



A – Z Introductory Guide to Health and Social Care in Scotland

Local Improvement Targets

Brief description

Local Improvements Targets (LITs) are targets developed jointly by local partnerships to:

- Provide local ownership of, and support, the four National Outcomes that are listed below under Key Developments;
- Sustain continuous improvements locally;
- Lead to real improvements in the results experienced by people who use services and their carers.

LITs should be challenging, achievable and measurable.

Key Developments

In February 2004, the Health and Community Care Ministerial Steering Group agreed four key National Outcomes:

1. Supporting more people at home through intensive home care, as an alternative to residential and nursing care.
2. Assisting people to lead independent lives through reducing inappropriate hospital admissions and avoidable repeat admissions, and reducing time spent inappropriately in hospital.
3. Reducing the number of delayed discharges by enabling supported and faster discharges from hospital.
4. Better involvement and support of carers.

Local partnerships were asked to develop LITs around seven core areas of activity, three of which are now national targets set as part of the Spending Review in 2004:

1. Rapid Response Service - increasing number of clients, number of admissions prevented and number of faster discharges supported
2. Reducing emergency admissions - **National Target**
3. Intensive home care - increasing number of people receiving homecare over 10 hours per week - **National Target**

4. Equipment and Adaptation Services - reduction of number on waiting lists and/or reductions in waiting times for Equipment and Adaptation services
5. 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
6. Better support of carers - increase in people receiving short breaks and increase in total hours of respite.
7. Delayed Discharge - reducing delayed discharge targets over 6 weeks - **National Target**

The aim of developing LITs in these key areas is to encourage local partnerships to agree and establish appropriate and realistic targets to which they will be jointly committed. Overall, this approach should support continuous improvement across Scotland.

Scottish Executive Circular CCD9/2004 identified these seven core areas of activity and indicated that, whilst local partnerships could opt to set LITs in other areas also, these would be the minimum areas in which they were expected to set their targets.

Circular CCD10/2004 provided the format in which JPIAF information should be returned to the Scottish Executive. For LITs, this included a template that requested details of national outcome, local improvement targets, the baseline, the definition of how targets are being measured, and the improvement achieved.

National Targets

As part of the Spending Review 2004, Ministers announced three national targets that impact on the overall Joint Future programme. The targets will have an impact on how local partnerships develop their LITs:

1. Reduce the number of people waiting to be discharged from hospital into a more appropriate care setting by 20% per annum between 2005 and the end of 2008, cutting to a minimum the number of people waiting more than 6 weeks to be discharged. (Note – A letter was issued on 18 July giving the details of the national target for 2005/06 – 20% reduction against the target which local partnerships should have achieved in April 2005.)
2. Increase by 2008 the number of older people receiving intensive home care to 30% of all people receiving long-term care.
3. By 2008/9 reduce the proportion of older people (aged 65+) who are admitted as an emergency inpatient two or more times in a single year by 20% compared with 2004/5, to release capacity in hospitals and improve patient care. Community Health Partnerships will target those most at risk in the community, particularly patients with multiple long term conditions, with monitoring, support and prevention, using appropriate methodologies such as intensive case management and disease management.

Implications for Joint Working

The key issues for local partners in relation to Local Improvement Targets are how information is gathered, how Local Improvement Targets can be enhanced and how information can be used to develop, influence and manage change to improve outcomes for people who use community care services and their carers.

Relevant legislation and statutory guidance

Community Care and Health (Scotland) Act 2002

<http://www.scotland-legislation.hmso.gov.uk/legislation/scotland/acts2002/20020005.htm>

Community Care Circular [Community Care and Health \(Scotland\) Act 2002](#) CCD2/2002
March 2002

[Implementation of the Provisions on Joint Working in Part 2 of the Community Care and Health \(Scotland\) Act 2002 and the Community Care \(Joint Working Etc.\) Regulations 2002](#) CCD11/2002 December 2002

National User and Carer Outcomes and Local Improvement Targets for the Joint Future Agenda March 2004 Scottish Executive, COSLA and SE Health Department
<http://www.scotland.gov.uk/about/HD/CCD2/00017673/OutcomesPaperMarch04.pdf>

[Joint Performance Information and Assessment Framework \(JPIAF\) Indicator 6](#)
CCD7/2004 June 2004

[Local improvement targets for the Joint Future agenda](#) CCD9/2004 July 2004

[Joint Performance Information and Assessment Framework \(JPIAF\) for 2004-05](#)
CCD10/2004 November 2004

[Community Care and Health \(Scotland\) Act 2002: ministerial powers of intervention: guidance on ladder of support and intervention](#) CCD12/2004 November 2004

How can I find out more?

You can find out more about Local Improvement Targets on the Joint Future website or by contacting a member of the Joint Future team:

<http://www.scotland.gov.uk/Topics/Health/care/JointFuture>