**Follow-up Multi-Agency Meeting Notes Template**

This is to be completed during follow up multi-agency meetings. All sections of this template should be discussed at the multi-agency meeting.

**NOTE – This follow up template is designed to capture any changes/updates/new information received since the last Multi-Agency meeting (MAM**)

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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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Please record the outcomes from the existing action plan below:

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| **Existing Action Plan** | | | |
| **Task** | **Responsibility** | **Timeline** | **Outcome** |
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| Have the actions from the last MAM been completed? |
| Have the actions from the last 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? |

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| **Update on Current Situation (since last MAM)** | | | |
| Please provide details of the individuals well-being since the last MAM took place. Please include any key events or changes in presentation. | | | |
| **Physical Health** | | | |
| Are there any changes to 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** | | | |
| Have there been any changes to medication? Any update on STOMP/STAMP review? Is the individual responding to the new medication regime? | | | |
| **Health and Social care support** | | | |
| Have any changes to health or social care support been made since the last MAM? Are these changes having a beneficial impact on the wellbeing of the individual? Is the individual happy with the changes to their care package and medication? | | | |
| **Accommodation** | | | |
| Have there been any changes to the living arrangements for the individual? How have these changes improved the wellbeing of the individual (if they have). | | | |
| **Education (if applicable)** | | | |
| Has a suitable education plan/placement been identified? What is the transition process to return to education setting? Is this documented in the EHCP (if they have one)? | | | |
| **Parent, Family and Carer involvement** | | | |
| Have there been any changes in the level of care and support being delivered family/carers? Have there been any changes to the wellbeing of the family/carers? Has this had any impact on the care and support being given to the individual? | | | |
| **Impact on Family/Carers** | | | |
| Has there been any change in impact to the family/carers since the last MAM? | | | |
| **Parent, Family and Carer support** | | | |
| Have there been any changes to the level of support being provided to the family/carers? | | | |
| **Advocacy involvement** | | | |
| If required has an advocate been identified? Does the Advocate have access to the relevant documents to support the individual? | | | |
| **Aspirations of the Individual (part 1)** | | | |
| Have the aspirations of the individual changed? Does the individual have new aspirations that have been identified since the last MAM? | | | |
| **Rights and Legal Framework** | | | |
| Have there been any changes to the legal framework since the last MAM? | | | |
| **Looked After Child** | | | |
| Have there been any changes to the LAC status since the last MAM? | | | |
| **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?  Has a new contingency plan been put in place? Is this plan accessible to all? | | | |
| **Risk of Exploitation** | | | |
| Does the individual still use the identified social media platforms? Are there any changes to where they meet their friends? Has the individual been worried or scared when they were out with their friends? Has the individual been asked 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 them 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/> | | | |
| **Revised Action Plan – Outstanding and new actions** | | | |
| **Task** | **Responsibility** | **Timeline** | **Outcome** |
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| **Aspirations of the Individual (part 2)** | | | |
| Can the aspirations of the individual/family/carer be met by this updated 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 another 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 | |