**Appendix 1 Discharge Planning Meeting Template**

To be completed and circulated by the Meeting Chair

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| **Child/Young Person’s Full Name** | | | | **Details of Parent/Carers and who has Parental Responsibility** | | |
| **D.O.B** | | | | **NHS number** | | |
| **Background and reason for admission:**  **Details of any previous admissions:** | | | | | | |
| **Date of this meeting and who is chairing**  **Dates of any previous meetings since admission/outcome** | | | | | | |
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| **Names of those attending** | | **Title** | | | **Email and phone contact** | |
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| **Outcome of Assessment(s)**  Hospital  CAMHS  CSC  Other | | | | | | |
| **Voice of the child/young person and their lived-in experience** | | | | | | |
| **Identified Risks, Triggers and Warning Signs** | | | | | | |
| **Protective Factors** | | | | | | |
| **Treatment and Support plan: (**to include medication, any additional medical or social investigations required, direct work with young person and other family members, safety measures ) | | | | | | |
| **Outcomes to be achieved with the child/young person** | **What will be provided** | | **Who is responsible** | | | **Timescales** |
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| **Are any specific arrangements required for weekend and holiday periods?** | | | | | | |
| **Details of follow up appointments and visits** (timeframe and by whom)  **Who will have contact with the young person and their carers within 48 hours of discharge?** | | | | | | |
| **Status and ownership of the plan / Interface with other plans**  **Names of Lead Professional(s)** | | | | | | |
| **Are there any areas of disagreement to the discharge plan? If yes, how will these be resolved?** | | | | | | |
| **Contingency plan: specify what will happen if the plan is not followed** | | | | | | |
| **Follow up meeting(s)**  Identify who needs to be invited to attend. E.g school or college; youth worker; school nurse or GP; | | **Date and Venue** | | | **Who will arrange** | |