***North Somerset - Best Interests***

Name of service user / patient –

DoB of service user / patient -

Date of meeting / discussion -

A ) What is the Best Interests decision to be made ?

|  |
| --- |
|  |

B) Has a capacity assessment been completed in relation to this decision ?

If answer is ‘No’ then stop best interests process & initiate capacity assessment.

|  |
| --- |
|  |

C) Does the authority for making this decision lie under other provisions of the Mental Capacity Act ( Lasting / Enduring Power of Attorney, Deputyship or Declarations made by the Court of Protection, Advance Decision to Refuse Treatment )

If answer is ‘Yes’ detail Authority below move to Part P , detail any follow up work in part R

|  |
| --- |
|  |

D ) If there is no other Authority identified in C ) above who is the ‘Decision Maker’ in regard to this issue ?

|  |
| --- |
|  |

E) Is the decision one that can only be considered by directly the Court of Protection OR is the decision one that is excluded from the remit of the Mental Capacity Act ?

If Yes then move to part P , record follow up work in part R

|  |
| --- |
|  |

F ) Is the Best Interests discussion taking place as a formal meeting / individual discussions / telephone conversation / written communication ?More than one may apply

|  |
| --- |
|  |

G ) Detail who has been consulted as part of this Best Interests discussion / meeting.

|  |
| --- |
|  |

H ) If unable to ascertain an interested parties views on this matter detail the reason for this here.

|  |
| --- |
|  |

I ) Are the conditions for appointing an IMCA met ? If so please detail the IMCA consulted.

If there are no interested parties to consult and the decision involves a serious medical treatment or a change of residence then the decision maker must appoint an IMCA. ( NB IMCA’s may also be appointed if there are safeguarding concerns or doubts around family / friends acting in the individual’s best interests )

|  |
| --- |
|  |

J ) Consider the different options for the person considering the available resources.

|  |
| --- |
|  |

K ) What are the person’s views on this matter, What decision would they have made if they had capacity ? How have you ascertained this ?

|  |
| --- |
|  |

L) Consider the pros and cons of each option. Risks and benefits must include psychological & emotional elements alongside physical factors.

|  |
| --- |
|  |

M ) Considering boxes J, K, & L above what do the group feel is the ***least restrictive option*** considering, ***best interests***, ***what the person would have wanted*** & ***available resources.***

|  |
| --- |
|  |

N ) Follow on work - All parties **do** agree ( tick all that apply )

{ } – Additional individuals need to be consulted and a repeat Best Interests decision made.

{ } – The individual’s cognition is fluctuating or improving and their capacity requires re-assessing shortly.

O ) Follow on work – One or more parties ***do not*** agree ( tick all that apply )

{ } – I will organise a formal ‘round table’ Best Interests Meeting.

{ } – I will make a referral for Advocacy Services.

{ } – I will refer the matter to my line manager.

{ } – I will investigate a referral to the Court of Protection.

{ } – There is a dispute as to the individual’s capacity and I will organise a re-assessment.

{ } – The individual’s cognition is fluctuating or improving and their capacity requires re-assessing shortly.

P ) Other Decision Making Authority

{ } – The authority to make the decision lies under the following provisions of the Mental Capacity Act ( Lasting /Enduring Power of Attorney, Deputyship / Declarations under the Court of Protection, Advance Decision to Refuse Treatment )

{ } - The decision is so serious it may only be considered by the Court of Protection.

{ } – The decision is one that is excluded from the remit of the MCA.

{ } – The decision made is likely to constitute a deprivation of liberty and a referral to the appropriate supervisory body must now be made.

Q ) Review

The Best Interests decision should be reviewed by the following date :

The individual’s capacity should be reassessed by the following date :

R) Please provide detail here regarding any follow up work.

|  |
| --- |
|  |

S) Signature(s) & date

|  |
| --- |
|  |