



HEALTH GLOSSARY

THE NEW LANDSCAPE OF HEALTHCARE PROVISION IN ENGLAND

This glossary is designed to give a brief explanation of some of the new terms and structures outlined in the proposed NHS reforms. We will be adding to this as the reforms develop.

[GP Consortia](#)

[Health and Wellbeing Board \(HWB\)](#)

[HealthWatch](#)

[Joint Health & Wellbeing Strategy \(JHWS\)](#)

[Joint Strategic Needs Assessment \(JSNA\)](#)

[NHS Commissioning Board](#)

[Public Health England](#)

GP CONSORTIA

The White Paper, *'Equity and Excellence: Liberating the NHS'* and The Health and Social Care Bill described plans to establish statutory GP Consortia to commission most NHS services. These consortia will be groups of approximately 35 GP Practices in charge of commissioning the majority of health services for their local population. They will have responsibility for purchasing care from hospitals and other licensed providers that meet the health priorities identified in the [JSNA](#) and [JHWS](#). The principle aim of Consortia is to establish a more responsive, locally appropriate and patient focused health care system.

Consortia will become statutory bodies in 2013 but will work with PCTs in a shadow form through 2011-13. By 2013 all GP Practices will have to be a member of a Consortium. They will be accountable to the [NHS Commissioning Board](#) but local authorities (LA) and [HWB](#) will be able to flag Consortia they deem not to be meeting locally established health priorities. There is no statutory requirement for direct governance by lay or patient representatives however Consortia must be represented on local HWBs, which will link NHS services, the local authority and patients.

Consortia budgets will be allocated by the [NHS Commissioning Board](#) and each consortium will have a duty to prepare yearly commissioning plans, including proposals for how they intend to use their budget and how they intend to improve outcomes for patients. Consortia will need to discuss these proposals with local HWB to ensure that they reflect the JSNA and JHWS, and have them signed off by the NHS Commissioning Board.

It is assumed the average consortia will group together 35 GP practices serving 239,000 people. There is no minimum or maximum size, but the NHS Commissioning Board must be satisfied a consortium's population is appropriate.

GP Consortia have a duty to:

- commission healthcare to meet the reasonable requirements of patients registered with the GP practices;
- commission healthcare for other groups of patients such as people who live within the consortium's defined geographic area who are not registered with any GP practice;
- obtain advice from people with professional expertise in relation to people's physical and mental health;
- promote patient and carer involvement in decisions about them in line with "no decision about me without me";
- contribute to production of the JSNA and the JHWS and to have regard to the JSNA and the joint strategy in exercising functions; and
- identify inequalities in access to healthcare services.

GP Consortia have the power to:

- arrange for provision of services that aim to secure improvements in physical and mental health, or in the prevention, diagnosis and treatment of illness;
- arrange for another health body to provide services;
- make grants to voluntary organisations which provide or arrange for the provision of necessary health services;
- make payments to voluntary organisations towards expenditure on services;
- conduct or commission research; and
- make direct payments to patients instead of commissioning services for them (personalised care).

HOMELESS LINK SAYS

"Giving greater commissioning responsibility to GPs has potential to provide more locally responsive services. However, we believe more safeguards are needed to ensure consortia act on the health needs of disadvantaged patients in their local area. Chronically excluded groups such as homeless people rarely feature in routine needs assessments and may not be registered with GPs or mainstream services. GP consortia will need to ensure they understand the type of services which will deliver equitable outcomes and contribute to a reduction in health inequalities. The voluntary sector is well placed to provide additional expertise and there need to be clear channels through which consortia seek this input".

HEALTH AND WELLBEING BOARD (HWB)

A statutory requirement for upper tier local authorities to establish a HWB was proposed in the Health and Social Care Bill. They are set to be established from 2013 but will run in shadow form from 2012. This proposal can be viewed as part of the Localism agenda as they provide for LA's to exert a formal influence over health strategies.

The principal aim for HWBs is to improve the strategic coordination of commissioning across NHS, social care, and related children's and public health services. There is an expectation (although not a statutory requirement) that the HWBs also focus on the wider determinants of health such as housing, education and criminal justice with the aim of reducing health inequalities.

The composition of a HWB is as follows: at least one local authority councillor, the director of adult social services, the director of children's services, the director of public health, a representative of the local [HealthWatch](#); and a representative of each relevant commissioning [GP consortium](#). The HWB may also include such other persons as the LA thinks appropriate (this provides scope to include voluntary sector representatives) and finally a representative of the [NHS Commissioning Board](#) is required to sit on the board when a LA is drawing up [JSNA](#) and related strategies.

The functions of a Health and Wellbeing board are as follows to:

- assess the needs of the local population and lead the statutory JSNA;
- provide public health expertise to GP Consortia through JSNA;
- use the JSNA findings to draft a Joint Health and Wellbeing strategy ([JHWS](#)) for a local area;
- ensure commissioning arrangements for social care, public health and the NHS, developed by the local authority and GP consortia respectively, are in line with the Joint Health and Wellbeing strategy;
- promote integration and partnership across areas, including through promoting joined up commissioning plans across the NHS, social care and public health; and
- support joint commissioning and pooled budget arrangements, where all parties agree this makes sense.

HOMELESS LINK SAYS

“Health and Wellbeing boards will be a principle mechanism for identifying and meeting the health of a local area and they provide an opportunity for improving the integration of services and effective joint action to identify and meet local health and wellbeing needs. However, to enable them to meet the needs of the whole community, there need to be clearer channels to involve homeless sector providers and the views of their clients in the health and wellbeing board structure, at a local level.”

HEALTHWATCH

The White Paper, 'Equity and Excellence: Liberating the NHS' proposes the creation of HealthWatch England by April 2012. The principal aim is to strengthen the collective voice of patients and the public. This proposal reflects a move toward personalisation and an emphasis on patient choice. HealthWatch will be an independent but statutory part of the Care Quality Commission (CQC). It will have national and local responsibilities and existing Local Involvement Networks (LINKs) will become the local HealthWatch but with a stronger formal role in commissioning discussions.

Local HealthWatch will:

- provide evidence about local communities and their needs and aspirations;
- work closely with [GP Consortia](#) to direct commissioning decisions in a Local Authority;
- support people who lack the means or capacity to make choices, and support individuals who want to make a complaint; and
- be funded by and accountable to local authorities, and involved in local authorities' new partnership functions.

National HealthWatch will:

- provide leadership, advice and support to local HealthWatch, and will be able to provide advocacy services on their behalf if the local authority wishes;

- provide advice to the [NHS Commissioning Board](#), Monitor and the Secretary of State; and
- have the power to recommend to the CQC that poor services are investigated.

HOMELESS LINK SAYS

“Homeless people have a wealth of expertise and input to offer: we need measures to support their participation in HealthWatch, their ownership over decisions and more rigours access to redress the lack of choice and involvement if they feel this has not been achieved”.

JOINT HEALTH & WELLBEING STRATEGY (JHWS)

A JHWS is a strategy for a locality to address the health and wellbeing needs of the community through cross sector working that places due emphasis on wider determinants of health such as housing. The Health and Social Care Bill makes some important amendments to JHWS. The Bill will place [GP consortia](#) and local authorities under a new statutory duty to cooperatively develop these Strategies and ensure their commissioning plans fit with the JHWS priorities. Consortia and LA will need to be able to demonstrate this to the [NHS Commissioning Board](#).

Although a statutory duty of the LA and GP Consortia the JHWS will be undertaken by the [HWB](#) who in turn will be able to flag GP Consortia or LA who do not adhere to JHWS priorities. To ensure that national and local strategies remain consistent, the HWB will have a duty to have regard to the NHS Commissioning Board mandate in preparing the JHWS.

The principle aims of the JHWS are to:

- strengthen partnership working in order to improve health and wellbeing and reduce health inequalities;
- drive collaboration around the wider determinants of health and their contribution to improving health and wellbeing across a locality;
- link in with the other local strategic partnership sub-groups in relation to cross-cutting issues; and
- ensure service commissioning, development and redesign considers the impact on improving health and reducing health inequalities.

A Strategy should include a focus on NHS, social care and public health provision. There is also an expectation (but not a statutory duty) that the strategy will consider wider health determinants such as housing, education, access to transport and economic issues, and consult with appropriate organisations as needed. The chief data source that will be used to complete the Strategy is the [JSNA](#). There will be no statutory guidance on the exact nature of these strategies, nor will the Health and Wellbeing Board be required to submit them to the Department of Health, the NHS Commissioning Board or any other central organisation; however they will be made public. As a result of this lack of prescription HWBs will have the freedom to decide how best to develop a strategy in the most simple and effective manner.

HOMELESS LINK SAYS

“We welcome the joined up approach to establishing local health priorities. However to ensure the needs of excluded members of the community are considered and evidenced we would like to see consultation with the voluntary sector made a statutory requirement of the drafting process”.

JOINT STRATEGIC NEEDS ASSESSMENT (JSNA)

The Health and Social Care Bill makes some important amendments to the JSNA making them a statutory duty of a LA and [GP Consortia](#). Conducted by a [Health and Well Being Board](#) the assessment should identify the major health and wellbeing issues of a locality and the actions organisations need to perform in order to address them.

The stated aims are to develop stronger partnerships between communities, local government, and the NHS, and to provide a firm foundation for commissioning that improves health and social care provision while reducing health inequalities. The overall goal is to identify and allow the unique needs of an area to drive locally focussed actions.

The JSNA is designed to assess immediate (1 year frontline contractual changes), medium (3-5 year improvements in outcomes and reduced inequality) and long-term (10-15 year major infrastructure planning) health needs and to shape commissioning priorities with a focus on evidenced effectiveness while encouraging local innovation. The duty to complete a JSNA falls to 1st tier LAs with an expectation that 2nd tier authorities will be consulted. The published findings of the JSNA should be a concise summary of the main health and wellbeing needs of a community as opposed to a large, technical document.

The three key elements of a JSNA are:

- Partnership working: JSNA are undertaken by Directors of Public Health, Adult Social Services and Children's Services working in collaboration with Directors of Commissioning
- Community engagement: actively engaging with communities, patients, service users, carers, and providers including the third and private sectors to develop a full understanding of needs, with a particular focus on the views of vulnerable groups
- Evidence of effectiveness: identifying relevant best practice, innovation and research to inform how needs will best be met.

HOMELESS LINK SAYS

"We welcome the enhanced role for Local Authorities to co-ordinate the JSNA process. However to ensure the needs of the whole community are considered and evidenced in the JSNA process we agree greater guidance is needed to help them undertake this role. This should include a review of any inequalities and disadvantaged groups in their local population and requirements for these to be addressed in a clear set of commissioning recommendations within the JSNA document".

NHS COMMISSIONING BOARD

Liberating the NHS and the Health and Social Care Bill propose the creation of the NHS Commissioning Board. The Board will undertake some of its statutory functions from 2011-12 with a view to taking on further statutory functions from April 2012. The Board is a new organisation independent of the Department of Health tasked with coordinating and supporting [GP Consortia](#), developing specialist services and promoting an ethos of prevention. There is an aspiration that a Board free from Whitehall micro-management will be able to enhance innovation and develop a more patient focused and responsive health service. The Board will be accountable to the

Secretary of State who will measure performance against the 5 domains outlined in the NHS Outcomes Framework.

GP contracts and services will be commissioned directly by the Board who will hold GP contracts and oversee GP Consortia. The Board will also be the main vehicle for delivering any national or regional specialist services. The Board will allocate budgets to GP Consortia and provide extra resources, the quality premium, to GP consortia based on their performance. Although they will have strong oversight relationship with Consortia the expectation is that this will be a non-hierarchical relationship that promotes autonomy and innovation in each local consortium. However, there is provision for the Board to directly manage consortia that have failed to reach an appropriate standard; the Board would continue this management function until the consortium is ready to take control of its own affairs again. The Board, in conjunction with NICE, will also be responsible for translating the NHS Outcomes Framework into outcomes and indicators that are meaningful at a local level and can therefore be used to gauge LA and GP Consortia performance (Commissioning Outcomes Framework).

The NHS Commissioning Board will:

- provide leadership to the commissioning system in improving health outcomes;
- describe the challenges and priorities for the commissioning system, based on patient and public insight and the national requirements;
- support Consortia to achieve a suitable standard, and remain fit for purpose;
- make financial allocations to consortia and set the financial strategy for the commissioning system;
- provide leadership and support for quality improvement across the system;
- champion a patient-centred approach to developing health services;
- set the Commissioning Outcomes Framework to track local delivery and design the quality premium to create financial incentives for consortia to improve quality and outcomes and drive value for money, and
- translate national Quality Standards into commissioning guidance for consortia and standard contract and pricing mechanisms for local use.

HOMELESS LINK SAYS

“The NHS Commissioning Board will have ‘an explicit duty to promote equality and tackle inequalities in access to healthcare’. However further steps are needed to ensure it can achieve these aims. Details about the structure and membership of the Board remain undefined. To fulfil its aims, the Commissioning Board needs to play a far greater role in mainstreaming the health inequalities agenda at every level of the new NHS. In addition, while locally devolved commissioning has the potential to better respond to local need, there a number of responsibilities which are better delivered at a regional level (for example commissioning low-volume specialist services used by homeless people) and the Board will be the main vehicle for this. Greater detail is needed about how the board will take on these roles.”

PUBLIC HEALTH ENGLAND

Public Health England is a new part of the Department of Health proposed in the Health and Social Care Bill. It is set to be established in 2012. The detailed arrangements concerning the creation of Public Health England will be set out in a series of planning letters throughout the course of 2011. Its principal function will be to set the overall outcomes framework for public health and to work across government, and with the [NHS Commissioning Board](#) and national partners to

support local action on public health. They will be a uniting force for the wider family of professionals who also spend time on improving people's lives and tackling inequalities. They will also act as a knowledge bank for best practice in public health and to identify research priorities.

Under new arrangements proposed in the Health and Social Care Bill, the flow of funding will change so that money will be allocated from the NHS budget and ring-fenced for public health, part of this will be used by Public Health England to provide a ring-fenced budget to Local Authorities to fund those services that contribute to health and wellbeing primarily by prevention.

Public Health England will also be the funder for a new health premium that will take into account health inequalities and reward progress on specific public health outcomes. Disadvantaged areas will see a greater premium if they make progress, recognising that they face the greatest challenge performing against the public health outcomes framework. A 'shadow' health premium will come into effect in 2012/13 with the official allocations being used from 2013/14 onwards.

Directors of Public Health will be appointed by Public Health England and Local Authorities and will therefore be an important point of contact for the voluntary sector regarding commissioning priorities.

HOMELESS LINK SAYS

"We welcome the additional responsibilities for local authorities around public health and the commitment that health improvement grants will include a premium to reduce health inequalities. This presents exciting opportunities for the homeless sector to become more engaged in the local Public Health agenda. We believe the allocation of the budget should take into account the local homeless population to recognise their higher health costs. It will also be important for the new Public Health Outcomes framework to recognise the role housing plays in giving people healthier lives. We urge the new framework to integrate public health outcomes with other services such as social care and housing, in order to achieve better public health and reduce health inequalities".

USEFUL RESOURCES

Equity and Excellence: Liberating the NHS

http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/@ps/documents/digitalasset/dh_117794.pdf

Equity and Excellence: Liberating the NHS Managing the Transition

http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_124479.pdf

Healthy Lives Healthy People: Impact Assessment

http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/@ps/documents/digitalasset/dh_122242.pdf

Healthy Lives Healthy People: our strategy for public health in England

http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/@ps/documents/digitalasset/dh_122347.pdf

Healthy Lives Healthy People sets out the future for public health: Health improvement to be driven locally

http://www.dh.gov.uk/en/Aboutus/Features/DH_122253

IDEA Joint Strategic Needs Assessment

<http://www.idea.gov.uk/idk/core/page.do?pagelId=7942796>

IDEA National and Local Health Watch

<http://www.idea.gov.uk/idk/core/page.do?pagelId=23545406>

Invitation to be an early implementer for health and wellbeing boards

http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_123863.pdf

Joint Strategic Needs Assessments

<http://homeless.org.uk/jsna>

Kent Health Watch

http://www.kent.gov.uk/your_council/have_your_say/kent_health_watch.aspx

Liberating the NHS: Legislative Framework and Next Steps

http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/@ps/documents/digitalasset/dh_122707.pdf

Make-up and duties of health and wellbeing boards revealed

<http://www.hsj.co.uk/topics/health-bill-2011/make-up-and-duties-of-health-and-wellbeing-boards-revealed/5024247.article>

NHS Outcomes Framework

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_122944

NHS White Paper Equality and Excellence: Liberating the NHS Homeless Link's Response October 2010

<http://www.homeless.org.uk/sites/default/files/Homeless-Link-NHS-white-paper-response-Oct2010.pdf>

Public Health England – A new service to get people healthy

http://www.dh.gov.uk/en/MediaCentre/Pressreleases/DH_122249

The Functions of GP Commissioning Consortia: A Working Document

http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_125006.pdf

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