



SCOTTISH EXECUTIVE



**CIRCULAR NO CCD9/2004**

Chief Executives Local Authorities  
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Directors of Finance Local Authorities  
Directors of Finance NHS Boards  
Directors of Housing  
Chief Executive Communities Scotland  
Relevant professional, voluntary and other organisations  
Joint Future Managers

St Andrew's House  
Regent Road  
Edinburgh EH1 3DG

Telephone: 0131-244 2374  
Fax: 0131-244 5307  
Linda.watters@scotland.gsi.gov.uk  
<http://www.scotland.gov.uk>

Your ref:  
Our ref:

30 July 2004

Dear Colleague

**LOCAL IMPROVEMENT TARGETS FOR THE JOINT FUTURE AGENDA**

1. This circular provides the guidance for taking forward the development of Local Improvement Targets as outlined in the National Outcomes Paper of March 2004 (<http://www.scotland.gov.uk/about/HD/CCD2/00017673/OutcomesPaperMarch04.pdf>) The guidance has been developed in partnership with COSLA.

2. The development of Local Improvement Targets (LITS) is part of the Deputy Minister for Health and Community Care's and COSLA's drive to re-invigorate the Joint Future Agenda. This promotes the effectiveness of joint working in delivering better outcomes for individuals and their carers. The Deputy Minister and COSLA wish to encourage local partnerships' ownership of improved joint community care services, by requiring them to set their own targets.

3. Local partnerships have already made considerable progress on putting in place the systems, structures and processes through Joint Future to improve partnership working at all levels. Although these were a necessary stage in this development, local partnerships need to build on their progress now to deliver results. Those results can be demonstrated through Local Improvement Targets.

4. Local partnerships have already made some progress towards the setting of Local Improvement Targets as part of the development of their local joint performance management frameworks. Information on these was included in the Extended Local Partnership Agreements for 2003-4, submitted to the Scottish Executive on 30 April 2004.

5. Once Local Partnerships have agreed their Local Improvement Targets, these will be considered by the Joint Future Implementation and Advisory Group to ensure that meaningful targets have been developed to ensure continuous improvement.

**Action**

6. Local partners should now take action as outlined in this circular to develop their Local Improvement Targets for the shadow period beginning on 1 September 2004. We realise that the timescale for this is relatively short but given the announcement in March that National Outcomes had been agreed, and the evidence from the Extended Local Partnership Agreements that Local Improvement Targets are being developed to support these, we think it is possible for you to provide us with draft targets, in at least the core areas. These can be further developed before your substantive targets are sent to us in April 2005.

7. Any enquiries about this circular should be addressed to Linda Watters, Scottish Executive, Joint Future Unit, 3ER, St Andrews House, Regent Road, Edinburgh, EH1 3DG, by telephone on 0131 244 2374 or by e-mail to [linda.watters@scotland.gsi.gov.uk](mailto:linda.watters@scotland.gsi.gov.uk)

Yours sincerely

**Trevor Jones**  
Chief Executive  
NHSScotland

**Rory Mair**  
Chief Executive  
COSLA

## **LOCAL IMPROVEMENT TARGETS FOR THE JOINT FUTURE AGENDA**

### **Background**

1. At the meeting of the Health and Community Care Ministerial Steering Group held on 9 February 2004 it was agreed that a paper outlining four key National Outcomes should be issued to all local partnerships. The paper on National Outcomes and Local Improvement Targets was issued on 4 March 2004 - <http://www.scotland.gov.uk/about/HD/CCD2/00017673/OutcomesPaperMarch04.pdf>. The Deputy Minister for Health and Community Care followed this up with an announcement at the joint NHS/Local Authority Summit meeting on 10 March 2004.

2. National Outcomes and Local Improvement Targets are a key part of “re-invigorating the Joint Future Agenda”. The aim is to focus on improving outcomes for individuals and their carers through a framework comprising National Outcomes underpinned by Local Improvement Targets. The setting of these Local Improvement Targets would be done by local partnerships and approved by the Joint Future Implementation and Advisory Group. The purpose of this is to give partnerships local ownership of their targets in order to deliver continuous improvement in community care services.

### **Context**

3. To date, the promotion of the Joint Future Agenda has focused on supporting local partnerships to implement joint mechanisms e.g.:

- single shared assessment systems
- joint committees and joint senior management teams
- aligned budgets
- joint staff forums

These have been progressed across Scotland and there is now a need to focus on promoting joint services, measuring outcomes of joint working and developing a more integrated approach with other developments, e.g. Delayed Discharges and Community Health Partnerships.

4. The implementation of better joint working is also taking place within the wider context of Community Planning, which should and can provide a real impetus to better outcomes for individuals and their carers.

### **National Outcomes and Local Improvement Targets**

5. The paper issued in March 2004 identified four National Outcomes for service users and carers, and invited local partnerships to set out how they would measure their delivery of them, through setting their own Local Improvement Targets as soon as possible.

6. The aim is to encourage the setting by local partnerships of locally appropriate and realistic targets, to which they will be committed to achieving. Overall, this approach should ensure continuous improvement across Scotland.

### **Outcomes and targets**

7. The following definitions should be used when considering joint working:

- A user and carer **outcome** is a benefit or change for an individual or groups of individuals delivered through better joint working e.g. “People should have better access to joint health and community care services”. They should be measurable and supported by more precise local targets.
- An **output** is the direct product of a service or activity and is usually measured in quantitative terms e.g. “80% of all Single Shared Assessments take place within 42 days”.
- A **standard** is a desired and measurable aspect of a service e.g. “An individual should have a Single Shared Assessment within 28 days after referral”.
- A **Local Improvement Target is a statement** is of how a service will be delivered or improved locally e.g. “Next year we will deliver 80% of all Single Shared Assessments within 28 days instead of 42 days”. It should be Specific, Measurable, Achievable, Relevant, and Time-bound.

### **National User and Carer Outcomes**

8. The Scottish Executive is developing a more joined up approach in relation to the Joint Future Agenda, Delayed Discharges and Community Health Partnerships. The setting of National Outcomes is a key part of this approach.

9. The paper on National Outcomes issued in March 2004 indicated that national user and carer outcomes could be identified for the major areas of partnership working as follows:

Supporting more people at home, as an alternative to residential and nursing care, through locally agreed joint service developments such as:

- Increasing the range and use of domiciliary services e.g. Care and Repair, equipment and adaptations (including SMART technology) and intensive home care packages.

Assisting people to lead independent lives through reducing inappropriate hospital admissions, reducing time spent inappropriately in hospital and enabling supported and faster discharges from hospital through service developments such as:

- Providing more “half-way house” services, e.g. step up, step down, rehabilitative services etc.
- More rapid response services.

Ensuring people receive an improved quality of care through faster access to services and better quality services, through developments such as:

- Single shared assessment
- Self assessment
- Quicker integrated care packages being delivered.
- Greater satisfaction of service users and carers.
- The range and quality of their care package and the way in which staff from different organisations work together to assist them.
- One stop access to jointly delivered care packages.

Better involvement and support of carers through developments such as:

- Carers' partnerships and carers strategies.
- Better quality of services for carers, fit for the purpose and fit for their future.
- Increasing the range and flexibility of carers' services.
- Clear signposting and promotion of the range of care packages and support available to individuals and groups.

### **Local Improvement Targets**

10. The national outcomes need to be translated into Local Improvement Targets by each local partnership. The setting of these Local Improvement Targets would, in the first place, be done by local partnerships. There are a number of Local Improvement Targets for joint working that could clearly be used by local partnerships. For each of the four national user and carer outcomes, there should be Local Improvement Targets.

### **Joint Performance Information and Assessment Framework (JPIAF)**

11. Circular CCD2/2004 required that local partnerships to develop their own local joint performance assessment frameworks, in order to locally monitor and promote the effectiveness of their joint working in delivering better outcomes for individuals and their carers.

12. Each local partnership was requested to submit a summary for JPIAF 11 identifying:-

- Which local performance indicators they have agreed constitute their local joint performance assessment framework.
- The outputs or outcomes for individuals, their carers, or groups of people, which the local partnerships have been able to measure as a consequence of joint working in 2003-04 and/or they intend to measure in 2004-05.

13. It is clear from the Extended Local Partnership Agreements submitted that a number of local partnerships have already taken forward the proposals outlined in the National Outcomes Paper and have either identified Local Improvement Targets or are in the process of identifying them. The work that has already been undertaken for JPIAF 11 should assist partnerships in taking forward the full development of their Local Improvement Targets.

### **Proposed core areas for Local Improvement Targets**

14. Local partnerships should set their own Local Improvement Targets as agreed in the National Outcomes Paper. However, it was agreed by the Ministerial Steering Group that there are a number of core areas in which these Local Improvement Targets should be set. These are:

- Rapid Response Service - increasing number of clients, number of admissions prevented and number of discharges speeded up.
- Reducing emergency admissions.
- Intensive home care - increasing number of people receiving homecare over 10 hours per week.
- Equipment and Adaptation Services - reduction of number on waiting lists and/or reductions in waiting times for Equipment and Adaptation services.
- Single Shared Assessment including:
  - Waiting time for assessment.
  - Time taken for assessment to be completed.
  - Time taken for first part of care package to be delivered.
  - Increasing numbers of Carers' Assessments.
  - User/carer satisfaction with Single Shared Assessment.
- Better support of carers - increase in people receiving short breaks and increase in total hours of respite.
- Delayed Discharge - reducing delayed discharge targets over 6 weeks. *Please note that this is a target which has to be agreed with the Scottish Executive.*

Some of these targets are inter-related in the outcomes they will have an impact on. Waiting times for equipment and adaptations, for example, could be captured as part of the measurement of Single Shared Assessment. Equipment and adaptation services will also have an effect on rapid response services and delayed discharge figures.

15. While local partnerships could opt to set Local Improvement Targets in more than these core areas, these would be the minimum areas in which they will be expected to set their targets.

16. The core areas for Local Improvement Targets and the National Outcomes which these relate to are identified in Appendix 1 to this circular.

## Process

17. In setting your Local Improvement Targets you should use SMART criteria. This means that your Local Improvement Targets should be:

**Specific** – The description of your Local Improvement Targets should include a precise or specific outcome which is linked to a rate, number, percentage or frequency.

**Measurable** – You should have a reliable system in place to measure progress towards the achievement of your Local Improvement Targets.

**Achievable** – Your Local Improvement Targets should be stretching but capable of being reached with a reasonable amount of effort and application. They should be agreed with the people involved. This means that you should consult staff, service users and carers.

**Relevant** – Your Local Improvement Targets should be something that you can have an impact upon or change. They need to be real and meaningful targets.

**Timebound** – Your Local Improvement Targets should include the period over which the improvement will be achieved.

*Example: To increase the number of people receiving homecare of over 10 hours per week by 5 % by 31 March 2005. Further examples are included in Appendix 1 to this circular.*

## What you need to do

18. You need a baseline against which to measure your Local Improvement Targets. You should:

- Look at the areas you are currently measuring.
- Look at what is currently being achieved in those areas.
- Consider what would be a meaningful and realistic improvement in those areas.
- Set your Local Improvement Targets, using the SMART criteria outlined above.
- Establish methods for the collection of the information required to measure your Local Improvement Targets, where these are not already in place.
- Define your methods of collection.
- Produce a template in which to record your Local Improvement Targets, which can also be used to report progress to the Joint Future Implementation and Advisory Group. This can be a simple template which outlines the:
  - The baseline.
  - Local Improvement Target.
  - The definition of how your targets are being measured.
  - The improvement achieved.

An example of a template is attached at Appendix 2 to this circular.

- Send your shadow Local Improvement Targets to the Joint Future Unit by 1 September 2004.
- The Joint Future Implementation and Advisory Group will consider the shadow Local Improvement Targets to ensure that they are meaningful targets. Where this is not the case local partnerships will be asked to reconsider their Local Improvement Targets as part of the feedback they will receive in October 2004.

## **Timescale**

19. You should use the time between 1 September 2004 -1 April 2005 as a shadow period and work toward agreeing your substantive Local Improvement Targets from 1 April 2005 - 30 March 2006. We appreciate that the timescales for some targets, for example delayed discharge, may not coincide with the timescale we have set for reporting your Local improvement Targets. As such, we would expect you to base your reports on the latest information available at the time.

Milestone dates and actions are outlined below:

**1 September 2004** – Local partnerships to send their shadow Local Improvement Targets to the Joint Future Unit.

**28 September 2004** – Joint Future Implementation and Advisory Group to consider the Local Improvement Targets submitted by the local partnerships.

**15 October 2004** – Local partnerships to receive feedback on their Local Improvement Targets.

**15 April 2005** – Local partnerships to submit an interim report on their shadow Local Improvement Targets for the period 1 September 2004 to 31 March and to confirm their substantive Local Improvement Targets for 2005 to 2006. These will be considered by the Joint Future Implementation and Advisory Group.

**15 October 2005** – Local partnerships to submit an interim report on their Local Improvement Targets for the period 1 April 2005 to 30 September 2005.

**15 April 2006** – Local partnerships to submit a full report on their Local Improvement Targets for the period 1 April 2005 to 31 March 2006, as part of the Joint Performance Information and Assessment Framework ( JPIAF) reporting in April 2006..

## **Action**

20. Local partners should now take action as outlined in this guidance to develop their Local Improvement Targets for the shadow period beginning on 1 September 2004. A template including the core targets and any other Local Improvement Targets along the lines of Appendix 2 should be submitted by e-mail to [linda.watters@scotland.gsi.gov.uk](mailto:linda.watters@scotland.gsi.gov.uk) by 1 September 2004.

## APPENDIX 1

### NATIONAL OUTCOMES AND LOCAL IMPROVEMENT TARGETS - EXAMPLES

National Outcome	Core areas for Local Improvement Targets	Examples of Local Improvement Targets outlined in Extended Local Partnership Agreements, 2004.
<p>1. <u>Supporting more people at home, as an alternative to residential and nursing care.</u></p>	<ul style="list-style-type: none"> <li>• Intensive home care – increasing number of people receiving homecare over 10 hours per week.</li> <li>• Equipment and adaptation services – reduction of number on waiting lists and/or reductions in waiting times for equipment and adaptation services.</li> </ul>	<ul style="list-style-type: none"> <li>• Increase by 10 % each year the number of intensive care packages of more than 10 hours with community health care involvement.</li> <li>• To reduce the number of people on the waiting list by 5% by 31 March 2005.</li> </ul>
<p>2. <u>Assisting people to lead independent lives through reducing inappropriate admission to hospital, reducing time spent inappropriately in hospital and enabling supported and faster discharge from hospital.</u></p>	<ul style="list-style-type: none"> <li>• Reducing inappropriate emergency admissions of over 65+ to hospital.</li> <li>• Reducing delayed discharges over 6 weeks. <i>Please note that this is a national target agreed with the Scottish Executive.</i></li> <li>• Rapid Response Service – increasing number of clients, number of admissions prevented and number of discharges speeded up.</li> </ul>	<ul style="list-style-type: none"> <li>• To reduce the number of emergency admissions by 5 % by 31 march 2005.</li> <li>• Targets for April 2005 will be for each Partnership to achieve a 20% reduction in the:               <ul style="list-style-type: none"> <li>- overall number of delayed discharges;</li> <li>- number delayed over 6 weeks; and</li> <li>- number delayed in the acute sector.</li> </ul> </li> <li>• Increase by 10% each year the number at home supported by the Rapid Response Service.</li> </ul>

National Outcome	Core areas for Local Improvement Targets	Examples of Local Improvement Targets outlined in Extended Local Partnership Agreements
<p>3. <u>Ensuring people receive an improved quality of care through faster access to services and better quality services.</u></p>	<ol style="list-style-type: none"> <li>1. Improvements in waiting time for assessments to be started.</li> <li>2. Improvements in time taken for assessments to be completed.</li> <li>3. Improvements in time taken for the first part of a care package to be delivered.</li> <li>4. Increasing number of carers' assessments.</li> <li>5. User/carer satisfaction with Single Shared Assessment.</li> </ol>	<ul style="list-style-type: none"> <li>• Increase the number of referrals for assessment started within 3 weeks by 5% by 2005.</li> <li>• Increase the number of assessments completed within 6 weeks of referral by 5% by 2005.</li> <li>• Increase the number of cases where people receive the first part of their care package by 5% by 2005.</li> <li>• Increase by 10 % each year the number of single shared assessments for carers.</li> <li>• To evaluate user and carer satisfaction with the aim of improving satisfaction with service provision by 5 % by 2006.</li> </ul>
<p>4. <u>Better involvement and support of carers.</u></p>	<ul style="list-style-type: none"> <li>• Increase in people receiving short breaks.</li> <li>• Increase in total hours of respite.</li> </ul>	<ul style="list-style-type: none"> <li>• Increase by 10% each year the number of short breaks available.</li> <li>• Increase by 10% each year the number of allocations of care home respite.</li> </ul>

## APPENDIX 2

### EXAMPLE OF REPORTING TEMPLATE FOR LOCAL IMPROVEMENT TARGETS

1. National Outcome.	2. Local Improvement Targets.	3. The baseline.	4. The definition of how your targets are being measured.	5. The improvement achieved.
Supporting more people at home, as an alternative to residential and nursing care.	Increase by 10 % each year the number of intensive care packages of more than 10 hours with community health care involvement.	<p>The baseline for the Local Improvement Target is:</p> <ul style="list-style-type: none"> <li>• Total individuals 65+ - 3600.</li> <li>• Individuals receiving less than 10 hours care - 450.</li> <li>• Individuals receiving more than 10 hours care - 3150.</li> </ul>	<p>The target will be measured by counting:</p> <ul style="list-style-type: none"> <li>• Total individuals 65+</li> <li>• Individuals receiving less than 10 hours care.</li> <li>• Individuals receiving more than 10 hours care.</li> </ul> <p>These figures will be measured against the baseline figures in column 3 to determine percentage improvement.</p> <p>You should include how your Local Improvement Targets are being monitored/reported e.g. <i>Progress on targets will be reported to the Joint Future Management Group on a quarterly basis.</i></p>	There has been a 12% increase in the number of intensive care packages of more than 10 hours.

			Interim reports will be sent to the Scottish Executive by 15 April 2005 and 15 October 2005.	
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