

The Health and Wellbeing Plan is an LWB planning and tracking tool for health-related support requirements over a 12-month period. This tool does not negate the need to file relevant information in CIRTS.

Personal Details			
Name:		CIRTS ID:	
Date of Plan:		Review Date:	

Other Contacts			
Name of Authorised Decision Maker for Health / Medical decisions (if different to the person)		Contact Details:	
Name of Emergency Contact:		Contact Details:	

Health Conditions	
List the person's diagnosed Health Conditions	

Health Professional Information		
Name of Health Professional	Contact Details – Phone / Address	Responsible for the following health areas:

Health Assessments & Plans – Mandatory for people receiving SSL and LS support where LWB are responsible for providing Health Support – <i>Ensure CIRTIS is updated to match (Plans and Assessments Tabs)</i>			Not Applicable <input type="checkbox"/>
Assessment / Plan Areas	Health Professional Review Date	Next review due	Actions – transfer all actions to Health Action Plan below
Comprehensive Health Assessment Program (CHAP)			Refer to CHAP – (GP Section) Action Plan - Page 19
Nutrition and Swallowing Risk Checklist			Refer to Action Decided section of Part 3 Summary of Results.
Oral Health Care Plan			Refer to Section 2 of Oral Health Care Plan

Health Support (as applicable to the person we support) – Ensure CIRT is updated to match (Plans and Assessments Tabs)							
Health Support Area	N/A	Health Professional Review Date	Next review due	Health Support Area	N/A	Date reviewed by Health Professional	Next review due
Medication Review	<input type="checkbox"/>			Oral Health Plan	<input type="checkbox"/>		
Mealtime Management Plan	<input type="checkbox"/>			Mobility / Lifting Plan	<input type="checkbox"/>		
Epilepsy Management Plan	<input type="checkbox"/>			Allergy Management Plan	<input type="checkbox"/>		
Nutrition and swallowing Risk Checklist – where further reviews are required.	<input type="checkbox"/>			Domiciliary Medication Management Review (DMMR)	<input type="checkbox"/>		
Asthma Action Plan	<input type="checkbox"/>			Palliative Care Plan	<input type="checkbox"/>		
Mental Health Plan	<input type="checkbox"/>			Other:			
Diabetes Management Plan	<input type="checkbox"/>			Other:			

High Intensity Daily Personal Activities (as applicable to the person we support) – Ensure CIRTS is updated to match - Quick Reference Guide – Complex Support Needs and CIRTS				Not Applicable <input type="checkbox"/>			
Health Support Area	N/A	Health Professional Review Date	Next review due	Health Support Area	N/A	Health Professional Review Date	Next review due
Complex Bowel Care	<input type="checkbox"/>			Subcutaneous Injections	<input type="checkbox"/>		
Complex Wound Management	<input type="checkbox"/>			Tracheostomy Management	<input type="checkbox"/>		
Enteral Feeding and Management	<input type="checkbox"/>			Urinary Catheter Management	<input type="checkbox"/>		
Midazolam Administration	<input type="checkbox"/>			Ventilator Management	<input type="checkbox"/>		
Spinal Injury – Autonomic Dysreflexia	<input type="checkbox"/>						

Hospital Stays Ensure CIRTS is updated to match (Programs > Placement Absence Tab)				
Date	Reason	Length of stay	Planned	Unplanned
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

Health Action Plan – record and track actions required to be completed for the person we support as requested by health professionals.

Consent			
I have reviewed this Health and Wellbeing Plan and consent for its implementation in order to support my health care.			
Name	Relationship	Signature	Date
	Self		
	Authorised Decision Maker		
	LWB Line Manager		

LWB Staff Declaration <i>(All staff who work with this person to sign)</i>					
I have read and understood this Health and Wellbeing Plan and agree to implement it accordingly and as directed by my Line Manager.					
Staff Name	Signature	Date	Staff Name	Signature	Date

Upload to CIRTS as follows: Plans & Assessments > New Plan > Service Type = the service providing the support > Plan name – [select from drop down] Health Care Plan > relevant dates > Add New Attachment > SURNAME, First Name. YYYY.MM.DD