

**GLOUCESTERSHIRE MULTI AGENCY MENTAL CAPACITY  
ACT POLICY**

**APPENDIX 3**



Name:  
PRN:  
DOB:

<b>Determination of Best Interests</b> <i>(note any documentation referenced)</i>					
What is the specific decision to be taken?					
Details:					
Date of Capacity Assessment and outcome? (Document Number):					
Is an IMCA required?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Name:
					Tel:
<b>Who was consulted in the Best Interests decision?</b>					
Name:					
Tel No:					
Role:					
<b>Is there an LPA (Health and Welfare), LPA (Finance), CPD (Court of Protection Deputy)?</b> <i>Roles – LPA (Health and Welfare), EPA/LPA (Finance), CPD (Court of Protection Deputy)</i>					
Are there any documents relating to key roles? (e.g. LPA forms, etc.) Have been checked and scanned into ERIC?				Yes	<input type="checkbox"/>
				No	<input type="checkbox"/>
Details:					
What is most important to the person regarding this decision? <i>(include their involvement in the decision, current and past views, wishes, feelings and values of the person relevant to this decision, e.g. written statement)</i>					
Details:					

Views of interested others (include written submissions, reports and views of family, friends, carers, LPA, IMCA, Deputy, or anyone named by the person; if no-one, justify):

Details:

Views of professionals involved:

Details:

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: (include as many options as are relevant)

**Option 1:**

Pros:

Cons:

**Option 2:**

Pros:

Cons:

**Option 3:**

Pros:

Cons:

**Which option has been decided** and include details of why the decision for chosen option was taken and why other options have been disregarded: (If a Best Meeting has been held, attach the minutes)

Details:

Is this the less restrictive option?

Yes

No

Details:

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

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

Yes

No

Details:

Decision Maker:		Role:	
Organisation:		Telephone Number:	
Signature: Electronic <input type="checkbox"/>		Decision date:	
Signature (other)		Role:	