

Draft Regulations laid before the National Assembly for Wales under section 52(6) of the Mental Health (Wales) Measure 2010, for approval by resolution of the National Assembly for Wales.

DRAFT WELSH STATUTORY INSTRUMENTS

2011 No. (W.)

MENTAL HEALTH, WALES

**The Mental Health (Care Co-ordination and Care and Treatment
Planning) (Wales) Regulations 2011**

EXPLANATORY NOTE

(This note is not part of the Regulations)

[To be completed after consultation]

DRAFT WELSH STATUTORY INSTRUMENTS

2011 No. (W.)

MENTAL HEALTH, WALES

The Mental Health (Care Co-ordination and Care and Treatment Planning) (Wales) Regulations 2011

Made

[date to be inserted (2011)]

Coming into force

[date to be inserted (2011/12)]

The Welsh Ministers make these Regulations in exercise of the powers conferred by sections 15(4), 15(5), 18(1)(c), 18(8), 18(9), 47(1)(b) and 52(2) of the Mental Health (Wales) Measure 2010⁽¹⁾, and by section 26(3) of the Welsh Language Act 1993⁽²⁾.

A draft of this instrument has been laid before the National Assembly for Wales in accordance with section 52(6) of the Measure, and approved by resolution of the National Assembly for Wales.

Part 1 - General

Title, commencement and application

1.—(1) The title of these Regulations is The Mental Health (Care Co-ordination and Care and Treatment Planning) (Wales) Regulations 2011 and they come into force on [date to be inserted].

(2) These Regulations apply in relation to Wales.

Interpretation

2.—(1) In these Regulations —

“care and treatment plan” means a plan prepared for the purpose of achieving the outcomes which the provision of mental health services for a relevant patient is designed to achieve, as provided in section 18(1)(b) of the Measure;

“carer” means, in relation to a relevant patient, an individual who provides or intends to provide a substantial amount of care on a regular basis for that patient, but does not include an individual who provides, or intends to provide care by virtue of a contract of employment or other contract with any person or as a volunteer for a body (whether incorporated or not incorporated);

“employed” means employed under a contract of service or engaged under a contract for services;

(1) 2010 nawm 7.
(2) 1993 c.38.

“guardian” means the person named as guardian in a guardianship application made under section 7 of the 1983 Act or a court order relating to guardianship made under section 37 of the 1983 Act;

“managing authority” in relation to a National Health Service hospital has the meaning given by paragraph 176 of Schedule A1 to the 2005 Act, in relation to an independent hospital has the meaning given by paragraph 177(b) of Schedule A1 to the 2005 Act, and in relation to a care home has the meaning given by paragraph 179(b) to Schedule A1 to the 2005 Act;

“the Measure” means the Mental Health (Wales) Measure 2010⁽¹⁾;

“parental responsibility” has the meaning given by section 3 of the 1989 Act;

“relevant discharge period” means the period within which an adult may request that a mental health assessment is carried out following discharge from secondary mental health services;

“relevant patient’s general practitioner” means, in relation to a relevant patient, the general practitioner with whom the patient is registered and any general practitioner with whom the patient is not registered but by whom a patient is referred for a primary mental health assessment under Part 1 of the Measure;

“relevant mental health service provider” means the secondary mental health service provider who is identified as a relevant patient’s relevant mental health service provider in accordance with section 15 of the Measure or regulation 3 of these Regulations;

“responsible clinician” has the meaning given by section 34(1) of the 1983 Act;

“responsible Local Social Services Authority” has the meaning given by section 34(3) of the 1983 Act;

“supervisory body” in relation to a hospital has the identity given by paragraph 181 of Schedule A1 to the 2005 Act, and in relation to a care home has the identity given by paragraph 182 of Schedule A1 to the 2005 Act;

“the 1983 Act” means the Mental Health Act 1983⁽²⁾;

“the 1989 Act” means the Children Act 1989⁽³⁾;

“the 2005 Act” means the Mental Capacity Act 2005⁽⁴⁾ and

“working day” means any day except Saturday, Sunday, Christmas Day, Good Friday or a bank holiday in England and Wales under the Banking and Financial Dealings Act 1971⁽⁵⁾.

(2) References to a patient who has capacity are to a patient who has capacity within the meaning of the 2005 Act, and references to a patient who lacks capacity are to be read accordingly.

Part 2 – Care coordinators

Identification of relevant mental health service provider

3.—(1) Where a Local Health Board is responsible for providing a secondary mental health service for a relevant patient and a local authority is also responsible for providing such a service, then the provisions of this regulation apply.

(2) The Local Health Board is the relevant mental health service provider for the patient unless paragraphs (3) or (4) apply.

(3) A Local Authority is the relevant mental health service provider for a relevant patient if the patient is the subject of—

- (a) a guardianship application made under section 7 of the 1983 Act; or
- (b) a court order relating to guardianship made under section 37 of the 1983 Act .

(1) 2010 nawm 7.
(2) 1983 c.20.
(3) 1989 c.41.
(4) 2005 c.9.
(5) 1971 c.80.

(4) A Local Authority is the relevant mental health service provider for a relevant patient if the patient is under the age of 18 and —

- (a) is looked after by a local authority within the meaning of section 22(1) of the 1989 Act;
- (b) is a relevant child within the meaning of section 23A of the 1989 Act;
- (c) qualifies for advice and assistance under section 24(1A) or section 24(1B) of the 1989 Act; or
- (d) is admitted to a school in accordance with a statement of special educational needs made under section 324 of the Education Act 1996 that names the school.

Eligibility requirements for care coordinators

4.—(1) A person is eligible to be appointed as a care coordinator if that person —

- (a) fulfils one or more of the professional requirements in Schedule 1; and
- (b) has demonstrated to the satisfaction of the relevant mental health service provider that he or she has appropriate experience or training, or an appropriate combination of experience and training.

(2) When determining whether a person satisfies the appointment requirement in paragraph (1)(b) regard must be had to standards in any Codes of Practice issued under section 44 of the Measure, and any guidance that may be from time to time issued by the Welsh Ministers.

Part 3 – Care and treatment plans

Form and content of care and treatment plans

5.—(1) A care coordinator must ensure that a care and treatment plan which records—

- (a) all of the outcomes which the provision of mental health services are designed to achieve for a relevant patient; and
- (b) any other information which is to be captured in accordance with this regulation

is completed in the form set out in Schedule 2.

(2) The outcomes must include (but are not limited to) achievements in at least one of the areas provided in section 18(1)(a) of the Measure.

(3) The care coordinator must ensure that the following matters are recorded in the care and treatment plan in so far as they relate to the outcomes which the provision of mental health services are designed to achieve for a relevant patient —

- (a) a description of the mental health services which are to be provided to the patient;
- (b) the name of the mental health service providers who are, as far as practicable, to provide mental health services to the patient;
- (c) so far as is ascertainable, the past and present wishes and feelings of the patient regarding the mental health services which are to be provided to him or her; and
- (d) any requirements and wishes which the patient may have relating to the Welsh language.

A plan must contain the following words— “Gall y cynllun hwn cael ei gwblhau yng Nghymraeg neu yn Saesneg / This plan may be completed in either the Welsh or the English language”.

Part 4 – Preparing, reviewing and revising care and treatment plans

Persons to be consulted

6.—(1) Where a relevant patient’s care coordinator must work with the relevant patient and the patient’s mental health service providers to —

- (a) agree the outcomes which the provision of mental health services for the patient are designed to achieve as provided by section 18(1)(a) of the Measure;
 - (b) agree a care and treatment plan as provided by section 18(1)(b) of the Measure; or
 - (c) review and revise a care and treatment plan as provided by section 18(1)(c) of the Measure;
- then the provisions of this regulation apply.

(2) Where the following persons may be identified in relation to a relevant patient, he or she must be consulted by the care coordinator —

- (a) all persons with parental responsibility for the relevant patient, unless —
 - (i) the patient does not consent ;
 - (ii) the patient is not competent to withhold his or her consent , and the care coordinator believes that it is not in the patient's best interests to consult a person with parental responsibility; or
 - (iii) there is no contact information for a person with parental responsibility;
- (b) all the relevant patient's carers unless—
 - (i) the patient does not consent; or
 - (ii) the patient does not have the capacity, or as the case may be, is not competent to withhold his or her consent, and the care coordinator believes that it is not in the patient's best interests to consult a carer ;
- (c) the relevant patient's responsible clinician;
- (d) where a guardian has been appointed for the relevant patient as a result of a guardianship application made under section 7 of the 1983 Act or a court order relating to guardianship made under section 37 of the 1983 Act, the patient's guardian;
- (e) a donee of the relevant patient's lasting power of attorney who has been appointed in accordance with section 10 of the 2005 Act, or a deputy of the relevant patient who has been appointed by the Court in accordance with section 16 of the 2005 Act, provided that
 - (i) in the case of a donee, the matters which are to be considered in the consultation fall within the scope of the lasting power of attorney; or
 - (ii) in the case of a deputy, the matters which are to be considered in the consultation fall within the scope of the order, directions or terms of appointment of the deputy which have been specified by the Court;
- (f) an Independent Mental Capacity Advocate appointed to represent the relevant patient under sections 37(3), 38(3), 39(4), 39A(3), 39C(3) or 39D(3) or (5) of the 2005 Act;
- (g) where the relevant patient is subject to a standard authorisation given under Part 4 of Schedule A1 to the 2005 Act the managing authority, the supervisory body and the relevant person's representative who has been appointed for the relevant patient under paragraph 139 to Schedule A1 of the 2005 Act; and
- (h) where the relevant patient is subject to an urgent authorisation given under Part 5 of Schedule A1 to the 2005 Act, the managing authority and the supervisory body.

(3) Where the following persons may be identified in relation to a relevant patient, he or she may be consulted by the care coordinator —

- (a) any person who the care coordinator believes ought to be consulted, in order to facilitate the carrying out of the care coordinator's functions; and
- (b) any person who the relevant patient wishes to be consulted in connection with the care coordinator carrying out his or her functions, provided that the care coordinator believes it is in the patient's best interests to consult the person.

(4) A relevant patient may withhold his or her consent where provided in paragraph (2) only if the patient has the capacity, or as the case may be, is competent to withhold his or her consent.

(5) Where the same person is to be consulted in more than one capacity under paragraphs (2) and (3), only one consultation need take place.

(6) Where the person consulted is not an individual, consultation may take place with an individual acting on behalf of, or employed by, the person.

Review and revision of care and treatment plans

7.—(1) Subject to regulation 11, a care coordinator must review and, if necessary revise, a care and treatment plan when —

- (a) a period of 12 calendar months has elapsed since the initial preparation or the last review of the plan;
- (b) the relevant patient requests a review of his or her plan before the 12 calendar month period has elapsed; or
- (c) a relevant mental health service provider requests a review of the relevant patient's plan.

(2) But a care coordinator need not review a care and treatment plan at the request of the relevant patient if, in his or her opinion —

- (a) the request for a review is frivolous or vexatious; or
- (b) since the last review there has been no change in circumstances which merit the holding of another review before the 12 month period in paragraph (1)(a) has passed.

(3) A care and treatment plan may be reviewed or revised at any time with the agreement of the care coordinator.

(4) With the exception of the requirement to have a review and, if necessary, a revision of a care and treatment plan as provided in paragraph (1)(a), a care coordinator need not review a care and treatment plan under any provision of this regulation if minor amendments are required to the plan which, in the care coordinator's opinion, it is appropriate to make without a review being carried out.

Copies of care and treatment plans

8.—(1) Where a relevant patient's care coordinator has —

- (a) agreed a care and treatment plan for the relevant patient and recorded the plan in writing as provided by section 18(1) and (2) of the Measure;
 - (b) recorded the plan or plans determined under the provisions of sections 18(4) or (5) of the Measure in writing as provided by section 18(6) of the Measure; or
 - (c) reviewed or revised a care and treatment plan for the relevant patient as provided by Regulation 7 or 11 of the Regulations,
- then the provisions of this regulation apply.

(2) Where the following persons may be identified in relation to a relevant patient, he or she must be provided with a written copy of the relevant patient's care and treatment plan —

- (a) the relevant patient, unless —
 - (i) the patient has declined to receive a copy of the plan; or
 - (ii) the care coordinator believes that the provision of a copy of the plan (or a part of the plan) is likely to cause serious harm to the physical or mental health or condition of the patient;
- (b) all persons with parental responsibility for the relevant patient, unless —
 - (i) a person with parental responsibility has declined to receive a copy of the plan;
 - (ii) the patient does not consent to a person with parental responsibility being provided with a copy of the plan;
 - (iii) the patient is not competent to withhold his or her consent, and the care coordinator believes that it is not in the patient's best interests to provide a copy of the plan; or
 - (iv) there is no contact information for a person with parental responsibility;
- (c) all carers of the relevant patient, unless —
 - (i) a carer has declined to receive a copy of the plan; or

- (ii) the patient does not consent to a carer being provided with a copy of the plan; or
- (iii) the patient does not have the capacity, or as the case may be, is not competent to withhold his or her consent, and the care coordinator believes that it is not in the patient's best interests to provide a copy of the plan;
- (d) the relevant patient's general practitioner, provided that—
 - (i) the patient consents to a copy of the plan being provided;
 - (ii) the patient does not consent, but the care coordinator believes that failure to provide a copy of the plan may result in the outcomes which the provision of mental health services are designed to achieve for the patient not being achieved; or
 - (iii) the patient does not have the capacity, or as the case may be, is not competent to withhold his or her consent, and the care coordinator believes that it is in the patient's best interests to provide a copy of the plan;
- (e) the mental health service providers and voluntary organisations who provide mental health services to the relevant patient, provided that—
 - (i) the patient consents to a copy of the plan being provided; or
 - (ii) the patient does not consent or does not have the capacity, or as the case may be, is not competent to withhold his or her consent, but the care coordinator believes that failure to provide a copy of the plan may result in the outcomes which the provision of mental health services are designed to achieve for the patient not being achieved;
- (f) the relevant patient's responsible clinician;
- (g) where a guardian has been appointed for the relevant patient as a result of a guardianship application made under section 7 of the 1983 Act or a court order relating to guardianship made under section 37 of the 1983 Act —
 - (i) the patient's guardian; and
 - (ii) the relevant patient's responsible Local Social Services Authority;
- (h) a donee of the patient's lasting power of attorney who has been appointed in accordance with section 10 of the 2005 Act, or a deputy of the patient who has been appointed by the Court of Protection in accordance with section 16 of the 2005 Act, provided that—
 - (i) in the case of a donee, the matters with which the plan is concerned including the outcomes which have been agreed in accordance with section 18(1)(a) of the Measure fall within the scope of the lasting power of attorney;
 - (ii) in the case of a deputy, the matters with which the plan is concerned including the outcomes which have been agreed in accordance with section 18(1)(a) of the Measure fall within the scope of the order, directions or terms of appointment of the deputy which may have been specified by the Court of Protection; or
 - (iii) in the case of a donee or deputy, the care coordinator believes that failure to provide a copy of the plan would not be in the best interests of the patient;
- (i) an Independent Mental Capacity Advocate appointed to represent the relevant patient under sections 37(3), 38(3), 39(4), 39A(3), 39C(3) or 39D(3) or (5) of the 2005 Act;
- (j) where the relevant patient is subject to a standard authorisation given under Part 4 of Schedule A1 to the 2005 Act, the managing authority, the supervisory body and the relevant person's representative who has been appointed for the relevant patient under paragraph 139 to Schedule A1 of the 2005 Act;
- (k) where the relevant patient is subject to an urgent authorisation given under Part 5 of Schedule A1 to the 2005 Act, the managing authority and the supervisory body;
- (l) any person who the care coordinator believes ought to receive a copy of the plan, in order to facilitate the achievement of the outcomes which the provision of mental health services are designed to achieve for the patient, provided that—
 - (i) the patient consents to the person being provided with a copy of the plan; or

- (ii) the patient does not consent or does not have the capacity, or as the case may be, is not competent to withhold his or her consent, but the care coordinator believes that failure to provide a copy of the plan may result in the outcomes which the provision of mental health services are designed to achieve for the patient not being achieved; and
 - (m) any person who the patient wishes to be provided with a copy of the plan, provided that the care coordinator believes that it is in the best interests of the patient to do so.
- (3) A relevant patient may withhold his or her consent where provided in paragraph (2) only if the patient has the capacity, or as the case may be, is competent to withhold his or her consent.
- (4) Where a care coordinator may —
- (a) withhold a copy of a plan; or
 - (b) provide a copy of a plan without the patient's consent;
- the care coordinator may withhold or provide a copy of part of that plan if he or she believes it to be in the patient's best interests to do so.
- (5) For the purposes of this regulation —
- (a) where a person is eligible to receive more than one copy of a plan relating to a relevant patient, only one copy of the plan need be provided;
 - (b) a person is eligible to receive a copy of a plan if he or she is eligible under one or more of the categories in paragraph (2) at the time when copies of the plan are to be provided under paragraph (1);
 - (c) a person to whom a plan is to be provided cannot decline to receive a plan unless a provision in paragraph (2) expressly allows him or her to do so.

Delivery of copies of care and treatment plans

- 9.—(1) Any copy of a care and treatment plan is provided if it is —
- (a) delivered by hand to the last known address of a person;
 - (b) sent by prepaid post to the last known address of a person;
 - (c) sent by facsimile transmission to a number specified by a person; or
 - (d) delivered or sent by any other method agreed between the relevant mental health service provider responsible for appointing the care coordinator and a person.
- (2) Where a person is not an individual, a copy of a plan is provided if it is delivered or sent to an individual acting on behalf of, or employed by, the person..

Part 5 - Discharge

Information for persons ceasing to be relevant patients

- 10.—(1) The following information must be provided in writing to an individual on his or her discharge from secondary mental health services —
- (a) the reason for the individual's discharge from secondary mental health services; and
 - (b) the action which may be taken, and by whom, if the individual considers that further support and advice in relation to his or her mental health is required following discharge.
- (2) In addition to the information in paragraph (1), an adult must be provided with information in writing regarding his or her entitlement to assessment under Part 3 of the Measure.
- (3) In addition to the information in paragraph (1), where an individual is discharged from secondary mental health services as a child but becomes an adult during the relevant discharge period the following information must be provided in writing —
- (a) information on his or her entitlement on reaching the age of 18 years to assessment under Part 3 of the Measure;

- (b) an explanation of the relevance of his or her 18th birthday; and
- (c) the length of the relevant discharge period which is unexpired at the individual's eighteenth birthday.

(4) Information other than that which must be provided in accordance with paragraphs (1), (2) and (3) may be given to the individual on his or her discharge from secondary mental health services, provided the individual's care coordinator believes that it is in the best interests of the individual to do so.

(5) Where a Local Health Board discharges an individual from secondary mental health services, the Board must provide the individual with information in accordance with paragraphs (1), (2), (3) and (4) if, at the date of discharge, no local authority is providing the individual with a secondary mental health service.

(6) Where a local authority discharges an individual from secondary mental health services, the authority must provide the individual with information in accordance with paragraphs (1), (2), (3) and (4) if, at the date of discharge, no Local Health Board is providing the individual with a secondary mental health service.

Part 6 - TRANSITION

Transitional provisions

11.—(1) In the case of a relevant patient for whom a care coordinator has not been appointed at the coming into force date of these Regulations, the relevant mental health service provider must —

- (a) appoint a care coordinator for the patient within 1 calendar month of the coming into force date;
- (b) ensure that the coordinator who is appointed satisfies the eligibility requirements for care coordinators set out in Regulation 4 and Schedule 1 to these Regulations; and
- (c) if the care coordinator is employed by another person, ensure that the consent of the other person to the care coordinator's appointment is obtained in accordance with section 16(2) of the Measure.

(2) Where a care coordinator has been appointed for a relevant patient at the coming into force date of these Regulations —

- (a) the care coordinator is deemed to be appointed as care coordinator for the patient in accordance with Regulation 4 and Schedule 1 of these Regulations, and is referred to as a "deemed care coordinator" for the purpose of this regulation;
- (b) if the deemed care coordinator is employed by a person other than the patient's relevant mental health service provider, the consent of the other person to the deemed care coordinator's appointment must be obtained by the provider in accordance with section 16(2) of the Measure; and
- (c) if the consent of the person who is the deemed care coordinator's employer is not obtained, the relevant mental health service provider must appoint another care coordinator for the relevant patient within 1 calendar month of the coming into force date of these Regulations.

(3) Where the deemed care coordinator does not satisfy the eligibility requirements for appointment as a care coordinator in accordance with Regulation 4 and Schedule 1 of these Regulations, the existing relevant patient's relevant mental health service provider must appoint a care coordinator who satisfies the eligibility requirements within 1 calendar month of the coming into force date of these Regulations.

(4) In the case of a relevant patient who is an adult at the coming into force date of these Regulations and who does not have an existing care and treatment plan at that date, the care coordinator must —

- (a) agree the outcomes which the provision of mental health services for the patient are designed to achieve and prepare a care and treatment plan for the patient in accordance with Regulation 5 within 60 days of the coming into force date;

- (b) consult with persons in accordance with Regulation 6 as part of the process of agreeing outcomes and preparing a care and treatment plan for a patient within 60 days of the coming into force date of these Regulations;
 - (c) provide copies of the patient's care and treatment plan in accordance with Regulation 8 within 10 working days of the plan being prepared; and
 - (d) review the patient's care and treatment plan within 12 calendar months of the plan being prepared.
- (5) In the case of a relevant patient who is a child at the coming into force date of these Regulations and who does not have an existing care and treatment plan, the care coordinator must —
- (a) agree the outcomes which the provision of mental health services for the patient are designed to achieve and prepare a care and treatment plan for the patient in accordance with Regulation 5 within 6 calendar months of the coming into force date;
 - (b) consult with persons in accordance with Regulation 6 of these Regulations as part of the process of agreeing outcomes and preparing a care and treatment plan for the patient within 6 calendar months of the coming into force date of these Regulations;
 - (c) provide copies of the patient's care and treatment plan in accordance with Regulation 8 within 10 working days of the plan being prepared; and
 - (d) review the patient's care and treatment plan within 12 calendar months of the plan being prepared.
- (6) Where a relevant patient is a child or an adult at the coming into force date of these Regulations and has an existing care and treatment plan, the care coordinator must —
- (a) review the existing care and treatment plan within 12 calendar months of the coming into force date of these Regulations;
 - (b) consult with persons in accordance with Regulation 6 of these Regulations as part of the review of the existing care and treatment plan for the patient;
 - (c) agree the outcomes which the provision of mental health services for the patient are designed to achieve and prepare a care and treatment plan (the “new plan”) in accordance with Regulation 5; and
 - (d) provide copies of the patient's new plan as provided in Regulation 8.

Edwina Hart

Minister for Health and Social Services, one of the Welsh Ministers

2011

SCHEDULE 1

Regulation 4(1)(a)

PROFESSIONAL REQUIREMENTS

1. The professional requirements are that a person must be —
 - (a) a social worker registered with the Care Council for Wales or the General Social Care Council;
 - (b) a first or second level nurse, registered in Sub-Part 1 or Sub-Part 2 of the register maintained under article 5 of the Nurses and Midwifery Order 2001, with the inclusion of an entry indicating that his or her field of practice is mental health or learning disabilities nursing;
 - (c) an occupational therapist registered in Part 6 of the Register maintained under article 5 of the Health Professions Order 2001;
 - (d) a practitioner psychologist listed in the British Psychological Society's Register of Chartered Psychologists and who holds a relevant practising certificate issued by that Society; or
 - (e) a registered medical practitioner.

SCHEDULE 2

Regulation 5(1)

Care and Treatment Plan

Gall y cynllun hwn cael ei gwblhau yng Nghymraeg neu yn Saesneg
This plan may be completed in either the Welsh or the English language

Mental Health (Wales) Measure 2010 section 18 – care and treatment plan

This care and treatment plan has been prepared under section 18 of the Mental Health (Wales) Measure 2010, and in accordance with the requirements of the Mental Health (Care Coordination and Care and Treatment Planning) (Wales) Regulations 2011.

This is the care and treatment plan of [name of relevant patient] who is living at [full usual address of relevant patient].

The care coordinator who has prepared this care and treatment plan is [name of care coordinator] who can be contacted at [telephone number and address of care coordinator]. The care coordinator has been appointed by, and is acting on behalf of, [name of Local Health Board or Local Authority that appointed the care coordinator].

This care and treatment plan records the outcomes which the provision of mental health services are designed to achieve, and details of those services.

The outcomes are: [The planned outcome(s) must relate to one or more of the following areas, and include an explanation of how they relate to those areas:

- (a) accommodation
- (b) education and training
- (c) finance and money
- (d) medical and other forms of treatment, including psychological interventions
- (e) parenting or caring relationships
- (f) personal care and physical well-being
- (g) social, cultural and spiritual
- (h) work and occupation

Outcomes may be achieved in other areas as well, but this care and treatment plan must include at least one outcome which relates to the areas set out above.]

The requirements and wishes of the patient in relation to the Welsh Language are:

The services that are to be provided and the actions that are to be taken, with a view to achieving the outcomes set out above, are: *[Detail the services and/or actions that are to be provided to meet the planned outcomes, and detail when and where these will be provided, and by whom]*

- What services and/or actions
- When
- Who by
- Where

The following arrangements cover the steps that may need to be used at short notice to prevent any changes in circumstances escalating into a crisis (this is known as a contingency plan):

The following actions should be taken in a crisis situation (this is known as a crisis plan):

The views of the relevant patient on this care and treatment plan, the mental health services that are to be provided, and any future arrangements that should be considered, are: [Record the views of the relevant patient (including past and present wishes and feelings about the matters covered by the plan), and include any statements about any future arrangements which may apply]

This care and treatment plan has

- * been agreed with the relevant patient, and is recorded in accordance with section 18(2) of the Mental Health (Wales) Measure 2010
- * not been agreed with the relevant patient, but the outcomes have been determined by the mental health service provider(s), and is recorded in accordance with section 18(6) of the Mental Health (Wales) Measure 2010

<* delete as applicable (one, but not more than one, statement must apply)>

So far as it is reasonably practicable to do so, the following mental health service provider(s) must ensure that the mental health services set out in this care and treatment plan are provided: *[Enter the name of the Local Health Board and/or the Local Authority who are responsible for providing secondary mental health services to the relevant patient]*

Signed [The care coordinator must sign this care and treatment plan] Care coordinator

Signed [The relevant patient may sign the care and treatment plan, if they wish] Relevant patient

Date [Enter the date the care and treatment plan is made]