

 **Eligibility criteria:**

* **Resident in Brighton and Hove**
* **Within one month of discharge from a hospital or intermediate care facility**
* **Is the patient aged 65 or over and/or a disabled person \***
* **Homeowner/private rented/housing association (not council tenant)**

 **If no to any of these criteria, do not complete the referral form contact us on 01273 069 851**

 **Please return the form to:** **HDS@possabilitypeople.org.uk**

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| **Referrer****Name** |  | **Job Title** |  | **Team/Ward** |  |
| **Phone** |  | **Email** |  | **Date of referral** |  |

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| **Patient’s****name** |  | **Date of birth:** | **Email:** |  |
| **phone** **no(s)** |  | **NOK** **name** |  |
| **Address****& Postcode**   |  | **NOK** **phone** |  |
| **Is the patient home? Yes** [ ]  **No** [ ]  | **If yes, date discharged:**  |
| **Is the patient in intermediate care/rehab?** **Yes** [ ]  **No** [ ] **Name/Address:** | **If yes, anticipated discharge date:**  |
| **Please ensure this section is completed:****Does this patient consent\*\* to the Possability People HDG coordinators carrying out works/provisions (specified in the referral) in accordance with the Hospital Discharge & Handy Persons Grants criteria.** **Yes** [ ]  **No** [ ] **GDPR Does this patient consent to Possability People storing their data: Yes** [ ]  **No** [ ] **Referrer/Patient/NOK Signature:** *If patient unable to sign for themselves, please could referrer or NOK sign and print their name.* **NOK/Referrer Name:** ***\* Only one patient, referrer or NOK signature is required.*** |

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| **Is the patient a council tenant?**(If yes, they are not eligible for funding. Please call for advice)**Yes** [ ]  **No** [ ]  | **Is the patient a Housing Association tenant?****Yes** [ ]  **No** [ ]  | **Is the patient a private tenant or homeowner?** **Yes** [ ]  **No** [ ]  |
| **Is the patient aged 65 or over AND/OR disabled\*? Yes** [ ]  **No** [ ] **(If No, they are not eligible for funding – please call for advice)** |
| **Has the patient been home for more than 3 days?** **Yes** [ ]  **No** [ ]  |
| **If patient or NOK not home Is there a key-safe? Yes** [ ]  **If Yes, please provide the location and code:** **No** [ ]  **If there is no key-safe, please detail how we may access the property:**  |
| **Please detail all housing works or provisions identified to enable a safe discharge home** **AND/OR reduce risk of a hospital readmission:** |
| **Care Package in place?** **Yes** [ ]  **No** [ ]  **If Yes who is the provider:** **Any risk factors such as history of verbal or physical abuse, others sharing the home, pets,** **smoker, unsafe home environment etc:****Is the patient required to self-isolate due to Covid 19?** **Yes** [ ]  **No** [ ]   |

**We offer Post Discharge Support – Accessing community services**

**Please cross any of the support areas the patient may need:**

**Benefits and Debt advice:** [ ]  **Shopping support:** [ ] [ ]  **Home Help:** [ ] [ ]  **Carer support:** [ ] [ ]

**Social Engagement:** [ ] [ ]  **Information and Advice:** [ ] [ ]

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\*(Under the Equality Act, a person is disabled if they have a physical or mental impairment that has a 'substantial' and 'long-term' effect on them being able to do normal daily activities.)

\*\* Please ensure that the patient understands what they are consenting to when signing or when giving consent for the referrer or NOK to sign on their behalf:

In order to co-ordinate the agreed works I consent to the Hospital Discharge Grant Coordinator and relevant contractors:

* entering the above property to assess the works identified by the discharge team
* borrowing my keys to carry out the assessment and returning them to me
* arranging for agreed items to be removed and disposed of and/or removed and stored safely to enable the works to be carried out
* contacting me to discuss and agree any additional works that are identified as essential to support my discharge home.

**What is the Hospital Discharge Grants Service?**

Brighton & Hove City Council currently offer two types of Hospital Discharge Grant Funding to support any older person or disabled person discharged from hospital or intermediate care and returning home with housing issues. These grants support work that:

* enables a safe discharge home OR
* enables the patient to remain safely at home

Possability People’s Hospital Discharge Grants Service can support your patient to access these grants. (Please note patients must be Brighton & Hove residents). We co-ordinate the grant applications, assess which grant is most appropriate for your patient and provide the practical support to find a reputable provider and get the work done. The grants are:

* Hospital Discharge Grant - helps toward the cost of any urgent home repairs and removing any urgent hazards, identified by the discharge to assess team, within a day or two of discharge.
* Handy Person Grant - helps toward the cost of getting small repairs done. It’s about making sure your patient feels safe and well at home.

**What is GDPR?**

On 25 May 2018, The General Data Protection Regulation (GDPR) came into force. This means that because we process information about you, we want to make sure that we are doing so in the correct way and that you are happy for us to do so.

We need your permission to process your data to provide you with all our services.

If you would like more information about how we take care of your data, please see our Privacy Policy: <https://www.possabilitypeople.org.uk/privacy/>

The information we will keep about you will be kept privately and stored securely. We will never sell your data to anyone else

You can withdraw your consent at any time if you are unhappy with the way that we are processing your data.

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