

## Summary of terms

### Best Value practices

Under the Duty of Best Value, a Best Value authority must make arrangements to secure continuous improvement in the way in which functions are exercised - having regard to a combination of economy, efficiency and effectiveness.

### Clinical Commissioning Groups (CCGs)

Clinical commissioning groups are statutory NHS bodies made up of groups of GPs that will, from April 2013, be responsible (subject to authorisation by the NHS Commissioning Board) for commissioning the majority of NHS services in England. They will work within the new legislative framework with patients and healthcare professionals and in partnership with local communities and local authorities.

### Commissioners of health or social services

The organisations that arrange for the provision of health or social care services.

### Commissioning cycle

A continuous cycle of activities to secure the best services and outcomes for a local population – and reduce inequalities – within the resources available. These activities include assessing the needs of a population; agreeing and specifying services to meet those needs; and monitoring the quality of services.

### Commissioning Outcomes Framework

A proposed framework of indicators for the NHS Commissioning Board to use to, promote quality improvement, allow the NHS CB to hold CCGs to account for the quality of services they commission and to provide information for patients and the public on quality and outcomes of services commissioned by CCGs.

### County Councils

These are responsible for services across the whole of a county or city, like education, transport, planning, fire and public safety, social care, libraries, waste management and trading standards.

### Elected representatives

An umbrella term used to refer to a member of the health and wellbeing board who is a councillor, elected mayor or executive leader of the local authority which established the board. Through membership of elected representatives on health and wellbeing boards, local authorities will bring greater local democratic legitimacy to health.

### Director of Adult Social Services

Directors of Adult Social Services are responsible for planning, commissioning and providing social care services for adults and older people in their local authority area.

### Director of Children's Services

Directors of Children's services are responsible for the education and children's social services functions of the local authority. They work with local agencies to improve outcomes for children and young people.

### Director of Public Health

The Director of Public Health will be the lead officer in the local authority for health. S/he will be responsible for the exercise of the local authority's new public health functions and will champion health across the range of the authority's business.

### District Councils

District councils cover a smaller area than county or city councils. They are usually responsible for services like rubbish collection and recycling, council tax collection and housing.

### Duty to Consult and Best Value Duty

In deciding how to fulfil the duty, an authority also must consult representatives of a wide range of local persons including representatives of council tax payers, those who use or are likely to use services provided by the authority, and those appearing to the authority to have an interest in any area within which the authority carries out functions. Authorities should include local voluntary and community organisations and small businesses in such consultation.

### Government Open Data Policy

The government is opening up public data from the National Health Service, schools, criminal courts and transport as part of its transparency drive. The government aims to provide the public with more information about the performance of services.

### Health Overview and Scrutiny Committees (HOSC)

A local authority overview scrutiny committee to which the local authority has delegated its functions relating to scrutiny of the health service under regulations under section 244 of the NHS Act 2006. HOSCs provide ways for primary care trusts and other NHS organisations - foundation trusts included - to establish legitimacy in decision making and demonstrate accountability at a local level.

### Health and wellbeing boards

These are committees established by every upper-tier local authority for their area. The intention behind the establishment of these boards is to improve health and care services, and the health and wellbeing of local people. The boards will bring together key health and social care commissioners, including representatives of CCGs, directors of public health, children's services, and adult social services, with at least one elected representative and a representative of Local Healthwatch for the area. The boards will assess local health and social care needs (JSNAs) and develop a shared strategy (JHWS)

to address those needs, providing a strategic framework for individual commissioner's plans.

### Integration

In the recent Kings Fund and Nuffield Trust report, [\*A report to the Department of Health and the NHS Future Forum - Integrated care for patients and populations: Improving outcomes by working together\*](#), they reiterate the importance of “understanding integrated care - Integrated care means different things to different people. At its heart, it can be defined as an approach that seeks to improve the quality of care for individual patients, service users and carers by ensuring that services are well co-ordinated around their needs. To achieve integrated care, those involved with planning and providing services must impose the user's perspective as the organising principle of service delivery (Lloyd and Wait 2005; Shaw et al 2011).

No single ‘best practice’ model of integrated care exists. What matters most is clinical and service-level integration that focuses on how care can be better provided around the needs of individuals, especially where this care is being given by a number of different professionals and organisations (Curry and Ham 2010). Moreover, integrated care is not needed for all service users or all forms of care but must be targeted at those who stand to benefit most.”

### Joint Strategic Needs Assessment (JSNA)

JSNAs will be the primary process for health and wellbeing boards to identify local health and care needs in relation to their area, and to build a robust evidence base on which Joint Health and Wellbeing Strategies (JHWSs) and plans for commissioning of services can be developed.

### Joint Health and Wellbeing Strategy (JHWS)

JHWSs will be the means by which health and wellbeing boards set the priorities for collective action for meeting the needs identified in JSNAs. Taken together JSNAs and JHWSs will be the pillars of local decision-making, focussing leaders on the priorities for action and providing the evidence base for decisions about local services.

### Local Accounts

Local Accounts have been designed as a replacement to the previous annual Care Quality Commission publications, where Information on priorities and progress will be published.

Local Accounts will not be statutory, but offer a mechanism for engagement between individuals and organisations, with Health and Wellbeing Boards offering a potential route for discussion and publication with local partners. DH, Local Government Improvement & Development and the Association of Directors of Adult Social Services will co-produce best practice guidance, that will set out expectation and provide advice on Local Accounts, but improvement and choice will depend on local adaptation and adoption.

### Local Assets

An asset could be formal or informal resources, including capacity within other organisations or the community that can be used to improve health and wellbeing outcomes and impact on the wider determinants of health, such as the ability of population groups to take greater control of their own health and manage their long-term conditions.

### Local Authorities

Local authorities are independently elected and autonomous bodies. They are largely independent of central government and are directly accountable to their electorates. Local authorities play a crucial role in ensuring that day-to-day services of their communities are efficient and effective, offer good value for money and deliver what people need.

### Local authority scrutiny functions

Independent, councillor-led activities and arrangements that hold the authority to account for the exercise of its functions and improving local public services. For health scrutiny, this includes holding the NHS to account for the delivery of health and social care services in the authority's area, and scrutinising matters related to the health of local people as part of the authority's wider role of health improvement and reducing health inequalities.

### Local Population

By 'local populations' we mean the people who live or work in the area of the local authority, as well as people who use health or social care services in that area.

### Local Healthwatch

Healthwatch will be the new consumer champion for both health and adult social care. It will exist in two distinct forms – Local Healthwatch, at local level, and Healthwatch England, at national level. Healthwatch England will be established in October 2012 with plans underway to start Local Healthwatch in April 2013.

### Local Safeguarding Children Board

The Children Act 2004 requires each local authority to have a Local Safeguarding Children Board (LSCB). The role of the LSCB is to agree how agencies will co-operate to safeguard and promote the welfare of children in that locality, and to ensure the effectiveness of what they do. Statutory partners of each Board, which are required to co-operate with the local authority in its operation and have shared responsibility for the discharge of its functions, include, for health, the SHA and PCT(s) for the area (amended under the Health and Social Care Act 2012 to the NHS CB and CCG(s)) and any local NHS trusts or NHS Foundation Trusts.

### NHS Commissioning Board

The NHS Commissioning Board will sit at arm's length from the government and will support CCGs and hold them to account for improving outcomes and meeting their statutory duties. It will also commission some services directly,

such as primary care and secure psychiatric services. The NHS Commissioning Board Authority, a Special Health Authority, is currently preparing for the establishment and operation of the NHS Commissioning Board, as an executive non-departmental public body, from October 2012.

### Outcomes Framework

There are three outcomes frameworks across the NHS, public health and adult social care. The frameworks set out outcome measures of progress, rather than measures based on inputs or processes. The NHS Outcomes Framework sets out the results that the Secretary of State will expect the NHS Commissioning Board to deliver once it is established. The Public Health Outcomes Framework sets out the desired outcomes for public health and how these will be measured. The Adult Social Care Outcomes Framework is a set of outcome measures to support a high level view of the outcomes achieved for people who use social care

### Police and Crime Commissioners

On the 15 November 2012, the public across England and Wales will for the first time elect a police and crime commissioner who will be accountable for how crime is tackled in their police force area.

### Pooled Budgets (or pooled funds)

A pooled budget (or fund) is a single pot of funds, established and maintained under regulations under section 75 of the NHS Act 2006, made up of contributions by the NHS and local authority and out of which payments may be made towards expenditure incurred in the exercise of specified functions of the NHS or local authority such as on agreed projects or delivery of specific services.

### Public Health England (PHE)

This is the new public health service outlined in the White Paper “Healthy lives, healthy people: our strategy for public health in England”. Public Health England will be an Executive Agency of DH and incorporate the current functions of a number of public health bodies, including the Health Protection Agency, the National Treatment Agency for Substance Misuse and the Public Health Observatories. From its establishment in April 2013 the intention is that Public Health England will be the authoritative national voice and expert service provider for public health.

### Public Sector Equality Duty

The public sector equality duty consists of a general equality duty, which is set out in section 149 of the Equality Act 2010 and came into force on 5th April 2011, and the specific duties which are imposed by secondary legislation and, in England, came into force on the 10th September 2011.

- General equality duty:  
The general equality duty aims to achieve fairness and equality for everyone in our society. It does this by placing a duty on public bodies, and organisations delivering a public function, to have due regard to the need to eliminate discrimination, advance equality of opportunity,

and foster good relations between people with different protected characteristics in all their day-to-day business such as shaping policy and delivering services.

- Specific duties:  
The specific duties aim to help public bodies to better perform and increase transparency about what these bodies are doing to comply with the general equality duty. There are two specific duties in England. The first requires bodies subject to it to publish information to demonstrate compliance with the general duty by 31 January 2012 (and at least every year after). This must include information on employees (if there are 150 employees or more) and others people affected by a body's policies and practices. The second specific duty requires bodies subject to it to prepare and publish one or more specific and measurable equality objectives by 6 April 2012 (and at the least every 4 years after that). Both of the specific duties require information and objectives to be published in a manner that is accessible to the public.
- Protected characteristics:  
The eight protected characteristics covered by the public sector equality duty are age, disability, gender, gender reassignment, pregnancy and maternity, race, religion or belief and sexual orientation. Marriage and civil partnerships is also protected in respect of eliminating unlawful discrimination but not for the other two aims of the general equality duty.

### Responsible commissioner

The commissioning organisation (e.g. a clinical commissioning group, a local authority, or the NHS Commissioning Board), which has statutory responsibility for commissioning services to meet the reasonable requirements of its population. The 'responsible commissioner' guidance for the NHS will also set out circumstances where a CCG is responsible – in respect of certain patients – for meeting the costs of services commissioned by another CCG.

### Safeguarding Adults Board

Safeguarding Adults Boards are multi-agency committees convened by the local social services authority, typically with police and NHS membership. They provide leadership and co-ordination of multi-agency working at a local level in order to reduce the risk of significant harm and abuse to adults in vulnerable situations.

### Statutory Duty

A duty written in statute (legislation) that the person on whom the duty falls must discharge.

### Troubled Families

'Troubled families' are households who:

- Are involved in crime and anti-social behaviour (ASB)

- Have children not in school
- Have an adult on out of work benefits
- Cause high costs to the public purse

On 15th December 2011 the Prime Minister announced details of his commitment to turn around the lives of 120,000 troubled families by the end of this Parliament. £448 million has been brought together for this programme of work, which is led by Louise Casey CB from the Department for Communities and Local Government (DCLG). Departments contributing funding are Education, Health, Work and Pensions, the Home Office, and the Ministry of Justice.

Local areas have been given the indicative numbers of troubled families in their area, and are being asked to draw up their lists of specific families with whom they will work over the next three years. Funding has also been made available for a national network of troubled family coordinators in each (upper-tier) local council. The coordinators role will be to get a grip on the numbers of troubled families in their area, identifying them and leveraging in resources for their local programme.

#### Voluntary Community Sector (VCS)

The voluntary and community sector, also referred to as 'the third sector' is made up of groups that are independent of government and constitutionally self-governing, usually with an unpaid voluntary management committee. They exist for the good of the community, to promote social, environmental or cultural objectives in order to benefit society as a whole, or particular groups within it.