**Newham Hospital Home & Settle Service**

**Referral Form**

Age UK East London provides the Newham Home & Settle Service on behalf and in partnership with Newham Council and Newham North East London Clinical Commissioning Group (NEL CCG). The service provides practical and emotional support for up to 6 weeks post discharge. The service is ‘free’ to Newham residents aged 18+ with no other local support network.

**REFFERER**  **Hospital\*\***  **Community\*\***

Name: Click or tap here to enter text. Job Title: Click or tap here to enter text.

Department: Click or tap here to enter text. Email: Click or tap here to enter text.

Telephone No.: Click or tap here to enter text. Bleep: Click or tap here to enter text.

Date of Referral: Click or tap here to enter text.

\*\* Has the patient agreed to this referral? Yes No

**PATIENTS/RESIDENTS PERSONAL DETAILS**

Name: Click or tap here to enter text. NHS No.: Click or tap here to enter text.

Address: Click or tap here to enter text. Date of Birth: Click or tap here to enter text.

Telephone No.: Click or tap here to enter text.

**PATIENT INFORMATION  N/A this is a community referral**

Date patient was admitted: Click or tap here to enter text.

Reason for Admission: Click or tap here to enter text.

Does the patient have a package of care in place? Yes No

Is the patient being supported by social worker? Yes No

If yes to above who is the named social worker? Click or tap here to enter text.

Has the patient been discharged home: Yes No

Is the patient currently on the ward: Yes No

If yes, name of Ward Click or tap here to enter text. Bed Number: Click or tap here to enter text.

Expected date of discharge: Click or tap here to enter text.

Is there any safeguarding concerns? Yes No

If yes to safeguarding concern please explain: Click or tap here to enter text.

Is the patient classified as homeless Yes No

Will the patient be returning to their own home from hospital? Yes No

If no, where is the Discharge Destination? Click or tap here to enter text.

Is the patient: Covid-19+ on discharge? Yes No

Does the patient live alone: Yes No  Not known

**Check support that may be required:**

|  |  |  |
| --- | --- | --- |
| Pre-discharge support for peace of mind - feed pets, plants, home check, keys, utility meter top-ups< | Emergency food supply< | Support with lightclutter removal |
| Meet home on discharge from hospital - turn on heating, lights etc. | Food shopping< | Furniture ‘move’ make space for equipment |
| Home health and safety check security, falls prevention, fire safety | Light meal prep< | Micro-environment set up |
| Collection and delivery of medication< | Simple form filling | Joint working with other organisations e.g. Telecare, Red Alert, Enabled Living etc. |
| Welfare check | Light housework e.g. changing beds etc. | Handy person service e.g. install grab rail, security locks, fire alarm, curtain rails, secure rugs, shelving< |

**Risk Assessment**

1. Is there any known risk in respect of supporting this patient Yes No

If yes please explain: Click or tap here to enter text.

1. Is there any pets in the property? Yes No

If yes please explain type of petClick or tap here to enter text.

1. Are you aware if there is any hoarding concerns? Yes No

If yes please explain score within Clutter Scale Click or tap here to enter text.

**Please email completed forms to:** [**nhomeandsettle@ageukeastlondon.org.uk**](mailto:nhomeandsettle@ageukeastlondon.org.uk)

**Monday to Friday telephone the Service Co-Ordinator**

**Paula Meads 07961 830 553**

**Saturday & Sunday telephone Senior Support Worker**

**Uzma Mohiuddin 07923 124 186**

***Outside of working hours please call 07961 830 553 and leave a message.***

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| **SERVICE CRITERIA FOR COMMUNITY REFERRALS** | | | | | | |  | | | | | |
| **Primary outcome - to prevent hospital admissions** | | | | | | | | | | | | | |
| **To access this service the individual needs to meet the following criteria:** | | | | | | | | |
| 1. | A referral from a professional (e.g. SW, GP, ELFT) **AND** | | | | | | | | | | | | |
| 2. | Resident of London Borough of Newham **AND** | | | | | | | | | | | |
| 3. | Aged 18+ years old **AND** | | | | |  |  | | | | | |
| 4. | Have had 2 or more unplanned admissions into hospital over the last 6months **OR** recently discharged from hospite.g. within 2 weeks at the point of referral **AND** | | | | | | | | | | |
| 5. | At risk of admission to hospital **AND** | | | | | |  | | | | | |
| * Living alone or living with elderly partner/parents/young children who are not able to support **OR** | | | | | | | |
|  | | * not able to access support from family/friends/neighbours **OR** | | | | | | | | | | | | |
|  | | * not able to access support from other local support services **OR** | | | | | |
|  | | * may be incapacitated for a period of time needing a limited period of support to get back to independence | | | | | | | |
|  |  | | |  |  |  |  | | | | | |
| **Those who meet the eligibility criteria detailed above will be able to access up to 6 weeks support including**: | | | | | | | | | | | |
|  | **Handyperson Service** | | | | |  |  | | | | | |
|  | **a.** | | | **Trips and falls** | |  |  | | | | | |
|  |  | | | * tape carpets down | | |  | | | | | |
|  |  | | | * trip wires secured | | |  | | | | | |
|  |  | | | * walkways cleared | |  |  | | | | | |
|  |  | | | * light bulb change/minor repair to electrics< | | | | | | | | | |
|  |  | | |  |  |  |  | | | | | |
|  | **b.** | | | **Safety & security** | |  |  | | | | | |
|  |  | | | * install handrails, bath rail etc.< | | | | | | | | |
|  |  | | | * Smoke alarm< | |  |  | | | | | |
|  |  | | | * window/door safety locks< | | |  | | | | | |
|  |  | | |  |  |  |  | | | | | |
|  | **c.** | | | **Warm home** | |  |  | | | | | |
|  |  | | | * reset heating | |  |  | | | | | |
|  |  | | | * support with paying bills< | | |  | | | | | |
|  |  | | |  |  |  |  | | | | | |
|  | d. | | | **Food** |  |  |  | | | | | |
|  |  | | | - shopping< | |  |  | | | | | |
|  |  | | | - supplies< | |  |  | | | | | |
|  |  | | | **KEY** |  |  |  | | | | | |
|  | **\*** | | | **where it is not offered/accessible in any other service** | | |
|  | **<** | | | **at the cost of the resident** | | |  | | | | | |