

Appendix 1 Discharge Planning Meeting Template

To be completed and circulated by the Meeting Chair

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:				
Names of those attending	Title	Email and phone contact		



Outcome of Assessment(s):
Hospital:
CSC:
C&YP Nurse:
Health Visitor:
CAMHS:
Children's Community Therapist:
SEND Case Worker:
Other:



Voice of the child/young person a	and their lived-in experience:					
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reference this in the below boxes)	Identified Risks, Triggers, Warning Signs and Protective Factors (If an Early Help Assessment is already available please reference this in the below boxes)					
What are we worried about? What is working well?		What needs to happen?				



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; assurance that family support networks are appropriate and will not compromise the safety of the child/family)				
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Outcomes to be achieved	What will be provided	Who is responsible	Timescales	
with the child/young person				
Are any specific arrangement	s required for weekend and holida	v periods?		
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 p	erson and their carers within 48 hours	of discharge?			
Status and ownership of the plan / Inter	face with other plans				
Names of Lead Professional(s)					
walles of Lead Froressional(s)					
Are there any areas of disagreement to	the discharge plan?/If you how will those	ho rocolyad?)			
Are there any areas or disagreement to	the discharge plan: (ii yes, now will these	pe resolved:)			
Contingency plan: (Specify what will happe	n if the plan is not followed)				
Follow up meeting(s)	Date and Venue	Who will arrange			
Identify who needs to be invited to attend. e.g. School or college; Youth Worker;					
C&YPN or GP					