**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**

**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.***

|  |  |
| --- | --- |
| **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** |  |