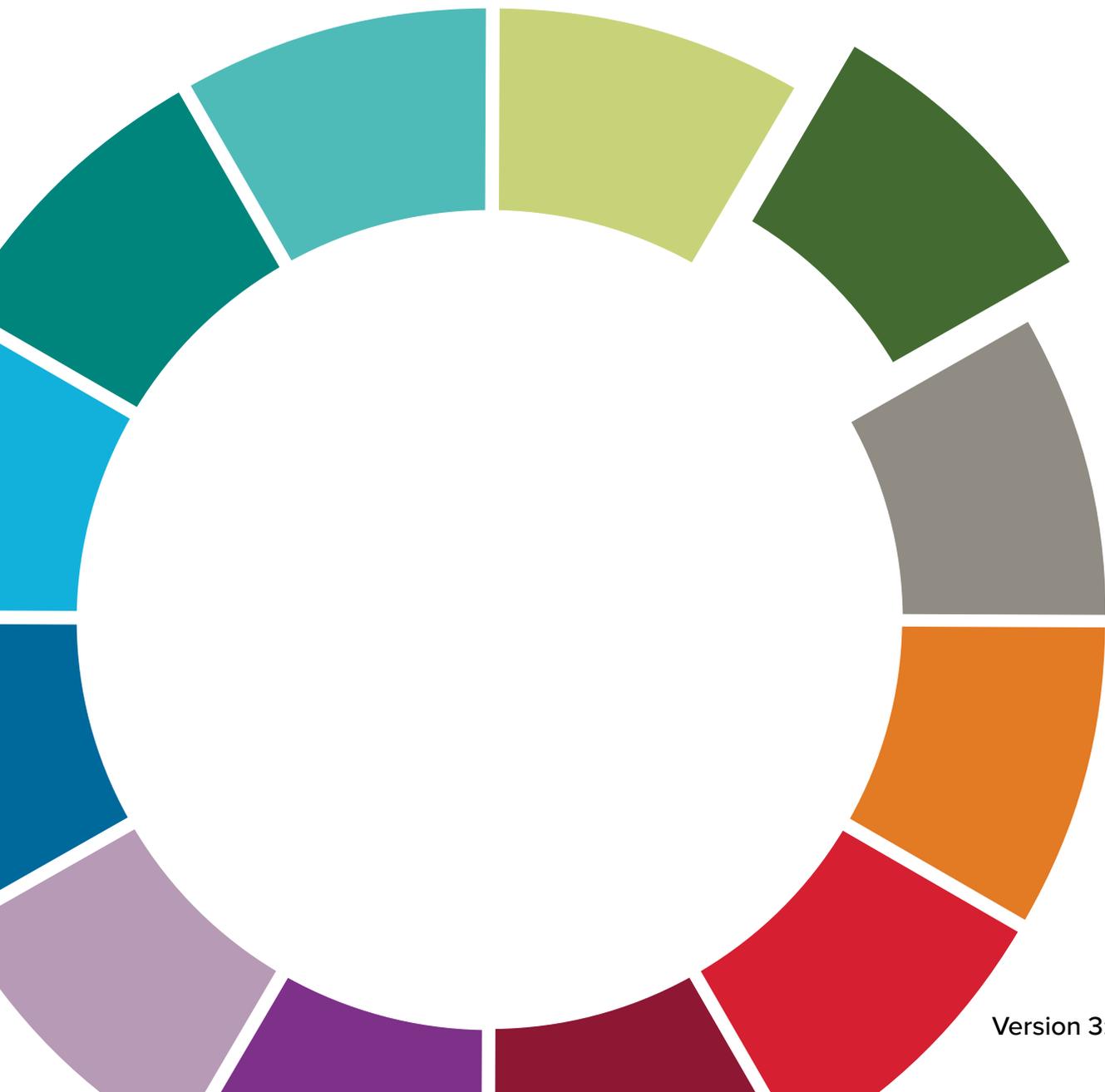




Llywodraeth Cymru  
Welsh Government

# 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 3 of the Statutory Guidance on Partnership Arrangements in relation to part 9 replaces version 2.

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## Glossary of terms and abbreviations

2014 Act	The Social Services and Well-being (Wales) Act 2014
Carer	<p>In this Statutory Guidance, a person is a carer if they come within the definition of ‘carer’ in section 3 of the 2014 Act.</p> <p>A carer is typically a family member or friend who provides unpaid care for an adult or disabled child usually in their own home. For policy purposes the Welsh Government prefers the term ‘unpaid carer’, to distinguish them from paid care workers. It is important to note that, for the purposes of the 2014 Act, a person is <b>not</b> a carer if they provide care under or by virtue of a contract, or as voluntary work.</p> <p>It should also be noted, however, that under section 3(8) of the 2014 Act, a local authority has the discretion to treat a person as a carer for the purposes of any of its functions under the Act if the authority considers that the relationship between the person providing (or intending to provide) care and the person for whom that care is (or is to be) provided is such that it would be appropriate for the former to be treated as a carer for the purposes of that function or those functions.</p>
Clusters (pan-cluster / Pan Cluster Development Groups)	<p>Sometimes referred to as ‘primary care clusters’, a cluster brings together all local services involved in health and care across a geographical area, typically serving a population between 25,000 and 100,000. Clusters aim to promote joint working across GP practices, pharmacies, dental practices and optometrists, and the integration of primary care services with key partners such as the Welsh Ambulance Service University National Health Service Trust, local authorities and the Third Sector.</p> <p>The term ‘pan-cluster’ (or ‘pan-cluster level’) refers to the bringing together of clusters on a local authority footprint.</p> <p>Pan-Cluster Planning Groups (PCPGs) are the mechanisms by which representatives of clusters come together at a local authority level to collaborate with local authority and health board representatives, public health experts, planners and representatives of those services for which Professional Collaboratives are not appropriate – for example, services which should only be planned at local authority, regional or even national level.</p>
Commissioning and Joint Commissioning	<p><b>Commissioning</b> is undertaken to ensure that care and support is assessed for, planned, and organised to best meet people’s care and support needs and this includes early intervention and prevention services.</p> <p>It involves understanding individual and population need, stability and sufficiency of care markets and providers, and availability of local resources (including funding, workforce and the range of community assets) thus enabling commissioners to understand local communities and needs might well differ</p>

	<p>depending on need and local assets. It also involves a knowledge of evidence-based models of care that offer public value. Using this combined knowledge and understanding, commissioners develop relationships and arrangements across a whole system, to plan, implement and review interventions that meet people's need for care and support.</p> <p>Commissioning requires a whole system perspective and the ability to nurture and facilitate a range of collaborative and co-productive relationships:</p> <p><b>Joint commissioning</b> is when commissioners, at local, regional or national levels, are collaborating to bring together or integrate health and social care services, including through pooled budget arrangements, and where they share the responsibility, costs and risks for planning and delivering better care and support outcomes for local populations. Commissioners will agree between them which organisation will lead on behalf of the other(s).</p>
Health boards	The seven Local Health Boards (or LHBs). The area covered by a health board is coterminous with one or more local authorities. The health board 'footprint' is used as the basis for the seven Regional Partnership Boards.
IFSTs	Integrated Family Support Teams. See Chapter 9 of this Statutory Guidance.
IMTPs	Integrated Medium Term Plans, which health boards are required to produce every three years. They set out how resources will be used to address areas of population health need and improve health outcomes.
<b>'Must / must not'</b> <i>Also 'may' / should / should not'</i>	In this Statutory Guidance, ' <b>must</b> ' means a requirement which the partnership bodies (local authorities and health boards) or the Regional Partnership Boards (RPBs) must act in accordance with. Guidelines are expressed as ' <b>may</b> ', ' <b>should</b> ' or ' <b>should not</b> ', and although not mandatory should be adhered to wherever possible.
Partnership Arrangements Regulations	The Partnership Arrangements (Wales) Regulations 2015 (as amended).
Partnership bodies	The health board and local authorities in a region which are required to set up partnership arrangements under Part 9 of the 2014 Act.
RIF	Regional Integration Fund, a five year fund (2022-27) set up by the Welsh Government to enable the partnership bodies to deliver on the development of six national integrated models of care.
Regional Partnership Boards / RPBs	Regional Partnership Boards, established by the partnership bodies across Wales. The seven RPBs are listed on page 15 of this Statutory Guidance.

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# 1. Introduction - A duty to co-operate

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1. Part 9 of the Social Services and Well-being (Wales) Act 2014 ('the 2014 Act') requires local authorities to make arrangements to promote co-operation with their relevant partners and others, in relation to adults, children and carers with needs for care and support. It places a duty on relevant partners to co-operate with and provide information to local authorities for the purpose of their social services functions.
2. Part 9 of the 2014 Act also provides for partnership arrangements between local authorities and health boards ('the partnership bodies') for the discharge of their functions. It also provides the 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 2014 Act as a whole.
3. The key purpose of Part 9 is to ensure the partnership bodies work effectively together, and with other relevant regional partners, to improve the health and well-being outcomes of people, as well as improving the efficiency and effectiveness of integrated service delivery.
4. The key aims of co-operation, partnership and integration can be described as follows:
  - to improve care and support, ensuring people have more say and control
  - to improve well-being outcomes
  - to provide co-ordinated, seamless and person-centred care and support within integrated models of care
  - to make more effective use of resources, skills, and expertise through integrated working.
5. Individuals, their families and carers often require care or support from more than one professional or organisation. Where this is the case, the care and support should be co-ordinated and delivered to meet their specific needs, ensuring a seamless and holistic service experience. In relation to people needing care and support, this should mean:
  - My care is planned by me, with people working together, to understand me, my family and carers (and our needs), with my best interests central, giving me voice, influence & control, bringing together services and support networks that will achieve the outcomes important to me.
6. This Statutory Guidance: Partnership Arrangements is issued under section 169 of the 2014 Act. The partnership bodies **must** have regard to this guidance in relation to the partnership arrangements which are required under section 166 of the 2014 Act. This guidance also applies to the partnership boards which the partnership bodies are required to set up in respect of those partnership

arrangements, and any team or person carrying out partnership arrangements in accordance with the Partnership Arrangement Regulations (1). This guidance also covers section 167 (resources for partnership arrangements) and section 168 (partnership boards) of the 2014 Act.

7. Regional Partnership Boards ('RPBs') are intended to provide the appropriate forum and environment to enable health, social care and wellbeing partners to come together and share information and resources in order to develop integrated approaches to planning, commissioning and organising community health, care and well-being services for their population.
8. This statutory guidance will not define details around how the partnership bodies or RPBs **should** tailor their approach to manage partnership business and meet regional priorities. This will need to be designed and agreed between the partnership bodies and the other partners that sit on the RPB. However it does outline a set of minimum standards and principles that the partnership bodies and RPBs **must** adhere to.
9. The partnership bodies and RPBs **must** act in accordance with the requirements contained in this Statutory guidance. In this document a requirement is expressed as '**must**' or '**must not**', and guidelines are expressed as '**may**' or '**should / should not.**'
10. This Statutory guidance takes account of amendments to the Partnership Arrangements Regulations made via the Partnership Arrangements (Miscellaneous Amendments) (Wales) Regulations 2024.

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<sup>1</sup> The Partnership Arrangements Regulations provide for Integrated Family Support Teams (IFSTs) (Regulation 16). The requirements around IFSTs can be found in Chapter 9 of this Statutory Guidance.

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## 2. Legislative Background

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11. Section 33 of the National Health Service (Wales) Act 2006 ('the 2006 Act') enables local authorities and health boards to develop formal partnerships and to delegate the exercise of functions from one body to the other. The 2006 Act enables a local authority to delegate the exercise of certain specified functions to the health board, or for the health board to delegate the exercise of certain specified functions to the local authority. It also provides for the development of integrated care and support services, integrated (or joint) commissioning, and arrangements for pooled funds to enable integrated service delivery.
12. The duty to co-operate under Part 9 of the 2014 Act lies **equally** on local authorities **and** health boards. The duty indicates ways in which those bodies can be held to account in relation to exercising their functions, for example through external review by Care Inspectorate Wales or Healthcare Inspectorate Wales and through the submission of annual reports to the Welsh Ministers.
13. The Children Act 2004 enabled the development of pooled funds but these are quite different to the pooled fund arrangements in the 2006 Act. The Children Act 2004 enables a wider range of 'relevant partners' to contribute to the pooled fund but does not allow for the delegation of the exercise of functions between partners – i.e. it does not make provision for one partner to exercise 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 2014 Act makes similar provision for the funding of services for adults and carers, and like the Children Act 2004, it can involve contributions from a wider range of partners but does not provide for the delegation of the exercise of functions between partners.
14. The National Health Service Bodies and Local Authorities Partnership Arrangements (Wales) Regulations 2000 make provision about the establishment and operation of formal partnerships involving local authorities and health boards (2).
15. The Local Authorities Partnership Arrangements (Wales) Regulations 2000 are consistent with those that are used for the purposes of undertaking the population needs assessment under section 14 of the 2014 Act. Section 14 requires local authorities and the respective health board to jointly undertake an assessment of the needs of the local population for care and support, support

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<sup>2</sup> S.I. 2000/2993 (W.193). The 2000 Regulations were made under the NHS Act 1977 but are treated as though made under the 2006 Act in accordance with the Interpretation Act 1978.

for carers and preventative services. It also requires an assessment of the range and level of services which are required to meet these needs.

16. A number of advice notes were provided to support the development of formal partnerships and pooled funds under the 2006 Act and the Children Act 2004. These advice notes were updated further in July 2019 when the Association of Directors for Social Services Cymru (ADSSC) developed a toolkit to support partners to progress pooled funds: [Link to advice note 1 – An introduction to integration on the ADSSC website.](#)
17. This Chapter **must** be read in conjunction with:
  - The Social Services and Well-being (Wales) Act 2014
  - The Social Services and Well-being (Wales) Act 2014 (Social Enterprise, Co-operative and Third Sector) (Wales) Regulations 2015
  - The Care & Support (Population Assessments) (Wales) Regulations 2015
  - The Partnership Arrangements (Wales) Regulations 2015
  - Partnership Arrangements and Population Assessments (Miscellaneous Amendments) (Wales) Regulations 2019
  - The Partnership Arrangements (Amendment) and Regulated Services (Market Stability Reports) (Wales) Regulations 2021
  - The Partnership Arrangements (Miscellaneous Amendments) (Wales) Regulations 2024
  - The Partnership Arrangements (Miscellaneous Amendments etc.) (Wales) Regulations 2024
  - The Partnership Arrangements (Wales) (Amendment) Regulations 2025
  - The Code of Practice on Market Stability Reports (2021)
  - The Part 2 Code of Practice (General Functions) (2024 version)
  - The Part 10 Code of Practice in relation to Advocacy (2019)
  - The National Framework for the Commissioning of Care and Support in Wales: Code of Practice (2024).

## 3. Policy Context

### A Healthier Wales

18. *A Healthier Wales* (2018) positions the Part 9 regional partnership arrangements and the Regional Partnership Boards as key drivers of integration at a regional level, able to pool resources and expertise to deliver seamless, preventive models of care (3).
19. The aims and ambitions of *A Healthier Wales* build on the principles and intentions of the 2014 Act and are consistent with this Statutory guidance.
20. *A Healthier Wales* sets out the Welsh Government's ambition for transforming the health and social care system to move away from acute hospital-based care towards community-level health, well-being and prevention. This is illustrated in figure 1 below.



Figure 1 Hospital and care-based treatment goals, A Healthier Wales

21. *A Healthier Wales* also seeks to encourage the sharing of learning and good practice between health and social care organisations so that the health and social care system in Wales can evolve and be transformed by building on local good practice to facilitate regional adoption and ultimately establish national models of care.

<sup>3</sup> [Link to policy document A Healthier Wales on the Welsh Government website.](#)

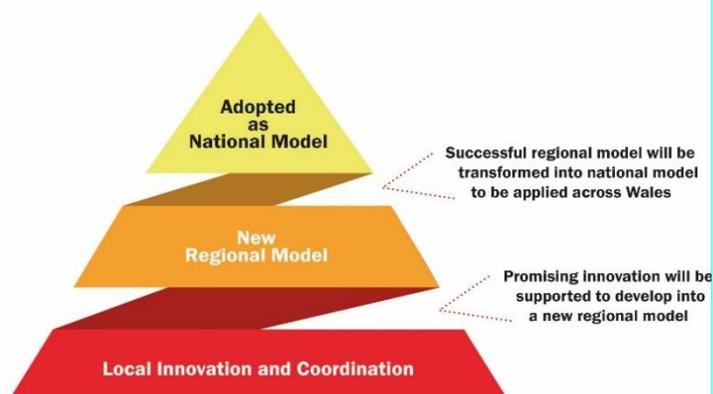


Figure 2 Moving to an Integrated Community Care System for Wales

22. In line with the ambitions set in *A Healthier Wales*, a blueprint for developing an Integrated Community Care System (ICCS) for Wales has been developed. This blueprint will act as a route map for partnership bodies to ensure that health and social care services in the community are integrated to meet the health, care and well-being needs of the priority population groups. It also sets out the key system enablers (see point 34) that will be essential to support integrated service delivery. At its centre, the blueprint has an integrated, preventative, and person-centred care and support approach. As the ICCS evolves there will be a set of person-centred standards which focus on what people should expect from integrated services and what the workforce, organisations and sectors will do to meet people's care and support needs.
23. A key principle of the Integrated Community Care System is that people should be able to recognise and access integrated models of community care, wherever they are in Wales, that provide:
- community based prevention and community co-ordination
  - complex care closer to home
  - promote good emotional health and well-being
  - supporting families to stay together safely, and offer therapeutic support for care-experienced children
  - support safe and effective home from hospital services
  - a range of accommodation-based solutions.
24. Partnership bodies will make effective use of the regional partnership board arrangements to understand the effectiveness of their existing models of commissioning and service delivery, consider research, evidence and good practice from other parts of Wales and beyond, and adopt whole regional models of integrated service delivery, aligned to national standards and principles.
25. One of the key drivers to promote integration across health and social care and build national models of care is the Health and Social Care Regional Integration Fund (RIF). The central tenet of the RIF is to develop and embed six national integrated models of care which provide care and support to the priority population groups outlined in paragraphs 172 to 173 of this statutory guidance.
26. *A Healthier Wales* contained a key action that primary care clusters continue to develop models of seamless local partnership working, working closely with the

partnership bodies to promote transformational ways of working which are adopted across Wales. Chapter 6 of this Statutory guidance sets out how the partnership bodies should align their work with the partnership arrangements set out under the Strategic Primary Care Programme. Further information on this programme can be found at: [Strategic Programme - Primary Care One \(nhs.wales\)](https://www.nhs.uk/strategic-programme-primary-care-one).

## Defining integration

27. Integration means that health and social care services work together holistically and seamlessly to acknowledge, respond to and meet the health, well-being, care and support needs of people and communities.
28. This is achieved through having health, social care and well-being services that are jointly planned/commissioned, organised, and delivered across sectors and organisational boundaries.
29. RPBs are intended to provide the appropriate forum and environment to enable the partnership bodies to come together with other relevant partners to share information and resources in order to develop integrated approaches to planning, commissioning and organising community health, care and well-being services for their population.
30. While it is the ambition in Wales to increasingly move towards an integrated health and social care offer for services users, at present the health and social care systems remain legislatively and structurally distinct. Working within this structural context the partnership bodies will need to make effective use of the forum offered by the RPBs to co-operate effectively to plan and develop an integrated health and social care offer for people in their region.
31. It is recognised that within the existing legislative and structural landscape there exists a spectrum of service co-ordination which the partnership bodies must consider and progress along with the ambition towards the aim of providing the seamless and integrated health and social care for the people of Wales that is expressed in *A Healthier Wales*. The partnership bodies **should** continue to evolve their health and social care service delivery in the community so that it becomes increasingly seamless and integrated in nature. Acknowledging the constraints posed by a health and social care system that is legislatively and structural distinct, the partnership bodies will need to consider the most appropriate and achievable level of co-ordination for various components of service delivery. To illustrate that there are steps towards this, with full integration being the most complete solution, service delivery between health and social care could be:
  - aligned – services that are not directly connected with each other but are aware of and complement each other
  - joined up – complementary but separate services that are planned and co-ordinated with interconnecting referral pathways to ensure ease of access
  - seamless – interconnected services that are planned and co-ordinated with a single point of contact/referral, offering a seamless care and support pathway for people, delivered by separate but well-connected health and social care teams

- integrated – a single integrated health and social care service with a single point of contact/referral offering a single holistic health and social care pathway, which is delivered by an integrated health and care team.
32. In order to realise the benefits of an integrated health and social care offer, the partnership bodies **should** work together with other regional partners represented on the RPB to:
- situate people at the centre of the co-design and delivery of integrated care and support services
  - improve well-being outcomes through integrated service delivery
  - improve the quality-of-service delivery and service user experience through integrated mechanisms and resources
  - address health and social care inequalities, especially across the priority population groups, through integrated working
  - improve service and system efficiency through integrated mechanisms and resources.
33. In relation to planning and commissioning, the partnership bodies and RPBs will need to consider system integration at three levels:
- **macro**: organisational/strategic and system focused integration across health and social care
  - **meso**: service and workforce level integration; seen as a single entity from the service user and carer perspective
  - **micro**: delivery of integrated care and support for individual service users and carers. Integrated System Enablers
34. A range of key system enablers need to be in place to support delivery of the proposed integrated models of community care. Work is needed at national, regional and local levels to ensure these system enablers are fully aligned and able to support the ambition of an ICCS for Wales and are set out below:
- a. Outcomes and Measures – establishing shared outcomes and measures that are agreed upon by health, care and housing providers that focus on what matters to people, ensuring accountability and continuous improvement.
  - b. Workforce – developing a skilled and resilient workforce that is equipped to work in an integrated way, providing high-quality care in the community.
  - c. Digital Information Systems - implementing digital information systems that allow for seamless information sharing between organisations, with the goal of creating a shared care record.
  - d. Shared Resources and Facilities – pooling budgets and resources, creating integrated service hubs, and maximising the collective resources available across the public and community sectors to provide efficient and effective care.
  - e. Governance and Accountability – ensuring robust governance structures and accountability mechanisms are in place to support the

effective operation of the integrated care system, including integrated inspection systems.

- f. Integrated Assessment and Care Pathways – developing seamless care pathways that help people navigate through the available models of care, ensuring that individuals receive the right support in the right place at the right time.
  - g. Leadership and Culture – promoting a culture of collaboration and integration within the health and social care system, empowering leaders to drive change and innovation.
  - h. Technology and Innovation – leveraging technology and innovation, including technology-enabled care and artificial intelligence, to enhance care delivery and support individuals to stay well at home.
  - i. Planning and Commissioning – ensuring that health and social care partners work together to effectively plan and commission the services needed for their localities, based on a thorough understanding of community needs.
  - j. Accommodation Based Solutions – ensuring we invest in developing and/or adapting homes that will enable people to live independently for as long as possible.
35. Children, young people, adults, carers, their families and communities are rich assets and have skills, expertise and capabilities. They are at the centre of the legal framework established by the 2014 Act. Working co-productively with people will be key to delivering well-being and unlocking the potential for creativity which will make better and more effective use of all of the available resources.

### **Definition of well-being**

36. Section 2 of Part 1 of the 2014 Act provides a clear definition of well-being that applies to:
- people who need care and support
  - carers who need support.
37. Reference to well-being in the 2014 Act means the well-being of a person who needs care and support and of carers who need support in relation to any of the following aspects:
- physical and mental health and emotional well-being
  - protection from abuse and neglect
  - education, training and recreation
  - domestic, family and personal relationships
  - contribution made to society
  - securing rights and entitlements
  - social and economic well-being
  - suitability of living accommodation.

38. In relation to a child, well-being also includes:
- physical, intellectual, emotional, social and behavioural development
  - 'welfare' as that word is interpreted for the purposes of the Children Act 1989.
39. In relation to an adult, well-being also includes:
- control over day-to-day life
  - participation in work.
40. Section 5 of the 2014 Act requires any person exercising functions under the 2014 Act to seek to promote the well-being of people who need care and support, and carers who need support. This overarching duty to seek to promote well-being applies to all persons and bodies exercising functions under the 2014 Act, including the Welsh Ministers and the partnership bodies.
41. Public Service Boards, as prescribed under the Well-being of Future Generations (Wales) Act 2015, have the broader responsibility to secure the correct environment and conditions to improve well-being for the whole population by focusing on the following seven well-being goals:
- a prosperous Wales
  - a resilient Wales
  - a healthier Wales
  - a more equal Wales
  - a Wales of cohesive communities
  - a Wales of vibrant culture and thriving Welsh language
  - a globally responsible Wales.
42. Regional Partnership Boards have a specific focus on planning the delivery of integrated health and social care, which in turn will promote better well-being. RPBs **should** make regular contact with the Public Service Boards to ensure their well-being priorities are aligned.

## 4. Regional Partnership Boards

43. Part 9 of the 2014 Act allows the Welsh Ministers to make regulations about partnership arrangements between local authorities and health boards (the partnership bodies). These arrangements are set out in the Partnership Arrangements Regulations, which established Regional Partnership Boards. The functions to be carried out in accordance with the partnership arrangements are the functions described in Schedule 1 to the Partnership Arrangements Regulations.
44. The Partnership Arrangements Regulations require partnership arrangements to be made by the partnership bodies in each health board area, under the direction of a Regional Partnership Board. RPBs have a key role to play in bringing the partnership bodies together with other stakeholders to determine where the integrated provision of services, care and support will be most beneficial to people within their region. RPBs will also play a vital role in the oversight and governance of partnership arrangements.
45. The following Regional Partnership Boards have been established:
- **Cardiff and Vale**  
Cardiff and Vale University Health Board, Cardiff City and County Council and the Vale of Glamorgan Council
  - **Cwm Taf Morgannwg**  
Cwm Taf Morgannwg University Health Board, Rhondda Cynon Taf County Borough Council, Merthyr Tydfil County Borough Council and Bridgend County Borough Council
  - **Gwent**  
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**  
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
  - **Powys**  
Powys Teaching Health Board and Powys County Council.
  - **West Glamorgan**  
Swansea Bay University Health Board, Swansea City and County Council and Neath Port Talbot County Borough Council
  - **West Wales**  
Hywel Dda University Health Board, Pembrokeshire County Council, Carmarthenshire County Council and Ceredigion County Council.
46. RPBs **should** publish a full list of member organisations on their websites.

## Objectives and functions

47. Regulation 10 of the Partnership Arrangements Regulations sets out the objectives of a Regional Partnership Board. The objectives are:
- ensuring that the partnership bodies work effectively together to respond to the population needs assessment
  - ensuring that the partnership bodies work effectively together to implement the joint area plan
  - ensuring that the partnership bodies work effectively together to respond to the market stability report prepared in accordance with section 144B of the Act
  - ensuring the partnership bodies work effectively together to promote social enterprises, co-operatives, user-led services and the third sector (in accordance with a local authority's duty under section 16 of the 2014 Act) when responding to a market stability report and implementing their joint area plans
  - ensuring the partnership bodies promote and facilitate the participation of children under the age of 18 in relation to decisions which affect them that are made in the exercise of the partnership arrangements (in accordance with a local authority's duty under section 12 of the Children and Families (Wales) Measure 2010)
  - ensuring the partnership bodies work effectively together to promote the development of integrated health and social services arrangements
  - ensuring the partnership bodies provide sufficient resources for the partnership arrangements
  - promoting the establishment of pooled funds where appropriate
  - working with the Citizen Voice Body (Llais) to promote the involvement of people who need care and support and carers in the work of the regional arrangements.
48. In pursuit of the above objectives, Regional Partnership Boards will perform the following key functions:
- integrated strategic planning, ensuring that the partnership bodies work together to produce their population needs assessments, market stability reports and joint area plans
  - integrated operational planning where a joint health and social care response is needed – for example, developing integrated seasonal pressure plans, implementing national models of integrated care, and developing joint commissioning strategies and plans
  - creating the right conditions to support effective integration and seamless service delivery
  - overseeing the strategic investment and administration of Welsh Government resources allocated to the partnership bodies.
  - helping to ensure that those who need care and support or preventative services, and carers, are fully involved in designing and delivering those services, in line with the principles of the 2014 Act – particularly co-production, voice and control
  - producing an annual report on progress made throughout the year against key priorities and milestones

- facilitating the development of a balanced social care market by promoting greater provision of care and support and preventative services by social enterprises, co-operatives and the third sector
  - using reflections from the annual report to develop an annual plan setting out objectives and priorities for the coming year
  - facilitating the joint commissioning of integrated health and care services, and making effective use of pooled resources to bring staff, goods and services together
  - strategically planning the development of local community infrastructure by developing and implementing a 10 year strategic capital plan that will support delivery of the area plan.
49. RPBs **should** recognise that there are other interfaces between their functions and other key areas such as the planning and delivery of emergency care, integrated secondary care and unscheduled/planned care solutions.
50. RPBs are **not** responsible for the production, planning or development of core work undertaken by the partnership bodies, such as statutory local authority or health board plans. Those responsibilities lie with the appropriate bodies although the partnership bodies **may** consult or engage with the RPB in their production as an interested body.

## Membership

51. The composition of RPBs reflects the multi-sector nature of the partnership. As well as representatives from the partnership bodies and other public bodies, RPBs also include members who are ordinary citizens (service users and carers) and those who represent third sector organisations or care and housing providers.
52. Many member organisations will operate across footprints that are not necessarily aligned to that of the RPB. They will also have varying portfolios – local authorities for example are responsible for policies beyond social care and include housing and education. Nevertheless, there must be a balance between establishing a pragmatic number of RPB members and achieving the fullest representation possible.
53. It is important to remember that all members of the RPB, including co-opted members, are equal partners when it comes to the decisions taken around the RPB table. (However, this does not apply to independent observer members, as explained in paragraph 58 of this Statutory guidance.) Given the wide range of participants, the RPB should be very clear about why certain matters are being brought before it, the action to take and the type of decision they are being expected to make, ensuring that this is within the RPB's remit and competence.
54. Regulation 11 of the Partnership Arrangements Regulations sets out the membership of Regional Partnership Boards. These are listed below.
55. Membership **must** include:
- Local authorities**
- at least one elected member (councillor) of a local authority which established the RPB

- the person appointed as director of social services under section 144 of the 2014 Act in respect of each local authority which established the RPB, or their nominated representative (4)
- 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 RPB
- at least one senior local authority officer who has responsibility for education in of the areas covered by the RPB

#### **Health boards**

- at least one member of the health board which established the RPB (this should be a non-executive member)
- at least one representative of the health board which established the RPB (this should be an executive director) (5)

#### **Third sector**

- at least two persons who represent the interests of third sector organisations in the area covered by the RPB
- at least one person to represent the County Voluntary Councils in the area covered by the RPB

#### **Care providers**

- at least one person who represents the interests of care providers in the area covered by the RPB
- at least one person who represents the interests of registered social landlords for the area covered by the RPB
- at least one person who represents the interests of primary care providers for the area covered by the RPB

#### **Citizens**

- at least one person who represents the interests of people with needs for care and support in the area covered by the RPB
- at least one person to represent the interests of carers in the area covered by the RPB.

#### **Other**

- a representative of the Welsh Ambulance Service University National Health Service Trust.
- at least one person to represent the interests of workers who provide health or social care services in the area covered by the regional partnership RPB

56. RPBs **may** co-opt such other persons as members as it thinks appropriate. The Partnership Arrangements Regulations refer to the minimum membership of RPBs, but the number of representatives and range of people involved is a matter for local determination.
57. People who could be considered for co-option as members include representatives from the fire service, police, and public health.

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(4) The Director of Social Services should also be the 'responsible person' for their respective local authority – see paragraphs 201 to 203 of this Statutory Guidance.

(5) This member **should** also be the 'responsible person' for the health board – see paragraphs 201 to 203 of this Statutory Guidance.

## Independent observers

58. The Partnership Arrangements Regulations provide for RPBs to invite organisations to become independent observer members, as they consider appropriate. These independent observer members **should not** take part in the formal decision-making processes of the RPB or have a vote. They **should**, however, be able to comment upon and take part in discussions around the RPB table.

## Citizen Voice Body

59. The Partnership Arrangements Regulations require RPBs to work with the Citizen Voice Body (known as Llais) to promote the involvement of people who need care and support and carers in the work of the regional partnership. Llais represents the voices and opinions of people in Wales in respect of health and social care services. It is independent of government, the NHS and local authorities, but works with them to support continuous improvement of person-centred services. RPBs **must** work with Llais to promote service user and carer participation and co-production in the work of the regional partnership.
60. The RPBs **must** invite a member of Llais to become an independent observer on the RPB. Independent observer status will help facilitate the development of the relationship between Llais and the RPB.

## Creating the right environment

61. The composition of RPBs has been designed to reflect the scope and functions of the regional partnership, and to ensure that strategic plans and commissioning arrangements are informed by the insights and experiences of services users and carers, service providers, the third sector and the statutory bodies. Each member of the RPB, can bring specific knowledge and insights, informing and shaping the strategic planning process through their particular perspective. All members of the RPB are a representative voice for their organisation or sector and have a key role in promoting collaboration.
62. The RPB **should** seek to achieve a diverse membership in line with the inclusive spirit of partnership working and support the principle of person-centred services.
63. Bringing together strategic planners, service providers and citizens on the RPB creates a unique dynamic which at times can be challenging, as members bring their different experiences, language and competing priorities to the table. It is the responsibility of all members of the RPB to ensure that all members are enabled to make a full and equal contribution to the RPB's work, and to create a culture of respect and inclusion.
64. It is essential that citizens are placed front and centre within the RPB's considerations. It is particularly important that, as full members of the RPB, service users and carers are enabled to understand and contribute across the whole range of issues considered by the RPB.
65. Members who work for the partnership bodies or other public bodies should understand and fully appreciate the role and potential contribution of the wider membership of the RPB, and the added value they bring to the work of the

RPB and the wider partnership.

66. Figure 3 illustrates how the membership can bring multiple perspectives together, recognising that members can often bring more than one perspective at a time.

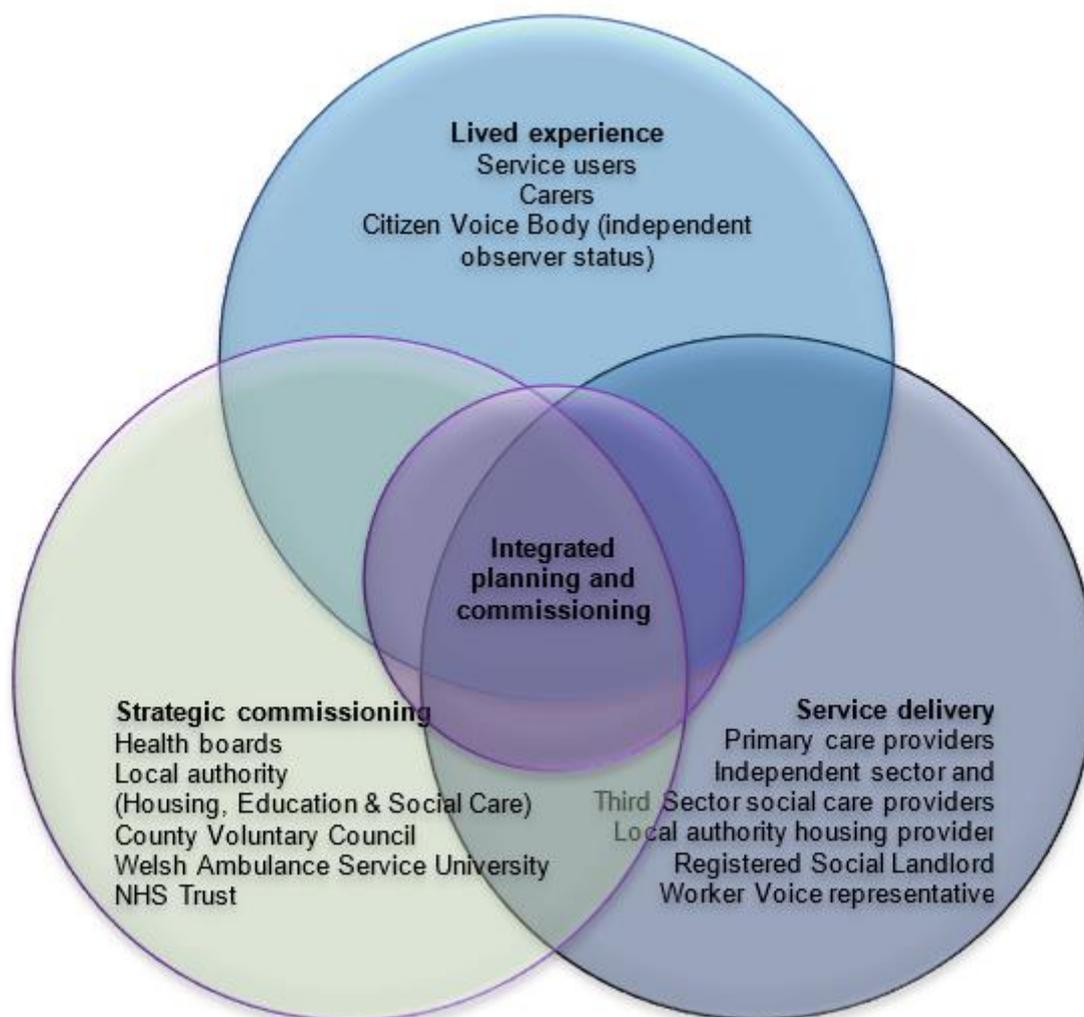


Figure 3 The Three Components of a Regional Partnership Board and membership

### Lived experience partners

67. The partnership bodies **must** actively involve citizens in their work and be able to demonstrate how they have engaged with service users and carers at all levels including assessing need, strategic planning, service design and delivery. The partnership bodies **must** put in place clear mechanisms for engagement and participation, including mechanisms for gathering the views of a wide range of citizens and feeding them back to the RPB.
68. The RPBs **must** include at least one member who represents the interests of people with needs for care and support, and at least one member who represents the interests of carers. The inclusion of these members will help ensure that the values of co-production, engagement and voice are embedded in the work of the RPB, and that the lived experiences of service users and

carers help to shape and inform the design and delivery of integrated health, social care and preventative services across the region.

69. The service user and carer members are representative voices for users and carers within the region. There is also the potential for them to act as champions for those in receipt of services. As well as their own experience of receiving or giving care and support, they can bring an element of constructive challenge to the work of the RPB. They cannot, however, be expected to represent all people in need of care and support or all carers. They sit on the RPB as individuals and are representative voices rather than representatives of service users and carers. They should not be the only or the main means of feeding back from service users or carers. The RPB **should** put in place mechanisms for gathering the views of a wide range of citizens and feeding them back to the RPB. The RPB will also need to consider how best to ensure that service users and carers are involved in any sub-groups or forums that are established below RPB level.
70. The RPBs operate at a strategic level within the wider regional partnership, and the role and contribution of RPB members should reflect this. The service user and carer members of the RPB act as the final strategic check that the partnership arrangements genuinely engage in co-production with its citizens (as set out in paragraphs 109 to 118 of this Statutory guidance). These members have a key strategic role to play in holding the partnership to account in terms of doing what it said it would do and how the partnership bodies have resourced and set out their approach in doing so, including the extent to which the partnership bodies and the RPB are using the principles of co-production, and how they are reaching out and engaging with their local populations.
71. Other members of the RPB also have a role in championing the needs of citizens. In particular, the local authority elected members (councillors) who sit on the RPB have a role to play in championing the voices of their constituents who need care and support, or who provide unpaid care. The Chair of the RPB also has a particular responsibility for ensuring that all voices are heard at RPB level from across the wider partnership (the role of the Chair is set out in paragraphs 86 to 91 of this Statutory guidance).

## Children and young people

72. The RPBs **must** consider how children and young people who need care and support, young carers, and care experienced young people can feed into their work at a strategic level, as well as having oversight of how the partnership bodies are engaging with children and young people in the wider work of the partnership. This will be particularly important where children and young people are not represented directly on RPBs.
73. Local authorities have a duty under 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 and young people in decisions made by local authorities which might affect them. The Partnership

Arrangements Regulations require RPBs to have oversight of the exercise of the section 12 duty in relation to the regional partnership arrangements.

74. Given the working links with Public Service Boards (under which partners, including local authorities and health boards, have a collective duty to promote and facilitate children and young people's participation), we encourage RPBs to follow the same principles set out in the statutory guidance for the Well-being of Future Generations (Wales) Act 2015 (6) and pay due regard to the principles of The United Nations Convention on the Rights of the Child (UNCRC).
75. 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.

### Strategic commissioning partners

76. As well as bringing strategic commissioning information, resources, infrastructure capacity and service delivery experiences, the role of strategic commissioning partners is to oversee effective handling of corporate assurance and processes across statutory bodies and the partnership more broadly. The strategic commissioning partners include the partnership bodies (health boards, and local authority officials from social care, housing and education), the County Voluntary Councils and the Welsh Ambulance Service University National Health Service Trust.

### Operational / provider partners

#### Third sector

77. The RPBs **must** include at least two members who represent the interests of third sector organisations in the region. RPBs **should** ensure that one of the third sector members is representative of local third sector organisations and another representative of national third sector organisations.
78. The third sector members cannot be expected to represent every organisation within their sector, but they will need to ensure that the third sector is effectively engaged and able to influence and be involved in the design and delivery of integrated services. The partnership bodies **should** also ensure that they have other ways of involving third sector organisations in the work of the wider partnership.

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(6) [Link to Well-being of future generations: statutory guidance on the gov.Wales website](#)

See particularly SPSF3 Collective role, Annex B (Statutory Guidance on Children and Young People's Participation).

## Care providers

79. The RPB **must** include at least one person who represents the interests of care providers in the region. These providers will range from large private companies to small-to-medium enterprises.
80. The RPBs **must** also include a member who represents the interests of primary care providers in the region.
81. The care provider members cannot be expected to represent the whole range of provision across children and adult's social care, or across primary care, but should be able to bring sector-wide issues to the RPB table. The partnership bodies **should** also ensure that they have ways of involving care providers in the work of the wider partnership.

## Wider members

### Housing

82. The RPBs **must** include the following members to represent housing:

#### Local authority representative

83. RPBs **must** include at least one senior local authority officer responsible for housing, including capital investment in or links to capital investment in housing, within the region. The member should 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 Regional Collaborative Groups created under the Housing Support Grant guidance will be an important mechanism to facilitate engagement and collaboration.

#### Registered social landlord

84. RPBs **must** include at least one person who represents registered social landlords in the region. These members 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 will include the Regional Collaborative Groups created under Housing Support Grant guidance and other regional forums (for example, those set up under the section 16 duty to promote social enterprises, co-operatives, user-led services and the third sector).

### Education

85. The RPBs **must** include at least one senior authority officer who has responsibility for education in the region. The member **should** 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 who are 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 to ensure a fully informed outlook. Education representatives will also need to link with other relevant groups and networks to ensure they can inform and support the development of integrated services for children and young people.

## The role of the Chair

86. The Chair has a particular role in providing the right balance of leadership, encouragement, and challenge to enable the RPB to fulfil its collective responsibility of ensuring the partnership bodies are effectively working together to take forward the integration of health and social care and ensure delivery of regional plans.
87. Key aspects of their role include:
- ensuring appropriate governance and accountability is established and implemented for the operation of the RPB (and any sub-groups or committees that the RPB sets up)
  - ensuring the RPB properly exercises all its objectives as set out in this Statutory Guidance
  - ensuring appropriate management and accountability is in place in relation to any resources managed through the regional partnership, including regional pooled funds and Welsh Government resources such as the RIF
  - reporting to Welsh Government Officials and the Welsh Ministers on the RPB's progress, and ensuring submission of the RPB's annual report
  - ensuring all members are enabled and empowered to play a full role in the work of the RPB.
88. The Chair has a crucial leadership role in creating a balanced and inclusive working culture, both within the RPB itself and across the wider partnership. The Chair has a particular responsibility for ensuring that all members are supported and enabled to contribute to their full potential, and especially in supporting the service user, carer, third sector and provider members. This includes ensuring that they are enabled to make a full and equal contribution to the RPB's work.
89. The Chair will need to take particular care to ensure that the service user and carer members are confident with their responsibilities and support them in making best use of their time and contributions. Third sector and provider members will also need support to understand and fulfil their role. It is good practice for the Chair to meet each service user, carer, third sector and provider member at least twice a year on a one-to-one basis, to review progress and seek feedback.
90. The partnership bodies **should** ensure that adequate resources are made available to accommodate any training and support required by the Chair to fulfil their duties.
91. Some of the practical steps that Chairs can take to support service user, carer, third sector and provider members in particular are set out in the Charter appended to this Statutory guidance.

## Recruitment, support and training

92. The Partnership Arrangements Regulations place requirements on the RPBs in relation to the recruitment of and support for members. These include requirements to:
- draw up role descriptions for each member of the RPB – i.e. for each of the membership ‘categories’ –
  - put in place transparent and accessible arrangements for recruiting the service user and carer RPB members
  - take practical step to support RPB members and have particular regard to the support needs of the service user, carer, third sector and care provider members.

### Recruitment

93. RPBs **must** put in place transparent and accessible mechanisms for advertising and recruiting the service user, carer, third sector and care provider members of RPBs. They **should** aim to identify a diverse range of potential candidates, reflective of the communities they serve.
94. It is important to remember that these are volunteer roles, and when recruiting new members RPBs **must** set out clear, realistic, and consistent expectations for each role. They **must** draw up clear role descriptions for each post, conforming where possible to any templates issued by the Welsh Government.
95. Service user, carer, third sector and care provider members **should** serve for a minimum of three years, to allow them to grow into the role.
96. The roles **should** be consistent across the whole term and not changed part way through, or at least not changed without the agreement of both parties. Review points **should** be built in, to allow for flexibility as roles develop or circumstances change.
97. The role descriptions **should** specify the minimum number of hours per month that is expected in their region. The actual hours of input by individual members will sometimes differ depending on their needs.
98. The role descriptions **should** make clear that participation in other meetings, including any sub-groups, depends on the member’s willingness and ability, in discussion with the Chair.

### Support

99. RPBs **must** put in place a proper support structure for members. This will include induction, training and support between and during meetings.
100. RPBs **must** particularly consider the support needs of service user and carer members. These members give their time on a voluntary basis and may well have to fit their participation around considerable caring or other commitments. Attending RPB meetings, reading papers, and understanding the complexities

of the wide range of issues that the RPB has to consider, can be daunting and time-consuming, especially for those who are new in post.

101. There are practical steps RPBs can take to ensure that all members can play an active part in meetings. Ensuring that all papers are written in accessible language and sent out in good time, as well as setting up pre-meetings to run through the papers and issues in an informal atmosphere, helps build confidence and enables full participation. It is good practice for the Chair and regional lead to be present at the pre-meeting, as well as the dedicated support officer where one exists.
102. RPBs **should** also give members the opportunity to suggest agenda items in good time before meetings takes place. RPBs **should** make time available at meetings for feedback from the wider membership, and the service user, carer, third sector and provider members **should** be given the opportunity to make presentations on a regular basis, perhaps twice a year.
103. Mentoring can be a useful means of providing support, especially to the citizen members. Other members, especially local authority elected members (councillors) or a health board person, could be especially useful in this regard. These mentors could build rapport with the service user or carer members outside of RPB meetings and act as an ally at the meetings. Mentoring could also be useful for third sector members, particularly those who are new - or, indeed, for any new member.
104. The service user and carer members can also support each other. The Regulations require each RPB to have at least one of each, and it is good practice to have more than one of each, both for mutual support and to cover for any unavoidable absences.

## Training

105. RPBs **should** ensure that all members have an appropriate induction package, which includes understanding how the regional partnership works, the role of the RPB and the types of strategic discussions it has and decisions it makes and developing mutual understanding of the role and responsibilities of different members.
106. It is particularly important that all members understand what is meant by co-production and are trained in co-productive practice. A shared understanding of carers' rights, the United Nations Convention on the Rights of the Child, and other rights-based approaches is also crucial.
107. The RPB **should** ensure that all members are trained in relevant procedures and policies. RPBs **should** draw up robust and fair complaints and dispute resolution procedures, and ensure that all members understand and know how to access them.
108. Service user and carer members will also need guidance on what to do when another member of the public comes to them with their stories and experiences, and support in managing the expectations of other service users or carers who see them as their representatives on the RPB.

## Engagement, voice and co-production

109. The 2014 Act requires a culture change in the way in which social care is provided, with an emphasis on partnership and a more equal relationship between practitioners and citizens, including people who need care and support and carers. This includes a new emphasis on innovative models and approaches that support well-being and are genuinely co-produced with citizens.
110. In line with this commitment to genuine co-production and partnership, the partnership bodies and RPBs **must** promote the involvement of service users and carers at all stages of the design and operation of care and support and preventative services. This includes every stage of the strategic commissioning cycle, from assessment of need through design and delivery to monitoring and evaluation.
111. There will be a range of ways of involving people, but at the heart of it is an approach based on the values and principles of co-production.
112. Co-production occurs when statutory bodies work in partnership with people who have lived experience, to develop solutions to challenges in public services and communities. Co-production can be defined as an asset-based approach to public services that enables people providing and people receiving services to share power and responsibility, and to work together in equal, reciprocal and caring relationships. It creates opportunities for people to access support when they need it, and to contribute to social change.<sup>(7)</sup>
113. Co-production is a mindset and a way of working, based on these five values:
- value people and build on their strengths
  - develop networks that operate across organisational and other boundaries
  - focus on what matters for the people involved
  - build relationships of trust and shared power
  - enable people to be change makers.
114. This means adopting approaches that:
- recognise people as assets, and as having a positive contribution to make to the design and operation of services
  - support and empower people to get involved with the design and operation of services
  - empower people to take responsibility for, and contribute to, their own well-being
  - ensure that practitioners work in partnership with people to achieve personal outcomes at an individual and service level
  - involve people in designing outcomes for services.

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<sup>7</sup> The definition and values outlined here were produced by Co-Production Network for Wales  
<https://copronet.wales/>

115. RPBs **should** have regard to these co-production values and approaches in their work, and ensure that the partnership bodies put in place arrangements for involving citizens in the work of the partnership. In doing so the partnership bodies and the RPBs **must** adopt an approach to co-production which promotes equality, values diversity and supports inclusion. Co-production means seeing all people as assets and equal partners in designing and delivering services, and ensuring that people of all ages, backgrounds and ability are included and their voices heard. Different approaches will be appropriate for different groups and innovative and creative ways will need to be found to bring seldom heard voices to the table. Local authorities must take steps to encourage the participation of Welsh speakers in the design and delivery of care and support and preventative services, in line with the principles of *More than just words*, the Welsh Government's framework for embedding the Welsh language in health and social care.
116. RPBs **must** include in their annual reports an account of how the RPB has engaged with citizens (especially people who need care and support and carers, including children and young people) in their work, how it has promoted co-production, and the difference this had made in terms of well-being outcomes for citizens.
117. RPBs have a vital strategic role in creating the right environment and driving good co-productive practice throughout all levels of the regional partnership. Leadership is crucial in creating a positive environment in which co-production can flourish. RPB members will be expected to act as champions for co-production within their organisations or sectors.
118. RPBs **must** create opportunities for citizens to feed into and influence their work and help the partnership bodies and other partners around the table to co-produce integrated care and support that meets local need across their region. A variety of approaches will be needed to reach out to and engage as many and as diverse a range of people as possible. Regional panels are one way to bring together commissioners and care providers with service users and carers to share ideas and concerns, explore opportunities and promote good practice.

### **Engaging the local population**

119. The partnership bodies **must** engage with a wide range of people in the production of the regional population needs assessments, market stability reports, and joint area plans.
120. The requirements in relation to population needs assessments are set out in section 14 of the 2014 Act and the Part 2 Code of Practice (General Functions). In preparing their assessments, local authorities are required to work with the health boards to engage with their citizens (including adults and children with care and support needs, carers, and the parents of children with care and support needs) in the production of a population assessment report, establish a procedure for this engagement, and also involve people in considering the range and level of services required to meet these needs.
121. When undertaking their population needs assessments, local authorities and health boards must establish the extent to which there are people who need

care and support and carers who need support in Welsh, and the range and level of services that they will need to provide in order to meet that need. The Welsh language strategic framework *More than just words* aims to improve frontline health and social services provision for Welsh speakers, their families and carers.

122. Local authorities are also required to involve a wide range of people in preparing the regional market stability reports under section 144B of the 2014 Act, and in line with the Code of Practice on Market Stability Reports. They should be involved in both the assessment of the sufficiency of care and support, which links back to the range and level of services set out in the population needs assessment, and (as appropriate) in the assessment of the stability of the market for regulated services.
123. The Area Plan Statutory guidance (Welsh Government, 2017) also requires local authorities to involve people in the preparation of the joint area plans which the partnership bodies **must** produce under section 14A of the 2014 Act.
124. The RPBs will use the evidence base provided by the population needs assessments and market stability reports to make informed recommendations about the most appropriate approaches to market development and procurement in their region. Co-production will ensure a greater emphasis on outcomes that matter to people, as well as promoting the right balance of resource efficiency and community benefit. It will also ensure a clearer focus on the preventative and early intervention services already available within the community, in line with section 15 of the 2014 Act.

## 5. Governance and Scrutiny

125. With the move towards joint commissioning of services, including pooled budgets and resources, it is essential to ensure effective governance and accountability. The partnership bodies **must** be satisfied that the RPB has established effective oversight and governance arrangements across the partnership to ensure services and resources are used in the most effective and efficient way to enable this.
126. Within the RPB's terms of reference, the partnership bodies **must** make clear whether their representatives have delegated decision-making from their respective board or cabinet, where appropriate.

### Partnership structures

127. The partnership bodies will determine the most appropriate structures for ensuring effective strategic planning and the provision of integrated services. They will need to consider which structures will best support them in delivering their key functions, including implementation of the joint area plan. As a guide, the partnership bodies **should** ensure the structures they put in place:
- position the RPB as an effective collaborative vehicle through which the partnership bodies exercise their duty to co-operate
  - facilitate engagement with citizens, especially service users and carers
  - allow for more rapid operational decision making when required without undermining the strategic role of the RPB
  - make clear connections with pan-cluster planning groups.
128. It is recognised that in the pursuit of delivering the RPB's strategic objectives and plans, the partnership bodies will consider regional arrangements for more agile operational planning and delivery. However, these arrangements **must** still be reflective of the wider membership of the RPB (as a minimum local authority, health board and third sector representation), and they must not undermine the overarching strategic decision-making responsibility of the RPB.
129. It will be for the RPBs to determine whether it needs to set up thematic sub-groups to support plan and programme delivery with clear lines of accountability to the RPB in relation to children and young people. Any such arrangements would need to reflect clear and distinct multi-agency planning structures focused on the needs of children and young people in the region, more generally in terms of early help and prevention but also specifically those with complex needs. This will include children and young people who:
- are disabled and/or experience illness
  - are care experienced, including care leavers
  - are in need of care and support
  - are at risk of becoming looked after
  - have emotional and behavioural needs

- are young carers or young adult carers.

130. The Welsh Government would also encourage RPBs to consider the needs for sub-groups focusing on:

- strategic and capital planning
- housing and accommodation-led solutions
- promoting the voice of health and social care workers to support regional planning, commissioning and delivery.

131. Local authorities are required to co-operate to set up regional forums which bring together social enterprises, co-operatives, user-led services and third sector providers, as part of their duty under section 16 of the 2014 Act to promote these delivery models and approaches. The role of these forums is set out in Chapter 4 of the Part 2 Code of Practice (General Functions). RPBs **should** establish links with these forums and ensure that they can contribute to their work.

132. Fig 4 provides a guide for the development of effective regional structures.

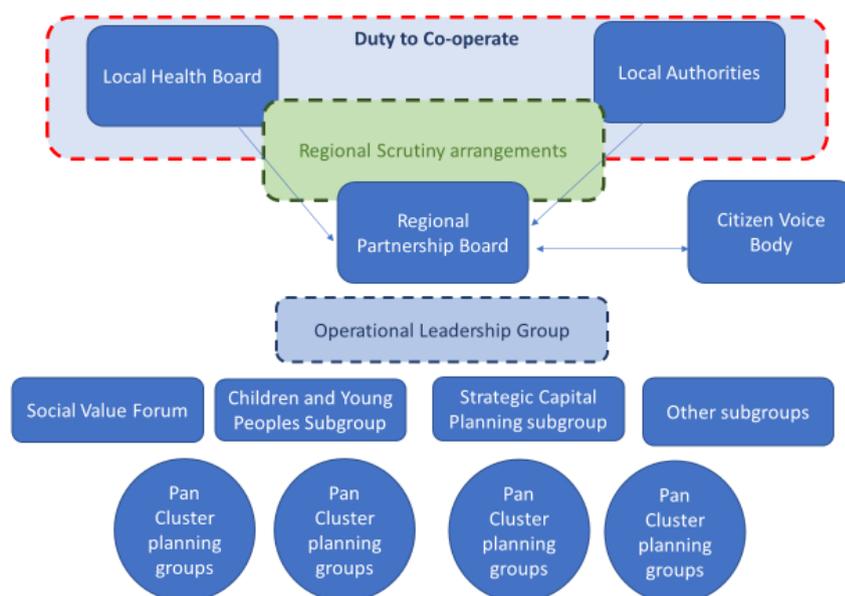


Figure 4 Model of a regional partnership Structure

133. The partnership bodies **must** develop written agreements for any partnership arrangements which involve a delegation of the exercise of their functions.

### Links to other partnerships

134. The partnership bodies **should** ensure that appropriate arrangements are in place at a strategic level for the RPB to engage with other boards and organisations as needed. These 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
- Area Planning Boards in relation to substance misuse services.

135. It will be appropriate sometimes for RPBs to invite organisations or individuals to attend RPB meetings. There will be a need to foster engagement through existing networks or forums (including those promoting social enterprises, co-operatives, user-led services and the third sector), or through the development of new networks or forums.

## Resourcing partnership arrangements

136. The partnership bodies **must** provide sufficient resources for the partnership arrangements, in accordance with their powers under section 167 of the 2014 Act. They **must** sufficiently identify demand for resourcing and the extent to which those demands have been met.

137. The RPB **must** seek to ensure that the partnership bodies provide sufficient resources for the partnership arrangements. The RPB **should** also consider what additional or alternative arrangements might be required to integrate services to improve outcomes for individuals and/or make more effective use of resources. This includes consideration of what arrangements might best work at regional level (and by implication which arrangements might more effectively be undertaken either at local, sub-regional or even national level).

138. As a minimum the partnership bodies **should** ensure that infrastructure arrangements are in place to support the work of the regional partnerships and RPBs. This will include arrangements and resources relating to:

- enabling the RPB to meet its functions as set out in the Partnership Arrangements Regulations and this Statutory guidance
- enabling the partnership bodies fulfil their duties with respect to population needs assessment reports, market stability reports and joint area plans
- integrated business intelligence and performance management
- communications and engagement – including dedicated support for service user, carer, third sector and care provider engagement in the work of the RPB
- facilitating joint commissioning/ planning of services
- pooled budget development and oversight
- supporting local authorities in their duty to promote social enterprises, co-operatives, user-led services and the third sector, and facilitating engagement mechanisms and forums to support these models and approaches
- financial management
- integrated workforce development in support of integrated care models
- strategic capital planning.

## Regional commissioning and the use of pooled funds

139. While not an end goal in themselves, pooled funds can be a useful tool to support the effective joint commissioning and delivery of integrated health and social care services. The partnership bodies **must** have due regard to the

National Framework for the Commissioning of Care and Support in Wales: Code of Practice when undertaking joint commissioning activity.

140. Under the Partnership Arrangements Regulations, the RPBs **must** ensure that the partnership bodies promote the establishment of pooled funds where appropriate.
141. As a minimum the Partnership Arrangements Regulations provide that the partnership bodies **must** establish and maintain:
- joint commissioning arrangements including a pooled fund or funds in relation to the exercise of their care home accommodation functions for older people
  - a pooled fund in relation to the exercise of their family support functions.
142. In relation to commissioning care homes for older people the partnership bodies **should** also:
- 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
  - 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.
143. The regional market position statement and commissioning strategy 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 or respite care.
144. The partnership bodies **must** align the pooled budget with the overall expenditure identified, together with the financial commitments of both/all agencies to the commissioning of care homes. These arrangements **should** be subject to a written agreement.
145. The purpose is to ensure that the partnership bodies 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 the partnership bodies wish to commission from care homes. In developing their

integrated approach to commissioning, the partnership bodies should take account of the needs of people funding their own care.

146. As part of their wider planning and commissioning activity the partnership bodies **should** consider the benefits of joint commissioning and pooling funds in other priority areas for integration, and they **must** consider the benefits of establishing and maintaining a pooled fund when doing things jointly in response to the population needs assessment.
147. The partnership bodies **should** adopt the same approach in relation to other joint commissioning priority areas such as:
- preventative and early intervention community services
  - domiciliary care provision
  - reablement services
  - people in need of continuing health care at home or as close to home as possible
  - therapeutic and safe placements for children and young people with complex needs
  - people with a learning disability residing in a support living situation
  - support for carers.
148. At the very least Welsh Government would expect to see regional market position statements and regional commissioning strategies for these key services.
149. The pooling of resources to support joint commissioning processes could be considered at a range of levels. RPBs will help the partnership bodies to determine the most appropriate level at which to pool resources to achieve the greatest impact and benefit. These levels are:
- regional
  - sub-regional
  - pan-cluster group
  - cluster
  - individual.
150. 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.
151. The partnership bodies **should** also consider any funding issued to them from the Welsh Government, such as the RIF, as a form of pooled budget. Although this will not require a formal partnership agreement, the commitment of any expenditure under the RIF, or similar funding streams, **should** be the subject of a written agreement.

### **Governance relating to pooled funds**

152. The partnership bodies 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.

153. The partnership bodies **must** put in place comprehensive monitoring arrangements to provide assurance that their shared aims and objectives are being delivered. There **should** also be clear mechanisms in place to allow for shared risk between contributing partnership bodies based on the principles of one public service for Wales and a single public purse.
154. The pooled budget can be hosted and managed by a partnership body, or it can be hosted by a partnership body and managed on their behalf by another organisation contracted to do so. The host will provide the financial administrative systems on behalf of the partnership bodies, 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 partnership body acting as host. 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.
155. 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 partnership bodies involved in the arrangement.
156. 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.
157. It will be important for the partnership bodies to identify which functions or services would improve the effectiveness of integration within a joint commissioning arrangement, either by the direct payment by one partnership body to another, by contributing to a pooled fund, or by the provision by one

partnership body or the other of staff, goods, services, accommodation, or other resources for the purpose of or in connection with partnership arrangements.

158. Partnership bodies **should** take account of the pooled funds toolkit produced by the Association of Directors of Social Services Cymru in July 2019. (8)

### Written agreements

159. The partnership bodies **should** develop written agreements concerning any formal partnership arrangements which involve a delegation of the exercise of functions. They **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. Partnership bodies **should** also be clear on the scope of any governance arrangements.
160. The partnership arrangements can include pooled funds and the delegation of the exercise 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 might also be helpful to draw the distinction between formal partnership arrangements and less formal arrangements.
161. Formal partnership arrangements have been used to describe formal arrangements involving a delegation of the exercise of functions from one partnership body to another. Formal arrangements can also be used to describe the use of pooled funds such as those under the Children Act 2004, although it should be noted that there is no flexibility to delegate the exercise of functions between participating partners in arrangements made under this Act. 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.
162. 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 functions that are excluded are listed in Table 1 of Schedule 1 to the Partnership Amendment Regulations and include, for example, functions under Part 5 of the 2014 Act (in relation to charging) and functions under sections 114 and 115 of the Mental Health Act 1983 (relating to approval of mental health professionals). In relation to health, the exclusions include surgery, radiotherapy, endoscopies, termination of pregnancies, other invasive procedures and emergency ambulance services.
163. Once there is agreement on what is required, the partnership bodies **should** determine how best to accomplish the outcomes identified. This might mean changing the way services are delivered and designing new single integrated models for delivery of services. It might also mean inclusion of:

### Service improvement objectives

- For example, 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**

- For example, where relevant clinical and practice policies from the partnership bodies could be harmonised. This might generate new process design for assessment and delivery of care.

#### **Human resources objectives**

- For example, to address the need for team development and which support recruitment, retention, staff training etc.

#### **Business objectives**

- For example, specific targets around activity, finance, identified risk or future change.

### **Scrutiny / assurance**

164. Effective scrutiny can improve the evidence base for decisions on the allocation of resources as well as ensuring that decisions are transparent and in accordance with the needs of the local community. Scrutiny also has an important role to play in contributing to developing policy, undertaking specific reviews and in monitoring performance.

165. Effective scrutiny will cover a number of aspects:

- the partnership bodies' internal scrutiny arrangements in relation to exercising their own duty to co-operate

There is a clear expectation that the partnership bodies will ensure their own internal scrutiny processes consider how well they are meeting their own duty to co-operate. It is expected that those findings and any follow-on actions to inform their own planning and improvement process.

- The partnership bodies' scrutiny of the RPB as an effective vehicle to support them in exercising their duty to co-operate

The partnership bodies will want to be sure the RPB is providing an effective mechanism in supporting them to deliver on their duty to co-operate. The partnership bodies **should** consider developing regional scrutiny arrangements to provide a more streamlined scrutiny process for regional working.

- the RPB's scrutiny of their collective performance and effectiveness

The RPB's arrangements **should** include effective scrutiny of the work that has been delegated as part of the partnership arrangements. In undertaking scrutiny, they will wish to:

- clarify the role of executive members and senior officers in contributing to scrutiny
- further develop scrutiny forward work programming to provide a clear rationale for topic selection
- be more outcome-focussed
- ensure that the method of scrutiny is best suited to the topic area and the outcome desired

- align any scrutiny programmes with the performance management, self-evaluation, and improvement arrangements
- adopt the National Principles for Public Engagement in Wales (9) in improving the way scrutiny engages with the public and stakeholders.

## Self-assessment

166. The Partnership Arrangements Regulations require Regional Partnership Boards to:

- undertake a self-assessment every two years in line with national guidance
- undertake an annual review of the self-assessment and update as necessary
- publish a summary of the results of the self-assessment and annual review in their annual reports.

167. To support RPBs in scrutinising their own effectiveness, they **must** undertake a two-year self-assessment of their capabilities and achievements, supported by an in-year review to ensure those analysis remain valid. This self-assessment will focus on key areas of leadership and governance, as well as values, trust and purpose.

168. RPBs will be expected to adhere to a nationally developed partnership assessment tool which includes a consistent set of principles, guidance, and approach. It is recommended that independent facilitation is arranged to support the self-assessment process, making use of the nationally agreed survey tool to collate and help interpret findings.

169. Self-assessments will provide RPBs with identified areas of good practice and areas for improvement, and will inform any planning priorities the RPB needs to undertake to address them. A summary of the findings of each self-assessment, together with any planned actions, **must** be published with the RPB's annual report.

170. The evidence from these self-assessments will be enhanced by further triangulation of evidence on impact and outcomes, including the work of Care Inspectorate Wales and Healthcare Inspectorate Wales on the effectiveness of the exercise of relevant local authority and health board functions which are exercised via the partnership arrangements.

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(9) <https://wcva.cymru/influencing/engagement/>

## 6. Scope and functions of regional partnerships

171. The main focus of the regional partnership arrangements is to help to improve the provision and integration of community-based services ensuring service users experience a seamless health and social care offer that delivers better outcomes and system efficiency.

### Priority population groups

172. The partnership bodies **must** prioritise the integration of services in relation to population groups below in line with regional Population Needs Assessments:

- older people with complex needs and long-term conditions, including dementia
- people with learning disabilities
- children with complex needs
- unpaid carers, including young carers
- people who are neuro-divergent
- people with poor mental health or emotional support needs.
- Integrated Family Support Services.

173. In undertaking the population needs assessments and planning, the partnership bodies **must** also be mindful of the specific health, care and wellbeing needs of:

- people with sensory impairment
- women experiencing violence, and those experiencing domestic abuse and / or sexual violence (VAWDASV)
- those experiencing homelessness and
- those in the secure estate

174. The partnership bodies **should** consider 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.

175. The partnership bodies **must** ensure 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 partnership bodies **should** focus 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
- promoting approaches which prevent children ending up in custody.

176. The partnership bodies **should** also ensure that services for children and young people are focused on promoting good emotional health and well-being in order to prevent poor mental health.
177. The partnership bodies need to consolidate the development of Integrated Family Support Services (see Chapter 9 of this Statutory Guidance) and also to develop an integrated approach to delivering services for children with complex needs including those:
- who are disabled and/ or living with illness
  - who are care experienced
  - who are in need of care and support
  - who are at risk of becoming looked after
  - with emotional and behavioural needs.
178. This includes supporting effective, integrated transition arrangements from children's to adults' services.

### **Service integration priorities**

179. In line with ambitions set out in *A Healthier Wales* the partnership bodies **should** focus on developing their regional and local responses to the national blueprint for an Integrated Community Care System (ICCS) for Wales. They **should** focus their attention on planning and commissioning community health, care and support services where they can work together to secure the best outcomes for citizens and priority population groups and where a seamless and/or integrated approach to delivering health, social care and wellbeing services can have the greatest impact. The regional and local responses to the ICCS **must** include:
- preventative services in the community
  - health and care services in the community
  - services that promote and facilitate good emotional health and wellbeing
  - services that support families to stay safely together
  - services that support better health and wellbeing outcomes for care experienced children
  - services that can support effective discharge from hospital
  - housing and accommodation-based solutions for promoting better health and wellbeing.

### **Mental health and substance misuse services**

180. The partnership bodies 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 partnership bodies **should** 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 might not work effectively on a regional footprint, but might be more effective at a national level.

### **Advocacy and information, advice and assistance**

181. The Part 10 Code of Practice (Advocacy) (10) sets out the requirements for access to advocacy services and support. In responding to the population needs assessment, the partnership bodies **must** ensure they are able to respond to the requirements of individuals who may need advocacy to enable them to engage and participate when local authorities are exercising statutory duties in relation to them. The Part 10 Code of Practice (Advocacy) provides further advice on the key factors that impact upon individuals and their needs for specific support.
182. Chapter 6 of the Part 2 Code of Practice (General Functions) (11) sets out the requirements in relation to the provision of information, advice and assistance. Under that Code, local authorities need to ensure that information, advice, and assistance is offered in a manner which is accessible and in multiple formats and in the market and suits the needs of the people living in their region. The partnership bodies **should** lead on agreeing, with other regional partners, what service components should be developed on a national, regional, and local basis.
183. Where the partnership bodies have a mutual interest in commissioning advocacy or information, advice and assistance services, they **should** work together to consider whether alternative business models such as social enterprises, co-operatives, user-led or third sector models of delivery will best meet the well-being needs of their local population. The Part 2 Code of Practice (General Functions) includes further advice for local authorities on promoting these models and approaches in line with their duty under section 16 of the 2014 Act.

### **An integrated planning framework**

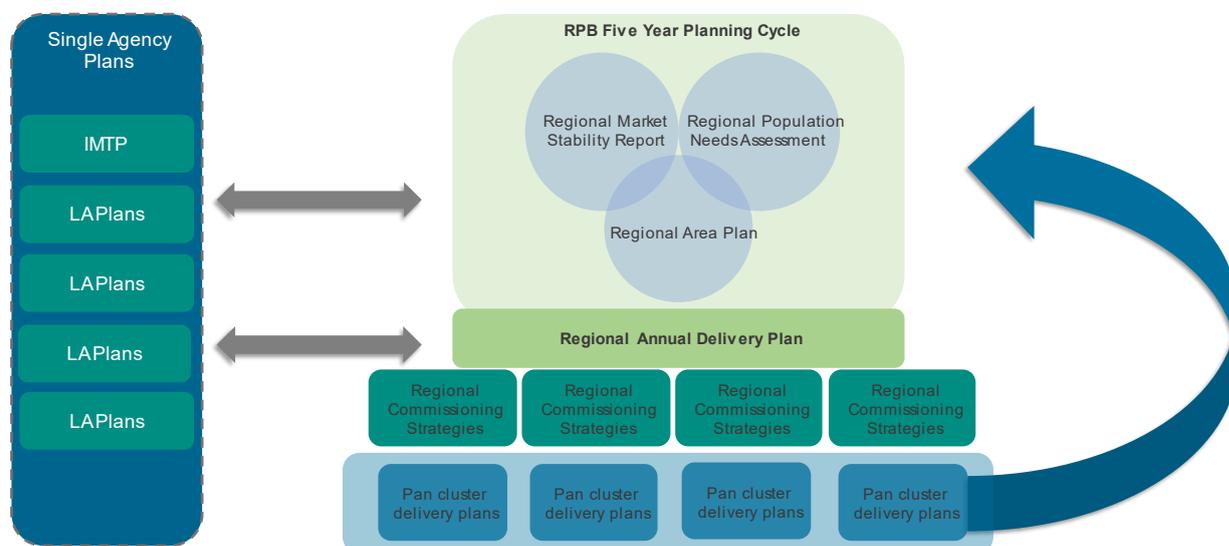
184. Regional partnership arrangements have evolved over time, and this statutory guidance reflects the maturity of planning arrangements required to ensure the RPBs can have maximum reach and impact in terms of enabling change and the integration of health and social care services.
185. Fig 5 (below) illustrates the integrated planning arrangements that are now expected and how they link with other wider but related planning structures. The key building blocks of this integrated planning framework include:
- a 5 year population needs assessment
  - a 5 year market stability report
  - a 5 year joint area plan – based on intelligence gathered through the population needs assessment and market stability report
  - an annual delivery plan - linked to delivery of the area plan
  - the RPB's annual report

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(10) [Link to advocacy services code of practice on the gov.Wales website](#)

(11) [Link to General social care functions of local authorities code of practice on the gov.Wales website.](#)

- joint regional commissioning strategies – to support integrated service design and delivery for key population
- pan-cluster delivery plans – to inform local service delivery in line with regional priorities.



**Figure 5 Integrated planning arrangements for health, care and support**

186. Regional planning documents **should** also be used to inform any sector specific plans that are also needed – for example, the health boards’ Integrated Medium Terms Plans (IMTPs) and local authority planning documents.
187. RPBs **should** have access to IMTPs, local authority plans and local authority annual reports in order to assure themselves that regional priorities are being reflected in single agency arrangements.
188. The partnership bodies **must** prepare an annual delivery plan to support implementation of the five-year joint area plan, under the Care and Support (Area Planning) (Wales) Regulations 2017. The partnership bodies **should** work through the RPB in preparing this plan. Both the joint area plan and the delivery plan **should** inform and be informed by pan-cluster planning, regional commissioning strategies, local authority priorities and the IMTP so that all are interconnected.
189. The Care and Support (Area Planning) (Wales) Regulations 2017 also require the partnership bodies to review progress in delivering the joint area plan on an annual basis in line with the annual delivery plan.

### **Relationship with primary care and cluster planning**

190. To facilitate whole system synergy, RPBs **should** inform and be informed by more local population community needs and service delivery arrangements. Pan-cluster planning groups and cluster groups, established under the Strategic Programme for Primary Care, drive integrated planning and delivery of services at a community level. They should provide local intelligence, resources and

solutions to support regional planning, commissioning and service delivery in line with the priorities of the RPB.

191. The Strategic Programme for Primary Care (12) promotes seamless working in health boards and with other key partners, including:

- shifting the focus to a 'social model of care'
- ensuring timely access to primary care services across Wales
- working closely with partners to strengthen services and achieve seamless working across the whole system
- working on a 'once for Wales' basis, including
  - championing and 'scaling up' of local initiatives across Wales
  - identifying solutions and enabling functions at a national level.

192. The established cluster arrangements include:

- **professional collaboratives**

The space where various care and support professions come together to consider regional population needs assessments and the quality of services required, and then design local solutions based upon their detailed knowledge and expertise.

- **cluster working**

Where members of professional collaboratives then come together through cluster arrangements to assess the wider health and well-being needs of their population and respond to regional population needs assessments to produce a prioritised three-year cluster plan.

- **pan-cluster planning groups**

The mechanisms by which representatives of clusters come together at a county population level to collaborate with representatives of health boards and local authority decision makers, public health experts, planners and representatives of those services for which Professional Collaboratives and cluster arrangements are not appropriate – for example, services which should only be planned at local, regional or national level.

193. The RPBs **should** work closely and coherently with clusters and the pan-cluster planning groups (PCPGs). Without carefully designed and described alignment between cluster, pan-cluster and regional planning and delivery mechanisms there is a potential risk of duplication of effort and even tension between partnership arrangements.

194. PCPGs have a potentially important role to play in delivering RPBs' priorities contained within the joint area plans. PCPGs operate across a local authority area and coordinate available resources, providing direction through their three-year strategic plans and their own one-year operational plans.

195. Regional, pan-cluster and cluster level planning should be viewed as a collective suite of interconnected needs assessments and plans that are able to direct service delivery and resources to where better integrated delivery can have the greatest impact. Fig 6 is an example of how these plans should be aligned.

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(12) [Link to Strategic Programme for Primary Care on NHS Wales website](#)

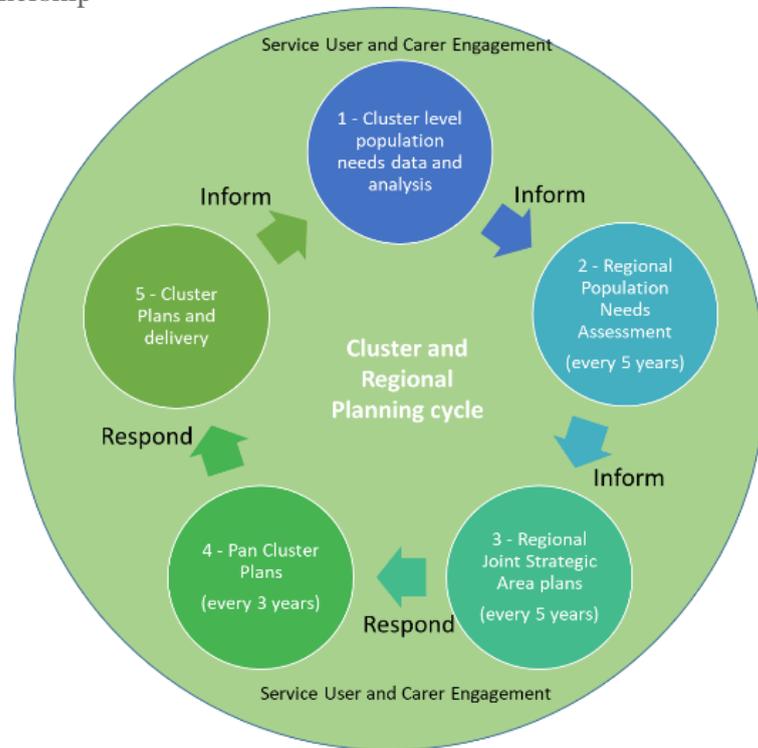


Figure 6 The alignment of regional, pan-cluster and local-level planning

## 7.Accountability and reporting

### Delegation of the exercise of functions

196. 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 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.
197. The duty to co-operate lies equally on local authorities and health boards. These statutory organisations must both assure themselves that they are effectively discharging this duty through the partnership arrangements.

### Measuring the effectiveness of the partnership arrangements

198. There are several mechanisms through which the effectiveness of the partnership arrangements can be measured:
- RPBs' annual reports
  - annual delivery plans submitted to the Welsh Ministers
  - meetings between the Welsh Minister and Chairs and regional leads, to discuss progress and reflect key priorities
  - meetings between the Welsh Ministers and the named responsible persons in the partnership bodies, to gain assurance in relation to the exercising of their organisation's duty to co-operate
  - RPBs' self-assessments of their effectiveness and the extent to which they have met their duties – carried out every two years with an annual refresh
  - consideration by RPBs of the findings from the self-assessments, and identification of key areas for improvement
  - triangulation of the self-assessment findings with evidence gathered from reviews by Care Inspectorate Wales and Healthcare Inspectorate Wales of the partnership bodies
  - scrutiny of the extent to which the partnership bodies carry out their duties to co-operate by external review bodies, such as Care Inspectorate Wales, Healthcare Inspectorate Wales and Audit Wales.
199. RPBs need to be sighted on the publication of IMTPs, local authority plans and local authority annual reports, which will help them better fulfil their role in ensuring the partnership bodies are working effectively together.
200. As part of the assurance and monitoring processes RPBs **should** ensure that the population needs assessments, market stability reports and joint area plans meaningfully capture the voices, experiences and story line of citizens, and demonstrate how they have engaged with those groups. Although these principles are contained within current provisions within the 2014 Act, there **should** be greater emphasis on ownership and ensuring those principles are consistently applied across all the partnership arrangements.

## Responsible persons

201. The Partnership Arrangements Regulations require the partnership bodies to name a 'responsible person' for leading and ensuring co-operation in the partnership arrangements on behalf of their partnership body.
202. In the case of local authorities, this **must** be the Director of Social Services for a local authority, all of whom are members of their respective RPBs. In the case of the health boards, this **must** be the executive member of the health board who is appointed to the RPB. As well as being responsible for facilitating their body's contribution to meeting the RPB's objectives, the responsible person **should** also be expected to report back to their own organisation's board or cabinet on the work of the RPB. They will also be expected to meet with the Welsh Ministers to give progress updates and assurance in relation to meeting their respective organisation's duty to co-operate.
203. These requirements **should** be written into the member's role description. In addition, the relevant partnership body **should** notify the Welsh Ministers of who the responsible person is, and they **should** also be identified within the RPBs' annual reports and plans.

## Preparing and publishing an annual report

204. The Partnership Arrangements Regulations require the RPBs to prepare an annual report on the extent to which the RPB's objectives have been achieved. RPBs **must** submit their reports to the Welsh Ministers by 30 June each year.
205. Regulation 12 of the Partnership Arrangements Regulations sets out what RPBs to **must** include the following in their annual reports:
- a description of the purpose, role, membership, operating structure and the key priorities of the RPB
  - information on how the partnership arrangements have responded to the population assessment, market stability report, and to the implementation of the joint area plan, including details of how resources have been utilised
  - information on the ways the RPB has supported integration of health and social services arrangements
  - information on how the RPB has supported improved service delivery to secure better outcomes for people
  - an account of how the RPB has engaged with citizens (in particular people who need care and support, carers, children and young people) in its work
  - an account of how the RPB has promoted the involvement of citizens in its work, and an assessment of the impact that has been made on improving well-being outcomes for people within the area covered by the RPB
  - information on any joint commissioning activity and the use of pooled funds in the partnership arrangements
  - information on how the partnership bodies have engaged with social enterprises, co-operatives, user-led services and third sector organisations in the partnership arrangements
  - information on the priorities of the RPB for the next twelve months

- a summary of the RPB's self-assessment report or of a review of the self-assessment
- the results of the annual review of the progress made in the delivery of the joint area plan.

206. The annual reports **should** also include information on how RPBs are supporting local authorities with their duty under section 16 of the 2014 Act to promote social enterprises, co-operatives, user-led services and the third sector, and how they are engaging with this sector.
207. When preparing their annual reports, RPBs **should** take account of any supplementary guidance issued by the Welsh Government from time to time.
208. RPBs **should** ensure that their reports complement but do not replicate the annual reports of the partnership bodies or the Public Services Boards' annual wellbeing reports.
209. RPBs **should** produce their reports in English and Welsh and make arrangements to translate them into other languages or accessible formats such as braille or easy read where necessary.
210. The RPBs **must** publish their annual reports on their websites.

### **Measuring impact**

211. The Social Services National Outcomes Framework provides national indicators which will help to demonstrate how the delivery of health and social care services can contribute to supporting the overall outcome that 'all people in Wales enjoy good health and wellbeing' (13)
212. The Social Services National Outcomes Framework and development of an integration standards framework will help the measuring of performance management data which will in turn ascertain the effectiveness of partnership arrangements.
213. The partnership bodies **should** ensure their joint area plans and annual delivery plans are aligned to the Social Services National Outcomes Framework and that they are able to demonstrate impacts of their work using a range of qualitative and quantitative measures.

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(13) Annual reports measuring progress against the National Outcomes Framework may be found here: <https://www.gov.wales/social-services-national-outcomes-framework-annual-reports>

## 8. Information sharing

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214. Regulation 13 of the Partnership Arrangement Regulations requires a partnership body to share information with any of the other partnership bodies and the Regional Partnership Board for the purposes of carrying out the functions being carried out by the partnership arrangement. It also requires RPBs to share information with the partnership bodies. However, this duty does not apply if this is incompatible with any of the partnership 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.
215. Organisations directly concerned with the health, education, safety, crime prevention and social wellbeing of people in Wales, have embraced the Wales Accord on the Sharing of Personal Information (WASPI) (14) as a tool to help them share personal information effectively and lawfully. All health boards and local authorities in Wales are signatories to the WASPI Accord and therefore any personally identifiable information **should** be shared in line with those principles.
216. The partnership bodies will need to ensure that information is shared and used effectively to improve the delivery of services, care, and support. They **should** use technology and common systems to underpin this. The RPB will be expected to provide strategic leadership in this area.

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(14) <https://www.waspi.gov.wales/>

## 9. Integrated Family Support Services

### Delegation

217. This Chapter relates to the functions and responsibilities of the partnership bodies with regard to the provision of Integrated Family Support Services (IFSS), as required by the Partnership Arrangements Regulations.
218. 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-focused services to enable parents to improve their parenting skills.
219. The Partnership Arrangements Regulations require partnership arrangements between the partnership bodies to ensure the delivery of IFSS.
220. IFSS deliver family-focused 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.
221. IFSS focus services on children in need of care and support, including those in need of protection, and bridges child and adult services across the partnership bodies, with those bodies being accountable for making sufficient provision, either directly or through coordinated arrangements, to support children and adults referred to them. When introduced in 2010, a set of underpinning principles were set out 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 focused 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.
222. 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)

223. 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 or IFST. The functions of an IFST are to be carried out under the direction of the RPB.

224. An IFST **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) of the Partnership Arrangements Regulations).
225. 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 RPB. However, each partnership body remains responsible for their relevant statutory functions.
226. IFSTs **must** be established for the areas covered by each of RPBs. IFSTs **must** be multi-disciplinary and multi-agency.

### Referrals to IFSTs

227. Under Regulation 18(1) of the Partnership Arrangements Regulations, a partnership body **may** refer a family to an IFST if it reasonably believes or suspects that:
- a) a parent of a child in that family (or a prospective parent)
    - is dependent on alcohol or drugs
    - is a victim of domestic violence or abuse
    - has a history of violent or abusive behaviour, or
    - 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:
    - the child will be unable to remain with the family if family support services are not provided
    - 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
    - the child is or will be at risk of abuse, neglect or other harm if family support services are not provided.
228. The partnership bodies 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.
229. Under Regulation 18(2) of the Partnership Arrangements Regulations, a referral to an IFST must be made in accordance with a referral procedure agreed by the

RPB. Each RPB **must** therefore agree a referral procedure to be used by a partnership body when referring a family to an IFST.

230. 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 Parts 3 and 4 of the 2014 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.
231. The partnership bodies will need to determine the most appropriate structures for ensuring the provision of IFSS.
232. When determining the operational/delivery structure for the IFSS, the RPB will also need to determine the referrals process.
233. The RPBs will need to ensure:
- the partnership bodies have fulfilled their obligation under regulation 18(1) of the Partnership Arrangements Regulations to set up IFSS teams (IFSTs)
  - the partnership bodies participating in the IFSS cooperate with the IFST in discharging their statutory functions
  - 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 relative plans
  - there is appropriate training of IFST members, as well as ensuring training for other related teams or individuals to share learning and good practice
  - disputes and complaints are appropriately handled and resolved
  - there is a report on the IFSS as part of the RPB's annual report (this will need to be formally approved by the RPB before being submitted to Welsh Ministers and **must** also be published).
234. 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 partnership bodies **must** ensure that the fund is used to ensure equity of service provision across the region, in response to the needs identified.

## Appendix: A charter for supporting members of regional partnership boards

- 1) In October 2022, the Welsh Government launched a Charter for Regional Partnership Boards setting out a series of commitments with regard to the meaningful participation of service user, carer, third sector and care provider members on their RPBs. The Charter was co-produced by a Task and Finish Group including service users and carers, as part of the Welsh Government's Rebalancing Care and Support Programme. The Charter commitments are based on the principles of co-production and voice as set out in the 2014 Act.
- 2) RPBs **should** adopt and embed in the Charter commitments in their work. The RPB as a whole **should** take ownership and strive to fulfil the commitments. Chairs particularly need to understand their responsibility to ensure the Charter is owned and implemented across the partnership.

### The Charter commitments

- 3) Regional Partnership Boards **should**:

#### Co-production

- ensure that meaningful co-production is understood and implemented at all levels of the regional partnership structure, and make any improvements needed
- provide shared training so that all RPB members understand and promote co-productive ways of working
- strive to embed co-productive working practices on the RPB and throughout the wider partnership at all levels

#### Recruitment

- develop clear role descriptions for all RPB members in line with the national templates, and keep these under review and revise as necessary
- put in place transparent and accessible mechanisms for advertising and recruiting to service user, carer, third sector and care provider member roles

#### RPB meetings

- provide opportunities for service user, carer, third sector and provider members to suggest agenda items and points for discussion
- ensure that meeting papers are easily accessible, written in plain language and in a way that facilitates discussion and engagement
- distribute meeting papers in good time and provide an opportunity for the service user, carer, third sector and care provider members to have pre-meetings to clarify context and ask any questions
- ensure that Chairs set an appropriate tone and pace for RPB meetings, so that all members feel valued and included, and are enabled to take a full and equal part in the discussion
- ensure that their service user, carer, third sector and care provider members are treated as equal partners in discussions and decisions taken by the RPB

## **Support**

- put in place a framework of support for service user, carer, third sector and care provider members, including induction, mentoring of new members, communicating and keeping in touch between meetings, and pastoral care
- provide opportunities for the Chair to get to know the service user, carer, third sector and care provider members, to learn about their skills and experience, and how to use these to best effect in the work of the RPB
- arrange for each service user, carer, third sector and care provider member to meet with the Chair at least twice a year on a one-to-one basis, to review progress
- enable the service user, carer, third sector and care provider members to raise queries or concerns at any stage, ensure that these are addressed appropriately, and that feedback is provided in a timely manner
- ensure that the service user, carer, third sector and care provider members have access to a support worker or other dedicated support
- draw up robust and fair complaints and dispute resolution procedures, and ensure all members understand and know how to access them
- enable better engagement between staff and RPB members within the regional partnership structure

## **Reporting and review**

- provide an opportunity for the service user, carer, third sector and care provider members to report on their experiences and contribution in the RPB's annual report
- review the implementation of this Charter annually and make any improvements that are needed.