

# Health Premium Incentive Advisory Group

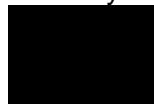
## Meeting No 3

Minutes of the meeting held on Friday 19<sup>th</sup> July 2013 at 10.30 to 14.30  
in the Old Library, Richmond House

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### Present:

Janet Atherton (Chair)  
Stephen Lorrimer  
Tim Baxter  
Rob Poole  
Peter Goldblatt  
Paul Lincoln  
Chris Bentley  
Alyson Morley  
Ian Gray



Ben Barr  
Andy Bacon *representing Kate Davies*  
Steve Watkins

### Apologies:

Dave Buck  
  
Annmarie Connolly  
Mike Robinson  
Paul Edmondson-Jones  
Kate Davies  
Matthew Sutton  
Dave Roberts

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### 1. Welcome and introductions

Janet Atherton welcomed everyone to the third HPIAG meeting followed by introductions around the table. Janet reported that there has been good progress from the last meeting and she was happy with the developments emerging from the sub groups. This meeting will agree recommendations to ACRA for further discussion at the next meeting if required before it is presented to ACRA.

### 2. Minutes of the last meeting

2.1 The minutes of the last meeting were agreed.

### Matters arising

2.2 All actions have been completed otherwise on the agenda.

### 3. Innovation Paper

3.1 SL presented to the meeting feedback from the Innovation sub group. The background paper from Richard Gleave and the minutes of the meeting were sent with the papers.

SL explained that the conclusions drawn from the meeting were that there was no doubt that innovation was important and key to public health future improvement. However, it was felt that innovation was difficult to measure or evaluate progress fairly, therefore it was not advisable to consider as part of the HPIS. The sub group agreed that innovation needed to be addressed in the new system and this should be escalated with PHE as the system

leader. The sub group would work with PHE and partners to take the lead in exploring all channels including researched evidence on innovation. Janet took an action to speak to Richard Gleave about taking this forward with the sub group members and other partners.

#### **AP 1 Janet Atherton to speak to Richard Gleave PHE**

3.2 It was agreed that HPIAG decision on innovation will be reflected in the recommendations to ACRA.

#### **AP 2 Secretariat to include decision on innovation in recommendations to ACRA**

#### **4. Inequalities measures**

4.1 A joint paper from East Midlands and London Public Health Observatory (PHO) was used to set the scene for the sub group discussions on HPIS inequalities measures between areas and within area. The paper was based on the health inequality indicator for each LA and primary care organisation using the slope index of inequality (SII) for life expectancy at birth. The minutes of the sub group meeting were also sent with the papers of the meeting. Feedback from the subgroup was presented by SL. The data were discussed extensively.

4.2 The subgroup agreed that basing the measure on SII would be widely understood as this directly relates to inequalities and it avoids double counting. The pros and cons of measuring inequalities in different ways were well summarised in the PHO paper. The sub group recommended that within area inequalities was reflected in the incentive scheme through a single measure of SII.

4.3 It was agreed that the SII is the best available measure for within area inequality but it was not perfect. Some of the issues raised were: small area levels and use of estimated population data. However, adjustment to slope index to reduce the outliers, weighting size of population (deprivation) to target allocation to reward improvement would support HPIS inequality agenda.

4.4 It was agreed that the main focus of the incentive scheme should be to offer a greater incentive to those facing the greatest challenge. It was suggested that the data should be tested to look at inequalities measures between/within areas by weighting the size of the population by deprivation, areas with the same population but twice the challenge will receive greater reward for progress made. HPIAG agreed to test it out by commissioning the Technical Advisory Group (TAG) to work out a model.

**AP3 - To commission TAG to provide the analysis and the findings to be discussed at the next meeting.**

**AP4 - The findings from the sub group will be reflected in the recommendations to ACRA.**

#### **5. Local Flexibilities**

5.1 HPIAG agreed that the option to provide no flexibilities is not consistent with the high level aims of the scheme. On the other hand, complete flexibilities will need a high level of resources to set the criteria for assessing indicators and measure and evaluate progress of the scheme. It was agreed that complete flexibility will be too burdensome to manage.

5.2 The other two options were discussed, it was agreed that PHOF (placeholders and indicators that did not meet the technical criteria) was a good starting point for offering local flexibilities. It was noted that there would be no national or local area comparisons for placeholders as these indicators are undeveloped. The recommendations from the sub group were broadly accepted.

**AP5 - A basket of national and local indicators would be offered**

**AP6 - The findings from the sub group will be reflected in the recommendations to ACRA.**

## **6. Developing criteria for the inclusion of measures in the HPIS**

6.1 ■■■ presented the amendments to the technical criteria which were broadly accepted by HPIAG. A total of 28 indicators, some with sub indicators (totalling 49) passed the revised criteria. It was agreed that the spread of indicators was good and it covered all the four domains.

6.2 A number of issues were highlighted. Drugs, alcohol and smoking were not included in the selected indicators. Members of HPIAG felt that a credible scheme should include measures related to smoking, substance misuse and alcohol. Members understand that there are some technical difficulties, therefore we are recommending possible indicators with certain caveats.

6.3 It was explained that the main reason for the three indicators dropping off was data issue (data size, difficult to measure progress periodically). Some suggestions were offered as to how we could address the issues. It was pointed out that smoking, drugs and alcohol are the major contributory factors to the five major killers therefore there was a strong public interest, in addition, Other Government Departments (OGD) were interested, particularly in the drugs indicator.

**AP7 - It was agreed that the three indicators will be included in the recommendations to ACRA explaining the issues surrounding the data.**

6.4 It was suggested that the final selection of indicators should ensure coverage across the four PH domains.

**AP8 - Selection of national and local indicators to ensure coverage of domains will be reflected in the recommendations to ACRA.**

6.5 It was proposed that HPIAG have an oversight of incentives currently on-going across Other Government Departments to understand how other incentives might impact on our selected indicator measures and the issues around gaming.

**AP9 – DH to liaise with OGD on how the incentive might impact on other departments incentives**

## **7. Next Steps**

1. It was agreed that a draft paper on HPIAG recommendations to ACRA will be presented for discussion at the next meeting. The meeting will also agree on points to submit to Ministers.
2. There were no further meeting booked after the meeting on 30<sup>th</sup> August. HPIAG will decide at the next meeting, when to convene the group.
3. A meeting will be set up to evaluate the scheme.
4. The agreed recommendations to ACRA will be publish on DH website, particularly the list of indicators that have been selected from the assessment process.

## **8. Date of the next meeting**

The next meeting will be arranged after we have sent our recommendations to ACRA.

<b>Summary of action points</b>
AP 1- Janet Atherton to speak to Richard Gleave PHE
AP2 - Secretariat to include recommendation on innovation in report to ACRA
AP3 - To commission TAG to provide analysis on inequalities weighting and the findings to be discussed at the next meeting.
AP4 - The findings form the Inequalities Measure sub group will be reflected in the recommendations to ACRA
AP5 - A basket of national and local indicators would be offered to LAs
AP6 - The findings form the Local Flexibilities sub group will be reflected in the recommendations to ACRA
AP7 - It was agreed that the three indicators will be included in the recommendations to ACRA explaining the issues surrounding the data
AP8 - Selection of national and local indicators will be reflected in the recommendations to ACRA
AP9 – DH to liaise with OGD on how the incentive might impact on other department's incentive schemes