**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 / NOCommunication aids required YES / NO |
| **Current active Health care plans.** |
| Symptom management plan YES / NOFree text i.e. Diabetes, Respiratory, epilepsy |
| Child & Young people’s acute deterioration management plan (CYPADM) YES /NO | Acute admission discharge plan YES / NOSpeciality service care plan YES / NOMulti-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  |  |
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