These notes refer to the Mental Health (Wales) Measure 2010 (c.7)

MENTAL HEALTH (WALES) MEASURE 2010

EXPLANATORY NOTES

COMMENTARY ON SECTIONS

Section 18 – Functions of the care coordinator

31. The importance of a collaborative approach to care planning is enshrined in section 18 of the Measure: the care coordinator is required to work with the patient and the service provider(s) to agree the outcomes which services aim to achieve (outcomes must include achievements in at least one of the areas listed in section 18(1)(a)) and the mechanisms for achieving those outcomes. These matters are to be recorded on a written care and treatment plan, which may, from time to time, be reviewed and if necessary revised.

32. There may be occasions, for example the patient is unable or unwilling to engage in discussion about his or her care and treatment plan, where such agreement cannot be reached. Where agreement cannot be reached a plan must still be drawn up (in subsections (4), (5) and (6)). This means that all patients receiving secondary mental health services will have a care and treatment plan which describes the outcomes which the delivery of services is designed to achieve.

33. The form and content of the care and treatment plan will be prescribed in regulations. Such regulations may also make provision for who must be consulted in developing the plan, and who should receive a written copy of the care and treatment plan.

34. So far as it is reasonably practicable to do so, a mental health service provider must ensure the provision of the mental health services for a relevant patient in accordance with the patient's current care and treatment plan.