

Best Interests Meeting Minutes

**Strictly Confidential**

**Information Sharing and Confidentiality**

This Best Interests Meeting was convened under Lincolnshire’s Mental Capacity Act Policy, Procedure and Guidance. These minutes are strictly confidential; they must not be photocopied and should be transferred and stored securely. Statutory agencies will store electronic copies on a secure database.

Access should only be on a legitimate need to know basis. Additional requests to show these minutes to other people will only be considered by the Chair of the meeting and permission given, if there is a legitimate reason to disclose the information. Minutes of the meeting will be circulated to all attendees and those who have given apologies.

Copies of these minutes may be requested and disclosed in the event of a Data Protection access to records request, subject to exemptions.

**Amendments**

Please Note: Requests for amendments to these minutes should be forwarded in writing to the Chair of the meeting, within seven days of the circulation date; otherwise they will be taken as an accurate record.

**Mental Capacity Act (2005)**

If a person has been assessed as lacking capacity, then any action taken, or any decision made for, or on behalf of that person, must be made in his/her best interests - Principle 4.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date**: | | **Venue**: | | | | | | |
| **Name of Service User**: | | **Personal identifier**: | | | | | | |
| **Address**: | | | | | | | | |
| **Chair**: | **Decision-Maker**: | | | | **Minute Taker**: | | | |
| **Name** | **Relationship to Service User** | | | | **Invited** | **Present** | | **Apologies** |
|  |  | | | | Yes/No | Yes/No | | Yes/No |
|  |  | | | | Yes/No | Yes/No | | Yes/No |
|  |  | | | | Yes/No | Yes/No | | Yes/No |
|  |  | | | | Yes/No | Yes/No | | Yes/No |
|  |  | | | | Yes/No | Yes/No | | Yes/No |
| **Purpose of the Best Interest Meeting:** | | | | | | | | |
| **Confirmation of Capacity Assessment:** | | | | | | | | |
| **View of the relevant person:** | | | | | | | | |
| **Information from relevant parties:** | | | | | | | | |
| **Best interests decision – Balance sheet approach. Specify the different options that are being considered.**  In deciding best interests you must explore if there is a less restrictive way to achieve what is in the person’s best interests but you do not automatically have to take whatever is the least restrictive option overall. This is because the least restrictive option might not be the one that is in the person’s best interests. | | | | | | | | |
| **Option One. Describe:** | | | | | | | | |
| **Benefits for the person:** | | | | | | | | |
| **Risks for the person:** | | | | | | | | |
| **Can this be achieved in a less restrictive way?** | | | | | | | | |
| **Option Two. Describe:** | | | | | | | | |
| **Benefits for the person:** | | | | | | | | |
| **Risks for the person:** | | | | | | | | |
| **Can this be achieved in a less restrictive way?** | | | | | | | | |
| **Option Three. Describe:** | | | | | | | | |
| **Benefits for the person:** | | | | | | | | |
| **Risks for the person:** | | | | | | | | |
| **Can this be achieved in a less restrictive way?** | | | | | | | | |
| **Option Four. Describe:** | | | | | | | | |
| **Benefits for the person:** | | | | | | | | |
| **Risks for the person:** | | | | | | | | |
| **Can this be achieved in a less restrictive way?** | | | | | | | | |
| **Discussion of viewpoints:** | | | | | | | | |
| **Additional information considered by the decision maker in making the best interests decision specified.**  **Details:** | | | | | | | | |
| **Final Decision. Give the reasons why this option has been selected and why other options have been rejected. If a final decision is not being made on the day the Chair should inform the meeting as to when and how the decision will be communicated.**  **Details:** | | | | | | | | |
| **Objections**  **See 5.63 to 5.69 of the Code.**  **Record here if anyone disagrees with the decision that has been made and how you intend to proceed.**  **Details:** | | | | | | | | |
| **ACTION PLAN** | | | | | | | | |
| **Action** | | | **Responsible Person** | | | | **By when** | |
|  | | |  | | | |  | |
|  | | |  | | | |  | |
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| **Communication Strategy. Record here how interested parties will be advised of the decision.** | | | | | | | | |
| Where the Court of Protection is not involved, carers, relatives and others can only be expected to have reasonable grounds for believing that what they are doing or deciding is in the best interests of the person concerned. They must be able to point to objective reasons to demonstrate why they believe they are acting in the person’s best interests. They must consider all relevant circumstances.  The Chair has read and approved these minutes and confirms that they are an accurate record of the meeting. | | | | | | | | |
| Name:  Designation:  Signature: | | | | Designation:  Signature:  Signature: | | | | |