



Healthy Schools

National Healthy School Standard **report**

reviewing **past**
achievements,
sharing **future** plans

Context

When the National Healthy School Standard (NHSS) was launched in October 1999, the government set the following targets:

- All LEAs to be involved in an accredited education and health partnership by March 2002
- The majority of schools to be involved in a local healthy schools programme by March 2002¹.

Two and a half years on – and due to the tremendous credit, commitment, enthusiasm, hard work and expertise of local healthy schools teams all over the country – both targets have been achieved.

The purpose of this report is to:

- 1 Reflect on the achievements of Phase 1 of the NHSS (October 1999 to March 2002)
- 2 Outline plans for Phase 2 (from April 2002)
- 3 Provide information about future changes to the way we will be communicating with local education and health partnerships and schools.

We hope you find it valuable.

**Schools and Young People's Health Team,
Health Development Agency**

"A healthy school is one that succeeds in helping pupils to do their best and build on their achievements. With the considerable amount of time spent in school, the school is vital to improving children's health. A whole school approach to making children, teachers, parents and communities more aware of the opportunities that exist in schools for improving health, also improves educational standards."

Catherine Ashton, Minister for School Standards, DfES

"I am delighted with the excellent progress of the healthy schools programme. Establishment of partnerships gives us a real opportunity to support schools in health and educational improvement, and focus on schools in deprived areas where we can make a beneficial impact on the health and lifestyle of children and young people."

Hazel Blears, Public Health Minister, Department of Health

"We are delighted that all schools in England now have the opportunity to take part in a nationally recognised healthy schools programme. Children learn best when they are healthy, happy and confident – now every schoolchild in England will have this opportunity."

Yve Buckland, Chair, Health Development Agency

"As Chair of the General Teaching Council I am obviously interested in the health and wellbeing of teachers. Can a school truly be a healthy school if its teachers are stressed, under-valued and unhappy?... I am delighted that the National Healthy School Standard has researched, written and disseminated advice to schools about practical ways to promote the health and wellbeing of their staff – and equally delighted that so much of the work of the NHSS has resulted in engaging and effective continuous professional development for staff."

Lord Puttnam, Chair, General Teaching Council (2000–02)

A healthy school is...

...one that is successful in helping pupils to do their best and build on their achievements. It is committed to ongoing improvement and development. It promotes physical and emotional health by providing accessible and relevant information and equipping pupils with the skills and attitudes to make informed decisions about their health.

A healthy school understands the importance of investing in health to assist in the process of raising levels of pupil achievement and improving standards. It also recognises the need to provide both a physical and social environment that is conducive to learning.

The National Healthy School Standard is...

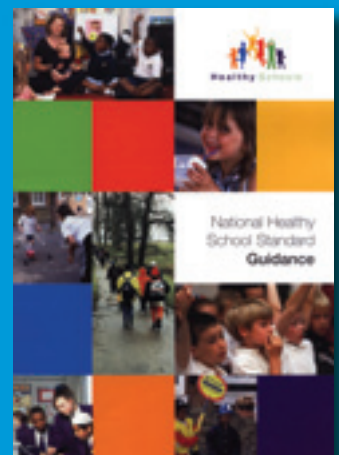
...a national guidance framework for local education and health partnerships. Local partnerships develop healthy schools programmes which provide support to schools in the process of becoming healthier. The Health Development Agency is responsible for managing the implementation of the NHSS on behalf of the Department of Health and the Department for Education and Skills.

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Above: Stages in the process of implementing the NHSS

¹DfES (1999), *National Healthy School Standard Guidance*, DfES Publications



Key achievements of the NHSS

- Schools involved in the NHSS are more likely to be improving at a faster rate than the national average
- Schools involved in the NHSS are making improvements at a faster rate than schools nationally in regard to:
 - the behaviour of pupils
 - the standards of work in the classroom
 - the quality of the PSHE programme
 - the management and support of the pupils
- The NHSS is having a greater impact in schools that are serving areas of socio-economic disadvantage
- 150 education and health partnerships are accredited to the NHSS
- 14,000 schools are accessing quality-assured training and support from local healthy schools programmes
- 8,000 schools have identified healthy schools work within their School Development Plan, have set targets and are accessing support and monitoring the impact of their activities
- 79% of healthy schools programmes have strategic targets written into the Education Development Plan
- 87% of healthy schools programmes have strategic targets written into the Health Improvement and Modernisation Plan

² During Phase 1, the health side of the local partnership was generally represented by the local health promotion service, community health (NHS) trust or health authority.

From April 2002, primary care trusts became the key health partner.

Supporting health and education to work in partnership

150 education and health partnerships have been established across England. These are supporting a whole school approach to health and education improvement of children and young people

Every local education authority (LEA) in England is working in partnership with health² to develop local healthy schools programmes which address the National Healthy School Standard Guidance.

There is now an appreciation by both education and health that there are mutual benefits to be gained through working in partnership

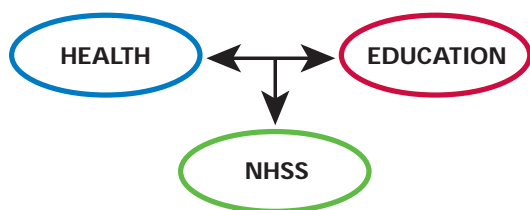
LEAs and schools are recognising that a healthy school has a key contribution to make in raising pupil achievement levels.

Health partners are valuing the importance of working collaboratively with education to promote better health and emotional wellbeing for children and young people, particularly those who are socially and economically disadvantaged.



Healthy schools programmes have been successfully integrated into key local strategic documents. A survey³ found that:

- 79% of healthy schools programmes indicated that the programme was written into the local **Education Development Plan**.
- 87% of healthy schools programmes indicated that the programme was written into the local **Health Improvement and Modernisation Plan**.



A review undertaken by Ofsted⁴ found that at LEA level the NHSS had a significant and beneficial impact in improving cooperative working between LEAs and health authorities or health promotion teams.

²TCRU (2001), *One Year On, a national audit of activities linked to the NHSS*. A questionnaire was mailed to every local education and health partnership in March

2001. 130 responses were received (87% of the sample).

⁴An independent review of Ofsted school inspection reports (2001) published online at www.wiredforhealth.gov.uk/new/onwhf2/OFSTED.pdf



Providing a framework for joining-up the delivery of services to children and young people

The NHSS has provided a framework which has helped facilitate partnership work at grass-roots level

The NHSS has improved the quality, efficiency and breadth of partnerships between schools and those providing services to schools



Above: examples of some of the partnerships that are being forged under the healthy schools umbrella

The NHSS helps those providing services to schools:

- To work in a more coordinated and efficient way
- To address government priorities
- To evaluate the impact of their work.

The NHSS helps schools:

- To make sense of the plethora of national, regional and local initiatives and the connections between them
- To access support services appropriate to their needs
- To harness wider support to promote school improvement.

"The NHSS way of working via partnerships has brought together people across the LEAs and health authorities and relationships between them are now strengthened."

"If you get your partnership working right the rest follows."

Quotes from local programme coordinators

"The healthy schools programme is so useful for joined-up working."

Quote from a teacher

"The reason why I think the NHSS is one of the most powerful Standards is because however good a teacher is they cannot be the font of all wisdom and the NHSS asks other professionals to play their part and bring their expertise, their skills and knowledge into the teaching and learning environment of the children to help them to make healthy life choices for the future."

Quote from a head teacher

Raising educational attainment

Schools that are engaging with the NHSS are more likely to be improving at a faster rate than the national average

An independent review of Ofsted school inspection reports found that of schools involved in the NHSS:

- The overall effectiveness of over four out of five primary schools and 50% of secondary schools is “good” or “better”
- Almost two-thirds of primary schools and 37% of secondary schools have made “good” or “better” progress since their last inspection
- There are a number of key areas where the primary and secondary schools are making improvements at a rate faster than schools nationally. For example:
 - Behaviour of the pupils
 - Standards of work in the classroom
 - Quality of the PSHE programme
 - Management and support of pupils.



“(The NHSS) has raised the profile of PSHE and Citizenship as a whole school issue, offering more focus and rigour. Teachers talked of a change in the culture and ethos in their schools.”

“There is growing awareness that the framework is starting to be used as a management tool within schools as a way of tackling school effectiveness and improvement. It is certainly driving up standards in PSHE provision.”

Quotes from NHSS assessors



Tackling health inequalities

The NHSS has a valuable contribution to make towards tackling health inequalities

Local education and health partnerships are making an explicit contribution towards tackling health inequalities at:

- **A programme level** – through school recruitment strategies that proactively target schools in areas of socio-economic disadvantage
- **A school level** – in supporting schools to consider inequalities and social inclusion in planning, delivery, monitoring and evaluation of targets.

The independent review of Ofsted school inspection reports found that the NHSS is having a greater impact in schools serving areas of socio-economic disadvantage.

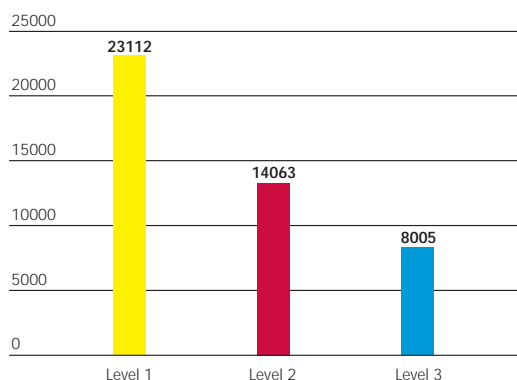


Engaging schools

The NHSS has successfully engaged schools

From a total of 26,000 schools, there are now:

- **14,000 working actively with local healthy schools programmes at level 2** (aware and involved through related training and projects that adhere to the principles and practice of the NHSS Guidance)
- **8,000 working with local healthy schools programmes at level 3** (an intensive level that includes work being identified on the school development plan, resources being allocated, targets agreed, support accessed and impact being monitored).



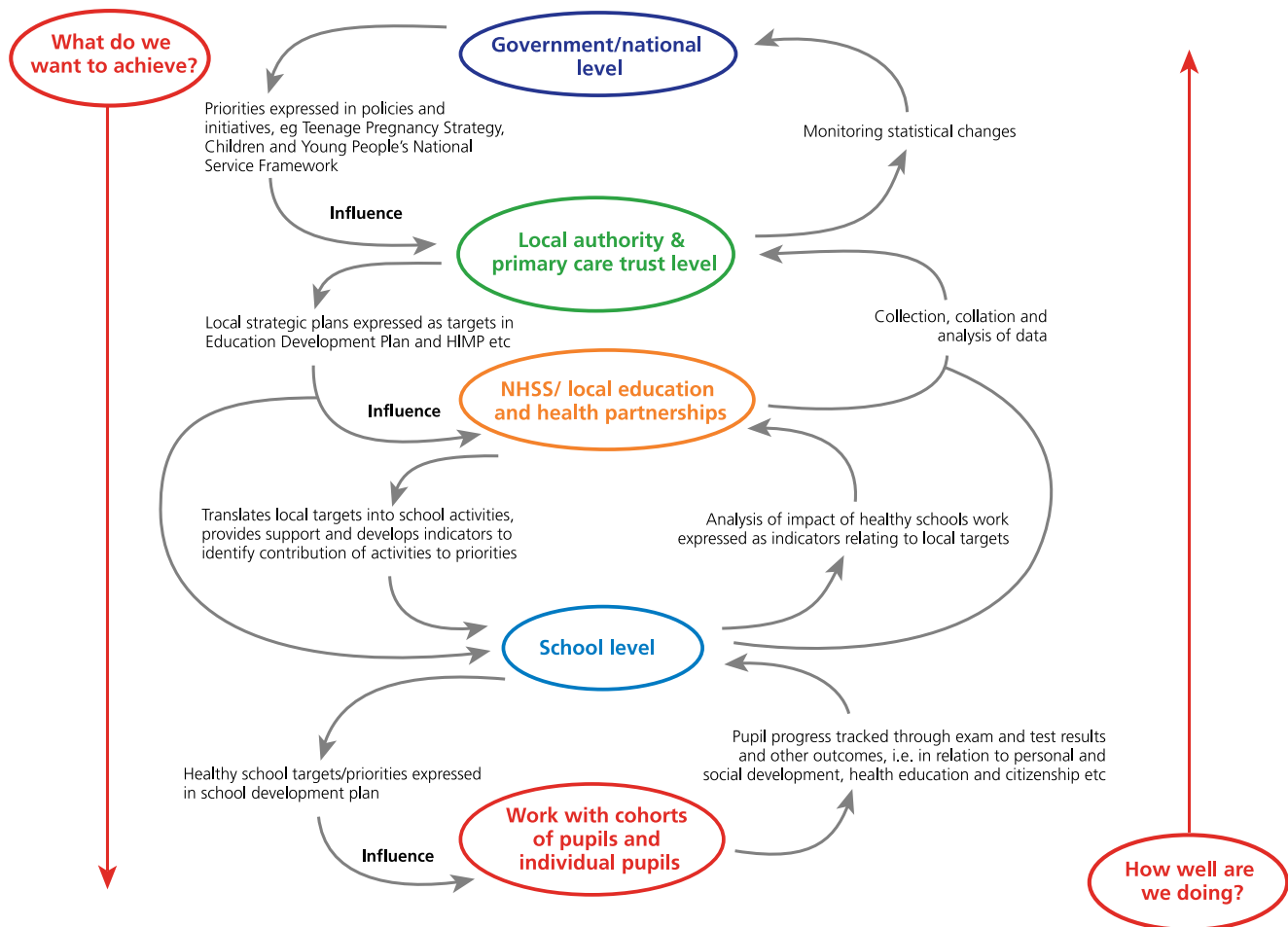
Above: NHSS school involvement, January 2002

Level 1 = Schools know about the local healthy schools programme through published materials, eg via newsletters or briefing events

Putting policy into practice

The NHSS provides a framework for helping translate policy priorities into practice. Conversely the NHSS also supports the process by which practitioners identify

the impact their work is having in relation to policy priorities. The diagram below illustrates how the NHSS framework supports this process.



"The success of East London's healthy schools scheme is a vital part of the Tower Hamlets Primary Care Trust strategy of improving the health of children now and maintaining that good health into adulthood."

Director of Public Health, Tower Hamlets Primary Care Trust

Just one example of how NHSS/local education and health partnerships are helping to bridge the gap between local strategic targets in line with national policies on the one hand, and school strategic targets and operational activities on the other

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Teenage Pregnancy Target National Strategy for Sexual Health and HIV	HIMP target	Local education and health partnership targets	Target within School Development Plan or Departmental Development Plan	Activities undertaken by school supported by the local education and health partnership
<p>To halve the rate of conceptions among under 18 year olds in England by 2010</p> <p>Assess local need and develop appropriate resources</p>	<p>To reduce the rate of teenage pregnancies across the borough</p> <p>To incorporate the requirements of the National Strategy for Sexual Health and HIV into strategic and operational plans of all agencies</p>	<p>To develop partnership and shared objectives with Teenage Pregnancy Coordinator</p> <p>To provide all schools with whole school audit tool for assessing SRE practice</p> <p>To provide all schools with access to training in effective SRE policy development</p> <p>To ensure that at least a third of schools working at level 3 are supported in addressing targets linked to SRE theme</p>	<p>To review school sex education policy and practice in Key Stage 3 (KS3) in first instance</p>	<p>Employ 'whole school audit of SRE provision' tool provided by local healthy schools programme</p> <p>Review content and delivery of SRE in sample of year 6 from feeder schools</p> <p>2 consultation sessions with parents plus recommendations feeding into revised curriculum for KS3</p> <p>Consult with pupils via school council regarding content and delivery of sex education in KS3</p> <p>Monitor implementation of revised curriculum</p> <p>Develop guidelines on use of outside visitors</p>

Assessing performance

The performance of every local education and health partnership has been assessed against the NHSS Guidance and programme improvement targets have been agreed

A rigorous accreditation process provided the mechanism by which the performance of every local education and health partnership has been assessed against the NHSS. Part of this process included establishing ongoing programme improvement targets for every partnership.

"We've achieved through the accreditation process a much more focused approach to the way we manage things. We're better able to target and identify priorities and better able to say this is the input we need to deliver these targets. Partnerships have been valuable, we all feel we know what we're doing – the accreditation process has enabled us to do this."

"I've been around for 10 years in this field and this is the first time something this rigorous has been done and I'm very grateful. Schools like it and want to be part of healthy schools."

Quotes from local healthy schools programme coordinators



The accreditation process is also supporting the continuous improvement of local healthy schools programmes.

"For most of us, accreditation is not the be all and end all. People are not in the mindset that 'now we're finished'. People are keen and anxious to move forward, to carry on recruiting schools, increasing training opportunities, skills and knowledge."

Regional NHSS coordinator

Future plans

The future of the National Healthy School Standard is promising. The two government departments sponsoring the programme have commended the achievements of Phase 1 and the potential of the NHSS to deliver on emerging priorities is recognised.

The introduction of a non-statutory framework for PSHE across all key stages within the National Curriculum, statutory citizenship education at key stages 3 & 4, the new Ofsted focus on drug education and the recent Ofsted report on sex and relationships education have all increased the need and demand for the local programme.

The strategic priorities for the NHSS agreed by the Department of Health and the Department for Education and Skills remain:

- To make an explicit contribution towards tackling health inequalities
- To promote social inclusion
- To encourage high standards in schools through school improvement activities.

This financial year (April 2002–March 2003) is a period of consolidation and development for the National Healthy School Standard. The challenge during this year is:

- 1 To consolidate and develop the quality of partnerships between education and health and their capacity and capability to deliver effective healthy schools programmes
- 2 To demonstrate how the NHSS is making an impact in relation to education and health improvement
- 3 To ensure that the NHSS is integrated and coordinated with other strategies and services affecting children and young people at national, regional and local levels.

Developing the NHSS at the regional level

At a local level, NHSS success is reliant on LEAs working in partnership with primary care trusts (PCTs). The central NHSS team will therefore be examining ways of supporting PCT engagement in Healthy Schools.

Where local strategic partnerships (LSPs) exist – partnerships involving local authorities and PCTs – and community strategies are being developed, it will be important for local education and health partnerships to ensure their strategic plans are integrated. Government Offices have the role of accrediting LSPs in the 88 areas eligible for Neighbourhood Renewal funding. The NHSS team will be exploring ways of working with Government Offices and the Neighbourhood Renewal Unit to align NHSS accreditation with LSP accreditation.

The NHSS is aligning itself with Government Offices to support improved integration with other strategies and services affecting children and young people and to develop the strategic support necessary to carry the NHSS into the second phase.

The relationship of the NHSS with key players – such as strategic health authorities – in the new public health system will also be clarified.

Below: The nine Government Office Regions are illustrated



Local education and health partnerships within the nine Government Office regions will be supported by a national adviser from the NHSS team and a regional NHSS coordinator.



Below: NHSS national advisers and regional co-ordinators supporting the local education and health partnerships in the nine Government Office regions

REGION	NATIONAL ADVISER*	REGIONAL NHSS CO-ORDINATOR
North East	Colin Noble	Joy Evans joy.evans@sthct.nhs.uk
Yorkshire & the Humber	Colin Noble	Ian Dixon regional@blueyonder.co.uk
North West	Colin Noble	Norman Scott Norman norman.scott@pshe.org.uk
East Midlands	Colin Noble	Janet Flett janet.flett@lincolnshire.gov.uk
West Midlands	Colin Noble	Peter Chell peter.chell@staffordshire.gov.uk
East of England	Marilyn Toft	Liz Butterworth ml@messages2.fsnet.co.uk
London	Marilyn Toft	Kirsten Jowett KrJow@aol.com
South East	Marilyn Toft	Marguerite Howick marguerite.howick@iow.gov.uk
South West	Marilyn Toft	Dali Sidebottom dali.s@netcomuk.co.uk

* National Advisers can be contacted via the Schools and Young People's Health team at the Health Development Agency Tel 020 7061 3072

Collecting and disseminating evidence of impact

Central to Phase 2 of the NHSS is the need to build an evidence base to demonstrate the impact that the NHSS is having in terms of education and health improvement. The NHSS team is undertaking a number of activities to address this, including:

- Consultations with local education and health partnerships in each of the nine regions to map the range of indicators currently in use by local programmes
- A National Indicators Seminar to bring together a range of stakeholders (including policy makers, programme managers, practitioners and academics) to identify a range of education and health indicators linked to the NHSS

- Guidance to local partnerships on indicators of impact
- Researching the link between NHSS and school improvement
- Developing the Wired for Health website
- Researching the impact the NHSS is having on increasing pupil participation.



Important information about future NHSS newsletters

Edition 11 (Spring 2002) of the Healthy Schools Newsletter is the last in the current series. However, the NHSS team will continue to communicate with local partnerships and schools using a range of channels. These will include:

- Regional learning networks
- Wired for Health website
www.wiredforhealth.gov.uk
- Support materials (as indicated below)
- Briefings (as indicated below)
- Publications produced by other programmes which have common ground with the NHSS.

Support materials and briefings which will be made available this year include:

SUPPORT MATERIALS	AVAILABLE
School nursing	Autumn 2002
Drug education	Autumn 2002
Health inequalities	Autumn 2002
Indicators	Spring 2003

NHSS publications

The following NHSS publications are also available

TITLE	REFERENCE/ISBN	AVAILABLE FROM
NHSS Guidance	NHSSG	DfES Publications Tel 0845 6022260
NHSS Getting Started	NHSGS	
NHSS flyer	NHSSF	
Physical activity	1 84279 059 5	HDA Tel 0870 121 4194 Also available to download from the Wired for Health website www.wiredforhealth.gov.uk
SRE	1 84279 055 2	
Monitoring and evaluation	1 84279 057 9	
Recruitment	1 84279 058 7	
Partnerships	1 84279 060 9	
Pupil involvement	1 84279 056 0	
Staff health and wellbeing	1 84279 070 6	



Health Development Agency

Additional copies can be obtained from Health Development Agency, PO Box 90, Wetherby, Yorkshire LS23 7EX

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Email: hda@twoten.press.net

For further information about the National Healthy School Standard visit the Wired for Health website www.wiredforhealth.gov.uk

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