NHS Health Check StARS framework
A Systems Approach for Raising Standards

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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

Legal Duty
Assurance of actions to fulfil local authorities’ legal obligation

- Leader of the council
- Health cabinet member
- LA Councillors
- Chair of the Health Overview and Scrutiny
- Health and Wellbeing Board

Commissioning
Value for money. Continuous improvement. Quality assurance

- Director or Public Health
- Local authority (PH) commissioner
- Director of finance
- Continuous improvement

Providing
Quality standards
Staff competence
Data and IG

- Primary care
- Pharmacy
- Social enterprise
- NHS Trust etc.
- Service users
- Private providers
- CCGs
- Local medical committee

Follow-up
Patients getting the right support

- Primary care
- Lifestyle service providers
- Service users
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.
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

Cumbria & Lancashire
- Lancashire County Council

North East
- Tees Valley – Hartlepool

Greater Manchester
- Manchester County Council
- Oldham County Council
- Salford County Council

East Midlands
- Nottingham County Council

West Midlands
- Sandwell Metropolitan Borough Council
- Shropshire County Council
- Warwickshire County Council
- Worcestershire County Council

Anglia & Essex
- Southend County Council

Kent, Surrey & Sussex
- Surrey County Council
- West Sussex County Council

London
- Barking & Dagenham County Council
- London Borough of Lambeth
- The Royal Borough of Kingston
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
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
Thank you

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