

NHS Hull CCG

Julian Kelly and Claire Murdoch

Chief Financial Officer and National Mental Health Director

> Skipton House 80 London Road London SE1 6LH

> > 9th July 2020

Dear CCG Accountable Officer and Chair of NHS Hull CCG,

Mental Health Investment Standard Review 2018/19

We are writing regarding the independent review of your CCG's performance against the Mental Health Investment Standard in 2018/19. As well as being part of our routine financial reporting, the Mental Health Investment Standard is a measure which underlines the importance of improving the mental health services which we provide to patients.

As you know, the NHS met the Mental Health Investment Standard nationally and regionally in 2018/19 and in 2019/20, exceeding the minimum spend required by over £200 million in both years, and by meeting the standard your organisation contributed to this success.

We are therefore very grateful for the work that you and your colleagues have put in to both meeting the Standard and to maintaining the controls and assurance which meant that the reporting accountants were satisfied with your report, and want to take this opportunity to express our thanks.

We will be repeating the independent review of Mental Health Investment Standard performance for 2019/20. Given that all CCGs will have had a chance to consider the recommendations from their reporting accountants on 2018/19, we are expecting a significant improvement in the number of clean opinions in 2019/20.

We would particularly like to draw your attention to the most common issues identified by auditors during their reviews.

1. Prescribing expenditure must be reported for the MHIS in line with the guidance, i.e. drawing on EPACT, and not by using programme budgeting data.



- 2. Where spend is linked to block contracts, commissioners and providers should agree what proportion of this expenditure applies to MHIS-compliant services each year, and not rely on a historic split of spend.
- 3. Learning Disabilities and Dementia (LD&D) spending must in all cases be excluded from the MHIS, including any LD&D CHC or elderly mental health related spend.
- 4. For Continuing Health Care, CCGs must distinguish CHC for mental health (included) from other areas of CHC and retain evidence to justify this.

We have heard that some providers have been reluctant to share the information required to answer some of these questions. If that is the case for you, please escalate the issue to your regional team in the first instance as we expect providers to cooperate and share the data required.

Yours sincerely

Julian Kelly

Chief Financial Officer

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Claire Murdoch

National Mental Health Director

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