

Health Premium Incentive Scheme Advisory Group Meeting No 2

Minutes of the meeting held on Friday 24th May 2013 at 10.30 to 14.30
in the Old Library, Richmond House

Present:

Janet Atherton (Chair)
Stephen Lorrimer
Tim Baxter
Rob Poole
Matthew Sutton
Paul Lincoln
Chris Bentley
Alyson Morley
Ian Gray
Annmarie Connolly

[REDACTED]

Dave Roberts (*Via Tel link for part of the meeting*)

[REDACTED]

Martin Gibbs

Apologies:

Dave Buck
Ben Barr
Justine Fitzpatrick
Steve Watkins
Peter Goldblatt
Mike Robinson
Paul Edmondson-Jones
Katie Davies

1. Welcome and introductions

Janet Atherton (chair) welcomed everyone to the second HPIAG meeting and introduced the meeting.

2. Minutes of 9th April meeting and actions from the meeting

2.1 The minutes of the first meeting were agreed.

2.2 All actions from the meeting of 9th April were completed except for –

AP1 - HPIAG members were asked to send secretariat information on known incentive schemes for HPIS consideration.

AP5 - The Innovation paper – this will be presented at the next meeting

AP14 – Request for data on measuring inequalities - Some members have sent in reports and links to data on the website. This information will be presented at the next meeting.

It was suggested that a subgroup was formed to look at intra-authority health inequalities measures before the next meeting, this was agreed.

AP16 (new) - Members to inform secretariat if interested in joining this subgroup. The group will report to HPIAG at the next meeting.

- 2.3 SL explained that it was important to learn from Local Area Agreement work and was interested in any evaluation reports on their effectiveness. Alyson Morley agreed to find out from colleagues in Communities in Local Government and report back via email.

AP17 (new) - Alison Morley will see if there are any evaluations reports on the Local Area Agreements (LAA) work. Done

- 2.4 The amended TOR of the HPIAG was agreed as final. Members would have got an email which puts every one formally onto HPIAG. This is a subgroup of ACRA and the group will be disbanded after ACRA has made recommendation on the indicators for measuring HPIS to SofS.

3. Public Health Outcomes Framework Overview paper ref- HPIAG2013/14-06

- 3.1 [REDACTED] gave a brief overview of how the PHOF was developed. Full information can be found in the paper. The main points are:
- The PHOF measure health improvements and wider determinants of health and it cover the life course approach. It is evidence based and measurable.
 - Stakeholder engagement included the Marmot Review Team, Third Sector Organisation, Local Authorities, Government Departments and a public consultation exercise
 - All indicators went through assessment, the criteria is listed in the paper.
 - All PHOF indicators have been assessed on whether equalities data can be derived from the data measure. This information is in the public domain.
 - There are 12 placeholder indicators under review. Placeholder indicators are required to have agreed definition and data source for measuring progress by the year end or dropped from the PHOF. This was discussed and HPIAG agreed to form a subgroup to consider how to offer local flexibilities around the selection of local indicators, including using current PHOF place holders. The subgroup will consider:
 - Restricting local choices to areas where data are available by the end of the year 2013, i.e., exclude placeholder indicators.
 - To give local areas the option of choosing a placeholder as one of the health premium indicator if they can demonstrate that they have a robust data source, consistent with the placeholder definition, to evaluate progress.
 - To allow new local authorities to choose a local indicators for inclusion in HPIS where the indicator meets technical criteria.

AP18 (new) – All Members to inform secretariat if they are interested in joining the Local Flexibilities subgroup. The subgroup will report to HPIAG at the next meeting.

AP19 (new) – [REDACTED] to circulate names of PHOF working group membership for overview and to see if HPIAG members are represented.

AP20 (new) - [REDACTED] to provide web location where these indicators can be viewed. PHE team would also welcome comments on the functionality of the website.

AP21 (new) - All members to advise the secretariat if they have, equity and equality information for voluntary and community sector groups, there are some good information in DH and NHSE strategic partnership. This will be forwarded to DH secretariat for Liliya Skotarenko.

4. Inequalities Strategy

Martin Gibbs spoke about the government policy and the legal duties around inequalities.

AP22 (new) - Martin agreed to send HPIAG members detailed information on the strategy and a copy of the presentation slides. Done This information was sent to HPIAG members after the meeting.

5. Selection Measures (criteria for selecting the PHOF indicators) ref paper HPIAG 2013/14

██████████ spoke to his paper. He explained the criteria used to filter out the PHOF indicators and how he arrived at the final 11 indicators after the technical criteria was applied.

The first two filtering process were taken from the PHOF assessment criteria showing the indicators that had defined definition and data source at UTLA. 35 indicators were filtered from this process (Filter 1&2). This was agreed.

Filter 3 was technical criteria that PHE felt it was necessary for filtering the PHOF. All five criteria were given equal weighting and the process shifted 11 indicators out of the 35 PHOF indicators.

██████████ (PHE) explained the thinking behind the technical criteria:-

1) Data needs to be available at UTLA level

Reliable data was needed to measure the indicator annually. Some data measures use periodic data or rolling year average due to small numbers. It was agreed that indicators with periodic data will be considered in the year data was available.

4) Data should not be a synthetic estimate

The data should be relevant to the local authority area, to assess the accuracy of PCT to UT LA mapping.

5) Data should not be vulnerable to perverse incentives

One such might be drug treatments. If LAs are paid for successful treatment then they may not try to prevent people from taking drugs.

6) Need to know whether an increase in the indicator is good or bad

E.g. diabetes recording do we know the reasons for an increase in trend. Is it as a result of awareness (more screening) or poor health?

Members agreed that the technical criteria needed revision to allow more indicators to be shifted into the scheme.

AP23 (new) – ██████████ to revisit the technical criteria in line with discussions at HPIAG meeting, revised analysis to be circulated for comments with the aim of achieving consensus before the next meeting.

6. AOB

It was suggested that it would help with consistency in communication if we could prepare a line to take on –“who the incentive scheme is for and who we are trying to incentivise”

AP24 (new) – The Chair / Secretariat need to make clear who the incentive scheme is for (LA or the Health and Wellbeing Board) and what we are trying to incentivise.

7. Date of the Next meeting

The next meeting has been rescheduled to 19th July 2013 in Richmond House in The old Library from 10.30am to 2.30pm.