# Improving Primary School attendance in Brinnington, Stockport

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### CONTEXT AND RATIONALE FOR CHANGE

#### Disparity in health outcomes between different neighbourhoods of Stockport 2020-2022

Neighbourhood	Average Life Expectancy (years)		Average Healthy Life Expectancy (years)		% of life spent in "not good health"	
	MEN	WOMEN	MEN	WOMEN	MEN	WOMEN
Stockport Central (incl. Brinnington)	75.4	79.4	58.9	59.9	22.0%	24.5%
Bramhall & Cheadle Hulme South	82.9	86.7	71.6	73.6	13.6%	15.2%

(Data from "Healthy Life Expectancy in Stockport: Report of the Director of Public Health", Health & Wellbeing Board, January 2024)



#### LOGIC MODEL

**OUTCOMES** 

primary schools in

attendance at

Brinnington

Improved

### OUTPUTS

- Fewer GP appointments for children 2-11yrs within nursery/school hours
- More discussion of attendance during Primary Care consultations
- Primary Care advising ٠ specifically when appropriate to return to school
- Improved attendance of young children in Brinnington at nursery Improved perception of
- value of routine and school engagement in families

## **ACTIVITIES**

### See next slide

### SHORT-TERM IMPACTS

- Improved attendance at local secondary schools
- Improved educational and developmental achievements on leaving school
- Greater social engagement and reduced school anxiety

LONG-TERM IMPACTS

 Improved socioeconomic circumstances in

Brinnington residents

- Improved healthy life expectancy in Brinnington residents
- Reduced health inequity within Stockport

### INPUTS

Engagement with stakeholders across primary care, council, education, VCSE

- Time/space for meetings
- Generation of questionnaires for parents and children to explore local insights
- Liaison with Primary Care staff for changing GP appointment system Creation of template in Practice computer system (EMIS) to
  - generate "Back to school" tokens

### Activities to improve primary school attendance



#### LOGIC MODEL ASSUMPTIONS

#### Assumptions:

• stakeholders are receptive and have time to engage and share ideas

#### INPUTS

- Engagement with stakeholders
- Time/space for meetings



#### Assumptions:

- Coordinated action across and between Primary Care and schools is possible and well received
- Primary Care engagement is valued by local population

#### Assumptions:

- New appointment system works with patients and Practice staff and the new appt slots are not used inappropriately
- Primary Care staff remember to use the Token system and/or document when attendance is discussed
- Local community are receptive to messaging, advice and encouragement by stakeholders

### OUTPUTS

- Fewer GP appointments for children 2-11yrs within
- nursery/school hours More discussion of attendance during Primary
- Care consultations Primary Care advising
- specifically when appropriate to return to school - and liaising with school
- Improved attendance of young children in Brinnington at nursery

### OUTCOMES

 Improved attendance at primary schools in Brinnington

#### Assumption:

 Improved nursery attendance leads to improved "school readiness" and improved school attendance

### IMPACTS

- Improved socioeconomic circumstances in Brinnington residents
- Improved healthy life expectancy in Brinnington residents
- Reduced health inequity within Stockport

#### Assumption:

• The national political (housing, employment) landscape is conducive to residents capitalizing on their educational achievements

#### Challenges:

- Limited time available for current project, and difficulty implementing change in time for start of new school year
- Fewer studies of attendance in primary school compared with secondary school
- Arranging meetings and activities in accordance with term times / school holidays

### INPUTS

- Engagement with stakeholders
- Time/space for meetings



#### Challenges:

- Ability/acceptability of new appointment systems in different primary care settings with different ways of working
- Demonstrating to Primary Care staff that we are well placed to address absenteeism in our professional roles - everyone's business
- GPs' adoption of addressing attendance in already short consultations, with no short-term benefit to the Practice
- Additional pressure on Pharmacy staff who have also recently adopted the Pharmacy First scheme
- Ensuring families view Primary Care as supporting them with their health through school attendance, rather than penalizing them for poor attendance

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LOGIC MODEL CHALLENGES

#### Challenges:

- Ensure the Token system is not used inappropriately by families who would not normally have attended the GP/Pharmacy
- Reporting of nursery attendance is not mandatory
- Other factors (within and outside of Primary Care) also hinder nursery/school attendance, so wider determinants must be addressed alongside this approach

#### **OUTPUTS**

- Fewer GP appointments for children 2-11yrs within nursery/school hours
- More discussion of attendance during Primary Care consultations
- Primary Care advising specifically when appropriate to return to school - and liaising with school
- Improved attendance of young children in Brinnington at nursery

### OUTCOMES

 Improved attendance at primary schools in Brinnington

#### Challenges:

 Lack of time to demonstrate meaningful change in school attendance figures

### IMPACTS

- Improved socioeconomic circumstances in Brinnington residents
- Improved healthy life expectancy in Brinnington residents
- Reduced health inequity within Stockport

#### Challenges:

- Maintaining momentum long enough to see long-term impact could be several years
- Other wider determinants of health also impact on longerterm health outcomes