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|  | **Haringey Integrated Locality Team Referral Form** |  |
| *The Locality Team is a preventative multi-disciplinary service that care coordinate and case manage clients care to prevent unplanned hospital admissions. The client and professionals in the team will develop a crisis management plan with the view to improve health management and wellbeing.***Locality Team Service Criteria*** People who are over 18 years or older and are residents of Haringey.
* People who have given their consent to engage with preventative services.
* People who would benefit from a preventative approach to prevent an unplanned hospital admission or reduce dependency on emergency departments, LAS and GP contact.
* People with multiple long term conditions impacting on daily life, and require a multi-disciplinary approach to support to maintain health, well-being and independence.
* People with a requirement for care-coordination (Not currently being care coordinated elsewhere) to increase quality of life and minimise involvement of multiple services.
 |  |
| **Client’s Name:** | **First Name:** | **Surname:** |
|  |  |
| **Patient Mosaic ID or NHS ID Ref :** |  | **M**[ ] **F**[ ]  | **DOB:**  |
| **Referred By** |  |
| **GP details (Name, address, phone)** |  |
| **Clients Home Address:**[ ] **Tick if temporary address and provide permanent address** | Borough :  |
| **Access (key safe, key holder):** |  |
| **Home Phone:** | **Landline:** | **Mobile:** |
|  |  |
| **NOK/Emergency contact/ neighbour:** | **Name:****Address:** | **Phone:****Relationship:** |
| **Long Term Health Conditions** **Minimum of 2** |  |
| **Other Past Medical History**  |  |
| **Contact with other health professionals**  | [ ]  **District Nurses** [ ]  **Diabetes Specialist** [ ]  **Respiratory**[ ]  **Community Matrons** [ ]  **IAPT** [ ]  **Palliative Care** [ ]  **Bladder and Bowel** [ ]  **Mobility & Seating Solutions** [ ]  **Tissue Viability** [ ]  **MSK Physiotherapy** [ ]  **Nutrition and Dietetics**[ ]  **ICTT** [ ]  **Social services (SS)** [ ]  **SS OT/** [ ]  **Visual & Hearing Impairment** [ ]  **Reablement team** [ ]  **secondary care services.**[ ] **other:**  |
| **Name & Contact Details Known Professional**  |  |
| **Attendances to A&E/Hospital admissions in 12 months & details:** |  |
| **Medication**  |  |
| **Health & social Issues & Risks (including safeguarding)****KNOWN WARNINGS/ RISKS to professional visiting:**  | (functional/mobility/communication/cognitive impairment/memory loss/nutrition/hearing/vision/mental health/suicide/bed bound/self-neglect )Yes [ ] No[ ] Details: |
| **Has the client consented to/aware of Locality Team Referral.**  | Yes [ ]  No[ ]  | Client concerns/expectations:  |
| **Level of Care-Coordination expected.** **(**[x] **Tick the most appropriate box )** | [ ] **Standard** Client is a high risk admission to hospital **but** stable and would benefit from support to improve self-management and develop a crisis plan. | [ ] **Complex** Client at high risk of care breakdown, hospital admission, or exacerbation of condition has a fluctuating or deteriorating health condition or the person is unable or unwilling to engage with advice and support.***Evidence of frequent unplanned secondary care presentation*** |
| **Reasoning for referral.** **E.g** **Joint integrated working (Between services)****Medication management****Care coordination of multiple health & social care services.** **Goals** **Expectations of referrer and client** **At risk of hospital admission** |  |
| Referred by :  | Designation : | Date: | Phone Number: |
|  |  |  | Email: |

**Send referral form and any other relevant documentation such as EMIS summary/ recent D/C summaries to**:

 whh-tr.HaringeyLocalityTeam@nhs.net

Contact: **020 3074 2958** to discuss referrals or leave messages for the team.

If you feel that a person is at immediate risk of hospital admission or imminent care break down please refer to the **Rapid Response** service via their registered G.P