

Final Internal Audit Report

The Croydon Health and Care Plan (Transforming Care: Winterbourne View)

January 2022

Distribution: Corporate Director Adult Social Care and Health (Acting)
Integrated Delivery Manager
Assistant Chief Executive (Interim)
Interim Corporate Director of Resources (S151)

Assurance Level	Issues Identified	
Full Assurance	Priority 1	0
	Priority 2	0
	Priority 3	0

Confidentiality and Disclosure Clause

This report ("Report") was prepared by Mazars LLP at the request of London Borough of Croydon and terms for the preparation and scope of the Report have been agreed with them. The matters raised in this Report are only those which came to our attention during our internal audit work. Whilst every care has been taken to ensure that the information provided in this Report is as accurate as possible, Internal Audit have only been able to base findings on the information and documentation provided and consequently no complete guarantee can be given that this Report is necessarily a comprehensive statement of all the weaknesses that exist, or of all the improvements that may be required.

The Report was prepared solely for the use and benefit of London Borough of Croydon and to the fullest extent permitted by law Mazars LLP accepts no responsibility and disclaims all liability to any third party who purports to use or rely for any reason whatsoever on the Report, its contents, conclusions, any extract, reinterpretation, amendment and/or modification. Accordingly, any reliance placed on the Report, its contents, conclusions, any extract, reinterpretation, amendment and/or modification by any third party is entirely at their own risk.

Please refer to the Statement of Responsibility in Appendix 3 of this report for further information about responsibilities, limitations and confidentiality.

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1. Introduction

- 1.1 On 31 May 2011, an undercover investigation by the BBC's Panorama programme revealed criminal abuse by staff of patients at Winterbourne View Hospital near Bristol. While the Care Quality Commission (CQC) subsequent inspections of nearly 150 other hospitals and care homes did not find abuse and neglect like that at Winterbourne View, it did find that many of the people in Winterbourne View should not have been there in the first place. The Department of Health review and response, published in 2013, highlighted a widespread failure to design, commission and provide services which give people the support they needed close to home, and which were in line with well-established best practice. Equally, there was a failure to assess the quality of care or outcomes being delivered for the very high cost of places at Winterbourne View and other hospitals.
- 1.2 In response, One Croydon Alliance, a partnership between the local NHS, Croydon Council and Age UK Croydon, launched a five-year plan to support residents to stay well for longer by making services more accessible in the heart of their communities. This Croydon Health and Care Plan 2019/2020 – 2024/2025 outlined a fresh vision for how health and social care will be delivered across the borough, particularly for those with the greatest need, to transform the health and wellbeing of local people. The plan emphasised three clear priorities:
- Focus on prevention and proactive care: supporting people to stay well, manage their own health and maintain their wellbeing by making sure they can get help early.
 - Unlock the power of communities: connecting people to their neighbours and communities, who can provide unique support to stay fit and healthy for longer.
 - Develop services in the heart of the community: giving people easy access to joined up services that are tailored to the needs of their local community.
- 1.3 Governance of the Health and Care Plan, as set out in the 'Clarifying roles and responsibilities across One Croydon boards dated April 2021' included:
- The Health and Wellbeing Board to set the strategy and issue/endorse the Health and Care Plan;
 - The Shadow Health and Care Board (Chief Officers) with its programme boards to deliver the Plan.
 - The Senior Executive Board (SEB), which reports into Shadow Health and Care Board, is the Director Group responsible for delivering the plan.
 - Different working groups/ Boards for different areas of the programme delivery are set-up which report to the SEB, such as the Localities Board, the

Integrated Communities Network Plus Project Group, the System Design Group, the Finance Group, etc.

- 1.4 Examination of a sample of the Shadow Health and Care Board meeting minutes confirmed that progress in developing the Health and Care Plan was discussed along programme delivery, its feasibility, implementation strategy around Mental Health, Modern Acute Programme, etc. The budget of the Board was also discussed in these meetings. Examination of a sample SEB meeting minutes and confirmed that the programme implementation status of the Health and Care Plan, delivery targets of the Health and Care Plan, leads of all areas, and other operational areas such as Finance, systems, etc. were discussed along with budgets and feedback to the Shadow Health and Care Board. Examination of a sample of meeting minutes for some programme Boards, such as the Localities Board and the ICN Plus Project Group, confirmed that progress updates against the plan, risks and issues, delays and the reasons for these and lessons learned were discussed at such meetings.
- 1.5 Milestones and Key Performance Indicators were defined in Appendices 1 and 2 of the Croydon Health and Care Plan and also in the 'Change and Efficiency Dossier' tracker. Sample testing confirmed that these were monitored and reported against.
- 1.6 Whilst progress against the Croydon Health and Care Plan has been made, implementation of the programmes within this was delayed as the Council diverted the resources to meet other urgent priorities within its Children's Programme and due to the impact of the Covid-19 pandemic. Consequently, the Council working with the One Croydon Alliance, following the review of what was aimed to be delivered in the first two years against the progress for each area, plans to issue a refreshed Croydon Health and Care Plan, for the period October 2021 to March 2023, by 1 October 2021.
- 1.7 The fieldwork for this review was completed during the government measures put in place in response to COVID-19. While our review and testing was performed remotely, we have been able to obtain all relevant documents required to complete the review.
- 1.8 The audit was undertaken as part of the agreed Internal Audit Plan 2020/21 based on a risk assessment. The objectives, approach and scope are contained in the Audit Terms of Reference at Appendix 1.

2. Key Issues

No key issues were identified.

AUDIT TERMS OF REFERENCE

Transforming Care: Winterbourne View

1. INTRODUCTION

- 1.1 The Winterbourne View hospital inquiry occurred at Winterbourne View, a private hospital in South Gloucestershire. A Panorama investigation broadcast on television in 2011, exposed the physical and psychological abuse suffered by people with learning disabilities and challenging behaviour at the hospital.
- 1.2 Staff whose job was to care for and help people instead routinely mistreated and abused them. Its management allowed a culture of abuse to flourish. Warning signs were not picked up or acted on by health or local authorities, and concerns raised by a whistle-blower went unheeded. The fact that it took a television documentary to raise the alarm was itself a mark of failings in the system.
- 1.3 CQC's subsequent inspections of nearly 150 other hospitals and care homes did not find abuse and neglect like that at Winterbourne View. However, many of the people in Winterbourne View should not have been there in the first place, and in this regard the story is the same across England. Many people are in hospital who don't need to be there, and many stay there for far too long – sometimes for years.
- 1.4 The Department of Health review highlighted a widespread failure to design, commission and provide services which give people the support they needed close to home, and which were in line with well-established best practice. Equally, there was a failure to assess the quality of care or outcomes being delivered for the very high cost of places at Winterbourne View and other hospitals.
 - 1.1 In response, One Croydon, a partnership between the local NHS, Croydon Council and Age UK Croydon, launched a five-year plan to support residents to stay well for longer by making services more accessible in the heart of their communities.
 - 1.2 The Croydon Health and Care Plan 2019/2020 – 2024/2025 outlines a fresh vision for how health and social care will be delivered across the borough, particularly for those with the greatest need, to transform the health and wellbeing of local people. The plan emphasises three clear priorities:
 - Focus on prevention and proactive care: supporting people to stay well, manage their own health and maintain their wellbeing by making sure they can get help early.

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- Unlock the power of communities: connecting people to their neighbours and communities, who can provide unique support to stay fit and healthy for longer.
- Develop services in the heart of the community: giving people easy access to joined up services that are tailored to the needs of their local community.

1.3 This audit is being undertaken as part of the agreed Internal Audit Plan for 2020/21.

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 focused on implementation of the Croydon Health and Care Plan and included the following areas (and issues raised):

Control Areas/Risks	Issues Raised		
	Priority 1 (High)	Priority 2 (Medium)	Priority 3 (Low)
Regulatory, Organisational and Management Requirements	0	0	0
Action Plan and Setting of Targets	0	0	0
Monitoring and Reporting	0	0	0
Remedial Actions	0	0	0
Total	0	0	0

Definitions for Audit Opinions and Identified Issues

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 identified issues are based on the following criteria:

Priority 1 (High)	Fundamental control weaknesses that require immediate attention by management to action and mitigate significant exposure to risk.
Priority 2 (Medium)	Control weakness that still represent an exposure to risk and need to be addressed within a reasonable period.
Priority 3 (Low)	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 to the London Borough of Croydon for this report which is prepared on the basis of the limitations set out below.

The responsibility for designing and maintaining a sound system of internal control and the prevention and detection of fraud and other irregularities rests with management, with internal audit providing a service to management to enable them to achieve this objective. Specifically, we assess the adequacy and effectiveness of the system of internal control arrangements implemented by management and perform sample testing on those controls in the period under review with a view to providing an opinion on the extent to which risks in this area are managed.

We plan our work in order to ensure that we have a reasonable expectation of detecting significant control weaknesses. However, our procedures alone should not be relied upon to identify all strengths and weaknesses in internal controls, nor relied upon to identify any 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.

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.

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