

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

