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Programme Document

The Welsh Network of Healthy School Schemes Transformation Programme

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1 Programme description

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, 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.

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.

1.1 Policy Context

In 2017 Welsh Government embarked on a significant programme of reform in Education in Wales, Our national mission sets out a long term programme of work to deliver change. The programme includes the following areas:

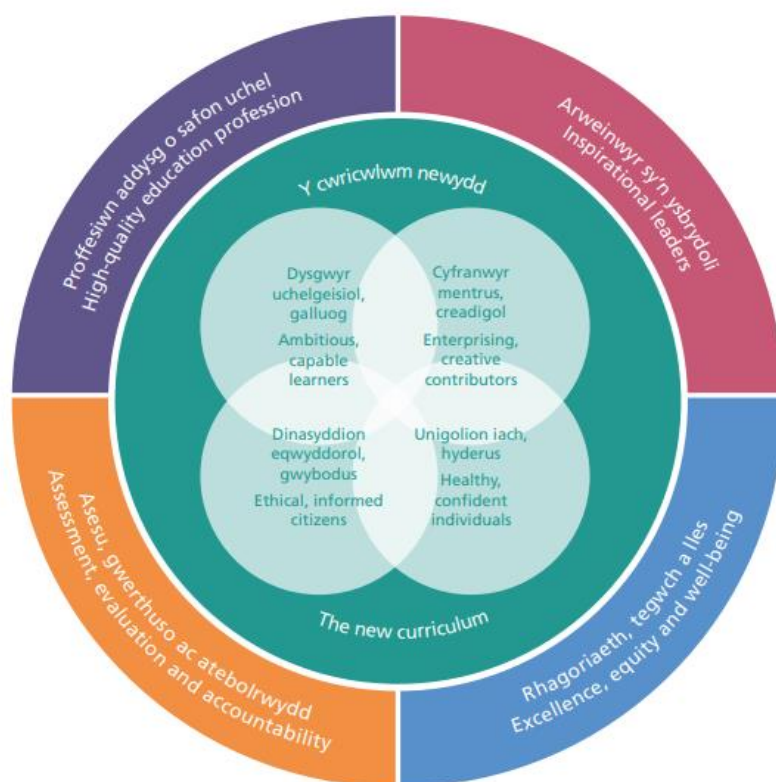
- Transformational curriculum

- Assessment, evaluation and accountability
- High quality professional education
- Inspirational leaders
- Excellence, equity and well-being.

The curriculum reform programme sets our four core purposes:

- Ambitious, capable learners
- Enterprising creative contributors
- Ethical, informed citizens
- Healthy confident individuals

Figure 1: Curriculum Transformation Framework



In addition, for the first time Health and Wellbeing is included as a core area of learning within the new curriculum.

In addition in Health a number of significant policy developments include specific reference to the role of schools and the Healthy Schools Programme in delivering change. These include:

- Healthy Weight Healthy Wales
- Tobacco Control Strategy for Wales
- Framework for a whole school approach to promoting emotional and mental wellbeing

At a global level the WHO and UNESCO reaffirmed the commitment to Healthy Schools launching a global effort to make every school a health promoting schools and issues a set of global standards and indicators to support this work. Wales is acknowledged internationally as one of the few countries that has implemented the programme at scale and it is important that Wales remains at the leading edge of healthy schools development internationally.

Considering these key policy drivers it is necessary to ensure that the programme remains fit for purpose and able to deliver in a new policy context.

2 Current Delivery Model of the WNHSS

Following the Transforming Health Improvement Implementation Programme in 2015 a revised three level model for the WNHSS was developed in collaboration with multi-agency stakeholders which clearly articulated the roles and responsibilities for delivering change at each level national, local authority and school.



2.1 All Wales Level

At a national level Public Health Wales working with Welsh Government employs a national co-ordinator to administer the grant programme and facilitate the network, supported by a Principal Public Health Practitioner

with overall responsibility for Educational Settings and a Consultant in Public Health has oversight and leadership of the programme.

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 the above health topics in the areas of leadership and communication; curriculum; school environment / ethos; and family / community involvement. Pupil involvement in leading, designing and delivering change is central to the approach.

Public Health Wales commissions the independent evaluation of the Welsh government National Quality Award, facilitates national events and learning opportunities in addition to providing and monitoring the grants.

The Health Improvement Division has worked with Welsh Government Health and Social Research and Cardiff University to develop the School Health Research Network (SHRN). SHRN currently works at Secondary Level and includes a pupil survey every two years based on the Health Behaviour of School Children international survey methodology. Work is currently ongoing to develop a primary school element of this survey. To promote uptake of the survey and to maximise use of the results the Healthy Schools Teams at local level lead the recruitment of the schools and work to support them in using the school report to plan action.

Public Health Wales has also worked with SHRN to develop a School Environment Survey, this seeks to measure the extent of a whole school approach to health and wellbeing. This enables monitoring of progress and change but also enables exploration of the school factors which are most strongly associated with improved pupil outcomes. Each year that the survey is run provides an opportunity to explore current policy priorities and to assess the implementation of policy. The Network also provides a platform to enable high quality research studies of specific interventions and policy changes to be studied. The partnership with SHRN has secured substantial external research income into Wales and enabled the delivery of a number of world leading research studies into whole school approaches.

2.2 Local Authority Level

Each local authority area in Wales has established its own healthy school scheme which underwent accreditation and approval by Welsh Government. Locally the Director of Public Health and Director of Education have responsibility for the scheme and agree jointly which local organisation will host the scheme. Currently this includes 12 local authorities, 9 local public health teams and one local health board.

The schemes employ practitioners who work directly with schools to help them implement a whole school approach to health and wellbeing. Local

practitioners also ensure local networking of schools and maintain a system of monitoring and accreditation of the schools in their area. The practitioners work with schools to help them identify their needs and work towards agreed outcomes (Phases 1-5) that are assessed locally.

Almost every school in Wales is now engaged with the scheme. Following a school's successful engagement and attainment of Phases 1-5 an independent assessment for the National Quality Award takes place.

There is an expectation that the local scheme is connected to and embedded within relevant local partnerships and plans and that it will respond to the priorities identified by the Director of Public Health. The grant requires local areas to:

- a) The establishment of a local partnership to oversee local development of the WNHSS, which should include health and education representatives as a minimum.
- b) Establishment and maintenance of a local healthy school scheme in line with the national criteria and framework.
- c) Ensuring the goals of the scheme are included within local strategic plans.
- d) Securing involvement of all schools within the local area in the scheme.
- e) Supporting schools in working towards agreed achievement criteria such as those outlined in the National Quality Award.
- f) Contributing to the achievement of local health priorities and strategic plans as determined by the local Health Board's Director of Public Health in accordance with the requirements of the grant scheme.
- g) The nomination of a lead local agency and lead senior manager who will be accountable for the administration of the grant.

2.3 School Level

The majority of schools in Wales have joined the scheme and the majority of these remain active participants. At school level a school co-ordinator is identified and the school will work annually to an agreed programme of activities that are locally assessed according to the local scheme. Successful completion of each of these phases is recognised with a local phase award.

Guidance on all phases of the scheme was issued in 2008. It indicates that schools should consider the following health topics during their involvement:

- Mental and emotional health and well-being (including anti-bullying)
- Food and fitness (including oral health)
- Personal development and relationships (including SRE)
- Substance use and misuse (including tobacco, alcohol, legal and illegal drugs)
- Environment
- Safety
- Hygiene

Each topic has indicators under the headings:

- Leadership and Communication
- Curriculum
- Ethos and Environment
- Family and Community Involvement.

In addition, there are minimum standards for food in schools that are linked to the Healthy Eating in Schools (Nutritional Standards and Requirements) (Wales) Regulations 2013; and for hygiene, linked to the publication *Teach Germs a Lesson*.

As a result of the introduction and update of the SHRN Student Health and Wellbeing Survey the majority of secondary schools in Wales now have school level data on which to base their Healthy Schools work.

3 Strategic Review

The review of the Welsh Network of Healthy School Schemes was undertaken in parallel with another national programme, the National Exercise Referral Programme and has included:

- An overview of the current evidence base for action in school settings with a focus on whole school approaches
- An external review of the delivery of the programme from the perspective of key stakeholders including those engaged in delivery of the programme
- An assessment of current policy and strategy in health and education and the potential contribution of the programme to the delivery of policy goals
- A review of funding allocations and delivery model

The review of the WNHSS coincided with the introduction of the Joint Ministerial Task and Finish Group on a whole school approach to mental health and wellbeing. The work undertaken in this process has informed

the review process and learning is being gathered from the implementation process which is also helping to inform future action.

There were a number of themes which emerged from both reviews and reflected the common elements of the programme origins and delivery models.

3.1 Common Findings Across Programmes

Stakeholder interviews indicate that both programmes are valued by local partners and beneficiaries.

3.1.1 Funding Level and Model

In both reviews the providers identified concerns about the level of funding and the mechanism used.

- In both cases funding is via a grant programme which acknowledges explicitly that the funding will not cover the totality of the costs of delivery and that resources will be required in kind at a local level.
- The level of the grant has not increased since the programme transferred into Public Health Wales in 2011 and has reduced due to the application of a cost improvement target. As the funding is largely for staff costs the impact of inflation and incremental pay awards has meant that there is a declining level of funding available to deliver.
- The annual grant process is cumbersome for both Public Health Wales and for grant recipients. The annual nature of the funding leads to uncertainty in relation to staff contracts and security on an annual basis.
- The funding model i.e. the allocation of funding to each area is historic and does not reflect need or activity levels.
- In many areas additional funding has been secured to support the programme delivery which adds to the reporting burden and complexity. In some cases this has led to conflicts between the agreed programme purpose and evidence base.

3.1.2 Stage of Programme Development

While there is a clear rationale for programmes at a developmental stage to be managed or overseen at a national level, once they have become established the rationale for ongoing involvement is less clear. As with the Smoking Cessation Services once they became established as mainstream provision within the NHS it was no longer appropriate for Public Health Wales to have a day to day operational role, focusing on 'once for Wales'

actions such as ongoing research and development; standard setting; facilitation of networks and learning events; social marketing.

NERS and WNHSS are now established programmes and while Public Health Wales at a national level has never been responsible for delivery at a local level it is appropriate to review whether the roles and responsibilities are appropriately aligned within the system to facilitate the next phase of development.

3.1.3 Assessing Impact

In the case of both programmes there is a need to establish appropriate monitoring mechanisms that enable the impact of the programmes to be clearly demonstrated.

In relation to WNHSS the 'outcomes' or measures against which the scheme was established related entirely to processes. The purpose of the programme is to effect change in school environment, policy and practice but this is not captured. While the development work undertaken with SHRN has created an infrastructure to support change to a more outcome based model that has yet to be implemented.

Whole school approaches reflect an ethos and way of working rather than a specific highly controlled intervention. Context is important and local schemes and individual schools take action appropriate to their context, the needs of their school and priorities. This makes evaluation very challenging. However, there have been a number of studies and evaluations of whole school approaches and these have repeatedly advocated for a whole school approach using the model adopted by WNHSS¹²³⁴

A Cochrane⁵ review in 2014 found positive effects of the approach for body mass index (BMI), physical activity, physical fitness, fruit and vegetable intake, tobacco use, and being bullied. Intervention effects were generally small but have the potential to produce public health benefits at the population level. The review found insufficient data to draw conclusions about the effectiveness of the HPS approach for sexual health, hand-washing, cycle-helmet use, eating disorders, sun protection, oral health or academic outcomes.

¹ O'Reilly, M et al (2018) Review of mental health promotion in schools. *Social Psychiatry and Psychiatric Epidemiology*. 53:647-662

² Thomas, F and Aggleton P (2016) A confluence of evidence: What lies behind a 'whole school approach to health education in schools?', *Health Education*, vol 116, Issue 2 154-176

³ <http://ppi.wales.nhs.uk/ppiw-report-publication-promoting-emotional-health-well-being-and-resilience-in-primary-schools/>

⁴ <https://www.kingsfund.org.uk/projects/improving-publics-health/healthy-schools-and-pupils>

⁵ https://www.cochrane.org/CD008958/BEHAV_the-who-health-promoting-school-framework-for-improving-the-health-and-well-being-of-students-and-their-academic-achievement

A more recent cluster randomised controlled trial⁶ on an intervention on bullying and aggression in English secondary schools indicated that interventions to promote student health by modifying the whole-school environment are likely to be one of the most feasible and efficient ways of addressing closely related risk and health outcomes in children and young people. There are many others which provide evidence that school environment interventions are effective.

During the period that the scheme has been operating there have been significant improvements in smoking rates and alcohol use. There have also been substantial changes in both the recognition of the importance of health and wellbeing as a role within schools and in relation to some key policy and practice developments e.g. the disappearance of tuck-shops; introduction of restrictions on smoking within the school ahead of legislative change.

The WNHSS is a complex intervention and therefore it is difficult to attribute child health outcomes to this intervention alone, while Schools do have an impact on outcomes wider family and community factors are also significant. International best practice would suggest that in the case of complex interventions of this kind, effectiveness of the intervention should be determined primarily by the extent to which it achieves its objectives rather than health outcomes that are influenced by whole system action.

3.1.4 Programme Fidelity

When interventions are based on an established evidence base and an underlying theoretical approach it is important that local variation and adaptation does not stray too far from that original evidence base that it may no longer apply. Failure to maintain intervention fidelity is one of the key findings of much health improvement intervention research.

In the case of both programmes it is clear that there was an established theoretical and intervention model at the outset it is clear that over time this may have eroded.

In WNHSS the theoretical basis for the programme is well established and founded in international approaches led by the WHO. It is less clear whether this always translates into the activity on the ground by the staff involved and there is most likely significant variability.

3.1.5 Quality and Improvement

In the case of both programmes there is an absence of a clear approach to continuous improvement or reflection on outcomes and achievement at both national and local level.

⁶ <https://www.thelancet.com/action/showPdf?pii=S0140-6736%2818%2931782-3>

In the case of both programmes there is evidence of lack of appropriate development and improvement with many of the programme elements having remained unchanged for over a decade or more.

There is an absence of clear quality standards within both programmes.

3.1.6 Local Partnerships and Priorities

Local stakeholders, particularly Local Public Health Teams feel that they have little influence over the delivery of these programmes. While in theory this is not the case, within the broad programme approach, it is clear that the current approach does not enable these two programmes to be most effectively deployed to meet local priorities.

This issue may arise because the staff delivering the programmes locally seek direction from the national programme leads rather than local public health leadership. It is also the case that the level of engagement with the programmes locally is variable between Health Board areas.

3.2 Programme Specific Findings

In common with the NERS programme feedback from local stakeholders was positive about the value of the programme. However, the current shift in policy with Education means that it is essential that the programme is appropriately positioned to support a policy context in which Health and Wellbeing is a core purpose of the curriculum in addition to the new Health and Wellbeing Area of Learning and Experience (AoLE). It will be important the Network identifies the most appropriate contribution within the system working alongside the consortia and other groups supporting professional learning.

3.2.1 Programme Approach and Structure

The underlying theoretical basis of a whole school approach remains the preferred model from the international evidence base. There are questions however, about the appropriateness of the current operational model in Wales which include:

- The extent to which an Award scheme remains an appropriate model to drive improvement
- The changing policy context in Education
- The need to focus more on 'outcomes' rather than inputs or processes
- The need for schools to focus on need rather than following a prescriptive set of issues

3.2.2 Local Strategic Partnerships

When the network was established each local scheme was required to demonstrate that it was fully embedded with their local partnership structure and that the contribution of the programme was understood and fully utilised.

It is clear that as time has gone on some of these relationships have weakened and it is important that these are strengthened to ensure the scheme operates effectively and contributes appropriately to local priorities.

3.2.3 Local Scheme Phases

Given the new policy context the original approach of the programme which involved a progression through a local series of phases and then completion of a national quality award; is no longer fit for purpose.

There is clear value in a set of national standards/benchmarks and there appears to be consensus that the national quality award represents a valuable measure of a whole school approach.

The relatively rigid structure of having to complete a number of phases irrespective of the starting point is also seen to be unhelpful.

3.3 Review Conclusions

In summary the strategic review has concluded:

- The overarching theoretical basis of a whole school approach remains evidence based and in line with international best practice
- The programme is valued by stakeholders as playing an important role in the system, adopting a supportive rather than performance management or inspection approach
- The National Quality Award is valued as a good benchmark of quality but there is less confidence in the other components of the programme
- The programme needs to enable and support the implementation of current policy e.g. Curriculum reform including the Health and Wellbeing ALoE; Whole School Approach to Mental and Emotional Wellbeing; Healthy Weight Healthy Wales.
- The programme needs to operate more clearly within the local strategic context under the direction of the Health Board Director of Public Health aligned to a national set of standards and evidence.
- The funding model is outdated and no longer fit for purpose
- There is a high degree of variation in how funds are utilised that may not always deliver maximum value for money

- While the opportunity for recognition is valued the emphasis on attainment of an award should not be the primary focus of the programme.
- Improved data collection systems are required to measure change in school policy, practice and environment

4 Development Work to Date

In March 2021, this group published framework guidance '*Framework on Embedding a Whole School Approach to Emotional and Mental Well-being*' (Education Wales, 2021); which complements the new Welsh school curriculum due to be rolled out in 2022 (Education Wales Curriculum for Wales, 2021).

Public Health Wales developed guidance and a self-assessment tool for use by schools as a means of supporting the implementation of Welsh Governments statutory framework for 'embedding the whole-school approach to emotional and mental well-being'. It gives schools the opportunity, through a continuous improvement approach, to promote positive mental well-being, prevent mental ill health and to take action to support individuals where needed. The focus is on helping schools through a defined process to develop and embed their own whole-school approach. Schools will use the guidance and tools provided to self-assess their needs and strengths. This includes ensuring that the school has a clear mechanism overseen by the Senior Leadership Team to develop and monitor progress. This whole continuous process of reflection and improvement should enable the school to embed ways of working that protect and promote the emotional and mental well-being of the whole school community. This work has acted as a pilot programme to test how the existing NQA could be adapted to a minimum set of standards.

The work to transform the WNHSS will look to introduce a continuous improvement model consistent with the WSA to mental health and well-being. As part of the new model for delivery, a revised set of standards and guidance will be developed based on the best available scientific evidence of effectiveness for whole school approaches for each topic area. Work has already begun in updating the physical activity topic area in collaboration with Sport Wales and Natural Resources Wales as part of the Wales Physical Activity Partnership (WPAP) and engagement with other stakeholders will be carried out for the remainder of the topic areas.

Information will be gathered on the current network and how this has been working to date. Looking at the programme management and governance of the programme, a funding review will be carried out to review the use of the grant at a local level to ensure that variation is acceptable and justified within the scope of the grant scheme with consideration to the equitable allocation of resources across the local networks.

Emerging findings and options for the future management and delivery of the WNHSS and NERS were presented to the Directors of Public Health in November 2021. The group agreed in principle a set of overarching principles to guide future development of the programme, which included:

- The programme retains a national identity
- There is fidelity to the intervention purpose and approach
- National frameworks, minimum standards and benchmarks guide local delivery
- Local and national innovation and change is supported by appropriate evaluation
- Responsibility for and deployment of resources and the focus of the staff on a day to day basis should be determined by local priorities
- Monitoring, evaluation and reporting occurs within an agreed national minimum dataset but is local managed
- There are opportunities for networking and shared learning across Wales

The group also agreed in principle an approach to key roles and responsibilities in the future. This would move towards a future model in which responsibility for funding transfers to Health Boards under the auspices of the Director of Public Health via the directed funding element from Welsh Government in line with other Prevention funding.

Public Health Wales would retain responsibility for national frameworks, standards, facilitation of networks to support shared learning and national level monitoring and evaluation.

5 Transformation Programme

Following the agreement in principle to the future direction of the scheme, Public Health Wales has worked to develop a plan to implement the changes. This will involve the establishment of a Programme, overseen by a Programme Board. The intention is that the programme will run from 1 September 2022 until 31 March 2024. This timescale has reflected feedback from the Directors of Public Health that they wished the transformation and improvement work to be completed prior to any transfer of responsibilities and the timescales of the parallel transfer of responsibility for Local Public Health Teams to Health Boards in October 2022.

It is proposed that a Programme Board is established with representation from Welsh Government (Education and Public Health Policy); Health Boards (Directors of Public Health); Local Authority Directors of Education;

Education Consortia; Estyn; Royal College of Paediatrics and Child Health; School Nursing Lead; School Health Research Network.

A number of work-streams have been identified and scoped to deliver the requirements of the review. An overview of each workstream, key outputs and objectives is outlined below. A phased approach has been adopted as follows:

Phase 1 – April 2022 – August 2022

Phase 2 – September 2022 – March 2023

Phase 3 – April 2023 – March 2024

5.1.1 New Delivery Model Workstream

Aim: To describe and secure agreement for a new delivery model for WNHSS

- Describe the purpose, aim and approach to be adopted (Phase 1)
- Produce and agree a programme logic model (Phase 1)
- Agree roles and responsibilities in delivery, including for the workforce (Phase 2)

5.1.2 Standards and indicators

Aim: To agree a set of national standards for WNHSS in Wales based on the Global Standards and an associated set of indicators

- Review current requirements against the global standards and indicators and make recommendations (Phase 1)
- Develop a draft set of standards for discussion and agreement (Phase 2)
- Develop options for indicators at national, local and school level (Phase 2)
- Consult on proposed standards and indicators (Phase 2)
- Finalise and publish standards and indicators (Phase 3)

5.1.3 The future of the NQA

Aim: To make recommendations on the future role of an Award in the scheme

- In collaboration with key stakeholders, scope options for the use of an Award based model for the scheme (Phase 1)
- Consult on options and make recommendations (Phase 1)

5.1.4 Implementation Guidance

Aim: To ensure that local scheme co-ordinators and schools have easy access to evidence based implementation guidance to meet the standards of the scheme.

- Develop an approach to the development of guidance that encompasses purpose; approach and content assurance mechanisms (Phase 2)
- Develop and agree a phased plan for the co-production of overarching and thematic guidance (Phase 2)

5.1.5 Learning and Improvement

Aim: To agree an approach to facilitate shared learning between school, local areas and internationally. To scope and agree an approach to continuous improvement.

- Review current mechanisms for identifying and sharing best practice and collaboration, nationally, regionally and locally (Phase 2)
- Identify opportunities for collaboration with other relevant networks, programmes etc. (Phase 3)
- Develop recommendations for national and local networks and the identification and sharing of best practice (Phase 2)
- Develop and approach to continuous improvement (Phase 3)

5.1.6 Monitoring, Evaluation and Impact

Aim: To ensure that the future scheme can evidence activity, outputs and impact and that progress in achieving the agreed standards across Wales can be evidenced.

- Develop and agree an overarching evaluation framework for the scheme (Phase 2)
- Develop and agree an approach to monitoring activity, outputs and impact at school, local and national level (Phase 2)
- Agree a set of national performance indicators (Phase 2)

5.1.7 Communication and Engagement

Aim: To ensure that there are effective mechanisms for communication and engagement with all key stakeholders of the scheme, during the transformation programme and in the future.

- Undertake a stakeholder analysis (phase 1)
- Develop a communication and engagement plan for the transformation (Phase 1)

- Develop an approach to ensuring that the wider system understands the contribution of the scheme to health and education policy (Phase 3)
- Review current approaches to communication within the network and make recommendations for improvement (Phase 2)

5.1.8 Capacity Building

Aim: Ensure that the network and the wider system are supported to deliver the new model and support health and wellbeing improvement in educational settings.

- Review the workforce capability and confidence in the context of the new delivery model and make recommendations (Phase 2)
- Develop a capacity building plan based on the recommendations (Phase 2)
- Scope, in conjunction with key stakeholders, the contribution of the scheme to professional learning (Phase 2)

5.1.9 Programme Management

Aim: To make recommendations for programme management roles and responsibilities in line with the new delivery model

- Undertake a review of funding and make recommendations (Phase 2)
- Finalise proposals for the future management of the scheme for formal agreement (Phase 2)
- Subject to agreement develop proposals for the transfer of responsibilities for aspects of the scheme within the system (Phase 3)

6 Risks, Scope and Exclusions

This programme of work encompasses the Welsh Network of Healthy School Schemes, activities funded by the WNHSS grant funding from Public Health Wales and the National Quality Award.

This programme will not encompass the Healthy and sustainable pre-school scheme

Assumptions

That the COVID-19 pandemic or other priorities do not require the mobilisation of the public health workforce.

Constraints

There is a recognition that during the COVID recovery period the capacity across the system is stretched and that key partners may not be able to engage fully with the work.

There is also a recognition that currently capacity within Public Health Wales is limited but this will be strengthened by additional resources shortly.

External dependencies

Collaboration with local health boards, local public health teams and with key stakeholders.

6.1 Risks

A formal risk management approach will be adopted, monitored by the programme team and reported to the programme board.

Risks identified at this establishment phase are documented below.

| Risk | Mitigation/Management |
|---|---|
| Public Health Wales staff will be required for other duties which may cause delay. | Tolerate Ensure that documentation and record keeping facilitates rapid reactivation |
| Stakeholders and partners will be unable to contribute to the programme development work due to capacity | Tolerate Public Health Wales to use existing mechanisms to engage with stakeholders and partners |
| There is a risk that wider organisational change within Public Health Wales will impact on capacity and relationships within the system | Establishment of team communication and engagement mechanisms as a priority |