



# The Welsh Network of Healthy Schools Schemes: Future Directions Roundtable

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**Date:** 8 November 2022

**Version:** 1

**Publication/ Distribution:**

- Roundtable Delegates
- Welsh Government
- Health Improvement Division
- Wider dissemination to stakeholders as appropriate

**Purpose and Summary of Document:**

A summary of discussions held with strategic leaders across health and education in Wales about the future potential of whole school approaches to health and wellbeing in Wales including recommendations for the future direction of travel.

**Work Plan reference:** IMTPM\_046

## 1 Version control

Version Number	Status	Explanation
0a	First draft work in progress	Author's first draft.
0b	Second draft work in progress	Comments received and incorporated from group facilitators and Director of Health Improvement.
0c	Third draft work in progress	Comments received from chair.
1	Final version	Comments received from delegates confirming the report as an accurate representation of proceedings.

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### **3 Acronyms and abbreviations**

D(s)oE – Director(s) of Education

D(s)PH – Director(s) of Public Health

HSC(s) – Healthy Schools' Coordinator(s)

HPS – Health Promoting School

HWB AoLE – Health and Wellbeing Area of Learning

NQA – National Quality Award

PHW – Public Health Wales

PDG – Pupil Development Grant

PSB – Public Service Board

SHRN – School Health Research Network

UHB – University Health Board

UNESCO – United Nations Educational, Scientific and Cultural Organisation

WHO – World Health Organisation

WNHSS – Welsh Network of Healthy Schools Schemes

WSAEMWB – Whole School Approach to Emotional and Mental Well-being

## 4 Introduction

### 4.1 Background

The Welsh Network of Healthy School Schemes (WNHSS) is an example of a 'settings' based approach to health promotion. This approach reflects the recognition in the Ottawa Charter for Health Promotion that 'health is created in the places that people live, love, learn and play'. Settings based approaches are universal approaches which seek to influence the environment, policy and practice within the setting to enable better health and wellbeing of those in that setting. The approach in Wales has drawn on international developments led by the World Health Organisation (WHO), in the European Region by the Schools for Health Europe Network (SHE). SHE defines a health promoting school as

*'a school that implements a structured and systematic plan for health, well-being and the development of social capital of all pupils, teaching and non-teaching staff...characterised as a whole school approach to health and well-being.'*

WNHSS was launched in September 1999, as a national framework. It is a network of local healthy school schemes (one in each of the 22 Local Authority areas), with national and local responsibilities. Each local scheme is responsible for supporting the development of health promoting schools within their area. The aim of the WNHSS is to support schools to become health promoting institutions in line with national healthy schools' criteria.

The independently assessed National Quality Award was introduced in 2009. Indicators for the WNHSS National Quality Award (NQA), were issued in 2010. These indicators look for a whole school approach to each of seven health topics; food and fitness, mental and emotional health and wellbeing, personal development and relationships, substance use and misuse, environment, safety and hygiene in the areas of leadership and communication; curriculum; school environment / ethos; and family / community involvement. Pupil involvement in leading, designing and delivering change was framed as central to the approach.

Responsibility for the programme passed to Public Health Wales from Welsh Government in 2011/12. Funding for the scheme is allocated as grants via the Public Health Wales Health Improvement Division to each local authority area. The scheme is delivered by small teams employed by each grantee organisation. The majority of the funding is used to employ a coordinator in each area with the remaining non-pay budget for activities such as training.

The overall budget is £1.83M of which £1.7M is paid in grants to local area schemes.

The Transforming Health Improvement in Wales review identified the scheme as one which should be retained but work should be undertaken to increase and demonstrate the impact. Public Health Wales had identified that the Welsh Network of Healthy School Schemes required significant revision to ensure that it remained relevant to the future policy and practice context. To achieve this work a series of work packages were undertaken commencing in 2019. Unfortunately, these were affected by the pandemic and work to complete recommendations remained on hold until June 2021.

Following the series of work packages to review the WNHSS, Public Health Wales hosted a Roundtable on 25<sup>th</sup> October 2022. The purpose of the Roundtable was to bring together senior strategic partners to discuss the underpinning rationale for health promoting schools, the value of WNHSS in achieving the World Health Organisation vision of 'make every school a health promoting school'<sup>1</sup> in Wales and options for programme optimisation within the context of The World Health Organisation's (WHO) publication of [global standards and indicators for health promoting schools](#) and the new Curriculum for Wales. It also provided PHW an opportunity to share, test and refine with the wider system a set of high-level proposals for programme reform to develop a consensus way forward. The objectives of the day were defined as:

- **To consider the role of schools in promoting the health and wellbeing of children and young people in Wales**
- **To review proposals for the future of the WNHSS and make recommendations for adoption or change**
- **To consider the inter-relationship between the scheme and other programmes of work relating to health and wellbeing in education settings in Wales and make recommendations for strengthening alignment and avoiding duplication.**

The desired outputs from the Roundtable were:

- **A set of consensus recommendations regarding the future of the WNHSS for consideration by the Minister for Education and Welsh Language and the Deputy Minister for Mental Health and Wellbeing.**
- **An accompanying narrative report describing the detail behind those recommendations and any areas for further consideration (this paper).**

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<sup>1</sup> [Making Every School a Health-promoting school \(who.int\)](#)

The Roundtable was held as a hybrid event with delegates hosted in person at Capital Quarter 2, Cardiff or via Teams. Meeting material was available in English and Welsh.

The event was independently chaired by Professor Katrina Wyatt. Wyatt is Professor of Relational Health at Exeter Medical School, part of the Wellcome Centre for Cultures and Environments of Health and Public Health theme lead for the South West Peninsula Applied Research Centre in England. Wyatt's research seeks to understand how we create the conditions for health and wellbeing and address health inequalities in schools, communities, and workplaces. A summary of her research is available [here](#).

## 4.2 Attendees

A full list of attendees by break out group is provided in Appendix A. Organisations represented were:

- Association of Directors of Education in Wales
- British Heart Foundation
- Cardiff Metropolitan University
- Education Consortia
- Estyn
- Governors Cymru
- Headteachers
- Local Public Health Teams/Directors of Public Health
- Natural Resources Wales
- PHW
- Royal College of Paediatric and Child Health
- School Health Research Network (SHRN)
- Sports Wales
- Sustrans
- Welsh Government; and
- Leading academics with an interest in children and young people's mental health, health inequalities and children and young people, teacher education and professional learning and school-based health improvement interventions.

## 4.3 Organisation of the Roundtable and report

This report summarises the presentations and discussions that took place at the Roundtable. Dr Julie Bishop, Director of Health Improvement, PHW, introduced the purpose of the day before Wyatt led a presentation and discussion regarding the [role of schools in promoting the health and wellbeing of children and young people](#).

This was followed by Bishop presenting PHW's review of the WNHSS and proposals for the future, followed by discussion on the proposals, its

strengths and watch points. Finally, Kirsty Davies-Warner, Deputy Director for Education within Welsh Government, presented the education policy context which was followed by discussions as to how WNHSS may be strengthened through system connectivity. The Roundtable was concluded with a summary provided by Wyatt and a description of next steps from Bishop.

During discussions delegates were assigned to six Roundtable groups of approximately eight arranged to provide a balance of representation within each group (e.g., health, education, academic and voluntary sector). Two groups were facilitated on Teams for those attending virtually and four were held in situ at Capital Quarter 2. Groups were all facilitated by members of PHW Health Improvement Division. Delegates by group is provided in Appendix A.

Emerging insights were collected by Wyatt and Bishop during discussions and were presented at the beginning of each chapter.

This report has been prepared using the contemporaneous notes of the author (Alexa Gainsbury), detailed facilitator notes of the six breakout groups and audio recordings of the Roundtable presentation, group and breakout discussions. Once drafted the report was circulated to the chair, facilitators and all delegates for confirmation that it was a true and accurate record of discussions held.

## 5 What role can schools play in promoting the health and wellbeing of children and young people.

### 5.1 Key Points

- There was a strong consensus for whole school approaches to health and wellbeing and commitment to the vision and ambition for every school in Wales to be a 'health-promoting school'.
- A shared language between health and education is key, with clarification on what is meant by key terms such as 'Whole-school approach', 'Whole-system approach', 'healthy' and 'health-promoting'.
- Supporting schools to understand how they can be health-promoting is important. This does not mean being prescriptive and telling schools what they must do, rather supporting schools to understand and buy-into an approach and ethos.
- Delegates consistently raised that whilst schools have a role in improving the health and wellbeing of children and young people, they cannot alone be responsible. Health-promoting schools was thus described as a 'necessary but not a sufficient condition' for children and young people's health and addressing inequalities.
- It was acknowledged that to achieve change and optimise the role of schools in promoting health and wellbeing, we need to resource schools to be able to work differently in response to emerging issues; and
- We must remember that schools are nested within wider systems. We need to think about how we create feedback loops so that the system supports the school, and the school can draw on the assets and resources of the wider system.

The first morning session focused on the World Health Organisation ambition of 'Make every school a health promoting school'<sup>2</sup>, what this means for Wales and defining the contribution schools in Wales can make to the HWB of children and young people. Professor Katrina Wyatt introduced the

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<sup>2</sup> [Making Every School a Health-promoting school \(who.int\)](https://www.who.int/making-every-school-a-health-promoting-school)

session with some context, reflections, and provocations from her perspective as an experienced researcher in this space.

She began by reflecting how today she would be in 'active listening and learning mode' as she and colleagues in England were 'deeply envious' of the WNHSS and the School Health Research Network (SHRN) that we have in Wales. She went on to describe how the evidence-base supports the concept of health promoting schools as having a positive impact on children's health, well-being and education.

She also described how addressing health and academic attainment in schools was not a 'zero-sum game' where you must choose one over the other; they are complementary not competing goals.

Wyatt went on to give some personal background; she had started her career as a biochemist and described how things were 'quite easy' because she could control variables very tightly – if the experiment produced the same results twice she could be confident that other researchers repeating the experiments would get the same result. She then started working in NHS settings and service delivery and began to realise that, as the delegates would recognise, what works in one setting doesn't necessarily work in another and that interventions in one part of the system can have unintended consequences elsewhere within that system. This led to a new approach to thinking about how the conditions for change can be created, whereby she and her team would study examples where transformational change had occurred and try to identify the patterns across cases which had created the conditions for sustained change. One of the cross-cutting conditions was the need for the 'system' (e.g., school, workplace, neighbourhood) to recognise the barriers to health and wellbeing, i.e., the problem. Whilst 'telling a system they had a problem' might lead to change in one part of that system, sustained change wasn't achieved unless the whole system recognised it as a problem. This influenced Wyatt's approach as a researcher whereby her starting point is to go into communities (schools, workplaces) and ask 'what's it like to live around here. What is good what is not so good?' She proposed reflecting on how this approach may provide a framework for thinking about health promoting schools.

Wyatt described how the WHO framework thinks in terms of schools as settings; settings where health can be created. She suggested thinking of schools, like organisations and neighbourhoods, as complex systems. Complex systems are different in kind to complicated systems as the behaviour of the system is determined by the relationships between the parts of the system rather than being the sum of the parts. Systems are nested within wider systems and when thinking about change we should think about the nature of relations within the system at the micro level (pupil to pupil, pupil to staff, staff to staff), the level of the school (between staff pupils but also the curriculum and the school environment), and within the wider system within which the school is nested (neighbourhood, families). Wyatt advocated paying attention not only to the relations within

each level but the feedback loops across all levels. Interventions tend to be aimed at individuals or individual behaviours in isolation or think of schools as closed systems that aren't going to adapt and respond to the wider environment and policy issues. This may be why some school approaches have had less success and why a helpful framework for health promoting schools would be thinking about relations at the micro, meso and macro levels.

When thinking about evidence for school-based programmes to impact inequalities, Wyatt described an analysis undertaken in response to a paper, based on one year's data from the National Child Measurement Programme (NCMP) in England, describing English schools as either 'obesogenic' or 'non-obesogenic'. The follow-on analysis used five years' data from the NCMP from over 300 schools across Devon and found there was inter-school variation year on year. Digging deeper there was evidence that inequalities in obesity widened in the holidays leading to the hypothesis that schools may mitigate inequalities (similar to educational attainment) and providing more evidence that educational settings are good contexts in which to situate health promoting programmes.

Wyatt then turned her focus to what might a health promoting school look like. Thinking about schools as complex systems we know that it's hard to 'tip' systems to new ways of behaving. Wyatt proposes that as well as the problem being recognised as one for the system, people need to be able to work differently in response to the problem. Her current research programme is working with schools in South West England on an approach which involves asking the school community 'what's it like to go to school here. How healthy is your school?'. A series of questions were asked to pupils, staff and families which have been developed by the school staff and pupils and the responses were reviewed together, identifying priorities, aspects of their system where they think they can affect sustained change and what change will look like. This process is repeated as a continuous improvement cycle - every year they ask the question again and they expect to find new problems and priorities that the school community wants to address. The approach is about creating the culture of coming together and identifying and responding to common problems to improve health and wellbeing and attainment and through their research they hope to ascertain if this is an effective model.

Wyatt ended her introduction to the session with some final thoughts. She suggests thinking about health promoting schools in terms of how we can create learning systems, systems where we can try out small pockets of change and learning and where and how they can affect change. She recommended that as delegates go through the day, they continue to consider relationships at the micro, meso and macro and how together we can create a whole-school system that can adapt and respond to its environment to support health and educational attainment.

Roundtable discussion identified a strong consensus in support of maintaining the vision that every school should be a health promoting school in Wales and that whole school approaches to health and wellbeing is the right approach to collectively maximise the potential of schools to promote children and young people's health and wellbeing.

All agreed that it was unrealistic to expect schools to transform health and wellbeing outcomes alone, rather schools are nested within wider systems, policy and legislative landscapes and should be supported by and work in collaboration with those systems.

### **Language and definitions**

Discussions highlighted the importance of a shared understanding of what is meant by health promoting schools and that this should be accompanied by a shared vision, language, and clarity on what 'good' looks like. There was a desire for language regarding health promoting schools to be synonymous with a 'continuous journey with no fixed end point' and to position approaches as the entire schools' business; 'not just a project' or the responsibilities of those with explicit health and wellbeing roles. There is a difference in the term "healthy schools" and "health promoting schools" with the latter being perceived as more aligned with the WHO vision. The vision should also be focused on how we create the conditions for health promoting schools rather than what we expect schools to do.

### **Inequality/individuality**

It was recognised that there are 'massive differences to the challenges schools face' and that schools would be coming to the approach with different challenges and enablers to school health and wellbeing and having progressed at different rates. Thus, it was important any approach be fitted to the school and its context. Schools and local systems should identify their own priorities and should consider the school and the community's assets they could draw upon. At a macro level it was reflected that the WHO standards were global and like schools, countries face different challenges and rates of progress against the global aspiration. This meant it was important to 'contextualise for Wales'; a high-income country with an existing high level of engagement and enabling policy, legislation and curricula. This meant Wales should be both inward and onward looking as global leaders in this space.

### **School level leadership and commitment**

Discussions highlighted the vital role of school-level leadership as well as health and wellbeing being 'a collaborative approach'; the business of the whole school and whole school community within the wider system. Effective school buy-in was perceived to be contingent on the whole school

and surrounding education system understanding and promoting the value of health promoting schools, not just in terms of health and wellbeing potential, but because health and health promoting schools, also 'underpins pupils' achievement'.

Some felt the complementary and interrelated health and education relationship was not always recognised and there was some specific feedback that 'schools have been criticised by Estyn for concentrating on health and wellbeing not the curriculum- they shouldn't be separate – they should be ready to learn.' Discussions suggested organisations with the wider education system could evidence the value they placed in health promoting schools more to support school buy-in. One example how this may be achieved was via Estyn inspections 'checking progress against [WNHSS framework]'. Estyn was consistently considered 'an important lever' that 'needs to value' health promoting schools. Aligning and amplifying links with the new Curriculum for Wales was also perceived as a fundamental lever to embedding and sustaining health promoting schools.

It was also discussed how more energy could be spent in achieving school-leadership buy-in to health promoting schools with recognition that the challenge was different at secondary level to primary. This was summarised as a perception that 'primary teach the child, secondary teach the subject... if you say health it is seen as a specific department within secondary' raising a challenge in terms of ownership within secondary settings. One suggested that, to support schools in truly embedding health promoting schools, the education system needed to support a culture where school leaders felt brave enough and were supported to try new things. And that to enable new approaches school leadership needed to shift away from a fear of failure towards a culture of trying new things, evaluating, and learning.

### **Schools nested within systems**

Schools were recognised by all to be part of wider systems. This included the local community, wider local, regional and national health and education systems and the Wales legislative and policy context. There were also reflections that the role of schools should also be considered through a life-course lens and emphasised a need to also maintain a focus on the health and wellbeing of children and their families in the early years. There was intergroup consensus that it was 'unrealistic to expect schools to deliver on health and wellbeing outcomes in isolation' and that the vision should support schools as an integrated part and 'key collaborators' within these systems. A 'whole-system approach' which incorporated health promoting schools was used to describe this. Delegates emphasised the need for 'clarity on the role of schools within these systems' and warned against 'policy problems being passed from systems to schools.'

There was an emphasis on schools as part of a community with a two-way supportive collaboration and shared needs. The importance of school-

families relationships was also raised; like schools, families and communities needed to recognise problems, partner schools in a vision and 'co-produce solutions' that are 'bottom up, evidence-driven'.

For schools to optimise their role within these systems they needed to not be overloaded, be able to access system support with ease and the system itself needed sufficient capacity to address its needs.

### **Sense making for settings**

Discussions reflected on the number of school frameworks and policies targeting schools as settings for elements of health and wellbeing that exist across the system, examples included WNHSS, the Whole School Approach to Emotional and Mental Wellbeing (WSAEMWB), Eco-schools and UNICEF's Rights-Respecting schools. This landscape was recognised as very challenging for schools and posed a risk that 'schools become overwhelmed', especially as they respond to other pressures including the new Curriculum for Wales, the cost-of-living crisis and pandemic recovery. It was suggested that 'schemes should be consolidated under one umbrella' and doing so may remove barriers to engagement and support wider system buy-in by making alignment to policy goals explicit. Alignment between a health promoting schools and Estyn inspection frameworks may also remove the need for the NQA. There was also discussion about the benefit of an approach that focused on the principles or features that are common across multiple frameworks and could be applied across a broader scope, for example climate and environment, without increasing complexity for the school. The opportunity cost whereby schools devote resource to evidencing compliance with multiple frameworks rather than embedding shared principles, understanding and responding to local priority needs was recognised.

## 6 WNHSS: Proposals for the future

### 6.1 Key Points

- There was high level support for the proposals and a consensus that the direction of travel is timely and represented the right approach.
- There was strong support for a single all-Wales framework.
- Delegates agreed it should not be overly prescriptive to schools and should support schools to use data to identify local priorities and responses through a data-driven needs-led approach.
- Delegates identified the need for a balance between creating enabling conditions and assessment of compliance with standards; in the current context the framework should be seen as enabling and supporting schools to address need and inequalities and this needed to be carefully balanced with reviewing schools' progress against their self-identified needs.
- Review of WNHSS was consistently considered an opportunity to join-up a plethora of school-based initiatives and it was noted that responsibility to synthesise, consolidate and 'make sense' of various initiatives and programmes lies with the system rather than the school.
- Likewise, delegates raised the burden on schools to collect data for multiple programmes and welcomed an opportunity to review the potential for a single survey that could meet the data requirements of calls for data outputs.
- There is a need for equity including in how funding is distributed. Delegates favoured a funding model that prioritised areas of deprivation due to the well-understood socio-economic gradient of health and health behaviours.
- The WNHSS review was an opportunity to consider the role of Healthy Schools Coordinators (HSCs) with delegates raising a need for clarity around the functions of the role.
- Finally, delegates had discussed the need to consider our role in supporting schools to shift from a mindset of projects to 'complete' to a mindset of continuous improvement cycles with assessment of need, participation and evaluation at its core.

The next presentation and discussion were an opportunity for PHW to share some background to the WNHSS, work done to review the WNHSS and high-level proposals for optimising the role of WNHSS into the future. Bishop, Director of Health Improvement PHW, summarised her task as describing what PHW had learned from examining this approach to health and wellbeing in schools and to make proposals on how we might do things differently.

She reflected that she had heard delegates discussing how we describe the programme and that the shorthand we slip into about “healthy schools” doesn’t fully convey what we are talking about.

First Bishop provided a background to the WNHSS and described how Wales’ journey thus far had been closely aligned with the WHO and it was interesting to reflect that the WHO had also been reviewing the health promoting schools concept and approach and this has enabled us to ‘compare notes’ with some of the thinking internationally. In 2021 WHO, working with UNESCO, set the global challenge of every school being a health promoting school (HPS). They revise the definition of a health promoting school to

*“a school that is constantly strengthening its capacity as a healthy setting for living, learning and working.’ The concept of health promoting schools embodies a whole-school approach to promoting health and attainment in school communities by using the organisational potential of schools to foster the physical, social-emotional and psychological conditions for health as well as for positive education outcomes.’<sup>3</sup>*

Bishop reflected that this definition resonated well with the earlier discussions and reflected that for the first time we were explicitly recognising the role of health promoting schools in the context of both education and health outcomes. Bishop reflected that throughout the 30-year history of health promoting schools, Wales has been seen globally as one of the countries that has invested and been a leader in this space. She also highlighted WHO’s global analysis that the ‘health promoting school (HPS) approach was introduced over 25 years ago and has been promoted globally since; however, the aspiration of a fully embedded, sustainable HPS system has not yet been achieved, and very few countries have implemented and sustained the approach at scale’<sup>4</sup>. Wales has achieved scale but we need to examine the extent to which we have kept faith with the original vision and ethos; she asked ‘have we stayed true to the original focus?’.

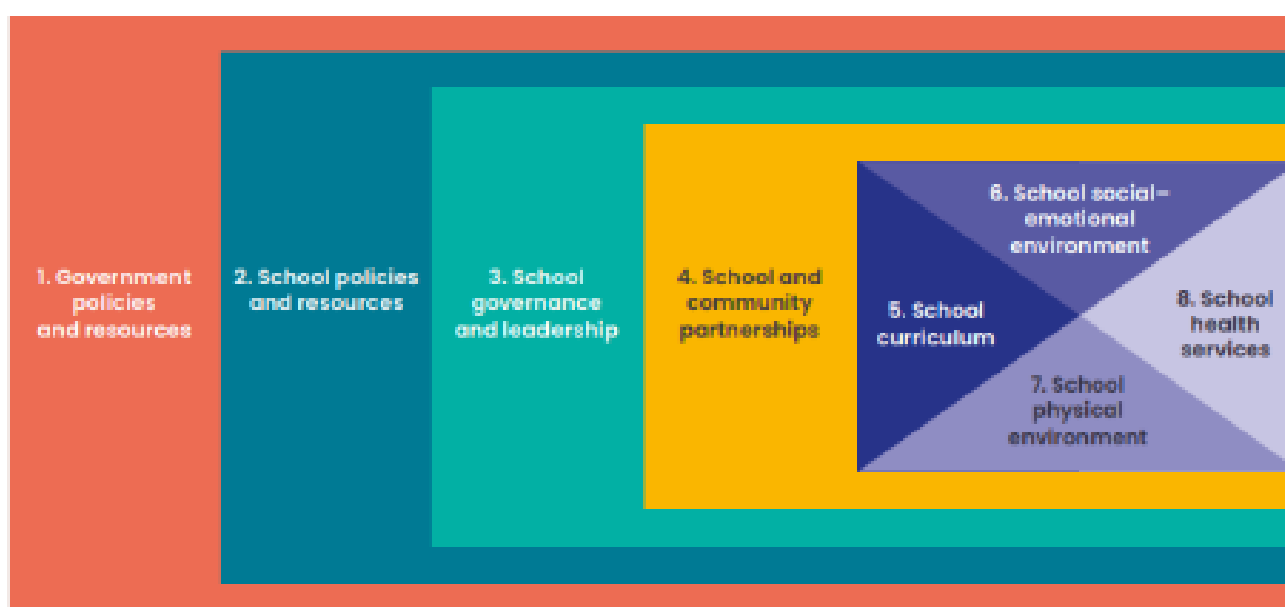
Bishop shared the WHO’s proposed model for thinking about health promoting schools (Figure 1). The figure helps to think about schools as

<sup>3</sup> [Making every school a health-promoting school – Global standards and indicators \(who.int\)](#) page 6

<sup>4</sup> [Making every school a health-promoting school – Global standards and indicators \(who.int\)](#), Pg x

nested within systems which had been reflected in the discussions today; that this is not only about the school but the wider school community. The model also reflects health promoting schools as part of the wider governance, leadership and identity of a school. The final layer, government policies and resources, also challenges us to think about all parts of the system and consider whether policies are joined-up at a government, regional local and school level. Bishop suggested that this is a helpful way of describing our efforts moving forward.

### 6.1.1 Figure 1. Relations among global standards for health promoting schools<sup>5</sup>



Bishop went on to describe the work of the review so far which began before the pandemic and involved several pieces of work. Firstly, PHW reviewed the evidence base and research regarding health promoting schools and whole school approaches to health and wellbeing. There have been several studies and, whilst there is still the need for more evidence, health promoting schools continue to be supported by the growing evidence base. PHW have concluded, supported by this evidence base and international practice, that it is right to remain committed to health promoting schools. One area included within theoretical models but where evidence of effective implementation is limited is schools' links to and engagement with pupils' families and Bishop reflected that it is important this element is strengthened in practice as well as in theory.

Secondly Bishop advised that PHW had engaged an external agency to interview people in education and health across the system about their

<sup>5</sup> From [Making every school a health-promoting school – Global standards and indicators \(who.int\)](https://www.who.int/publications/making-every-school-a-health-promoting-school)

experiences and their perspective on strengths and weaknesses and areas for improvement. Stakeholders' feedback evidenced that WNHSS was an important part of the collective system and a supportive positive programme to engage with, albeit a programme some areas felt needed re-energising.

There was a general view that the NQA was a reasonable framework for what good looks like but that it needed to be modernised. There was less confidence in the current model of local phase awards and instead a desire to have a shared destination that all are working to.

PHW had also reviewed the policy landscape in education and health to ensure the next iteration of the programme landed in that policy context. Stakeholders also provided a strong reflection on the fact we have had curriculum reform, including introduction of the Health and Wellbeing Area of Learning (HWB AoLE) and more recently the introduction of the WSAEMWB alongside a range of health strategies and that WNHSS needed to be orientated to the now and supporting schools within this context.

Finally, PHW examined the funding mechanisms of the WNHSS. There is a historic funding model and levels of programme funding has remained the same for ten years meaning a significant real term reduction. This raises questions about what we can do with what resource in the current context. There is also the need to consider how funding is distributed to schemes with the need to reform the approach now we have progressed to a different phase of the programme. During the review stakeholders told us the funding model was out of date and no longer fit for purpose and that there was variation of how resource within WNHSS is used.

Reflecting on what we have learned over this period of review Bishop went on to present high-level proposals for reform of the programme to optimise its potential in supporting the health and wellbeing of children and young people.

6.1.2 Figure 2: Summary of Key Proposed Changes to Delivery Model

Current	Future	Benefits
Welsh Network of Healthy School Schemes	Whole School Approach to Health and Wellbeing	Provides greater clarity about what it is
22 Separate Local Schemes	A single all Wales framework	Reduced duplication of effort; unwarranted variation; clear national policy goals
Multi-year process based on phases	No minimum time period	Schools progress at different rates; focus on outcomes not processes; option to set goal by which all schools can evidence achievement
National Quality Award	National Healthy School Standard (minimum standard for all schools) plus recognition of excellence/ sector leading practice	Clear statement of intent that this is a goal all schools should aspire to and will enable delivery of other objectives; provides opportunity to recognise and reward excellence as a means to drive improvement
End point	Continuous improvement model	Recognises health and wellbeing needs change over time; new issues emerge; improvement is always possible
Nationally determined priorities	Needs-led model at school level informed by regional and national priorities	Schools do not need to invest significant effort in areas which are not a priority for their school
Separate programme	Enables achievement of wider policy goals	Recognises the contribution of the scheme to other educational and health outcomes – not an add on
Process based monitoring measures	National indicators and pupil outcomes	Transparent set of measures that can be tracked at school, local authority, regional and national level
Separate schemes across wellbeing policy areas e.g. Sport and Physical Activity; Eco-Schools; Active Travel	Shared frameworks and guidance co-produced across policy areas	Reduces the burden on schools of multiple schemes and frameworks in the wellbeing arena
Health policy led	Shared health and education policy	Ensures maximum benefit and goals; ensures connectivity to and oversight within education and health policy

Bishop shared that PHW have had recent correspondence from the Minister for Education and Welsh Language and the Deputy Minister for Mental Health and Wellbeing which has asked PHW to work to bring WNHSS and WSAEMWB together. She noted that discussions in the room had already indicated that it was not helpful to see the two programmes as separate. PHW are proposing a name change from WNHSS to *Whole School Approach to Health and Wellbeing* to better represent integration of the two programmes.

PHW proposed reform to the architecture of the programme moving away from 22 schemes towards a single all-Wales framework. Clearly it needed to remain about local delivery and ownership but supported by a single benchmark and framework of what good looks like that all can work towards.

Bishop described how WNHSS was originally conceived as a multi-year process with it taking ten years under current pathways to become an NQA recognised health promoting school. That is two generations of children which is too long.

It also does not reflect that schools start in different places and progress in different ways. Bishop reflected that under the current pathway the translation of theory and ethos into practice has become process driven and this is acting at cross purposes to the ethos of the approach it is built on.

Stakeholders told us the NQA is valued so PHW propose work to update it. Bishop shared support across the system for a minimum standard we expect all to reach, and we find different ways of recognising and celebrating excellence. It may be that the future award scheme would focus on recognising sector leading practice rather than evidence of meeting the benchmark.

Bishop shared how the scheme had been described today as one with a destination and indeed this may have been part of the original thinking; that healthy schools could be implemented and once achieved resource directed elsewhere. The reality is that as the world changes new needs emerge. In response PHW propose the new programme should be based on a continuous improvement model and, as members of the Roundtable had already suggested, based on the local context, needs and experiences of the setting. The extent to which there are currently nationally determined priorities comes from the current model including thematic areas and a requirement that schools work through all those thematic areas. This does not reflect the needs-based model public health would usually advocate. The advent of the SHRN survey means nearly all schools have access to data about their school- they don't have to be told what the priorities are, they can see what they are in their own school community. The guidance could then shift away from pre-determining thematic actions to providing support around how to action school-identified needs and priorities.

Bishop proposed there was a need to shift perceptions of WNHSS as a separate entity running parallel to mainstream education policy and practice to something that is fully embedded and a mechanism for achieving core policy and goals in which health is now clearly included. We are already seeing WNHSS supporting wider delivery and PHW would be keen to support an ongoing reorientation towards this. For example, we know that HSCs are playing big role in supporting schools with the new Curriculum for Wales but alongside this we need to remove legacy actions that are not supportive.

Bishop reflected on a key challenge given to the WNHSS programme over the years has been that, whilst the scheme has been in operation for many years, child health outcomes are not improving. This is not entirely true, there are many aspects of children's health that have improved but there are also aspects that have declined. Key, however, is the extent to which schools have influenced these outcomes and the extent to which a whole range of other determinants of health have influenced it is almost impossible to ascertain. What we should, and currently cannot do effectively, is understand the direct impact we are having.

The programme currently cannot provide this as at its inception evaluation and the appropriate metrics to measure impact were not identified and

embedded. This needs to change and so PHW are proposing a set of national indicators that would enable us to measure programme impact. The SHRN school environment and behaviours surveys provide us with the appropriate data and we propose identifying a range of environmental and behaviour metrics that sit within the school's control that are known to have an impact on health and wellbeing. One, for example, may be pupil reports on school connectedness.

Bishop next reflected on the need to make it easy for schools to engage with both the ethos and the programme. As discussed already today there is a tendency towards the establishment of multiple overlapping schemes from a range of partners within this space. Bishop suggests this is an opportunity to embed them all together so that collectively we share a vision of what good looks like and have a shared framework that captures all the elements we and our partners think are important.

Bishop went on to describe how health promoting schools have traditionally been a health initiative; it has often sat and worked very closely with education at the local level but at Government level it has always been health "owned". In the same way WSAEMWB has very much been a jointly owned initiative, PHW proposed shared ownership of the WNHSS programme as a way of ensuring it supports both policy objectives as effectively as possible.

Finally, Bishop reflected on the importance of the local system having an influence over the priorities and how it operates. So, Directors of Public Health (DsPH) driving how this works in local system and working with Directors of Education (DoEs) within that local system. This means that whilst we would have national frameworks and guidance and do all the things it makes sense to do 'once for Wales', we move operationalising to the local level to support local system connectivity.

Wyatt reflected on the huge amount of work that had gone into the thinking process thus far and Cressy Morgan, Partneriaeth Cymru, asked for clarification about the current status of WNHSS and WSAEMWB as separate programmes and raised the need to consider how name changes may land with schools. Bishop confirmed they currently are separate programmes with plans to unify. Bishop welcomed views on how we may approach a name change to convey reformation of WNHSS without causing local confusion.

Roundtable discussion welcomed and supported the high-level proposals for transformation presented by PHW with discussion focusing on detail on how this may be effectively implemented and how programme optimisation would be achieved.

### **A whole system approach**

Discussion raised the need for a culture change and shift towards systems thinking. 'Timing is key' to align with other change mechanisms within the

system and it was acknowledged that sustained system change would 'take time' and a reminder not to 'throw the baby out with the bathwater.' There was consensus that the programme should be joint health and education owned but it was raised that 'more clarity is needed on where the decision making really lies'. The need to 'shore-up system expertise' to ensure schools could access and develop the expertise to respond to a range of needs was also highlighted. This would in part be met through developing strong mechanisms for sharing learning and expertise both within local/regional systems and at a national level, including removing existing geographical barriers to accessing locally arranged training events for schools.

### **Needs-led**

The shift towards a data-driven needs-led model was welcomed but delegates wanted assurance that needs led did not equate to a 'reactive approach and a shift away from prevention.' It was also recognised that schools would need support, including upskilling, to enable them to effectively determine priority needs and to embed an approach that began with an evaluation of their experience and progress-to-date to inform priorities. Some delegates felt that existing mechanisms could be better at supporting schools to identify their needs. For example, enabling immediate school-level access to SHRN data. Public health teams were also considered critical in steering school-level priorities and ensuring they were in line with local population priorities as well as addressed inequalities and there was a call for clarity as to how tension between local and nationally identified priorities would be managed. There was some concern that particularly challenging issues might become 'invisible' within a model where schools identified their own priorities as well as achieving the right 'balance of having an approach based on principles whilst maintaining high standards across thematic pillars. [There needs to be a] shift towards leaders seeing thematic frameworks as an enabling vehicle to achieving overarching principles of health promoting schools in their priority areas.'

### **Assessment and Standards**

A single all-Wales framework was welcomed as a way of achieving consistency and 'reducing variety and differences across schemes.' Whilst local ownership was also welcomed the need for 'regional contextualisation' and the challenge of 'the balance between an all-Wales approach and a consistent offer whilst embedding local ownership' was recognised.

As well as a strong consensus for geographical consistency, the 'need to align all other schemes into one point to make life easier so that this becomes everything to do with health and wellbeing' was consistently perceived as critical to enabling schools to engage effectively with the

approach. It was also agreed that WNHSS needed to explicitly align with the new Curriculum for Wales so that the scheme was a mechanism through which the curriculum was delivered rather than a separate entity; 'the closer it aligns to the curriculum the better.'

When it came to assessing school's compliance with standards, progress against the approach and recognising excellent practice discussion focused on the need to maintain 'incentive for schools to participate' whilst also maintaining a level of 'quality control' of the approach. Some felt there could be a larger role for Estyn, who could potentially review school compliance with minimum standards as well as consider the extent to which the school embodies the health promoting school ethos within their inspection reports. Conversely others raised that Estyn inspectors had 'neither the HWB expertise nor the capacity' to fulfil this role, noting that the current requirement to report on compliance with nutritional standards led in practice to the reporting only of 'significant breaches.' An alternative was proposed where the system came together to share knowledge on the school, or a third party provided in-situ inspections, 'similar to environmental health food hygiene inspections', that resulted in a WNHSS "rating". Consideration was given to the potential HSCs to act as assessors of school compliance and concluded this would conflict with their otherwise supportive and enabling role as well as stretch capacity. Finally, the importance that assessment and recognition of excellence place emphasis on the 'the journey' was critical, and any national standards or indicators needed to fit with a continuous improvement cycle. Similarly, assessment needed to recognise that schools would be journeying from different starting points and that 'in some areas excellent work will be needed to get you to baseline.'

### **Healthy Schools Coordinators (HSCs)**

Programme transformation was discussed as an opportunity to rearticulate the purpose of the HSC role and ensure consistency aligned with an all-Wales vision for the programme. There was a desire to 'provide clarity, purpose and a consistent approach with a core consistent offer across Wales and a removal of geographical barriers when it comes to accessing HSC events' The various functions fulfilled by the HSC role was discussed with descriptions including 'trusted experts in health and wellbeing', the 'first point of call for headteachers' and, conversely, not experts themselves but facilitators of others expertise. Whether HSCs could and should help address education staff's professional learning needs in relation to the HWB AoLE and in terms of embedding whole school approaches was also discussed.

Given the variation of functions delivered by this role across the 22 schemes it was suggested the transformation programme could bring clarity of purpose and function and consider developing a shared set of standards and competencies to be delivered by that function. Further HSC workforce development needed to be considered as a key element of programme

transformation given implementation of a 'revised model would likely require different skills.' Finally, the importance of understanding acceptability of changes to the programme and function of the HSC role from the HSC perspective was raised and it was noted they were not part of today's discussion. Bishop clarified that a separate event was being held for HSCs in two weeks' time.

### **Evaluating Impact**

There was consensus that rethinking how we measure programme impact was essential but that understanding programme, or indeed school impact within a complex system was challenging even with the benefit of SHRN survey data. Delegates highlighted those measures would be influenced by external contextual factors and thus it was difficult to apportion influence and control at the school or programme level. At both levels evaluation should be built in from the start and there was a desire to 'overcome a fear of sharing what is wrong' to enable learning.

### **Equity and programme funding**

Equity was a strong theme within discussions which was most often articulated in terms of funding distribution. There was a strong consensus that distribution of funding should better reflect need, although some advocated that need should be considered in terms 'broader than just deprivation' and should, for example, take into consideration 'issues such as rurality'. The Pupil Development Grant approach was mooted as a potential distribution model to explore.

There were also representations that the model itself, which was perceived as a universal model, should place 'more emphasis on equity and proportionate need.' and a recognition that at school level there was likely to be a 'clustering of needs' making it challenging for that school to prioritise and risking those schools being overwhelmed or overloaded. There was some concern about all school's capacity to effectively engage with a model of continuous improvement with current pressures and available resource.

Finally, there was also a consensus that funding for the programme not only needed to be distributed differently but needed to increase overall if the programme was to effectively deliver the shared vision. It was reflected that the current funding 'did not enable schemes to effectively take a systems approach' and did not reflect 'the role nor the breadth of expertise required to fulfil the HSC role.'

### **Name and language**

The future name of the programme was scrutinised and concern about 'increasing confusion' amongst school leaders if the name was too alike to

WSAEMWB. A preference was expressed for having the two programmes to have been aligned at the outset, however given our current position it was suggested the *Welsh Network of Health promoting schools* was sufficiently familiar whilst shifting the programme towards an all-Wales framework. Further, by replacing 'healthy' with 'health promoting' the language shifts subtly towards an embedded approach to health and wellbeing. There was reticence using the term "approach" to describe the programme; 'does not feel strong enough.' Finally, transformation of WNHSS was raised as an opportunity to overcome 'some of the tensions between the curriculum which is health and wellbeing and then the whole school approach. We need to use this as an opportunity to join up and use the same sort of language.' Future programmes should consistently use 'the language of schools.' An example would be referring to 'school development plans' and 'self-evaluation' which are already embedded within school consciousness.

## **7 Strengthening WHNSS through system connectivity**

### **7.1 Key points**

- There is a need for strong local, regional, and national strategic partnerships between all relevant policy areas with consideration given to coalescing around a short list of key shared priorities across policy areas.
- Strong ongoing communication at all levels is critical, including enhancing opportunities for joint action across policies and geographies and recognising that systems are dynamic.
- There should be a shared understanding of the approach supported by a shared language.
- The education workforce's professional learning journey is critical. This should consider both implementation of the HWB AoLE and key skills for embedding the health promoting school ethos.
- The curriculum is a critical driver; policy programme connections with the whole curriculum should be identified, articulated and amplified.
- There is significant pressure on all sectors. This means building and maintaining strong, supportive mutually beneficial relationships with the relevant partners at each level really matters.
- There are already existing structures, boards and forums at different system layers and levels that support alignment. These need to be used to better effect; more consistently and equitably, across health and education.

Davies-Warner introduced the final discussion of the day with a summary of the education policy context. She began by describing education as one of our most powerful tools to tackle inequality and the national mission to tackle the impact of poverty on educational attainment and set high standards for all so we can support every learner.

She described attainment as the 'measurable progress' children and young people make as they advance through and beyond school, and the development of the range of skills, knowledge and attributes needed to succeed in learning, life and work.

The Equity in Education Division, led by Davies-Warner, was created to have strategic ownership of the cross-Government approach to supporting our most vulnerable children and young people in education. In particular, the Division leads on the development and delivery of two major Government priorities; poverty and mental health in schools; and reviewing current policies on reducing educational inequalities and developing educational equity across the system.

A key divisional priority that underpins the wider work of the Division is addressing the attainment gap between learners from low-income households and their wealthier peers. She informed delegates that raising the attainment of disadvantaged learners and tackling the aspiration gap was a priority for The Minister for Education and Welsh Language; 'Every policy we consider must be seen through a lens of whether it helps tackle the impact of poverty on educational attainment - if the impact is minimal, then the policy should be looked at again.'

Davies-Warner summarised the findings from an Education Policy Institute Report on Inequalities in GCSE Results Across England and Wales<sup>6</sup> published earlier in the year which showed that little progress has been made between 2009-2019 in closing disadvantage gaps and that the gap is much larger in Wales (23-24 months) than in England (18 months) with little change in the period under review. The gap for those persistently disadvantaged is also much larger in Wales (29 months) than in England (23 months) and has also changed very little during this period. Finally, the report identified that there is less mobility for the disadvantaged in Wales: they have a lower chance of reaching the top quintile of performance and a greater chance of being in the bottom quintile than their English counterparts.

Davies-Warner went on to discuss this year's introduction of the transformational Curriculum for Wales which goes further than just what our children learn and how they learn it: there is also a recognition in Government that the curriculum should create benefits for all parts of education policy and that it is interdependent with our wider policy objectives and the Programme for Government commitments to combat poverty and inequality.

The disruption caused by the pandemic and the ongoing cost of living crisis have and will continue to exacerbate inequality and poverty. Research tells us that the wellbeing and attainment of learners living in poverty has fallen even further behind other learners during the pandemic.

Davies-Warner described that the Government have sought to address this situation as part of the recovery process, but this work will become more difficult as people face further disruption to their lives, brought about by increased costs and a squeeze on their living standards. There is, however,

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<sup>6</sup> <https://epi.org.uk/.../inequalities-in-gcse-results-across-england-and-wales>

much good work upon which to build. For instance, ensuring effective use of the pupil development grant (PDG) is key in supporting this work and we have already started to work to align the use of the PDG to our work to tackle the impact of poverty on attainment.

Davies-Warner raised that ensuring children have the best start to their educational development is also critically important.

The early years are a key point for the cognitive, social, physical, communication, emotional and behavioural development of all children and we know that significant disparities exist in these areas for children from low-income households. This is why from September 2022 the Government working with Plaid Cymru have started rolling out the universal primary free school meal offer.

She went on to describe the ongoing commitment to supporting schools in Wales to become community focused, co-locating key services, and securing stronger engagement with parents and carers outside of traditional hours. She sees family learning as an important part of provision and community-focused schools should build upon the range of funded parenting programmes and emphasise the importance placed on strengthening the home learning environment for school-age learners.

The School Holiday Enrichment Programme also plays an important role, not just in ensuring children are active and fed nutritious food during the long summer holiday, but more importantly, that they have the opportunity to stay engaged in their education and do not fall behind more affluent peers on their return to school in the autumn.

Davies-Warner introduced the WSAEMWB as another area where emphasis is placed on ensuring that children and young people are emotionally and physically prepared to learn. She describes how it recognises the link between physical and mental health, and that effective learning can only occur in an environment where all are enabled and supported to do so.

Finally, she shares that the Division are exploring reform of the school day and year so that we can consider how best we use school time to support all our learners, especially those living in poverty, though, for instance, access to enriched learning opportunities.

Davies-Warner shared that these considerations are at the forefront of the momentous reform being undertaken in the implementation of the new Curriculum for Wales which enables schools to design their own curricula with the needs of their own learners, parents and carers, and communities in mind. However, there is still, she reminds, much work to do. Davies-Warner's view is that the WNHSS should be integral to our policies for addressing inequality and raising attainment as part of the education reform agenda.

The relationship between education and health is evident but also complex. Poor health not only results from lower educational attainment it can also cause educational setbacks and interfere with schooling. She provided some

illustrative points. For example, those with less education are more likely to be in poorer health; they are more likely to smoke, more likely to be obese and suffer alcohol harm.

We also know that physical activity, particularly that of girls, decreases with age; and in 2018 the Guardian published the results of a Food Foundation study which showed that almost four million children in the UK live in households that would struggle to afford to buy enough fruit, vegetables, fish and other healthy foods to meet official nutrition guidelines<sup>7</sup>. That was 2018, it is likely the cost-of-living crisis further increase those figures now and in the years to come.

This evidence supports schools as an important setting for both forming and changing health behaviours. But Davies-Warner warned that a one-size-fits all approach may not be the best and targeted together with universal support and interventions are needed. Schools also need support in assessing and identifying their own needs, so that they can build on their strengths and put in place strategies to address weaknesses. She believes we have now an opportunity to effect the change that is needed, but also to do it in a holistic way which seamlessly links our curriculum and wider education policies together with our wider priorities for health, poverty and tackling inequality.

From an education policy perspective, the Minister for Education and Welsh Language has tasked the Equity in Education Division pulling all this work together achieve our equity and attainment goals. She summarised critical points including

- High quality teaching and learning, where we will seek to support professional learning; develop a reading and oracy plan; strengthen the focus of PDG; ensure a strong focus on supporting children and young people from lower income backgrounds; and form strategic partnerships to improve our evidence base.
- Support community focused schools by developing a collaborative vision with partners; fund family engagement officers; and ensure physical adaptations to schools to promote greater community use.
- Support our Curriculum for Wales and qualifications by developing broader range of qualifications and pathways; develop national monitoring to understand learner progress; and a broader range of criteria for measuring success.
- Ensure the HWB of children and young people and in particular the link between physical health and mental health, ensuring a holistic approach between the WNHSS and WSAEMWB where there is statutory guidance for schools and PHW is supporting implementation, using funding of £43m over the next three years to ensure schools meet the wellbeing needs of their whole community.

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<sup>7</sup> [More than a million UK residents live in 'food deserts', says study | Food poverty | The Guardian](#)

- Developing high aspirations through strong relationships, including promoting post-18 opportunities through Seren and how we can provide more intensive independent careers advice for learners from lower-income households.
- Leadership, by developing a programme for experienced school leaders to work with their peers to develop skills and knowledge to work with the most socio-disadvantaged children.
- Support early childhood education and care by investing in provision to support children from birth to five years via the Childcare Offer, Flying Start and Foundation Learning.
- And support progression by building strong partnerships between schools and post-16 providers as part of community focused schools and developing longer-term tracking and monitoring of post 16 outcomes for learners eligible for free school meals.

Davies-Warner concluded that she had been asked to provide an education and policy context to proceedings which she has kept high level and that, by working together, we are more likely to achieve our goals.

Davies-Warner was asked to comment on strategies to improve attendance, both absence and exclusions, in those from more deprived backgrounds as this is interrelated with health and attainment and there had been a measurable drop in attendance following the pandemic. She described how attendance pre-pandemic had been lower amongst the children and young people they were most concerned about and that during the pandemic children eligible for free school meals had had comparably much lower attendance with the difference not yet returned to pre-pandemic levels. She added that Welsh Government recognise the need for a different response which is focused on both supporting families back into school through additional funding for direct family engagement and undertaking a full trauma-informed review of all attendance-related policy with the aim of shifting policy towards a trauma-informed rights-based approach.

Davies-Warner was also asked for a progress update on the development of a national measure for school readiness to reflect early years as a critical period for reducing inequalities in children and young people reaching their development milestones. She responded that currently early years policy was outside her portfolio and committed to provide a response following the event. She reflected further that research has evidenced that children lost out developmentally during the pandemic and that this has not been fully recovered and currently presented a major issue in classrooms. As part of the Minister for Education's and Welsh Language High Aspirations for All agenda he is talking about a suite of actions alongside community-focused schools and at the heart of this policy is a pipeline [life course] whole system approach

Wyatt reflected how Davies Warner's presentation had in many ways mirrored discussions throughout the day about creating a whole system

approach where we align the different policies and programmes to create the conditions for schools and the communities they are in, to flourish.

Following Roundtable discussion focused on how we can strengthen connectivity and ensure alignment across policy and key programme areas at the school, local, regional and national level.

### **School level**

Delegates reflected that delivering school-based education was often an element of other agencies' delivery plans but that this was not always undertaken in an integrated or way using best-evidence principles. They argued that 'multi-agency input needs to be planned, aligned with whole school approaches and properly integrated rather than schools being seen as unit of delivery for multiple agendas. This may also mean different flow of resource; for example, agency resource directed into education rather than agency holding that resource to deliver education.'

### **Local and regional level**

The local system was perceived as a key focal point as 'in terms of implementation, the local level is where it really happens.' Cited 'key players' included 'parents, carers, governing bodies, health, social care, schools, unions and consortia.' Delegates felt there was 'a need for strong local strategic partnerships with representatives from different programme and policy areas (not just DPH and DoE)' and that 'joint ownership must come from DoEs and DsPH.' They recognised a current disconnect between existing forums such as the Public Service Board (PSB) with 'PSBs having little understanding of schools' needs'. Improved communication, including about local priorities and needs, would support 'shared action' and an example was given of schools working in clusters to address shared local priorities. The local system should also consider how they may build capacity across the system 'rather than siloed ways of working' and consider 'community-level integration of the health and education workforce.' The HSC role was mooted as one mechanism for strengthening local system connectivity. Finally, delegates spoke to the need for two-way feedback and feed-in mechanisms with schools 'feeding the student voice into the system as well as working as part of the system' and highlighted that there 'are no clear mechanisms for schools to interact with other community assets.'

### **National level**

Delegates consistently raised the need to understand the entire policy landscape that 'needs alignment' and advocated for 'a simplified number of policies and programmes that should have multiple shared outcomes delivered in a consistent way rather than a one policy one outcome

approach.’ Thus, the need was not necessarily a lack of system connectivity, ‘sometimes it’s a need for better policy alignment.’ It was mooted that, as well as strengthening connectivity at the local/regional level, HSCs could provide a national feedback mechanism to enable better policy alignment. Bringing funding pots together ‘so there is joint ownership and recognition we are all working to the same agenda’ was also perceived as beneficial. The new Curriculum for Wales was consistently identified as a ‘main driver’ that policies should articulate and amplify their links with. And as with local, delegates argued that national policymakers should also ensure they are ‘talking to school leaders to ask what they need to be able to develop their school into the health promoting school they aspire to be’ as well as gaining ‘people’s perspective, particularly those living in poverty and recognising this is really important and can’t be disconnected from today’s discussions.’ Finally, some delegates suggested that whilst ‘attainment was important having this as the main focus may have unintended consequences.’ This was within the context of a discussion about a broader understanding of what it means to succeed in school linked to the importance of appropriate outcome measures that might be put in place across this alignment locally, regionally, and nationally.

### **Supportive mechanisms across local, regional and national levels.**

There was consensus that a shared understanding of the approach, supported by a shared language was important and should be considered in broad terms including the professional learning of the education workforce to enhance understanding of health promoting schools approaches alongside effective delivery of health and wellbeing within the new Curriculum for Wales. Systems need to ‘take the time to understand each other and taking a co-production approach which builds on the expertise of health, education and social care.’ Communication was perceived as integral to this understanding as well as system connectivity; ‘we need to accept that systems are messy and complicated, and we need the right people having ongoing conversations at local level alongside having a mechanism for feeding issues to the national level.’ As was a clear understanding of policies, actors and agencies that shared an interface and/or provided a mechanism for action or impact; delegates argued that ‘systems mapping was needed at all three levels (national, regional, local) [as], whilst we have a good understanding of key stakeholders and partners within the system, do we have a good enough understanding if key actors and agencies are positioned in the right place to have the most impact?’ There was a consensus that all were striving towards the same goals and that ‘there is a sense of urgency to take more meaningful action collaboratively’ and that this may mean ‘collaboratively deciding on fewer key priorities that are realistic.’ There was also the view that alignment supporting structures and forums already existed but needed to be used ‘to better effect and more consistently and equitably across health and education.’ Delegates recognised the pressure all parts of the system were under and thus felt

that strengths of relationships and partnerships really mattered at each level.

## **8 Concluding remarks and next steps.**

Wyatt thanked all for their time and contribution. She commented on the energy brought by all delegates and described what she saw as a 'huge mandate to take this work forward' and a recognition that 'we are talking about systems that allow children, young people, staff and communities to live their best lives.' She described the evidenced commitment to address inequalities and delegates seeing that as a pathway to supporting health and wellbeing and attainment as 'fantastic'. Wyatt concluded that she started the day envious of what was in place within Wales and was finishing it even more so.

Bishop echoed the thanks and shared her appreciation for the delegates' contributions throughout the day. She informed that PHW will describe today's discussions within a report that will be shared with all the delegates for confirmation it provided an accurate reflection of the day. The report will then be shared with the Deputy Minister for Mental Health and Wellbeing and the Minister for Education and Welsh Language and PHW have a meeting with the former early December to discuss recommendations.

Bishop shared that the team had already started to look at much of what was discussed today where it had been evident change was necessary. She described the decision around when we stop having local schemes as one of the first to be made. Whilst it does need review, there is already a national framework provided by the NQA and so enabling everybody to work towards that as we refine and develop should be feasible and would free people up to work on future development.

She described there being lots to think about in terms of language and framing and what we call the scheme in recognition of all that has been discussed today. And more importantly how we communicate what is happening so schools aren't receiving confused messages.

Bishop recognised the need to continue to build the connections across policy areas at all levels and she will take forward discussions with DsPH about the role they play within regional systems complementing what is already in place.

She went on to describe the importance of the interface between inequalities in attainment and inequalities in health and how everybody in the room understands that the solutions to both of those problems are the same meaning we must find better ways of joining-up across policy areas.

Finally, she described how locally based HSCs are important contributors to the delivery and success of the scheme. They were not involved today as the focus was on strategic direction. However, they have been involved in

conversations thus far and PHW are holding a session with HSCs in early November to talk through the outcome of today and recommendations.

Bishop ended the day by sharing her hopes that delegates remained part of the conversation as the work programme progressed. We have heard throughout the day that there is consensus around the broad principles proposed but the next stage; translating that into the detail, will require ongoing conversations.

Bishop thanked all again for their focus, expertise and energy.

## 9 Appendix A

Round Table Delegates by break-our group.

### Group 1 (Virtual Attendees)

Amy	Davies	Lechyd Cyhoeddus Cymru / Public Health Wales <b>(Facilitator)</b>
Vicky	Barlow	Association of Directors of Education in Wales
Jennifer	Davis	Bwrdd Iechyd Prifysgol Bae Abertawe / Swansea Bay UHB
Jane	Morris	Governors Cymru Services
Jason	Pollard	Llywodraeth Cymru / Welsh Government
Laura	Harrison	Llywodraeth Cymru / Welsh Government
Nathan	Cook	Llywodraeth Cymru / Welsh Government
Ann	John	Prifysgol Abertawe / Swansea University
Jan	Batty	Bwrdd Iechyd Prifysgol Hywel Dda UHB
Carys	Timperly-White	Welsh Government

### Group 2 (Virtual Attendees)

John	Bradley	Lechyd Cyhoeddus Cymru / Public Health Wales <b>(Facilitator)</b>
Sarah	Andrews	Bwrdd Iechyd Prifysgol Betsi Cadwaladr / Betsi Cadwaladr UHB
Simon	Murphy	School Health Research Network
Megan	Harris	Bwrdd Iechyd Prifysgol Hywel Dda UHB
Louise	Kerfoot-Robson	GwEGoddedd Cymru
Ciaran	Humphreys	Lechyd Cyhoeddus Cymru / Public Health Wales
Kirsty	Davies-Warner	Llywodraeth Cymru / Welsh Government
Stephanie	Barnhouse	Llywodraeth Cymru / Welsh Government
Anna	Bryant	Prifysgol Metropolitan Caerdydd / Cardiff Metropolitan University

Public Health Wales	The Welsh Network of Healthy Schools Schemes: Future Directions Roundtable
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Christine	Thomas	Trinity Fields Special School
Carys	Pugh-Dauria	Llywodraeth Cymru / Welsh Government

### Group 3 (In Person)

Dan	Evans	Lechyd Cyhoeddus Cymru / Public Health Wales <b>(Facilitator)</b>
Mark	Campion	Estyn
Victoria	Bodger	Bwrdd Iechyd Prifysgol Aneurin Bevan / Aneurin Bevan UHB
Sonja	Barnard	Consortiwm Canolbarth y De / Central South Consortium
Sue	Williams	Cyfoeth Naturiol Cymru / Natural Resources Wales
Alexa	Gainsbury	Lechyd Cyhoeddus Cymru / Public Health Wales

### Group 4 (In Person)

Susan	Wing	Lechyd Cyhoeddus Cymru / Public Health Wales <b>(Facilitator)</b>
Tessa	Craig	Bwrdd Iechyd Addysgu Powys / Powys Teaching Health Board
Lorna	Bennett	Bwrdd Iechyd Prifysgol Caerdydd a'r Fro / Cardiff & Vale UHB
Karen	Clarke	Cyfoeth Naturiol Cymru / Natural Resources Wales
Steven	Richards-Downes	Cyngor Sir Penfro / Pembrokeshire County Council
Emily	van de Venter	Lechyd Cyhoeddus Cymru / Public Health Wales
Lloyd	Hopkin	Llywodraeth Cymru / Welsh Government
Graham	Moore	Prifysgol Caerdydd / Cardiff University

### Group 5 (In Person)

Carol	Owen	Lechyd Cyhoeddus Cymru / Public Health Wales <b>(Facilitator)</b>
Gemma	Burrows	Bwrdd Iechyd Prifysgol Cwm Taf Morgannwg UHB

Public Health Wales	The Welsh Network of Healthy Schools Schemes: Future Directions Roundtable
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Victoria	Woods	Chwaraeon Cymru / Sport Wales
Angela	Jones	Lechyd Cyhoeddus Cymru / Public Health Wales
Sarah	Rowles	Llywodraeth Cymru / Welsh Government
Hayley	Keohane	Sustrans

#### Group 6 (In person)

Tracey	Taylor	Iechyd Cyhoeddus Cymru / Public Health Wales <b>(Facilitator)</b>
Adam	Fletcher	British Heart Foundation Wales
Eryl	Powell	Bwrdd Iechyd Prifysgol Aneurin Bevan / Aneurin Bevan UHB
Gemma	Cox	Lechyd Cyhoeddus Cymru / Public Health Wales
Cressy	Morgan	Partneriaeth Cymru
Gethin	Matthew-Jones	Royal College of Paediatrics and Child Health