

## Introducing Healthy Together

### An overview for primary schools



### Welcome to Healthy Together

Healthy Together is the name for the 0-19 Healthy Child Programme services (largely health visiting and school nursing services) which will continue to be provided by Leicestershire Partnership NHS Trust (LPT) in Leicestershire and Rutland and in Leicester City (from 1 July) under new contracting arrangements. We look forward to building on our well-established relationships in local neighbourhoods to continue providing local families with the care they need, including targeted support and early intervention where appropriate. However, because the overall service specification has changed, you will see some differences in the way we work. The infographic overleaf outlines our care pathways, and this [short film](#) provides an overview of the support we offer to primary school pupils.

### Changes to our ways of working

The new contracts bring some changes to job titles. Healthy Together will be delivered by 'Public Health Nurses' and 'Healthy Child Programme Nurses' (both previously known as school nurses), by 'Healthy Child Programme Practitioners' (previously known as Specialist School Nurse Support Workers) and 'Healthy Child Programme Support Workers' (previously School Nurse Assistants). The standard operating guidance which informs school nursing practice will be made available digitally on our website ([www.leicspart.nhs.uk](http://www.leicspart.nhs.uk)) from July.

Pupils at state-funded primary schools will get a monthly drop-in clinic at the school which can be accessed by both parents and carers and by school staff. Your named public health nurse will arrange the timings of these clinics with you to start in September 2017. Time limited packages of care for individual children and their families will be offered where health needs are identified. Speak to your public health nurse to make a referral for concerns such as emotional health and wellbeing, behaviour, continence, minor health issues.

## Getting help and advice

Children can learn about different aspects of their physical and emotional health in a fun and interactive way by visiting our Health for Kids website ([www.healthforkids.co.uk](http://www.healthforkids.co.uk)). All the content on the site is written and overseen by health experts, and the site was co-designed with local children. New games, quizzes and activities are added regularly, and there is also a section for parents and carers which provides advice on a range of issues. Recently added content covers speech and language development, helping children to improve fine and gross motor skills and oral health.



If parents and carers have concerns about their child's health, they can also use our secure text messaging service, ChatHealth, to contact a public health nurse for advice. They should text:

- In Leicester:  
07520 615381
- In Leicestershire and Rutland:  
07520 615382



ChatHealth operates Monday-Friday from 9am until 5pm, and during this period messages are responded to within 24 hours. Outside these times, users receive a 'bounce back' text message indicating that they will receive a response when the line re-opens.



Leicester  
City Council



Leicestershire  
County Council



Rutland  
County Council

# Healthy Together



**Community**  
Building community capacity  
Health profiles  
Health fairs

High impact area health campaigns  
Asset based community development work



**Nurse Triage**  
Estimate 10% need follow up - records review or contact  
Follow up - sign post / SN assessment



**ChatHealth Text Service (City and County)**

Generic advice  
0-19: 1 HV and 1 SN on duty 9:00-17:00  
Document on record and tasked to team  
Travelling Families have separate arrangements

[www.healthforunder5s.co.uk](http://www.healthforunder5s.co.uk)

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



**Web Chats**

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

Advice Clinics in Neighbourhood (SCPHN and HCP)

Drop ins -  
Primary: Monthly (HCP Nurse or SCPHN)  
Secondary: Weekly (SCPHN or HCP)



**Universal Plus**

Time limited package of care 0-5: max 4 in clinic / home. 5-19: max 4 school / clinic or 2 at home

Pathways:  
Breastfeeding  
Behaviour  
Let's get talking  
Growth  
NNU

Perinatal support  
Family support  
Toileting  
Diet and nutrition  
Minor illness / hospital discharge  
Smoking / oral health / home safety  
Blood spot tests

Obesity  
Developmental delay  
Brief intervention (EHWB, sexual health, smoking, drugs, eating disorders)  
Long-term conditions  
Continence - up to 12 weeks

Self-harm  
Anxiety  
CSE Awareness

SCPHN-led oversight & planning for delivery

HCP Practitioner or Support Worker liaise with SCPHN on completion of package of care

GP informed on completion of package of care

**Universal Partnership Plus**

Tailored package, delivered in conjunction with partner agencies  
Children in need  
Complex needs  
Looked after children  
Travelling families  
CSE



**Early Start**

Up to 25 children in each district  
Intensive home visiting



Safeguarding

**Referrals to PUBLIC HEALTH NURSE / HEALTHY CHILD PROGRAMME NURSE  
(School Nurse)**

GUIDANCE NOTES TO COMPLETE ATTACHED REFERRAL FORM:

In order for the Public Health Nurse / Healthy Child Programme Nurse to process referrals and to ascertain if the referral is within the remit of our service, it will be in accordance with our standard operational guidance.

For the referral to be accepted please ensure that every form completed includes the following information: - **(Please note that any forms which do not contain this information will be returned)**

- Clear identification of the concern
- When the concern started and how it is impacting on the child/young person/family/school?
- Do you know if the child/young person has seen their GP in relation to the concern?
- Do you know what parents/carers have tried so far?
- What strategies have been tried in school?
- Has the child/young person been referred to any other professionals? (If so please provide details and outcome).

***Referrals to this service for a child/young person who is experiencing self-harm or low mood are appropriate. However, if you have immediate concerns for their safety and wellbeing then please redirect them to their GP or Accident and Emergency and inform their family/carers.***

Thank you

Received by.....  
Date .....

**CONFIDENTIAL**  
**REFERRAL FORM**

|   |                          |
|---|--------------------------|
| Name of School:   |                          |
| Name of Pupil:  | DOB:                     |
| Home Address:   | Parent/Carer contact No: |
| Date of Referral:   | Referred by:             |
| Parent informed of this referral: Y/N   |                          |
| Student consented to referral and understand reason for referral: Y/N<br>If not, please indicate why not?   |                          |
| <b>Please also consider other sources of information/advice and support including;</b>  |                          |
| The Child's GP  |                          |
| Early Help  |                          |
| <a href="http://www.healthforkids.co.uk">www.healthforkids.co.uk</a> ( school age children and parents, designed by Leicestershire Partnership Trust school nurses)         |                          |
| <a href="http://www.healthforteens.co.uk">www.healthforteens.co.uk</a> (secondary school aged young people, designed by Leicestershire Partnership Trust school nurses)     |                          |
| CHAT HEALTH – 07520 615 386 (Leicester city) 07520 615 387( Leicestershire & Rutland) <b>A confidential text messaging service for young people direct to school nurses</b> |                          |
| <a href="http://www.youngminds.org.uk">www.youngminds.org.uk</a> (The voice for Young people's mental health and wellbeing)   |                          |
| <a href="http://www.XENZONE.COM">www.XENZONE.COM</a> (Kooth counselling, an online counselling service)   |                          |
| The school counsellor   |                          |
| Please provide details of the reason why you are requesting support from the Public Health Nurse (School Nurse),  |                          |

including what action you, parents, the child, or another agency has already taken.

**TO BE COMPLETED BY HEALTHY TOGETHER**

Date referral responded to:

Date of initial assessment:

Action Plan by Healthy Together:

(Scan first onto child's records)

**CUT OFF SLIP AND RETURN TO REFERRER.....**



Healthy Together acknowledge receipt of referral from.....(Referrers name)

Date received.....

Child/young Person's name.....Date of Birth.....

Thank you for your referral which we are able/unable to accept.

The child/young person will be added to our waiting list and will be seen as soon as an appointment is available/  
Our service is unable to accept for the following reason;

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

Signed.....Name of receiving Healthy Together.....