LOCAL EXAMPLE:
NHS Health Check StARS Lite Framework
A systematic approach to raising standards
A Self–Assessment Exercise to Inform Sector Led Improvement

Introduction

The NHS Health Check (NHSHC) StARS Lite Framework is a shorter version of the StARS Framework national quality improvement and self-assessment tool for local authority commissioners and their delivery partners. This is an example of a version that is used in some local areas.

The Stars Framework provides a structured approach to reviewing programme quality, identifying gaps, recognising effective practice and agreeing priorities for continuous improvement. It supports review against current legislation, national best practice guidance, programme requirements and relevant NICE guidance.

Both the full and LITE versions of the StARS Framework will be updated to reflect the new BPG and publication of the CVD MSF.

It provides:

- an opportunity to review and reflect on delivery of your NHSHC programme, to identify gaps, recognise achievement and focus future service specifications, strategy and delivery more effectively and efficiently, with a focus on reducing inequalities in uptake.
- a framework for undertaking a service audit, resulting in a baseline against which you can benchmark future activity and demonstrate progress.
- a means of raising the programmes profile with all stakeholders, Local Authority (LA) executives, Cardiovascular Disease Prevention (CVDP) leads, local partners and elected members and of providing assurance that legal obligations have been met.
- a legitimate reason to begin a conversation about the NHSHC and establish new / improve current, internal and external relationships.
- an opportunity to use Integrated Care Board (ICB) structures to engage with all communities, widen place-based commissioning, and support prevention and management of long-term conditions.

Using the StARS Lite Framework

The framework brings together criteria from current NHS Health Check legislation, national best practice guidance, wider programme requirements and relevant NICE guidance into ten themes. These cover leadership, equity, commissioning, partnership working, service delivery, workforce, information governance and data, communication, evaluation and innovation. It should be completed:

- in collaboration with all stakeholders and local partners, to collectively identify strengths, successes and areas for improvement. The outcomes, findings and actions should be shared.
- by the lead on NHSHCs and the Director of Public Health together with the Health and Wellbeing Board, to ensure commitment and momentum are maintained and the outcomes of this work are built upon.
- with regular reflection, checking and challenging of evidence and scoring. This will lead to a collective understanding of the local challenges and encourage ownership of actions needed for targeted improvement.

The scoring system below should be used:

Score 2 – Fully met: There is clear, current and consistently applied evidence that the criterion is met across the programme.
Score 1 – Partially met: Some evidence is available, but practice is inconsistent, incomplete or requires further development.
Score 0 – Not met: There is no current evidence that the criterion is met, or substantial improvement is required.

Name(s):	
Local Authority	
Date completed	

Briefly describe your local delivery model and context (200-word max)

No	Subject	Criteria	Yes 2 Partial 1 No 0	Comment / Actions
1	**Vision & Leadership**			

1.1	Leadership Do you have senior leadership for the NHSHC programme in your local authority?	For example, Director of Public Health, Cabinet member etc? Do they receive regular reports and updates?		
1.2	Health Care Leadership Is there active senior clinical and system leadership for the NHS Health Check programme?	For example, are relevant integrated care board, primary care, cardiovascular disease prevention, health inequalities, community pharmacy and clinical leads engaged, and do they receive regular performance, quality and equity updates? Do they receive regular reports and updates?		
1.3	Programme Ambition	Is there a clear NHSHC programme ambition that is widely understood and shared across your organisation(s) and by all stakeholders?		
2	**Equity and Health Inequalities**		**Yes 2 Partial 1 No 0**	**Comment / Actions**
2.1	Invitation and Uptake Do you monitor invitations, participation and completion across the eligible population and use the findings to improve equity?	For example, is performance analysed by deprivation, age, sex, ethnicity, disability, geography, inclusion health group, delivery setting and invitation route? Are underserved groups and people at higher cardiovascular risk prioritised through targeted outreach and proportionate universalism? Do you monitor uptake by age, ethnicity and areas of deprivation? Do you use data systems, Health equity audit etc?		
2.2	Delivery Models / Targeting Have the needs of all your local communities informed both the commissioning and delivery of your programme?	For example, does your model target and engage high risk groups with lower uptake? Do you use engagement, co-design, co-production and programme outcomes to inform commissioning and delivery? Do you offer health checks in the community?		

2.3	Accessibility Do you use health literacy approaches and principles to reduce barriers, promote and provide accessibility?	For example, do you provide easy read, braille information, link workers, interpreters, variety of appointment times and locations etc?		
3	**Planning and Commissioning**		**Yes 2 Partial 1 No 0**	**Comment / Actions**
3.1	Local Strategic Plan Does your NHSHC programme sit within your other local strategic plans?	For example, in your HWB, improvement, JSNA and LA business plan, CVDP, long-term conditions management, local health inequalities and CORE20PLUS5 plans? Has it been signed off by your DPH, CEO or equivalent?		
3.2	Service Specification	For example, does your service specification have clear aims and objectives for commissioned providers? Do you specify what data needs to be collected and clear expectations on payments and incentives? Do you set out how the contract will be managed?		
3.3	SMART Objectives Do you use SMART objectives for commissioning planning, delivery and outcomes?	For example, if so, do you use them to regularly measure, monitor and review improvement against your NHSHC plan objectives? Do you have a commissioning schedule and demonstrate return on investment?		
4	**Working in Partnership**		**Yes 2 Partial 1 No 0**	**Comment / Actions**
4.1	Partnership Planning Is there shared ownership of your NHSHC programme	For example, in your plan do you ensure that the needs of all local communities have been considered? Do you collaborate with providers to help plan, deliver and raise awareness across the wider system of stakeholders?		

	across a range of local partners?	Do you have a HC practitioners' forum/network?		
4.2	Partnership Working Do you engage / partner with local communities and high-risk populations with lower uptake?	For example, do you work with your VCFS (Voluntary, Community and Faith Sector), to raise awareness and access to the programme? Do you use asset-based community development approaches?		
4.3	Steering Group Do you have an NHSHC steering group?	For example, if so, does it include a range of partners? Does it include local authority commissioners, providers, public health, primary care, integrated care board, community pharmacy, clinical, data and information governance leads, and voluntary, community, faith and social enterprise representatives where relevant?		
5	**Service Delivery**		**Yes 2 Partial 1 No 0**	**Comment / Actions**
5.1	Invitation Does your invitation inform and target your eligible population?	For example, does your invitation explain who the provider is, how confidential data will be handled, and the pros and cons of having an NHSHC? Do you send patients warm up messages and reminders? Do you use multiple, diverse, targeted invitation methods of communication to improve uptake?		
5.2	Risk Assessment Are NHS Health Checks delivered, recorded and communicated in line with statutory requirements, national best practice and relevant NICE guidance?	For example, are required behavioural and physiological risk factors collected; validated measurements and appropriate testing used; cardiovascular risk calculated using the nationally recommended tool; and results, including risk and next steps, explained clearly through shared decision-making? In further required clinical assessment and risk management?		

		Are appointments, outcomes and interventions regularly reviewed and audited to ensure quality?		
5.3	Lifestyle Risk Management	For example, can providers refer into a range of post NHSHC motivational, supportive health improvement programmes, that are accessible to all? Are these programmes monitorable for uptake and outcomes?		
5.4	Clinical Pathways Are your NHSHC pathways individually operational and delivered and recorded in line with quality standards / best practice / NICE guidance?	For example, in relation to the clinical pathways for Hypertension, Lipid management, Diabetes / NDPP, CKD and Dementia, can you demonstrate timely responses, ease of access, assertive retention, evidence of outcomes and continuous improvement? Are all pathways regularly reviewed and audited to ensure quality?		
5.5	Testing What testing services do you use and can you demonstrate safety	For example, do you use a phlebotomy service and / or POCT? Are related services and providers regularly monitored and audited to ensure services and all NHSHC equipment / consumables etc are used, stored and tested / calibrated, in line with quality standards? Are these internally or externally quality assured?		
6	**Competence, training and development**		**Yes 2 Partial 1 No 0**	**Comment / Actions**
6.1	Training and Competency What NHSHC training do you provide?	For example, have all people carrying out NHSHCs, been trained and assessed as outlined in the NHSHC competency framework? Do you commission training or is it the responsibility of the provider?		

		Are regular / annual programme training updates in place?		
6.2	CPD Is there an NHSHC programme of Continuing Professional Development?	For example, do your providers have the resources and skills to support their staffs ongoing development in relation to the NHSHC programme and after health check interventions? Are staff trained in MECC, motivational interviewing, giving brief advice and signposting e.g., weight management, smoking cessation, alcohol, menopause, physical activity and wider social determinants etc?		
7	**Information governance and Data**		**Yes 2 Partial 1 No 0**	**Comment / Actions**
7.1	Monitoring Are monitoring systems in place?	For example, systems that can record and track. Is the nationally required dataset recorded using structured and extractable coding; are data completeness, accuracy and timeliness audited; and can performance, referrals, outcomes and inequalities be monitored across providers and delivery routes? Do you share this data with other partners?		
7.2	Data Sharing and Confidentiality	For example, are lawful, secure and timely data-sharing and data-processing arrangements in place across commissioners, providers and general practice? Are responsibilities set out in contracts and agreements, and is information transferred back to the patient record in a structured and coded format in line with UK data protection, confidentiality and clinical safety requirements?		
8	**Communication**		**Yes 2 Partial 1 No 0**	**Comment / Actions**
8.1	Plan	For example, do you have a local stakeholder engagement / communications plan or marketing strategy?		

8.2	Marketing How do you promote your NHS Health Check programme?	For example, do you make use of social media, internal LA and external stakeholder communication channels to promote engagement and uptake? Is information about the service kept current on the NHS website and relevant local websites? Have you carried out public promotional campaigns, using targeted messaging and new and / or mixed marketing methods, to raise awareness and promote engagement and uptake? Do you use national, regional or local marketing campaigns and tried and tested branding and marketing materials to promote your programme?		
9	**Programme development and evaluation**		**Yes 2 Partial 1 No 0**	**Comment / Actions**
9.1	Evaluation Do you carry out programme evaluation?	For example, do you carry out regular contract monitoring? Do you carry out regular evaluation of service delivery and outcomes? Can you evidence quality and service improvement, effectiveness and reduction in health inequalities?		
9.2	Monitoring Do you carry out experience monitoring?	For example, do you use patient feedback to inform service delivery and improvement? Do you regularly invite, collate and make use of individual experience, opinions (staff and clients / patients) and case studies to improve quality and inform service improvement?		
9.3	Targets	For example, are you reaching quarterly and annual targets whilst demonstrating a yearly improvement in uptake?		

10	**Innovation**		**Yes 2 Partial 1 No 0**	**Comment / Actions**
10.1	Use of Technology	For example, is technology used safely and inclusively to strengthen the NHS Health Check pathway, including digital invitation, booking, assessment, decision support and structured transfer of data to patient records? In which part(s) of the pathways have you used technology? Are digital exclusion, accessibility, information governance, clinical safety and non-digital alternatives addressed?		
10.2	Innovative Delivery	For example, has any innovative practice been delivered?		
Areas of Success to Share				
Areas of Challenge				

Areas identified as needing national, regional and/or ICB support, or joint working with relevant system partners