



Independent Reasonable Assurance Report
(ISAE 3000 Engagement)
For the period from 1 April 2018 to 31 March 2019
NHS Northumberland Clinical Commissioning Group

The Governing Body
NHS Northumberland Clinical Commissioning Group
County Hall
Morpeth
Northumberland
NE61 2EF

06 July 2020

Independent Reasonable Assurance Report on NHS Northumberland Clinical Commissioning Group's (CCG's) Mental Health Investment Standard Statement of Compliance for the year ended 31 March 2019

Introduction

We were engaged by the Governing Body of NHS Northumberland CCG (the CCG) to perform a reasonable assurance engagement on the CCG's Mental Health Investment Standard Statement of Compliance dated 02 July 2020 for the year ended 31 March 2019 (the MHIS Statement of Compliance). We were engaged in accordance with the engagement letter dated 19 September 2019, and the engagement terms included a limitation of liability as set out in paragraph 7.2 of the engagement letter.

Scope

The objective of this engagement is to provide an opinion on whether the CCG's MHIS Statement of Compliance has been the properly prepared, in all material respects, based on the criteria set out in the "Assurance Engagement of the Mental Health Investment Standard - Briefing for Clinical Commissioning Groups" published by NHS England, dated November 2019.

From 2018/19 all CCGs are required to publish a statement after the end of the financial year to state whether they have met their obligations with regard to the mental health investment standard, i.e. whether their investment in mental health for the financial year either has or has not increased by a greater percentage than has their overall allocation. We have referred to this statement below as the "Mental Health Investment Standard Statement of Compliance".

Management's responsibilities

The CCG is responsible for the preparation and publication of a Mental Health Investment Standard Statement of Compliance after the end of the financial year to state whether it has met its obligations with regard to the mental health investment standard i.e. whether its investment in mental health for

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the financial year ended 31 March 2019 either has or has not increased by a greater percentage than has its overall allocation.

The CCG is responsible for preparing a summary of expenditure in the form specified in NHS England Guidance "Assurance Engagement of the Mental Health Investment Standard - Briefing for Clinical Commissioning Groups", and should prepare supporting papers to evidence the expenditure incurred.

The CCG is responsible for ensuring that the MHIS Statement of Compliance has been properly prepared based on the specified criteria contained within NHS England Guidance "Assurance Engagement of the Mental Health Investment Standard - Briefing for Clinical Commissioning Groups".

The information used by management to calculate whether the Mental Health Investment Standard has been met is included in the Appendix to this report. Where errors identified from our work have been corrected by management, the revised calculations are also shown in the Appendix.

Our independence

We have complied with the Code of Ethics for Professional Accountants issued by the International Ethics Standard Board for Accountants, which includes independence and other requirements founded on fundamental principles of integrity, objectivity, professional competence and due care, confidentiality and professional behaviour.

In conducting our engagement, we confirm that we satisfy the criteria for assurance providers as set out in NHS England guidance i.e. "Assurance Engagement of the Mental Health Investment Standard - Briefing for Clinical Commissioning Groups" to carry out the assurance engagement.

Our responsibility

Our responsibility is to report, in accordance with the ISAE 3000 standard, whether the CCG's MHIS Statement of Compliance has been properly prepared, in all material respects, based on the criteria set out in the "Assurance Engagement of the Mental Health Investment Standard Briefing for Clinical Commissioning Groups" published by NHS England.

We conducted our reasonable assurance engagement in accordance with International Standard on Assurance Engagements ISAE 3000 Assurance Engagements other than Audits of Reviews of Historical Financial Information issued by the International Auditing and Assurance Standards Board and the guidance set out in NHS England's "Assurance Engagement of the Mental Health Investment Standard - Briefing for Clinical Commissioning Groups". NHS England's guidance requires that we plan and perform this engagement to obtain a reasonable level of assurance.

A reasonable assurance engagement in accordance with ISAE 3000 involves performing procedures to obtain evidence about the fairness of the MHIS Statement of Compliance. The nature, timing and extent of procedures selected depend on our judgement, including the risk of material misstatements, whether due to fraud or error, in the MHIS Statement of Compliance. In making those risk assessments, we considered:

- the CCG's method of compilation of the Mental Health Investment Standard Statement of Compliance (as reported in the CCG's non ISFE template) and the headline calculations on which it is based; and
- the internal controls applied by the CCG over the preparation of the statement and the headline calculations and the design of those controls relevant to the engagement to determine whether they have been implemented.

Our reasonable assurance engagement included:

- Verifying the percentage increase in spending on mental health in 2018/19 included in the headline calculations in line with NHS England guidance.
- Verifying the percentage increase in the CCG's allocation included in the headline calculations and checking that it is per published CCG allocations.
- Carrying out sample testing on the mental health expenditure included in the headline calculations and supporting schedules to check whether it meets the definition of mental health expenditure properly incurred as set out in the relevant Group Accounting Manual and NHS England guidance.
- Verifying the factual accuracy of the MHIS Statement of Compliance based on work undertaken.
- Obtaining and considering written representations from the CCG, including:
 - that the CCG has provided us with all the information relevant to the engagement.
 - confirmation that the CCG's measurement of the underlying subject matter against the applicable criteria and its preparation of the headline calculation on which the statement is based, including confirmation that all relevant matters are included in the Mental Health Investment Standard Statement of Compliance and supporting calculations.

We believe that the evidence we have obtained is sufficient and appropriate to provide a basis for our opinion, except as set out in the 'Basis for Qualified Conclusion' section below.

Inherent limitations

Our objectives are to obtain reasonable assurance about whether the CCG's Mental Health Investment Standard Statement of Compliance for the period ended 31 March 2019 is properly prepared, in all material respects, based on the criteria set out in the "Assurance Engagement of the Mental Health Investment Standard - Briefing for Clinical Commissioning Groups" published by NHS England.

Reasonable assurance is a high level of assurance, but is not a guarantee that a review conducted in accordance with the ISAE 3000 standard will always detect a material misstatement when it exists.

Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of the MHIS Statement of Compliance.

In particular, we highlight that we have followed the guidance issued by NHS England in November 2019 that, for the purposes of giving our reasonable assurance opinion, we were not required to undertake any testing on the underlying information or systems maintained by third parties, such as the Business Services Authority, NHS providers and local authorities. Testing of the third-party information provided by the CCG was, therefore, outside the scope of this reasonable assurance engagement.

Our testing on the mental health expenditure included in the headline calculations and supporting schedules was done on a sample basis. The materiality level we calculated in relation to 2017/18 MHIS expenditure was £1.188m and in relation to 2018/19 MHIS expenditure was £1.221m.

Use of the reasonable assurance report

This report is made solely to the members of the Governing Body of the CCG. Our work has been undertaken so that we might state to the members of the Governing Body of the CCG those matters we are required to state to them in accordance with NHS England guidance and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Governing Body of the CCG, as a body, for our work, for this report, or for the opinions we have formed.

Whilst NHS England require the CCG to provide it with a copy of our report, this is provided on the basis that we do not owe a duty of care to NHS England, as set out in paragraph 2.4 of the engagement letter and in the guidance issued by NHS England.

Qualified opinion – except for

In our opinion NHS Northumberland CCG's Mental Health Investment Standard Statement of Compliance for the period ended 31 March 2019 is properly prepared, in all material respects, based on the criteria set out in the "Assurance Engagement of the Mental Health Investment Standard - Briefing for Clinical Commissioning Groups" published by NHS England, except for the matters identified in the basis for qualified opinion paragraphs below.

Basis for qualified opinion

We would highlight the matters detailed below in respect of which our opinion is qualified.

- **Section 117 referrals (£3.392m 2017/18; £4.313m 2018/19):** the CCG has excluded learning disabilities and / or dementia Section 117 referral spend from the MHIS totals. The guidance is unclear whether all Section 117 spend should be included or whether spend relating to dementia or learning disabilities should be excluded. The CCG has erred on the side of caution in excluding learning disabilities and / or dementia from its return. Although we note the uncertainty of what should and should not be included within Section 117 spend, we note that it would not have a significant impact on the percentage increase between years as the CCG has adopted a consistent approach each year.
- **Continuing health care (CHC) (£8.148m 2017/18; £8.148m 2018/19):** CHC spend is derived from the SWIFT system which is categorised between neurological, mental health, physical disabilities and learning disabilities. The CCG has included the mental health category, however we note that an individual included in this category could have multiple needs, including dementia.

In relation to the above 'except for' qualifications, we draw particular attention to the low margin for error in relation to the MHIS Statement of Compliance that the MHIS has been met. The difference between the increase that the CCG is required to make in mental health expenditure in 2018/19 based on its overall programme increase and the actual mental health expenditure included as the final position in the Appendix to this report is only £0.023m. This means that if there were underlying errors in the 2017/18 or 2018/19 figures for mental health expenditure arising from the uncertainties where we have been unable to obtain assurance, these errors would not need to be very significant to impact on the overall assertion that the MHIS has been met or has not been met.



Other matter

The CCG's MHIS Statement of Compliance is based on their headline calculations of eligible mental health expenditure in 2017/18 and 2018/19. As required by the guidance, the CCG's original submission comprised the 2017/18 expenditure from the 2018/19 planning template (final submission) and the 2018/19 expenditure from the final non-IFSE submission for that year. Neither of these returns were subject to any form of assurance at the time of submission, and NHS England has indicated that the 2017/18 figures have been published and are unable to be changed. For the purposes of our reporting, where we have identified errors in the original submissions and these have been agreed with the CCG, the figures on which the MHIS Statement of Compliance have been recalculated are as shown in the 'Revised' column of the attached Appendix.

A handwritten signature in blue ink that reads 'C Waddell'.

6 July 2020

Cameron Waddell (Partner)
For and on behalf of Mazars LLP
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Enclosure

NHS Northumberland CCG's MHIS Statement of Compliance dated 02 July 2020

APPENDIX

SUMMARY OF THE CALCULATION OF THE MENTAL HEALTH INVESTMENT STANDARD

Following our work and identification of errors, where some items of expenditure had initially been incorrectly categorised as mental health, the CCG has recalculated the MHIS totals for both 2017/18 and 2018/19, as shown in the following table.

	Original (1)	Revised (2)
2017/18 £000	59,395	58,426
2018/19 £000	61,059	60,085
% increase in spend	2.80%	2.84%
% increase in programme growth per 2018/19 NHSE outturn submission	2.80%	2.80%

(1) original figures submitted for audit, being derived from the required sources (2017/18 – the 2018/19 NHSE planning submission, 2018/19 – the 2018/19 NHSE outturn submission).

(2) revised totals, being amended for other errors identified from our work.