GLOSSARY

One of the challenges of working in partnership across professions and with older people and the wider public is the need for people to have a common and better understanding of the terms involved. Health and social care language can be difficult to understand. We have tried to make the language in this strategy and the accompanying documents as clear and easy to understand as possible. There are, however, a number of key words and terms which may be helpful for you to have a fuller explanation.

A & E	Accident and emergency
Acute hospital	Acute hospitals provide specific care whether planned (surgical) or unplanned(emergency) for disease or illness that progress quickly, feature serious symptoms and have a brief duration.
Allied Health Professionals (AHP)	Clinicians working in a variety of settings, such as hospital, health centre and people's own homes as part of community teams, whose professions include physiotherapy, occupational therapy, speech and language, podiatry and dietetics.
Anticipatory care	A "planning ahead" approach which prevents and anticipates any future needs and plans around this.
Behavioural and psychological symptoms of dementia (BPSD)	Challenging behaviour which arise through disturbed perceptions, such as aggression, agitation or restlessness, depression, delusions or hallucinations, swearing, sleep disturbance and wandering.
Care package	A collective name for the community care service (s) a person can expect to receive following assessment, such as home care and day services.
Carer	A person who provides care who is not employed to do so by an agency or organisation. A carer is often a relative or friend looking after someone at home who is frail, ill or disabled. The carer can be of any age.
Change Fund	The Scottish Government established a Change Fund as transitional funding to support change of £70 million for 2011/12 to enable health, social care, housing, Third and Independent sector partners to put in place local plans for making better use of their combined resources to improve outcomes for older people. The fund is now continuing until 2014/15.
Commissioning	The process of planning and delivering services. This involves understanding needs, planning how these should be met and putting services in place, either by delivering services directly or purchasing them.
Community capacity building	The process of supporting individuals and community organisations to help them better identify and meet the needs of their local areas.
Community care	A wide range of services offered by the council, independent providers and voluntary organisations that help those who need some extra support with their everyday living.
Community Care Outcomes Framework	Published in 2008, the framework includes four national **outcomes** and 16 performance measures. The four national outcomes are: improved health; improved wellbeing; improved social inclusion; improved independence and responsibility.
Community hospital	Hospitals where most patients are admitted by, and under the care of, their own GP. They normally deal

	with: acute medical care where patients cannot be cared for at home, but where the expertise and / or the specialist diagnostic facilities of a major specialist hospital are not required; post acute care including rehabilitation; casualty services; palliative care.
Community resilience	The way in which local communities can draw upon local resources and knowledge to help themselves during a health and social care crisis in a way that complements services.
Co-morbidity	**T**he presence of one or more disorders (or diseases) in addition to a primary disease or disorder, or the effect of such additional disorders or diseases.
Co-production	An approach to decision making and service design whereby commissioners, service providers, service users and citizens, work together to create a decision or service which works for them all. The approach is value-driven and based on the principle that those who are affected by a service are best placed to help
Complex needs	Multiple needs that span health and social care issues. People with complex needs may have to negotiate a number of different issues in their life, for example, physical disability, mental health problems and/or more than one long term condition.
Concordat	The terms of the relationship between the Scottish Government and local government which underpins the funding provided to councils.
Consultation	a process by which the public's input on matters affecting them is sought
dallas programme	The nationally funded dallas (Delivering Assisted Living Lifestyle at Scale) programme seeks to address the demographic shift to an ageing population by demonstrating how technologies and services can be applied to provide quality health care, enabling people to live independently.
Decommissioning	The process of planning and managing a reduction in service activity or terminating a contract in line with commissioning objectives
Delayed discharge	People are categorised as a delayed discharge when they remain in an NHS inpatient setting six weeks beyond the date that they are clinically ready for discharge for reasons such as awaiting adaptations at home, awaiting nursing home placement or with adult with incapacity issues to be addressed.
Dementia	A term for a range of illnesses, the most common of which is Alzheimer's disease, in which brain cells deteriorate through the build up of a protein. About 75 per cent of people who are diagnosed with dementia will have either Alzheimer's or vascular dementia (another

	form of dementia), or a combination of the two.
Digital health	The use of information technology to address health care needs
Direct payment	Payments in lieu of services provided directed to an individual assessed as being in need of community care
Early intervention and prevention	early intervention is intended not only to prevent the development of future problems but also to promote the necessary conditions to improve health and well being
Engagement	The many ways that the public gets involved in planning and development of services
Extra care sheltered housing (very)	Sheltered housing facilities where clients have access to care and support
Frail elderly	Can be defined as people who are usually over the age of 75 and often over 85, with multiple diseases (which may include dementia). This group tend to present at hospital with symptoms such as falls, immobility and confusion.
Functional psychiatric illness	This covers a range of illnesses such as schizophrenia, paranoid psychosis, manic depressive disorder, major depression and anxiety discorders.
Healthpoint	NHS Grampian one stop health information point, offering free confidential information, advice and access to reputable services,
HEAT (Health Improvement, Efficiency, Access, Treatment) target	Performance management system which sets out the targets and measures against which NHS Boards are publicly monitored and evaluated.
Housing support	Services to enable more vulnerable people to live independently in the community. Helps people manage their home in different ways e.g. assistance to claim welfare benefits, fill in forms, manage a household budget, keep safe and secure, get help from other specialist services, obtain furniture and furnishings and help with shopping and housework.
Independent sector	Private providers of care homes, care at home services etc
Individual service fund	An Individual Service Fund is a sum of money managed by a service provider on behalf of an individual. The money is restricted for use on providing care and support services for that individual which meet the criteria set out in their support plan.
Integration	When services work closely together as a whole system for the benefit or their users
Intensive support	Extra support after a period of ill health/crisis
Intermediate care services	A service provided on a short term basis at home, in a hospital or in a residential setting for people who need some degree of rehabilitation, recuperation and re-

	enablement after a change in their health/social status. It aims to facilitate early hospital discharge, prevent readmission to hospital and premature admission to residential care.
Long term conditions	A condition which requires ongoing medical care, is likely to last longer than a year and which limits what the individual can do.
Length of stay	The length of time a patient is in hospital
Moray Community Health and Social Care Partnership (CHSCP)	The organisation which brings together community care services at the Moray Council, public health services, primary care, mental health, learning disability, health improvement and community health services. NHS Grampian and the Moray Council remain as "parent" organisations for the Community Health and Social Care Partnership.
Models of care	How care is delivered
Occupancy	The average % of occupied beds in a hospital
Outcome focused	The benefits people experience as a result of an action or service
Outliers	Patients in hospital who are out with their specialty ward due to bed pressures for example a medical patients in surgical wards
Outputs	The measurable products of a service
Out of hours	Services provided during the houses of 5.30pm and 8.30am.
Palliative care	The total care of people whose disease is not responsive to curative treatment.
Personalisation	A term used to describe a more “creative, flexible and personalised” approach to social care. The ultimate aim being to give people choice, power and control over the resources which are available to them, as and when needed, to support their personal care needs.
Planned admission	A timely and co-ordinated admission to hospital
Primary care	Health services provided in the community by family doctors, dentists, pharmacists, optometrists together with district nurses and health visitors. May include physiotherapists and NHS occupational therapists.
Proactive care	Thinking ahead and making plans rather than waiting for a crisis to happen and reacting to it
Reablement/enablement	Time limited care services that encourage people to learn or re-learn the skills necessary for daily living.
Rehabilitation	A process which enables people to regain partial or full independence after illness or injury, giving them back as much control as possible over their lives
Reshaping Care for Older People programme	A Scottish Government agenda focused on shifting the balance of care from institutional to community settings
Resource hub	A community based unit providing a blend of community

	support services including rehabilitation and assessment that supports older people to live independently and has strong links to the needs of the local area
Respite care	The provision of a short-term temporary alternative to a person's usual care arrangements.
Self directed support	Self directed support is a term that describes the ways in which individuals and families can have informed choice about the way support is available to them. It includes a range of options for exercising those choices. The choice may include taking a **direct payment,** having a direct payment managed by a third party, or directing an individual budget to arrange support from the local authority or from a commissioned provider. The choice can also be a combination of these.
Self management	Helping people with long term health conditions to manage their lives with chronic disease better.
Shifting the balance of care	The term used to describe the change of: the focus of care towards health promotion, prevention, a proactive and anticipatory approach and management of long term conditions; the location of care towards more community-based facilities; the roles and responsibilities of patients and professionals
Social isolation	A complete or near-complete lack of contact with friends or the community
SPARRA	Scottish Patients at Risk of Readmission and Admission (SPARRA) is means of predicting risk, developed by the Information Services Division (ISD), to identify patients aged 65 years and over at greatest chance of emergency inpatient admission.
Stakeholder	An individual or group of people who have an interest in an organisation or service
Step up/down beds	Short stay beds in a care home setting lasting up to two weeks
Strategic	Highly important to a strategy or plan
Telecare	A range of developing technologies and devices, such as alarms and sensors, that enable people to live with greater independence and safety in their own home
Third Sector	Not for profit organisations, often referred to as voluntary organisations
Transition	A time of change between one state or setting and another
Unplanned admission	An emergency or unscheduled admission to hospital
Virtual medical ward	Using all beds in the community hospitals as an extension to the medical wards in Dr Grays
Whole systems approach	The whole system approach puts the person at the centre of all service delivery and planning. It provides the right support at the right time in the right place by addressing the entire range of their needs.

	It also encourages better joint management of both health and local authority services, and clarifies roles and responsibilities.