

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):



DOB:

Date of last review.....

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>No ☹️</p>	<p>Examples</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: Home Surgery Both home and surgery 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? 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	