

Statutory Guidance on Partnership Arrangements

Part 9 of the Social Services and Well-being (Wales) Act 2014

Introduction

Individuals, their families and carers may require care and/or support from more than one professional or organisation. Where this is the case, the care and support they receive should be effectively co-ordinated and delivered to meet their specific needs. The purpose of Part 9 of the Social Services and Well-being (Wales) Act 2014 (“the Act”) is to ensure there are co-operation and partnership arrangements in place to enable this.

Part 9 of the Act requires local authorities to make arrangements to promote co-operation with their relevant partners and others, in relation to adults with needs for care and support, carers and children. It places a duty on relevant partners to co-operate with, and provide information to, the local authorities for the purpose of their social services functions. It makes provision about promoting the integration of care and support with health services. It provides for partnership arrangements between local authorities and local health boards for the discharge of their functions. It also provides Welsh Ministers with regulation making powers under which they can require the creation of formal partnership arrangements and the use of pooled funds

This statutory guidance is issued under section 169 of the Act.. Local authorities and local health boards must have regard to this guidance in relation to partnership arrangements which are required to be made under section 166 of the Act. The guidance also applies to partnership boards which are required to be established in respect of those partnership arrangements and to any teams which are required to be established to carry out the partnership arrangements.

Regulations under sections 166 to 168 of the Act

Regulations will be made under sections 166 to 168 of the Act which require local authorities and local health boards to enter into partnership arrangements and to establish regional partnership boards (including associated funding arrangements). The focus of these regulations is on improving outcomes and the well-being of people. The regulations are also intended to improve efficiency and effectiveness of service delivery. The starting point for this is through section 14 of the Act, which requires local authorities and local health boards to jointly undertake an assessment of needs for care and support, support for carers and preventative services and the range and level of services which are required to meet these needs. In keeping with

the principle of 'voice and control' in the Act, people must be engaged in the process of identifying the range and level of services necessary. Engagement must take place with people, including children, who have experience of using care and support services, the parents of children who have care and support needs, and carers.

The regulations under section 166 to 168 ensure the appropriate structures (partnership arrangements and partnership boards) and resources (including staff/multi-disciplinary teams and pooled budgets) are in place to enable the provision of integrated services to respond to the joint assessment.

Partnership boards have a key role to play in relation to bringing together key partners to determine where the integrated provision of services, care and support will be most beneficial to people within their region.

Partnership boards also play a vital role in the oversight and governance of partnership arrangements. With the move towards pooled budgets and resources, it is essential that effective governance and accountability arrangements are in place.

The regulations also ensure the provision of integrated family support services (IFSS) to enable children to remain safely with their families and reduce the risk of them being taken in to care. This means ensuring families are provided with services and support in order to safeguard the welfare of their children and enable them to remain safely with their families. A key principle is that children are best looked after within their families, with their parents playing a full part in their lives – unless compulsory intervention is necessary.

Regulations under section 166 of the Act require partnership arrangements between local authorities and local health boards to ensure the delivery of the IFSS. Regulations under section 166 (4)(b) also require the establishment of Integrated Family Support Teams.

Other legislation

Section 33 of the National Health Service (Wales) Act 2006 ("the 2006 Act") enables local authorities and local health boards (LHBs) to develop formal partnerships and to delegate functions from one body to the other. This legislation was originally introduced with the Health Act 1999 and the measures were consolidated into the 2006 Act. This legislation enables a local authority to delegate certain specified functions from local authorities to the local health board, or for the local health board to delegate certain specified functions to the local authority. The legislation also allowed for the development integrated service provision, integrated commissioning and pooled budgets.

The 2006 Act also consolidated measures from other legislation. Previous grant arrangements made under 28A and 28BB of the National Health Services Act 1977 were consolidated into the 2006 Act as sections 194 and 34 respectively.

The Children Act 2004 (“the 2004 Act”) enabled the development of pooled budgets but these are quite different to the pooled budget arrangements in the 2006 Act as although they enable a wider range of ‘relevant partners’ to contribute to the pooled fund, this legislation does not allow for the delegation of functions between partners. The 2004 Act does not make provision for one partner to assume the functions of another, nor to deliver the services of another as opposed to their own. Instead, it provides an opportunity to agree joint objectives and contribute towards the cost of meeting these through whichever partner generally has responsibility for ensuring service delivery.

Relevant regulations for formal partnerships involving the delegation of functions include: The National Health Service Bodies and Local Authorities Partnership Arrangements (Wales) Regulations 2000 as amended from time to time. These regulations are treated as having been made under the 2006 Act. .

A number of advice notes were developed to support the development of formal partnerships and pooled budgets under the 2006 Act and the 2004 Act. This legislation has not been repealed and the advice notes remain relevant although in some cases may need to be updated to reflect and support the implementation of the Act.

Partnership arrangements

Partnership arrangements must be established as set out in The Partnership Arrangements (Wales) Regulations 2015 (“the Partnership Arrangements Regulations”). The functions to be carried out in accordance with the partnership arrangements are the functions described in Schedule 1. The partnership arrangements are to be carried out under the direction of the respective Regional Partnership Board as set out in the regulations.

Partnership arrangements are arrangements for carrying out functions of a local authority specified in regulations which are social services functions or, in the opinion of the Welsh Ministers, have an effect on, or are affected by, a local authority’s social services functions, or functions specified in regulations of a local health board or an NHS trust. It is not our intention to expand the functions of either a local authority or a LHB which can be delegated beyond those allowed under the regulations made under the 2006 Act. In relation to section 166, the Partnership Arrangements (Wales) Regulations 2015 have been developed to ensure there are partnership arrangements between local authorities and respective local health boards on the following basis:

- Aneurin Bevan University Health Board and Monmouthshire, Newport, Caerphilly, Torfaen and Blaenau Gwent local authorities.
- Betsi Cadwaladr University Health Board and Flintshire, Wrexham, Anglesey, Gwynedd, Denbighshire and Conwy local authorities.
- Cardiff and Vale University Health Board and Cardiff and the Vale of Glamorgan local authorities.
- Abertawe Bro Morgannwg University Health Board and Swansea, Neath Port Talbot and Bridgend local authorities.
- Cwm Taf University Health Board and Rhondda Cynon Taf and Merthyr Tydfil local authorities.
- Hywel Dda University Health Board and Pembrokeshire, Carmarthenshire and Ceredigion local authorities.
- Powys teaching Health Board and Powys local authority.

These partnership arrangements are consistent with those that will be used for the purposes of undertaking the population assessment under section 14 of the Social Services and Well-being (Wales) Act.

Regional Partnership Boards

In relation to section 168 of the Social Services and Well-being (Wales) Act, local authorities and local health boards are required to establish Regional Partnership Boards to manage and develop services to secure strategic planning and partnership working between local authorities and local health boards to ensure effective services, care and support are in place to best meet the needs of their respective population. People who use services must be actively involved and engaged in the work of the Regional Partnership Boards and the role of the lay member will be to ensure the voice of people is heard. The lay member could be a member of the Citizen Panel, if not, the Regional Partnership Board will need to ensure there are alternative arrangements for considering the views of the Citizen Panel.

The Regional Strategic Partnership Boards will be established on the following basis:

- Gwent Regional Board - Aneurin Bevan University Health Board and Monmouthshire, Newport, Caerphilly, Torfaen and Blaenau Gwent local authorities.
- North Wales Regional Board - Betsi Cadwaladr University Health Board and Flintshire, Wrexham, Anglesey, Gwynedd, Denbighshire and Conwy local authorities.
- Cardiff and Vale Regional Board - Cardiff and Vale University Health Board and Cardiff and the Vale of Glamorgan local authorities.
- Western Bay Regional Board - Abertawe Bro Morgannwg University Health Board and Swansea, Neath Port Talbot and Bridgend local authorities.

- Cwm Taf Regional Board -Cwm Taf University Health Board and Rhondda Cynon Taf and Merthyr Tydfil local authorities.
- Mid and West Regional Board - Hywel Dda University Health Board and Pembrokeshire, Carmarthenshire and Ceredigion local authorities. Powys teaching Health Board and Powys local authority.

The objectives are to:

Ensure the partnership bodies work effectively together to:

- respond to the population assessment carried out in accordance with section 14 of the Act, and
- implement the health and well-being strategies (required by section 40 of the National Health Service (Wales) Act 2006) for each of the local authority areas covered by the board.
- Ensure the partnership bodies provide sufficient resources for the partnership arrangements, in accordance with their powers under section 167 of the Social Services and Well-being (Wales) Act.
- Promote the establishment of pooled funds where appropriate.

Regional Partnership Boards will need to ensure that all partners work effectively together to improve outcomes for people in their local area. They will need to ensure that services and resources are used in the most effective and efficient way to enable this.

Regional Partnership Boards will need to prioritise the integration of services in relation to:

- Older people with complex needs and long term conditions.
- Integrated Family Support Services.
- Learning disabilities.
- Children with complex needs due to disability or illness.
- Carers.

The Regional Partnership Board will also need to determine other priority areas where integrated services are required to respond effectively to the joint population assessment. This should be informed by the views of service users and the Citizens Panel. Engagement must take place with people, including children, who have experience of using care and support services, the parents of children who have care and support needs, and carers.

The Regional Partnership Boards will, over time, be expected to extend the provision of integrated services beyond the areas identified above. The guidance can also be revised to extend the priority areas as necessary.

The Code of Practice in relation to Advocacy (Part 10 of the Act) sets out the requirements for access to advocacy services and support. In responding to the population assessment, Regional Partnership Boards will need to ensure they are able to respond to the advocacy requirements for all individuals, alongside the specific groups identified above. The Code of Practice on Advocacy provides further advice on the key factors that impact upon individuals and their needs for specific support.

The Code of Practice on Part 2 of the Act sets out the requirements in relation to the provision of information, advice and assistance. Regional Partnership Boards will need to ensure that information, advice and assistance is offered in a manner which is accessible and suits the needs of their population. Local authorities should lead on agreeing, with regional partners, what service components should be developed on a national, regional and local basis.

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

The Regional Partnership Board will determine the most appropriate structures for ensuring the provision of these integrated services. This could include the establishment of management or operational groups, as well as integrated teams for specific service areas. These will need to actively involve and engage with service users as well as the Citizens Panel. Written agreements will need to be developed for any partnership arrangements which involve a delegation of functions.

Regional Partnership Boards have a key role to play in relation to bringing together partners to determine where the integrated provision of services, care and support will be most beneficial to people within their region. Regional Partnership Boards will need to ensure that all partners work effectively together to improve outcomes for people in their local area. They will need to ensure that services and resources are used in the most effective and efficient way to enable this. Regional Partnership Boards will also play a vital role in the oversight and governance of partnership arrangements. With the move towards pooled budgets and resources, it is essential that effective governance and accountability arrangements are in place.

The Regional Partnership Boards will need to develop and co-ordinate formal or informal partnership arrangements. Some areas will already have section 33 (NHS Wales Act 2006) partnerships in place and may decide to develop further formal partnerships outside of direction from Welsh Government. In addition, there are

numerous informal partnership arrangements (informal arrangements outside of a section 33 agreement involving delegated functions).

Membership of Regional Partnership Boards

Membership of a Regional Partnership Board must include the following:

- (a) At least one elected member of a local authority which established the regional partnership board;
- (b) At least one member of the local health board which established the regional partnership board;
- (c) The person appointed as director of Social Services under section 144 of the Act in respect of each local authority which established the regional partnership board, or his or her nominated representative;
- (d) The Chief Executive of the local health board which established the regional partnership board, or his or her nominated representative;
- (e) At least one person who represents the interests of third sector organisations in the area covered by the regional partnership board;
- (f) At least one person who represents the interests of care providers in the area covered by the regional partnership board;
- (g) One lay person appointed by the Welsh Ministers by public appointment.

People who use services must be actively involved and engaged in the work of the Regional Partnership Boards and the role of the lay member will be to ensure the voice of people is heard. The lay member could be a member of the Citizen Panel, if not, the Regional Partnership Board will need to ensure there are alternative arrangements for considering the views of the Citizen Panel.

The Regional Partnership Board may co-opt other persons to be members of the board as appropriate.

The terms of reference of the Regional Strategic Partnership Board should make clear whether elected members and non-executive directors have delegated decision-making from their respective bodies/organisations to act on their behalf.

Reports

Regulations require Regional Partnership Boards to prepare a report on the extent to which the board's objectives have been achieved. This report must be submitted to the Welsh Ministers. The first report must be prepared and submitted by 1st April 2017. Subsequent reports must be prepared and submitted annually.

The report must be published and should include:

- Information on how the board has met its objectives.
- Details of the partnership arrangements in place, the statutory partners involved and plans for development of further arrangements.
- Details of other structures to support delivery.
- How the board has engaged with service users and the Citizens Panel.
- Overview of the arrangements in place for each of the priority areas and progress to date and future developments.
- Information on how the partnership arrangements have contributed to improved outcomes and delivery of services.
- Statutory provision used - e.g. Section 33 agreement NHS (Wales) Act 2006 or informal arrangement underpinned by a written agreement.
- Provisions used e.g. lead commissioning, integrated provision, pooled funds
- Examples of management reports to be used by the partnership boards to re-assure partners that their statutory responsibilities are being fulfilled. This will include reports on expenditure, activity and outcomes achieved.

Information sharing

A partnership body must share information with any of the other partnership bodies for the purposes of carrying out the functions being carried out by the partnership arrangement. However, this duty does not apply if this is incompatible with any of the body's other duties, including its duties under the Data Protection Act 1998 and the Human Rights Act 1998.

Any personally identifiable information should be shared within the principles of the Wales Accord on the Sharing of Personal Information (WASPI). All Local Health Boards and local authorities in Wales are signatories to the WASPI Accord. A link to WASPI is included below:

<http://www.waspi.org/>

Regional Partnership Boards will need to ensure that information is shared and used effectively to improve the delivery of services, care and support. Use of technology

and common systems should underpin this and the Regional Partnership Board will be expected to provide strategic leadership in this area.

Delegation of functions

A local authority may carry out any of the specified functions on behalf of any of the other partnership bodies taking part in the same partnership arrangement. A Local Health Board may carry out any of the specified local authority functions described in Table 1 of Schedule 2 of The Partnership Arrangements (Wales) Regulations 2015 on behalf of any of the local authorities taking part in the same partnership arrangement.

Integrated Family Support Services

This section of the guidance relates to the functions and responsibilities of local authorities and local health boards with regard to the provision of Integrated Family Support Services (IFSS), as required by the Partnership Arrangements Regulations.

The aim of IFSS has, from the outset, been to work with parents and the extended family at an early stage before children become at risk of being taken into care. This is achieved by providing family focussed services to enable parents to improve their parenting skills.

The Partnership Arrangements Regulations require partnership arrangements between local authorities and local health boards to ensure the delivery of IFSS. The Regulations also require the establishment of Integrated Family Support Teams.

IFSS delivers family focussed services to enable parents to achieve the necessary behaviour changes that will improve their capacity and capability as parents. The principle behind IFSS is that the extended family is engaged with the process.

The IFSS focusses services on children in need, including those in need of protection and bridges children's and adults services across local government and local health boards with both bodies being accountable to make sufficient provision, either directly or through coordinated arrangements, to support children and adults referred to them.

Underpinning the service is a set of principles which require the IFSS to:

- Strengthen the safeguarding and welfare of children through restorative action to better support parents
- Improve the quality of service experience by parents and children when they engage with professionals
- Be family focussed and family centred, ensuring their voices are heard and interventions are aligned with the outcomes they want to achieve
- Facilitate service change
- Be a resource to existing services
- Build trusting relationships
- Deliver holistic and intensive Evidence Based Interventions
- Provide a training resource to child and adult services on Evidence Based Interventions to engage complex families

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 focused on the outcomes they want to achieve.

Integrated Family Support Teams (IFST)

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. The partnership bodies may assign family support functions to the integrated family support team.

An integrated family support team must contain staff with suitable skills and experience having regard to:

- the categories of cases which can be referred to it, and
- the need of professional staff for administrative support.

The functions of an integrated family support team are to be carried out under the direction of the Regional Partnership Board.

IFSS teams must be multi-disciplinary and multi-agency. The principal duty for IFSS and the IFST lies with the local authority and they are responsible for directing the team to work collaboratively, however each partner remains responsible for their statutory functions. There is a requirement for each of the respective local health boards to participate in the establishment of the IFST and assist the local authority, or consortium of local authorities, in discharging its functions.

IFSS Teams must be established for each of the following regions:

- Gwent – Aneurin Bevan University Health Board and Monmouthshire, Newport, Caerphilly, Torfaen and Blaenau Gwent local authorities.
- North Wales – Betsi Cadwallader University Health Board and Flintshire, Wrexham, Anglesey, Gwynedd, Denbighshire and Conwy local authorities.
- Cardiff and the Vale – Cardiff and the Vale University Health Board and Cardiff and the Vale of Glamorgan local authorities.
- Cwm Taf – Cwm Taf University Health Board and Rhondda Cynon Taf and Merthyr local authorities.
- Mid and West – Hywel Dda University Health Board and Pembrokeshire, Carmarthenshire and Ceredigion local authorities, Powys Teaching Health Board and Powys local authority.
- Western Bay - Abertawe Bro Morgannwg University Health Board and Swansea, Neath Port Talbot and Bridgend local authorities.

Referrals to Integrated Family Support Services

A partnership body may refer a family to an integrated family support team if it reasonably believes or suspects that:

- (a) a parent of a child in that family (or a prospective parent) 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.

Local authorities and their local health board partners are required to identify families where it can be demonstrated that the provision of the IFSS will have a direct benefit on a child's health and welfare. In the first instance its focus should be on:

- Where the child is in need of protection and is on the child protection register and there has been neglect of the child's care or development.
- Where the family is at a point of crisis and where the children are likely to become looked after by the local authority
- Where children are looked after by the local authority and without intervention will be unable to return home.

Local authorities must have a written policy outlining how they will conduct family reviews and systems for recording the review and its outcome. These must be aligned with the requirements in Part 3 and 4 of the Act relating to assessing and meeting need. Any plans arising from the reviews must be provided to the child's case worker and the adult service care coordinator. Copies must also be provided to the family.

The Regional Partnership Boards will need to determine the most appropriate structures for ensuring the provision of IFSS. This could include the establishment of sub-boards which would have specific responsibility for IFSS, in addition to the requirement for the establishment of IFSS Teams.

When determining the operational/delivery structure for the IFSS, the Regional Partnership Board will also need to determine the referrals process. This will include the requirement for a panel to determine the appropriateness and priority of the referral to the IFSS team. This will also include the identification of the lead member of the Board for IFSS (likely to be the Director of Social Services).

Regional Partnership Boards will need to:

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

The Partnership Arrangements Regulations require a pooled fund for the provision of IFSS. This is at the regional/consortium level and not an individual local authority level. There is no intention to specify the number of people within the IFST multi disciplinary team. The expenditure will need to be appropriate to provide for sufficient posts for the IFSS team to meet the needs of families in that area, including administrative support. The fund must be used to ensure an equity of provision of services across the region in response to the needs identified.

Pooled funds and use of formal partnerships

Partners will retain statutory responsibility for their functions carried out under the pooled fund. This means that the partnership agreement is carefully drawn up between the partners to cover the governance arrangements, which address accountability, decision making and how the budget is to work. Comprehensive monitoring arrangements must be put in place that assures partners that their shared aims are being fulfilled.

The pooled budget can be hosted and managed by a statutory partner, or it can be hosted by a statutory partner and managed on their behalf by another organisation contracted to do so. The host will provide the financial administrative systems on behalf of the partners, but will not incur any additional liabilities, except those that relate to the management of the budget. Also the external auditor will expect the same level of internal control to apply to the pooled funds as apply to other parts of the partner organisation. The auditor will also retain full right of access to the financial records and systems and expect a clear audit trail to be maintained for all financial transactions.

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 pooled fund manager. There will need to be an agreed process to authorise identified staff to do this. There are no legal obstacles to health staff using pooled funds in the exercise of local authority functions, and vice versa. Also there is no limit to the number of partners although each will wish to ensure that their resources are being used for their relevant population.

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.

Partnership bodies are required to establish and maintain formal partnerships and pooled funds in relation to the commissioning of services from care homes (residential and nursing home accommodation) and the exercise of their family support functions as set out in The Partnership Arrangements (Wales) Regulations 2015.

This will involve the commissioning of long term placements including continuing health care placements together with step up step down intermediate care services, interim placements to facilitate transfers from hospitals and patient choice together with respite care.

There may well be other services that local authorities and local health boards may wish to purchase from care homes. Care homes in rural areas, for example, may

function more as resource centres provide a range of services to support people either in the care home or in their homes.

In relation to pooled funds for Integrated Family Support Services, funding is allocated to local authorities as part of the annual settlement. A pooled fund will need to be established to ensure there is resource available to meet the needs of people within each region (Gwent, North Wales, Cardiff and Vale, Cwm Taf, Western Bay, Mid and West Wales).

It will be important for local authorities and local health boards to identify which functions or services would improve the effectiveness of integration either by the direct payment of one partner to another, by contributing to a pooled fund or by the provision by one partner or the another, staff, goods, services, accommodation or other resources for the purpose of, or in connection with partnership arrangements.

When considering these judgements local authorities and local health boards should consider and add to the following criteria:

- They already have a shared responsibility for the service e.g. nursing home placements with funded nursing care.
- They have different statutory obligations but it would make sense to integrate service delivery (e.g. The commissioning of all nursing home placements including CHC; or community equipment services, etc.).
- Responsibilities are not well defined e.g. reablement services.

The rationale for having a formal partnership approach with a lead commissioner operating with a pooled budget is to achieve an integrated, single approach, working with providers to ensure that the appropriate range, quality and capacity of services are in place.

Governance - Written Agreements

Regional Partnership Boards will be expected to develop written agreements concerning any formal partnership arrangements which involve a delegation of functions.

Partners (NHS and local authorities) should also complete a signed agreement which sets out the key terms which accord with statutory requirements. Supporting activity should take place alongside the drafting of an agreement to ensure that it is deliverable day-to-day through the host's corporate framework for service and finance. Partners should also be clear on the scope of any governance arrangements.

The partnership arrangements can include pooled funds, the delegation of functions i.e. lead commissioning and integrated provision. In these circumstances where partnerships are generally created as a means to streamline the delivery of services it is essential that the terms of the partnership are clearly identified in a written agreement. It may also be helpful to draw the distinction between formal partnership arrangements and less formal arrangements. Formal partnership arrangements have been used to describe formal arrangements involving a delegation of functions from one partner to another involving the NHS and local authorities. Formal arrangements can also be used to describe the use of pooled funds such as those under the Children Act 2004. There is a danger of describing other arrangements as informal arrangements but even where partnership arrangements are in their early stages there is no reason why they cannot be underpinned by a written agreement.

The range of functions that can be included in a partnership arrangement is set out in the Partnership Arrangements Regulations. This is drawn widely and, on the local authority side, goes well beyond social services to embrace other health and care-related services. There are, however, important exclusions. The local authority areas not covered by the flexibilities afforded under the legislation include adoption panels, inspection of children's homes and duties under the Care Standards Act 2000. On the health side, the exclusions include surgery, radiotherapy, endoscopies, termination of pregnancies, other invasive procedures and emergency ambulance services.

It is important to engage service leads within each of the public sector agencies so there is a clear and unambiguous understanding of what the partnership should deliver and what each partner is capable of delivering. Achieving a seamless, customer focused service needs clarification in terms of the specific outcomes expected.

Once there is agreement on what is required, partners should decide how best to accomplish the outcomes identified. This might mean changing current ways services are delivered and designing new single models for delivery of services. It might also mean inclusion of:

- Service improvement objectives e.g. effective mechanisms that can be implemented and evidenced in order to confirm links with other services, and which ensure that the needs of the individual service user are met during the transition between services;
- Objectives to develop and improve quality and standards for service e.g. where relevant clinical and practice policies from the partner organisations could be harmonised; this might generate new process design for assessment and delivery of care;
- Human resources objectives e.g. to address the need for team development and which support recruitment, retention, staff training etc.

- Business objectives e.g. specific targets around activity, finance, identified risk or future change.