**HEALTH COORDINATION plan for Children and Young People with Complex health care needs with additional vulnerability.**

The following patient was discussed at the health professionals meeting (TAC).

V18 FINAL Feb 2023

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| **Patient Information** | | | | | | | |
| Meeting plan date | | Last health coordination meeting and plan | | | | | |
| First Name | | Current Address | | | | | |
| Surname | | DOB / CHI | | | | | |
| Lead Health professional – Name, Designation and Contact details. | | | | | | | |
| Professionals attending. | | | | | | | |
| **PART 1 How I grow and Develop (Clinical Information)** | | | | | | | |
| Clinical Update | | | | | | | |
| Diagnosis/Problems | Current Place of Care: | | |  | | | |
| Palliative care Phase N/A / Stable / Unstable / End of life (Circle as appropriate) | | | | | | |
| Ethnicity | 1st Language spoken | | | | Interpreter required YES / NO  Communication aids required YES / NO | | |
| **Current active Health care plans.** | | | | | | | |
| Symptom management plan YES / NO  Free text i.e. Diabetes, Respiratory, epilepsy | | | | | | | |
| Child & Young people’s acute deterioration management plan (CYPADM) YES /NO | | | Acute admission discharge plan YES / NO  Speciality service care plan YES / NO  Multi-disciplinary team meeting plan YES / NO | | | | |
| Anticipatory care plan (ACP) YES / NO | | |  | | | | |
| Does parent have a Digital parent held Passport YES / NO | | | “TRAK speciality alert” plan  YES / NO / NA | | | | |
| Care experience child (LACC) YES / NO | Child active on Child protection register YES / NO | | | | GIRFEC Multi agency assessment / Child protection care plan active. YES / NO | | |
| Social worker involvement  YES / NO | Health visitor GIRFEC wellbeing assessment Plan  YES / NO | | | | Health plan indicator:  CORE / Additional | | |
| Current wellbeing concerns. | | | | | | | |
| **PART 2 Planning( What I need from People Who Look After me)** | | | | | | | |
| My main care provider is Mum / Dad / Carer / residential home / hospital care  Details: | | | | | | | |
| Assessment of current health needs: | | | | | | | |
| Family background / Current circumstances / parental issues that might impact on ability to care for child: | | | | | | | |
| Psychosocial update/ family circumstances i.e. – housing, employment, financial, inclusion issues. (My Wider World (Triangle) | | | | | | | |
| Child/ Young person (…What Matters To me) and agree with Plan | | | | | | | |
| Parents and Carer Views: | | | | | | | |
| **PART 3 PLANNING ACTION and REVIEW – Wellbeing indicator (SHANARRI -Safe, Healthy, Achieving, Nurtured, Active, Respected, responsible Included) Care Plan** | | | | | | | |
| Action | By Whom Name and designation | | | | | By When | **Wellbeing Indicators**  See the source image |
|  |  | | | | |  |  |
|  |  | | | | |  |  |
| Health coordination plan review date | | | | | | | |
| HEALTH TEAM of professionals involved.  Include all Community, Primary care, dental & Acute staff add boxes as required. | | | | | | | |
| Name | Designation | | | | Contact details please state if acute or community service. | | |
|  | Parents/ carers | | | | Address if different from above. | | |
|  | GP | | | |  | | |
|  |  | | | |  | | |