



# Being Healthy

and PSHE Education

Professionals' Pack

# 2024

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# Table of Contents

03.	Introduction	25.	Common Signs of Illness
04.	Local PSHE Quality Framework	26.	Signs of More Serious Illness
05.	Safe Learning Environment	27.	Meningitis
06.	Best Practice Principles	30.	Sepsis
08.	Whole-School Approach	31.	Freshers' Flu
09.	Trauma Informed Approach	33.	The Local Offer - SEND
11.	Tips for Communication	34.	Accessing Health Services
12.	Links to Curriculum - Primary	59.	Rights
15.	Links to Curriculum - Secondary	60..	Media and Health
18.	Links to Curriculum - NYA	62.	National Statistics
19.	Useful Resources	63.	The Local Picture
20.	Developing Subject Matter	65.	Signposting
21.	Definitions	66.	Contextual Safeguarding
22.	Healthy Lifestyle	67.	Useful Contacts
23.	Health Literacy	68.	Further Reading

# Introduction

This pack aims to support education providers to deliver quality PSHE education around being healthy through identifying the curriculum links within the PSHE Associations' Spiral Curriculum and the Department for Education's statutory guidance and developing staff's confidence and competence on the subject matter to support them to facilitate PSHE education on this topic within their own setting.

The Department for Education's statutory guidance states that:

- Pupils can also put knowledge into practice as they develop the capacity to make sound decisions when facing risks, challenges, and complex contexts.
- Schools should show flexibility to respond to local public health and community issues to meet the needs of pupils
- Should be addressed sensitively and clearly

Health education aims to give children and young people the information they need to make good decisions about their own health and wellbeing, to recognise issues in themselves and others, and to seek support as early as possible when issues arise.

This pack works alongside other ... & PSHE packs, including diet & nutrition, oral health, self-examination and screening etc... this pack aims to help educators achieve the learning outcomes outlined below.



# Local Quality Framework

We believe that for PSHE education to be effective it must:

- Be delivered in a safe learning environment based on the principles that prejudice, discrimination and bullying are harmful and unacceptable.
- Have clear learning objectives and outcomes and ensure sessions and programmes are well planned, resourced and appropriately underpinned by solid research and evidence.
- Be relevant, accurate and factual, including using the correct terminology.
- Be positively inclusive in terms of:
  - Age
  - Gender Identity
  - Race
  - Sex
  - Disability
  - Pregnancy and Maternity
  - Religion or Belief
  - Sexual Orientation
- Designed to include the development of knowledge, skills and values to support positive life choices.
- Use positive messaging, that does not cause shame or victim blaming.
- Challenge attitudes and values within society, such as perceived social norms and those portrayed in the media.
- Be reflective of the age and stage of the children and young people and be tailored to the environment and group.
- Utilise active skill-based learning techniques to encourage active participation.
- Ensure that children and young people are aware of their rights, including their right to access confidential advice and support services within the boundaries of safeguarding.
- Be delivered by trained, confident and competent professionals.
- Empower and involve children and young people as participants, advocates and evaluators in the development of PSHE education.



# Safe Learning Environment

A safe learning environment enables children and young people to feel comfortable to share their ideas without attracting negative feedback. It avoids possible distress and prevents disclosures in a public setting and enables professionals to manage conversations on sensitive issues confidently.

We have created a guidance document to support professionals to create this safe in their own setting.



## **No. 01 – Ground Rules**

Create in collaboration with the group . As the facilitator role model the agreed ground rules.



## **No. 02 – Collaborate with DSL**

Let them know when the session is being delivered to ensure the correct support is in place should any disclosures be made.



## **No. 03 – Staff Confidence**

Check Staff confidence levels. If anyone is in panic zone it is not safe or appropriate for them or the participants to teach on the topic. This pack should help professionals to move from panic zone to learning or comfort zone



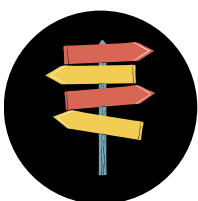
## **No. 04 Learning Techniques**

Use scenarios and stories to help participants engage with the topic. Refer to the third person rather than you e.g. what could this character do?, or people of about your age....



## **No. 05 – Difficult Questions**

Questions are an important part of learning. Sometimes a child or young person will ask a difficult question. As with all questions the first thing is to value the question whilst either allowing time to consider an appropriate answer or to deflect an inappropriate question.



## **No. 06 – Signposting**

It is absolutely essential, that included in the lesson, is information about different organisations and people that can provide support both within the organisation and outside of it.

A more detailed version of this page is available by emailing either Natalie or Ellie

# Best Practice Principles

## Do not use scare/fear or guilt tactics

It is a common misconception that if a child or young person is shocked or scared by what they see in images, videos used in sessions, they will avoid the behaviour in the future.

Whilst young people will often say that they like 'hard-hitting' material and that it engages them more effectively, in fact when experienced in a safe setting (in this case a classroom or youth space), shocking images become exciting (in a similar way to watching a horror film or riding a rollercoaster) and this excitement response can block the desired learning. Equally, for anyone who has previously been affected by something similar, it can re-traumatise them or they can block the message as it is too close for comfort, which again prevents the intended learning. It also presents a scenario which is more likely to make young people think 'that won't ever happen to me' than the desired 'that could be me' response.

The adolescent brain is still developing which means that the perception of messaging and how they react to them is different to our experiences as adults. Furthermore, because their brains are still developing, they often live "in the moment;" when an unhealthy situation arises, they'll make decisions based on what they're feeling then and there, instead of making a reasoned, logical decision.

The pre-frontal cortex or critical thinking/reasoning part of the brain is the last section to develop.

You can find out more about the teenage brain [here](#).

Young people should be informed of risks in a balance and measured way through an approach that supports them to make informed, healthy, safe decisions and empower them to believe they can act on "good choices."

### Top Tips:

- Evidence shows that shock and scare tactics just don't work.
- Check resources (including external agencies) for images or scenes that might be shocking, harrowing or scary for the age group – remember that children and young people will have a much lower threshold for what might worry them.
- Remember the purpose of the session is to educate not entertain. Just because young people might watch scary films in their own time, does not mean using similar films within PSHE Education will promote learning.
- Make sure there is a range of examples, case studies and consequences, most of which do not focus on the most dramatic or extreme outcomes.

# Best Practice Principles

## Knowledge, Skills and Values

Topics explored in PSHE education, relate directly to a child's or young person's life, when they might find themselves in a tricky situation or "crunch" moment – and need to make a quick decision; for example, a child who is dared to run across the road by their friends, or a teenager who is being pressured to start a fire. They will need to recall learning from PSHE education at that moment to help them make a decision.

They will, of course, require knowledge e.g., of the legality (or not) of their actions. However, in order to make a safe decision in the moment, they will also need skills to negotiate with their peers to resist pressure from others, to exit the situation (if they choose to) and access appropriate help or support if necessary. They will need a strong sense of their own values, to make the right decision and the confidence to stick to it.

Knowledge on its own won't necessarily stop someone from trying things. In many cases young people end up in situations where they know what they are doing is "wrong", but they do it anyway, as they lack the essential skills or attributes to help them effectively manage the situation.

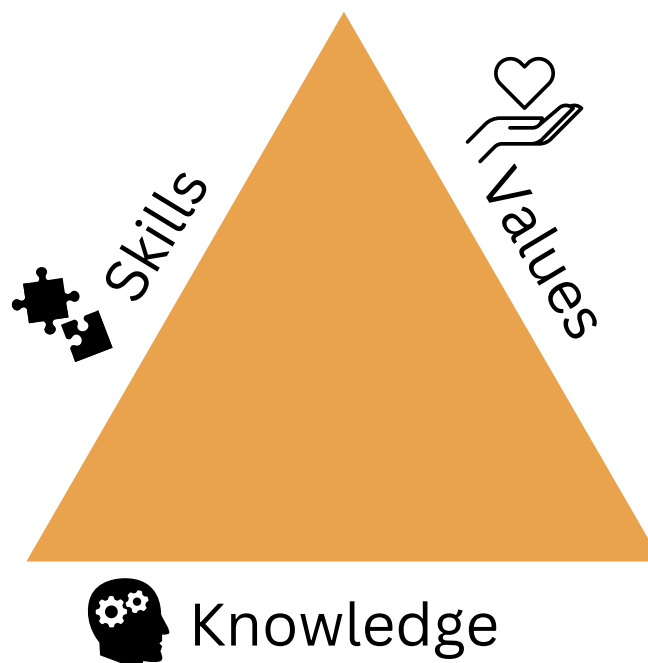
To ensure that sessions are balanced it is important to know the purpose of the activity and create a balanced session that increases or enables reflection on knowledge, skills and values.

The definition of each of these is:

**Knowledge:** gaining new information on a topic

**Skills:** gaining new skills on a topic

**Values:** reflecting on, and potentially altering, your own values in relation to a topic



# Whole School Approach

Teaching about food choices and physical activity, both key contributors to being healthy is most effective when embedded into a whole school approach.

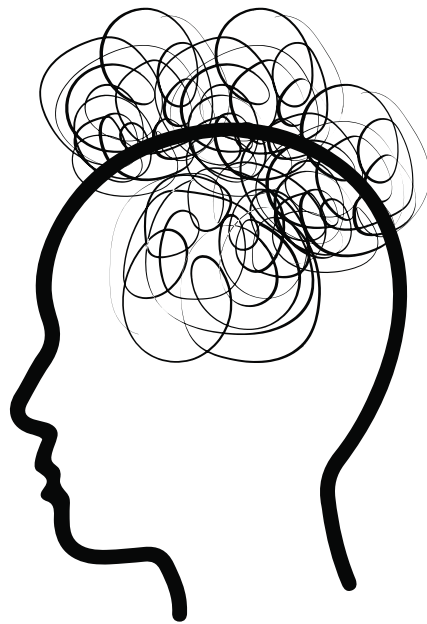
Children and young people will respond better to information given in lessons when they can see the messaging reinforced throughout the school or youth organisation's ethos. Wherever possible, settings should provide opportunities for children and young people to make healthier choices related to food and physical activity. This could be through the food available, the range of activities available, and supporting national events e.g. "Walk to School Week".



# Trauma Informed Approach

## Being Trauma-Informed

It is important to be aware of the risks of educative interventions, if not delivered carefully. PSHE resources – when used with children and young people who have been affected by the topic being covered – can re-traumatise children and young people or induce vicarious trauma – this is defined as the feelings of trauma experienced by a third party when witnessing or engaging with the harm or trauma of another (Eaton, 2017).



The National Youth Agency provides a free e-learning course to help professionals gain a greater understanding of trauma and how it affects mental and emotional wellbeing. The module provides tools and reflection space for professionals to enable them to better support young people in this area.

You can access the course [here](#) – you will need to create a Youth Work One account to be able to access the course.



## Top Tips

- Do not use resources that include graphic images, victim blaming or scenes of abuse.
- Ensure that the work is part of a planned, sequential curriculum that builds on prior knowledge.
- Work with your pastoral team to understand if there is anyone who could be affected by this scheme of work. Ask the individuals if they want to be included in the class or if they would prefer to do some other work - explain there will be no explanation given to their absence.
- Use resources only within class-sized groups and not within assemblies.
- Ensure that a trigger/content warning is given beforehand.
- Ensure there is plenty of time for class-based discussions and signposting and that children/young people do not move onto a different topic/lesson before having time to debrief.
- When exploring themes with the participants do not ask “what could x have done to not be a victim of...” or “what signs should they have spotted” this encourages victim-blaming and abuse is never the fault of the child or young person.
- Use distancing techniques - Avoid questions or activities which encourage students to consider their personal experiences, or ask them to put themselves in a particular situation. It is more appropriate to ask “how do you think x is feeling?” or “how would you feel if x was your friend?”. This helps to develop skills of emotional literacy and empathy. You could also ask young people to imagine the response of “a young person, about your age who goes to school around here”
- How can you make it easy for participants to leave the room and communicate this in advance?
- How will you ensure parents/carers have information about this scheme of work to support it within the home?
- You might want to consider a Disassociation Game to close the session. This is a quick, light-hearted, unrelated activity following the plenary on learning from the session. The purpose of this is to help students emotionally detach themselves from the content of the session before they leave.

# Tips for Communication

## Communication difficulties

Special provision should be put in place to support conversations with children, young people or adult learners who:

- have communication difficulties
- are too young
- are unable to communicate
- cannot or will not explain

You should refer to the child, young person or adult learner's behaviour plan and the information available from any assessments. This may include visual cues to help facilitate discussion, such as picture exchange communication cards.

Mencap has published further information on communicating with people with learning difficulties.

The National Autistic Society has also published tips to communicate more effectively with an autistic person.



# Links to PSHE Curriculum

12

The table below shows the learning opportunities from the relevant PSHE Association core themes which can be linked to being healthy.

## Primary

### PSHE Association

#### Key Stage 1

H1.	About what keeping healthy means; different ways to keep healthy
H10.	About the people who help us to stay physically healthy

#### Key Stage 2

H1.	How to make informed decisions about health
H2.	About the elements of a balanced, healthy lifestyle
H3.	About choices that support a healthy lifestyle, and recognise what might influence these
H4.	How to recognise that habits can have both positive and negative effects on a healthy lifestyle
H5.	About what good physical health means; how to recognise early signs of physical illness

# SEND

## PSHE Association:

### HL2 – Taking Care of Physical Health

Encountering	<ul style="list-style-type: none"> <li>Respond with curiosity to adult modelling/sensory stimuli about ways we take care of our bodies.</li> </ul>
Development	<ul style="list-style-type: none"> <li>Describe some of the different ways to be physically healthy.</li> </ul>
Enrichment	<ul style="list-style-type: none"> <li>Explain some of the benefits of balancing exercise, food and rest</li> </ul>
Enhancement	<ul style="list-style-type: none"> <li>Explain why it is important to take care of our bodies both now and in the future.</li> </ul>

### HL3 – Keeping Well

Encountering	<ul style="list-style-type: none"> <li>Respond to stimuli about the ways pain can affect different parts of our body and how we can communicate to someone that we are in pain.</li> <li>Respond with curiosity to stimuli about the people who help us when we are feeling unwell.</li> </ul>
Foundation	<ul style="list-style-type: none"> <li>Demonstrate how to tell someone that we are feeling ill, uncomfortable, or are in pain.</li> <li>Explain that when we are hurt or unwell we may have to go to bed, see a nurse or doctor, or go to the hospital.</li> </ul>
Core	<ul style="list-style-type: none"> <li>Explain what it means to be hurt, unwell, uncomfortable or in pain.</li> </ul>
Development	<ul style="list-style-type: none"> <li>Identify some symptoms we may experience when we are not feeling well.</li> <li>Explain the decisions we (or an adult who takes care of us) might make about how to keep us well.</li> </ul>

Enrichment	<ul style="list-style-type: none"><li>• Identify whom we can talk to if we are worried about health.</li></ul>
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## DfE Statutory Guidance:

By the end of Primary pupils will know:

HPI.	How to recognise early signs of physical illness, such as weight loss, or unexplained changes to the body
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# Secondary

## PSHE Association

### Key Stage 3

H3.	The impact that media and social media can have on how people think about themselves and express themselves, including regarding body image, physical and mental health
H5.	To recognise and manage internal and external influences on decisions which affect health and wellbeing
H13.	The importance of, and strategies for, maintaining a balance between school, work, leisure, exercise, and online activities
H19.	The importance of taking increased responsibility for their own physical health including dental check-ups, sun safety and self-examination (especially testicular self-examination in late KS3); the purpose of vaccinations offered during adolescence for individuals and society.
H21.	How to access health services when appropriate
H31.	Ways of assessing and reducing risk in relation to health, wellbeing and personal safety

### Key Stage 4

H4.	Strategies to develop assertiveness and build resilience to peer and other influences that affect both how they think about themselves and their health and wellbeing
H12.	The benefits of having a balanced approach to spending time online
H13.	To identify, evaluate and independently access reliable sources of information, advice and support for all aspects of physical and mental health

H14.	About the health services available to people; strategies to become a confident user of the NHS and other health services; to overcome potential concerns or barriers to seeking help
H18.	The ways in which industries and advertising can influence health and harmful behaviours

## Key Stage 5

H9.	To consistently access reliable sources of information and evaluate media messages about health
H10.	How to register with and access health services in new locations
H11.	To recognise illnesses that particularly affect young adults, such as meningitis and 'freshers' flu'

# SEND

## PSHE Association:

### SSSI – Feeling Unwell

Encountering	<ul style="list-style-type: none"> <li>Respond to stimuli about what it means to feel unwell; show awareness of how to indicate to someone that we are feeling unwell</li> </ul>
Foundation	<ul style="list-style-type: none"> <li>Describe the difference between feeling well and feeling unwell; demonstrate how to let someone know that we are feeling unwell.</li> </ul>
Core	<ul style="list-style-type: none"> <li>Identify how we can tell if we are unwell (including possible symptoms).</li> <li>Identify whom to tell if we feel unwell.</li> <li>Identify useful phrases or vocabulary to use in order to let someone know that we feel unwell.</li> <li>Explain why it is a good idea to ask for help quickly if we feel unwell.</li> </ul>

Development	<ul style="list-style-type: none"> <li>• Identify some things we can do to take care of our physical wellbeing and our mental wellbeing.</li> <li>• Describe simple things we can do if we are not feeling well</li> </ul>
Enrichment	<ul style="list-style-type: none"> <li>• Identify some ways we can take increased responsibility for looking after our physical and mental health.</li> <li>• Explain why it is as important to tell someone we trust if we are feeling emotionally (mentally) unwell as it is when we feel physically unwell.</li> </ul>
Enhancement	<ul style="list-style-type: none"> <li>• Identify some of the people and organisations that can provide reliable support and advice if we are physically or mentally unwell.</li> <li>• Explain how we know we can trust these people and organisations to give us advice that will help us (e.g. GP, school nurse, NHS, Childline, Young Minds).</li> <li>• Explain why 'self-diagnosis' from websites can be inaccurate or potentially harmful.</li> </ul>

## HL1 - Elements of a Healthy Lifestyle

Encountering	<ul style="list-style-type: none"> <li>• Respond to stimuli showing different aspects of a healthy lifestyle.</li> </ul>
Foundation	<ul style="list-style-type: none"> <li>• Recognise what is meant by a healthy lifestyle.</li> </ul>
Core	<ul style="list-style-type: none"> <li>• Explain what a healthy lifestyle means, including the importance of healthy eating, sleep, personal hygiene, dental health, physical exercise and emotional wellbeing.</li> </ul>
Development	<ul style="list-style-type: none"> <li>• Identify some simple strategies to help make positive choices about our health and wellbeing.</li> </ul>

Enrichment	<ul style="list-style-type: none"> <li>Describe strategies for maintaining a healthy lifestyle, including balancing time spent on work, leisure, physical activity, online activities and sleep.</li> </ul>
Enhancement	<ul style="list-style-type: none"> <li>Describe what might affect choices we make about our health, e.g. healthy eating (advertising), physical activity (playing on the computer, restrictions due to health conditions) sleep (worries, stress, social media).</li> <li>Describe strategies for managing pressures and influences on health and lifestyle choices.</li> </ul>

## DfE Statutory Guidance:

By the end of Secondary pupils will know:

P2.	The characteristics and evidence of what constitutes a healthy lifestyle, maintaining a healthy weight, including the links between an inactive lifestyle and ill health, including cancer and cardio-vascular ill-health.
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## NYA Youth Work Curriculum:

HW1.	Promoting the positive physical, social, emotional and mental health of young people
HW3.	Providing activities that promote good health, such as physical exercise and educational leisure including outdoor and play activities
HW4.	Making appropriate support and services accessible when necessary
HW5.	Providing appropriate, accurate information and guidance

# Useful Resources

Please check all resources are suitable for your settings and children before use

## Being Healthy

### Books:

2-4 years old - [Going to the Doctors](#) (Usborne First Experiences)

2-5 years - [We're Going to the Doctors](#) (Big Steps Series)

2-5 years old - [Going to the Dentists](#) (Usborne First Experiences)

2-5 years old - [We're Going to the Dentist](#) (Big Steps Series)

3-7 years old - [Ruby's Worry](#), Tom Percival (as a YouTube video reading the book)

4-8 years old - [The Huge Bag of Worries](#) (as a YouTube video reading the book)

6-9 years old - [The Monster Health Book: A guide to Eating Healthy, Being Active & Feeling Great for Monsters & Kids!](#)

### Videos:

[BBC Learning](#) - What do Humans Need to Stay Healthy?

[The Mix](#) - Mental Health and your GP - your first visit

[The Mix](#) - How do you actually get tested for STIs?

### Lesson Plans:

See our [Resource Library](#) for lesson plans to support your PSHE Curriculum. You'll need to [set up your account](#) first, it's simple to do and only takes a few moments.

### Training:

[Department for Education](#) - Practical training materials for primary and secondary schools to use to train staff to teach about health and prevention.



# DEVELOPING SUBJECT KNOWLEDGE



## BEING HEALTHY

*with thanks to...*



Staffordshire and  
Stoke-on-Trent  
Integrated Care Board



Midlands Partnership  
NHS Foundation Trust  
A Keele University Teaching Trust

# Definitions

Good health is not just the absence of disease or illness, it is a state of complete physical, mental and social well-being (World Health Organisation).

The United Nations Convention on the Rights of the Child, Article 24 states that:

Children have the right to the best health care possible, clean water to drink, healthy food and a clean and safe environment to live in. All adults and children should have information about how to stay safe and healthy.

Children want to grow up feeling happy, healthy and well. In the Children's Commissioner for England's last big survey, The Big Ask, in 2021, children spoke about wanting good physical health, and younger children in particular spoke about wanting to live healthy lives.

1 in 5 children and young people in England aged 8 to 25 had a probable mental disorder in 2023 (NHS Digital)  
1 in 4 children aged 10-11 years in Staffordshire and Stoke-on-Trent has excess weight (Office for Health Improvement and Disparities, 2023)

Mental and physical health issues are two of the very key challenges facing this generation of children, so it is essential that PSHE education is part of a system approach to ensure that all children are able to access the support they need to grow up physically and mentally healthy.

# Healthy Lifestyle

A healthy lifestyle is a way of living that lower the risk of someone becoming serious ill or dying early. Not all diseases are preventable, but a large proportion of deaths, particularly from coronary heart disease and lung cancer, can be avoided.

When a healthy lifestyle is a way of living that helps the individual to enjoy more aspects of their life.

Things that may contribute to a healthy lifestyle:



Smoking is the greatest self-imposed risk to health of all and should be avoided. See Smoking, Tobacco & Vaping & PSHE for more information.



Physical Activity is an important part of a healthy lifestyle.



Healthy eating and maintaining a healthy weight is important as being over or under weight can have health implications as explored in our Diet & Nutrition & PSHE pack.



Drinking small amounts of alcohol may offer some health benefits, however the more a person drinks the higher the risks are. For more information see our Alcohol & PSHE pack.



Quality sleep is an important part of overall health. During sleep the body is able to repair and maintain itself. Our Sleep & PSHE pack is coming soon.

# Health Literacy

Education plays a crucial role in improving the health literacy of children and young people. Health literacy is about a person's ability to understand and use information to make decisions about their health.

A person with low health literacy will generally struggle to:

- Read and understand health information
- Know how to act on this information
- Know which health services to use and when to use them.

This means that often experience:

- Unhealthy lifestyles and poorer general health
- Lower use of preventative services, like vaccinations and screening
- Difficulty taking medicines correctly
- Increased ED attendances and hospital admissions
- Reduced life expectancy

## Examples of problems caused by low health literacy:

- A person who sprayed their inhaler on their neck because they had been told to spray it on their "throat"
- An individual who did not turn up for cancer tests because they did not know Radiology and X-ray department were the same thing
- Someone with diabetes who decided to stop taking their medicine because they had trouble understanding the instructions
- A person who thought chemotherapy would not help because it was given into a vein on the other side of the body to where their cancer was

A Public Health England commissioned report "Improving Health Literacy to reduce health inequalities" (2015), identified that up to 61% of the English working age population do not routinely understand health and wellbeing information they are given.

National Voices published a report - A New Relationship with People and Communities (2017) cited:

“the strongest correlation to ill health - stronger than education level, deprivation, age or ethnicity - is health literacy.”

NHS England has produced a Health Literacy Toolkit for patients, their families, and carers as well as the health and social care staff supporting them.

Health Education England has created an e-learning course for professionals who want to know or learn how to better understand health information better. The course takes about 35 minutes to complete.

There are also easy ready guides for people with learning disabilities and autism :

- Get ready to talk about your health - this prepares people for what to do before they go to a consultation with a health or care provider. It includes information about their rights, and what they can ask for
- 3 questions for better health - suggests what to ask when people have a healthcare appointment.

It is important to consider how parents and carers are engaged to support the learning taking place within the PSHE curriculum. You may need to run some parents/carer workshops to improve their health literacy. This ensures that teaching and learning that is done within education settings can be reinforced at home so that children and young people are getting consistent messages from the adults in their lives.



# Common Signs of Illness

Educators are not expected to give medical advice or be able to answer complex questions about medical conditions. If children and young people have a specific medical question they should be directed to a medical practitioner.

Children and young people must understand their bodies and what their own 'normal' is. The majority of people are healthy most of the time. If someone becomes ill, often the body can get better on its own or with some medicine.

The following are symptoms of a mild illness and if a child or young person has these symptoms or any other health worries, they should speak to a trusted adult:



Skin rash - changes in the colour or texture of the skin, such as red, scaly, bumpy or itchy skin.



High temperature or fever



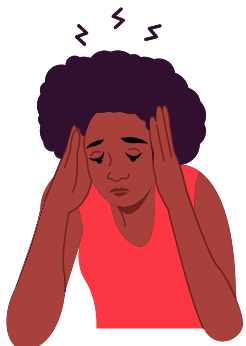
Continuous cough and/or sore throat



Vomiting



Diarrhoea



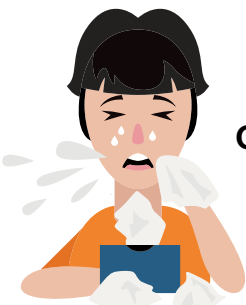
Headache



Conjunctivitis or sticky eyes



Sore ears or excess wax



Consistent cold, running nose



Pain when passing urine or needing to urinate more often

# Signs of More Serious Illness

Sometimes, and much more rarely, someone may have other symptoms which should be investigated by a health professional.

Examples include:

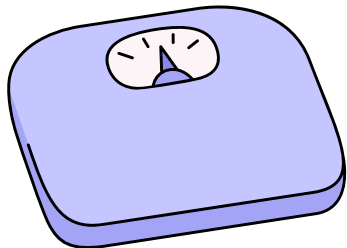


Severe pain anywhere in the body explained (e.g. from a fall) or otherwise



Loss of appetite

*Reiterate that there are many different common, and often harmless causes for symptoms like these, and it is better to speak to a medical professional as a precaution.*



Unexplained weight loss



Hair loss

# Meningitis

Meningitis is an infection of the protective membrane that surrounds the brain and spinal cord (meninges).

It can affect anyone but is most common in babies, young children, teenagers, and young adults.

Meningitis can be serious if not treated quickly. It can cause life-threatening blood poisoning (sepsis) and result in permanent damage to the brain or nerves.

There are several vaccinations available that offer some protection against meningitis.

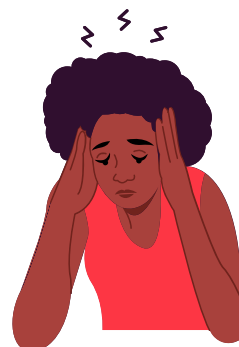
## Symptoms:



High temperature (fever)



Being sick



Headache



A stiff neck



A rash that does not fade when a glass is rolled over it (a rash will not always develop) - this can be harder to see on brown or black skin so check paler areas like palms and soles to see.



Drowsiness or unresponsiveness



A dislike of bright lights



Seizures (fits)

## When to get medical help:

If someone thinks they, or someone they know could have meningitis or sepsis they must call 999 for an ambulance or go to their nearest ED Department.

They do not have to wait for all the symptoms to appear, or for a rash to develop – they should trust their instincts. If someone is not sure, or if they think they have been exposed to someone with meningitis they should call NHS 111.

## How meningitis is spread:

Meningitis is usually caused by a bacterial or viral infection.

Bacterial meningitis is rarer, but more serious than viral meningitis.

Infections that can cause meningitis can be spread through:

- Sneezing
- Coughing
- Kissing

Meningitis is usually caught from people who carry the virus or bacteria in their nose or throat, but are not ill themselves.

## Treatment for Meningitis:

When someone has suspected meningitis they will usually have tests in hospital to confirm the diagnosis and check if the condition is as a result of a viral or bacteria infection.

Bacterial meningitis usually needs to be treated in hospital for at least a week.

This could include:

- Antibiotics given directly into a vein
- Fluids given directly into a vein
- Oxygen given through a facemask/

Viral meningitis is more likely to get better on its own within 7-10 days and can often be treated at home. If someone has viral meningitis they may find getting plenty of rest, taking painkillers and anti-sickness medication can help to relieve the symptoms.

Viral meningitis will usually get better on its own and rarely causes any long-term problems.

Most people with bacterial meningitis who are treated quickly will also make a full recovery, although some are left with serious long-term problems, including:

- Hearing loss or vision loss - this could be partial or total
- Problems with memory and concentration
- Recurrent seizures (epilepsy)
- Co-ordination, movement and balance problems
- Loss of limbs - amputation of affected limbs is sometimes necessary.

Overall, it is estimated that 1 in every 10 cases of bacterial meningitis is fatal.

## Vaccinations for Meningitis:

Vaccinations can offer some protection against certain causes of meningitis.

These include:

- MenB vaccine - offered to babies aged 8 weeks, followed by a second dose at 16 weeks and a booster at a 1 year
- 6-in-1 vaccine- offered to babies at 8, 12, and 16 weeks of age
- Pneumococcal vaccine -2 doses offered to babies at 12 weeks and 1 year, and a single dose offered to adults aged 65 years and over
- Hib/MenC vaccine - offered to babies at 1 year old
- MMR vaccine - offered to babies at 1 year and second dose at 3 years and 4 months
- MenACWY vaccine - offered to teenagers, sixth formers and "fresher" students going to university for the first time.

Vaccinations are available from GP surgeries, and people can check which vaccines they have had.

Sepsis and severe infection are one of the most common reasons for hospital admission. Sepsis claims more lives than lung cancer, and more than bowel, breast, and prostate cancer combined (UK Sepsis Trust).

The UK Sepsis Trust has resources for each Key Stage to help schools be Sepsis Savvy.

Symptoms of Sepsis for Children include:

- Looks mottled, bluish or very pale
- Is very lethargic or difficult to wake
- Feels abnormally cold to touch
- Is breathing very fast
- Has a rash that does not fade when you press it
- Has a fit or convulsion

Symptoms of sepsis for adults include:

- Slurred speech or confusion
- Extreme shivering or muscle pain
- Passing no urine (in a day)
- Severe breathlessness
- It feels like you are going to die
- Skin mottled, discoloured or very pale

Sepsis is the body's response to an infection. If someone thinks they or someone they know has an infection and develops any of the symptoms listed above they could have sepsis. It is important to call 999 straight away and ask "could it be sepsis?"



# “Freshers” Flu

Starting university can be an exciting time, and Freshers Week, is often where lots of social events take place at the start of term.

Freshers’ flu is the name given to the wave of colds and other bugs that spread quickly through the student population when autumn term begins. It is likely this happens because:

- People spend more time meeting new people which exposes them to new strains of bacteria that the immune system hasn’t had to fight off before.
- University starts in the autumn and coincides with the beginning of ‘flu season’ for the general population. This is because the colder population allows germs to circulate more freely.

## Symptoms:

Freshers’ flu is not the same as the actual flu (caused by the influenza virus) and symptoms do not tend to be as severe. Freshers’ flu can cause some flu-like symptoms, and some people will feel generally run-down whilst others experience it as a bad cold.

Symptoms may include:



Sore throat



Runny or stuffy nose



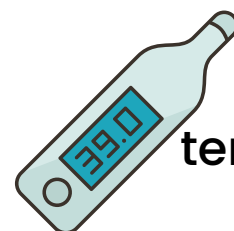
Cough



Feeling tired or weak



Headache



High temperature / fever



Feeling sick / nauseous



Reduced appetite



## How long does freshers' flu last?

Like the common cold, symptoms of freshers' flu usually last up to two weeks, however, usually, the body can fight off the infection within 3-4 days.

If someone is still feeling unwell after two weeks, or their symptoms are becoming worse, they should speak to their GP as it may be something else.

If the person is attending university in a different location to where they usually live, they must register with a local GP surgery as soon as the term starts.

## Avoiding freshers' flu:

There is no magic way to avoid freshers' flu as bacteria and viruses can spread easily between people touching or even breathing close to each other. When sharing a house or flat, germs can also be spread by touching the same surfaces, like door handles and kitchen counters.

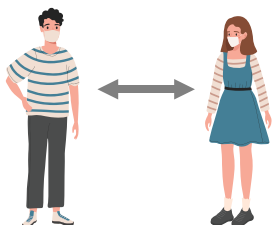
However, freshers' flu and other illnesses become less of a risk when a person practices good hygiene. The UK Health Security Agency (UKHSA) recommends that people:



Regularly wash hands with soap and warm water. If you can't access soap and water, use hand sanitizers



Use tissues when sneezing or coughing and bin them as quickly as possible after use.



If feeling unwell keep your distance from other people



# The Local Offer – SEND

The Children and Families Act (2014) introduced a new approach to supporting children, young people, and their families.

Each local authority is required to produce a local offer, so these can vary from area to area, they will be available on a website. so there is one place that contains information about health and social services and what is available locally.

Staffordshire County Council has created two short videos to explain about the Local Offer.

## Staffordshire's Local Offer

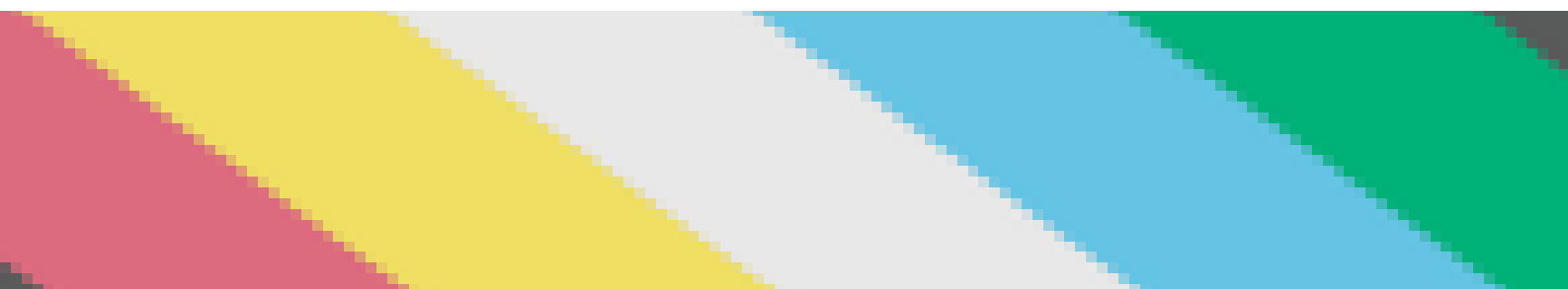
Details of Staffordshire's local offer can be found on Staffordshire Connects, so that all the information for children and young people aged 0-25 years old with special educational needs and disabilities can be found in one place.

Details of health services in the Staffordshire Local Offer can be found here.

## Stoke-on-Trent's Local Offer

Details of the local offer in Stoke-on-Trent can be found on a specific website - SEND Local Offer - to ensure all the information is accessible in one place.

Details of health services in the Stoke-on-Trent Local Offer can be found here.



# Accessing Health Services

There are many different health services available depending on what support people are seeking.

TOGETHER WE CAN CHOOSE WELL



## SELF CARE

MANY MINOR ISSUES LIKE COUGHS, GRAZES AND SORE THROATS CAN BE TREATED AT HOME



## PHARMACY

MEDICAL ADVICE AND TREATMENTS FOR THINGS LIKE COLDS, TUMMY TROUBLES, RASHES, ACHEs & PAINS



## NHS 111

VISIT [111.NHS.UK](https://111.nhs.uk) OR CALL 111 IF YOU NEED MEDICAL HELP QUICKLY. 24/7



## MENTAL HEALTH

CALL 0800 183 0558 FOR FREE, CONFIDENTIAL HELP, SUPPORT INFORMATION & GUIDANCE



## GP

GP PRACTICES PROVIDE ADVICE & SUPPORT ON A RANGE OF HEALTH CONCERNS- SEVEN DAYS A WEEK



## A&E

FOR LIFE-THREATENING EMERGENCIES LIKE HEART ATTACKS. 24/7



TOGETHER WE CAN  
CHOOSE WELL

This section explores how people can access:

- General Practice
- Dental Care
- Pharmacy
- Sexual Health
- Mental Health
- NHS 111
- Urgent Treatment Centre
- ED
- Calling 999
- School Nurse Service

## **General Practice:**

General practice or doctor's surgery is the main point of contact for general healthcare. All UK residents are entitled to the services of an NHS doctor.

It is free to access staff who work in General Practice this could include:

- **General Practitioner or GP**

A highly skilled doctor who supports patients throughout their lives. They help people to manage their health and prevent illness and are trained in all aspects of general medicine. Some also carry out practical procedures such as minor surgery.

GPs assess, diagnose, treat and manage illness. They carry out screening for some cancers and promote general health and wellbeing. GPs act as a patient's advocate, supporting and representing a patient's best interests to ensure they receive the best and most appropriate health and/or social care.

GPs also provide the link to further health services and work closely with other healthcare colleagues. They may arrange hospital admissions and referrals to specialists and they link with secondary and community services about your care, taking advice and sharing information where needed. They also collect and record important information from other healthcare professionals involved in your treatment.

- **Practice Nurse**

Practice Nurses are qualified and registered nurses. They help with health issues such as family planning, healthy living advice, blood pressure checks, wound dressing, and smear checks. Some will run clinics for long-term health conditions like diabetes and asthma.

Some nurses have additional training and are nurse practitioners or advanced nurse practitioners. This means they can diagnose and treat minor illnesses. Some can prescribe medicine either independently or with support from a doctor.

- **Healthcare Assistants**

Support Practice Nurses with their daily work and may carry out some tests and checks. They may also act as a chaperone if a patient or a health professional requests one. This means they are an impartial observer, often used during an intimate examination of a patient.

- **Clinical Pharmacist**

Work as part of the General Practice team to improve value and outcomes from medicines. They can carry out structured medication reviews for people with ongoing health issues and treat patients directly. Some clinical pharmacists are supported by a pharmacy technician.

- **Physician Associate**

Work autonomously under the supervision of a GP, to carry out physical examinations, patient management plans and provide health promotion for patients.

- **Care Coordinators**

This person helps to prepare people for upcoming conversations about their health and care and ensures that they understand their health and can manage their care. They monitor a patient's health and care needs and respond to any changes.

- **Dietitians**

A dietitian can help to diagnose and treat nutritional conditions, help someone to make changes to prevent and support long-term conditions, and support patients to maintain a healthy weight.

- **Health and Wellbeing Coaches**

Help by providing coaching support to help people to manage their condition, work with people to identify their health and wellbeing goals and signpost people to help resources and peer support groups.

Some nurses have additional training and are nurse practitioners. Some can prescribe medicine either independently or with support from a doctor.

- **Mental Health Practitioners**

Carry out assessments, provide health and support to people to help them manage their conditions and support people to access the most appropriate mental health service and community resources.

- **Paramedics**

Help by assessing and treating certain health conditions, attending home visits, if appropriate, and ordering tests and interpreting results.

- **Social Prescribing Link Workers**

Support people to manage their health and wellbeing by giving them time to focus on what matters to them and helping people to access support services and activities in their local community.

- **Occupational Therapist**

Provides rehabilitation to people to help they stay well at home, empowers people to make improvements to day-to-day life and supports them to self-manage their health and work problems.

- **Physiotherapists**

Help by diagnosing and treating muscular and joint conditions, advising how to manage health conditions and referring people to specialist services if required.

Everyone who is a resident in the UK has the right to register with the practice of their choice, provided they live within the catchment area of the practice and the practice has space for new patients.

This may mean that for some people they do not have much choice.

When choosing a practice there are several aspects to consider:

- Location – is it convenient to get to the practice, by being accessible by public transport or within walking distance?
- Parking – it is easy to park outside the practice? Are there spaces for disabled drivers and parent and baby parking?
- Atmosphere – is the atmosphere relaxed and organised?
- Front desk staff – Does the reception team appear helpful and polite towards patients and carers?
- Opening times – What are the opening times of the practice? Do they offer appointments outside of normal working hours e.g. evenings and weekends?
- Appointment systems – Does the practice offer a range of appointment times? Does the practice offer appointments on the day for urgent issues? How far in advance can someone book an appointment with the health professional of their choice? Is there a choice of genders across the staffing team? Does the practice offer telephone or online consultation? Can people book appointments online?
- Information – Is information about the practice easily available? What sort of leaflets are available in the waiting room? Does the practice have a website?
- Reputation – What is the reputation of the practice? What do neighbours, friends, people you know say about the practice?

Once a person has decided which practice they wish to join they must complete a registration form (GMS1). This is a straightforward form that asks about personal information. Some practices will ask to see proof of ID (like a passport) and proof of address (recent utility bill). When someone joins a new practice, they will be invited to have a health check, who will ask about personal and family medical history.



Booking an appointment varies from practice to practice, some will be telephone, some online and others a mixture of the two.

It is important that if someone has booked an appointment and no longer needs it or is unable to attend that they tell the practice and cancel the appointment. This means that someone else can benefit from that appointment.



The appointment time given in a GP consultation is usually 8–10 minutes, each role will have a set amount of time depending on the appointment type. If a person has a significant problem and thinks they will need more time, they can ask for a double appointment. This may or may not be granted.

To help get the most from the consultation time it is important to be prepared.

- Write down key questions you wish to ask before you visit the practice.
- If you are already receiving medication write down the medicines and pills or take them with you.
- Make a note of when you started to feel unwell, your symptoms and any other contributing factors such as a recent holiday or injury.
- Ask a friend or family member to come with you if it would help you.
- Make sure you share all information with the health professional. Sometimes it is the small details that help inform them about your possible condition.
- Be as open and honest as you can and don't be embarrassed. Health professionals are trained to deal with the intimate and uncomfortable and will understand your embarrassment so should support you.
- During the consultation, do not be afraid to ask the GP to repeat what she or he has told you and repeat back your understanding of what has been said to avoid any misunderstandings.
- Ask your GP to write down anything you don't understand and make a note of the consultation after the appointment.
- Make sure you fully understand what the next steps are before you leave the room

See our [Oral Health & PSHE Pack](#) for more details.

A child should first be taken to the dentist either when their first tooth comes through or by the age of one. This enables them to become familiar with the experience of going to the dentist and for the dentist to check teeth early and provide any advice.

It is free to have a check-up at the dentist if you are:

- aged under 18 years old (19 if in full-time education),
- pregnant or have had a baby in the previous 12 months
- being treated in an NHS hospital and treatment is carried out by the hospital dentist (there are exceptions like dentures and bridges)
- receiving low-income benefits or are under 20 and a dependant receiving low-income benefits

There is no need to register with a dentist in the same way as with a GP because patients are not bound to a catchment area.

To find an NHS dentist, visit the NHS website and enter the relevant postcode. This will bring a list of local dentists and provide information if they are taking on new patients for their practice.

Dental surgeries will not always have the capacity to take on new NHS patients. There may be occasions where someone has to join a waiting list, look for a different dentist who is taking on new NHS patients or be seen privately.

Once someone has found a dental surgery, they may need to complete a registration form as part of their first visit, which is just to add details to the patient database. It is important to note that this does not mean they have guaranteed access to an NHS dental appointment in the future.

If someone has problems accessing a dentist as an NHS patient they need to call NHS England's Customer Contact Centre on 0300 311 2233.

Healthwatch may be able to provide information about services in the local area or listen to concerns if someone has them.



A dentist appointment should be pre-planned, however there may be times when when someone thinks they need urgent care.

In the first instance the person should contact their usual dentist, some surgeries offer emergency dental slots and will provide care if clinically necessary.

NHS 111 can also put someone in contact with an urgent dental service.

**GPs are unable to offer urgent or emergency dental care.**

**People should only visit ED in serious circumstances:**

- Severe pain
- Heavy bleeding
- Injuries to the face, mouth or teeth

If someone is unsure whether to attend ED they should first contact NHS111 who will be able to advise.

An urgent dental treatment will be charged at Band 1 (£26.80- 1st April 2024), unless the person receives free NHS dental treatment. If the person has to return for further treatment this is considered a separate course of non-urgent treatment - for those who do not receive free NHS dental care the following charges will apply:

<b>Band One</b>	<b>Band Two</b>	<b>Band Three</b>
£26.80	£73.50	£319.10
Covers an examination (inc. x-ray), scale and polish and preventative care	Plus fillings, <u>root canal</u> , teeth removal	Plus crowns, <u>dentures</u> , bridges and other laboratory work

Pharmacists do not only provide medicines that have been prescribed by other health professionals e.g. GP but can advise on a range of conditions and suggest medicines that can be bought to help.

You can also be referred to community pharmacies for minor illnesses by GP practices, Ili, Urgent Treatment Centres and Emergency Departments under the Pharmacy First Scheme. Pharmacists signed up to the scheme can offer treatments for some conditions, without an individual needing to see a GP first. Since January 2024, pharmacists in England can offer treatments for some common conditions, without an individual needing to see a GP first. If appropriate the pharmacist may issue prescription-only medicines to help treat the condition. The following seven conditions also allow for patients to self-refer to a local pharmacy:

- Earache (1-17 years)
- Impetigo (1 year and over)
- Infected insect bites (1 year and over)
- Shingles (18 years and over)
- Sinusitis (12 years and over)
- Sore throat (5 years and over)
- Urinary tract infections (UTIs - females aged 16-34 years only)

Pharmacies can provide advice on medicines, including how to use them, and answer questions on any potential side effects. If medicine is out of date or unwanted you can take it to a pharmacy to dispose of and many pharmacies provide free blood pressure checks. You can find out more about pharmacies offering the blood pressure check service [here](#)

Pharmacies not only help people with their medicine but can also provide specific support for people's health and wellbeing, including advice and help on how to stop smoking and sexual health services.

## Sexual Health in Pharmacies:

Some pharmacies in Stoke-on-Trent and Staffordshire provide Emergency Hormonal Contraception (EHC) - sometimes referred to as the "morning after pill". This can be taken up to 5 days after someone has unprotected sex, or failed contraception, depending on the type of pill taken. (See [Sexual Health & PSHE](#) for more information).

A list of pharmacies that provide this service can be found [here](#).

Oral contraception (the pill) is available via the NHS at some pharmacies. These pharmacies can do repeat prescriptions of your usual pill and will soon be able to do pill checks and new pill prescriptions too. You can find pharmacies offering oral contraception via the NHS [here](#).



the C-Card

Some pharmacies Pan-Staffordshire also offer the C-Card scheme, this is available to anyone aged 13 years or over and enables them to get free condoms.

A list of registration and distribution venues can be found [here](#).

Free pregnancy testing is available to people using a voucher issued by a supporter worker (excludes Stoke-on-Trent).

You can find out information about participating pharmacies here.

See here (page 5) for more details.



Some Community Pharmacies in Staffordshire offer chlamydia and gonorrhoea testing (Staffordshire only).

Details of participating pharmacies can be found here.

If a test finds that someone does have chlamydia treatment can be given in pharmacies in Staffordshire.

Details of which pharmacies can be found here.

Looking after your sexual health is a vital part of taking care of your physical and mental health.

There are several sexual health clinics across Staffordshire and Stoke-on-Trent.

These offer a full range of services including:

- Emergency and long-term contraception
- Testing & and treatment for infections spread by sex or sexual contact (STIs)
- HIV Testing, treatment, prevention, and support (Including PrEP & PEPSE)
- Counselling
- Advice & Information

Sexual Health Services also provides online services so that people can:

- Book appointments
- Register for the condom scheme (over 16s only)
- Request home STI tests
- Find advice and information

It is free to access sexual health services. When you visit for the first time you are usually asked to complete a form with your name and contact details.

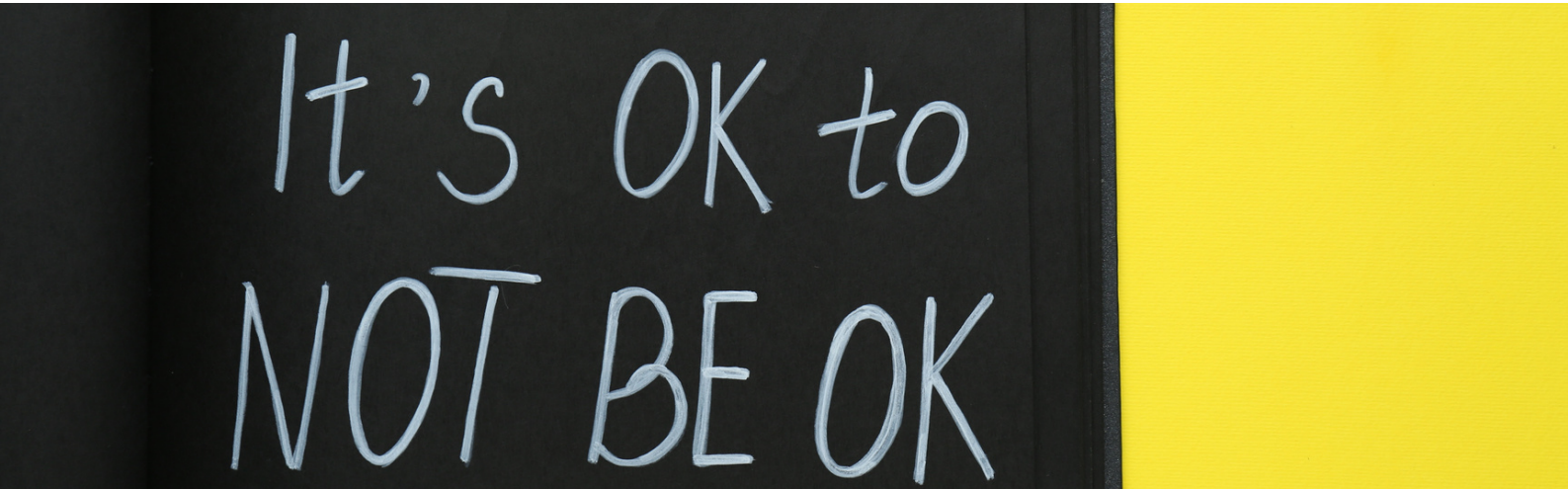
As part of the consultation, a person may be asked some personal questions, such as their medical and sexual history, what methods of contraception they use, and other questions about their sex life and sexual partners. Please do not be embarrassed and be honest. If they need to be tested for sexually transmitted infections (STIs), they may need to provide a blood or urine sample. Depending on what the problem is some women may also need to have a vaginal exam, which is similar to cervical screening, and men may need to have some samples taken from their penis.

All information regarding your visit will be treated confidentially. This means that your personal details and any information about the tests or treatments you have received will not be shared with anyone outside the sexual health service without your permission. This includes your GP. The exception to this is if the person is aged under 13 or if the staff believe that they or another person is at risk of harm. If they need to contact other services, they will discuss this with you during your visit.

Everyone has mental health, some people will have periods in their lives when their mental health is poorer than at other times.

There are lots of things people can do to support positive mental health without the need to access services.

Sometimes things will feel overwhelming, and the person may feel like they can't cope or it is too difficult to manage how they are feeling. When someone is struggling it is good to be able to talk to someone and not be afraid to ask for help.



It's OK to  
NOT BE OK

Everyone has a different support network, and each person will know best who they feel most comfortable to turn to. This could be:

- Family - parents/carers, brothers/sisters, grandparents, aunts/uncles or cousins.
- Trusted friends - own friends, friends of the family, neighbours
- Professionals - GP, doctor or nurse, social worker, teacher, teaching assistant, pastoral staff, youth worker, therapist
- A community support group or online community
- A faith leader or trusted member within the religious community
- A helpline or website like Childline, The Mix, Muslim Youth Helpline, Samaritans, Youth Access, Tellmi, Speak up Space (Stoke-on-Trent only), Action for Children (Staffordshire only), The Sandbox (South Staffordshire only), Combined Wellbeing (North Staffordshire and Stoke-on-Trent)
- Mental Health Support Teams - available in certain schools in North Staffordshire & Stoke-on-Trent and South Staffordshire.

Sometimes people will need more support to help them with their mental health. There are specific services available in Staffordshire and Stoke-on-Trent. 47

Staffordshire - Action for Children

Stoke-on-Trent - Changes

These services provide:

- Peer-support groups, where children and young people can connect with others in the same boat as themselves to share self-help tips offer each other support, and learn how to manage their mental health.
- One-to-One support - this is with an experienced counsellor that enables children and young people to explore and understand their issues and provides techniques and information to help them build on their strengths and make small changes to help them reach their goals.

To access these services a referral is required.

For Changes:

Weekly Peer- support Groups (PSGs) a person can be referred to Stay Well or can turn up to the right meeting for their age range. Details of the sessions can be found here.

One-to-one support - The referral can be done either by the person themselves or someone on their behalf. This is done by a telephone call 0300 123 0907 (option 1) and someone will be in touch with you to ensure you are receiving the right support.

Action for Children:

Young people, parents/carers can all make a referral to the services on offer from Action for Children.

For North Staffordshire (Newcastle and Staffordshire Moorlands) call 0300 123 0907

For South Staffordshire (Stafford, East Staffordshire, Cannock Chase, Lichfield, Tamworth, South Staffordshire) an online referral can be made.



Some young people may require treatment for their mental health. The NHS has a service called CAMHS (Child and Adolescent Mental Health Services). This service assesses and treats children and young people with emotional, behavioural, or mental health difficulties.

CAMHS support covers depression, problems with food and eating, self-harm, abuse, violence or anger, bipolar disorder, schizophrenia, and anxiety among other difficulties.

CAMHS is made up of a team of professionals - nurses, therapists, psychologists, child and adolescent psychiatrists (medical doctors who specialise in mental health), support workers, and social workers, as well as other professionals.

For someone to access help from CAMHS, they will usually need to be referred for a CAMHS assessment.

### North Staffordshire and Stoke-on-Trent South Staffordshire

After someone has been referred, they will be put on a waiting list for that assessment. At this appointment, the person will meet one or two members of the CAMHS team, so they can get to know the person. If the person being referred is under 16 years old, their parent(s)/carer(s) will usually be invited to join for part of this meeting. Usually, this meeting will take place at a CAMHS clinic, but in some circumstances, they could meet at school or home. They will discuss the best place to meet before the appointment.

During the assessment, the team will ask questions to understand the issues and struggles and to get a better idea of what support the person needs.

Here are some questions that might be asked:

- What has brought you to CAMHS?
- How long have you experienced the problem that has brought you to CAMHS?
- What would you like to change in your life?
- What might help tackle the problems you are experiencing?
- How have you been feeling recently?

It is important that the person is as honest as possible, this will help with an accurate assessment and ensure the best support.



Unfortunately there will be times when someone will need emergency mental health care. In these times there are the Crisis Care Teams, who are available 24/7.

In Staffordshire referrals to the Crisis Care Centre can be made by the person themselves, family, carers and professionals.

To make a referral call 0800 0 328 728 (option 1).

A leaflet explaining the services and contact details for the Crisis Care Centre can be found [here](#).

Sometimes people will stay in the hospital in order to get help for their mental health. Sometimes this is called "being sectioned".

Being 'sectioned' means that the person has to go to hospital so they can get the urgent treatment they need to get better. This happens when a team of mental health professionals have looked at all the options and decided that being in hospital is the best place for the person to be. According to the law, someone has to go to into hospital even if they do not want to or if they disagree with the doctors' decision. This is also known as being 'detained'.

The Mental Health Act 1983 is the law that gives mental health professionals the ability to 'section' somebody. It also sets out the different types of 'sectioning' and a person's rights as a patient.

Some people choose to go into hospital following discussions with their doctor. If this happens the person will be known as an 'informal patient'. As an informal patient they will be expected to take part in their treatment plan, but they have the right to refuse any treatment they do not want. They can also leave hospital whenever they want.

If a person wants to leave hospital but mental health professionals think they are too unwell to do so, they may consider whether to keep you in hospital under section.

This is a free service that helps people get the right advice or treatment for their physical or mental health needs 24/7.

People can get help from NHS 111:

- If aged 5 years and over:
  - by using 111 online
  - in the NHS app

This allows people to answer questions about their symptoms on the website or app and they will tell the person what to do next.

- For all ages:
  - By calling 111

People should call 111 if they cannot use the online service because they:

- Need help for a child under 5
- Have complex problems caused by an existing medical condition
- Need to get end-of-life care.

They can direct the person to the best place to get help if their GP is closed (out-of-hours).

Depending on the person's need, they might be advised by NHS 111 to:

- Look after themselves safely at home
- See a pharmacist for help with a minor illness
- Contact their own GP surgery
- Arrange an appoint with a GP out-of-hours
- Book a call-back from a Nurse or Paramedic
- Go to an Urgent Treatment Centre/Walk-in Centre or Minor Injury Unit (UTC/WIC.MIU)
- Get urgent support, for dental or mental health problems
- Call 999 or to go to ED in an emergency

Urgent treatment centres provide medical help when it's not a life-threatening emergency. They can diagnose and deal with many of the common problems people go to the Emergency Department for.

Other types of urgent care services are called minor injuries units or walk-in centres. They offer some, but not all, of the same help as urgent treatment centres. In Staffordshire and Stoke-on-Trent we have minor injury units and walk-in centres.

Urgent treatment centres are usually staffed by nurses. They can help with things like:

- Sprains and strains
- Suspected broken bones
- Injuries, cuts and bruises
- Stomach pain, vomiting and diarrhoea
- Skin infections and rashes
- High temperatures in children and adults
- Mental health concerns

Some urgent treatment centres have a self-assessment tool that a person completes when they arrive. This helps staff to work out what order people need to be seen in. People who are most unwell will be seen first, so sometimes people who arrive after someone else may be seen before them.

People will usually be assessed and treated on site, but they can be referred to other services if necessary. If the person is registered with a GP they will be contacted afterwards with an update on why the person used the service and any treatment they had whilst there.

This video shows what happens at an urgent treatment centre.

Locally, across Staffordshire and Stoke-on-Trent there are the following Urgent Treatment Centres:

- Royal Stoke University Hospital, Newcastle Road, Stoke-on-Trent, ST4 6OG
- Samuel Johnson Community Hospital, Trent Valley Road, Lichfield, WS13 6EF
- Sir Robert Peel Community Hospital, Plantation Lane, Mile Oak, Tamworth, B78 3NG
- Leek Moorlands Community Hospital, Ashbourne Road, Leek, ST13 5BQ
- County Hospital, Weston Road, Stafford, ST16 3SA (this is for children only, please see leaflet for more information.

The Emergency Department (ED) is for serious injuries and life threatening emergencies only. It is also know as accident and emergency (A&E) or casualty.

Life threatening emergencies are different for adults and children.

## Adults - call 999 or go to ED for any of these:

- Signs of a heart attack  
chest pains, pressure, heaviness, tightness or squeezing across the chest
- Signs of a stroke  
face dropping on one side, cannot hold both arms up, difficulty speaking
- Sudden confusion (delirium)  
cannot be sure of own name or age
- Suicide attempt  
by taking something or self-harming
- Severe difficulty breathing  
not being able to get words out, choking, gasping
- Choking  
on liquids or solids right now
- Heaving bleeding  
spraying, pouring or enough to make a puddle
- Severe injuries  
after a serious assault or accident
- Seizure (fit)  
shaking or jerking because of a fit, or unconscious (cannot be woken up)
- Sudden, rapid swelling  
of the lips, mouth, throat or tongue

**Children- call 999 or take the child to ED for any of these:**

- Seizure (fit)

shaking or jerking because of a fit, or unconscious (cannot be woken up)

- Choking

on liquids or solids right now

- Difficulty breathing

making grunting noises, or sucking their stomach in under their ribcage

- Unable to stay awake

cannot keep their eyes open for more than a few seconds

- Blue, grey, pale or blotchy skin, tongue or lips

on brown or black skin, grey or blue palms or soles of the feet

- Limp and floppy

their head falls to the side, backwards or forwards

- Heaving bleeding

spraying, pouring or enough to make a puddle

- Severe injuries

after a serious assault or accident

- Signs of a stroke

face dropping on one side, cannot hold both arms up, difficulty speaking

- Sudden, rapid swelling

of the lips, mouth, throat or tongue

- Sudden confusion

agitation, odd behaviour or non-stop crying

People arrive in two ways to ED either:

- By ambulance
- Walking into ED

Arriving by ambulance does not always mean that the person will be seen sooner than if they had walked into the ED.

If someone arrives by ambulance the ambulance crew will give their details to the reception staff and hand them over to the clinical team.

If the person walks into ED they will need to register themselves by answering a few questions, such as name, address, and reason for going to ED.

Once the person is registered they will then wait until they are called for assessment.

Everyone is assessed before any treatment takes place. This is done by a suitable health professional and is called "triage". This helps the team to work out what order to see patients in, so that those who are most seriously unwell are seen first.

Following the assessment, depends on what the results are. Some people will be seen by a member of the ED Team and referred to a specialist unit or admitted to a ward if necessary.

If the person does not need to be seen in ED they might be sent to a nearby urgent treatment centre or referred to a GP on-site.

In other cases they might be asked to make an appointment with their GP to request a GP referral.

Some people will be given a prescription, relating to their reason for attendance, and sent home, with instructions on what to do next. ED does not prescribe someone's routine medication.

If the person is registered with a GP they will be contacted afterwards with an update on why the person went to ED and any treatment they had whilst there.

ED is located at:

- Royal Stoke University Hospital, Newcastle Road, Stoke-on-Trent, ST4 6OG
- Stafford Hospital, Weston Road, Stafford, ST16 3SA (not 24 hours)
- Queen's Hospital Burton, Belvedere Road, Burton-on-Trent, DE13 0RB
- Good Hope Hospital, Rectory Road, Sutton Coldfield, B75 7RR
- New Cross Hospital, Wolverhampton Road, Wolverhampton, WV10 0QP

For health reasons, 999 should only be called in a life-threatening emergency only as outlined in the attending ED section.

When a person calls 999 the call handler will ask them some questions as they will want to know things like:

- The location of the emergency (for example, the postcode or any landmarks)
- What has happened (the main symptom or reason for the call)
- The person calling's contact number (in case they need to call them back)
- They will tell the person when they have all the information they need.

If someone is told they will get a call-back, make sure there is someone there to answer.

Calling 999 does not always mean an ambulance will be sent. The person might be told it is safe for them to make their own way to ED or be seen elsewhere.

If it is a life-threatening emergency, paramedics or a clinician will be sent to help. They might arrive in:

In Staffordshire and Stoke-on-Trent this will be an:

- An emergency ambulance
- 

In other areas help might also arrive via:

- A rapid response vehicle or motorbike
- Own Car
- Cycle Response
- A combination of the above, including an emergency ambulance

The call handler may also give instructions about what to do whilst they wait. This could include giving basic first aid (see our [First Aid & PSHE pack](#) for more information).

The School Nursing Service is part of the Families Health and Wellbeing 0-19 Service for both Staffordshire and Stoke-on-Trent.

The service seeks to improve the health and wellbeing of children, young people and families. Young people can access this service about any health worries or concerns they may have.

The service in Staffordshire provides a Virtual Drop-in for Parents/Carers and Young People. This is hosted by a School Nurse and takes place every Thursday 3.30-4.30pm (including during school holidays).



To join the session

1. Scan the code, type in the short URL or follow the link <https://mpft.live/schoolnurse>
2. Enter your contact details
3. Wait in the private virtual waiting room (no one else will know you are waiting)
4. Your School Nurse will let you in to the virtual room

Here is a video that shows “how to” use the software used for the virtual drop in.

There are also sessions held within schools for young people who attend these schools. Details of these can be found here for Staffordshire and here for Stoke-on-Trent.

The School Nursing Team also offers a health and wellbeing advice text service for young people aged 11-19. This service is available Monday to Friday 9.00am to 5.00pm (an automatic bounce-back responds to messages out of hours)

Stoke-on-Trent – Text 07520 615 723  
Staffordshire – Text 07520 615 721

Young people can access the School Nursing Service directly themselves.



Sometimes people may need to access support to help their health, this could be in a hospital e.g. to see a specialist about a particular health condition, or out in the community.

Some people may want to make changes that impact positively on their health. For example:

- Weight management
- To stop smoking
- To reduce stop their alcohol or drug taking

There are services available locally that can help children and adults make these changes.

## Time 4 Wellbeing (Staffordshire):

This is a free health and wellbeing service for families with children aged 2-17, who live in Staffordshire. They can deliver face-to-face, digital, or telephone support that helps families to make realistic, healthy changes.

To be eligible for the service, one child or young person in the family will be above the ideal weight for their age, height, and sex, but the entire family is invited to attend the group. The child or young person must be aged between 2 and 17 years and be a resident of Staffordshire (excluding Stoke on Trent) or be attending a Staffordshire-based school (excluding Stoke on Trent).

People can self-refer by completing a simple online form.

## Everyone Health (Staffordshire):

Provides services for those aged 18 and over, to help people to stay healthy in the long term including:

- Stop Smoking Services
- Weight Management

People can self-refer to these services, or be referred by professionals e.g. their GP.

## T3 Stars (Staffordshire):

Aims to help young people, aged up to 20, make informed choices about their alcohol and drug use. To access T3 a professional must complete a referral form.

## CDAS (Stoke-on-Trent):

For young people aged up to 18 (25 in certain circumstances) who are using drugs or alcohol and want support. Referrals can be made by phone or email.

# Top Tips for Accessing Health Care

1

Asking for help and support about your health is a good thing. There are people's whose job it is to support you and your health.

2

If you are not sure who the best person or service to access is - just ask an adult that you trust.

3

Do you need to book an appointment or can you just turn up? Does a professional need to refer you into the service or can you refer yourself?

4

It's good to think about what you want to get out of the appointment, what do you want to talk about, and what questions do you want to ask?

5

It is okay if you want to take someone in with you to your appointment. This could be a friend or a parent/carer. They might be asked to step outside, just so the health professional can make sure it's your choice to have the person there.

6

Be honest, even if you find it embarrassing. It's really important to ensure you get the right care.

7

Do not be afraid to ask the health professional to repeat what they have told you and repeat back your understanding of what has been said to avoid any misunderstandings.

8

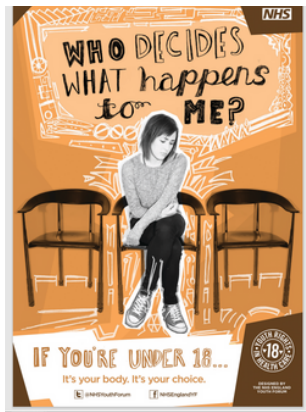
Make sure you fully understand what the next steps are before you leave the room

# Rights

All young people have a right to consent to treatment, confidentiality and to give feedback on the services they use.

The NHS Youth Forum wants to make sure that all young people are aware of the rights they have in healthcare settings. By helping them to understand their right, young people are empowered to take control of their care and feel more confident.

The British Youth Council has created resources to help inform young people, as well as professional working with them, about their rights. Click on the image below to access the resource.



There is also a video that can be shared with young people.

Health services have strict rules on confidentiality and there are laws that say all patient records and information has to be kept confidential.

. This means they will not talk about your visit/appointment outside of the service without the person's permission, including parents/carers.

However, in exceptional circumstances, for instance if a member of staff believes that you or another person is in serious danger or risk of harm they might feel there is a need to pass information on. IF they do, they must talk to the person first before they tell anyone else. This applied to everyone, no matter what age they are.

A person has a right to access their medical records, under the General Data Protection Regulations (GDPR). If a person wants to see their medical records, they need to make a request and the service has up to one month to respond.

All services have to have a complaint procedure. If someone is not happy with the care or treatment they have received they can complain and the complaint will be investigated.

# Media and Health

The media – from television, radio, and films to games, advertising, and social media– can all have an impact on individual and population health.

Exposure to media may directly affect health behaviours like substance use, sexual activity, and eating habits.

The World Health Organisation (WHO) has produced tips on how the role media can play in supporting health:

- Media outlets, such as radio and TV, can give people information to improve their health
- News stories and campaigns can also have an impact on people who make decisions
- In supporting health the media should:
- Tell true stories about the things that impact health in an interesting way
- allow the public to debate and talk about health issues
- Report on health and health emergencies in a way that is responsible and honest
- Hold the government and people who make decisions to account
- Social media and digital platforms can help to expand public coverage of an issue
- Anyone can report on news as and when it happens around them (this is known as civic journalism).

The House of Commons Science and Technology Committee investigated the impact of social media and screen use on people's health. This highlighted both benefits and risks.

Benefits include fostering friendships, providing support, enhancing creativity facilitating learning, and offering health advice.

However, there were risks associated with excessive screen time and social media use. These include potential harm to physical health, mental well-being, and exposure to harmful content. For instance, heavy social media use has been linked to teenagers' mental health issues affective their self-esteem and overall well-being.

The media can also promote positive health behaviours, the recent news that King Charles III was undergoing treatment for an enlarged prostate saw the page on the NHS website receiving 11 times more daily visits.

The number of people checking bowel cancer symptoms on the NHS website increased tenfold after the death of Dame Deborah James, the health service said.

However, overrepresented news coverage of certain health issues can distort the populations' understanding. For instance brain cancer may seem more common than it actually is due to media attention, while other less-covered health concerns remain underestimated.

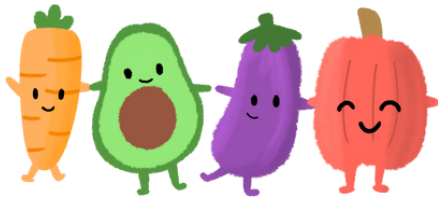
It is important that children and young people are aware of the impact of the media in order to make informed choices and navigate health-related information effectively.

Media can both empower and mislead. Critical thinking and media literacy are essential tools for maintaining well-being.

## Trusted Websites around Health:

- NHS
- The Mix
- Health for Teens - specific pages for Staffordshire and Stoke-on-Trent
- Childline
- Young Minds - for Mental Health
- Action for Children - for Mental Health in Staffordshire
- Changes - for Mental Health in Stoke-on-Trent
- The Sandbox - for Mental Health in South Staffordshire
- Combined Wellbeing - for Mental Health in North Staffordshire and Stoke-on-Trent
- Open Clinic - for Sexual Health in Staffordshire and Stoke-on-Trent
- Brook - for Sexual Health
- Talk to Frank - for Substances

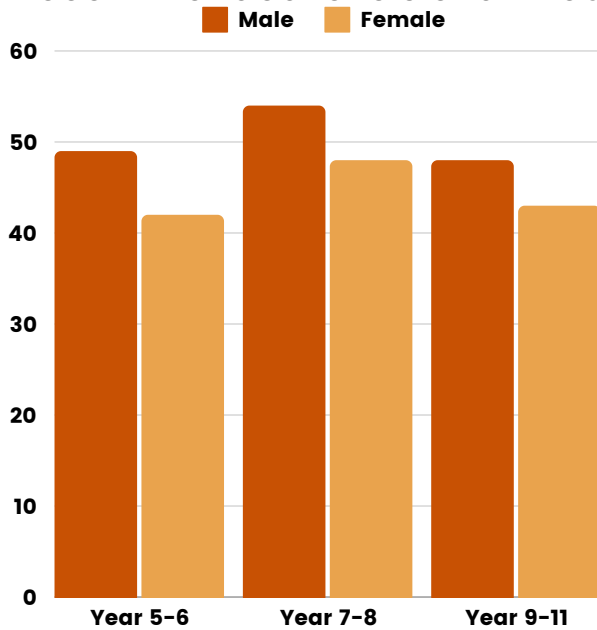
# National Statistics



Only 1 in 8 young people in the UK eat the 5 portions of fruit and vegetables every day (National Diet and Nutrition Survey, 2019)



Less than half of 10-16 year olds achieve the recommended levels of an hour a day (Active Lives)



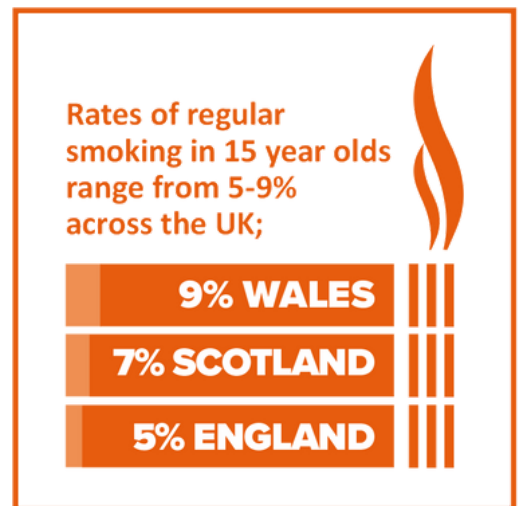
Graphs shows the percentage of pupils doing 60+ minutes of physical activity every day, England 2019.



40% of secondary school pupils said they had every had a drink. 6% said they drank alcohol at least once a week. Both these statistics prevalence increases with age. (NHS Digital, 2021)



7.6% of 11-17 years old currently vape (Ash, 2023)

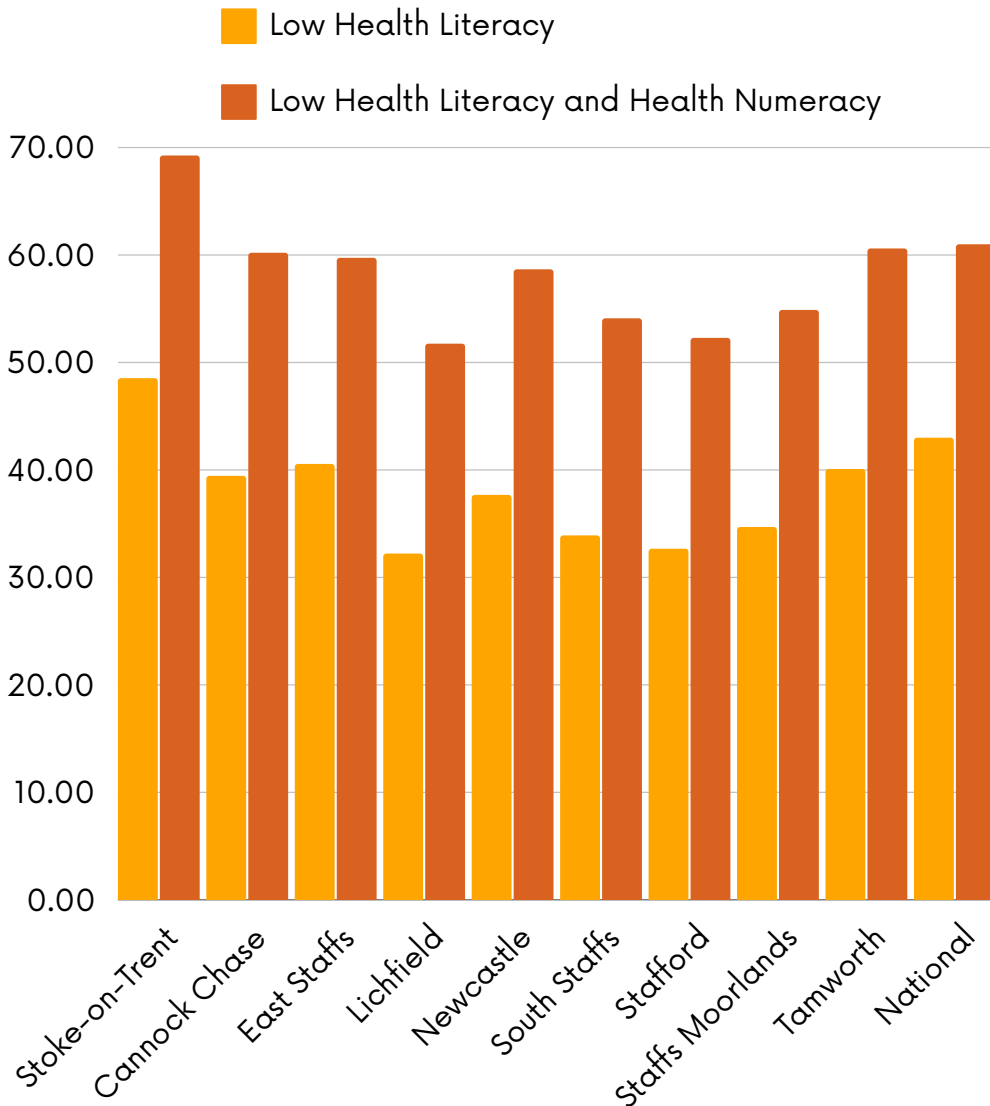


Source: Royal College of Paediatrics and Child Health (2020) State of Child Health

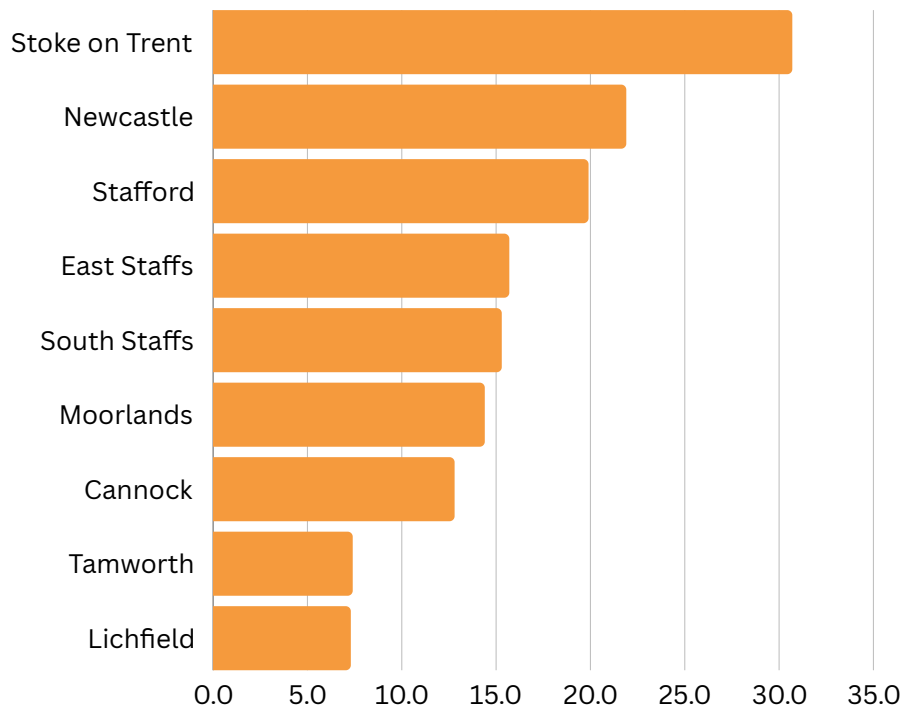
**84% of children and young people think there isn't enough awareness of healthy behaviours and 81% do not think there is enough support to help them to know what to do (RCPCH, 2020).**

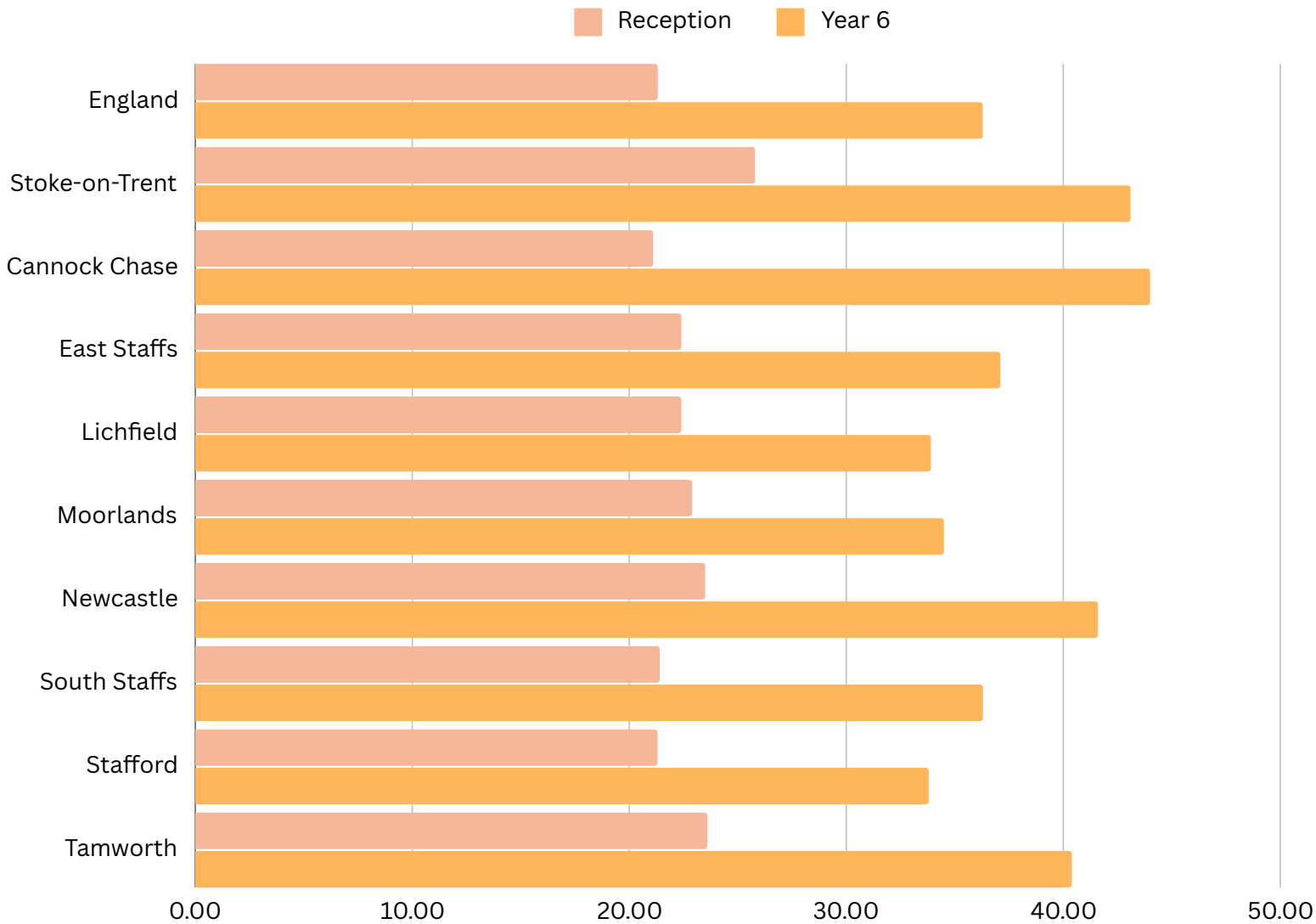
# The Local Picture

Prevalence Estimates of Low Health Literacy (%)



Prevalence of experience in dental decay in 5 years across Staffordshire. Stoke had the second highest prevalence in the West Midlands and Lichfield the lowest.





This table shows the results from the National Child Measurement Programme (2022-2023) and the percentage of overweight and obese children in Reception (top line) and Year 6 (bottom line) and how it compares across the City and Borough and Districts of the County to England.

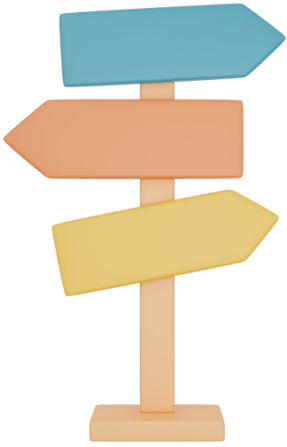
### **Stoke-on-Trent's Joint Strategic Needs Assessment**

### **Staffordshire's Joint Strategic Needs Assessment**

### **Child Health Profiles**



# Signposting Information:



**It is important to signpost children and young people to relevant local and national organisations who can provide further advice and support.**

**We have included information about local services in each relevant section. Here is an overview:**

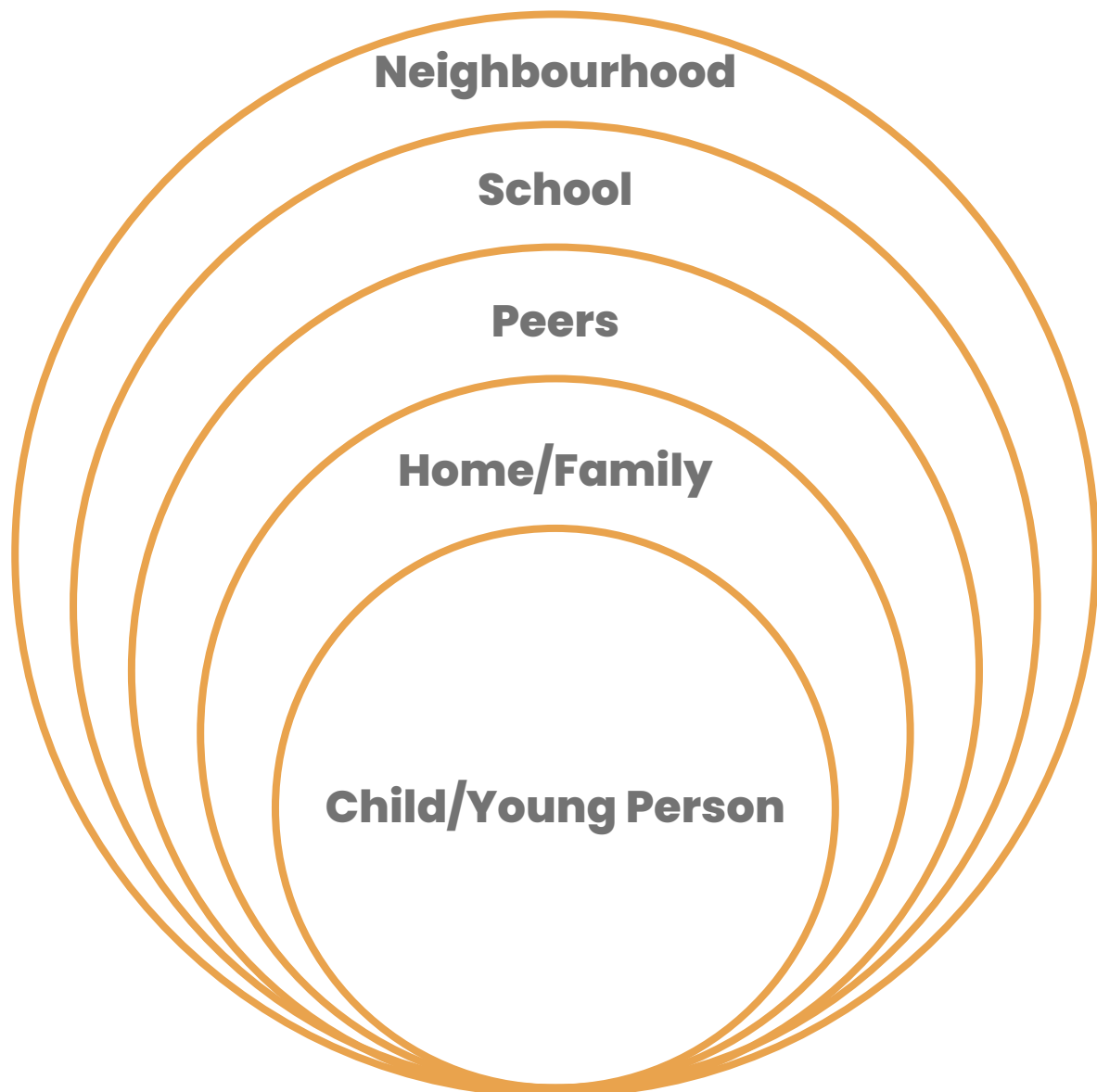
- **GP** - General Health
- **Pharmacies** - General Health/Sexual Health
- **School Nursing Service (Staffordshire)**
- **School Nursing Service (Stoke-on-Trent)**
- **Dentist** - Oral Health
- **Mental Health Support Teams - North Staffordshire and Stoke-on-Trent**
- **Mental Health Support Teams - South Staffordshire**
- **Action for Children (Staffordshire)** - Mental Health
- **Changes (Stoke-on-Trent)** - Mental Health
- **CAMHS (North Staffordshire and Stoke-on-Trent)** - Mental Health
- **CAMHS (South Staffordshire)** - Mental Health
- **Open Clinic** - Sexual Health
- **Time 4 Wellbeing (Staffordshire)** - Excess Weight
- **Everyone Health (Staffordshire)** - Excess Weight, Stop Smoking
- **T3 Stars (Staffordshire)** - Substances and Alcohol
- **CDAS (Stoke-on-Trent)** - Substances and Alcohol
- **NHS 111**
- **Urgent Treatment Centre**
- **ED**
- **999**

# Contextual Safeguarding<sup>66</sup>

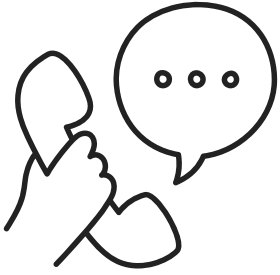
Contextual safeguarding recognises the impact of the public/social context on young people's lives, and consequently their safety. Contextual safeguarding seeks to identify and respond to harm and abuse posed to young people outside their home, either from adults or other young people.

Using Contextual safeguarding can enable professionals to build a holistic picture of the child or young person's individual factors and also identify where and by whom interventions can occur

More information on contextual safeguarding can be found [here](#)



# Useful Contacts:



**If you would like more information or support about being healthy please contact:**

**School Nursing Service**  
**Staffordshire**  
**Stoke-on-Trent**

**If a referral to Children's Social Care is required, please contact:**

**Staffordshire:**

**Staffordshire Children's Advice Service - 0300 111 8007**  
**Monday - Thursday 8.30am - 5pm and Friday 8.30-4.30pm**  
**Out of Hours - 0345 604 2886 / 07815 492613**

**Stoke:**

**CHAD - 01782 235 100**

**Monday - Thursday 8.30am - 5pm and Friday 8.30-4.30pm**  
**Out of Hours - 01782 234 234**

# Further Reading:



UN Rights of the Child



NHS Website



Joint Strategic Needs Assessment  
Staffordshire



Joint Strategic Needs Assessment  
Stoke-on-Trent



The Association for Young People's  
Health

# VERSION CONTROL

69

Date	Changes	Made by
March 2024	Pack first published	Ellie Chesterton Natalie McGrath
April 2024	<ul style="list-style-type: none"><li>• Pricing changed for dental treatment</li><li>• Links changed to updated Oral Health &amp; PSHE and Sexual Health &amp; PSHE packs</li></ul>	Natalie McGrath



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STAFFORDSHIRE

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STRONGER TOGETHER

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[www.pshestaffs.com](http://www.pshestaffs.com)