Multi-Agency Meeting Notes Template

This is to be completed at the first multi-agency meeting and not at the point of referral.

All sections of this template should be discussed at the multi-agency meeting.

This template can also be used as an update template for subsequent multi-agency meetings. In this instance any changes in circumstances or presentation can be recorded and a new action plan developed.

This is not a C(E)TR notes template.

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| **Multi-Agency Meeting** | | | | |
| Date and time of meeting | | |  | |
| Chair | | |  | |
| Notes taken by | | |  | |
| **Attendees** | | | | |
| Name | | | Role | |
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| **Update on Current Situation (since referral or last MAM)** | | | | |
| Please provide details of the individuals well-being since the referral took place. Please include any key events of changes in presentation.  Free text | | | | |
| **Physical Health** | | | | |
| Are there any physical health needs contributing to the increased risk? (If yes please provide details)  Free text | | | | |
| **Appropriate Care and Support** | | | | |
| Is individual receiving appropriate care, education and treatment? Are they involved in decisions regarding their package of care and medication?  Free text | | | | |
| **Parent, Family and Carer involvement** | | | | |
| Please include details of relevant parent, family and carer involvement. Please include the views of the parent, family and carer (if involved in care and support).  Free text | | | | |
| **Aspirations of the Individual** | | | | |
| What is the individual expecting and hoping for as an outcome of this process? What are the longer term hopes and goals of the individual?  Free text | | | | |
| **Rights and Legal Frameworks** | | | | |
| Please provide details of any legal framework currently in place. Are the rights of the individual being respected?  Free text | | | | |
| **Education (if applicable)** | | | | |
| Attendance? Is an EHCP Plan in place? If “yes” when was this last reviewed? What are the plans for future education?  Free text | | | | |
| **Impact of Covid-19** | | | | |
| Free text | | | | |
| **Safe** | | | | |
| Is the individual ‘safe’ in their current environment and with this level of care? Are all risks being managed and care and support meeting the needs of the individual?  Free text | | | | |
| **Least Restrictive Environment** | | | | |
| What is the least restrictive environment where the individual can receive the care and support that they require? Is a hospital admission required or can the individual be supported in the community with additional support?  Free text | | | | |
| **Inpatient Treatment Recommendations (If applicable)** | | | | |
| Please include the treatment goals of any recommended admission  Free text | | | | |
| **Gaps in Service** | | | | |
| Has a gap in service been identified? Please complete the gaps in service form which can be found on the DSP website page:  <https://www.leicspart.nhs.uk/services/dynamic-support-pathway/> | | | | |
| **Action Plan** | | | | |
| Task | Responsibility | Timeline | | Outcome |
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| Aspirations of the Individual | | | | |
| Can the aspirations of the individual/family/carer be met by this action plan?  If not, please provide a short rationale as to why this is not possible. | | | | |
| **Next Steps** | | | | |
| Is a follow-up MAM required? | | Yes/No | | |
| Date of next MAM | | Add date and time | | |
| Can the individual be removed from the Dynamic Support Register? | | Yes/No | | |
| Is escalation to the ROAR required for a C(E)TR? | | Yes/No | | |
| **Questions for the Next MAM** | | | | |
| Have the actions from the first MAM been completed? | | | | |
| Have the actions from the first MAM been successful in addressing the concerns identified? | | | | |
| Have the aspirations of the individual and family been achieved? | | | | |
| What additional support can be put in place to further support the individual, family/carer? | | | | |
| What needs to remain or be put in place to ensure this deterioration in health and well-being/increase in risk does not happen again? | | | | |