|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Project plan for:** Health and wellbeing | **Team leader:** Natasha Chamberlain | **Team:** SEIS | | **Date developed:** April 2019 | **Next date review:** Jan 2020 |
| **Question:**  How can schools be encouraged and supported to take a whole school approach to health and wellbeing? | **Priorities**   1. Deliver the Public Health SLA around health and wellbeing in schools. 2. Ensure that schools are ready to implement statutory relationships, sex and health education from 2020. 3. Support the implementation of the mental health in schools trailblazer project within the priority area. 4. Support all schools to take a whole school approach to mental health and wellbeing encompassing all stakeholders. | | | | |
| **Background**  Solihull has a well established Healthy Schools programme with over 80% of schools achieving and maintaining the status. In recent years, as a result of changing school and national priorities and the support available from the local authority (including Public Health) numbers have declined, particularly within secondary schools.  Mental health has been a priority for schools for a number of years with increasing numbers of pupils inclined to mental ill-health and concerns about staff wellbeing. Solihull has been successful in bidding to be part of the trailblazer wave to work. This will focus on schools with the highest levels of deprivation.  Relationships, sex and health education will become statutory for schools from Sept 2020. Primary schools in Solihull are well placed as they have been using Jigsaw for a number of years. This resource covers all the statutory elements and more. Recent publicity has caused some concern within primary school parent populations as to the content of lessons. There has been little support for PSHE within secondary schools over recent years; this includes the way in which the subject has been prioritised (or not) within curriculum time.  **Risks**  Currently, Public Health contribute £50000 pa to SEIS in order for an SLA to be delivered. This funding will be withdrawn from April 2020.  Schools in Solihull have had the opportunity to complete the Health Related Behaviour Questionnaire every 2 years for over a decade. Information is used by schools, council officers and a range of other partners. It is the most comprehensive data set that the council has with regards to children and young people’s behaviour. The survey is due to take place again in 2020 but as yet, there is no commitment to fund it. | |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Priorities**  **addressed** | **Action** | **Timescale** | **Success criteria** | **Notes** | | 1 | * Termly QuAG meetings in place with members invited representing schools and other stakeholders. | Sept ‘19 | Regular reporting to Public Health regarding the SLA demonstrates progress.  Schools continue to revalidate as Healthy schools with a target of 8 per term.  Secondary schools PSHE group is well-attended and members report that the content is helpful.  Foster carer training is evaluated positively.  Online safety training is evaluated positively.  Health and wellbeing in schools group is fit for purpose, comprises of relevant stakeholders and provides a forum to feed into the wider health and wellbeing board.  Commissioners understand the value that HRBQ has to schools and other stakeholders and use this information to shape their decision making moving forwards. | Additional actions may be added if HRBQ is funded.  Exit strategy for Healthy Schools may be needed if funding withdrawn. | | * Termly briefing sessions available for schools. | Apr, Sept ’19, Feb ‘20 | | * Schedule of reminding schools when revalidation is required is in place. | | * Provide email support to schools regarding completion of the whole school review – 1:1 support for new subject leads. | On-going | | * Health and wellbeing website is kept updated with relevant material, schools signposted via Head Lines as required. | | * Evaluate the use of 2018 HRBQ data by schools and other stakeholders providing a report to the Health and wellbeing in schools group. | July ‘19 | | * Work in partnership with the lead for EIMS to deliver termly online safety briefings and updates for governors. | July, Nov ’19, Mar ‘20 | | * Attend health & wellbeing in schools meetings – initiate review of group membership and terms of reference. | Termly  Sept ‘19 | | * Attend and contribute to BSIL PSHE regional meetings. | Termly | | * Lead Synergy PSHE coordinators’ termly meetings. | | * Facilitate south secondary schools PSHE leads’ group. | | * Deliver training for foster carers – talking to your child about relationships and sex education. | Sept ‘19 | | 1 & 2 | * Coordinate and contribute to RSE training day for secondary schools. | June ‘19 | Schools prepared and confident to deliver high quality statutory RS and H E form Sept ’20.  Training evaluated positively with delegates aware of their roles and responsibilities.  Schools consult positively with parents and numbers of children withdrawn are minimal. |  | | * Attend and contribute to Sexual Health Partnership meetings. | Quarterly | | * Provide support to schools for parent consultation including via phone, email and parent workshops (particularly where schools have concerns of parents’ interpretation of the requirements). | On going | | * Disseminate information about requirements via Head Lines, keep webpages updated. | | * Deliver session for primary schools covering requirements and consulting with parents around RSE | Nov ‘19 | | * Deliver session for governors ensuring that they understand their statutory responsibilities and what best practice in RSE looks like. | Mar ‘19 | | * Attend Sex Ed Forum conference – share relevant info with schools. | Nov ‘19 | | 3 | * Contribute HRBQ data to commissioners writing bid. | May ‘19 | Bid successful.  Schools recruited to participate. | Early stage of project – additional actions may be added. | | * Raise awareness of project with schools. | July ‘19 | | * Work with commissioners and providers to plan implementation of project | Aug ’19 onwards | | 4 | * Deliver training for governors around mentally healthy schools. | May ‘19 | Training evaluated positively – governors understand their roles and responsibilities.  Schools report that resources are helpful.  The majority of secondary schools implement Jigsaw PSHE. | Further action around Jigsaw implementation may be added. | | * Arrange mental health training sessions for NQTs and chairs of governors (delivered by HR) | July ‘19 | | * Update H&WB webpage with resources to support staff wellbeing. | On going | | * Attend and contribute to LTP meetings. | Termly | | * Liaise with commissioners, secondary schools and Jigsaw to formulate and coordinate an offer for KS3, facilitate training. | Summer ‘19 | | | | | |
| **Outcomes:**  Numbers of schools recognised as Health Schools are maintained.  All schools are fulfilling their statutory obligations by 2020 with staff adequately trained, curriculum materials of a high quality and parents appropriately consulted.  School engagement with the trailblazer project is high and plans developed demonstrate the likelihood that it will impact positively on children.  The profile of mental health and wellbeing is kept high and schools can demonstrate that they are taking a whole school approach. | | | **Additional Notes/ Follow up:** | | |