

This referral form should only be used after a conversation between the referrer and Service Manager for the Pilot has taken place and a joint agreement was made that the referral should be formally made to the service. The following steps should have taken place:

Step 1: Neighbourhood team identify person for Pilot referral. ​

Step 2: Initial discussion about the case with Team/Service Manager.​

Step 3: Discuss referral with Service Manager for the Pilot (Martin Nsubuga) to determine whether referral is suitable/needs could be met by Pilot team.​

Following step 3 there are two options:​

* Option 1 – following discussion referral not suitable. Case to be managed by social worker and alternative options explored.​
* Option 2 – Referral is appropriate – Social worker to complete referral form and send to Martin to review/action next steps. Martin to carry out initial review and make initial decision​

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| **Support at Home Pilot Referral Form****10 Bramshurst, London NW8 0AX. Tel: 020 7624 8824 / 07771 666 871****Martin Nsubuga: Registered Manager** |
| **Resident Details** |
| **Name:** | **Date of Birth (age):** |
| **Mosaic ID:** | **NHS Number (if known):** |
| **Address:** | **Email:** |
| **Mobile Number:****Landline Number:** |
| **Gender:** | **Ethnicity:** | **Primary Health Need** | **Secondary Needs** |
| **Reasonable Adjustments Requested:** | **Previously known to / in receipt of LBC ASC Service (Yes/No)** |
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| **Brief synopsis and reason for referral:** |
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| **Recent/ Pertinent Risk History and management plans/ Safeguarding Plan:** |
| (Organisational documents can be attached – please state see attached here)  |
| **Key Crisis Contact:**  |
| (Organisational documents can be attached – please state see attached here) |
| **Referral eligibility and criteria:** |
| **Who to refer:*** Residents already in the service (known to ASC) Means they have a suitable need (care and support assessment).
* History of not being able to draw on traditional homecare services / history of breakdowns in relationships with ASC/Care providers etc.
* People at risk of risk of support breaking down/deterioration of needs (early intervention)
* Assessed care and support need but no current Package of Care
* Conversation 1 – returning back to ASC again and again.
* Multiple agency involvement – unable to meet the person’s needs within existing system
* Fluctuating support needs (low, medium, high)
* Lives within the community (within their own home)
* Autistic adults who have been assessed as requiring support with care at home (without a learning disability)
* Residents who fall below the thresholds for LD and MH criteria
* People who experience barriers in accessing existing services
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| **Other agencies (include GP (General Practice))** |
| **Name**  | **Address**  | **Contact number** |
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| **Referrer Details**  |
| Name:Email: Role/Team:Contact number: |
| **Return details**  |
| Please send this referral via email to: **martin.nsubuga@camden.gov.uk**Bramshurst Registered Manager  |
| **Bramshurst Use Only** |
| **Initial Review** |
| Accepted (See next steps):Assigned to: Date for Panel Review: | Rejected:Reason:Date referrer informed:  |
| **Multi Agency Review** |
| Outcome of MDT Discussion: Referrer Notified: Resident Contacted:   |