haringey strategic partnership

AGENDA ITEM **8 (second)**

MEETING

Well-being Partnership Board (WBPB)
19 July 2006

TITLE **July Update on Haringey's Local Area Agreement**

SUMMARY

1.1 Local Area Agreements (LAA) have been introduced to make local strategic partnerships more effective by providing the facility for partners to pool resources to achieve specific targets to provide better services for local people. LAAs also provide financial incentives if local strategic partnerships set and achieve more challenging targets than those set by central Government (known as 'stretch targets'). The LAA represents opportunities for maximising the outcomes from our combined investment in services to improve well-being.

1.2 The primary objective of the LAA, as stated by Government, is 'to deliver sustainable communities through better outcomes for local people'. Each Local Strategic Partnership is required to agree targets based on local evidence and priorities. Haringey's LAA will be informed by the new Community Strategy.

1.3 There are four priority areas (known as 'blocks') for LAAs, all of which impact on well-being, however the one with the most impact for the WBPB is the 'Healthier Communities and Older People' (HCOP) Block. For this block Anne Bristow is the lead officer for the Council while Ann Marie Connolly is the lead officer for the PCT.

1.4 The WBPB needs to consider the outcomes shown in table 1 (P.3). Some of the LAA outcomes are crosscutting and will need to be addressed across the HSP, for example community engagement and empowerment, which identified as emerging Community Strategy priorities.

1.5 A Partnership Group has been established with overall responsibility for developing the LAA in Haringey. This Group has had two meetings and four HSP members who attend also attend the WBPB.

1.6 The timescale for the development of the agreement is tight. The first deadline for an initial submission was 30th June. As the new Community Strategy will not be

finalised until after the LAA deadline the June Submission drew on the priorities emerging from the Community Strategy consultation as well as developments emerging from the thematic partnerships. As this needs to be submitted before the October HSP meeting it is proposed that the LAA Partnership Group oversee the development of the draft and the final copy is signed off by the HSP Chair.

1.7 A proposal was put forward and agreed at the 5 July meeting of the Healthier Communities Executive Partnership (HCEP) recommending that a project/performance group develop a draft HCOP Block LAA.

1.8 A first full draft must be submitted by 30th September 2006. The deadline for the final draft is 26th January 2007.

1.9 A summary of the LAA guidance for Round 3 areas is attached as Appendix 1 of this report and includes a link to the full guidance.

RECOMMENDATIONS

2. Recommendations

2.1 That the WBPB agree the proposed process for the development of the HCOP Block of the LAA (pages 5-6).

2.2 That the WBPB note the mandatory outcomes and indicators (pages 3-4).

2.3 That WBPB partners engage in development of the LAA specifically on the HCOP Block and Decent Homes in the Safer and Stronger Communities Block, in particular the Outcomes Framework, Reward Element and any Enabling Measures (see Appendix 1 for a description of these).

2.4 That the WBPB discuss and agree the consultation process for the HCOP Block of the LAA.

LEAD OFFICER

Further information on the development of Haringey's Local Area Agreement and the policy context can be obtained from Nilam Popat, Principal Policy Officer, Policy and Partnerships, Haringey Council, 020 8489 2979, nilam.popat@haringey.gov.uk

3. Introduction

3.1 An LAA is a three year agreement that sets out the priorities for a local area agreed between central government, represented by the Government Office, and a local area, represented by local authorities and Local Strategic Partnerships (LSPs) and other key partners at local level. The primary objective of an LAA is to deliver better outcomes for local people.

3.2 The priorities addressed are grouped into four broad blocks:

1. Children and young people
2. Safer and stronger communities
3. Healthier communities and older people
4. Economic development and enterprise

3.3 LAAs serve to:

- improve central and government relations
- enhance efficiency
- strengthen partnership working
- enable enhanced leadership by local authorities

3.4 LAAs are outcome-based projects that aim for a better co-ordinated and more effective service to communities, enabling local authorities and their partners to better reflect local priorities and address local needs. Government Offices play a key role by leading the discussions on behalf of central government.

4. Mandatory outcomes framework

4.1 The key requirement is that partners provide a baseline figure for 2006-2007 and three year targets for each of the mandatory outcomes and indicators (see table below) for 2007-2008, 2008-2009 and 2009-2010.

4.2 Additionally, partners and lead officers will need to decide whether they wish to include any optional outcomes and indicators. In addition to these four mandatory indicators, there are over 53 optional indicators for consideration by the WBPB (see Appendix 2).

Table 1 Mandatory Outcomes for Healthier Communities and Older People and Decent Homes

Mandatory Outcomes (Well-being Partnership Board outcomes)	**Mandatory Indicators for Haringey**
Improved Health and reduced health inequalities (Be healthy)	• **Spearhead Areas**: Reduce health inequalities between the local authority area and the England population by narrowing the gap in all-age, all-cause mortality
Reduce premature mortality rates and reduce inequalities in premature mortality rates between wards/ neighbourhoods with a particular focus on reducing the risk factors for heart disease, stroke and related diseases (CVD) (smoking, diet and physical	**Mandatory for areas in receipt of NRF** • Reduce premature mortality rates from heart disease and stroke and related diseases so that the absolute gap between the national rate and the rate for the district is reduced by [x]% by 2010 [x to be agreed as part of the contribution to

Mandatory Outcomes (Well-being Partnership Board outcomes)	Mandatory Indicators for Haringey
activity) (Be healthy)	the reduction in the gap between the Spearhead Group and the England average (national PSA target)] • Reduce the gap in premature mortality rates between the most deprived 20% of wards/ neighbourhoods and the least deprived 20% of wards/ neighbourhoods with a particular focus on reducing the gap in smoking prevalence in those areas
As part of an overall housing strategy for the district, improve housing conditions within the most deprived neighbourhoods/ wards, with a particular focus on ensuring that all social housing is made decent by 2010 (mandatory where neighbourhood renewal funding is received) (Have a decent home)	• The two year combined sample (2005/6 to 2006/7) from the continuous English Household Condition Survey (EHCS) reporting in 2007 confirms that the reduction in the number of non-decent social sector dwellings is more than 50% of the total reduction in the number of non-decent social sector dwellings since 2001. (This is repeated for 2007/8 to 2008/9)
Supporting People The outcomes framework for Supporting People is being developed within the Supporting People strategy by ODPM and will be ready in the early summer	• To be developed alongside the outcomes

5. The Reward Element

5.1 Areas should propose a number of top priorities for improvement locally, where they intend to deliver 'stretched' performance over three years in return for Pump Priming and Performance Reward Grant. Proposals need to be evidence based, include robust baseline data, represent value for money and be endorsed by the LSP. There are no mandatory items for the reward element.

5.2 Areas have the freedom to choose the number of stretched targets they wish to negotiate for their LAA reward element; however it is likely that we will be looking at 12 stretch targets. All bar one indicator in the outcomes framework can be negotiated as stretched targets (see full guidance for complete list of indicators P.23-24).

5.3 There is a mandatory template that must be completed for each of the targets which attract a reward element (i.e. stretch targets). The plan is to have 14 proposed stretch targets across the HSP with a view to eliminating any that are unlikely to be achieved (for a final total of 12 stretch targets).

6. Timescales / Process

6.1 At the 5 July meeting of the HCEP, it was agreed that a working group, with members from the Council, Haringey Teaching Primary Care Trust and the Voluntary and Community Sector, coordinate and oversee the formation of the HCOP Block of the LAA.

6.2 At the first meeting of the HCOP Block Group, on 10 July, formal membership of the group and terms of reference were agreed. In addition, the way forward (including the links with other blocks), was also discussed.

6.3 A list of initial thoughts on outcomes and indicators was developed. This list will be tested against the following criteria (agreed at the meeting) for establishing targets:

- Scale and severity of distribution (How big a problem is it?)
- Evidence of effectiveness
- Is baseline data available?
- Is it a partnership problem?
- Links with Community Strategy, consultations (i.e. *Healthier Haringey* report) and service user view points

6.4 A brief report of the 10 July Block meeting was submitted to the 14 July LAA Partnership Group meeting.

6.5 In addition, the meeting discussed possible ways of consulting on the draft for this Block, such as holding a consultation meeting (time to be agreed) and discussing the draft at the Partnerships which feed into this board. We are aware that the Community Strategy will be consulted on throughout the summer and priorities identified will be fed into this block. The WBPB is asked to discuss and agree the consultation process for this Block.

6.6 GOL has set a number of deadlines which present very tight timescales for the development of the LAA. **The GOL deadlines are in bold letters**. The approximate key dates are shown overleaf:

Date	Action
20 June	HSP meeting: LAA report discussed
30 June	**Initial priorities for the HSP (from the new community strategy) submitted to GOL**
5 July	Proposals for developing the HCOP Block of the LAA agreed and the block Group (project team) established by Healthier Communities Executive Partnership
6 July - 25 July	Healthier Communities and Older People Block Group meets to consider: • Outcomes using existing evidence • Enhanced outcomes/ reward element • Refine outcomes following consultation and start investigating freedoms and flexibilities, funding • Start consultation
14 July	LAA Partnership Group Meeting
19 July	Well-being Partnership Board Meeting
25 July	HCOP Block Group Meeting
26 July – 8 August	Refine draft prior to circulation
8 August	HCOP Block Group Meeting
9 August to 4 Sept	Draft circulated for consultation
4 Sept	Well-being Partnership Board Meeting
19 Sept	LAA Partnership Group Meeting
30 Sept 2006	**First full draft of LAA submission to GOL**
Sept – December 2006	Consultation on LAA WBPB/HSP/Other Theme Boards/Partners
17 October	LAA Partnership Group Meeting
15 November	LAA Partnership Group Meeting
30 November 2006	**Substantive draft of LAA submitted to GOL**
December 2006 – January 2007	Take full draft through reporting and decision making structures (HSP, Thematic Partnerships)
13 December	LAA Partnership Group Meeting
26 January 2007	**Final draft of the LAA submitted to GOL**

N.B. Further HCOP Block meetings are to be arranged for September – January 2007.

Appendix 1 - Summary of Round 3 LAA Guidance (March 2006)

LAA Core Elements

There are a number of core elements to a Local Area Agreement. These are summarised here but full guidance for Round 3 can be found at:

http://odpm.gov.uk/index.asp?id=1164930

1. Mandatory Outcomes Framework

Each block of the LAA has both mandatory and optional outcomes with key indicators that are detailed in the outcomes framework. The mandatory outcomes and indicators must be included in the LAA. In addition, outcomes and indicators will need to be included where there is a local decision to pool specific funding streams.

The mandatory outcomes framework is divided into four blocks: children and young people, healthier communities and older people, safer stronger communities and economic development.

All mandatory and optional outcomes and indicators are eligible for the reward element. It should be noted that the indicators **can and should be applied to specific groups** (especially socially excluded and disadvantaged groups) where evidence suggests that they may be suffering particularly poor outcomes.

Key Issues
Partners need to provide **baselines and three year targets** for each of the mandatory indicators.
Partners need to consider the evidence which enables the translation of the mandatory outcomes and indicators to the borough's needs.
Partners need to consider which **optional outcomes and indicators**, if any, will be included.

2. Reward Element

Areas should propose a number of top priorities for improvement locally, where they intend to deliver **'stretched' performance** over three years in return for Pump Priming and Performance Reward Grants. Proposals need to be evidence based, include robust baseline data, represent value for money and be endorsed by the LSP. There are no mandatory items for the reward element.

Areas have the freedom to choose the number of stretched targets they wish to negotiate for their LAA reward element; however it is likely that we will be looking at 12 stretch targets. All bar one indicator in the outcomes framework can be negotiated as stretched targets.

Key Issues
A mandatory template for each of the stretch targets has to be completed. This will be the most resource intensive and time consuming task for the LAA. A template is included in the guidance (page 83).

3. Enabling Measures

Enabling measures were formally know as 'freedoms and flexibilities' and are used to enable the achievement of better outcomes. There are a number of enabling measures that areas will automatically benefit from as a result of having an LAA. These are:

- Ability to pool funds from government within blocks (or across blocks for single pot areas).
- Where areas deliver agreed outcomes more efficiently they can invest any savings in delivering the outcomes of the LAA.
- Reduction in the monitoring and reporting requirements for pooled funding streams, including removal of grant claims forms.
- Freedom to vire or combine some mainstream funding between organisations to meet shared LAA outcomes.
- Streamlined payment mechanisms, including removing the need to submit claims forms.

Where there are specific barriers to the delivery of outcomes, additional LAA enabling measures may be requested. Areas should discuss the need for these with the Government Office as part of the development of their LAA outcomes. GOL will advise whether the requested action is already permissible or the objective can be achieved through other means. Where the request is pursued, **a business case must be submitted** detailing the request. The requests will be considered on a case by case basis.

Key Issues
The enabling measures required should on the whole arise from discussions around the development of the outcomes framework and the reward element. A template is included in the guidance (page 62).

4. A list of funding streams to be pooled or aligned

- A number of funding streams will be automatically pooled centrally.
- In addition, local areas can choose to pool any or all funding streams (from a limited list), in some cases subject to specific conditions.
- Finally, partners can choose to align funding streams (listed in the guidance).

Key Issues
Partners need to consider points 2 and 3 above and decide if any extra funding streams need to be pooled or aligned to deliver the outcomes in the LAA.

5. Statement of Community Involvement

The LAA must include a statement of the involvement of the Voluntary and Community Sector (VCS) and local people in the design and delivery of the agreement. This should state how local people and the VCS have been informed, consulted and given the opportunity to participate in the process and the delivery of the outcomes.

Key Issues
Partners to note we are proposing to piggy back on the consultation process for the Community Strategy (which will consult extensively with local people) and use the outcomes to inform the priorities of the LAA.
Partners to note that the VCS are represented on the LAA partnership group which will support the HSP in the development of the LAA.
A two page statement of community involvement will provide a summary of consultation work described above.

Other Information:

6. Timeline / Work plan

Date	**Submissions**	**HSP Meetings**
April – June Preparatory work		
30 June	Initial Submission	20 June
June – September Develop first full draft		
30 September	First Full Draft Submission	
September – December GOL will consult with central departments and continue to work with areas to refine the agreement		
30 November	A Revised Submission	16 October
GOL will continue to consult Departments and local areas before making a final recommendation to ministers		
26 January	Final Draft	20 December

Key Issues
As the timescale is extremely tight all thematic partnerships are requested to put the LAA as a standing item on their agendas. The LAA will also be a standing item on the HSP agenda. In addition, a LAA Partnership Group will support the HSP in developing the LAA.

7. Choosing a Theme

The LAA can have one or more cross-cutting themes that will guide the general direction of the LAA.

The themes of other boroughs' LAAs include:

- Greenwich – The major theme of childcare and support for vulnerable and disadvantaged families
- Kirklees – Eight or so themes including reducing poverty
- Brent – Settled homes and supporting children who experience the greatest barriers to learning
- Lewisham – Narrowing the gap and building stronger communities
- Hammersmith and Fulham – Child Poverty including Sure Start, smoking cessation for parents and getting lone parents into jobs

Some boroughs have used their theme/s to inform the selection of the enabling measures and stretch targets.

Appendix 2

Possible indicators and outcomes for inclusion in the LAA relating to the mandatory outcomes. (The relevant WBPB outcomes shown in brackets).

Reduce premature mortality rates and reduce inequalities in premature mortality rates between wards/neighbourhoods with a particular focus on reducing the risk factors for heart disease, stroke and related diseases (CVD) (smoking, diet and physical activity) (Be healthy)

1. Mortality rates from heart disease and stroke in people aged under 75
2. Road safety: numbers killed and seriously injured
3. Number of four week smoking quitters
4. Number of test purchases of underage tobacco sales
5. Smoking prevalence
6. Number of recorded obese individuals losing weight through a personalised weight management programme
7. Numbers of individuals served by Community Mental Health Teams receiving crisis resolution, assertive outreach and early intervention
8. Number of schools achieving Healthy School Status
9. Improved access to employment, training and housing for those in drugs treatment or leaving drugs treatment
10. Number of drug treatment completions
11. Percentage of individuals consuming five portions of fruit and vegetables a day
12. Number of new diagnoses of gonorrhoea
13. Number of new diagnoses of syphilis
14. Alcohol-related hospital admissions, rate per 100,000 population per year
15. Percentage uptake of routine childhood immunisations
16. Proportion of adults achieving at least 30 minutes of moderate intensity physical activity through walking
17. Modal split and travel to work modal split (walking and cycling)
18. Percentage of children walking or cycling to school
19. Prevalence of obesity among primary school aged children
20. Low birth weight births
21. Smoking during pregnancy and after birth
22. Breastfeeding initiation and continuation rates
23. Percentage of children who are regular smokers
24. Percentage of young people drinking alcohol
25. Percentage of children consuming five portions of fruit and vegetables a day
26. Percentage of sexually active population aged 15-24 being screened for chlamydia
27. Numbers of individuals under 18 in treatment and successfully completing treatment for drug abuse
28. Air Quality – local concentrations of specific air pollutants (where local authorities have declared air quality management areas (AQMAs) in respect of nitrogen dioxide (NO2) and in some cases PM10, mainly due to road transport)

Improved quality of life (Be independent and Be healthy)

29. Number of people aged 75 or over admitted to hospital as a result of falls
30. Improving the quality of life of people aged 65 and over using home services
31. Percentage of households (including those without access to a car) within 30 and 60 minutes of a hospital with an outpatients' facility by public transport
32. Percentage of households (including those without access to a car) within 15 and 30 minutes of a GP by public transport
33. Local food procurement: percentage of all public sector organisations adhering to healthier nutritional standards
34. Transport planning and provision that takes account of needs of older people in availability and accessibility
35. Rights of way and improved access to the countryside

Make a positive contribution

36. Numbers of older people using local facilities such as libraries, educational courses, leisure facilities, volunteering and participating more in the community generally, including services for older people helped to live at home
37. Number of employees over 50
38. Number of job opportunities for people over 60/65, supported by appropriate training

Increase choice and control (Be independent)

39. Number of emergency unscheduled bed days occupied by a person aged 75 or over
40. Proportion of older people supported to live in their own home
41. Percentage of the population that are within 20 minutes travel time (urban areas by walking, rural areas by car) of three different types of sports facilities, of which one has achieved a quality assured standard
42. Adults and older people receiving direct payments on an ongoing basis

Achieve freedom from discrimination

43. Services and amenities give particular consideration to older people
44. Numbers of older people in hard to reach groups able to access and participate in community activity

Increase personal dignity (Have a decent home)

45. Number of older people living in decent homes, whether social housing or privately owned

As part of an overall housing strategy for the district, improve housing conditions within the most deprived neighbourhoods/ wards, with a particular focus on ensuring that all social housing is made decent by 2010 (mandatory where neighbourhood renewal funding is received) (Have a decent home)

46. To increase the number of affordable housing units secured via planning agreements
47. Reduce homelessness in the local area
48. Level of energy efficiency of housing occupied by vulnerable groups (measured by SAP rating)
49. Number of vulnerable households in fuel poverty (identified through local area indicators such as local level data on areas of deprivation or more sophisticated tools such as the Affordable Warmth index)
50. Successful referrals to the Warm Front Scheme (NB: this could be acceptable as a stand-alone indicator but would be expected to be an intrinsic part of either of the two indicators above)

Reduce injuries and improve health at work

51. Incident rate of fatal and major injuries at work
52. Number of working days lost from work-related injuries and ill health
53. Annual incidence rate of new cases of work related ill health