

Determination of Best Interests

In any case, if a Mental Capacity Assessment identifies a person lacks capacity regarding a decision, you must complete a Best Interest Form to establish the decision that will be made in the person's best interest.

Name of person decision relates to:				
NHS No.				
Date form completed:				
Name of person completing form:				
Details of Decision				
What is the specific decision to be taken?				
<i>Please refer to the relevant Mental Capacity Assessment form</i>				
Date of Capacity Assessment and outcome?				
<i>Information should be taken from the relevant Mental Capacity Assessment form</i>				
Who can Advocate for the person?				
List any family member or friend who can advocate for the Person:				
<i>If there is no family member or friend who can advocate on behalf of the person consider if a referral for an Independent Mental Capacity Advocate is required.</i>				
Is an Independent Mental Capacity Advocate required?	Yes ☐	No ☐	Name:	Tel:
Date IMCA appointed:				
Is there an LPA (Health and Welfare), LPA (Finance), CPD (Court of Protection Deputy)?				
Details:				
<i>Ensure you clarify this role with Office of Public Guardian and relevant documentation has been viewed. If there is a relevant LPA or court appointed deputy that has decision making powers</i>				

that cover the decision being considered, they will be the legal decision maker for this decision. They **must** be involved in the best interest process.

Who is the Decision Maker and why have they been identified as the decision maker?

Details:

Unless there is a valid attorney under and LPA or a valid court appointed deputy, the decision maker will be the professional or clinician who is best placed to make the decision, due to their knowledge of the person and their skills and knowledge in relation to the decision. If the decision maker is an attorney or deputy then they should be supported in completing the best interest process and the relevant professional or clinician should complete this form outlining the best interest process followed and the decision made by the attorney or deputy.

Are there any conflicts or disagreements with regards to this decision?

Yes ☐ No ☐

Details:

If there are conflicts or disagreements the Decision Maker has the final say in what is decided. However where there is a strong disagreement and it relates to a significant decision it may be necessary to approach the Court of Protection for them to make the final decision

Was a best interest meeting held?

Yes ☐ No ☐ Date of Best Interest meeting if held:

Details:

Minutes of any best interest meeting should be uploaded onto clinical systems and should include details of all those present and their views as expressed during the meeting.

Who was consulted in the Best Interests decision?

Name:	Role:	Contact number:

Views of interested persons (those people involved):
Details: <i>Include written submissions, reports and views of family, friends, carers, LPA, Deputy, or anyone named by the person; if no-one, justify why. If an IMCA or advocate was involved include their views.</i>
Views of professionals involved:
Details:
What are the wishes and views of the person in regard to this decision?
Did the person communicate their wishes or views during the capacity assessment? Yes ☐ No ☐
Details of Consultation with person: <i>Include their involvement in the decision, current and past views, wishes, feelings and values of the person relevant to this decision. Consider any written or verbal statements of wishes made to others in the pasts.</i>

If a person lacks capacity and a decision has to be made on their behalf, please record the benefits and disbenefits of each option below: <i>(include as many options as are relevant)</i> <i>This should be your analysis to consider all of the real options that are available.</i>	
Option 1:	
Pros:	Cons:
Option 2:	
Pros:	Cons:
Option 3:	
Pros:	Cons:

Which option has been decided?		
Details: <i>Include details of why the decision for chosen option was taken and why other options have been disregarded.</i>		
Is this the least restrictive option?	Yes ☐	No ☐
Details: <i>When choosing an option, have you chosen the option which is the least restrictive option when taking into consideration the risks of harm to the individual. It is important to explore ways that would be less restrictive or allow the most freedom for a person who lacks capacity to make the decision.</i> <i>Any decision you take must be necessary to meet the person's needs, though should be a proportionate response to the risks involved.</i>		
I confirm that this decision is the less restrictive option or intervention possible. This decision has not been biased by age, appearance, condition, gender or race. Every effort has been made to communicate with the person concerned		

Details of person completing the form	
Person completing form:	Role:
Organisation:	Telephone Number:
Signature:	Decision date: