminating S117 entitlement, the following must be considered by the Health and Social Care Practitioners making the decision:

- *Would removal of this person (settled or not) from the care home or services mean that they are at risk of readmission to hospital?*
- *Has specialist mental health input been reduced or withdrawn since discharge?*
- *Is there no longer an imminent risk of the placement (where appropriate) breaking down?*
- *How does the current risk assessment compare to risk assessments at the time of the Section being implemented that led to the S117*
- *Has the person engaged well with the support services/networks that have contributed to the current position?*
- *Are all the factors considered in the planning of the after-care package no longer of relevance?*

Rationale for removal of S117 Entitlement Details (MUST evidence the above considerations)

The person has been informed that there may be a charge for Adult Social Care services
Confirm that the 'Paying for Care' handbook has been signed/issued and a financial assessment has been requested, and that this is recorded on the relevant Local Authority Database

Yes / No

Date handbook issued:

If no please explain why:

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Removal of S117 Entitlement Details

The following agree to the removal of s117 entitlement to the above named client.
The Humber Teaching NHS Foundation Trust (HTFT) representatives, or relevant Health and Care Partnership if patient not receiving services from HTFT, and relevant Local Authority (LA) employees involved in the care of the above are satisfied that the client is no longer in need of the aftercare services delivered under this statute.

This decision has been discussed with and explained to the client and carer (if applicable).

People present at the meeting: **(signatures MUST be provided by all present)**

	Name	Position	Team/Address	Signature	Date
HTFT (if involved)					
Local Authority Representative					
Health and Care Partnership Representative (if HTFT not involved)					
Client					
Carer / representative					
Other					

(Add lines where necessary)

Record of any disagreement with removal of entitlement (where there is disagreement entitlement should not be removed until attempts are made at resolution – please record actions to be taken to resolve disagreement in box – copies to all below)

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Please place original document in client’s legal records.

Copies should be sent to:

- Mental Health Legislation Department , Humber NHS Foundation Trust, Trust Headquarters, Willerby Hill, Hull HU10 6ED **(regardless of whether the client is in receipt of HTFT services)**
- Responsible Local Authority
- Responsible Clinical Commissioning Group
- General Practitioner
- Client & carer/representative (where consent has been given)