**CONFIDENTIAL**

**High Risk Adults Panel (HRAP) Case Discussion Sheet**

**Hartlepool / Middlesbrough / Stockton-on-Tees / Redcar & Cleveland [delete as appropriate]**

**[Service User Name and DOB]**

**Panel Date:**

**Attendees**

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| **Name** | **Role/ Agency** |
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**Apologies**

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| **Name** | **Role/ Agency** |
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| **Summary of HRAP referral:** | | |
| **Actions from last meeting: Delete this section for initial meeting** | | |
| **Task / Action** | **Person Responsible** | **Update** |
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| **Updates from Involved Agencies:** | | |
| **Risks:** | | |
| **Protective Factors:** | | |
| **Agreed Actions:** | | |
| **Task / Action** | **Person Responsible** | **Timescale for completion** |
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| **Closure Decision (including voting score and recording any dissent by members):** | | |
| **Agency** | **Rationale** | **Closure recommended?** |
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| **Case Status:** | | |