**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 Referrer | |  | |
| Date of Referral | |  | |
| Lead Professional (if in place) | |  | |
| Name of person referred | |  | |
| DOB | |  | |
| 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 or changes in presentation. | | | |
| **Is this a post-discharge MAM?**  If yes, please refer to additional questions below | | Yes/No | |
| Is the individual settled in to the family home/community placement? Is the agreed staffing/support level meeting the individual’s needs? Is the agreed community support (health and social care) meeting the individual’s needs? Is the CYP Keyworker support sufficient? | | | |
| **Physical Health** | | | |
| Are there any physical health needs contributing to the increased risk? (If yes please provide details).  Are all physical health concerns being managed appropriately? Is the individual receiving their Annual Health Check? | | | |
| **Medication** | | | |
| Has the individual received a recent STOMP/STAMP review? Is the individual currently concordant with medication? | | | |
| **Health and Social Care Support** | | | |
| Is the individual receiving appropriate care and treatment? Are they involved in decisions regarding their package of care and medication? Does the individual have meaningful occupation/timetable of activities? | | | |
| **Accommodation** | | | |
| Where is the individual currently living? Is their placement currently at risk/has notice been given? Is accommodation appropriate and meeting the needs of the individual? Is accommodation adapted as required e.g., sensory adaptation, bath/shower/wet room, separate toilet for staff? | | | |
| **Education (if applicable)** | | | |
| Attendance? When was this young person last in education? What are the barriers to attending education? Is an EHCP Plan in place? If “yes” when was this last reviewed? What are the plans for future education? | | | |
| **Parent, Family and Carer involvement** | | | |
| Please include details of relevant parent, family and carer involvement in delivering care and support. Do any members of the family have any mental/physical health issues/disabilities? What would be the impact on the individual of any loss of this support? | | | |
| **Impact on Family/Carers** | | | |
| What is the impact of this responsibility/individual being within the home on the whole family (including siblings)? | | | |
| **Parent, Family and Carer Support** | | | |
| What support is currently being provided to the family/carer? Has a carer support assessment been completed? Does the family/carer require additional support? | | | |
| **Advocacy Involvement** | | | |
| Does the individual have access to an independent advocacy? Is this individual entitled to independent advocacy? | | | |
| **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 restrictions and legal framework currently in place. Are the rights of the individual being respected? | | | |
| **Looked after Child** | | | |
| Is the individual a looked after child? Are they currently placed out of area? If the young person is placed out of their originating area, is this affecting their well-being? What processes are in place to monitor the well-being of the young person? Is an independent advocate involved in the care of this young person? When was the last Review Health Assessment held? Are there any outstanding actions from the health action plan? | | | |
| **Safe** | | | |
| Is the individual ‘safe’ in their current environment and with this level of care? Are all risks (including those to/by the individual) being managed and care and support meeting the needs of the individual? How are these risks being mitigated?  Is there a contingency plan in place / who can arrange this if not? Has this plan been provided? | | | |
| **Risk of Exploitation** | | | |
| What social media platforms does the individual use? Where do they tend to meet their friends? Has the individual ever been worried or scared when they were out with their friends? Has anyone ever asked the individual to take a parcel/package to someone in exchange for money or gifts? Does the individual have someone they can talk to if they are worried about themselves or their friends? Is there anybody new into your house that is making you feel uncomfortable? | | | |
| **Escalation to a CTR/CETR** | | | |
| Is escalation to the ‘red’ rating on the DSR required and a CTR/CETR being requested? Please outline the rationale for this request | | | |
| **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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| **Will the outcomes of this action plan deliver the 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 safeguarding referral required? | | Yes/No | |
| Is a follow-up MAM required? | | Yes/No | |
| Date of next MAM | | Add date and time | |
| If another follow up MAM is not required, can the individual be removed from the Dynamic Support Register? | | Yes/No | |