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BACKGROUND

Advance care planning offers people the opportunity to plan their future care and support, including medical treatment, while they have the capacity to do so.

Not everyone will want to make an advance care plan, but it may be especially relevant for:

- People at risk of losing mental capacity - for example, through progressive illness.
- People whose mental capacity varies at different times - for example, through mental illness.

**Advance Care Planning**

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WHY IT MATTERS

Managers and care staff have an important role to play in supporting people to consider advance care planning, and should receive training to enable them to do so.

Advance care planning can make the difference between a future where a person makes their own decisions and a future where others do.

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WHAT TO DO

Give people written information about advance care planning in a way that they can understand, and explain how it is relevant to them. [advance-care-planning-quick-guide.pdf \(nice.org.uk\)](https://www.nice.org.uk/advance-care-planning-quick-guide.pdf)

Further information:

- [Decision-making and mental capacity](#) (NICE guideline, including implementation resource).
- [Mental Capacity Act Code of Practice](#) (available from Office of the Public Guardian).
- [Advance planning and decision-making](#) (SCIE).
- [Advance decisions to refuse treatment](#) (NCPQSW, Bournemouth University).

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INFORMATION

The Mental Capacity Act provides a number of ways for people to plan their care and support in advance.

Care staff should find out about:

Advance statements. These are not legally binding but should be considered carefully when future decisions are being made. They can include any information the person considers important to their health and care.

Lasting power of attorney. This involves giving one or more people legal authority to make decisions about health and welfare, and property and finances.

Advance decisions to refuse treatment. These are for decisions to refuse specific medical treatments and are legally binding.

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INFORMATION

If the person decides that they want to create an advance care plan: Ask them if they would like to discuss and involve their family, friends or advocates in developing the plan.

- Discuss the importance of family being aware of their wishes. Help them consider whether involving a professional (for example health or social care professionals)
- Support the person to think about their future care needs and agree a care plan(s) for different situations i.e. care and specific treatments
- Help them think about how their needs might change in the future

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INFORMATION

Help the person make an informed choice about whether to make an advanced care plan. It should be entirely their decision. An advance care plan can cover areas such as the person's thoughts on different types of care, support or treatment, financial matters, and how they like to do things. As part of this process:

- Together with the person (and their carer or family if they wish), think about anything that could stop them being fully involved and how to make their involvement easier.
- Offer to discuss advance care planning at a time that is right for them.
- Make sure you have up-to-date information about the person's medical condition (s) and treatment options to help the process and involve relevant healthcare staff if needed.

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INFORMATION

Introducing advance care planning

- Be sensitive – some people may not want to talk about or have an advance care plan.
- Check whether the person already has an advance care plan in place.
- Remember that everyone is different – their wish for knowledge, autonomy and control will vary.
- Be ready at any time to explain the purpose of advance care planning, and discuss the advantages and challenges.
- Remember that people may make choices that seem unwise – this doesn't mean that they are unable to make decisions or their decisions are wrong.