From transition to transformation

Glossary of common terms used in this resource and in public health and local government

Asset mapping – a process which identifies the capacity, skills, knowledge, potential for connections and social capital in a community.

Care Quality Commission (CQC) – the regulator of health and social care for England. It registers, and therefore licenses, care services if they meet essential standards of quality and safety and monitors them to ensure they continue to meet these standards. National **HealthWatch** will be part of the CQC.

Clinical Commissioning Group (CCG) – the bodies which, will carry out local commissioning of NHS services. They will be public bodies holding their meetings in public. Their members will be primary and secondary care doctors, nurse specialists, lay people and others.

Clinical networks and clinical senates – the **NHS Commissioning Board** will host clinical networks which will advise on distinct areas of care such as cancer or maternity services. The Board will also host new clinical senates which will provide expert multi-disciplinary input to strategic clinical decision making to inform and support local and national commissioning.

Commissioner – a manager in the NHS or a council who oversees the day-to-day process of **commissioning** services.

Commissioning – the process of ensuring that health and care services are provided so that they meet the needs of the population; it includes a number of stages including assessing population needs, prioritising outcomes, procuring products and services, and overseeing service providers. The concept of commissioning is expanding to include the way decisions are made about directing investment as well as direct service commissioning.

Community mental health team (CMHT) – teams of mental health workers from the NHS and social care who work in the community to support people with mental health problems, usually referred to the team by their GP.

CQUIN: Commissioning for Quality Indicators – a payment framework used in the NHS by commissioners to reward high quality services, by linking healthcare providers' income to the achievement of quality improvement goals.

Co-production – production of solutions (for example, design of services) by the people who may use them alongside those who have traditionally provided or arranged them. The concept of co-production assumes that people have assets to contribute rather than simply needs which must be met.

Dashboard – a succinct, easily readable, usually graphical display of the key performance indicators a management team wants to monitor regularly. It provides a single view of information from across an organisation and presents it in a readily accessible way. For HWBs, a dashboard might include health and wellbeing outcome measures (including equalities measures), measures of quality of care (including service user and carer experience and safety), financial performance and human resource performance.

Direct payments – budgets paid directly to social care users to meet their needs. They are a form of **personal budgets**, giving service users direct control of the money allocated to them for care.

Director of Public Health (DPH) – appointed through local authorities and Public Health England (on the Secretary of State's behalf), acting jointly, directors of public health will bring leadership and direction to local collaborative discussions about the best use of the local ring-fenced public health budget. There will be a director of public health for each upper tier local authority, although one DPH may cover more than one local authority.

Epidemiology - Epidemiology is the study of how often diseases occur in different groups of people and why. Epidemiological information is used to plan and evaluate strategies to prevent illness and as a guide to the management of patients in whom disease has already developed.

Foundation Trusts – NHS providers which are granted foundation trust status (by **Monitor**) have greater freedoms and are subject to less central control than NHS trusts without foundation status.

Health and Wellbeing Board (HWB) – a statutory committee of a local authority which, subject to the passage of the Health and Social Care Bill, will lead and advise on work to improve health and reduce health inequalities among the local population. It will have a performance monitoring role in relation to NHS clinical commissioning groups, public health and social care. Members will include councillors, GPs, health and social care officers and representatives of patients and the public, including local HealthWatch. Shadow Boards are to be established by spring 2012, with full statutory Boards coming into existence by April 2013.

Health Impact Assessment (HIA) - evaluates how proposals for changes and developments to services will (or could) potentially affect people's health. It then makes recommendations to the relevant decision-makers.

Health inequalities – differences in the health (and increasingly wellbeing) experienced by different groups in a community which are avoidable and therefore held to be unacceptable.

Health Needs Assessment (HNA) – a method for reviewing the health issues facing a population, leading to a set of agreed priorities and the allocation of resources to improve health and tackle inequalities. HNAs also provide an opportunity for specific populations to contribute to service planning and resource allocation. HNAs are also a tool used in the commissioning process. In future **Joint Strategic Needs Assessments** should also encompass the kind of issue currently included in HNAs.

Health Premium – an incentive payment proposed by the Government to be received by local authorities. Payment will be dependent on the progress made against improving the health of the local population and reducing health inequalities and will be linked to performance against a number of indicators determined by the Department of Health.

Health Overview and Scrutiny Committee (HOSC) – often known as health scrutiny committees, HOSCs are committees of local authorities with statutory powers to monitor and scrutinise local healthcare and health improvement and make recommendations.

HealthWatch – effective from April 2012, local HealthWatch will, be patient and public engagement bodies, taking over from **Local Involvement Networks (LINks)**. They will be supported by a national organisation, HealthWatch England, which will be part of the Care Quality Commission.

Integrated Impact Assessment (IIA) – a process which attempts to cover more than one type of impact assessment in a single process. IIAs are widely considered to be the most efficient way of ensuring health is included within policies, programmes and projects. Most commonly, IIAs combine an Environmental Impact Assessment (EIA) and a Health Impact Assessment (HIA).

Integration – bringing together the work of partners so that their efforts can be combined. Most commonly applied to the NHS and the social care part of the local authority and now including public health, integration can avoid the disadvantages of working in **silos**, offers a joined-up experience to service users, and can be both more effective and efficient. Integration can be applied at different points – for example, in needs assessment, commissioning, or in service provision, as well as across the whole system. In this resource, the term "integration" is also used to refer to the idea of embedding public health within local government, ensuring that each part of the local authority sees public health as part of its core business.

Joint Strategic Needs Assessment (JSNA) – the process and document(s) through which local authorities, the NHS, service users and the community and voluntary sector research and agree a comprehensive local picture of health and wellbeing needs. Subject to the passage of the Health and Social Care Act, the development of JSNAs will be the responsibility of **Health and Wellbeing Boards**. **CCGs** and the **NHS National Commissioning Board** will be required to "have regard to" JSNAs when developing their commissioning plans.

Joint Health and Wellbeing Strategy (JHWS) – **Health and Wellbeing Boards** will be required to produce a JHWS for the local area, based on the needs identified by the **JSNA**.

Lifecourse – a lifecourse approach to health emphasises the accumulated effects of an individual's experience across their life span in understanding the maintenance of health and the prevention of disease; poor economic and social conditions in the very early years of life have been shown to affect adversely individuals' growth and development, their risk of disease and ill health in later life and their life expectancy. **Professor Marmot's 2010 review of health inequalities**, *Fair Society, Healthy Lives*, strongly advocates a lifecourse approach to population health, health improvement and tackling health inequalities, with the first five years of life being the highest priority.

Local authority – the structure of local government varies from area to area. In much of England, there are two tiers – county and district – with responsibility for council services split between the two tiers, however London, other metropolitan areas and parts of shire England operate under a single tier structure.

In total there are five possible types of local authority in England.

These are:

- **county councils** – cover the whole county and provide 80 per cent of services in these areas, including children's services and adult social care
- **district councils** – covering a smaller area, providing more local services (such as housing, local planning, waste and leisure but not children's services or adult social care), can be called district, borough or city councils
- **unitary authorities** – just one level of local government responsible for all local services, can be called a council (eg Medway Council), a city council (eg Nottingham City Council) or borough council (eg Reading Borough Council)
- **London boroughs** – each of the 33 boroughs is a unitary authority, but the Greater London Authority (GLA) provides London-wide government, including special responsibility for police, fire, strategic planning and transport
- **metropolitan districts** – effectively unitary authorities, the name being a relic from past organisational arrangements. They can be called metropolitan borough or city councils.

Currently there are 27 counties split into 201 districts, and 56 unitary authorities in England. The latest round of English reorganisation became effective in April 2009. Forty four local authorities were amalgamated into nine unitary authorities serving a combined population of over 3.2 million.

Local Involvement Network (LINk) – local organisation of individual and organisational members which collects and represents the views of health and social care service users and the public. Under the Health and Social Care Act, LINks will be superseded by local **HealthWatch**.

Marmot Review of Health Inequalities – a review of the causes and the "causes of the causes" (ie the social and economic determinants) of **health inequalities** in England, carried out Professor Sir Michael Marmot in 2010. It was commissioned by the previous Government and its findings were endorsed by the present Coalition Government. It identifies a number of key areas for action to reduce health inequalities, the most important of which is "giving every child the best start in life". The review, *Fair Society, Healthy Lives*, is an invaluable resource to assist with developing priorities for **JHWSs**: http://www.marmotreview.org/english-review-of-hi/key-messages.aspx

Monitor – the regulatory body for NHS Foundation Trusts. Under the forthcoming Health and Social Care Act, Monitor's key role will be to promote and protect patients' interests. It has statutory powers in relation to co-operation and competition and will be required to support the delivery of integrated chare where this would improve quality or efficiency.

National Institute for Health and Clinical Excellence (NICE) – the body responsible for providing research, evidence and guidance on what medication and treatments should be available on the NHS.

Needs assessment – a systematic method for reviewing the characteristics of a population (for example their health status, the number with long-term conditions, numbers in different age groups) and their needs, leading to agreed priorities and resource allocation that will improve health and wellbeing and reduce inequalities. A **Joint Strategic Needs Assessment** is a statutory requirement for each area.

NHS Constitution – lays down the objectives of the NHS, the rights and responsibilities of the various parties involved in healthcare (patients, staff, trust boards) and the guiding principles which govern the health service.

NHS Commissioning Board (NHSCB) – a national body to be created under the forthcoming Health and Social Care Act, whose role will include supporting, developing and holding to account the system of clinical commissioning groups, as well as being directly responsible for some specialist commissioning.

NHS Operating Framework – an annual document which outline the business and planning arrangements for the NHS in the forthcoming year.

Outcomes Framework – a national framework which sets out the outcomes and corresponding indicators against which achievements in health and social care will be measured. There are three outcome frameworks – for the NHS, for adult social care and for public health.

Overview and scrutiny – currently a function of local government with specific powers to scrutinise council executive decisions. **Health overview and scrutiny committees** have additional powers to enable them to monitor and scrutinise NHS commissioners and providers.

Outcomes based accountability – an approach to planning services and assessing their performance that focuses attention on the results, or outcomes – as distinct from inputs and outputs – that the services are intended to achieve.

Outcomes-focused approach – an approach based on focusing on the results rather than on the outputs of investing in a service or providing it in a certain way. Commissioners can be clearer about the real benefits they are seeking by defining the outcomes being sought in terms of improved health and wellbeing. (See also 'Health inequalities').

Patient Reported Outcome Measures (PROMS) – provide information on how patients feel about their own health, and the impact of the treatment or care they receive

Personal budget – the amount of money allocated for an individual's social care, either paid directly to the individual in **direct payments** or held by social services or a third party. Now often used interchangeably with 'individual budget'. Personal budgets are being piloted in health services.

Personalisation – the principle behind the current transformation of adult social care services, and also related to health services; refers to the process of providing individualised, flexible care that is intended to promote the independence of those who need care.

Pooled budgets – one of a range of options available to support the integration of health and social care. While partners such as local government and the NHS can delegate some functions to each other, they may also commit some of their financial resources to create a single or 'pooled' budget which is discrete and separate and for a specific purpose, thus helping to avoid funding disputes and create greater flexibility in the use of budgets. The Health and Social Care Act would require local authorities and commissioning consortia to consider using these and similar provisions (See section 75 arrangements).

Population Health – an approach that aims to improve the health of the entire population and tackle health inequalities between different groups in society. Rather than focusing on individuals, population health addresses a broad range of factors that affect the health of entire populations, such as environment, social structure, and the distribution of resources.

Primary Care Trust (PCT) – PCTs are the commissioning bodies for the NHS. Their work will be taken over by CCGs.

Programme budgeting – the analysis of expenditure in healthcare programmes, such as cancer, mental health and cardiovascular diseases. Programme budgeting usually makes comparisons between expenditure and outputs or outcomes between one geographical area and another.

Provider – organisations which provide services direct to patients and service users, including hospitals, mental health services and ambulance services; providers are commissioned to provide NHS and social services by NHS and social care commissioners.

Public Health Data – currently compiled by local primary care trusts (PCTs) and public health observatories to provide data and analysis of the main causes of death and ill health within a given area. Locality profiles are compiled on a district and electoral ward basis and provide data about the population, deprivation levels, housing, take up of benefits, health, crime and disorder. These profiles provide a comparison at local, regional and national level against key indicators for health. It is envisaged that these functions will be integrated within the Joint Strategic Needs Assessment. The public health observatories that currently collect and analyse data are intended to be subsumed within Public Health England.

Public health – "The science and art of promoting and protecting health and well-being, preventing ill-health and prolonging life through the organised efforts of society." (UK Faculty of Public Health, 2010). Public health is generally thought of as being concerned with the health of the entire population, rather than the health of individuals – and therefore requiring a collective effort – and as being about prevention rather than cure. The three domains of public health are: health improvement; health protection; and health services. Under the Health and Social Care Act, responsibility for public health is to be taken over from the NHS by local government. A national public health service, Public Health England will also be created.

Public Health England – the new national public health service which will integrate the work of a large number of disparate public health organisations into a single, expert body providing advice and services across the range of public health. It will allocate ring-fenced funding to local authorities and will also act on behalf of the Secretary of State in the process of appointing Directors of Public Health at the local authority level.

Public Health Observatory – there are nine PHOs which produce information, data and intelligence on people's health and health care for practitioners, policy makers and the wider community. Their information and intelligence functions are due to transfer into Public Health England.

Quality premiums – a Government proposal to offer GPs financial rewards for performing well.

Quality, innovation, productivity and prevention (QIPP) – a framework for the NHS intended to deliver efficiency savings while maintaining quality.

Quality Outcome Framework (QOF) – a voluntary reward and incentive programme for all GP surgeries in England, detailing practice achievement results.

Resource Allocation System (RAS) – system each council has for allocating social care budgets to individuals, based on need determined by assessment/self-directed assessment. If personal budgets are introduced into health services, similar RASs will be needed.

Ring-fenced budgets (for public health) – public health budgets that will be allocated to local authorities from April 2013 for their new role in public health. The Department of Health will set out the purpose of the funding but not exactly how the money should be spent, although a limited number of services will be mandatory. Local authorities will be able to use the ring-fenced budget widely to improve public health in their local area in line with local priorities. This may include using it jointly with other local authority budgets such as those for children's service, schools, housing, transport and environmental health.

Scrutiny – see overview and scrutiny.

Section 75 arrangements – section 75 of the NHS Act 2006 consolidates previous powers to allow local authorities and NHS bodies to make financial arrangements. These include pooled budgets, lead commissioning in which partners agree to delegate commissioning of a service to one lead organisation and integrated provision in which partners can join staff, resources and management structures to integrate a service. In future, Section 75 arrangements are likely to be made between Clinical Commissioning Groups and local authorities.

Self-directed assessment – the assessment process involved in self-directed support – a simplified assessment process that is led as far as possible by the service user in partnership with professional staff, focusing on outcomes service users want to achieve

Self-directed support (SDS) – the means used by each council to enable service users to control how their personal/individual budget is used. The term comes from the organisation In Control, which champions the rights of people to control their care budget.

Silo - the tendency for individual sectors and services to work independently of each other rather than cooperating is known as the 'silo' approach. The disadvantage is that while each pursues its own objectives they may do so without reference to the implications for other agencies. (See also Integration.)

Simulation – a realistic imitation of a real-life situation in an environment where assumptions or proposed actions – 'what ifs?' – can be tested.

Single assessment process – a process for assessing an individual's health and social care needs without assessment procedures being needlessly duplicated by different agencies.

Social determinants of health – the social and economic conditions in which people are born, grow, live, work and age, including the health system. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels, which are themselves influenced by policy choices. The **social determinants of health** are mostly responsible for **health inequalities**.

Strategic Health Authority (SHA) – part of the structure of the NHS, currently responsible for implementing policy and overseeing the work of NHS trusts and PCTs. In October 2011, the 10 strategic health authorities in England merged to form four clusters which will manage the NHS until April 2013.

Tariffs – in relation to payment by results, the tariff is the calculated price for a unit of healthcare activity e.g. a hip replacement operation.

Transition planning – in the context of NHS reforms, the process of supporting the development and implementation of key elements of reform including the transfer of public health to local authorities, establishing **CCGs**, setting up **HWB**s, supporting **JSNA** and **JHWS** and establishing **HealthWatch**; programmes are carried out at regional and local levels.

Upstream and downstream investment – based on an analogy by McKinley (1979) of the health and wellbeing system as being like a fast flowing river in which people were drowning. The system was so preoccupied with rescuing them (ie treating them when they fall ill) that there was no time to go upstream to prevent them falling in (ie public health and early intervention) – which would have been a more fruitful, (upstream) activity.

Value-based pricing – a mechanism for ensuring patients can get access to the medicines they need by linking the prices the NHS pays drug providers to the value of the treatment

Wellbeing – used by the World Health Organisation (1946) in its definition of health as "a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity". More recently the concept was described as "feeling good and functioning well" (New Economics Foundation, 2008). Creating wellbeing (of which good physical health is a component) requires the mobilisation of the widest assets to ensure community cohesion, safety and so on.

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