**MENTAL HEALTH DISCHARGE TO ASSESS (D2A-MH)**

REFERRAL FORM

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| --- | --- | --- |
| **ABOUT D2A-MH** | | |
| D2A-MH can provide support and/or accommodation to patients requiring further social care and housing assessment, but who no longer require medical treatment in hospital. The offer from D2A-MH is for a maximum period of six weeks. | | |
| **Making A Referral** | | |
| Patient Name | Click or tap here to enter text. | |
| CIS or NHS number | Click or tap here to enter text. | |
| Referring Professional Name | Click or tap here to enter text. | |
| Hospital and Ward Name | Click or tap here to enter text. | |
| Lead Practitioner\* | Click or tap here to enter text. | |
| Allocated SPFT team\* | Click or tap here to enter text. | |
| Allocated team / worker | Click or tap here to enter text. | |
| \*Please note, all referrals to D2A-MH must have an allocated Lead Practitioner at discharge | | |
| **Interim Support and Accommodation Needs** | | |
| Date person became medically fit for discharge, or estimated discharge date | Click or tap to enter a date. | |
| Please summarise any barriers to discharge: | Click or tap here to enter text. | |
| Does the person require interim accommodation and support? | Click or tap here to enter text. | |
| Please describe: | Click or tap here to enter text. | |
| Does the person require interim community support? | Click or tap here to enter text. | |
| Please describe: | Click or tap here to enter text. | |
| Does this person have any confirmed allegations of fire-setting or sexual offences ? | Click or tap here to enter text. | |
| Please detail any other information relevant to this referral: | Click or tap here to enter text. | |
| **Declaration and Signatures** | | |
| REFERRING AGENT  I confirm that, to the best of my knowledge, this is a full and accurate reflection of the client.  Signed: | | PERSON REFFERED  I confirm that, to the best of my knowledge, this is a full and accurate account.  Signed: |
| Date: | | Date: |
| Please ensure that the **Consent to Share** form is completed and returned as part of this referral. | | |

**PLEASE SUBMIT COMPLETED FORMS TO:** [**D2A.MHReferrals@southdown.org**](mailto:D2A-MHReferrals@southdown.org)

**SOUTHDOWN MENTAL HEALTH DISCHARGE TO ASSESS (D2A-MH)**

**Consent and Information Sharing Form**

**Client Name:**

**Data Processing Statement – Information Sharing**

Southdown understands the importance of respecting the information you share with us. When you are referred to Southdown, we stay in touch with the other people and services that support you to make sure we work well together. This helps our support fit in with the other support you get, so you get the best service from everyone.

We also receive and share updates at professional meetings, which are set up to make sure people working in community safety, housing, health, social care and probation are making plans together about how to support their clients and the community. If we refer you onto another service we will need to tell them about your support issues.

We understand that you might not want certain information about you shared with some people. This can make it difficult for us to give you full support, so if you do not want information about you shared with another professional, your worker will talk to you about how this might affect you.

If there are still people you do not want to give consent to sharing your information with please state below what you do not want shared and who you do not want it shared with:

|  |  |
| --- | --- |
| **Information** | **Agency/person not to be informed** |
|  |  |
|  |  |
|  |  |
|  |  |

**I confirm that I do not want my information shared as above and understand this may restrict the services I receive from Southdown. (Delete if not applicable)**

**I acknowledge that in exceptional circumstances, when someone may be harmed or when the law requires it, staff may contact agencies or individuals without my consent.**

Name: Signature:

Date:

**Contact details and Authorisation:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Please Tick** | | **CONTACT NAME & DETAILS** | **COMMENTS** |
| Housing Agency | |  |  |
| Yes | No |  |  |
| Benefits Agency | |  |  |
| Yes | No |  |  |
| Social Care Provider | |  |  |
| Yes | No |  |  |
| Healthcare Providers | |  |  |
| Yes | No |  |  |

**FAMILY/CARERS/FRIENDS**

You are welcome to provide authorisation for the service to communicate your personal information with your social network.

When you give authorisation, you have the right to review or withdraw it; our team will support you to amend this form and accept your decision.

|  |  |  |
| --- | --- | --- |
| **NAME** | **CONTACT DETAILS** | **COMMENTS** |
| Emergency Contact or Next of Kin |  |  |
|  |  |  |
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**Southdown Housing Association**

**Data Processing Statement**

Any personal information you share with Southdown will be kept secure and used in line with the General Data Protection Regulation (GDPR).

It will only be looked at and used to help make sure we give you an effective service. This may include sharing the information across different parts of Southdown where this is necessary to ensure we give you the best possible support.

We may share the information with other support agencies if this would help you access other services or if we are concerned about you or someone else.

We understand that you may not want certain information about you shared with some people. This can make it difficult for us to give you all the support you need, so if you do not want information about you shared with another service or person, your worker will talk to you about how this might affect you.

We can share your information even if you have asked us not to if we are concerned about your safety or the safety of others, or where we are required to by law. We will try to discuss this with you before we share your information.

Remember you can discuss, withdraw, change or review your consent for Southdown to process your personal information at any time. You can also ask us to delete any information we hold about you. This will also be reviewed at your regular support plan review sessions with your support worker. If there are legal reasons why Southdown needs to retain your information we will talk to you about this to ensure that you are making informed decisions about how this might affect you. You can also ask to see the information Southdown holds about you.

If you are unhappy with the way Southdown uses your information please speak to us and we will do everything possible to address your concerns. If you are still unhappy you have the right to make a complaint to the Information Commissioner’s Office (ICO). More information about this is available on the ICO website at <https://ico.org.uk/for-the-public/>

More information about how Southdown stores and uses your data is available as a leaflet or on our website [www.Southdown.org](http://www.Southdown.org)

Please sign below to confirm that you understand how Southdown will use and process your information as outlined above

Name: Signature:

Date: