

## Glossary of common terms

(Updated, with Hertfordshire contacts, from *Engaging in commissioning – A practical resource pack for the culture and sport sector* – Local Government Association, 2012)

[http://www.local.gov.uk/culture-tourism-and-sport/-/journal\\_content/56/10180/3665542/ARTICLE](http://www.local.gov.uk/culture-tourism-and-sport/-/journal_content/56/10180/3665542/ARTICLE)

**Clinical Commissioning Groups (CCGs)** – Clinical Commissioning Groups are groups of GPs that are responsible for designing local health services in England.

They do this by commissioning or buying health and care services including:

- elective hospital care
- rehabilitation care
- urgent and emergency care
- most community health services
- mental health and learning disability services.

Clinical Commissioning Groups work with patients and healthcare professionals and in partnership with local communities and local authorities. On their governing body, Groups have, in addition to GPs, at least one registered nurse and a doctor who is a secondary care specialist. Groups have boundaries that do not normally cross those of local authorities. Clinical Commissioning Groups are responsible for arranging emergency and urgent care services within their boundaries, and for commissioning services for any unregistered patients who live in their area. All GP practices have to belong to a Clinical Commissioning Group.

- **East and North Herts CCG:** <http://www.enhertsccg.nhs.uk/>
- **Herts Valleys CCG:** <http://hertsvalleysccg.nhs.uk/>

**Commissioning** – This is the strategic activity of identifying need, allocating resources and procuring a provider to best meet that need, within available means.

**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)** – Are appointed through councils 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 is a director of public health for each upper tier local authority, although one DPH may cover more than one council.

- **Public Health and Health in Herts:** <http://www.hertsdirect.org/services/healthsoc/healthherts/>

**Health and Wellbeing Board (HWB)** – A statutory committee of a council which leads and advises on work to improve health and reduce health inequalities among the local population. It has a performance monitoring role in relation to NHS clinical commissioning groups, public health and social care. Members include councillors, GPs, health and social care officers and representatives of patients and the public.

- **Hertfordshire's Health and Wellbeing Board:** <http://www.hertsdirect.org/your-council/hcc/partnerwork/hwb/>

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

**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. The development of JSNAs is the responsibility of Clinical Commissioning Groups (CCG) and councils through HWBs.

- **Hertfordshire's Joint Strategic Needs Assessment:** <http://jsna.hertslis.org/>

**Joint health and wellbeing strategy (JHWS)** – health and wellbeing boards are required to produce a JHWS for the local area, based on the needs identified by the JSNA.

- **Hertfordshire's Health and Wellbeing Strategy:** <http://www.hertsdirect.org/your-council/hcc/partnerwork/hwb/HWBS/>

**Marmot review of health inequalities** – A review of the causes and the ‘causes of the causes’ (i.e. the social and economic determinants) of health inequalities in England, carried out by Professor Sir Michael Marmot in 2010. It identifies a number of key areas for action to reduce health inequalities. The review, ‘Fair Society, Healthy Lives’, is an invaluable resource to assist with developing priorities for health and wellbeing.

### **Mental Health Service Tiers**

TIER 1 People with low support needs  
TIER 2 People with medium support needs  
TIER 3 People with high and complex support needs

**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 currently three outcomes frameworks – for the NHS, for adult social care and for public health.

**Outcomes-focused approach** – An approach based on focusing on the results (outcomes) 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.

**Personalised budgets** - Are an allocation of funding given to users after an assessment which should be sufficient to meet their assessed needs. Users can either take their personal budget as a direct payment, or – while still choosing how their care needs are met and by whom – leave councils with the responsibility to commission the services. Or they can have some combination of the two.

**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.

**Primary prevention** - A programme of activities directed at improving general well-being while also involving specific protection for selected diseases, such as immunisation against measles. Secondary prevention is a level of preventive medicine or activities which focus on early diagnosis, use of referral services, and rapid initiation of treatment to stop the progress of disease processes or a disability. Secondary prevention is also sometimes referred to as ‘reablement’ and is used to help people who have experienced an ‘episode’ such as a fall, stroke or bereavement, to be rehabilitated and maintain independence.

**Providers** – Any person, group of people or organisation supplying goods or services. Providers may be in the statutory or non-statutory sectors.

**Transformational change** – Is change that is not merely an extension or improvement over the past. It involves discontinuity, a shift in assumptions and a willingness to work with complexity. Transformational change requires a shift in mind-set, behaviour and ways of working together. It must be led by the organisation’s leaders with a focus on leadership, mission, strategy, culture and values.

**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.

- **Five Ways to Wellbeing:** <http://www.hertsdirect.org/your-council/hcc/partnerwork/hwb/5ways2well/>
- **Hertfordshire Partnership University NHS Foundation Trust** (HPFT) provides health and social care for people with mental ill health, physical ill health and those with a learning disability. <http://www.hpft.nhs.uk/wellbeing/>