



Public Health  
England

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# NHS Health Check StARS framework

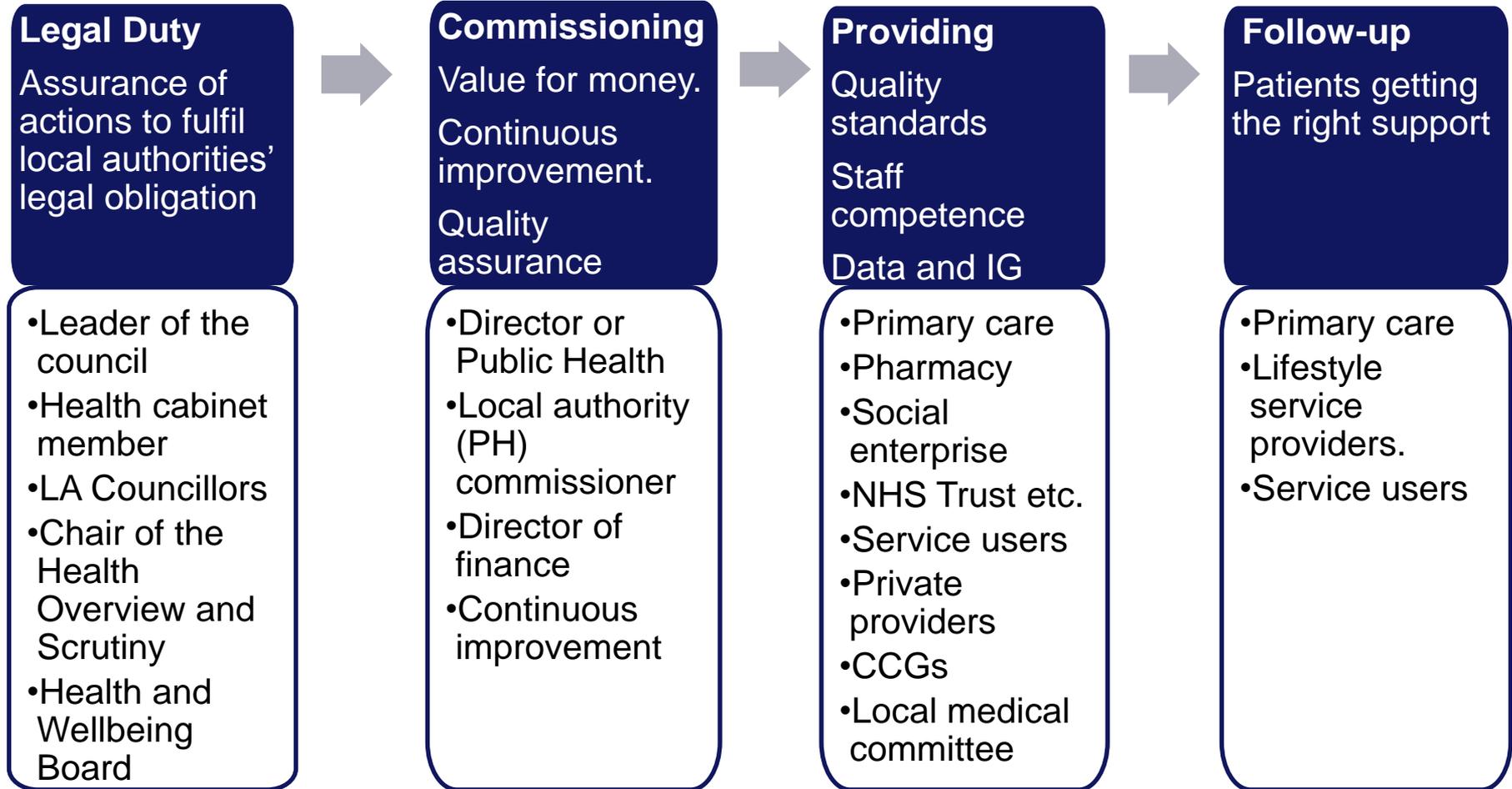
## A Systems Approach for Raising Standards

Katherine Thompson, NHS Health Check programme manager

# Background

- Sector-wide ambition to support local improvement in public health outcomes.
- To support quality and uptake of the NHS Health Check programme a task and finish group was established to develop an approach/tool
- Membership included: ADPH, LGA, PHE Centre leads, local commissioners, SCN leads, clinical advisor, NHS IQ, NHS England, CfPS

# Key stakeholders



# Developing the framework

- Reviewed other improvement approaches
  - Tobacco CLeAR model
  - Local Government Association peer challenge
  - Greater manchester bespoke NHS Health Check improvement model
- Identified that a self-assessment approach would meet the aims and principles agreed.
- Using existing information developed a self assessment framework
  - Local Authorities Regulations
  - Best practice guidance
  - Data and information governance guidance
  - Competency framework
  - Programme standards

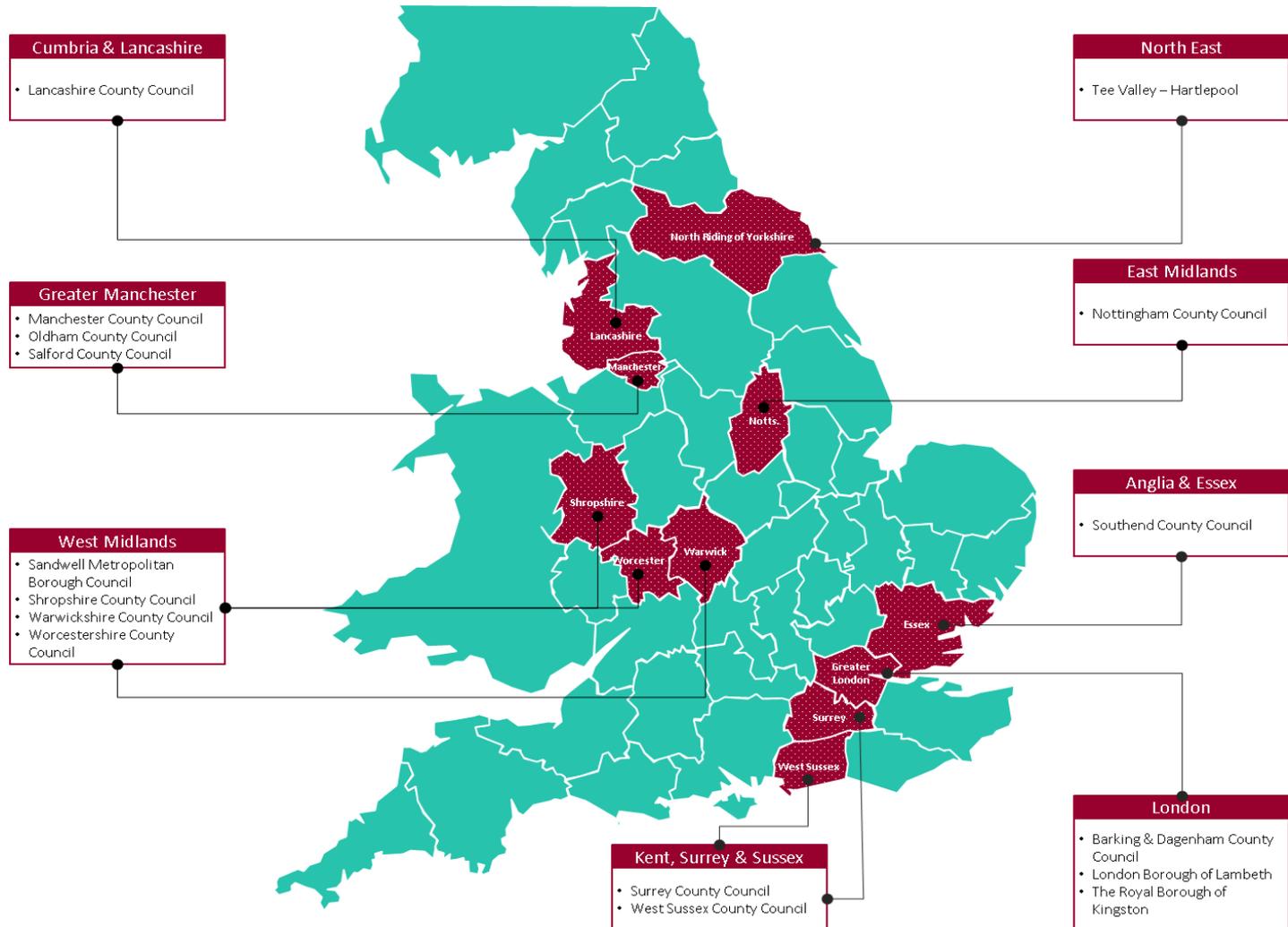
# Structure

- 1. *Vision and leadership:*** explores the extent to which there is executive ownership of the programme within local authority and the level of GP engagement.
- 2. *Planning and commissioning:*** explores the extent to which the programme has been prioritised in local plans, adequacy of resources and the robustness of commissioning processes.
- 3. *Partnerships:*** explores local relationships, stakeholder engagement, collaborative governance.
- 4. *Service delivery:*** considers local protocols, policies and practice regarding the risk assessment, risk awareness and risk management. It will also explore provider competencies and training.
- 5. *Competence, training and development:*** considers the competence and capability of staff to deliver the NHS Health Check as intended.

# Structure

- 6. *Information governance and data:*** considers local data collection, storage and sharing protocols, policies and practice.
- 7. *Communication:*** considers the policy, procedure and practice on providing patient information, marketing and communication.
- 8. *Programme development and evaluation:*** explores local research, service evaluation and auditing practice.
- 9. *Innovation:*** will consider novel and emerging policies and practice in the commissioning and delivery of the programme.
- 10. *Equity and health inequalities:*** considers policies and practice in ensuring that the programme reaches a wide range of communities and the equitability of uptake.

# Pilot sites



# Lifting The Carpet.....

## Why Did West Sussex Take Part ?

- Raise awareness in the Council about the complexity of the programme
- Test our suggested QA model
- Bring all strands together – Benchmark our current position
- Assist the development of the Programme
- Inform budget planning
- Prove efficacy
- Identify variation

# Our Methodology & Scoring

**Key directive from PHE - No right or wrong way but involve people**

- Identified stakeholders –
  - Councillors, Leads, commissioners within LA and Public Health
  - LMC, LPC & Pharmacy Representatives
  - Health Check Providers – GPs only
  - Wellbeing & Workplace Leads from District & Borough Councils
  - Research Analyst & Data & Information Officers
- Time limitation ,big geography and lack of data information system -
  - 1-2-1 discussions & emails. Relevant sections for different stakeholders
  - Cross referenced Public Health Plans, Future West Sussex Plans & Commissioning Intentions
  - Questionnaires to GP Practices, 90 in total
  - Moderated our scoring
  - Shared our results with stakeholders

# On Reflection

Given more time we would have:

- Held a launch event with stakeholders
- More engagement with CCG's and group discussions
- Made more of the results giving – a bigger noise

# Benefits & Challenges of the Tool

- Holistic view
- Confirmation of gaps
- Knowledge of provider practise and identified variation
- Tested desk top model for QA reviews
- Aid discussion with our providers about QA standards
- Supports our need for an IT system
- Not relevant to all providers/parties/stakeholders
- Limited knowledge of the programme and unfamiliar terminology amongst some stakeholders

# How We've Made It Work For Us

- Discussed assessment with PHE
- Developed an action plan
- Developing a more workable QA model
- Working with Health Economist to develop a dashboard
- Informing changes to our training/procurement
- Improvements to our service specification - aim to reduce unwanted variation across providers
- Providers are already initiating change

# Make it work for you

- A point and state in time against which to measure & compare
- It enables you to drill down ,tighten , check, brush up, adjust and admire
- It gives you assurance and makes you prove what you think is happening.
- Be honest with yourselves in the scoring –don't paper over the cracks.
- Use it to inform your commissioning and business plans, procurements, drafting specs, progress reports
- Don't leave it gathering dust on the shelf - re-visit it and re-evaluate

# StARS – A Multi-Purpose Tool



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# Benefits

The evaluation of the piloting found that the framework:

- Offered an ***opportunity to review and reflect*** on the delivery of the NHS Health Check programme, to identify gaps and recognise achievement and subsequently focus future strategic and delivery activity more effectively and efficiently
- Provided a ***baseline*** against which you can benchmark future activity and demonstrate progress
- Enabled local leads to ***raise awareness*** of the programme with both internal and external stakeholders
- Provided a ***legitimate reason to begin a conversation*** about the NHS Health Check and establish new relationships
- Gave elected members assurance that legal obligations have been met



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# Thank you

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