**Post discharge Multi-Agency Meeting Notes Template**

This is to be completed at the post discharge multi-agency meeting.

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

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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 discharge)** |
| Please provide details of the individuals well-being since discharge took place. Please include any key events or changes in presentation. |
| **Physical Health** |
| Are all physical health concerns being managed appropriately?  |
| **Medication** |
| Is ongoing medication supply in primary care in place? Is individual concordant with medication regime? |
| **Health and Social Care Support** |
| Has health and social care support as agreed in the post discharge support plan been put in to place? Is this level of support meeting needs? Does the level of support need to be increased? |
| **Risk** |
| Are all risks (including those to/by the individual) being managed? Is there a contingency plan in place/who can arrange this if not? Has this plan been provided?  |
| **Accommodation** |
| Does the post discharge accommodation meet the individual’s needs? Have the requested adaptations (if required) been completed? Are they sufficient or are more adaptations required? |
| **Education (if applicable)** |
| Have any requirements for education been put in place? Are these meeting the individual’s needs? |
| **Parent, Family and Carer Support** |
| Have we put in place the parent/family/carer support that was identified during discharge planning? Is meeting the needs of the parent/family/carer? |
| **Advocacy Involvement** |
| Was it agreed that advocacy support in the community was required? If yes, is this now in place? |
| **Aspirations of the Individual** |
| Are the aspirations of the individual being met in the community? |
| **Safe** |
| Is the individual ‘safe’ in their current community environment and with this level of care?  |
| **Risk of Exploitation** |
| Is there any risk of ongoing exploitation? Has this been addressed? |
| **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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| **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 |