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# MY Health Book

Photo



**Take your health book with you to your Doctor, Nurse, Dentist, Hospital, Optician or anyone you see about your health. It helps you to share and remember information.**



**New information is written  
in your health book.**



**You can read your health  
book whenever you want  
to.**

# **Introduction to My Health Book**

## **Health Matters!**

Being Healthy is not just about getting better when you are ill.  
It's about keeping fit and well.

There are many people to help you stay well and to do this they need to know about your health and life.

This book is a good way of making sure all the facts about your health are in one place where they are safe and can be found easily.

This book should go with you whenever you need to see someone about your health. The information in your book will help them to get it right for you.

Please look after your health because it is important to make sure you have a healthy and happy life.

Use the sheets at the back of this book as your Health Action Plan summary.

## **How to use: - My Health Book**

### **Section**

- Complete My Health Assessment 5**
- Record Outcomes and Actions 10**
- Page and Issues Highlighted for Quick Reference 3**



## Keeping up to date



Please ask the people you see about your health to keep this information up to date every time you see them.



Additional Health Action Plan summary update sheets can be found at the end of My Health Book



You can get extra sheets for each section from our website page at: <http://www.2gether.nhs.uk/key-documents-and-resources> or you can complete My Health Book online.



**Thank you**

## **My Heath Book – Summary of Actions(Section 10)**

**Page.....Issue.....date.....**

**Page.....Issue.....date.....**

**Page.....Issue.....date.....**

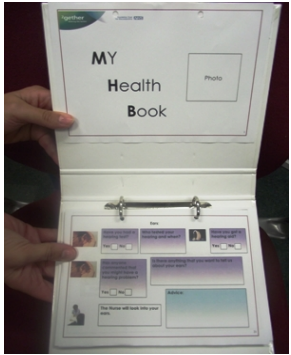
**Page.....Issue.....date.....**

**Page.....Issue.....date.....**

**Page.....Issue.....date.....**

**Page.....Issue.....date.....**





## My Health Action Book – Other Information

Page.....Issue.....

Page.....Issue.....

Page.....Issue.....

Page.....Issue.....





Page.....Issue.....

Comments from.....Date.....

.....





# Summary of concerns to take to Health Check

Name:

			
Health Concern	Action Needed	Who needs to help	Review Date

# Summary of concerns to take to Health Check

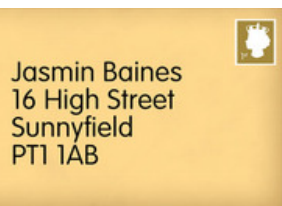
Name:

			
Health Concern	Action Needed	Who needs to help	Review Date



If you would like further information, additional copies or would like to receive this leaflet in another language, large print or on audio format please contact the Health Facilitation Team at the address below:

Health Facilitation Team  
Learning Disabilities  
2gether NHS Foundation Trust  
Ambrose House  
Meteor Court  
Barnett Way  
Barnwood  
Gloucester  
GL4 3GG



can email us at [simon.shorrick@glos.nhs.uk](mailto:simon.shorrick@glos.nhs.uk)



Call us on: 01452 321015  
or freephone: 0800 019 3346

# Long Term Health Conditions



**Do you have a long term health condition?**

**Yes** ☐ **No** ☐

**Advice:**

**Tel us about your long term health condition/s**

# Actions for Long Term Health Condition



**What do you need to do to make sure your long term health needs are met?**



**Who needs to help you?**



**What do they need to do?**



**When do they need to do it  
and how often?**

# Recording and Monitoring



**Who will help you record all actions to make sure your needs are met?**



**Who will help you to monitor changes in your long term health needs?**



**When will your long term health condition be reviewed? (see Health Action Plan summary pages)**



# My Health Assessment



**Before I see the Nurse  
or Doctor.....  
Checking my health needs  
for my Health Action Plan  
  
(This is Confidential)**

This health check tool has been adapted from that used by Westminster PCT.

# My Health Assessment



Have you Completed your Health Assessment?

Yes ☐ No ☐

List actions here from section 10 for your own Health Action Summary (from page 71 onwards)



Use the outcomes and actions to start your own Health Action Plan.



# Getting a Health Action Plan



Fill out these pages and **keep it safe**.  
You might need to ask someone to help  
you fill out these pages.

You only have  
to fill in boxes  
with this  
purple colour



**Take this form with you when you go and  
see your Doctor or your Nurse for your  
annual health check.**

Staff at the GP  
surgery will fill  
in boxes with  
this green  
colour

Health Action Plan		
Area of Need	Action	By Whom
• I have a health problem	• I will see my GP	• My GP
• I have a health problem	• I will see my GP	• My GP
• I have a health problem	• I will see my GP	• My GP
• I have a health problem	• I will see my GP	• My GP
• I have a health problem	• I will see my GP	• My GP
• I have a health problem	• I will see my GP	• My GP
• I have a health problem	• I will see my GP	• My GP
• I have a health problem	• I will see my GP	• My GP
• I have a health problem	• I will see my GP	• My GP
• I have a health problem	• I will see my GP	• My GP

You also need this form when you  
complete your Health Action Plan.



The Nurse or Doctor might tell other  
people about you so that they can help  
you to stay healthy. They will tell you  
about this first so that you can decide  
what you want to do.

**Please fill in  
boxes with  
this purple  
colour**

## **People who help me keep healthy**



**My Name is:**



**Do you have support from  
the Mental Health Team?**



**My Care Manager/Social  
Worker or Care  
Co-ordinator is:**



**Do you have support from  
the Learning Disability  
Team?**



**My Carer/Key Worker is:**



**My GP is:**



**My Health Facilitator is:**



**Other important people:**

# Is your Long Term Health Condition needs identified in HAP?

Area of Need	Action	By Whom
• I have a long term health condition	• I have been given a Health Action Plan	• I have been given a Health Action Plan
• I have been given a Health Action Plan	• I have been given a Health Action Plan	• I have been given a Health Action Plan
• I have been given a Health Action Plan	• I have been given a Health Action Plan	• I have been given a Health Action Plan
• I have been given a Health Action Plan	• I have been given a Health Action Plan	• I have been given a Health Action Plan
• I have been given a Health Action Plan	• I have been given a Health Action Plan	• I have been given a Health Action Plan
• I have been given a Health Action Plan	• I have been given a Health Action Plan	• I have been given a Health Action Plan
• I have been given a Health Action Plan	• I have been given a Health Action Plan	• I have been given a Health Action Plan
• I have been given a Health Action Plan	• I have been given a Health Action Plan	• I have been given a Health Action Plan
• I have been given a Health Action Plan	• I have been given a Health Action Plan	• I have been given a Health Action Plan
• I have been given a Health Action Plan	• I have been given a Health Action Plan	• I have been given a Health Action Plan

Have you been given a Health Action Plan? This is to help you with your long term health condition.

Yes ☐ No ☐

Did you help with your Health Action Plan?

Yes ☐ No ☐



Has your Health Action Plan been reviewed by your carer or support worker?

Yes ☐ No ☐

Who reviewed your Health Action Plan? When is it to be reviewed?

Tell us if there have been any changes to your Health Action Plan?

Where can your Health Action Plan be found?

# Tablets and Medication:



**Please list all your medication and bring these along:**

**Advice:**

# **Health Inequality Indicators**

## **1. Social**

# Social



Accommodation

Where do you live?

Do you live with family or friends?

Do you like where you live

Yes

☐

No

☐

What do you do?

Do you work?

Are you in paid work?

Yes

☐

No

☐

Your main hobby



Help with money

Do you worry about money

Yes

☐

No

☐

Do you look after your own money

Do you have help with money

Yes

☐

No

☐



## Social



Friends

Do you have many friends

Yes

☐

No

☐

Do you go out with friends and family

Where

Do you like going out with a group

Yes

☐

No

☐

Ethnicity

My first language

Do you need an interpreter

Yes

☐

No

☐

Keeping safe

Do you know how to keep safe

Have you ever been bullied

Yes

☐

No

☐

Do you know what to do if you are bullied

Yes

☐

No

☐

# **Health Inequality Indicators**

## **2. Genetic and Biological**

# Genetic and Biological



Medical Assessment

Have you ever had a medical assessment?

Yes ☐ No ☐

Have you ever been offered a medical assessment

Yes ☐ No ☐

Do you have a medical assessment Every year

Yes ☐ No ☐



Medical Reviews

Have you ever had a medical review

When

Have you ever been offered a medical review

Yes ☐ No ☐

When was your last medical review

Date



Care and Health Action Plan

Do you have a care or health action plan

Yes ☐ No ☐

Have you ever been offered a Health Action Plan

Yes ☐ No ☐

If you have a Health Action Plan do, you use it

Yes ☐ No ☐

# Genetic and Biological



Hospital Traffic Lights



Medication



Specialist Service

Do you know what Hospital Traffic Light is

Yes ☐ No ☐

Have you ever had to use the Hospital Traffic Light

Yes ☐ No ☐

Did you and your carer find the Hospital Traffic

How

Do you have to take medication daily?

Yes ☐ No ☐

Do you have problems taking your medication?

Yes ☐ No ☐

Is your medication reviewed on a regular basis?

When

Have you seen anyone like a specialist?

Yes ☐ No ☐

Who do you see

How often do you see your specialist(s)

# Your Feelings:



**How are you feeling?**

**Do you get upset easily?**

Yes ☐ No ☐

**Are you worried about anything?**

Yes ☐ No ☐

**Are worries stopping you doing the things you want to do?**

Yes ☐ No ☐

**Do you sometimes feel like hurting yourself or others?**

Yes ☐ No ☐

**Have you ever seen anyone about your feelings?**

Yes ☐ No ☐

**Do you have a diagnosis of any mental illness?**

**Anything else you want to tell us?**

**Advice:**

# **Health Inequality Indicators**

## **3. Communication**

# Communication



Poor bodily awareness and pain responses

Do you know when you are in pain?

Yes ☐ No ☐

Do you know when you are not well?

Yes ☐ No ☐

Do you get support to show you are in pain?

Yes ☐ No ☐



Unable to tell others of your health needs

Can you tell someone something is wrong?

Yes ☐ No ☐

Do other people know how you are when you are in pain?

Yes ☐ No ☐



Carers unable to notice pain and distress

Can carers tell when you are in pain?

Yes ☐ No ☐

Can other people tell if something is wrong?

Yes ☐ No ☐



## Communication



Carers able to notice and act on health problems

Do carers know what to do if you are unwell or in pain

Yes ☐ No ☐

Do you have help or support if you are unwell or in pain?

Yes ☐ No ☐



Understanding Health Information and making choices

Do you have a Health Action Plan?

Yes ☐ No ☐

Does this tell you what to do if you are unwell or in pain?

Yes ☐ No ☐

Does the plan tell people how they can help you?

Yes ☐ No ☐

Do you have a Hospital Passport?

Yes ☐ No ☐

Does it tell people about you if you go into hospital?

Yes ☐ No ☐

Do you know where to go to find out this information?

Yes ☐ No ☐





## Communication

**Completed by**

.....  
**(relationship)**

**Date**.....

**I can express my needs  
and wants well?**

**Yes** ☐ **No** ☐

**My first language is** .....

**I express myself using (please tick all that apply):**

**Sounds**

☐

**Single words**

☐

**Single sentence**

☐

**Gestures/  
body language**

☐

**Objects**

☐

**Signs**

☐

**Pictures/  
Symbols**

☐

**Writing/  
keyboards**

☐

**Through an  
interpreter**

☐

**Other** .....



### **Other details**

.....  
.....  
.....  
.....  
.....  
.....

### **The best way to help me understand something is: (e.g. using pictures and symbols):**

.....  
.....  
.....  
.....

### **Health professionals can make things easier for me and help me co-operate by:**

.....  
.....  
.....  
.....

### **People can tell when I am feeling unwell or I am in pain by:**

.....  
.....  
.....  
.....



**I get help when I am unwell by:**

.....

.....

.....

.....

.....

.....

**Communication notes:**

.....

.....

.....

.....

.....

.....

# **Health Inequality Indicators**

## **4. Behaviour and Lifestyle**

## Behaviour & Lifestyle



Diet

Do you have difficulty in selecting your food

Yes ☐ No ☐

Do you understand the best things to eat and drink?

Yes ☐ No ☐

Do you need help with a healthy diet?

Yes ☐ No ☐



Exercise

Do you know why you need to exercise?

Yes ☐ No ☐

Do you need help to exercise?

Yes ☐ No ☐

Do you drink enough water?

Yes ☐ No ☐



Weight

Do you have health problems because of your weight?

Yes ☐ No ☐

Do you need to support to help you to be healthy

Yes ☐ No ☐

Have you lost or gained weight recently?

Yes ☐ No ☐

## Diet:



**Diet:**  
Do you sometimes  
choke on your  
food?

Yes

☐

No

☐

**Dietitian:**  
Have you seen a  
Dietitian?

Yes

☐

No

☐

**Advice:**

**Diet:**  
Do you have a  
special diet?

**Who is your  
Dietitian?**

**Do you suffer with  
any allergies?**

**Do you have any  
special equipment,  
spoons etc?**



**The practice nurse will now take some important measurements:**

**Height:**

**BMI:**

**Blood Pressure:**

**Weight:**

**Pulse:**

**Date:**



# Behaviour & Lifestyle



Substance  
Use

Are you taking any  
drugs or drink?

What

Are they making  
you ill?

Yes ☐

No ☐

Do you have  
support to help you  
get better?

Yes ☐

No ☐



Sexual  
Health

Do you have sex  
with other people?

Yes ☐

No ☐

Do you understand  
about safe sex?

Yes ☐

No ☐

Can you talk to  
anyone about sex  
and relationships?

Yes ☐

No ☐



Risky behaviour/  
routines

Do you get angry  
and hurt other  
people?

Yes ☐

No ☐

Do other people  
hurt you?

Yes ☐

No ☐

Do you get any help  
to stop the way you  
behave with things  
that you do?

Yes ☐

No ☐

# Epilepsy



**Do you have Epilepsy?**

Yes ☐ No ☐

**How many seizures do you have a month?**

**Have you got a thyroid problem?**

**Do you know what your seizures are called?**

**When did you last have your medication reviewed?**

**Who is your epilepsy Doctor/Nurse?**

**Anything else you want to tell us?**

**Advice:**



# Teeth



**Are you registered with a Dentist? If yes, who is it?**



**When was the last time you went for a dental check up?**

**Date:**



**Any dental issues you want to talk about:**

**Advice:**

# Eyes



**Have you had an eye test?**

Yes ☐ No ☐



**Do your eyes hurt?**

Yes ☐ No ☐



**Do you wear glasses?**

Yes ☐ No ☐



**Who tested your eyes and when?**

**Tell us if there have been changes to your eyes that you are concerned about?**

**Advice:**

# Foot Care



**Are you physically active?**

Yes ☐ No ☐

**Do you have difficulties walking?**

Yes ☐ No ☐

**Do you have difficulties moving your arms?**

Yes ☐ No ☐

**Are you seeing someone about your feet?**

Yes ☐ No ☐

**Who helps you look after your feet?**

**Do your feet itch or hurt?**

Yes ☐ No ☐

**Can you cut your own toenails?**

Yes ☐ No ☐

**Advice:**

**Anything else you want to tell us?**

## Bladder and Bowels



**Do you have difficulties urinating?**

Yes ☐ No ☐

**Do you have problems with your bowels?**

Yes ☐ No ☐

**Do you have problems going to the toilet?**

Yes ☐ No ☐

**Do you use any equipment to use the toilet?**

Yes ☐ No ☐ What do you use?

**Is there anything else you want to tell us?**

**Advice:**

# Ears



**Have you had a hearing test?**

Yes ☐ No ☐

**Who tested your hearing and when?**



**Have you got a hearing aid?**

Yes ☐ No ☐



**Has anyone commented that you might have a hearing problem?**

Yes ☐ No ☐

**Is there anything that you want to tell us about your ears?**



**The Nurse will look into your ears.**

**Advice:**



## THIS PAGE IS FOR WOMEN ONLY

The nurse will ask you questions about your body and what you know about sex. This is to make sure that you are offered the right check ups to help you stay healthy.



Have you ever had a smear test?

Yes ☐ No ☐

Do you know about smear tests?

Yes ☐ No ☐

Do you know how to check your breasts?

Yes ☐ No ☐

Have you ever had a breast screen?

Yes ☐ No ☐

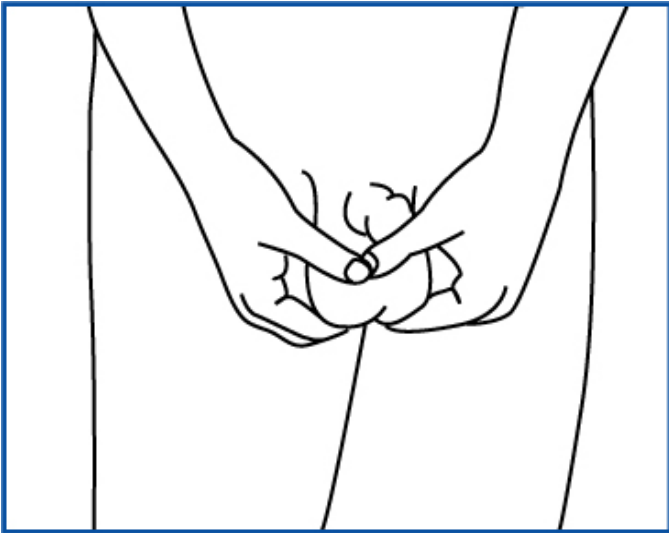
If you had a breast screen, when was it?

Advice:



## THIS SECTION IS FOR MEN ONLY

The nurse will ask you questions about your body and what you know about sex. This is to make sure that you are offered the right check ups to help you stay healthy.



Do you know how to  
check your testicles?

Yes ☐ No ☐

Advice:

# Smoking



Have you ever smoked?

Yes ☐ No ☐

How many do you smoke?

Any other drugs?

Did you ever live in a hospital?

Yes ☐ No ☐

Do you know your Hepatitis A status?

Yes ☐ No ☐

Do you know your Hepatitis B status?

Yes ☐ No ☐

Advice:

Do you know your Tuberculosis status?

Yes ☐ No ☐

The nurse will check if you need a flu jab.

The nurse might check your blood.

The nurse will check if you need a pneumococcal jab.



# Alcohol Support



**How much alcohol do you drink?**

**Who gives you alcohol and when?**

# General Health



**Do you have any illnesses or conditions that stop you doing the things you like to do? Please tell us:**



**Hospital**

**Have you ever had to stay in hospital overnight? Please tell us:**

**Advice:**

# **Health Inequality Indicators**

## **5. Service Quality**

# Service Quality



Organisational  
Barriers

Do you have big  
problems using  
services?

Yes ☐ No ☐

Have you refused  
to take a service?

Yes ☐ No ☐

Do you have  
support to use a  
service?

Yes ☐ No ☐



Consent

Do you understand  
your rights to give  
consent?

Yes ☐ No ☐

Are you involved  
in decisions made  
by health staff?

Yes ☐ No ☐

Do staff involve you  
in making decisions  
about your health?

Yes ☐ No ☐



Transitions

Is there support  
when you move from  
one service to  
another?

Yes ☐ No ☐

Do staff help you  
when you move to  
another service?

Yes ☐ No ☐

Would you like one  
person to help you  
move between  
services?

Yes ☐ No ☐

# Service Quality



Health Screening

Do you have help with health screening?

Yes ☐ No ☐

Who helps you with opportunities?

Yes ☐ No ☐

Do you have staff support to use the service?

Yes ☐ No ☐



Primary Secondary service

Do you have an annual health check?

Yes ☐ No ☐

Do you have support with other services?

Yes ☐ No ☐

When you use other services, do you get lots of support?

Yes ☐ No ☐



Non-health services

Do you have support to use these services?

Yes ☐ No ☐

Do you know what these services are?

Yes ☐ No ☐

Have you been referred to these services?

Yes ☐ No ☐

## **Information for Carers, Professionals and Others. A Guide for GP's and Primary Care Teams**

Learning disability is a lifelong condition which usually results from damage to the brain before, during or after birth, or from genetic or chromosome factors.

A person with a learning disability may have difficulties developing intellectual and social skills. This may become a handicap when it stops them taking advantage of the full range of opportunities available to other members of society.

Children and adults with a learning disability have the right to develop in every aspect of their lives. People with learning disabilities may call on the services of health and social care professionals and voluntary organisations to enable them to live as fulfilling a life as possible.

My Health Book has been developed to help your patients/clients with a learning disability use their GP's and other health services more effectively. It contains information and pictures to help explain common health events in most people's lives.

Having a learning disability does not mean that the person will never understand the advice or treatment you give. Some people with learning disabilities have good communication skills. However, sometimes a few carefully chosen pictures or simplifying the way you explain things can make all the difference. Many people with a learning disability need time and patient support to understand information.

People with a learning disability often rely on a family member, advocate or care worker to help with communication at health appointments. However, most people want to take responsibility for their own health, so My Health Book has been designed to help them to do this.

# Consent

My Health Book can also help with the issue of consent. According to the relevant section of Assessment of Mental Capacity, 1995, BMA/Law Society, the assessment of an adult patient's capacity to make decision about his/her medical treatment is a matter for clinical judgement, guided by professional practice and subject to legal requirements.

It is the personal responsibility of any doctor proposing to treat a patient to judge whether that person has the capacity to give valid consent.

To demonstrate capacity individuals should be able to:

- Understand in simple language what the treatment is, its purpose and nature and why it is being proposed.
- Understand its principle benefits, risks and alternatives
- Retain the information for long enough to make an effective decision
- Make a free choice (i.e. free from pressure)

Seeking consent is part of a respectful relationship with people with learning disabilities, and should usually be seen as a *process*, not a one-off event. When you are seeking a person's consent to treatment or care, you should make sure they have the time and support they need to make their decision, unless the urgency of their condition prevents this.



# Suggested health surveillance and health promotion

In addition to inclusion in population based screening/health promotion

- **Establish primary cause** of learning disability if possible, since it may have further health implications
- **Vision** – problems are more common
- **Hearing** – problems are more common
- **Mobility and posture** – check for spinal deformity and evaluate need for therapy and /or equipment
- **Sleep** – problems are common
- **Weight** – changes may indicate poor diet, lack of exercise, thyroid disorder or depression, all relatively commonly missed during diagnoses
- **Immunisation** – especially important where people still live in large institutions – Hepatitis A & B and influenza
- **Drugs** – avoid long term unmonitored use of drugs, especially neuroleptics and polypharmacy
- **Epilepsy** – regular review of seizures, medication and side effects
- **Oral Health** – you may need to ask about different toothpastes and looking after your teeth. For example, what support you need and do you use special equipment.

- **Emotional distress and behavioural disturbance:**
  - (1) may be response to abuse, bereavement or other life changes.  
May need referral for behavioural, psycho-therapeutic or drug treatment.
  - (2) may be a response to physical illness or a symptom of pain.
  - (3) depression and early onset dementia occur more often
- **Carer's health** and plans for the future
- Care – signs of poor care, e.g. halitosis, blepharitis, pressure sores, may indicate a deterioration in the person's function or that carers are not coping.
- **Carers Self Help Groups** – Obtainable from: [www.carersgloucestershire.org.uk](http://www.carersgloucestershire.org.uk)
- **Carers (Needs) Assessments** - Most carers have a legal right to an assessment of their own needs. It is your chance to discuss with the social services department of your local authority what help you need with caring.

## Other Information

### Hospital Traffic Light Assessment

a grab sheet that could accompany a person with a learning disability into a hospital, whether a planned or emergency admission.

It could be kept with your Health Action Plan or separately.

**Red** – **Things you must know about me** – for example: names, likes to be known as, religion, allergies, current medications, level of communication

**Amber** – **Things that are really important to me** – for example: how to communicate with me, moving around, how I take medication, personal care, levels of support, how you know when I am in pain.

**Green** – **Things I would like to happen and likes/dislikes** – how to make the hospital stay better. My usual routines and what would make me feel much more comfortable and safe.

Hospital Traffic Light Assessment forms can be obtained from the Health Facilitation Team or downloaded from: [www.2gether.nhs.uk](http://www.2gether.nhs.uk) Health Facilitation documents and resources webpage, or completed on line.

## FIRST POINT OF CONTACT CENTRE



**All referrals must be signed off by your GP before being referred to the contact centre.**



## **Community Locality Teams**

Contact numbers and information on page 70/71

## **LDISS (Learning Disability Intensive Support Service)**

Westridge 01453 563071

## **IHOT (Intensive Health Outreach Team):**

Charlton Lane Centre 01242 634175

## **Health Facilitation Team:**

Ambrose House 01452 321015  
or Freephone: 0800 019 3346

## **Learning Disability Hospital Liaison Nurses**

Gloucestershire Royal Hospital and Cheltenham General Hospital  
03004 22 4953 or 03004 22 4985

# Resources

## Learning Disability Documents

A picture of Health – making health information easier

[www.apictureofhealth.southwest.nhs.uk](http://www.apictureofhealth.southwest.nhs.uk)

BILD (British Institute of Learning Disabilities)

[http://www.bild.org.uk/](http://www.bild.org.uk)

CHANGE

[www.changepeople.co.uk](http://www.changepeople.co.uk)

CONFIDENTIAL INQUIRY

<http://www.bristol.ac.uk/cipold>

Death by Indifference – 2007 Mencap Report

[www.mencap.org.uk/](http://www.mencap.org.uk)

Disability Discrimination Act 2005 – easy read

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/228870/9780108508066.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/228870/9780108508066.pdf)

Downs Syndrome Association

[http://www.downs-syndrome.org.uk/](http://www.downs-syndrome.org.uk)

**Easyhealth**

**[www.easyhealth.org.uk](http://www.easyhealth.org.uk)**

**End of Life Care and Bereavement Information**

**<http://findaservice.healthwatchgloucestershire.co.uk/>**

**Equity and Excellence: Liberating the NHS July 2010**

**[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/213823/dh\\_117794.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213823/dh_117794.pdf)**

**Facing the Facts DOH – Nov 1999**

**[www.dh.gov.uk/en/Publicationsandstatistics/Pressreleases/DH](http://www.dh.gov.uk/en/Publicationsandstatistics/Pressreleases/DH)**

**[Our health, our care, our say: a new direction for community services.](#)**

This White Paper sets a new direction for the whole health and social care system. It confirms the vision set out in the Department of Health Green Paper,

**<https://www.gov.uk/government/publications/our-health-our-care-our-say-a-new-direction-for-community-services>**

**Independent Inquiry into Healthcare for people with learning disability.**

**[Sir Jonathan Michael Report](#)**

**<http://webarchive.nationalarchives.gov.uk/20130107105354/>**

**[High quality care for all: NHS Next Stage Review final report](#)**

Final report of Lord Darzi's NHS Next Stage Review. It responds to the 10 SHA strategic visions: 30 June 2008.

<https://www.gov.uk/government/publications/high-quality-care-for-all-nhs-next-stage-review-final-report>

Learning Disabilities 2gether Trust carers' charter

<http://www.2gether.nhs.uk/carers-charter>

Learning Disabilities 2gether Trust website:

[www.2gether.nhs.uk](http://www.2gether.nhs.uk)

MENCAP – The voice of learning disability

<http://www.mencap.org.uk/>

The Clear Communication People Ltd

<http://www.communicationpeople.co.uk/>

**Valuing People: A New Strategy for the 21<sup>st</sup> century** - you can find all these on the 'Valuing People papers' page of the Valuing People

[www.valuingpeople.gov.uk/ValuingPeoplePapers.htm](http://www.valuingpeople.gov.uk/ValuingPeoplePapers.htm)

**Valuing People Now: Summary Report March 2009 – September 2010**

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/215891/dh\\_122387.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/215891/dh_122387.pdf)



## **Resources – Useful Local Information**

**Advocacy Trust Gloucestershire (ATGLos)**

<http://community.stroud.gov.uk/default.asp?pid=38>

**Building Circles**

<http://www.buildingcirclesglos.org.uk/contact-building-circles-gloucestershire>

**Carers Gloucestershire and Gloucestershire's Challenging Behaviour Project**

<http://www.carersgloucestershire.org.uk/>

**Gloucestershire Clinical Commissioning Group**

<http://www.gloucestershireccg.nhs.uk/>

**Gloucestershire Care Services**

<http://www.glos-care.nhs.uk/>

**Gloucestershire County Council – Services and support for people with disabilities**

<http://www.gloucestershire.gov.uk/search?q=Learning+disability+support>

**Gloucestershire Hospitals NHS Foundation Trust**

<http://www.gloshospitals.nhs.uk/>

**Gloucestershire Voices - user led self-advocacy organisation for adults with a learning disability**

**<http://www.glosvoices.co.uk/>**

**Healthwatch Gloucestershire**

**<http://www.healthwatchgloucestershire.co.uk/>**

**Health Facilitation Team – 2gether NHS Foundation Trust**

**<http://www.2gether.nhs.uk/key-documents-and-resources>**

**Information for carers attending Gloucestershire Hospitals Foundation Trust**

**[http://www.2gether.nhs.uk/files/GHPI1044\\_09\\_10.pdf](http://www.2gether.nhs.uk/files/GHPI1044_09_10.pdf)**

**Information for carers, useful contacts**

**[http://www.2gether.nhs.uk/files/12044%20CP\\_006%202gether%20Useful%20Con%208pp.pdf](http://www.2gether.nhs.uk/files/12044%20CP_006%202gether%20Useful%20Con%208pp.pdf)**

**2gether NHS Trust – Let's Talk Emotional Wellbeing Course Programme**

**<https://courses.talk2gether.nhs.uk>**

## Acknowledgements

2gether NHS Foundation Trust would like to thank all those involved in the development of 'My Health Book'. Special thanks go to:

- Oxleas NHS Trust for providing the foundations for 'My Health Book'
- NHS Bournemouth and Poole
- Bournemouth and Poole Health Action Group
- 2gether NHS Foundation Trust Health Facilitation Team
- Service users – Experts by Experience
- Primary care teams
- Community learning disability teams
- Health professionals and carers who assisted
- HAG (Health Action Group) Gloucestershire
- 4 Me about Me Group, Gloucestershire

# Community Locality Teams

**The Community Locality Teams will help  
advise and support people  
with Learning Disabilities:**



Who are  
18 years or older and  
have a Gloucestershire Doctor

**They can help you with your  
health and well being.**

**2gether**  
Making life better

Foundation Trust  
For Gloucestershire **NHS**

# Children and Young People Service (CYPS)



## Children's Learning Disabilities

Evergreen House  
Charlton Lane Centre  
Charlton Lane  
Cheltenham  
Gloucestershire  
GL53 9DZ

Tel: 01242 634050

**They can help you with your  
health and well being.**

**2gether**  
Making life better

Foundation Trust  
For Gloucestershire **NHS**

# Lots of people work in the Community Locality Teams:



Administration  
Staff



Psychiatrists  
(Doctor)



Occupational  
Therapists



Nurses



Physiotherapists



Psychologists



Speech and  
Language Therapists

**Any questions?**



**Ring us:**

**North Locality CLDT (Community  
Learning Disability Team)**  
01242 634300

**Forest of Dean CLDT**  
01594 593075

**Gloucester CLDT**  
01452 894280

**South Locality**  
01453 563103



Or  
Look at our Website

**[www.2gether.nhs.uk](http://www.2gether.nhs.uk)**

# **Health Action Plan**






**Record Summary Sheets**



## Social








## Accommodation

				
Date	What's the problem?	What are we going to do about it?	Who is going to help?	Date of next appointment

# Social








# Help with What do you do?

				
Date	What's the problem?	What are we going to do about it?	Who is going to help?	Date of next appointment

# Social








# Help with Money

				
<b>Date</b>	<b>What's the problem?</b>	<b>What are we going to do about it?</b>	<b>Who is going to help?</b>	<b>Date of next appointment</b>

# Social








# Help with Friends

				
<b>Date</b>	<b>What's the problem?</b>	<b>What are we going to do about it?</b>	<b>Who is going to help?</b>	<b>Date of next appointment</b>

## Social








## Help with Ethnicity

				
Date	What's the problem?	What are we going to do about it?	Who is going to help?	Date of next appointment

# Social








# Help with keeping safe

				
Date	What's the problem?	What are we going to do about it?	Who is going to help?	Date of next appointment

# Genetic and Biological








# Medical Assessment

				
Date	What's the problem?	What are we going to do about it?	Who is going to help?	Date of next appointment

# Genetic and Biological



# Medical Reviews






				
Date	What's the problem?	What are we going to do about it?	Who is going to help?	Date of next appointment



# Genetic and Biological



# Care and Health Action Plan

				
Date	What's the problem?	What are we going to do about it?	Who is going to help?	Date of next appointment

# Genetic and Biological








# Hospital Traffic Lights

Date	What's the problem?	What are we going to do about it?	Who is going to help?	Date of next appointment

# Genetic and Biological








# Medication

				
<b>Date</b>	<b>What's the problem?</b>	<b>What are we going to do about it?</b>	<b>Who is going to help?</b>	<b>Date of next appointment</b>

# Genetic and Biological








# Specialist Service

				
Date	What's the problem?	What are we going to do about it?	Who is going to help?	Date of next appointment

# Genetic and Biological








# Your Feelings

				
Date	What's the problem?	What are we going to do about it?	Who is going to help?	Date of next appointment

# Communication








# Poor bodily awareness and pain responses

				
Date	What's the problem?	What are we going to do about it?	Who is going to help?	Date of next appointment

# Communication








# Unable to tell others your health needs

				
<b>Date</b>	<b>What's the problem?</b>	<b>What are we going to do about it?</b>	<b>Who is going to help?</b>	<b>Date of next appointment</b>

# Communication



# Carers unable to notice pain and distress






				
Date	What's the problem?	What are we going to do about it?	Who is going to help?	Date of next appointment



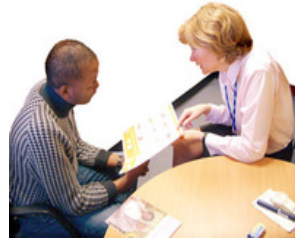
# Communication








Carers able to notice and act on health problems

				
Date	What's the problem?	What are we going to do about it?	Who is going to help?	Date of next appointment

# Communication








# Understanding health information and making choices

				
Date	What's the problem?	What are we going to do about it?	Who is going to help?	Date of next appointment

## Behaviour & Lifestyle








## Diet

				
Date	What's the problem?	What are we going to do about it?	Who is going to help?	Date of next appointment

## Behaviour & Lifestyle








## Exercise

				
Date	What's the problem?	What are we going to do about it?	Who is going to help?	Date of next appointment

## Behaviour & Lifestyle








## Weight

				
Date	What's the problem?	What are we going to do about it?	Who is going to help?	Date of next appointment

## Behaviour & Lifestyle








## Substance Use

				
Date	What's the problem?	What are we going to do about it?	Who is going to help?	Date of next appointment

## Behaviour & Lifestyle








## Sexual Health

				
Date	What's the problem?	What are we going to do about it?	Who is going to help?	Date of next appointment

## Behaviour & Lifestyle



## Risky behaviour/routines






				
Date	What's the problem?	What are we going to do about it?	Who is going to help?	Date of next appointment



## Behaviour & Lifestyle








## Epilepsy

				
Date	What's the problem?	What are we going to do about it?	Who is going to help?	Date of next appointment

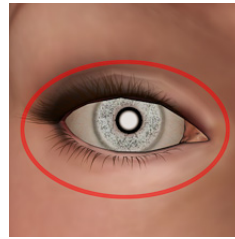
# Behaviour & Lifestyle








# Teeth

				
Date	What's the problem?	What are we going to do about it?	Who is going to help?	Date of next appointment

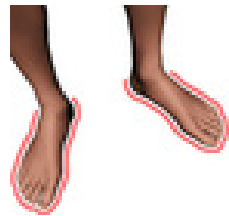
# Behaviour & Lifestyle



# Eyes

				
Date	What's the problem?	What are we going to do about it?	Who is going to help?	Date of next appointment

Behaviour & Lifestyle








Foot care

Date	What's the problem?	What are we going to do about it?	Who is going to help?	Date of next appointment

## Behaviour & Lifestyle








## Bladder and Bowels

				
Date	What's the problem?	What are we going to do about it?	Who is going to help?	Date of next appointment

# Behaviour & Lifestyle








# Ears

				
Date	What's the problem?	What are we going to do about it?	Who is going to help?	Date of next appointment

## Behaviour & Lifestyle








## Women's health

				
Date	What's the problem?	What are we going to do about it?	Who is going to help?	Date of next appointment

## Behaviour & Lifestyle



## Men's health






				
Date	What's the problem?	What are we going to do about it?	Who is going to help?	Date of next appointment



## Behaviour & Lifestyle








## Smoking

				
Date	What's the problem?	What are we going to do about it?	Who is going to help?	Date of next appointment

## Behaviour & Lifestyle








## Alcohol Support

				
Date	What's the problem?	What are we going to do about it?	Who is going to help?	Date of next appointment

## Behaviour & Lifestyle








## General Health

				
Date	What's the problem?	What are we going to do about it?	Who is going to help?	Date of next appointment

## Service Quality








## Organisational Barriers

				
<b>Date</b>	<b>What's the problem?</b>	<b>What are we going to do about it?</b>	<b>Who is going to help?</b>	<b>Date of next appointment</b>

# Service Quality








# Consent

				
<b>Date</b>	<b>What's the problem?</b>	<b>What are we going to do about it?</b>	<b>Who is going to help?</b>	<b>Date of next appointment</b>

## Service Quality








## Transition

				
Date	What's the problem?	What are we going to do about it?	Who is going to help?	Date of next appointment

## Service Quality








## Health Screening

				
Date	What's the problem?	What are we going to do about it?	Who is going to help?	Date of next appointment

# Service Quality



# Primary Secondary Service






				
Date	What's the problem?	What are we going to do about it?	Who is going to help?	Date of next appointment



Service Quality








Non-health Services

				
Date	What's the problem?	What are we going to do about it?	Who is going to help?	Date of next appointment






# Health Action Plan

.....

				
Date	What's the problem?	What are we going to do about it?	Who is going to help?	Date of next appointment






# Health Action Plan

.....

				
Date	What's the problem?	What are we going to do about it?	Who is going to help?	Date of next appointment






# Health Action Plan

.....

				
Date	What's the problem?	What are we going to do about it?	Who is going to help?	Date of next appointment






# Health Action Plan

.....

				
<b>Date</b>	<b>What's the problem?</b>	<b>What are we going to do about it?</b>	<b>Who is going to help?</b>	<b>Date of next appointment</b>






# Health Action Plan

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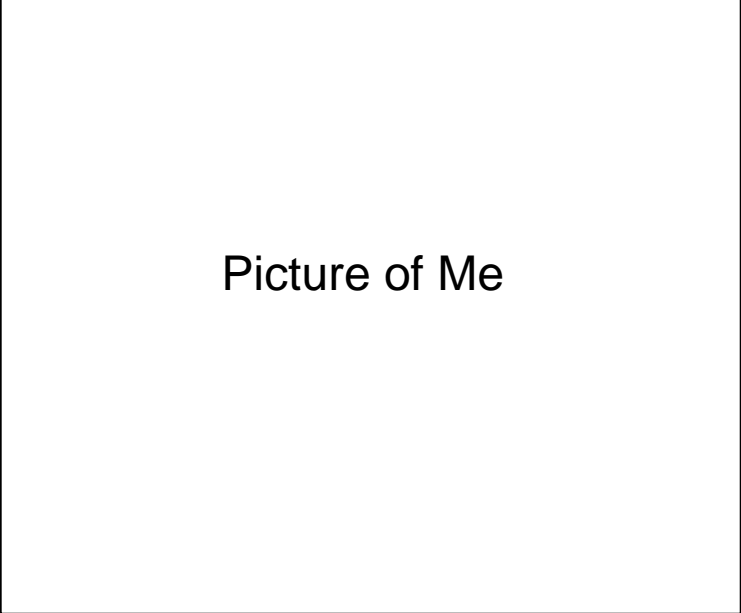
				
Date	What's the problem?	What are we going to do about it?	Who is going to help?	Date of next appointment

# Health Action Plan

.....

				
Date	What's the problem?	What are we going to do about it?	Who is going to help?	Date of next appointment

# **My End of Life Plan**



Picture of Me