

# Final Internal Audit Report

## Children 0-5 Public Health Responsibility

### February 2017

**Distribution:** Executive Director of People (Final only)  
 Director of Public Health  
 Assistant Director of Health and Well Being  
 Director of Children's Social Care and Early Intervention  
 Joint Head of Partnerships and Children's Integrated Commissioning  
 Commissioning and Contracts Manager

Assurance Level	Recommendations Made	
Full Assurance	Priority 1	0
	Priority 2	0
	Priority 3	0

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This report has been prepared on the basis of the limitations set out in Appendix 3.

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## **1. Introduction**

- 1.1 Under the Health and Social Care Act 2012, public health functions transferred from the NHS to upper tier and unitary local authorities from April 2013. The Healthy Child Programme (HCP) for 0-5 year olds remained with NHS England, although in January 2014, the Government confirmed that responsibility for delivering the HCP 0-5, which includes the commissioning of health visitors and family nurses would transfer from October 2015.
- 1.2 The HCP 0-5 includes health visiting services, incorporating both universal and targeted programmes, and family nurse partnership services (targeted service for teenage mothers). Only the commissioning responsibility is being transferred, therefore health visitors and family nurses will remain employed by provider organisations. Commissioning responsibilities for Child Health Information Systems (CHIS) and the six to eight week GP check (also known as the Child Health Surveillance) will be retained by NHS England.
- 1.3 A S75 agreement was subsequently agreed between the Council and Croydon Health Services NHS Trust for the provision of 'Best Start' Child and Family Life Chances Service (health Visiting Service)' from 1 April 2016. As part of the agreement a Partnership Board was set up to monitor and review the performance of the services.
- 1.4 Feedback from the Health Visiting Service is that they have worked in a proactive and positive partnership with public health commissioners to establish significantly improved performance information, determine a sustainable service delivery model and increase activity over the period of the first year of the section 75. Performance is regularly monitored and reviewed at the S75 partnership board. The agreement will be further reviewed as part of the Council's Contracts Review that will take place in early 2017.
- 1.5 This audit is part of the agreed Internal Audit Plan for 2015/16. The objectives, scope and approach are included in the Audit Terms of Reference at Appendix 1.

## **2. Key Issues**

No issues were identified as a result of the audit work undertaken and therefore no recommendations made.

## INTERNAL AUDIT TERMS OF REFERENCE

### CHILDREN 0-5 PUBLIC HEALTH RESPONSIBILITY

#### 1. INTRODUCTION

- 1.1 Under the Health and Social Care Act 2012, public health functions transferred from the NHS to upper tier and unitary local authorities from April 2013. The Healthy Child Programme (HCP) for 0-5 year olds remained with NHS England, although in January 2014, the Government confirmed that responsibility for delivering the HCP 0-5, which includes the commissioning of health visitors and family nurses would transfer from October 2015.
- 1.2 The HCP 0-5 includes: health visiting services incorporating both universal and targeted programmes, and family nurse partnership services (targeted service for teenage mothers). Only the commissioning responsibility is being transferred, therefore health visitors and family nurses will remain employed by provider organisations. Commissioning responsibilities for Child Health Information Systems (CHIS) and the six to eight week GP check (also known as the Child Health Surveillance) will be retained by NHS England.
- 1.3 As part of the transfer of services, the Department of Health (DOH) has mandated local authorities (under section 6C of the NHS Act 2006), for 18 months to provide the following five universal health visitor reviews:
- antenatal health-promoting visits;
  - new baby review;
  - six to eight week assessment of the baby;
  - one year assessment, and
  - two to two and a half year review
- 1.4 Local authorities are expected to provide the same level of service as the NHS at the point of transfer and thereafter secure continuous improvement. A DOH 0-5 Public Health Commissioning Transfer Programme Board has been set up to oversee the safe transition of services from NHS England Area Teams to local authorities.
- 1.5 This audit is part of the agreed Internal Audit Plan for 2016/17.

#### 2. OBJECTIVES AND METHOD

- 2.1 The overall audit objective is to provide an objective independent opinion on the adequacy and effectiveness of controls / processes.
- 2.2 The audit will for each controls / process being considered:
- Walkthrough the processes to consider the key controls;
  - Conduct sample testing of the identified key controls, and
  - Report on these accordingly.

**3. SCOPE**





3.1 This audit examined the Council's arrangements for implementing new Public Health responsibilities for children 0-5 and included the following areas (and issues identified):

Control Areas/Risks	Recommendations Made		
	Priority 1 (High)	Priority 2 (Medium)	Priority 3 (Low)
Management, Organisational and Legislative Requirements	0	0	0
Commissioning Strategy	0	0	0
Arrangements for Commissioning/Procuring Services	0	0	0
Safeguarding	0	0	0
Data Collection	0	0	0
Performance Reporting and Monitoring	0	0	0

## DEFINITIONS FOR AUDIT OPINIONS AND RECOMMENDATIONS

In order to assist management in using our reports:

We categorise our **audit assurance opinion** according to our overall assessment of the risk management system, effectiveness of the controls in place and the level of compliance with these controls and the action being taken to remedy significant findings or weaknesses.

	Full Assurance	There is a sound system of control designed to achieve the system objectives and the controls are constantly applied.
	Substantial Assurance	While there is basically a sound system of control to achieve the system objectives, there are weaknesses in the design or level of non-compliance of the controls which may put this achievement at risk.
	Limited Assurance	There are significant weaknesses in key areas of system controls and non-compliance that puts achieving the system objectives at risk,
	No Assurance	Controls are non-existent or extremely weak, leaving the system open to the high risk of error, abuse and reputational damage.

Priorities assigned to recommendations are based on the following criteria:

<b>Priority 1 (High)</b>	Fundamental control weaknesses that require immediate attention by management to action and mitigate significant exposure to risk.
<b>Priority 2 (Medium)</b>	Control weakness that still represent an exposure to risk and need to be addressed within a reasonable period.
<b>Priority 3 (Low)</b>	Although control weaknesses are considered to be relatively minor and low risk, still provides an opportunity for improvement. May also apply to areas considered to be of best practice that can improve for example the value for money of the review area.

## STATEMENT OF RESPONSIBILITY

We take responsibility for this report which is prepared on the basis of the limitations set out below.

The matters raised in this report are only those which came to our attention during the course of our work and are not necessarily a comprehensive statement of all the weaknesses that exist or all improvements that might be made. Recommendations for improvements should be assessed by you for their full impact before they are implemented. The performance of our work is not and should not be taken as a substitute for management's responsibilities for the application of sound management practices. We emphasise that the responsibility for a sound system of internal controls and the prevention and detection of fraud and other irregularities rests with management and work performed by us should not be relied upon to identify all strengths and weaknesses in internal controls, nor relied upon to identify all circumstances of fraud or irregularity. Even sound systems of internal control can only provide reasonable and not absolute assurance and may not be proof against collusive fraud. Our procedures are designed to focus on areas as identified by management as being of greatest risk and significance and as such we rely on management to provide us full access to their accounting records and transactions for the purposes of our work and to ensure the authenticity of such material. Effective and timely implementation of our recommendations by management is important for the maintenance of a reliable internal control system.

### **Mazars Public Sector Internal Audit Limited**

**London**

**February 2017**

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