

HOUSING LIN POLICY BRIEFING

Local Area Agreements : Maximising the Potential for Housing for Older People

1 INTRODUCTION

- 1.1 The Local Government and Public Involvement in Health Bill places a legal duty of partnership upon Councils and PCTs to co-operate. At the heart of these proposals is a clear affirmation of the role for local government as a 'place shaper' and strategic leader for economy and the strategic response to changing population needs. The aim of the Bill is to bring about a process described as 'double devolution'. This means that more power is devolved to local government and that government ministers will have to take more account of the views of local government. In exchange for these extra powers, local authorities will have to devolve powers themselves by embarking on a process of public participation and consult relevant organisations such as parish councils.
- 1.2 At the root of this, and as highlighted in the Local Government and Public Involvement in Health Bill¹ is a refined Local Area Agreement (LAA) as the central point for the delivery of a sustainable Community Strategy and with a legal duty on named partners including PCTs and NHS (Foundation) Trusts to cooperate in the LAA design and in the delivery of targets. There are four main priorities:-
- To ensure that all patients have a voice on health and well-being in their area;
 - To ensure more visible leadership on health and well-being;
 - To encourage the further development of joint appointments, pooled budgets and commissioning;
 - To ensure that priorities, performance arrangements and reporting are joined up between public health and adult social care.
- 1.3 This will be supported by a statutory duty of partnership for health and well-being with the scope for a common assessment framework, pooled budgets and joint targets. A new Joint Strategic Needs Assessment will be undertaken by the Director of Public Health and the Directors of Social Care (adults and children) as set out in the recent

¹ CLG (2007) Local Government and Public Involvement in Health Bill. SO : London.

Department of Health commissioning framework for health and well-being².

- 1.4 Thus far the housing needs of older people have had a relatively low profile within LAAs. However, with the Housing Green Paper specifically referring to an ageing society, and as the case studies in this paper show, there have been pockets of excellence and good foundations have been laid in many areas for future work. A key question is how those working in the housing arena can make best use of the potential offered by LAAs. It is this that we will explore in this paper.

2 CONTEXT

- 2.1 As we have said, the Local Government and Involvement Bill places a legal duty of partnership upon councils and service providers, including Primary Care Trusts, to cooperate. Fundamental to all of this is a new statutory partnership requirement for health and well-being with the scope for a common assessment framework, single budgets and the delivery of joint targets. From 2008, all local authorities in England will sign a LAA, a three year agreement across local economies and the regional government office for their area. There are four main priorities:
- To ensure that all patients have a voice on what contributes to health and well-being in their area;
 - To provide more visible leadership on health and well-being;
 - To encourage joint appointments, pooled budgets and joint commissioning;
 - To encourage joint Director of Public Health Appointments and joint needs assessments carried out by Directors of Public Health and Directors of Adult Social Care.

Public Service Reform

- 2.2 In many areas of public policy there is now an emphasis on the rights and aspirations of people who use services, as well as on their needs. In this environment, the main purpose of housing, health and social care services is to enable people to play their full role as citizens. The best support services enhance the quality of life for citizens, enabling them to exercise all sorts of other rights in effective ways. Linked with this is the growing acceptance, underpinned by Equalities and Human Rights legislation that an individual's rights to service are not compromised by age, physical or mental disability.
- 2.3 In most areas of public policy the emphasis on choice for consumers is being driven by a belief that choice, and hence competition, drives up quality and that user choice is key to achieving successful outcomes.

² DoH (2007) Commissioning Framework for Health and Well-Being. SO : London.

This is underpinned by the engagement of users in the design, delivery and management of services because:-

- services which are shaped by service users are likely to be more responsive and better used.
- engagement will deliver the necessary balance between consumerism and social justice.
- past “top down” methods have too often failed service users.

Patient Led NHS

- 2.4 Commissioning a Patient-Led NHS (2005) confirmed the themes of customer focus, engagement and localisation as key drivers for the NHS in the Government’s third term. In addition, it envisages new providers entering the health and social care market to provide more choice. The White Paper, Our Health, Our Care, Our Say (2006), envisages i) the development of a new generation of community facilities where different service providers can work together (e.g. sheltered housing schemes or community centres), ii) greater recognition of the importance of neighbourhoods as a locus for healthy lifestyles, and iii) supporting people to remain in their own homes and iv) planning for the health and social care implications of new housing developments. This presents opportunities for providers, and housing associations in particular, to develop new patterns of provision, to assist in improving access, to use their expertise to promote engagement and bring services closer to where people live.

Sure Start to Later Life

- 2.5 The Sure Start to Later Life approach would use the same methods as the children’s model to improve access, bringing together services around older people. It is not intended to be just about social services, which is often seen as the service responsible for older people, but comprehensive services that can empower older people and improve quality of life. Older people often report a feeling of ‘invisibility’ in regeneration initiatives. The Neighbourhood Renewal Unit issued guidance on diversity issues which highlights the importance of addressing issues of under representation of older people in community initiatives, and of developing the capacity of older people to participate in community planning³.
- 2.6 The design and layout of the urban environment can make a big difference to the ability of older people to feel safe and confident when they are out and about. There is a need to plan and design urban areas in ways that are conducive to the development of social networks with pleasant and secure public spaces, shopping areas that provide places to sit and centres where people can meet.
- 2.7 LAAs are key to building inclusive communities. LAAs set out the priorities for a local area agreed between government and the area.

³ ODPM (2005) Diversity and Neighbourhood Renewal Factsheet. SO : London.

They can be integral to addressing the impact of an ageing community and delivering outcomes which will improve the quality of life of older people, by promoting active engagement in local communities, participation, independence and choice.

Place-making

2.8 In "Place Shaping: a shared agenda for the future of local government", Sir Michael Lyons states that the modern role of local government is 'place-shaping' or the "creative use of powers and influence to promote the general well being of a community and its citizens"⁴. This description underscores that place shaping is primarily about civil society and community, not about the formal structures of local government. This is likely to include:

- building and shaping local identity,
- representing the community,
- regulating harmful and disruptive behaviours,
- maintaining the cohesiveness of the community,
- helping to resolve disagreements,
- working to make the local economy more successful,
- understanding local needs and preferences and making sure that the right services are provided to local people, and
- working with other bodies to respond to complex challenges.

Thus, it involves a focus on developing the economic, social and environmental well-being of the local community and the local area.

2.9 The main vehicle for facilitating this work will be the Local Strategic Partnerships and Local Area Agreements. There is a clear role for the voluntary sector in ensuring that LSP executive boards will be effective forums for local decision making and helping to shape local areas. The Government sees the voluntary sector as being critical to the ability of local government to build strong cohesive communities. This, it envisages, will be primarily through the delivery of more responsive services, joined up working and a mixed economy of provision.

3 PERSPECTIVES ON SUSTAINABLE COMMUNITIES

"Sustainable communities are places where people want to live and work, now and in the future. They meet the diverse needs of existing and future residents, are sensitive to their environment, and contribute to a high quality of life. They are safe and inclusive, well planned, built and run, and offer equality of opportunity and good services for all"⁵.

3.1 Across government there has been a drive to focus on locality and neighbourhood and most of the new social programmes instituted

⁴ Lyons, Sir M (2007) Place Shaping: A Shared Agenda for the Future of Local Government. DCLG. SO: London.

⁵ DCLG (2005) Sustainable Communities Five Year Plan, SO: London.

since 1997 have had a neighbourhood or locality base. This adoption of the neighbourhood as a focus for intervention has been welcomed by many of those organisations concerned with regeneration, civic renewal and community development.

- 3.2 The Housing Green Paper, *Homes for the Future : More Affordable, More Sustainable*⁶ sets how the Government intends to ensure that everyone has access to a decent home at a price they can afford, in a place where they want to live and work. Underpinning this is the belief that we are all happier, healthier and wealthier where there is a supply of good quality, affordable housing close to schools, healthcare and transport links.
- 3.3 The Green Paper sets out proposals to develop 240,000 new homes by 2016 and to provide incentives to local authorities to make it easier to develop housing in their area. A new Housing and Planning Delivery Grant will direct extra resources to those councils who are delivering high levels of housing and to those councils who have identified at least 5 years worth of sites ready for development.
- 3.4 The White Paper says that 48% of the growth in new households between now and 2024 will comprise older people and that a substantial majority of new households in many regions will be over 65. This means that new housing (and its surrounding infrastructure) needs to reflect this change. Houses need to be easily accessible and supported by the right infrastructure, so that people have access to health, housing, transport and care services. This will be supported by the requirement for Regional Spatial Strategies and Local Development Frameworks to consider demographic trends in terms of the housing requirements of older people. This will include the development of more attractive options to downsize for older people currently living in larger homes that are difficult for them to manage.
- 3.5 There is also a recognition that older people will particularly benefit from better quality development. By promoting Lifetime Homes, by improving thermal comfort, by ensuring that new homes are carbon neutral (by 2016), and by making efforts to ensure that the architecture helps to prevent falls they believe they will improve the quality of life for all members of the community, as well as improving the environment, creating safer and stronger communities and reduce the Nation's carbon footprint.
- 3.6 The Green Paper stresses that new settlements should be attractive places with good quality neighbourhoods and green public space that help create healthy communities. Key to this is the provision of a good local infrastructure – transport, schools and healthcare facilities. A new homes agency will work with local authorities to support them in their place-shaping role, including how local authority and other disused

⁶ CLG (2007) *Homes for the Future : More Affordable, More Sustainable*. SO : London

land can be used to create a better living environment for local people. Local Area Agreements will be a key mechanism in ensuring that there is a coherent response to the needs of older people.

4 LESSONS FROM ROUND 2: ENGAGEMENT, PREVENTION and INTEGRATION

- 4.1 In 95% of the 87 LAAs that have been signed by 2007, housing is recognised as an essential element in place shaping and achieving other social outcomes. The main housing outcomes include improved access to housing for older people, reducing homelessness generally and specifically for young people and increasing the supply of affordable housing. A recent Chartered Institute of Housing / Improvement and Development Agency briefing identified a number of barriers to engagement between the strategic housing function and LAAs. These included that :-
- i) housing market renewal areas are rarely coterminous with local authority boundaries;
 - ii) district councils and county councils have different functions and priorities;
 - iii) the relatively junior grade of the strategic housing officer can inhibit involvement in broader corporate activities⁷.
- 4.2 As we have already said, older people have had a relatively low profile within Round 2 LAAs. Even in authorities that have an older persons' housing and accommodation strategy there is no guarantee that a link will be made to the LAA. Whilst there have been good examples of the engagement of older people in the LAA process they have, on the whole, had a low profile. It would appear that this is partly because the focus of LSP has been on economic prosperity, and the prosperity of younger people at that, and that health and social care have not been fully engaged in the process.
- 4.3 Where health and social care have been engaged then it tends to be where there is a legacy from work previously carried out in Health Action Zones. Equally, there are a number of good examples of work that build on the legacy from initiatives such as Better Government for Older People. This means that the focus has tended to be on Choosing Health and a range of health promotion initiatives. Health Action Zones managed the tension between wider public engagement in health improvement planning and the ability of officers to see 'long cherished initiatives' into development. In areas, such as Lambeth, the availability of NRF funding meant that the pace of work on teenage pregnancy was accelerated and the LAA provided an accountability framework for future planning.

⁷ Lewis, S (2007) Delivering Housing Strategy Through Local Area Agreements. CIH : Coventry.

- 4.4 Newcastle consciously moved from one model of consultation to one that sought the active engagement of local older people in joint decision-making and ensuring that issues and the desired outcomes were expressed in a way that was meaningful to local older people. The development of the LAA coincided with the development of the city's Older Persons' Strategy, *Everyone's Tomorrow*. By linking these two processes they were able to raise the profile of older people in the City and to think more strategically about older people not as passive recipients of service (especially of health and social care) but as major contributors to the life of the City (see Figure 1).
- 4.5 The value that the LAA has added is that it has provided a framework in which collaborative work can take place. They used it to develop the Older Person's Accommodation Strategy but know also that they have a mechanism for ensuring that i) the needs and views of older people will be incorporated in City-wide strategies or initiatives and ii) specific responses to the needs of an ageing population.

Figure 1: Newcastle-Upon-Tyne

Home Project, Newcastle

The Home Project evolved from a commitment by the housing group of the Elders' Council of Newcastle (supported by the Quality of Life Partnership, Newcastle University and Newcastle City Council) to consider the views and requirements of older people for the design and setting of their homes. The aim of the project was to provide a vision to inform policy development and good planning, design and housing support services, now and in the future, that provide the right physical features, the right facilities and the right setting.

Northern Architecture invited members of the Elders' Council to participate in a series of workshops. These were structured around four themes i) the value of home, ii) your home, iii) the process and problems of moving and iv) housing environments and the setting of the home. Members of the Elders' Council were also given disposable cameras and notebooks and asked to record images that seemed important to them in relation to their homes and the neighbourhood environment. These photographs formed the basis of a poster display during architecture week.

The findings from the workshops were reported to group of policy-makers, planners, housing providers and architects. These can be summarised as :-

- The need for a whole systems approach to meeting individual needs;
- Early involvement in the development of schemes and services;
- Settings should prioritise safety and inclusive access to facilities;
- House layouts need to be flexible and adaptable to changing needs and uses;
- Better access is needed to advice and ways of releasing equity;

- Good levels of light, easy maintenance, well designed kitchens and bathrooms that allow for changing dexterity and mobility.

- 4.6 Engagement with local people and the VCS can benefit the quality of public services themselves, as well as wider society, in terms of service design, commissioning and evaluation. By increasing community participation, building or utilising the skills and experience of volunteers or the VCS and by strengthening trust within the community.
- 4.7 LAAs depend at all stages of their development on effective partnerships. As such, they are no different from other partnerships in needing to agree shared outcomes and develop a shared evidence base to deliver the vision set out in the Community Strategy. Several LAAs have found that it is a useful way of bringing the partners to the table and ensuring that there are links being made between those with the power to influence policy and strategy.
- 4.8 Certainly, in Suffolk, the advantage of using the LAA was that it brought other players and particularly health to the table. There was a strong sense that the LAA opened up the opportunity to be imaginative and creative by bringing the influential players together. More importantly, it provides a framework of accountability in which such ideas can be developed (see Figure 2).

Figure 2: Suffolk County Council

Developing an HIA as a Vehicle for Other Services

In Suffolk, the LAA has been developed through consultation and engagement with the 3,500 strong Suffolk Speaks Citizens Panel and supported by a series of focus groups on specific themes. The Healthier Communities and Older Peoples' block recognises that reducing health inequalities is recognised to need action on a broad front.

Suffolk inherited a situation where there a lot of resources were tied up in buildings based services. 95% of their spend was committed to the provision of services for older people in the social rented sector. It was important to move to a more tenure neutral position.

One proposal was to build up a Home Improvement Agency as a vehicle for providing housing related support services across the six district council areas. This would include hospital discharge, falls prevention, equipment and adaptations, message in a bottle and early identification of the need for other services as well as the more traditional handyperson service.

This meant that various partnership boards could come together not just around older people but a range of potentially marginalised adult

groups such as drugs and alcohol, mental health, learning difficulties. This ensures that the “voice” of these groups is heard and that there is a link into Block 2 as well as mechanisms such as the DAAT, which ensure that developments are tied into joint commissioning arrangements.

- 4.9 In Halton, the Local Area Agreement has been useful in bringing a number of agencies and older people locally to focus on those areas of older peoples’ lives and the environment that they live in to bring about real improvements. This tries to get behind standardised expressions of policy to those issues and a form of expressing them that older people themselves feel that will make a difference to them. Advancing Well – Improving the Quality of Life for Older People seeks to place older people at the heart of the LAA and that they can access services tailored to meet their needs (see Figure 3).

Figure 3: Halton Borough Council

Advancing Well - Improving The Quality of Life on Older People

This project aims to promote what can continue to be achieved by older people, enabling them to be widely recognised as an important part of Halton's community. The Strategy is all about developing new approaches to the way services are delivered to older people to promote health, well-being, quality of life, equality and independence. A key goal is to place older people's individuality at the centre of any interventions, that their contribution is welcomed and valued and that they can access services tailored to their needs.

It aims to achieve this by ensuring that older people are :

- 1) Valued, treated with respect and kept informed;
- 2) Have multiple opportunities to become socially involved;
- 3) Can get around as a result of better transport links;
- 4) Are given opportunities for paid and volunteer work;
- 5) Remain in good health longer;
- 6) Are given support to live independently in comfort;
- 7) Feel secure both inside and outside their home;
- 8) Have easy access to financial advice.

By using the LAA the partners believe that they can work on issues that require co-operation and partnership between local people and the agencies responsible for housing, transport, education and leisure as means of achieving "quality of life" as defined by :-

- Providing a balanced and appropriate range of services;
- Developing an information resource and single access route to information;

- More independence and choice for older people;
- People will receive the right care, in the right place and at the right time;
- Enabling better access to employment and volunteering;
- Providing appropriate support to carers and those they care for.

4.10 In Redcar and Cleveland, the local Supporting People Commissioning Body was keen to demonstrate how housing related support could contribute to the outcomes detailed in the Health Communities Older People Block of the LAA. As a way into measuring how the local handyperson service had contributed to increased independence and reduced risk of accident within the home amongst local older people. All partners recognised that the initial scheme would probably have been developed anyway. The LAA provided a mechanism for achieving additional stretch and for ensuring that there was sign-up to these outcomes and a more sustainable future for this service (see Figure 4).

Figure 4: Redcar and Cleveland Borough Council

Risk Management at Home

The local Supporting People Commissioning Body was keen to demonstrate how housing related support could contribute to the outcomes detailed in the Health Communities Older People Block. Working with Three Rivers Housing Group, who manage the Home Improvement Agency, a target was developed for the LAA based on users' perceptions of how the local handyperson service had contributed to their independence and reduced risk of accident within the home.

This target was a part of the HCOP and was put forward against the performance reward element of the LAA. However, during the negotiations with the Government Office on the reward element it became clear that a target based on user perception was not regarded as eligible for reward. However, it was agreed that this target would be maintained within the main LAA programme and that a new performance reward target would be developed. This involved working with Three Rivers Housing to redesign part of the handyperson service to be able to demonstrate more certainty about the service's contribution to the promoting independence and the reduction of accidents within the home.

What was proposed was that, in addition to this service, a new service be developed which focused on individuals who might be at the highest risk of accident or care home admission without the intervention of the service. The new target is based on an agreed 'stretch' of the numbers of people supported by the handyperson service where it is assessed that admission to care home or hospital

has been prevented.

The Redcar and Cleveland Commissioning Body have committed £35,000 revenue to extend the handy person scheme in 2007/08. Other capital and revenue monies are available through a 'pump priming' grant associated with the LAA programme. This will be monitored through the Local Strategic Partnership (LSP). Achievement of the targets will release a performance reward grant of £300,000, which will be used within the LSP to commission services against local priorities.

- 4.11 In Calderdale, there has been a recognition that the restructuring the housing and accommodation available to older people requires all parties to ensure that their own strategic plans. An Older Peoples' Housing Strategy which includes an expansion in the amount of extra care housing provision available. Having developed synergy between the Older Person's Strategy, Supporting People and the Older Persons' Housing Strategy it is now being embedded in the LAA as an explicit target in the older peoples' Block. This helps to ensure that it is high on Local Authority agenda and to maintain the level of commitment needed to see this through to successful development.
- 4.12 There are a number of clear themes emerging from these case studies:-
- There is a need, given that LAAs are going to be here for the foreseeable future, to demonstrate where they are adding value and their utility as a vehicle for integrating housing health and social care agendas;
 - LAAs have been successful in this 'Block' where there is a legacy from other initiatives (Health Action Zones, BGOP). In a similar way, they provide a framework for people to get 'long cherished' projects off the ground. Key will be to encourage this to go beyond Choosing Health into other areas where a multi-agency approach is needed;
 - LAAs need to encourage new models of provision and new delivery vehicles that take a whole systems approach to the needs of a particular locality or community of interest;
 - There is a need to highlight the collaborative advantage and those areas where a multi-agency approach is needed, where freedoms and flexibilities are needed and there the right kinds of outcomes that encourage the behaviours that we all wish to see;
 - Whether it be outcomes for the individual, the population or the service the development of multi-agency responses to the issues in a particular area or neighbourhood (with some sort of resource pooling) will be promoted. There is a recognition that this will require more explicit leadership from LAs and that they will need to negotiate with the Police, PCTs and VCS.

5 MAXIMISING THE POTENTIAL

“The freedom to make – and continue making choices – is perhaps the greatest single index of well-being” (Tom Kirkwood)

- 5.1 The Commissioning Framework for Health and Well-being is designed to enable commissioners to achieve greater personalisation of services, to ensure that investment in health and social care promotes health and well-being and reduces future health costs and a greater focus on commissioning the services and interventions across health and local government that achieve better health – especially for those who experience the greatest health inequalities.
- 5.2 The Framework proposes and consults on eight steps that, when out in place nationally and locally, will help to overcome these barriers and deliver improved health and well-being outcomes. These are -
- Putting people at the centre of commissioning;
 - Understanding the needs of populations and individuals;
 - Sharing and using information more effectively;
 - Assuring high-quality providers for all services;
 - Recognising the interdependence between work health and well-being;
 - Developing incentives for commissioning for health and well-being;
 - Making it happen – accountability;
 - Making it happen – capability and leadership.

Putting People at the Centre of Commissioning

- 5.3 Up until now there has been an issue that those officer charged with putting the LAA together do not pick up on key strategic documents. This means that there is a need to ensure that the housing and accommodation needs of older people are embedded in strategy and that there is a clear line of sight through to the LAA.
- 5.4 Key to this will be supporting advocacy approaches for groups who find it harder to express their views. Third sector organisations have an important role in this area, in helping commissioners to identify and access vulnerable groups, as well as providing advocacy where appropriate.

Understanding the needs of populations and individuals;

- 5.5 The Single Assessment Process for older people provides an integrated framework for assessment of health and social care needs. Joint Strategic Needs Assessments will be based on a joint analysis of current and predicted health and well-being outcomes, an account of what local people want from their services and a view of the future and particularly predicting new or unmet need. As it informs the sustainable

community strategy and local area agreements it will be crucial to ensure that appropriate linkages are made to older peoples' strategies and that they have a real opportunity to engage in a dialogue about their aspirations.

Sharing Information and Using Information More Effectively

- 5.6 Commissioners should work with their providers to develop appropriate ways of sharing information, with patient / user consent, to achieve better outcomes. Comment data sets and shared systems for monitoring and reporting performance will be key.

Assuring high quality providers for all services

- 5.7 There is a need to commission through a proactive approach to place shaping, show an interest in long-term health providing organisations and commission for outcomes as well as outputs. There is a need to build a market and ensure genuine choice for users by developing opportunities for different providers. However, we must always look at keeping the cost of market entry low.

Recognising Interdependence between work, health and well-being

- 5.8 The Hills Report argues that social housing needs to provide support to those who most need it while also equipping people to progress in terms of entering the job market. Helping people with long-term conditions to return to work.
Commissioners may wish to give preference to providers who are willing to accept their broader community responsibilities by promoting access to occupational health and encouraging more flexible work options for carers.
- 5.9 This means that the provision of service should disrupt working people as little as possible through appropriate opening hours, appointment times, and speedy access to investigation, diagnosis and treatment. This may include encouraging community groups, such as those for young or older people or black and minority groups; carer support groups or networks to become in health promoting programmes.

Developing Incentives for Commissioning for Health and Well-being

- 5.10 Enabling people (including young people) to tailor their own care package through individual budget pilots, direct payments, year of care pilots will continue the drive towards housing based models of provision. This may encourage PCTs and PbC to be more flexible in using NHS funds through the prevention of hospital admission by funding sitter services or carer support, support weight reduction and exercise as an alternative to more expensive interventions. Practice based commissioners are well placed to make referrals for interventions that support self-care and independence.....preventative

measures, such as installing grab-rails in the homes of older people who are at significant risk of falling, can have a positive impact on independence, health and well-being.

Making it Happen – Local Accountability

- 5.11 LAAs have worked well where there has been a real investment in engaging older people. This could include new ways of engaging them in framing the desired outcomes. This could, in turn, feed through to negotiations with the Government Office.
- 5.12 There is a need to protect services for those groups who are numerically small but who may have complex needs. MAAs will need to be strengthened to ensure that the needs of homeless people, BME groups or those with complex needs are given voice and that their needs are not lost within the wider political context of the LSP.

Making it Happen – Capability and Leadership

- 5.13 LAAs provide a real opportunity to think outside the box. Given that they can be cumbersome and bureaucratic mechanisms the project proposed has to be sufficiently ambitious to justify this. Combined with other mechanisms such as CAA they could be a useful way of measuring need and assessing and mediating risk.
- 5.14 There is concern that LSP's are not always strong enough to support LAAs. This could be ameliorated by ensuring that there are good links to frameworks such as Older Peoples' Partnership Boards and the development of a local evidence base to support decision-making.
- 5.15 Lastly, CSIP are working in partnership with a number of agencies to support the development of LAAs and joint working across housing, health and social care, and to ensure local capability and leadership. For more information, visit www.jointimprovementpartnership.org.uk/

USEFUL INFORMATION

Information on the Department of Health Commissioning Framework can be found at www.dh.gov.uk/

Further information on LAAs can be found at www.communities.gov.uk/index.asp?id.1161632

The CSIP Housing LIN's forthcoming briefing on the Housing Green Paper can be downloaded at www.icn.csip.org.uk/housing

Chartered Institute of Housing/IdEA policy paper, Delivering Housing Strategy through Local Area Agreements at www.cih.org

IdEA website with LAA examples at www.idea.gov.uk/laa

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