



Llywodraeth Cymru
Welsh Government

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Social Services and Well-being (Wales) Act 2014

Codes and guidance: Part 9 Statutory
Guidance (Partnership Arrangements)

Part 9

Statutory Guidance on Partnership Arrangements in relation to part 9 of the Social Services and Well-being (Wales) Act 2014

Issued under Section 169 of the Social Services and Well-being (Wales) Act 2014.

This Version 2 of the Statutory Guidance on Partnership Arrangements in relation to part 9 replaces version 1

CONTENTS

1 Preamble	3
2 Legislative Background	4
3 Partnership arrangements and Regional Partnership Boards	5
4 Membership of Regional Partnership Boards	9
5 Reports	12
6 Information sharing	13
7 Delegation of functions	14
8 Integrated Family Support Services	15
9 Pooled funds and use of formal partnerships	18
10 Governance - Written Agreements	21
11 Annex 1: Partnership Arrangements (Wales) Regulations 2015	

1. Introduction

1. Part 9 of the Social Services and Well-being (Wales) Act 2014 (“the Act”) requires local authorities to make arrangements to promote co-operation with their relevant partners and others, in relation to adults with needs for care and support, carers and children. It places a duty on relevant partners to co-operate with, and provide information to, the local authorities for the purpose of their social services functions. Part 9 of the Act also provides for partnership arrangements between local authorities and Local Health Boards for the discharge of their functions. It also provides Welsh Ministers with regulation making powers in relation to formal partnership arrangements, resources for partnership arrangements (including pooled funds) and partnership boards. Part 9 is intended to be read in the context of the Act as a whole.
2. The purpose of Part 9 is to improve outcomes and well-being of people, as well as improving the efficiency and effectiveness of service delivery. The key aims of co-operation, partnership and integration can therefore be described as follows:
 - To improve care and support, ensuring people have more say and control
 - To improve outcomes and health and wellbeing
 - Provide co-ordinated, person centred care and support
 - Make more effective use of resources, skills and expertise.
3. Individuals, their families and carers may require care or support from more than one professional or organisation. Where this is the case, the care and support should be effectively co-ordinated and delivered to meet their specific needs. In relation to people needing care and support, this should mean:
4. “My care is planned by me with people working together to understand me, my family, and carer(s), giving me control, and bringing together services to achieve the outcomes important to me.”
5. This statutory guidance is issued under section 169 of the Act. Local authorities and Local Health Boards must have regard to this guidance in relation to partnership arrangements which are required under section 166 of the Act. The guidance also applies to partnership boards which are required to be established in respect of those partnership arrangements and to any teams which are required to be established to carry out the partnership arrangements. The statutory guidance also encompasses section 167 (resources for partnership arrangements) and section 168 (partnership boards).

2. Legislative Background

6. Section 33 of the National Health Service (Wales) Act 2006 (“the 2006 Act”) enables local authorities and Local Health Boards to develop formal partnerships and to delegate functions from one body to the other. This legislation was originally introduced with the Health Act 1999 and the measures were consolidated into the 2006 Act. This legislation enables a local authority to delegate certain specified functions to the Local Health Board, or for the Local Health Board to delegate certain specified functions to the local authority. The legislation also provides for the development of integrated services, integrated commissioning and arrangements for pooled funds.
7. The 2006 Act also consolidated measures from other legislation. Previous grant arrangements made under 28A and 28BB of the National Health Service Act 1977 were consolidated into the 2006 Act as sections 194 and 34 respectively.
8. The Children Act 2004 (“the 2004 Act”) enabled the development of pooled funds but these are quite different to the pooled fund arrangements in the 2006 Act, as although they enable a wider range of ‘relevant partners’ to contribute to the pooled fund, this legislation does not allow for the delegation of functions between partners. The 2004 Act does not make provision for one partner to assume the functions of another, nor to deliver the services of another as opposed to their own. Instead, it provides an opportunity to agree joint objectives and contribute towards the cost of meeting these through whichever partner generally has responsibility for ensuring service delivery. Section 162 of the Social Services and Well-being (Wales) Act 2014 extends this provision for the funding of services for adults and carers and like the 2004 Act, it can involve contributions from a wider range of partners, however it does not provide for the delegation of functions between partners.
9. Relevant regulations for formal partnerships involving the delegation of functions include The National Health Service Bodies and Local Authorities Partnership Arrangements (Wales) Regulations 2000. These regulations are treated as having been made under the 2006 Act.
10. A number of advice notes were provided to support the development of formal partnerships and pooled funds under the 2006 Act and the 2004 Act. These advice notes were updated further in July 2019 when the Association of Directors for Social Services Cymru (ADSSC) developed the toolkit to support partners to progress pooled funds:-

<https://www.adss.cymru/image/event/DTG%20-%20Advice%20Notes/ADSSC-FINAL%20AN1%20-%20Introduction%20to%20Integration.pdf>

3. Partnership arrangements and Regional Partnership Boards

11. Partnership arrangements are required to be made by the partnership bodies (local authorities and Local Health Boards) as set out in the Partnership Arrangements (Wales) Regulations 2015 (“the Partnership Arrangements Regulations”), as amended. The Partnership Arrangements Regulations are included at Annex 1.
12. The functions to be carried out in accordance with the partnership arrangements are the functions described in Schedule 1. The Partnership Arrangements Regulations are not being used to extend the functions of either a local authority, or a Local Health Board, which can be delegated, beyond those allowed by the regulations under the 2006 Act.
13. Local authorities and Local Health Boards are required to establish Regional Partnership Boards to manage and develop services to secure strategic planning and partnership working between local authorities and Local Health Boards and to ensure effective services, care and support are in place to best meet the needs of their respective populations.
14. The Partnership Arrangements Regulations require partnership arrangements to be made by the partnership bodies in each Local Health Board area, under the direction of a Regional Partnership Board.
15. The following Regional Partnership Boards are required to be established in relation to the partnership arrangements made by the partnership bodies specified in the regulations:
 - Gwent Regional Partnership Board - Aneurin Bevan University Health Board, Monmouthshire County Council, Newport City Council, Caerphilly County Borough Council, Torfaen County Borough Council and Blaenau Gwent County Borough Council
 - North Wales Regional Partnership Board - Betsi Cadwaladr University Health Board, Flintshire County Council, Wrexham County Borough Council, Isle of Anglesey County Council, Gwynedd County Council, Denbighshire County Council and Conwy County Borough Council
 - Cardiff and Vale Regional Partnership Board - Cardiff and Vale University Health Board, Cardiff City and County Council and the Vale of Glamorgan Council
 - West Glamorgan Regional Partnership Board – Swansea Bay University Health Board, Swansea City and County Council and Neath Port Talbot County Borough Council
 - Cwm Taf Morgannwg Regional Partnership Board - Cwm Taf Morgannwg University Health Board, Rhondda Cynon Taf County Borough Council, Merthyr Tydfil County Borough Council and Bridgend County Borough Council
 - West Wales Regional Partnership Board - Hywel Dda University Health Board, Pembrokeshire County Council, Carmarthenshire County Council and Ceredigion County Council
 - Powys Regional Partnership Board - Powys Teaching Health Board and Powys County Council.

16. The objectives of the Regional Partnership Boards are to ensure the partnership bodies work effectively together to:
 - Respond to the population assessment carried out in accordance with section 14 of the Act
 - Implement the plans for each of the local authority areas covered by the board which local authorities and Local Health Boards are each required to prepare and publish under section 14A of the Act
 - Ensure the partnership bodies provide sufficient resources for the partnership arrangements, in accordance with their powers under section 167 of the Act.
 - Promote the establishment of pooled funds where appropriate.
17. Regional Partnership Boards **must** ensure that all partners work effectively together to improve outcomes for people in their region. They **must** ensure that services and resources are used in the most effective and efficient way to enable this.
18. These partnership arrangements are consistent with those that are used for the purposes of undertaking the population assessment under section 14 of the Act. Section 14 requires local authorities and the respective Local Health Board to jointly undertake an assessment of the needs of the local population for care and support, support for carers and preventative services. It also requires an assessment of the range and level of services which are required to meet these needs. Regional Partnership Boards **must** therefore consider this population assessment and determine where the integrated provision of services, care and support will be most beneficial to people within their region. This should be informed by the views of service users.
19. Regional Partnership Boards **must** prioritise the integration of services in relation to:
 - Older people with complex needs and long term conditions, including dementia
 - People with learning disabilities
 - Children with complex needs
 - Carers, including young carers
 - Integrated Family Support Services.
20. There **must** be an integrated approach to the development of services, care and support, which focuses on opportunities for prevention and early intervention.

In relation to services for children and young people, the focus should be on:

- providing early help and support to prevent the emergence of more challenging needs
- providing support to families to prevent the need for children to become looked after
- where a child is looked after, providing models of care and support which de-escalate need and promote positive outcomes, and
- promoting approaches which prevent children ending up in custody.

Services for children and young people should also focus on promoting good emotional health and well-being in order to prevent poor mental health.

In the first instance, Regional Partnership Boards need to consolidate the development of Integrated Family Support Services and also to develop an integrated approach to delivering services for children with complex needs including:

- Children with disabilities and/or illness
- Children who are care experienced
- Children who are in need of care and support
- Children who are at risk of becoming looked after
- Children with emotional and behavioural needs.

This includes supporting effective, integrated transition arrangements from childrens' to adults' services.

21. Local Health Boards and local authorities already have partnership arrangements in place in relation to mental health services and services for people with substance misuse issues. There are also national partnership boards in place for both of these services. The Regional Partnership Boards should therefore consider what additional or alternative arrangements may be required to integrate services to improve outcomes for individuals and/or make more effective use of resources. This should also include consideration of what arrangements would be more effective at a national, rather than regional or local level.
22. The Regional Partnership Boards should be considering opportunities to extend the provision of integrated services beyond the priority areas identified in this guidance, as well as ensuring they respond effectively to the joint population assessment.
23. The Regional Partnership Boards will determine the most appropriate structures for ensuring the provision of these integrated services. This could include the establishment of management or operational groups, as well as integrated teams for specific service areas. Written agreements will need to be developed for any partnership arrangements which involve a delegation of functions.
24. Regional Partnership Boards have a key role to play in relation to bringing together partners to determine where the integrated provision of services, care and support will be most beneficial to people within their region. Regional Partnership Boards will need to ensure that all partners work effectively together to improve outcomes for people. They will need to ensure that services and resources are used in the most effective and efficient way to achieve this. Regional Partnership Boards will also play a vital role in the oversight and governance of partnership arrangements. With the move towards pooled budgets and resources, it is essential that effective governance and accountability arrangements are in place. The terms of reference of the Regional Partnership Board should make clear whether members of the board have delegated decision-making from their respective bodies, or organisations, where appropriate.
25. The Regional Partnership Boards will need to develop and coordinate formal or informal partnership arrangements. Some areas will already have section 33 (NHS (Wales) Act 2006) partnerships in place and may decide to develop further formal partnerships outside of direction from Welsh Government. In addition, there are numerous informal partnership arrangements (informal arrangements outside of a section 33 agreement involving delegated functions) already in place.
26. The Code of Practice in relation to Advocacy (Part 10 of the Act) sets out the requirements for access to advocacy services and support. In responding to the population assessment, Regional Partnership Boards will need to ensure they are able to respond to the advocacy requirements for all individuals. The Code of Practice on Advocacy provides further advice on the key factors that impact upon individuals and their needs for specific support.
27. The Code of Practice on Part 2 of the Act sets out the requirements in relation to the

provision of information, advice and assistance. Regional Partnership Boards will need to ensure that information, advice and assistance is offered in a manner which is accessible and suits the needs of the people living in their region. Local authorities should lead on agreeing, with regional partners, what service components should be developed on a national, regional and local basis.

28. Where local authorities and Local Health Boards have a mutual interest in commissioning services, they should work together to consider whether alternative not for profit business models will best meet the well-being needs of their local population. The Code of Practice on Part 2 of the Act includes further advice on promoting social enterprises, co-operatives, user-led services and the third sector.

4. Membership of Regional Partnership Boards

29. Membership of a Regional Partnership Board must include the following:
- (a) at least one elected member of a local authority which established the regional partnership board;
 - (b) at least one member of a Local Health Board which established the regional partnership board;
 - (c) the person appointed as director of social services under section 144 of the Act in respect of each local authority which established the regional partnership board, or his or her nominated representative;
 - (d) at least one representative of the Local Health Board which established the regional partnership board;
 - (e) at least two persons who represent the interests of third sector organisations in the area covered by the regional partnership board;
 - (f) at least one person who represents the interests of care providers in the area covered by the regional partnership board;
 - (g) at least one person who represents the interests of people with needs for care and support in the area covered by the regional partnership board;
 - (h) at least one person to represent the interests of carers in the area covered by the regional partnership board;
 - (i) at least one senior local authority officer responsible for housing including the responsibility for links to capital investment in housing, in one of the areas covered by the regional partnership board,
 - (j) at least one person who represents the interests of registered social landlords for the area covered by the regional partnership board;
 - (k) at least one senior local authority officer who has responsibility for education in one of the areas covered by the regional partnership board.
30. Regional Partnership Boards may co-opt other persons to be members of the board as appropriate. The regulations refer to the minimum membership of the boards but the number of representatives and range of people involved is a matter for local determination; other members that could be considered for example include fire service, police, Welsh Ambulance Service NHS Trust, Public Health etc.
31. Citizen and Carer representatives
 People who use services must be actively involved and engaged in the work of the Regional Partnership Boards and Boards should be able to demonstrate how they have engaged with citizens and carers at all levels including assessing need, strategic planning, service design and delivery. There will be at least one member of the board to represent the interests of people with needs for care and support and at least one member to represent the interests of carers. **It is recognised that these individuals cannot be expected to represent all people in need of care and support or all carers.** Therefore, they will need to work with both the Regional Partnership Board and the citizen's panel (or other relevant groups) to effectively inform the development and delivery of integrated services.
32. Third Sector and Care Provider representatives
 Similarly, the representatives for the third sector and care providers **cannot be expected to represent every organisation within their sector** but they will need to ensure the sector is effectively engaged and able to influence and be involved in the design and delivery of integrated services. There should be at least one representative of local third sector organisations and another representative of national third sector organisations.

33. Housing – Local Authority representative

We would expect the senior local authority housing representative to be **at Director level** to allow them to provide an informed overview on improving well-being outcomes in the context of integration and collaboration between health, housing and social care and meeting the care and support needs of service users. **They will represent other Directors of Housing** in the region and will be expected to connect with regional structures, relevant groups and networks in order to ensure a fully informed outlook. For example, the new Regional Collaborative Groups created under Housing Support Grant guidance will be an important mechanism to facilitate engagement and collaboration.

34. Housing – Registered Social Landlord

Representatives for registered social landlords **cannot be expected to represent every organisation within their sector** but they will need to ensure the sector is effectively engaged and able to influence and be involved in the design and delivery of accommodation led integrated services, as appropriate. Engagement mechanisms for these sectors should include the regional social value forums and Regional Collaborative Groups created under Housing Support Grant guidance.

35. Education

We would expect the senior local authority education representative to be at **Director level** to allow them to provide their perspective on improving the well-being outcomes of children with complex and/or care and support needs, those with emotional and behavioural difficulties, those who are looked after by the local authority or have been care experienced and those at the edge of care. **They will represent other Directors of Education in the region** and will be expected to connect with other regional and national structures such as the Association of Directors of Education in Wales (ADEW) to ensure a fully informed outlook. Education representatives should also utilise Regional Partnership Board sub-group arrangements and other relevant groups and networks to ensure they can inform and support the development of integrated services for children and young people.

36. The interests of equality and human rights, Regional Partnership Boards should reflect a diverse membership.

37. Children and young people

Local authorities are under a duty in line with Section 12 of the Children and Families (Wales) Measure 2010 to make such arrangements as they consider suitable to promote and facilitate the participation by children in decisions made by local authorities which might affect them.

38. Given the local authority is a constant partnership body subject to partnership arrangements, and a key member of the Regional Partnership Boards, the section 12 duty will also extend to the decisions made by the Regional Partnership Boards which affect children. Therefore Regional Partnership Boards **must** have due regard to section 12 of the Children and Families (Wales) Measure when making decisions which affect children and **must** actively promote and facilitate children and young people's participation.

39. Given the working links with Public Service Boards (under which partners, including local authorities and Local Health Boards, have a collective duty to promote and facilitate children and young people's participation) Regional Partnership Boards **must** follow the same principles set out in the statutory guidance for the Well-being of Future Generations (Wales) Act 2015 SPSF3 – collective role (Annexe B) and pay due regard to the principles of The United Nations Convention on the Rights of the Child

(UNCRC). The principles of the UNCRC can be summarised as:

- **Provision** (what services are available and do they meet the needs of the Children and Young Peoples population? What are the consequences of decision making?);
- **Participation** (how do you empower, enable and support children and young people to have their voices heard and taken seriously on matters which affect them? How do you then ensure children and young people are actively involved in the design and delivery of services?);
- **Protection** (putting in place structures and services which protect children and young people from harm, disadvantage and discrimination);

40. Linkages to other Strategic boards

There should be appropriate arrangements at a strategic level to engage with other boards and organisations as needed. This should include;

- Public Service Boards
- Regional Safeguarding Boards
- Supporting People Regional Collaborative Committees
- Mental Health Partnerships
- Violence Against Women, Domestic Abuse and Sexual Violence Regional Boards.

Regional Partnership Boards may wish to invite organisations or individuals to attend Board meetings or sub groups as appropriate. Engagement mechanisms for these sectors should include the regional social value forum. There will also be a need to foster engagement through existing networks or forums, or through the development of new networks or forums.

41. Regional Partnership Board sub-structures

Regional Partnership Boards **should** establish sub-groups for key areas, which report to the board.

It is important that these sub groups are clearly accountable to the Regional Partnership Board and that the board retains overall responsibility, oversight and accountability for the work delegated to any sub groups. As a minimum these sub group arrangements **should** include clear and distinct multi-agency planning structures to focus on the needs of children and young people in their region, more generally in terms of early help and prevention but also specifically those with complex needs including:

- Children with disabilities and/or illness
- Children who are care experienced
- Children who in need of care and support
- Children who are at risk of becoming looked after
- Children with emotional and behavioural needs.

Sub group arrangements **should** also include groups to focus on housing and accommodation led solutions to health and social care.

5. Reports

42. The Partnership Arrangements Regulations require Regional Partnership Boards to prepare a report on the extent to which the board's objectives have been achieved. This report must be submitted to Welsh Ministers by 30 June each year.
43. Report must be published and should include:
- Members of the Regional Partnership Board
 - Information on how the board has met its objectives, including relevant supporting management information (e.g. financial and other progress reports).
 - Details of the partnership arrangements in place to respond to the joint population assessment and priority areas, including any supporting groups or structures
 - How the board has engaged directly with service users and carers, or groups representing service users (e.g. citizen panels)
 - Information on how the partnership arrangements have contributed to improved outcomes and delivery of services to respond to the joint population assessment and priority areas (including information on how resources have been effectively utilised)
 - Information on the statutory provision used - e.g. Section 33 agreement (NHS (Wales) Act 2006), or informal arrangement underpinned by a written agreement
 - Information on how the work of the social value forum is helping to meet the requirement to promote the social value sector and how it is helping to ensure the Social Value Sector is engaged with and able to shape the work of the Regional Partnership Board.
44. The report should be produced in English and Welsh and there will be a need to translate into other languages if a reasonable request for translation is made. Similarly, there will be a need to translate into braille, easy read form etc. if a reasonable request for such translation is received.
45. Regional Partnership Boards should take account of separate Welsh Government guidance in relation to annual reports, eg :-



20180315- Annual Reports Guidance - Reports Guidance |

6. Information sharing

46. A partnership body (member organisation) must share information with any of the other partnership bodies (member organisations) within the Regional Partnership Board for the purposes of carrying out the functions being carried out by the partnership arrangement. However, this duty does not apply if this is incompatible with any of the body's other duties, including its duties under the General Data Protection Regulations 2018, the Data Protection Act 2018 and the Human Rights Act 1998.
47. Any personally identifiable information should be shared within the principles of the Wales Accord on the Sharing of Personal Information (WASPI). All Local Health Boards and local authorities in Wales are signatories to the WASPI Accord. A link to WASPI is included below:
48. <http://www.waspi.org/>
49. Regional Partnership Boards will need to ensure that information is shared and used effectively to improve the delivery of services, care and support. Use of technology and common systems should underpin this and the Regional Partnership Board will be expected to provide strategic leadership in this area.

7. Delegation of functions

50. A local authority may carry out any of the specified functions on behalf of any of the other partnership bodies taking part in the same partnership arrangement. A Local Health Board may carry out any of the specified local authority functions described in Table 1 of Schedule 1 to the Partnership Arrangements Regulations on behalf of any of the local authorities taking part in the same partnership arrangement.

8. Integrated Family Support Services

51. This section of the guidance relates to the functions and responsibilities of local authorities and Local Health Boards with regard to the provision of Integrated Family Support Services (IFSS), as required by the Partnership Arrangements Regulations. The aim of IFSS has, from the outset, been to work with parents and the extended family at an early stage before children become at risk of being taken into care. This is achieved by providing family-focussed services to enable parents to improve their parenting skills.
52. The Partnership Arrangements Regulations require partnership arrangements between local authorities and Local Health Boards to ensure the delivery of IFSS. The Regulations also require the establishment of integrated family support teams.
53. IFSS delivers family-focussed services to enable parents to achieve the necessary behaviour changes that will improve their capacity and capability as parents. The principle behind IFSS is that the extended family is engaged with the process.
54. The IFSS focuses services on children in need of care and support, including those in need of protection, and bridges child and adult services across local authorities and Local Health Boards with both bodies being accountable to make sufficient provision, either directly or through coordinated arrangements, to support children and adults referred to them.
55. Underpinning the service is a set of principles which require the IFSS to:
 - Strengthen the safeguarding and welfare of children through restorative action to better support parents
 - Improve the quality of service experienced by parents and children when they engage with professionals
 - Be family focussed and family centred, ensuring their voices are heard and interventions are aligned with the outcomes they want to achieve
 - Facilitate service change
 - Be a resource to existing services
 - Build trusting relationships
 - Deliver holistic and intensive evidence-based interventions
 - Provide a training resource to child and adult services on evidence-based interventions to engage complex families.
56. IFSS should embed the values of engagement and collaboration, which builds on the family and individual strengths. The voices of the children and parents must be heard and interventions focused on the outcomes they want to achieve.

Integrated Family Support Teams (IFST)

57. The Partnership Arrangements Regulations require the partnership bodies for each partnership arrangement to establish a team for the purpose of the exercise of family support functions. A team established under this regulation is to be known as an integrated family support team (IFST). The functions of an integrated family support team are to be carried out under the direction of the Regional Partnership Board.
58. An integrated family support team must contain staff with suitable skills and

experience, including at least one consultant social worker, social work qualified professional and registered health professional, having regard to the categories of cases/families which can be referred to it, and the need of professional staff for administrative support (see regulation 16(4)(a) and (b)).

59. The responsibility for establishing the IFST and assigning functions to the IFST is a joint responsibility of all the partnership bodies within the area covered by each Regional Partnership Board. However, each partnership body remains responsible for their relevant statutory functions.
60. IFSTs must be established for the areas covered by each of the Regional Partnership Boards. IFSTs must be multi-disciplinary and multi-agency.

Referrals to Integrated Family Support Teams: Regulation 18 (1)

61. The Regional Partnership Board must establish clear and transparent procedures for referring a family to an integrated family support team if it reasonably believes or suspects that:
 - a) a parent of a child in that family (or a prospective parent) (i) is dependent on alcohol or drugs, (ii) is a victim of domestic violence or abuse, (iii) has a history of violent or abusive behaviour, or (iv) has a mental disorder; and
 - b) as a consequence of one or more of these circumstances, the child is, or will be in need of care and support and either:
 - (i) the child will be unable to remain with the family if family support services are not provided,
 - (ii) where the child is looked after, the child will be unable to return to live with the family if family support services are not provided, or
 - (iii) the child is or will be at risk of abuse, neglect or other harm if family support services are not provided.
62. Local authorities and their Local Health Board partners are required to identify families where it can be demonstrated that the provision of the IFSS will have a direct benefit on a child's health and welfare. In the first instance its focus should be on:
 - Where the child is in need of protection and is on the child protection register and there has been neglect of the child's care or development
 - Where the family is at a point of crisis and where the children are likely to become looked after by the local authority
 - Where children are looked after by the local authority and without intervention will be unable to return home.
63. Local authorities must have a written policy outlining how they will conduct family reviews and systems for recording the review and its outcome. These must be aligned with the requirements in Part 3 and 4 of the Act relating to assessing and meeting need. Any plans arising from the reviews must be provided to the child's case worker and the adult service care coordinator. Copies must also be provided to the family.
64. The Regional Partnership Board will need to determine the most appropriate structures for ensuring the provision of IFSS. This could include the establishment of sub-boards which would have specific responsibility for IFSS, in addition to the requirement for the establishment of IFSTs.
65. When determining the operational/delivery structure for the IFSS, the Regional Partnership Board will also need to determine the referrals process. This will include

the requirement for a panel to determine the appropriateness and priority of the referral to the IFSS team. This will also include the identification of the lead member of the Board for IFSS (likely to be the Director of Social Services).

66. Regional Partnership Boards will need to:

- Ensure the establishment of IFSS teams (IFSTs) .
- Ensure the local authorities and Local Health Boards participating in the IFSS cooperate with the IFST in discharging their statutory functions.
- Ensure the IFSTs have sufficient resources to carry out their functions (this will include the specific resources available to the IFSTs, as well as commissioning cross-sector services where appropriate and should cover the requirements for an independent person to coordinate the review of the Family Plan).
- Ensure there is appropriate training of IFST members, as well as ensuring training for other related teams or individuals to share learning and good practice.
- Ensure disputes and complaints are appropriately handled and resolved.
- Ensure there is a report on the IFSS (as part of the overall report for the Regional Partnership Board). This will need to be formally approved by the Regional Partnership Board before being submitted to Welsh Ministers. It must also be published.

67. There is no intention to specify the number of people within the IFST multi agency – multi disciplinary team. The expenditure will need to be appropriate to provide for sufficient posts for the IFST to meet the needs of families in that area, including administrative support. The fund must be used to ensure equity of service provision across the region, in response to the needs identified.

9. Pooled funds and use of formal partnerships

68. The Partnership Arrangements Regulations provide that:

- Partnership bodies in each Regional Partnership Board area **must** establish and maintain a regional pooled fund in relation to care home places for older people, into which all the partnership bodies make contributions.

(‘Older people’ are defined as those aged 65 or over for this purpose; in line with the requirement of the Act local authorities must have due regard to the United Nations Principles for Older Persons during this process.)

Each partnership body **must** make a contribution each year which is commensurate with its anticipated annual expenditure on care home places for older people.

- Partnership bodies **must** establish and maintain pooled funds in relation to the exercise of family support functions.
- If partnership bodies decide to do things jointly in response to the population assessment, they **must** consider if it is appropriate to establish and maintain a pooled fund.

69. Regional partnership boards **must** adopt an integrated approach to the development of early intervention and preventative services. There is a specific requirement for pooled funds in relation to the Integrated Family Support Services. Local authorities have been allocated funding as part of a local settlement to enable Integrated Family Support Services to be established and to cover the health and social care costs of the service. This will form the basis of a formal partnership with a pooled fund.

70. Local Health Boards and local authorities **should** also consider any funding issued to Regional Partnership Boards from Welsh Government, such as the Integrated Care Fund and the Transformation Fund, as a form of pooled budget. Although this will not require a formal partnership agreement, the commitment of any expenditure under the Integrated Care Fund, or similar funding streams, should be the subject of a written agreement.

71. The ‘Partnership Arrangements Regulations’ as amended clarify that Regional Partnership Boards **must** establish a single regional pooled fund in relation to care home places for older people. They define older people as those aged 65 or over in order to align with existing reporting requirements for local authorities. This is a **minimum requirement** and we would continue to expect Regional Partnership Boards to consider pooling Funds in other areas where appropriate and to consider pooled Funds when doing things jointly in response to population assessments; and to establish pooled Funds in relation to joint commissioning. For example Local Health Boards and local authorities **should** consider developing pooled fund arrangements for Services such as long term domiciliary care, reablement services and residential care for children with complex needs.

72. Local Health Boards and local authorities **should** also, in relation to care homes:

- Undertake a population needs assessment and market analysis to include the needs of self funders.

- Agree an appropriate integrated regional market position statement and regional commissioning strategy. These will specify the outcomes required of care homes, including the range of services required. There should also be an agreement on the methods of commissioning (for example, some services may require a block contract, step up, step down intermediate care services, respite care, etc).
- Agree a common contract and specification.
- Agree common contract monitoring criteria and processes that include service user feedback.
- Develop an integrated approach to agreeing fees with providers.
- Develop an integrated approach to quality assurance.
- Adopt a transparent use of resources. Budgets must be aligned with overall expenditure identified, together with the financial commitments of both agencies to the commissioning of care homes. These arrangements will need to be subject to a written agreement.

73. It is **expected** that the same approach be adopted in relation to long term domiciliary care, reablement services, residential care for children with complex needs and other priority areas, where Regional Partnership Boards determine this to be appropriate. At the very least Welsh Government would **expect** to see regional market position statements and regional commissioning strategies for these key services.

The purpose is to ensure that Local Health Boards and local authorities work together to maximise their influence to shape the future development of services. This includes ensuring there is sufficient capacity and an appropriate range of good quality services to respond to the needs of people in their region. This **should** encompass both local authority placements and NHS funded placements (funded nursing care and continuing NHS healthcare). It **should** also encompass short term interim placements to facilitate transfers of care from hospital and choice of accommodation; intermediate care beds (step up / step down), long term placements, respite care and other services that partners wish to commission from care homes. In developing their integrated approach to commissioning, the partners will need to take account of the needs of people funding their own care.

74. Partners will retain statutory responsibility for their functions carried out under all pooled fund arrangements. This means that the partnership agreement **must** include the governance arrangements, including accountability, decision making and how the pooled budget arrangements will be managed. The general principles that should be considered include:
- Shared responsibility and accountability
 - Fairness
 - Transparency
 - Consistency
 - Value for money
75. Comprehensive monitoring arrangements must be put in place to provide relevant assurance to partners that their shared aims and objectives are being delivered.
76. The pooled budget can be hosted and managed by a statutory partner, or it can be hosted by a statutory partner and managed on their behalf by another organisation contracted to do so. The host will provide the financial administrative systems on behalf of the partners, but will not incur any additional liabilities, except those that relate to the management of the budget. Also any external auditor will expect the same level of internal control to apply to the pooled funds as apply to other parts of the

partner organisation. The auditor will also retain full right of access to the financial records and systems and expect a clear audit trail to be maintained for all financial transactions.

77. One of the advantages of the pooled fund will be that health and local authority staff identified in the agreement will be able to access and take decisions on the use of the resources in the pool, according to the process agreed locally between those staff and the pooled fund manager. There will need to be an agreed process to authorise identified staff to do this. There are no legal obstacles to health staff using pooled funds in the exercise of local authority functions, and vice versa. Also there is no limit to the number of partners.
78. Depending on the nature of the flexibilities to be used, the audit and accounting requirements will vary. It will be important to consider how to involve local external audit representatives in adding a value to the proposed agreement, including commenting on the audit and accounting implications of a local draft agreement.
79. It will be important for local authorities and Local Health Boards to identify which functions or services would improve the effectiveness of integration either by the direct payment by one partner to another, by contributing to a pooled fund or by the provision by one partner or the other of staff, goods, services, accommodation or other resources for the purpose of, or in connection with partnership arrangements.
80. Partnership bodies should take account of the pooled funds toolkit produced by the Association of Directors of Social Services Cymru in July 2019.

10. Governance - Written Agreements

81. Regional Partnership Boards will be expected to develop written agreements concerning any formal partnership arrangements which involve a delegation of functions. Local Health Boards and local authorities should also complete a signed agreement which sets out the key terms which accord with statutory requirements. Supporting activity should take place alongside the drafting of an agreement to ensure that it is deliverable day-to-day through the host's corporate framework for service and finance. Partners should also be clear on the scope of any governance arrangements.
82. The partnership arrangements can include pooled funds and the delegation of functions i.e. lead commissioning and integrated provision. In these circumstances, where partnerships are generally created as a means to streamline the delivery of services, it is essential that the terms of the partnership are clearly identified in a written agreement. It may also be helpful to draw the distinction between formal partnership arrangements and less formal arrangements.
83. Formal partnership arrangements have been used to describe formal arrangements involving a delegation of functions from one partner to another involving the NHS and local authorities. Formal arrangements can also be used to describe the use of pooled funds such as those under the Children Act 2004. Even where partnership arrangements are in early stages of development, or there are more informal arrangements in place, there is no reason why they cannot be underpinned by a written agreement.
84. The range of functions that can be included in a partnership arrangement are set out in the Partnership Arrangements Regulations. There are, however, some exclusions. The local authority areas not covered by the flexibilities afforded under the legislation include adoption panels, inspection of children's homes and duties under the Care Standards Act 2000. In relation to health, the exclusions include surgery, radiotherapy, endoscopies, termination of pregnancies, other invasive procedures and emergency ambulance services.
85. Once there is agreement on what is required, partners should determine how best to accomplish the outcomes identified. This might mean changing the way services are delivered and designing new single models for delivery of services. It might also mean inclusion of:
 - Service improvement objectives e.g. effective mechanisms that can be implemented and evidenced in order to confirm links with other services, and which ensure that the needs of the individual service user are met during the transition between services;
 - Objectives to develop and improve quality and standards for service e.g. where relevant clinical and practice policies from the partner organisations could be harmonised. This might generate new process design for assessment and delivery of care;
 - Human resources objectives e.g. to address the need for team development and which support recruitment, retention, staff training etc.
 - Business objectives e.g. specific targets around activity, finance, identified risk or future change.