In the Lead Agency Model, either the council or the NHS takes on the role of Integration Authority. However an **Integration Joint Monitoring Committee** will be set up to provide oversight of the work of the Lead Agency. We anticipate that this committee will also be made up of equal numbers of councillors and board Non-Executives, as well as other

extensive and is likely to include all health services currently provided in the community for adults and a significant proportion of activity in hospitals.

Functions are delegated to the Integration Authority, along with budgets and all the duties on health boards and councils that go with these particular functions. The Integration Authority must then direct organisations to carry out these delegated functions. If the Lead Agency model is being used, the Integration Authority and delivery organisation may be the same thing (i.e. the NHS board might be the Lead Agency writing the strategic plan and also the organisation delivering all District Nursing functions). In the Body Corporate model, the Integration Authority will direct other organisations to carry out the delegated functions.

What about children?
The only legal duties in this Act relate to services delivered to adults. However, NHS boards and councils can choose to include children's services within their partnership's activities. At the last count, around one third of partnerships intended to include children, a third didn't and a third were undecided.

What is a Chief Officer?
The Chief Officer is a key appointment for partnerships. In the financial guidance to the Act, the Chief Officer is described as the accountable officer for the Integration Authority in

Every Integration Authority must have at least two localities in its boundaries. But the Act itself doesn't say much about loca

Appendix A the integration principles (final)

The integration principles are set out in two separate parts of the Act: one relating to planning and one to delivery of integrated care. The core content of the two set of principles are identical and are intended to describe the "how" of integrating care. These are now in law and will not change as the transition takes place.

(a) that the main purpose of services which are provided in pursuance of integration functions is to improve the wellbeing of service-users,

(b) that, in so far as consistent with the main purpose, those services should be provided in a way which, so far as possible

(i) is integrated from the point of view of service-users,
(ii) takes account of the particular needs of different service-users,
(iii) takes account of the particular needs of service-users in different parts of the area in which the service is being provided,
(iv) takes account of the particular characteristics and circumstances of different service-users,
(v) respects the rights of service-users,
(vi) takes account of the dignity of service-users,
(vii) takes account of the participation by service-users in the community in which service-users live,
(viii) protects and improves the safety of service-users,
(ix) improves the quality of the service,
(x) is planned and led locally in a way which is engaged with the community (including in particular service-

Appendix B the health and wellbeing outcomes (draft)