

AUDIT SCOTLAND REPORTS

1. EXECUTIVE SUMMARY

- 1.1 This report notes the key findings from two recent reports prepared by Audit Scotland:
- Argyll and Bute Council Best Value Audit 2015 – published December 2015
 - Health and Social Care Integration – published December 2015.
- 1.2 In respect of the Best Value Audit report, the commission has acknowledged and welcomed progress since 2013 and notes the areas for further improvement.
- 1.3 The report on Health and Social Care Integration is the first of three planned audit of this major programme. This first report notes progress during the transitional year.

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2. INTRODUCTION

2.1 This report notes the key findings from two recent reports prepared by Audit Scotland:

- Argyll and Bute Council Best Value Audit 2015 – published December 2015
- Health and Social Care Integration – published December 2015.

3. RECOMMENDATIONS

3.1 The Audit Committee is asked to note the contents of the reports prepared by Audit Scotland.

4. DETAIL**4.1 Argyll and Bute Council Best Value Audit 2015**

4.1.1 This is the third Controller of Audit report on Argyll and Bute Council and it reports on the progress since the 2013 and 2014 reports on Best Value in the Council.

4.1.2 The Commission acknowledges and welcomes the progress by the Council since 2013 in relation to improved governance, decision-making and scrutiny arrangements and the improving relationships between political groups and between members and officers.

4.1.3 The three key findings are noted as follows:

- Members and senior officers need to consolidate this progress by continuing to improve the council's openness, transparency and how it involves its communities in decision-making and scrutiny, in order to build the trust and confidence of service users and the public. More can be done to ensure a more effective contribution from the area committees.
- The council's current approach to the scale of the financial challenge it faces is not sustainable. This approach urgently needs to be more clearly linked to the council's priorities and based on rigorous appraisal of options for service redesign.
- The Commission notes with disquiet the dysfunctional relationships which persist between a number of individuals. The Commission is

firmly of the view that the interests of the public are best served by a shared commitment by all parties to maintaining constructive relationships and high standards of conduct.

4.2 Health and Social Care Integration

4.2.1 This is the first of three planned audits of this major programme. Subsequent audits will look at Integration Authorities (IAs) progress after their first year of being established, and their longer-term impact in shifting resources to preventative services and community-based care and in improving outcomes for the people who use these services.

4.2.2 This first audit provides a progress report during this transitional year. Progress was reviewed in relation to the arrangements for setting up, managing and scrutinising IAs as they become formally established.

4.2.3 Within the report, there are three points noted in respect of accountability to the NHS board and council:

- All integration schemes should set out whether the chief officer also has operational management responsibilities. Where the chief officer has these responsibilities, they are also accountable to the NHS board and the council.
- Where the chief officer has operational management responsibilities, the integration scheme makes the chief officer the responsible operational director in the council and NHS board for ensuring that integrated services are delivered. The chief officer is therefore responsible to the NHS board and council for the delivery of integrated services, how the strategic plan becomes operational and how it is delivered. They are also responsible for ensuring it is done in line with the relevant policies and procedures of the organisation (for example staff terms and conditions).
- Although this is untested, the accountable officers for delivery should still be the chief executives of the NHS board and the council. But they must discharge this accountability through the chief officer as set out in their integration scheme. The chief executives of the NHS board and council are responsible for line managing the chief officer to ensure that their accountability for the delivery of services is properly discharged.

4.2.4 For information it should be noted that good progress is being made in respect of the finance workstream. The Integration Joint Board's financial regulations were approved on 4 December 2015, the Chief Financial Officer was appointed on 18 February 2016 and commences post on 7 March 2016 and the Integration Joint Board's Audit Committee was established at the Board's meeting held on 29 February 2016.

5. CONCLUSION

- 5.1 The Best Value Audit report published in December acknowledged good progress was being made and no further follow-up audit is required. The Council still have some areas where it needs to improve.
- 5.2 The report on Health and Social Care Integration is the first of three planned audit reports and notes progress during the transitional year.

6. IMPLICATIONS

- 6.1 Policy – None
- 6.2 Financial – None
- 6.3 Legal – None
- 6.4 HR – None
- 6.5 Equalities – None
- 6.6 Risk – None
- 6.7 Customer Service – None

Kirsty Flanagan
Head of Strategic Finance
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APPENDICES:

- Appendix 1 – Argyll and Bute Council Best Value Audit 2015 – published December 2015
- Appendix 2 - Health and Social Care Integration – published December 2015.