

Date: 8 July 2020

**Statement of Compliance – Mental Health Investment Standard for NHS Eastern Cheshire Clinical Commissioning Group for 2018/19**

The planning guidance for 2018/19 stated that each CCG must meet the Mental Health Investment Standard (MHIS) by which their 2018/19 investment in mental health rises at a faster rate than their overall published programme funding.

As the Accountable Officer of NHS Eastern Cheshire CCG, which was dissolved on 31 March 2020, I was responsible for the preparation of the Mental Health Investment Standard Compliance Statement (the “Statement”) for the year ended 31 March 2019 and for the financial information that forms the basis of the calculation on which the Statement is derived. This included the design, implementation and maintenance of internal control relevant to the preparation of the Statement to ensure that mental health expenditure was correctly classified and included in the calculations and that the Statement is free from material misstatement, whether due to fraud or error.

To the best of my knowledge and belief I have properly discharged my responsibilities, with regard to reporting against the Mental Health Investment Standard.

NHS Eastern Cheshire CCG considered that it has complied with the requirements of the mental health investment standard for 2018/19.



**Clare Watson**  
Accountable Officer  
NHS Cheshire CCG

## Eastern Cheshire CCG's Mental Health Expenditure Summary for the year ended 31 March 2019

Category	2017/18			2018/19			Apportionment notes (non core)
	Core £'000	Non Core £'000	Total MHIS £'000	Core £'000	Non Core £'000	Total MHIS £'000	
Category 1 - Children & Young People's Mental Health (excluding LD)	1,949		1,949	2,846		2,846	
Category 2 - Children & Young People's Eating Disorders	107		107	159		159	
Category 3 - Perinatal Mental Health (Community)	5		5	5		5	
Category 4 - Improved access to psychological therapies (adult)	1,144		1,144	1,747		1,747	
Category 5 - A and E and Ward Liaison mental health services (adult)	142		142	634		634	
Category 6 - Early intervention in psychosis 'EIP' team (14 - 65)	-		-	476		476	
Category 7 - Crisis resolution home treatment team (adult)	-		-	1,110		1,110	
Category 8 - Community Mental Health	-		-	4,121		4,121	
Category 9 - SMI Physical Health	-		-	-		-	
Category 10 - Secure Care Pathway	-		-	256		256	
Category 11 - Suicide Prevention	-		-	-		-	
Category 12 - Other adult and older adult - inpatient mental health (excluding dementia)	15,475		15,475	4,438		4,438	1
Category 13 - Other adult and older adult mental health - non-inpatient (excluding dementia)			-	4,225	624	4,849	2
Category 14 - Mental health prescribing		1,854	1,854	-	1,643	1,643	3
Category 15 - Mental health in continuing care		3,779	3,779	-	3,285	3,285	4
<b>Total MHIS</b>	<b>18,822</b>	<b>5,633</b>	<b>24,455</b>	<b>20,016</b>	<b>5,552</b>	<b>25,568</b>	

### Apportionment notes (basis of apportionment):

1. The amount included in Category 12 for Non Core expenditure for 17/18 and 18/19 is shown as £Nil. The CCG submitted returns to NHS England which showed Non Core expenditure in Category 12 of £7.380M in 18/19 (£7.484M in 17/18) and NHS England have published the figures returned. This was an estimate of the amount spent in Acute settings for people with mental health diagnoses, but these costs related to acute procedures and medicines, rather than mental health services. In discussion with NHS England, it was concluded that these costs do not meet the criteria for inclusion as Mental Health spend and that these costs should be excluded from future returns on Mental Health spend to NHS England. Because these costs do not meet the criteria, this statement has been corrected and these amounts are not included in this summary of spend. Total spend in this summary is £7.380M less than the figures reported by NHS England in 18/19 (£7.484M less in 17/18) as a result of this correction.

2. The amount included in Non core for Category 13 relates to work commissioned to the voluntary sector and an estimate of the amount provided to partners through the Better Care Fund for Mental Health Reablement.

3. This is the cost of Mental Health Drugs for patients with MH issues delivered in a primary care setting and is based on data provided relation to prescriptions for mental health medicines.

4. This is the cost of packages of care with other organisations for people with Mental Health issues. It doesn't include overheads in relation to commissioning nurses who identify the needs, procure and manage those care packages.

# Independent Assurance Report in connection with the 2018/19 Mental Health Investment Standard compliance statement to the governing body of NHS Cheshire Clinical Commissioning Group in respect of NHS Eastern Cheshire Clinical Commissioning Group for the year ended 31 March 2019

To the Governing Body of NHS Cheshire Clinical Commissioning Group in respect of NHS Eastern Cheshire Clinical Commissioning Group

This reasonable assurance report (the "Report") is made in accordance with the terms of our engagement letter dated 16 July 2019 (the "Engagement Letter") for the purpose of reporting to the Governing Body of NHS Cheshire Clinical Commissioning Group in respect of NHS Eastern Cheshire Clinical Commissioning Group (the "CCG") in connection with NHS Eastern Cheshire's Mental Health Investment Standard compliance statement dated 8 July 2020 for the year ended 31 March 2019 (the "Statement"), which is attached. As a result, this Report may not be suitable for another purpose.

## Responsibilities of the CCG

The [Refreshing NHS Plans for 2018/19](#) planning guidance issued by NHS England and NHS Improvement stated that:

"Each CCG must meet the Mental Health Investment Standard (MHIS) by which their 2018/19 investment in mental health rises at a faster rate than their overall programme funding".

Each CCG is required to publish a statement after the end of the financial year to state whether they consider that they have met their obligations with regard to the MHIS (the "Statement"). The format and content of the Statement should be in line with the specified wording in the [Assurance Engagement of the Mental Health Investment Standard - Briefing for Clinical Commissioning Groups](#) (the "Guidance") issued by NHS England.

The CCG's Accountable Officer is responsible for the preparation of the Statement for the year ended 31 March 2019 and for the completeness and accuracy of the accounting records and calculations (the "Relevant Information") that forms the basis for the preparation of the Statement. This includes the design, implementation and maintenance of internal controls relevant to the preparation of the Statement to ensure that mental health expenditure is correctly classified and included in the calculations and that the Statement is free from material misstatement, whether due to fraud or error.

## Relevant Information to be used in the preparation of the Statement

The Relevant Information to be used in the preparation of the Statement is set out in the Guidance. This includes:

- Total expenditure on mental health in the years ended 31 March 2019 and 31 March 2018, which is consistent with the definitions used for programme budgeting, as set out in the Guidance
- Percentage increase in spend on mental health in the year ended 31 March 2019
- CCG allocation increase in 2018/19.

The Guidance sets out what constitutes eligible mental health expenditure for the purpose of the MHIS and the Statement.

The CCG's Accountable Officer was required to provide us with:

- access to all information of which management is aware that is relevant to the preparation of the Statement, including procuring any such records held by a third party so they were made available to us;
- additional information that we requested from management for the purpose of the engagement; and
- unrestricted access to persons within the CCG from whom we determined it necessary to obtain evidence.

## Practitioner's responsibilities

Our responsibilities are to express a conclusion on the accompanying Statement. We conducted our engagement in accordance with International Standard on Assurance Engagements (ISAE) 3000 (Revised), *Assurance engagements other than audits or reviews of historical financial information*. ISAE 3000 (Revised) requires us to form an opinion as to whether the Statement has been properly prepared, in all material respects, in accordance with the Criteria set out in the Guidance.

We apply International Standard on Quality Control 1 and accordingly maintain a comprehensive system of quality control including documented policies and procedures regarding compliance with ethical requirements, professional standards and applicable legal and regulatory requirements.

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

A summary of the work that we performed is as follows:

- Ascertained the method of compilation of the Statement and the headline calculations on which it is based;
- Considered the internal controls applied by the CCG over the preparation of the Statement and the headline calculations, and evaluated the design of those controls relevant to the engagement to determine whether they had been implemented;
- Identified and assessed the risks of material misstatement in the Mental Health Investment Standard compliance statement as a basis for designing and performing procedures to respond to the assessed risks;
- Verified the percentage increase spending on mental health in 2018/19 included in the headline calculations;
- Verified the percentage increase in the CCG's allocation included in the headline calculations and checked that it was the same as the published CCG allocations; and
- Carried out testing on the mental health expenditure included in the headline calculations to check whether it met the definition of mental health expenditure properly incurred, as set out in the Guidance.

We have examined the records of the CCG, performing such procedures on a sample basis so as to obtain information and explanations which we considered necessary having regard to the Guidance issued by NHS England and received such explanations from the management of the CCG in order to provide us with sufficient appropriate evidence to form our conclusion on the Statement.

The scope of our testing covered the MHIS performance and mental health expenditure included in the headline calculation only and does not cover the reporting of spend against individual service lines or the degree of provider triangulation.

Our work was directed to those matters which, in our view, materially affect the Statement and was not directed to the discovery of errors or misstatements that we consider to be immaterial. Whilst we perform our work with reasonable skill and care, it should not be relied upon to disclose all misstatements, fraud or errors that might exist.

### **Inherent Limitations**

Our audit work on the financial statements of the CCG is carried out in accordance with our statutory obligations and is subject to separate terms and conditions. This engagement will not be treated as having any effect on our separate duties and responsibilities as the CCG's external auditors.

Our audit report on the financial statements for the year ended 31 March 2019 is intended for the sole benefit of the members of the Governing Body of the CCG, as a body, in accordance with Part 5 of the Local Audit and Accountability Act 2014. Our audit 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 an auditor's report and for no other purpose. Our audits of the CCG's financial statements are not planned or conducted to address or reflect matters in which anyone other than such members of the Governing Body of the CCG, as a body, may be interested for such purpose. In these circumstances, to the fullest extent permitted by law, we do not accept or assume any responsibility to anyone other than the CCG and the members of the Governing Body of the CCG, as a body, for our audit work, for our audit reports, or for the opinions we have formed in respect of those audits.

To the fullest extent permitted by law we do not and will not, by virtue of our reports or otherwise, assume or accept any duty of care or liability under this engagement to the CCG and the members of the Governing Body of the CCG, as a body, or NHS England or to any other party, whether in contract, negligence or otherwise in relation to our statutory audits of the CCG's financial statements.

### **Qualified conclusion**

In our opinion, except for the effects of the matter described in the *Basis for qualified conclusion* section of our report, NHS Eastern Cheshire Clinical Commissioning Group's Mental Health Investment Standard compliance statement is properly prepared, in all material respects, in accordance with the Criteria set out in the Assurance Engagement of the Mental Health Investment Standard - Briefing for Clinical Commissioning Groups guidance published by NHS England.

## Basis for qualified conclusion

NHS Eastern Cheshire Clinical Commissioning Group's Mental Health Investment compliance statement is based on NHS Eastern Cheshire Clinical Commissioning Group's (the "CCG") headline calculations of their eligible mental health expenditure in 2017/18 and 2018/19. As required by the Guidance, the 2017/18 expenditure figures are based on the expenditure figure from the CCG's 2018/19 planning template (final submission) and the 2018/19 figures are based on the 2018/19 final non ISFE submission. We identified an error in the expenditure figures included in the CCG's calculations included in the original submissions for both 2017/18 and 2018/19 where the expenditure had not been calculated in accordance with the Guidance issued by NHS England. The error related to non-qualifying non-core expenditure.

Specifically, the CCG overstated expenditure as it included all spend in an acute setting for individuals with any Mental Health Diagnosis as far back as a 7<sup>th</sup> secondary diagnosis. This means that any procedures carried out in an acute setting for these individuals was captured as part of the spend and incorrectly included within the CCG's calculations of its eligible mental health expenditure in 2017/18 and 2018/19.

If the CCG's headline calculations had been amended for the non-trivial errors we identified, the 2017/18 mental health expenditure would decrease by £7.3 million and the 2018/19 mental health expenditure would decrease by £7 million.

The amended figures for both years do not affect the accuracy of the CCG's Mental Health Investment compliance statement which states that NHS Eastern Cheshire CCG considers that it has complied with the requirements of the Mental Health Investment Standard for 2018/19.

## Other Matter

Both the planning template (final submission) and the 2018-19 final non ISFE submission were not subject to any form of assurance from a third party. NHS England has advised CCGs that the final submission for the 2017/18 figures is now "locked down" and cannot be amended. As such there may be a difference between the mental health expenditure figure included in the CCG's 2018/19 planning template (final submission) and the expenditure figures calculated for the purposes of the CCG's 2018/19 MHIS compliance statement.

## Use of our report

This Report is made solely to the Governing Body of NHS Cheshire Clinical Commissioning Group in respect of NHS Eastern Cheshire Clinical Commissioning Group, as a body, in accordance with the terms of our Engagement Letter and solely for the purpose of reporting in connection with the 2018/19 Mental Health Investment Standard compliance statement of NHS Eastern Cheshire Clinical Commissioning Group. Our work has been undertaken so that we might state to the Governing Body of NHS Cheshire Clinical Commissioning Group in respect of NHS Eastern Cheshire Clinical Commissioning Group those matters we are required to state to them in a reasonable assurance report, in respect of NHS Eastern Cheshire Clinical Commissioning Group and for no other purposes. Our Report must not be made available, copied or recited to any other party without our express written permission, except that a copy may be provided to NHS England to whom we owe no duty of care. To the fullest extent permitted by law, we do not accept or assume responsibility or accept any duty of care to anyone other than the CCG and the members of the Governing Body of NHS Cheshire Clinical Commissioning Group in respect of NHS Eastern Cheshire Clinical Commissioning Group, as a body, for our work, for this Report or for the conclusions we have formed. We specifically disclaim any liability for any loss, damage or expense of whatsoever nature, which is caused by reliance on our Report by any party who may receive our Report other than the CCG.

*Grant Thornton UK LLP*

Grant Thornton UK LLP

Manchester  
9 July 2020