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## **Independent Reasonable Assurance Report**

### **ISAE (UK) 3000 Engagement**

**For the period from 1 April 2022 to 31 March 2023**

### **NHS Humber and North Yorkshire ICB**

The Board  
NHS Humber and North Yorkshire ICB  
Health House  
Grange Park Lane  
Willerby  
HU10 6DT

### **And NHS England**

Date: 12 September 2024

## **Independent Reasonable Assurance Report on NHS Humber and North Yorkshire ICB's 2022/23 Mental Health Investment Standard Compliance Statement to the Governing Body of NHS Humber and North Yorkshire ICB and NHS England for the year ended 31 March 2023**

### **Introduction**

This reasonable assurance report (the "Report") is made in accordance with the terms of our engagement letter dated 20 December 2023 (the "Engagement Letter") for the purpose of reporting to the Board of NHS Humber and North Yorkshire ICB (the "ICB") and NHS England in connection with NHS Humber and North Yorkshire ICB's Mental Health Investment Standard compliance statement dated 12 September 2024 for the year ended 31 March 2023 (the "Statement"), which is attached. As a result, this Report is not suitable for another purpose.

### **Scope**

The objective of this engagement is to provide an opinion on whether the ICB's Mental Health Investment Standard (MHIS) Compliance Statement has been properly prepared, in all material respects, based on the criteria set out in the "Assurance engagement of the mental health investment standard 2022/23" published by NHS England.

The planning guidance for 2022/23 issued by NHS England stated that: "The Mental Health Investment Standard (MHIS) will apply to ICBs and continue to be subject to an independent review. For 2022/23, the MHIS requires ICBs to increase spend on mental health services by more than ICB programme allocation base growth (prior to the application of the convergence adjustment)."

ICBs are required to publish a statement after the end of 2022/23 to state whether they have met their obligations with regard to the MHIS, including spend by their predecessor CCGs in quarter 1 (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 2022/23 (the "Guidance") issued by NHS England.

**Responsibilities of the ICB**

The ICB's Accountable Officer is responsible for the preparation of the Statement(s) for the ICB for the year ended 31 March 2023 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 year ended 31 March 2023, which is consistent with the definitions used for programme budgeting, as set out in the guidance;
- The ICB's target spend for the year, as confirmed by NHS England;
- The guidance sets out what constitutes eligible mental health expenditure for the purpose of the MHIS and the Statement.

The ICB'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 ICB from whom we determined it necessary to obtain evidence.

**Our responsibility**

Our responsibilities are to express a conclusion on the accompanying Statement. We conducted our engagement in accordance with UK Standard on Assurance Engagements (ISAE (UK) 3000)), Assurance engagements other than audits or reviews of historical financial information. ISAE (UK) 3000 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.

For the purpose of the engagement we have been provided by the ICB with a copy of their draft MHIS compliance statement showing the eligible MHIS expenditure and target spend for 2022/23, together with a more detailed expenditure summary. The Accountable Officer of the ICB remains solely responsible for the Statement.

We performed a reasonable assurance engagement as defined in ISAE (UK) 3000. The objective of a reasonable assurance engagement is to perform such procedures [on a sample basis] as to obtain information and explanations which we consider necessary in order to provide us with sufficient appropriate evidence to express a positive conclusion on the Statement.

A reasonable assurance engagement in accordance with ISAE (UK) 3000 involves performing procedures to obtain evidence about the fairness of the MHIS Compliance Statement. 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 ICB's method of compilation of the Mental Health Investment Standard Compliance Statement and the headline calculations on which it is based; and
- the internal controls applied by the ICB 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 that the total 2022/23 spend is equal or above the target spend as provided by NHS England.
- 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 Guidance.
- Verifying the factual accuracy of the MHIS Compliance Statement based on work undertaken.
- Obtaining and considering written representations from the ICB, including:
  - that it has provided us with all the information relevant to the engagement.
  - Confirming their measurement of the underlying subject matter against the applicable criteria and their 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 have examined the records of the ICB, 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 ICB in order to provide us with sufficient appropriate evidence to form our conclusion on the Statement.

The scope of our testing covered the total MHIS expenditure included in the Statement only and does not cover the reporting of spend against individual service lines in the expenditure summary.

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 objectives are to obtain reasonable assurance about whether the Mental Health Investment Standard Statement of Compliance for the period ended 31 March 2023 is properly prepared, in all material respects, based on the criteria set out in the "Assurance engagement of the mental health investment standard 2022/23" 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 (UK) 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.

Our testing on the mental health expenditure included in the headline calculations and supporting schedules was done on a sample basis.

Our audit work on the financial statements of the ICB 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 ICB's external auditors. Our audit report on the financial statements is intended for the sole benefit of the members of the Board of the ICB, 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 Board of the ICB those matters we are required to state to them in an auditor's report and for no other purpose. Our audits of the ICB's financial statements are not planned or conducted to address or reflect matters in which anyone other than such members of the Board of the ICB, 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 ICB and the members of the Board of the ICB, 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 ICB and the members of the Board of the ICB, 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 ICB's financial statements.

### **Use of the reasonable assurance report**

This report is made solely to the members of the Board of the ICB and NHS England. Our work has been undertaken so that we might state to the members of the Board of the ICB and NHS England 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 Board of the ICB, as a body, for our work, for this report, or for the opinions we have formed.

### **Opinion**

#### **Qualified Conclusion**

Our conclusion has been formed on the basis of, and is subject to, the matters outlined in this report.

Except for mental health prescribing, continuing health care expenditure, S117 expenditure and spend on ADHD services, in our opinion NHS Humber and North Yorkshire ICB's Mental Health Investment Standard compliance statement has been properly prepared, in all material aspects, in accordance with the criteria set out in the Assurance engagement of the mental health investment standard 2022/23, guidance published by NHS England.

#### **Basis for Qualified Conclusion**

We have undertaken our review of the ICB's Statement of Compliance having regard to the criteria set out by NHS England in its Assurance engagement of the mental health investment standard 2022/23, guidance published by NHS England.

We have identified the following issues that indicate that the ICB's Statement of Compliance has not been properly prepared in accordance with NHS England's guidance:

#### **Mental health prescribing**

- Mental health prescribing – Hull Place (£2.940m 2022/23, £3.019m 2021/22): this is based on applying percentages from the previous year's spend on mental health drugs to total estimated prescribing expenditure in 2022/23. The figures are derived from NHS Business Services Authority (BSA) information. Hull Place, however, has not made an adjustment for multi-use drugs. We note that Hull Place has adopted a consistent approach to previous years.
- Mental health prescribing - East Riding of Yorkshire Place (£2.860m 2022/23, £2.685m 2021/22): this is based on estimates of total prescribing spend for the year and applying a growth percentage to the prior year mental health prescribing cost derived from NHS Business Services Authority (BSA) information. East Riding of Yorkshire Place, however, has not made an

adjustment for multi-use drugs. We note that East Riding of Yorkshire Place has adopted a consistent approach to previous years.

- Mental health prescribing – York Place (£2,794m 2022/23, £2.622m 2021/22) and North Yorkshire Place (£3.606m 2022/23, £2.833 m 2021/22): this is based on extrapolated mental health prescribing spend at month 10 derived from NHS Business Services Authority (BSA) information. York Place and North Yorkshire Place have made adjustments in relation to multi use drugs as per the guidance which is an improvement on the prior year.
- Mental health prescribing – North Lincolnshire Place (£1.522m 2022/23, £1.455 m2021/22) and North East Lincolnshire Place (£1.178m 2022/23, £1.111m 2021/22: this is based on extrapolated mental health prescribing spend at month 10 derived from NHS Business Services Authority (BSA) information. North Lincolnshire Place and North East Lincolnshire Place, however, have not made an adjustment for multi-use drugs. We note that North Lincolnshire Place and North East Lincolnshire Place have adopted a consistent approach to previous years.

### Continuing health care

- CHC – Hull Place (£2.936m 2022/23, £2.266m 2021/22) and York Place (£3.174m 2022/23, £2.814m in 2021/22): we note that Hull Place and York Place have included CHC spend within the MHIS totals on the basis of the primary diagnosis as recorded on the clinical patient management system. The Guidance issued requires a relevant clinician to provide an estimate of the proportion of spend which relates to mental health need as opposed to learning disabilities or dementia where patients have multiple diagnoses. We note that Hull Place and York Place have adopted a consistent approach to previous years in this respect.
- CHC – East Riding of Yorkshire Place (£4.475m in 2022/23, £1.591m 2021/22): we note that East Riding of York Place has included planned spend in the calculations. This is on the basis that actual spend on Mental Health per the QA system (total excluding Learning Disability and Dementia of £1.531m) was felt to be understated due to a backlog in inputting the costs into the CHC database and also in billing from the local authority. At the time the data was completed, billing was so far behind that the Plan was considered to be the most accurate information. We note this is consistent with the treatment in the previous year.
- CHC – North Yorkshire Place (£3.943m in 2022/23, £3.834m in 2021/22): we note that North Yorkshire Place included planned spend in the calculations, rather than actual spend per the ledger of £4.171m. North Yorkshire Place stated that increases in this area are activity or price related and do not represent a recurrent planned increase in investment against the MHIS. We note that this is consistent with the treatment in the prior year.

### Section 117 expenditure

- S117 expenditure – East Riding of Yorkshire Place (£10.862m in 2022/23, £10,327m in 2021/22): East Riding of Yorkshire Place has apportioned the total amount of S117 expenditure per the ledger between MHIS and non-MHIS categories on the basis of the 2022/23 Plan. There is no evidence of clinician involvement in determining the proportion of the expenditure that is related to MHIS categories. We note that this is consistent with the treatment in the prior year and the difference would not have impacted on the overall achievements of the MHIS target.

### ADHD expenditure

- ADHD expenditure - East Riding of Yorkshire Place: Local NHS commissioned acute mental health and rehabilitation inpatient services (adult and older adult) includes expenditure of £389k on ADHD services which are specifically excluded from the MHIS. The ICB has confirmed that this classification is consistent with previous years in terms of treatment and therefore forms part of the target baseline. Although the ICB has submitted a re-baselining submission in 2022/23 this was for material adjustments. The ICB felt it would be wrong to change just this one area / exclude from MHIS for continuity and consistency purposes.



**Gavin Barker**

Director

For and on behalf of Mazars LLP

The Corner  
Bank Chambers  
26 Mosley Street  
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12 September 2024

**Enclosure**

NHS Humber and North Yorkshire ICB's Statement of Compliance 2022/23 dated 12 September 2024