Health Premium Incentive Advisory Group (HPIAG)
Meeting (01) held on 9th April 2013

See annex A for list of attendees

Introduction

This is the first meeting of the HPIAG. The meeting focused on agreeing the aims and objectives of the group and discussions around the criteria for selecting the indicators to measure the Health Premium Incentive Scheme (HPIS). Janet Atherton is the chair of the group.

Paper 1 (HPIAG 2013/14-01) - Background and context of the HPIS

1. Stephen Lorrimer (SL) introduced the first paper and set the context for the meeting. SL emphasised that the key role of the group is to have a reasonable design for the HPIS that can be supported by local authorities.

2. The first payment of the scheme is in 2015/16 which is in the next spending round so the available resources have not been decided.

   Discussion Points

   a. The group need to be aware of learning from any previous schemes, eg, Local Area Agreements. **AP1 : Members were asked to send details of known incentive schemes to the secretariat**.

   b. SL clarified that the expectation was to have a small number of national indicators and a range or 'menu' of indicators (roughly 12) from which LAs could decide which to focus on based upon their local priorities.

   c. There was some discussion about whether the data supporting the LAs actions had to be Office for National Statistics (ONS) ratified. There was a concern from another member of the Group that this could stifle innovation.

Paper 2 (HPIAG 2013/14-02) draft Terms of Reference (ToR)

3. SL took the meeting through the draft ToR of the advisory group. SL said the aims of the group would be confirmed by letter from the Secretary of State for Health (SofS).

Discussion Points

<u>Reporting Arrangements</u> - Paragraph (para.) 16

a. HPIAG is a subgroup of Advisory Committee on Resource Allocation (ACRA), and will make its recommendations to ACRA. ACRA would consider these and make the final recommendations to SoS.

Quorum Para 20

b. Para 20 was agreed however, the Group felt that there should be a minimum attendance requirement for voting purpose. This was broadly agreed and contributions via email will be accepted. **AP2 Secretariat to review quorum and minimum attendance rules and circulate amended proposals by the next meeting.**

Confidentiality Para 22

c. The Group agreed to the open system of sharing its deliberations. However, work proposals that has not been finalised or agreed should not be published alongside the papers and minutes of meetings. The Group agreed that the sections on Communication and Confidentiality rules (paras. 21-22) needed to be reviewed and an appropriate balance struck between the need for transparency and the need for confidentiality, when appropriate. **AP3 Secretariat to review para 21 and 22.**

Engagement

d. SL confirmed that where the group felt it was helpful we would facilitate wider engagement with the public health and local authority sectors, learning from the successful engagement on the PH allocations run during 2012. The Group agreed that it may be necessary to engage with Finance Directors, Directors of Public Health (DsPH) and other representatives from across the health and care system.

Timetable

e. The Group is working to a very tight timetable as the expectation is for SofS to make announcements about how the HPIS will work by the end of this calendar year. It was noted that this was late in the year for local authority planning . Publishing papers and minutes of the meetings will ensure LAs are informed of the general direction of travel.

Pilots & Post-Implementation Review

f. The Group accepted that the timetable means it is not possible to run full-scale test pilots of the HPIS before full roll out. It was suggested that we could look at LAs who have achieved on key indicators to run soft evaluations.

g. Arrangements would need to be put in place for a post-implementation review to review the lessons learnt, analyse how the scheme was working and make recommendations for future changes.

h. LAs will be at different stages in tackling their local public health issues so this would need to be factored into any review. The group discussed ensuring that we have sufficient balance across the PHOF domains would be ideal.

HPIS Criteria

i. The Group agreed that since the criteria for deciding whether an indicator should be included in the HPIS (set out in para. 12 of the above paper) were still subject to further development it should be taken out of the ToR. This was agreed. **AP4 Secretariat to take the draft criteria out of the TOR**

Other General Comments

4. It was important that there was a balance between national and local HPI indicators. Clarity was needed in the selection process to avoid gaming and this should be measurable.

5. Current data for measuring inequalities is an issue. Marmot was carrying out further work on inequalities and the research work from this group was offered to HPIAG. It was also noted that there are variation in the scale of deprivation within and between LAs.

6. HPIAG would welcome clarity on what happens to the budget set aside for the HPIS if the objectives were not achieved. SL noted that this element of the design was still under consideration.

7. HPIS being reliant on national data sets may be too restrictive and stifle innovation. Consideration should be given to local datasets that are reliable. Given that the PHOF indicators will be reviewed in 2016, local datasets could be scoped as a sub indicator.

8. The Group noted the need to be mindful of other work going on in LAs that would support improvements made by LAs. The impact of other schemes should be factored in to the reward scheme.

9. Including Innovation in the scheme was discussed extensively. The main issue was how this affects the scheme, e.g. do councils risk losing out if they try a new approach and it does not work. It was agreed that learning from innovative work was important. However, there may be other levers in the system to support innovation and the HPIS may not be the best or only way to encourage LAs to do innovative work. It was agreed that further discussion was needed to understand how innovation could be encouraged. **AP5 SL will commission a paper on innovation in public health under the new commissioning arrangements for the next meeting.**

10. A revised TOR will be circulated before the next meeting **AP6 Secretariat to circulate revised ToR before the next meeting**

11. It was suggested that an overview on how the PHOF indicators were selected would help to understand the basic framework of the PHOF. **AP 7 Secretariat to invite PHOF Policy Lead to present at the next meeting**

Paper 3 – HPIAG 2013/14-03 Health Premium Incentive Scheme Criteria

12. SL introduced the paper inviting comments on the current draft criteria which were published last June as part of the update on public health funding. The criteria were discussed at two workshops attended by PHOF policy and analytical leads and external stakeholders. The comments from the workshops have been fed into the paper.

13. The criteria will be used in deciding which indicator should form part of the HPIS based on non-mandated services; the criteria were reviewed individually (a)-(g) :-

a) Can be directly influenced by a local authority (and are not likely to be significantly affected by factors outside the control of the local authority).

Comments:

(i) Given the critical role of the Health & Wellbeing Boards in the new system this needed to be acknowledged in the criteria. This was agreed. **AP 8 To include the role of H&WB in the criteria.**

(ii) The phrase ‘directly influence’ should be softened otherwise none of the PHOF indicators would measure against the criteria.

(iii) ‘Significantly’ should be toned down. There was a worry that we were over emphasising the criteria. It was recognised that LAs have a role to play both within and between local areas in their sphere of ”influence” and this needed to be acknowledged in the criteria. In addition, some of the PHOF indicators will be delivered in partnership. It was agreed that this indicator would be revised to take on the comments made. **AP 9 To revise Criteria**

b) Are not solely or principally linked to services that are mandated through regulations

Comments:

(i) Members had differing views about why mandated services have been exempt from the HPIS. It was emphasised that improving health outcomes in the mandated services could be the greatest challenge for some LAs. It was suggested that something around ‘ensuring that mandated services meet the needs of the population’ should be included in the criteria.

(ii) A counter view was that the HPIS was not the appropriate place to raise issues around the ‘quality’ of service delivery. Other reporting channels should be able to determine that mandated services were being delivered effectively and they should not be incentivised through this scheme.

(iii) The criteria (across the board) are currently cast in negative terms and it would be better to ensure they were set out as positive actions.

AP 10 SL to re-consider the wording for these criteria.

c) Are amenable to cost effective interventions that can be delivered using the available budget

(i) One member noted that 'available budget' raised the issue of whether LAs that used funding from budgets other than the ring-fenced PH grant would be penalised, by being excluded from receiving a reward payment.

(ii) It was also noted that the requirement to demonstrate 'cost effectiveness' was already a routine part of the rigorous scrutiny of LA finances and appeared to be more of a technical requirement.

AP 11 It was agreed that this criterion should be reconstructed as a technical criterion.

d) Have health as one of their principal, but not necessarily direct, impacts (rather than a wider societal impact).

This criterion will be removed as the PHOF was already assessed against it. **AP 12 Secretariat to remove this criterion.**

Criteria from (e) to (h) are '*either or'*

e) Benefit a significant proportion of the local population directly; or

f) Significantly reduce health inequalities; or

g) Reduce the spread of infection or risky behaviours in the wider population; or

h) Are linked to local authority interventions that contribute to a wider health-led programme.

The Group agreed these four criteria were open to various interpretations and needed further work before a final decision on their appropriateness could be drawn. **AP13 To revise criteria e - h**

14. The group was reminded of the wider view of the scheme and the technical task involved. The lack of data on inequalities and how this will be measured was also discussed. Justine Fitzpatrick (JF) agreed to send data gathered on inequalities from the PHOF development. The work on Marmot Review around inequalities was also mentioned. Peter Goldblatt (PG) agreed to send the link to a paper on Inclusion Health. It was suggested that all information on inequalities that could inform the HP should be sent to SL. David Buck (DB) agreed to provide papers on measuring health inequalities.

AP14 JF, PG and DB to send the information mentioned above to SL.

Next steps and date of the next meeting

15. It was agreed that the frequency of the meeting would be six weekly. Secretariat was asked to trawl for the next two meeting each to last for 4hours. **AP 15 Secretariat to set up the next two meetings.**

16. The group agreed that they were happy to look at papers in between meetings. Revised papers will be sent with deadlines for comments.

Annex A

List of attendance and apologies

Name	**Organisation**
Dr Janet Atherton *(Chair)* (JA)	President at ADPH and DPH at Sefton Council
Dr Stephen Lorrimer (SL)	Department of Health
Alyson Morley (AM)	Local Government Association
Barbara Kyei (BK) *Secretariat*	Department of Health
Ben Barr (BB)	University of Liverpool
Chris Bentley (CB)	Association of Directors of Public Health
David Buck (DB)	Kings Fund
Dr Ann Marie Connolly (AMC)	Public Health England
Gurmit Kular (GK)	NHS England (attended for Katie Davies)
Ian Gray (IG)	Chartered Institute of Environmental Health
Justine Fitzpatrick (JF)	London Public Health
Matthew Sutton (MS)	Manchester- Academic
Neri Ineneji (NI) *Secretariat*	Department of Health
Paul Lincoln (PL)	National Heart Forum
Peter Goldblatt (PG)	Marmot Report Team
Rob Poole (RP)	Berkshire Council (LGA)
Steve Watkins (SW)	British Medical Association

Apologies	
Dave Roberts	Health and Social Care Information Centre
Mike Robinson	Faculty of Public Health
Michael Chaplin	Department of Health
Mohammed Pandor	Department of Health
Paul Edmondson-Jones	York Council/Association of Directors of Public Health
Tim Baxter	Department of Health
Katie Davies	NHS England