

Appendix 6



Havering PCT
Barking Havering & Redbridge Trust

Havering Mental Capacity Tool Kit

Assessment of Capacity and Best Interests Decision Making

June 2008

This document was based upon a Decision Making Tool developed by Hampshire County

Council & London Borough of Redbridge

USE OF THE TOOLKIT

This toolkit is to be used by Health and Social Care Professionals

WHEN

- a) **There is reason to believe that the person lacks capacity to make a decision about any one of the issues below**
- **Changes in accommodation / review and/ or**
 - **Serious medical treatment and / or**
 - **Serious safeguarding concerns**

AND

- b) **There are no family or friends to represent their best interests**

OR

There is dispute between those involved in making best interest decisions.

.....

Details of Service User or Patient:	
Name :	D.O.B:
Home Address:	
Place of Residence at time of Assessment :	
Gender:	
Ethnic Origin:	
Language (s) :	
Religion:	

Specify decision in question (consider and record if there is any external pressure on the person in making their decision):

Assessment Questions	YES (on balance of probabilities)	NO
1. Is there an impairment or disturbance in the functioning of mind or brain? (permanent or temporary)	YES - impairment is present Record symptoms / behaviours, any relevant diagnosis	NO – impairment is not present Record evidence. If NO the person is deemed capable – assessment is ended.

2. If yes – does the impairment/ disturbance mean that despite all help given, they are unable to undertake any of the tasks below. Consider involving someone they know. The time and place of interview. Use of communication aids.

a) The person is unable to understand the information relevant to the decision.	YES – unable to understand information. Record steps taken to explain the information and views/evidence why they did not understand.	NO – able to understand information. Record views/evidence to show they understand it.
b) They are unable to retain the information long enough to make the decision?	YES – unable to retain information. Record any help given and evidence.	NO – able to understand information. Record views/evidence to show they understood it.
c) They are unable to weigh the information as part of the decision making process? Are they unable to understand the consequences of making or not making the decision including the risks.	YES – unable to weigh information Record evidence.	NO – able to weigh information. Record evidence
d) Unable to communicate the decision?	YES – unable to communicate. Record the evidence	NO – able to communicate. Record the evidence.

Conclusion - If the answer is YES to any of these questions - you should be considering person may lack the capacity to make this decision.

	Outcome:
	Assessor's Name and Role : _____ Date: _____

PART 2 BEST INTERESTS – CHECKLIST FOR UNDERTAKING WIDER CONSULTATION

Decision/action being consulted upon:

In relation to: _____ (person deemed to lack capacity)

Checklist of Persons	Date Consultations were Undertaken
Anyone named by the person lacking capacity as someone to be consulted. (specify person/s)	
Anyone engaged in caring for the person or interested in their welfare. (specify person/s)	
Any attorney appointed under an Enduring / Lasting Power of Attorney. (specify person/s)	
Any deputy appointed by the Court of Protection	
In cases where the person lacking capacity has nobody in the above four categories and faces a decision about serious medical treatment or a change of residence, you will need to consult with an IMCA.	

Decision maker undertaking consultation: -

..... (Name).....(Role)

SERVICE USER – BEST INTERESTS CONSULTATION

Specify the decision / action that is being considered:

Name of the person deemed to lack capacity in relation to this matter:

Consultation with the person lacking capacity	Supporting evidence (record here or note here where the information is recorded on their case file / electronic records etc)
---	--

What are the issues that are most relevant to the person who lacks capacity in relation to this decision?

Specify their past and present wishes, feelings and concerns in relation to this decision.

What are the person’s values and beliefs (e.g. religious, cultural, moral) in relation to this decision?

Does the person have any previously held instructions (e.g. Advance Decisions) relevant to this decision? Give details

Are there any other “relevant circumstances” that should be taken into account in this case?

Decision maker:
(Name).....(Role)

RELEVANT PARTY'S BEST INTERESTS CONSULTATION ONE SHEET PER PARTY

Decision / action being consulted upon: -

In relation to: -(person deemed to lack capacity)

Person being consulted: -

.....(Name).....(Role)

Questions:	Views:
1) What do you consider to be in the person's best interests on the matter in question?	
3) Do you have any information about the person's wishes, feelings, values or beliefs in relation to this matter?	
Date:	Signature:

RELEVANT PARTY'S BEST INTERESTS CONSULTATION ONE SHEET PER PARTY

Decision / action being consulted upon: -

In relation to: -(person deemed to lack capacity)

Person being consulted: -

.....(Name).....(Role)

Questions: **Views:**

1) What do you consider to be in the **person's best interests** on the matter in question?

4) Do you have any information about the person's wishes, feelings, values or beliefs in relation to this matter?

Date:

Signature:

BEST INTERESTS – REACHING A DECISION

NB. Ensure you do not make assumptions about what is in a person's best interests based on their age, appearance, condition or behaviour. (principle of equal consideration – section 4(1)) The decision should be the least restrictive of their basic rights and freedom.

Specify the different options that are being considered.	Is this considered to be in the person's best interests – Y / N	Reasons
1)		
2)		
3)		
If your final decision is at odds with anybody who was consulted, please highlight the reasons for your decision.		

Decision Maker:**Date:**

Line Manager:**Date:**