

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:** | | | | | |
|  | | | | | |
| **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 | | | | | |
| **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**](mailto: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: | | | | | |