**BEST INTERESTS MEETING TEMPLATE**

**Reference: DOB:**

**Confidential**

***A Best Interests Meeting in regards to (add reason).* Information obtained at the meeting or contained in these notes is classified as RESTRICTED and must be REGARDED IN THE STRICTEST CONFIDENCE. *The decision will be made in accordance with the Mental Capacity Act. The best interests principle underpins the Mental Capacity Act. It is set out in section 1(5) of the Act. ‘An act done, or decision made, under this Act for or on behalf of a person who lacks capacity must be done, or made, in his best interests.’***

**Date:**

**Location:**

**Present:**

**Chair:**

**Minute Taker:**

**Apologies:**

**Decision Maker:**

**­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Has the capacity assessment been undertake**

**Results of capacity assessment:**

**Is the citizen likely to regain capacity?**

**Is there a Lasting Power of Attorney?**

**Is there an IMCA/ Advocate involved?**

**Citizen’s views and desired outcomes:**

**Desired outcomes of:**

* + - *Person’s the citizen has identified to answer on their behalf*
* *Person’s engaged with caring for the citizen*
	+ - *Person’s with an interest in protecting the welfare of the citizen.*

**Discussion:**

**Balanced Assessment**

**OPTION ONE:………………………………………………………………………………...**

|  |  |  |
| --- | --- | --- |
|  | **Benefits of ……………………** | **Disadvantages of ………………..** |
| **Medical** |  |   |
| **Emotional** |   |  |
| **Welfare/ Social** |   |   |

**OPTION TWO: ………………………………………………………………………………**

|  |  |  |
| --- | --- | --- |
|  | **Benefits of ……………………** | **Disadvantages of ………………..** |
| **Medical** |  |  |
| **Emotional** |   |  |
| **Welfare/ Social** |   |   |

**OPTION THREE: …………………………………………………………………………….**

|  |  |  |
| --- | --- | --- |
|  | **Benefits of ……………………** | **Disadvantages of ………………..** |
| **Medical** |  |   |
| **Emotional** |   |  |
| **Welfare/ Social** |   |   |

**Outcomes of discussion:**

**Identified Actions:** *(including person’s responsible and time scales)*

**Date of Review** of implementation of Best Interests Decision:

Decision makers should specify a timely review of the implementation of the actions resulting from the best interests decision. If the review establishes that the best interests decision was not successfully actioned, the decision maker should take suitable steps such as:

* Convening a multi-agency meeting to resolve issues leading to the best interests decision not being successfully implemented

or

* Reassessing and making a new best interests decision that is more achievable

 or

* Taking steps to refer to the Adult Social Care Legal Panel for decision about referral to the Court of Protection

or

* Re-considering whether any further action is appropriate.

|  |  |  |
| --- | --- | --- |
|

|  |
| --- |
| **Best Interests Checklist****All steps and decisions taken for someone who lacks capacity must be taken in their best interests.**  |
|  |

 |
|  | **RESPONSE** | **COMMENTS** |
|  | **YES** | **NO** |  |
| **Q1 Options Identified –** Have you already undertaken your needs assessment and identified the options that can be considered at the best interests meeting? |  |  |  |
| **Q1. Avoid Discrimination – Guidance** Have you avoided making assumptions merely on the basis of the Individuals age, appearance, diagnosis /condition or behaviour?  |  |  |  |
| **Q2. Relevant Circumstances** – **Guidance:** Have you identified all the things the Individual would have taken into account when making the decision for themselves?  |  |  |  |
| **Q3. Regaining Capacity – Guidance:** Have you considered if the Individual is likely to have capacity at some date in the future and if the decision can be delayed until that time?  |  |  |  |
| **Q4. Encourage Participation** – **Guidance:** Have you done whatever is possible to permit and encourage the Individual to take part in making the decision?  |  |  |  |
| **Q5. Special Considerations** – **Guidance:** Where the decision relates to life sustaining treatment, have you ensured that the decision has not been motivated in any way, by a desire to bring about their death?  |  |  |  |
| **Q6. The Persons Wishes** – **Guidance:** Has consideration been given to the Individuals past and present wishes and feelings, beliefs and values, that would be likely to influence this decision?  |  |  |  |
| **Q7. Written statements –** **Guidance:** Have you considered any written statement made by the person when they had capacity  |  |  |  |
| **Q8. Consult Others** – **Guidance:** Have you where practicable and appropriate, consulted and taken into account the views of others including those engaged in caring for the Individual, relatives and friends, persons previously named by the Individual, Attorney under a Lasting or Enduring Power of Attorney or Deputy of the Court of Protection?  |  |  |  |
| **Q9. IMCA** – **Guidance:** If the decision relates to serious medical treatment or changes to accommodation and there is no one identified in Q8, have you instructed an Independent Mental Capacity Advocate and received a report from an IMCA.  |  |  |  |
| **Q10. Avoid Restricting Rights – Guidance:** How have you given consideration to the least restrictive option for the individual? |  |  |  |
| **Q11. Other Considerations** – **Guidance:** What other factors have you considered such as emotional bonds, family obligations that the person would be likely to consider if they were making the decision?  |  |  |  |