

NO RECOURSE TO PUBLIC FUNDS (NRPF)

HOSPITAL DISCHARGE PROTOCOL

This Protocol is part of the Admission, Transfer & Discharge Procedures – Acute Services (London).

Introduction

1. This protocol sets out the steps for all staff to take to prevent individuals with no recourse to public funds becoming delayed discharges (DTC) on acute mental health wards. Keeping people in an acute mental health environment longer than is clinically appropriate not only decreases their chances of recovery, but diverts resources away from those who are genuinely in need of clinical treatment.

No Recourse to Public Funds – Definition and Duties

2. **No recourse to public funds (NRPF)** is a term used for people who are subject to immigration control and have no entitlement to welfare benefits, public housing or to Home Office asylum support for asylum seekers. (Appendix 1 provides a further breakdown of people who have NRPF).
3. Local Authorities have a duty to support certain categories of people (eg. people with ongoing mental health needs) who are subject to immigration control, have NRPF and who are “destitute plus”, that is they are assessed as having a need for care and attention that is over and above the “mere” lack of accommodation and subsistence.
4. The No Recourse to Public Funds Network Practice Guidance for Local Authorities (England) on Assessing and Supporting Adults who have No Recourse to Public Funds (NRPF) (April 2016) should be read by all practitioners involved in the identification of individuals with NRPF and those carrying out assessments.



Practice-Guidance-Adults-England.pdf

The most up to date information can be found at www.nrpfnetwork.org.uk

Confirming Information

5. The most important step in preventing delays to discharge is to confirm the patient's legal status. Gain a clear picture of the individual's country of origin and immigration status – if possible as part of the admission process but as soon as practicable after admission. This will enable action to be taken straightaway to apply the correct considerations and assessments.

6. Ask the patient as early as possible about access to housing and welfare benefits linked to immigration status. Information should be asked at key points such as at assessment, care planning and ward rounds.
7. Information may also be available from UK Visas & Immigration (part of the Home Office). Staff should contact UKVI direct with as many identifying details of the service user as possible.

Care Act & Human Rights Act Assessments

8. Where individuals with NRPF are identified ward staff have a duty to refer for a Care Act needs assessment under Section 9 of the Care Act (2014) following local operational policy timeframes.

	England
Families with a child in need	Section 17 Children Act 1989
Young person formerly looked after by the local authority	Sections 23C, 23CA, 24A, 24B Children Act 1989
Adults with need for care and support	Part 1 of the Care Act 2014

9. The Care Act stipulates that a needs assessment must be carried out, involving the individual, carer and any other person they choose, where it appears that an adult may have needs for care and support. (Appendix 2 outlines the relevant Care Act sections). The needs assessment will determine eligibility for assistance.
10. This assessment will be given immediate priority and led by an experienced social worker from the Community Mental Health Team who will be the nominated case worker. The assessment will draw upon expertise from medical and multi-disciplinary colleagues. It is the Local Authority responsibility to consider the health and social care needs and apply Care Act eligibility thresholds.
11. The Community Mental Health Team Manager must ensure that social workers have the capacity to respond to these urgent requests.
12. If the person is deemed not eligible under the Care Act (2014) a Human Rights Act assessment must be completed to ensure that the person's human rights (or the person's rights under European Community Treaties if they are an EEA national or member of an EEA national's family) would not be breached if they are not provided with support. The Human Rights assessment must consider:
 - Whether the person is freely able to return to their country of origin, where they may be able to access employment and services, thereby avoiding destitution

- Whether any aspect of care and support under the Care Act is necessary to prevent a breach of their human rights or rights under European Community Treaties

13. The social worker must complete the assessment within 28 days and apply all relevant statutory and case law thresholds.

14. This will determine whether the local authority has a duty to provide accommodation. The local authority may consider providing subsistence to the individual under The Localism Act 2011 if not doing so would be considered a breach of their human rights.

NRPF and Section 117 Aftercare

15. Persons with NRPF who have been compulsorily detained in hospital for a period of treatment under the Mental Health Act (MHA) Sections 3, 37, 47 and 48, will be owed a duty for provision of section 117 aftercare services like any other person subject to the MHA, until such time that there is an agreement that these services are no longer required. Section 75(5) of the Care Act 2014 introduces a new statutory definition of 'after-care services' - aftercare services are provided for the purposes of:

- meeting a need arising from or related to the patient's mental disorder **and**
- reducing the risk of a deterioration of the patient's mental condition (and, accordingly, reducing the risk of the patient requiring admission to hospital again for treatment for mental disorder.

16. It is important that the discharge care and support plan clearly outlines the services that will be provided specifically under s117 aftercare.

Discharge

17. Individuals should be considered for discharge if they no longer require in patient services and either their support plan for their eligible needs is in place or if they have no statutory rights to services following full assessment.

18. Prior to discharge the individual should be provided information and advice regarding local support agencies for street homelessness and third sector organisations that provide advice to individuals with NRPF including advice regarding re-connection offers. It is recommended that the individual makes contact with the relevant local organisation prior to discharge date from the ward. This information should be available in a pack on each ward.

19. The Care Act assessment must clearly document the reasons why someone does not meet the Care Act, Human Rights Act and other case law thresholds.

20. It is also recommended that each borough in partnership with the Trust will have a NRPF referral pathway in place to offer expertise in assessment and

decision making processes led by the Borough Lead Social Worker and the borough's legal advice service. Please refer to the attached flowchart for the recommended process in Appendix 3.

21. Individuals who are 'medically fit for discharge' but who are delayed on the ward must be classified as Delayed Transfers of Care if the individual is legally entitled to services and these have not yet been put in place. These should be escalated in accordance with agreed guidance.

Appendix 1:

Individuals with No Recourse to Public Funds includes:

- Persons granted refugee status by another EEA State and their dependants
- EEA nationals and their dependants (but not UK nationals or children) (unless they ordinarily reside in the UK)
- Failed asylum seekers who fail to comply with removal directions, and their dependents;
- Persons unlawfully present in the UK, including people who have overstayed their visas, illegal entrants, refused asylum seekers who made their application for asylum in-country i.e. at the Home Office, usually Croydon, rather than at the port of entry (an airport, seaport or train-port when they first arrive in the UK before passing through immigration control).
- Failed asylum seekers with dependent children who have been certified by the Secretary of State as having failed to take steps to leave the UK voluntarily

Appendix 2:

Care Act (2014) *Assessing needs extract*

(1) **Assessment of an adult's needs for care and support**

(1) Where it appears to a local authority that an adult may have needs for care and support, the authority must assess—

- (a) whether the adult does have needs for care and support, and
- (b) if the adult does, what those needs are.

(2) An assessment under subsection (1) is referred to in this Part as a “needs assessment”.

(3) The duty to carry out a needs assessment applies regardless of the authority's view of—

- (a) the level of the adult's needs for care and support, or
- (b) the level of the adult's financial resources.

(4) A needs assessment must include an assessment of—

- (a) the impact of the adult's needs for care and support on the matters specified in section 1(2),
- (b) the outcomes that the adult wishes to achieve in day-to-day life, and
- (c) whether, and if so to what extent, the provision of care and support could contribute to the achievement of those outcomes.

(5) A local authority, in carrying out a needs assessment, must involve—

- (a) the adult,
- (b) any carer that the adult has, and
- (c) any person whom the adult asks the authority to involve or, where the adult lacks capacity to ask the authority to do that, any person who appears to the authority to be interested in the adult's welfare.

(6) When carrying out a needs assessment, a local authority must also consider—

- (a) whether, and if so to what extent, matters other than the provision of care and support could contribute to the achievement of the outcomes that the adult wishes to achieve in day-to-day life, and
- (b) whether the adult would benefit from the provision of anything under section 2 or 4 or of anything which might be available in the community.

Suggested process for NRPF referrals



