List of terms used in our Strategic Plan

A&E	Accident and Emergency Department (casualty)
Aberdeen City Health and Social Care Partnership	The name of our new integrated partnership.
Active ageing	Keeping active when you're older
Active listening	To concentrate fully on what is being said rather than just "hearing" the message of the speaker
Activities of daily living	Tasks that people carry out to look after their home, themselves and when taking part in work, social and leisure activities.
Admitted (to hospital)	Being taken into hospital
Adult support and protection	Things we can do to identify, support and protect adults who may be at risk of harm or neglect and who may not be able to protect themselves.
Anticipatory Care Plans (ACPs)	A plan prepared by a person with health/care needs along with a professional. The plan lays out what the person would prefer to do if/when their condition changes.
Assessment	Process used to identify the needs of a person so that appropriate services can be planned for them.
Asset-based approach	An approach that values the skills, knowledge, connections and potential in a community.
Balance of care	How much care is given in the community compared to how much is given in hospitals etc.
Bed based services	Those services such as inpatient wards in a hospital where people are cared for overnight.
Bed days	The number of days that beds in hospital are occupied by someone
Carer	Someone who provides care and support to a relative or friend.
Carers assessments	An assessment to find out what a carer (unpaid, informal carer) needs (such as respite, short breaks etc) and how services can support them better.
Clinical and care governance	Clinical governance is a systematic approach to maintain and improving care in a health system. Social care governance focuses on the responsibility of individual workers and teams to

	continuously learn from and improve their practice
Commission (a service)	Buying a service from another to meet the needs of a population.
Commissioning framework	The method an organisation uses to buy services.
Community assets	The building and other resources owned by a community
Community Planning Partnership	Where public agencies work together with the community to plan and deliver better services which make a difference to people's lives.
Community-based model	Where care is delivered in a community setting rather than in a hospital or institution.
Continuing Professional Development (CPD)	Updating of knowledge and skill and developing the personal qualities that improve your performance in your career.
Co-produced	Working with one another on an equal basis to achieve positive change.
Deficit model	In this model the focus on identifying problems and needs of populations requiring professional resources, rather than their assets.
Delayed discharge	Where someone is unable to leave hospital because the appropriate care and/or support is not yet available for them at home.
Delegated function	A service that the new partnership will be responsible for
Delivering (a service)	Carrying out a service
Demographic challenges	Changes in population (e.g. more elderly people) that mean we have to change how we provide our services.
Direct payments	Means-tested payments made to service users in place of services they have been assessed as needing. This allows people to have greater choice in their care.
Early intervention	Giving support, care and/or treatment as early as possible
Employability opportunities	Chances to do things (such as volunteering) that can make people more attractive to a potential employer.
Enablement	Giving people the chance and confidence to

	relearn/regain some of the skills they may have lost through poor health, disability or during admission to hospital/residential care. Also supporting people in learning new skills to help them maintain their independence.
Engagement	Having meaningful contact with communities (e.g. involving them in decisions that affect them).
Evidence-based practice	Making sure that what we do is based on robust evidence.
Expectations	A belief that something will happen; what you expect to happen
Facilitating	Making a process easy or easier
Front line practitioners	Staff who work directly with users of a service
Geriatric complications	Complications occurring in elderly people.
Governance	The way that an organisation is run
Health inequalities	The gap that exists between the health of different population groups such as the well-off compared to poorer communities or people with different ethnic backgrounds.
Health inequality impact assessment	A way for organisations to think about how their plans or decisions might affect people and population groups in different ways
Health intelligence	How we analyse and interpret data to produce robust figures that we can use to change and develop our services.
Holistic	This means taking all the elements of a person's life into account – including physical, emotional, mental and spiritual elements.
House of Care model	A way of providing co-ordinated services that aims to deliver proactive, holistic and person-centred care for people with long-term conditions
Independent sector	This includes voluntary, not for profit, and private profit making organisations. It also includes housing associations.
Informal carer	(see "carer")
Institutional model	Where care is centred round an institution (such as a hospital) rather than round an individual or their home.

Integrated care	The aim is to enable better co-ordinated, joined-up and more continuous care, resulting in improved patient experience while achieving greater efficiency and value from health and social care systems.
Integrated care plan	A plan, built around an individual for their health and social care needs; also involves using assets/resources available in the community, if appropriate.
Integrated community hubs	A central point in a community where several different organisations/agencies work together.
Integration	The term used to describe the partnership working between health and social care services as outlined in the Public Bodies (Joint Working) (Scotland) Act 2014.
Integration Conversation	Where staff from the partnership go out and talk to other staff, other organisations and members of the public about integration and what it means for them.
Integration Joint Board (IJB)	The IJB is responsible for running the partnership and has members from Aberdeen City Council, NHS Grampian, union and staff-side, the Third Sector and the public. The IJB is formally established after 1 April, 2016.
Integration Scheme	The detail of our model of integration is laid out within our integration scheme. This scheme sets out a robust and transparent framework for the governance and operation of the Aberdeen City Health and Social Care Partnership. This includes detail such a financial arrangements, governance arrangements, data sharing, liability and dispute resolution.
Interdependence	Where different things depend on one another
Triple Aim	A term used by the Institute for Healthcare Improvement. The three aims are to: improve our experiences, improve our health and wellbeing and reduce the costs of care and treatment.
IT	Information Technology. All the computer equipment and systems the partnership uses when providing its services.
Joint working	Different teams and organisations working together.

Locality	One of the four areas Aberdeen City will be divided into for planning purposes.
Locality-based	Situated in a locality
Long term conditions (LTC)	Conditions that last for a year or longer and may need ongoing care and support (such as epilepsy, diabetes etc).
Multi morbidity	When a person has two or more chronic, long term medical conditions.
Multi-agency	Where several different organisations work together in the interests of service users.
Multidisciplinary	Where several different professionals work together in the interests of service users.
Multi-professional	Where several different professionals work together in the interests of service users.
Mutuality	The sharing of a feeling, action, or relationship between two or more parties
National Care Standards	Scottish Ministers developed the National Care Standards to ensure everyone in Scotland receives the same high quality of care no matter where they live.
NHS Quality Strategy	A Scottish Government strategy for improving the quality of care patients receive from the NHS in Scotland.
Organisational culture	The way people from a particular organisation behave.
OT	Occupational Therapists
Outcomes	See "Personal outcomes"
Pan-Grampian	Across the whole of the Grampian area.
Partnership	(see "Aberdeen City Health and Social Care Partnership)
Peer support	When people provide knowledge, experience, emotional, social or practical help to each other.
Performance improvement	A method for analysing performance problems and setting up systems to ensure good performance.
Personal outcomes	The changes or improvements that have taken place during the time someone has been receiving support.

Person-centred	Putting the needs and aspirations of the individual service user at the centre of our work.
Priorities	Things we think are important to do.
Proactive	Creating or controlling a situation rather than just responding it once it's happened.
Professional intervention	When a health or care worker needs to take action to help a service user.
Re-admission	Being taken back into hospital shortly after having been discharged.
Reciprocity	Exchanging things with others for the benefit of both parties.
Recruitment and retention	Being able to recruit and keep staff.
Re-enablement	See "Enablement"
Resilience	Being able to cope with and recover from difficult situations.
Risk management	The process of identifying, quantifying, and managing the risks that an organisation faces
Self care	Where people take responsibility for and manage their own care.
Self directed support	When the person who needs services directs their own care and has choice when it comes to their support.
Self-management	Encouraging people with health and social care needs to stay well, learn about their condition and remain in control of their own health
Shadow Integration Joint Board (sIJB)	The IJB (see separate entry) up until 1 April 2016 when it becomes a formal, legal entity.
Silo-based working	When teams and organisations work in their own "silos" and don't communicate or work together effectively
Single outcome agreement (SOA)	An agreement between the Community Planning Partnership (CPP) and the Scottish Government which sets out what we hope to achieve for Aberdeen City
Social Care	Any form of support or help given to someone to help them take their place in society.
Social conditions	The environment we live in (including support from friends/family, crime, employment opportunities

	etc)
Socially just	The Scottish Government's definition lists three key priorities – participation, prosperity and fairness. This includes ending poverty, tackling inequalities, repositioning our economy, improving democracy and addressing climate change.
Statutory authorities	Official organisations set up according to written laws of central government.
Strategic Plan	The plan that describes what the partnership aims to do and the local and national outcomes we'll use to measure how we're doing.
Sustainable	Can be maintained at a certain level or rate.
#TeamAberdeen	All our staff and partner organisations involved in delivering our services.
Thematic priorities	Priorities that relate to a particular subject.
Third sector	Voluntary and community groups, social enterprises, charities, cooperatives and mutuals.
Time banking	Where an individual offers a service (e.g. to teach someone a musical instrument) in exchange for an equal amount of time from another person (e.g. someone to help out with their gardening). There are now many local time banking websites in the UK.
Transformational change	A complete change in an organization, designed to bring big improvements:
Unpaid carers	See "Carer"
Unplanned admissions	Being taken into hospital as an emergency
Wellbeing	Has a wider meaning than "health" (absence of disease). Can be defined as "Doing well, feeling good; doing good, feeling well".