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

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| **Multi-Agency Meeting** | | | | |
| Name of person referred | | |  | |
| Date and time of meeting | | |  | |
| Chair | | |  | |
| Notes taken by | | |  | |
| **Attendees** | | | | |
| **Name** | | | **Role** | |
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| **Update on Current Situation (since referral)** | | | | |
| Please provide details of the individuals well-being since the referral took place. Please include any key events of changes in presentation. | | | | |
| **Physical Health** | | | | |
| Are there any physical health needs contributing to the increased risk? (If yes please provide details) | | | | |
| **Appropriate Care and Support** | | | | |
| Is individual receiving appropriate care, education and treatment? Are they involved in decisions regarding their package of care and medication? | | | | |
| **Parent, Family and Carer involvement** | | | | |
| Please include details of relevant parent, family and carer involvement and consider the impact of the situation on them. Please include the views of the parent, family and carer (if involved in care and support). | | | | |
| **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? | | | | |
| **Rights and Legal Frameworks** | | | | |
| Please provide details of any legal framework currently in place. Are the rights of the individual being respected? | | | | |
| **Education (if applicable)** | | | | |
| Attendance? Is an EHCP Plan in place? If “yes” when was this last reviewed? What are the plans for future education? | | | | |
| **Impact of Covid-19** | | | | |
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| **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? Is there a contingency in place / who can arrange this if not? | | | | |
| **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? | | | | |
| **Inpatient Treatment Recommendations (If applicable)** | | | | |
| Please include the treatment goals of any recommended admission | | | | |
| **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? | | | | |