



Healthy Schools Partnership
Hammersmith & Fulham, Kensington & Chelsea,
and Westminster

HSP Silver Award Planning Tool

Achieving Healthy Schools Silver Status

School: George Eliot Primary School

Borough: Westminster

Supported by:



Central London Community Healthcare 
NHS Trust

Barnet ■ Hammersmith and Fulham ■ Kensington and Chelsea ■ Westminster



London Borough of Hammersmith & Fulham | The Royal Borough of Kensington and Chelsea | Westminster City Council

Healthy Schools Partnership Silver Award Planning Tool

Name of School:		Borough:
George Eliot Primary		Westminster
Key contact and job title:	Joseph Mahoney Lettington – PSHE and Healthy Schools Lead	
Date achieved HSL Bronze Award:	15/11/2016	
Health Priority 1 (universal)	Group	Planned Outcome/s
Healthy Lifestyles – Improving the wellbeing of all children	<p>For all pupils – 420</p> <p>A survey was carried out with 226 children from across years 2-6. Some children skipped questions which is reflected in the baseline data</p>	<ul style="list-style-type: none"> • An increase in children reporting that they either cycle, scoot or walk to school on a regular basis from a baseline of 46% (194 out of 420) to an endline of 60% (250 out of 420) • An increase in children reporting that they enjoy being physically active – baseline of 71% (160 out of 226) to an endline of 90% (203 out of 226) • Increase in children saying that they know there is an adult that they can talk to if/when they need support - baseline of 59% (125 out of 213) to an endline of 90% (192 out of 213) • Decrease in number of children reporting that they only eat 1-2 or no portions of fruit and vegetables on a typical day - baseline of 28% (63 out of 226) to an endline of 10% (23 out of 226) • Decrease in number of children reporting that they drink 1 or more glasses of fizzy drinks at home each day – baseline of 59% (134 out of 226) to an endline of 30% (68 out of 226)
Health Priority 2 (targeted)	Group	Planned Outcome/s
Working towards a healthy weight by engaging with the MEND Programmes (5-7 and 7-13)	<p>71 families have been identified across the school as having children with a BMI above a healthy weight.</p> <p>These families will be invited to take part in one of the MEND programmes and baseline and endline data will be included in the Gold report to include</p>	<ul style="list-style-type: none"> • 70% of families that complete the first session go on to complete the programme • 60% of families that complete the programme report that their child is taking part in 1 hour more physical activity (not including the MEND session) outside of school each week (baseline and endline data to be included in the Gold report) • 80% of pupils completing the programme demonstrate an improvement in knowledge of healthy eating by demonstrating an understanding of portion sizes and how to read food labels (numbers to be included in the HSL Gold Report). • 80% of pupils completing the programme demonstrate an

Healthy Schools Partnership Silver Award Planning Tool

	those families that engage with the programme	<p>improvement in knowledge of physical activity by demonstrating an understanding of their recommended levels of physical activity (numbers to be included in the HSL Gold Report).</p> <ul style="list-style-type: none"> 80% of pupils completing the programme report they feel more confident and healthy as a result (numbers to be included in the HSL Gold Report).
Project Start Date:	January 2017	
Project End Date:	July 2017	

Healthy Schools Silver Award Planning Tool: Universal Priority

Health Priority 1 (universal)		Needs Analysis (the data and evidence to demonstrate why you have identified this priority and outcomes)				
Healthy Lifestyles – Improving the wellbeing of all children		<p>Local Data and Evidence</p> <p>The March 2016 local Child Health Profile for Westminster shows that:</p> <ul style="list-style-type: none"> • 10.2% of children aged 4-5 and 24.1% of 10-11 year olds are classified as obese. • The level of child poverty is worse than the England average with 29.8% of children aged under 16 years living in poverty. <p>Westminster City Council’s Health and Wellbeing Strategy has six key health themes, two of which are:</p> <ul style="list-style-type: none"> • To ensure every child has the best start in life - Children have good oral health, with fewer instances of tooth decay (W.1.e) • Enabling young people to have a healthy adulthood <p>School Data</p> <p>Our School Improvement Plan states that we will engage with the healthy schools process and aim to achieve Gold by Summer 2017.</p> <p>To back up staff observations the HEP ‘Healthy Lifestyles’ Survey was carried out by 226 of the children in December 2016. This survey helped us to identify the measurable outcomes we have set.</p> <p>In our most recent hands up survey (Autumn term 2016) for our School Travel Plan we identified that under half of the children (46%) take part in active travel to get to and from school. We are hoping to increase this percentage through the various initiatives we have planned.</p>				
<p>Group</p> <p>For all pupils – 420</p> <p>A survey was carried out with 226 children from across years 2-6. Some children skipped questions which is reflected in the baseline data</p>						
Planned Outcome/s	Success indicators	Activities	Timescale	Lead and Job title	Monitoring and Evaluation	
<i>What do you want to improve?</i>	<i>How will you know you are on your way to achieving your outcome?</i>	<i>What are you going to do to achieve your outcome?</i>	<i>How long will it take to achieve?</i>	<i>Who will lead the work?</i>	<i>What will you use to measure your success and demonstrate your improvements?</i>	

Healthy Schools Partnership Silver Award Planning Tool

<ul style="list-style-type: none"> An increase in children reporting that they either cycle, scoot or walk to school on a regular basis from a baseline of 46% (194 out of 420) to an endline of 60% (250 out of 420) 	<p>More children travelling to school by bike/walking/scooting</p>	<p>Sustrans – various Bike It initiatives including a Biker’s Breakfast</p>	<p>January 2017</p>	<p>Anna Bonato (Bike It Officer) and Joe Lettington (Bike It Champion)</p>	<p>STP Hands Up Survey</p>
	<p>Fewer cars outside the school at drop off and pick up</p> <p>Parents that have to drive report that parking is easier outside of the school</p>	<p>STARs Junior Travel Ambassadors programme – creating a film and posters with the children to promote walking/cycling/scooting to school</p> <p>Big Pedal</p>	<p>January 2017</p> <p>March 2017</p>	<p>Sandbox Journeys</p> <p>Joe Lettington</p>	<p>Feedback from Children</p> <p>Big Pedal Hands up Survey</p> <p>Photographs</p>
<ul style="list-style-type: none"> An increase in children reporting that they enjoy being physically active – baseline of 71% (160 out of 226) to an endline of 90% (203 out of 226) 	<p>More children being physically active during break and lunchtimes</p>	<p>‘Active Playtime Training’ for staff</p>	<p>26th May 2017</p>	<p>MyTime Active (MTA)</p>	<p>MTA Questionnaires from staff training</p>
	<p>More structured play taking place during break and lunchtimes</p>	<p>‘Active health’ training for staff</p>	<p>26th May 2017</p>	<p>MTA</p>	<p>HEP Healthy Lifestyles Survey with the pupils</p>
	<p>More teacher led PE lessons taking place</p>	<p>‘Delivering physical activity’ training for staff</p>	<p>26th May 2017</p>	<p>MTA</p>	<p>Pupils Feedback from play leaders training</p>
	<p>Staff report that they feel more confident leading on physical activity during lessons and break-times</p>	<p>Training for pupils to become play leaders</p>	<p>June 2017</p>	<p>Erion Meta (PE Lead)</p>	

Healthy Schools Partnership Silver Award Planning Tool

<ul style="list-style-type: none"> Increase in children saying that they know there is an adult that they can talk to if/when they need support - baseline of 59% (125 out of 213) to an endline of 90% (192 out of 213) 	<p>More children report that they enjoy breaks and lunchtimes</p>				
	<p>Staff observe that more children approach them when they need help or to talk.</p>	<p>Implementation of SEAL curriculum – focus on who we can talk to if we need help</p>	<p>January 2017 onwards</p>	<p>Joe Lettington (PSHE lead)</p>	<p>HEP Healthy Lifestyles survey</p>
	<p>Talk boxes are used by children across the school</p>	<p>Introduction of ‘talk boxes’ across the school</p>	<p>January 2017 onwards</p>	<p>Joe Lettington</p>	<p>Feedback from pupils</p>
	<p>Pupils report that they know who to go to for help within the school</p>	<p>School Council will ensure that pupil voice is promoted across the school</p>	<p>January 2017 onwards</p>	<p>Joe Lettington</p>	
		<p>Assemblies to focus on who to go to for help if needed</p>	<p>January 2017 onwards</p>	<p>SLT</p>	
		<p>Display boards in classrooms with names of people in the school that children can go to for help</p>	<p>January 2017 onwards</p>	<p>Class teachers</p>	
<ul style="list-style-type: none"> Decrease in number of children reporting that they only eat 1-2 or no portions of fruit and vegetables on a typical day - baseline of 28% (63 out of 226) to an endline of 10% (23 out of 226) 	<p>Less food waste at lunchtime</p>	<p>‘Nutritional Guideline’ Training for teachers</p>	<p>May 2017</p>	<p>MTA</p>	<p>HEP Healthy Lifestyles survey</p>
	<p>Midday meal staff observe that more children are eating vegetables and fruit</p>	<p>‘Cooking in the curriculum’ training for teachers</p> <p>Review D&T curriculum following training</p>	<p>30th March 2017</p>	<p>MTA</p>	<p>MTA Questionnaires with pupils and parents</p>

Healthy Schools Partnership Silver Award Planning Tool

<ul style="list-style-type: none"> Decrease in number of children reporting that they drink 1 or more glasses of fizzy drinks at home each day– baseline of 59% (134 out of 226) to an endline of 30% (68 out of 226) 	<p>More children are able to talk about the importance of eating fruit and vegetables</p>	<p>'Fruit and vegetable world map taster' session for pupils</p>	<p>March 2017 22nd and 23rd February 2017</p>	<p>MTA</p>		
		<p>'Healthy Snacks' sessions for pupils and parents</p>	<p>31st January and 1st February 2017</p>	<p>MTA</p>		
	<p>Parents report a greater awareness of what makes a 'healthy' snack'</p>	<p>Introduction of a 'healthy' tuck shop</p>	<p>March 2017</p>	<p>Joe Lettington and school council</p>		
	<p>KS2 children have a healthy snack during morning break</p>	<p>'Eatwell' sessions for pupils and parents</p>	<p>18th and 19th May 2017</p>	<p>MTA</p>		
		<p>'Label reading' sessions for parents and pupils</p>	<p>8th June 2017</p>	<p>MTA</p>		
		<p>Review Catering service to ensure that healthy options are being promoted</p>	<p>March 2017</p>	<p>SLT</p>		
	<p>Children reporting that they drink less fizzy drinks at home</p>	<p>'Fats and Sugars/Sugar Drinks Game' sessions for pupils and parents</p>	<p>27th and 28th April 2017</p>	<p>MTA</p>		<p>HEP Healthy Lifestyles survey</p>
	<p>Children report a greater understanding of what effect sugar can have on our health</p>	<p>Review science lesson to ensure that effects of sugar on teeth/health are being covered</p>	<p>April 2017</p>	<p>Lee Duffy (science lead)</p>		<p>MTA Questionnaires with pupils and parents</p>
	<p>Children being able to identify health drink options</p>					<p>Behaviour, attendance and attainment data</p>

Healthy Schools Silver Award Planning Tool: Targeted Priority

Health Priority 2 (targeted)	Needs Analysis (the data and evidence to demonstrate why you have identified this priority and outcomes)
<p>Working towards a healthy weight by engaging with the MEND Programmes (5-7 and 7-13)</p> <p>Group</p> <p>71 families have been identified across the school as having children with a BMI above a healthy weight.</p> <p>These families will be invited to take part in one of the MEND programmes and baseline and endline data will be included in the Gold report to include those families that engage with the programme</p>	<p>School Data</p> <p>My Time Active have identified our school through the NCMP data as having the potential to benefit from the MEND (Mind, Exercise, Nutrition, Do it!) Programmes for both 5-7 and 7-13 year olds.</p> <p>MEND 5-7 is an ideal referral pathway after the reception-year National Child Measurement Programme (NCMP). It's a multi-component obesity prevention and treatment programme based on nutrition, physical activity and behaviour change.</p> <p>Who: Children aged 5-7 with a BMI \geq 91st centile and those at risk of becoming overweight or obese (eg due to parental obesity/ ethnicity/identified by a health professional) accompanied my a parent or career.</p> <p>When: One 1hr 45-minute session a week for ten weeks.</p> <p>What we cover: Fussy eating, reducing screen time and sedentary habits, increasing active play and family activity, positive parenting, creating a healthy home environment, role modelling, family meal planning and routines, portion sizes, reading food labels.</p> <p>MEND 7-13 is a multi-component obesity prevention and treatment programme based on nutrition, physical activity and behaviour change</p> <p>Who: Children aged 7-13 with a BMI \geq 91st centile accompanied by a parent or carer. You can run programmes for the whole age range or for specific subsets (e.g. 7-10 or 11- 13) to suit local obesity pathways.</p> <p>When: One 2-hour session a week for twelve weeks.</p> <p>What we cover: Regular eating and healthy family habits, family meal planning and routines, understanding fats and sugars, portion sizes, learning to read food labels, balanced eating, reducing screen time and sedentary behaviour, goal setting and rewards.</p> <p>In January 2017 My Time Active carried out Healthy Growth Checks with 311 children across the school and identified 71 children that have a BMI above a healthy weight and therefore fulfil the criteria for being invited on to the programme. A number of these families will be invited to take part in one of the two MEND programmes.</p> <p>National and Local Data and Evidence</p> <p>The Department of Health have published guidelines from the UK Chief Medical Officers on recommended levels of</p>

Healthy Schools Partnership Silver Award Planning Tool

	<p>physical activity by age group. For children (aged 5-18) this is at least 60 minutes per day of moderate to vigorous intensity activity. The Tri-Borough Physical Activity and JSNA Summary and Recommendations from 2014 states that - <i>There is strong evidence that school based strategies, particularly with a family or extra- curricular component, are effective in improving physical activity uptake among children and young people.</i></p> <p>As with our universal priority the local data supports our decision to focus on reducing obesity as a targeted priority:</p> <p>The Report of the Director of Public Health 2015-2016 for Hammersmith & Fulham, Kensington & Chelsea, and Westminster states:</p> <ul style="list-style-type: none"> • In England, less than a quarter of children are classed as physically active. Overall, boys are more active than girls with 21% of 5-15 year old boys completing at least 1 hour of moderate intensity activity each day, compared to 16% of girls. • There is a decline in physical activity for both boys and girls as they get older. For boys, the numbers meeting the recommended levels of activity decline from 24% in 5 to 7 years olds to 14% in 13 to 15 year olds. For girls the decrease was from 23% to 8% respectively. However, 41% of boys and 44% of girls do walk to and from school every day, and in school, most children participate in some type of physical activity (93% of boys and 92% of girls) • Children spent on average 3.3 hours each weekday on sedentary pursuits such as watching TV, reading etc. outside of school. This rises to around 4 hours on the weekend. • Children in the three Boroughs, generally, children in the three boroughs have lower participation rates in high quality PE and school sport compared with their peers in London and England. For Hammersmith & Fulham this is 70% of pupils, Westminster is 75%, and 77% in Kensington and Chelsea. <p>The March 2016 local Child Health Profile for Westminster shows that:</p> <ul style="list-style-type: none"> • 10.2% of children aged 4-5 and 24.1% of 10-11 year olds are classified as obese. • The level of child poverty is worse than the England average with 29.8% of children aged under 16 years living in poverty. <p>Westminster City Council’s Health and Wellbeing Strategy has six key health themes, two of which are:</p> <ul style="list-style-type: none"> • To ensure every child has the best start in life - Children have good oral health, with fewer instances of tooth decay (W.1.e) • Enabling young people to have a healthy adulthood 				
Planned Outcome/s	Success indicators	Activities	Timescale	Lead and Job title	Monitoring and Evaluation
<i>What do you want to improve?</i>	<i>How will you know you are on your way to achieving</i>	<i>What are you going to do to achieve your outcome?</i>	<i>How long will it take to achieve?</i>	<i>Who will lead the work?</i>	<i>What will you use to measure your success</i>

Healthy Schools Partnership Silver Award Planning Tool

	<i>your outcome?</i>				<i>and demonstrate your improvements?</i>
<ul style="list-style-type: none"> 70% of families that complete the first session go on to complete the programme 60% of families that complete the programme report that their child is taking part in 30 minutes more physical activity (not including the MEND session) outside of school each week (baseline and endline data to be included in the Gold report) 80% of pupils completing the programme demonstrate an improvement in knowledge of healthy eating by demonstrating an understanding of portion sizes and how to read food labels (numbers to be included in the HSL Gold Report). 80% of pupils completing the programme demonstrate an improvement in knowledge of physical activity by demonstrating 	<p>Families that sign up attend regular sessions and are therefore able to complete the programme</p> <p>Parents and children that are taking part report that they are enjoying the programme</p> <p>Parents and children demonstrating an improved understanding of what is meant by a healthy lifestyle</p> <p>Children that are taking part are more engaged with physical activity in the curriculum and through after school clubs</p> <p>Children that are taking part make healthier choices at lunchtime and are able to explain why it is important</p>	<p>Carry out Healthy Growth Checks across the school to identify the families that can be targeted for support</p> <p>School to promote MEND Programme to targeted families</p> <p>School to support the MEND programme during delivery with top health tips in newsletter and on website (tied in with universal priority aims too)</p> <p>School to signpost families that are taking part to clubs and activities outside of school both during and after the programme has been completed</p> <p>MEND 5-7: Weekly session (1hr 45 minutes) broken down as follows:</p> <ul style="list-style-type: none"> 60 minutes for a parent workshop and active play for the children 25 minutes for healthy family time 	<p>January 2017 and July 2017</p> <p>January 2017 – February 2017</p> <p>April 2017 for 12 weeks</p> <p>April 2017 onwards</p> <p>From April 2017 for 10 weeks</p>	<p>My Time Active delivery team to include nutritionists and physical activity leaders (individuals to be identified nearer the time)</p> <p>Joe Lettington – Healthy schools lead</p>	<p>Healthy Growth Checks (before and after)</p> <p>MEND programme questionnaire (before and after)</p> <p>Feedback from parents and pupils</p> <p>Photographs</p> <p>Case studies from families (school responsibility to record these)</p> <p>Staff feedback from training</p> <p>Survey (pre and post) on portion sizes, understanding food labels and recommended levels of physical activity.</p>

Healthy Schools Partnership Silver Award Planning Tool

<p>an understanding of their recommended levels of physical activity (numbers to be included in the HSL Gold Report).</p> <ul style="list-style-type: none"> 80% of pupils completing the programme report they feel more confident and healthy as a result (numbers to be included in the HSL Gold Report). 		<p>(for parents and children together)</p> <ul style="list-style-type: none"> 20 minutes for parents and children of power time/snack time <p>MEND 7-13: Weekly session (2 hours) broken down as follows:</p> <ul style="list-style-type: none"> 60 minutes for mind and nutrition theory session for parents and children 60 minutes for a parent workshop and for physical activity for the children <p>Staff training to reiterate healthy lifestyle messages through the curriculum (see universal activities above)</p>	<p>From April 2017 for 12 weeks</p> <p>February 2017 onwards</p>		
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