**Record of Follow Up Dynamic Support Pathway (DSP) Meeting**

This is to be completed during all follow up DSP meetings. All sections of this form should be discussed and recorded during the meeting.

**NOTE – This follow up template is designed to capture any changes/updates/new information received since the last DSP meeting.**

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| **Individual’s details:** | |
| Name of individual |  |
| NHS number / Local Authority PIN / BT No |  |
| DOB |  |
| **DSP follow up meeting details:** | |
| RAG Rating agreed at last DSP meeting |  |
| Date and time of previous DSP meeting |  |
| Chair for this meeting |  |
| Lead Professional |  |
| Date and time of this meeting |  |
| Form completed by |  |
| **Attendees** | |
| **Name** | **Role / Relationship with individual** |
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| **Review of agreed actions from previous DSP meeting** | | | |
| **Task** | **Responsibility** | **Timescale** | **Outcome** |
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| Have all actions from the previous DSP meeting been completed? |
| Have any actions been delayed or deemed undeliverable? Please explain why. |
| Have the actions from the previous DSP meeting been successful in addressing the concerns identified?  Does the individual and their family and/or carers agree? |
| What needs to happen to ensure a deterioration in health and wellbeing or increase in risk, does not happen again?  Can anything else be done to further support the individual, their family and/or carer. If so, what? |

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| **Update on Current Situation since previous DSP meeting** | | | | | |
| Please include any key events or changes in presentation. | | | | | |
| **Safety, risks and safeguarding** | | | | | |
| Are there any new/current safety concerns since the last DSP Meeting? | | | | | |
| **Accommodation** | | | | | |
| Have there been any changes to the accommodation or environment for the individual since the last DSP meeting? Have these changes impacted the wellbeing of the individual? | | | | | |
| **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? Have there been any recent changes in medication? | | | | | |
| **Views of the individual** | | | | | |
| Have the views of the individual changed? Does the individual have new thoughts/views that have been identified since the last DSP meeting? | | | | | |
| **Parent, Family and/or Carer involvement** | | | | | |
| Have there been any changes in the level of care and support being delivered to/by 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? | | | | | |
| **Parent, Family and/or Carer Support** | | | | | |
| Have there been any changes to the impact on the family (including siblings) and/or carer(s) due to this individual’s current presentation? What support is currently being provided to the family and/or carer(s)? Has a Carers assessment been completed? Do the family and/or carer(s) require any additional support? | | | | | |
| **Health and Social care support** | | | | | |
| Have any changes to health or social care support been made since the last DSP meeting? Are these changes having a beneficial impact on the wellbeing of the individual? Is the individual happy with the changes to their care package? | | | | | |
| **Advocacy involvement** | | | | | |
| If required has an advocate been identified? | | | | | |
| **Rights and Legal Framework** | | | | | |
| Have there been any changes to the legal framework since the last DSP meeting? | | | | | |
| **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)? | | | | | |
| **Looked After Child (if applicable)** | | | | | |
| Have there been any changes to the LAC status since the last DSP meeting? | | | | | |
| **Escalation to a CTR/C(E)TR?** | | | | | |
| Is escalation to the ‘red’ rating on the DSR required and a CTR/CETR being requested? Please outline the rationale for this request | | | | | |
| **Changes or increases in commissioned services** | | | | | |
| As a result of this meeting, have any changes or increases to the existing care package been recommended? If so, a completed Urgent/Interim SEAL application should be submitted to the ICB and the appropriate Local Authority using the email addresses below:    County Cases   * ND Patient Assurance Team: dhcft.ndpat@nhs.net * Derby & Derbyshire ICB:  ddicb.ommissioningforindividuals@nhs.net * Derbyshire County Council: asch.sealfunding@derbyshire.gov.uk     City Cases   * ND Patient Assurance Team: dhcft.ndpat@nhs.net * Derby & Derbyshire ICB:  ddicb.commissioningforindividuals@nhs.net * Derby City Council:  PanelandMinuting.Support@derby.gov.uk | | | | | |
| **Gaps in Service** | | | | | |
| Have any gaps in services been identified? If so, please describe below. | | | | | |
| **Action Plan following this meeting including any new and/or outstanding actions from previous DSP meeting** | | | | | |
| **Task** | **Responsibility** | | **Timeline** | | **Outcome** |
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| Agreed RAG rating following meeting (please tick). Please refer to the ‘Guidance for Professionals’ for the Risk Matrix | | | | | |
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| **Next Steps** | | | | | |
| If Red, has a C(E)TR request been sent to ND Patient Assurance Team? | | | Yes/No | | |
| Is a safeguarding referral required? | | | Yes/No | | |
| Is a further follow-up DSP meeting required? | | | Yes/No | | |
| Nominated Chair and note taker for next follow-up DSP meeting | | |  | | |
| Date of next follow-up DSP meeting | | | Add date and time | | |
| Chair/note taker of meeting to send completed form to [dhcft.ndpat@nhs.net](mailto:dhcft.ndpat@nhs.net) on same working day of meeting | | | | | |
| ND Patient Assurance Team to distribute notes upon receipt, to attendees within 1 working day of meeting | | | | | |
| **Each agency should ensure a summary of agreed actions from this meeting is entered onto their internal case management recording system pending distribution of the meeting record.** | | | | | |