

**Health Action Planning Monitoring Form
to improve responses to which:**



'Every Health Action Plan is Person Centred'

A Health Action Plan details the actions needed to maintain and improve the health of an individual and any help needed to meet this.

There will also be a need for this statement to include issues about making decisions



Who completes this form?

This form can be completed either by you or someone you choose like a family member or keyworker. The form should remain with your Health Action Plan.

Name of the Person Supported (name):

Date of last review.....



DOB:

Date of review.....



Address:.....

Person Completing the review:

Useful things to think about when carrying out this audit:

Where can the Health Action Plans be found?

What difference did it make to you?

Do you have a support plan?

What changes have you made to be healthier?

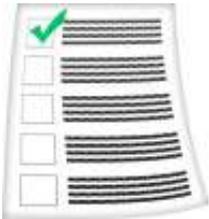
Circle or tick:

😊 Yes

☹ No

	<p>QUESTION?</p>		<p>COMMENTS – Tell me more....please state what evidence was found to support your answers.</p>
	<p>1. Did you have an annual health check from your GP practice?</p>	<p>Yes 😊 No ☹</p>	
	<p>2. Please tick the relevant section:</p> <ul style="list-style-type: none"> • GP offered an annual health check • You had to ask the GP for a health check • GP refused to carry out annual health check, please give details as to why 	<p>Tick</p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	

	<p>3. Do you have a Health Action Plan?</p> <p>What does your plan look like? For example: does it have pictures, is it easy read, DVD, things that remind you, book, board Please tell us?</p>	<p>Yes 😊</p> <p>No ☹️</p>	<p>Examples of format</p>
	<p>4 Do you have a health facilitator (this is someone who helps you with your health action plan)?</p>	<p>Yes 😊</p> <p>No ☹️</p>	
	<p>5. How have you been supported to choose your health facilitator? For example: known staff, family or I chose my own facilitator</p>	<p>Yes 😊</p> <p>No ☹️</p>	
	<p>6. Who helped you to develop your health action plan, please give details, For example: key worker, family member, Community Learning Disability Team etc</p>	<p>Explain</p>	
	<p>7. How have you been supported to understand your health needs, For example:</p> <ul style="list-style-type: none"> • using things that remind you • information being explained to you • easy read information • pictures • use of My Health Book? 	<p>Yes</p> <p>😊</p> <p>😊</p> <p>😊</p> <p>😊</p> <p>😊</p>	<p>No</p> <p>☹️</p> <p>☹️</p> <p>☹️</p> <p>☹️</p> <p>☹️</p>

	<p>8. Does your health action plan clearly explain what you need to do to be healthy?</p>	<p>Yes 😊</p> <p>No 😞</p>	<p>Examples</p>
	<p>9. Has your health action plan changed how you look after your health? If so how, please tell us how?</p>	<p>Yes 😊</p> <p>No 😞</p>	<p>Examples</p>
	<p>10. Do you have a health summary of your health needs?</p>	<p>Yes 😊</p> <p>No 😞</p>	
	<p>11. Are all of your health needs included in your health action plan?</p>	<p>Yes 😊</p> <p>No 😞</p>	
	<p>12. What support plans do you have in place to make you more healthy?</p>	<p>Examples</p>	

	<p>13. When was it reviewed? Please state if it was on time or late.</p>	<p>Yes 😊</p> <p>No ☹️</p>	
	<p>14. Where do you see your GP? please circle or tick:</p> <p>Home Surgery Both home and surgery</p> <p>Other, please give details</p>	<p>Tick</p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	
	<p>15. Do you see your GP in the place that is best for you?</p>	<p>Yes 😊</p> <p>No ☹️</p>	
	<p>16. If you find it difficult to go to your GP surgery, has the doctor come to see you at home?</p> <p>Have any changes been made to make it easier for you to see the GP and understand what they do?</p>	<p>Yes 😊</p> <p>No ☹️</p> <p>😊</p> <p>☹️</p>	

	<p>17. Do you exercise regularly?</p>	<p>Yes 😊</p> <p>No ☹️</p>	<p>Examples</p>
	<p>18. Are your healthy eating needs being met in your health action plan and support plans?</p> <p>If yes, please give details</p> <p>If you would like support in this area please add to Action Plan at the back of this form.</p>	<p>Yes 😊</p> <p>No ☹️</p>	<p>Examples</p>

This is a Health Action Planning monitoring tool. The CQC (Care Quality Commission) have set a number of standards which we have looked at and put into the questions above. Listed below are the outcomes to make your plan person centered:

Outcome 1

Outcome 2

Outcome 4

Outcome 5

Outcome 6

Outcome 7

Outcome 8

Outcome 9

Outcome 16

Outcome 21

Action Plan

Please review the answers and comments given above and list actions required in the boxes below to improve your Health Action Plan

	Key Actions – to improve your Health Action Plan		Outcome Please state what health outcomes you have or hope to achieve.		By whom		Sign
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For example: I have a health facilitator	To support me in making choices	Key worker and support staff	