

**FINAL INTERNAL AUDIT REPORT**

**EDUCATION, CARE AND HEALTH SERVICES DEPARTMENT**

**REVIEW OF PUBLIC HEALTH AUDIT FOR 2016-17 - SUBSTANCE MISUSE**

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## REVIEW OF PUBLIC HEALTH AUDIT FOR 2016-17 - SUBSTANCE MISUSE

### INTRODUCTION

1. This report sets out the results of our systems based audit of Public Health Audit for 2016-17 - Substance Misuse. The audit was carried out in quarter 3 as part of the programmed work specified in the 2016 Internal Audit Plan agreed by the Section 151 Officer and Audit Sub-Committee.
2. The controls we expect to see in place are designed to minimise the department's exposure to a range of risks. Weaknesses in controls that have been highlighted will increase the associated risks and should therefore be corrected to assist overall effective operations.
3. The original scope of the audit was outlined in the Terms of Reference issued on 7/9/16. The period covered by this report is from April 1<sup>st</sup> 2016 to September 2016, however, the budgetary position was also reviewed for the financial year 2015-16.
4. The total net budget for this service area for 2016-17 is £1,755,060 and the actual spend as at August 2016 was £418,595. For 2015/16, the total net budget was £2,266,920 and the actual spend was £1,930,227. This budget information was provided to the Auditor on 5/10/16.
5. There are two relevant contracts in place originally with Contractor A which have since changed their name, that individually cover adults and young people. The contracts commenced on 01 December 2015 and will run for a period of 2 year(s) expiring on 30 November 2017. The aim of the contracts for the substance misuse service for both client groups are to move a client from a position of problematic drugs and/or alcohol misuse, with possible poor physical health status, chaotic lifestyle and criminality to a position of stability, improved health and well-being, employment and positive engagement with the community. This will be informed by the end goals of recovery and abstinence and will include access to a range of service options including treatment, support and rehabilitation.

### AUDIT SCOPE

6. The scope of the audit is detailed in the Terms of Reference.

## REVIEW OF PUBLIC HEALTH AUDIT FOR 2016-17 - SUBSTANCE MISUSE

### AUDIT OPINION

7. Overall, the conclusion of this audit was that substantial assurance can be placed on the effectiveness of the overall controls that Internal Audit have been able to test. Definitions of the audit opinions can be found in Appendix C.

### MANAGEMENT SUMMARY

8. Drug treatment as detailed within the national service framework identifies four tiers of treatment :-
  - Tier 1: information and advice, screening and referral to specialist drug treatment services,
  - Tier 2: information and advice by specialist drug services, triage assessment, referral to structured drug treatment,
  - Tier 3: community-based drug assessment and structured treatment (including community prescribing, psychosocial interventions
  - Tier 4: residential treatment, such as NHS inpatient units and voluntary sector rehabilitation
9. Information was requested in respect of the all adult service users that had placements agreed at panel in order that testing could be undertaken. These are Tier 4 services which are inpatient detox or residential rehabilitation.
10. For young people, there is no panel as these would not be appropriate for young people, as they are generally necessary because of the complex medical problems which have developed as a result of substance misuse, or to help people overcome dependence by management of longstanding psychological, emotional and behavioural issues. Therefore, testing could not be undertaken in respect of young people in the same way.
11. Data was requested in respect of the outcome measures specific to the two contracts mentioned above to ensure that these measures were being met or achieved. The performance outcomes for adults include :-
  - Number of people in the service

## REVIEW OF PUBLIC HEALTH AUDIT FOR 2016-17 - SUBSTANCE MISUSE

- Number of successful completions
  - Abstinence rates at 6 months
  - Waiting times
12. The performance outcomes for young people include:-
- New presentations (year to date)
  - Waiting times < 3 weeks
  - Average treatment length (weeks)
  - Number of young people in service (rolling twelve months).
13. It was not possible to have access to this data as it was confirmed by the Consultant in Public Health, that having checked with the Regional Lead, the performance activity reports from the National Drug Treatment Monitoring System (NDTMS) could not be shared with the Auditor, as these are restricted until publication. The only information that was accessible was the Joint Strategic Needs Assessment (JSNA) support pack, but this would not cover the relevant time period.
14. In respect of the number of adult service users, it was confirmed that the caseload as at 20/10/16 was 734. Of these, 330 are in structured treatment, and 218 are in Tier 2 (needle exchange, or in the recovery service and have been stepped down from Tier 3). There are 75 clients who have been referred to the service, mainly in the last 28 days who have been contacted but have not presented as of yet. There are also approximately 30 who have been assessed who turned down treatment from Drug Intervention Programme (DIP), and the rest of the clients are due to be closed off the caseload. The contract with the provider states that 'based on the current volumes, the provider can expect to see 2,000 individuals in the course of one year. Approximately, 200 of these will require the substitute prescribing service.
15. In total there are 118 service users who the service have worked with since the contract commenced, of which 70 are still open, 23 at Tier 3 and 38 at Tier 2. Included in the data are 13 cases that have been referred and not been assessed yet, have not attended an appointment offered, or have postponed the appointment. The contract with the provider states that the provider can expect to see a maximum of 160 individuals in the course of one year.

## REVIEW OF PUBLIC HEALTH AUDIT FOR 2016-17 - SUBSTANCE MISUSE

### SIGNIFICANT FINDINGS (PRIORITY 1)

16. None.

### DETAILED FINDINGS / MANAGEMENT ACTION PLAN

17. The findings of this report, together with an assessment of the risk associated with any control weaknesses identified, are detailed in Appendix A. There are no findings and as a result, there is no Appendix A or B. Any recommendations to management are raised and prioritised at Appendix B.

### ACKNOWLEDGEMENT

18. Internal Audit would like to thank all staff contacted during this review for their help and co-operation.

## OPINION DEFINITIONS

## APPENDIX C

As a result of their audit work auditors should form an overall opinion on the extent that actual controls in existence provide assurance that significant risks are being managed. They grade the control system accordingly. Absolute assurance cannot be given as internal control systems, no matter how sophisticated, cannot prevent or detect all errors or irregularities.

### **Assurance Level**

### **Definition**

Full Assurance

There is a sound system of control designed to achieve all the objectives tested.

Substantial Assurance

While there is a basically sound systems and procedures in place, there are weaknesses, which put some of these objectives at risk. It is possible to give substantial assurance even in circumstances where there may be a priority one recommendation that is not considered to be a fundamental control system weakness. Fundamental control systems are considered to be crucial to the overall integrity of the system under review. Examples would include no regular bank reconciliation, non-compliance with legislation, substantial lack of documentation to support expenditure, inaccurate and untimely reporting to management, material income losses and material inaccurate data collection or recording.

Limited Assurance

Weaknesses in the system of controls and procedures are such as to put the objectives at risk. This opinion is given in circumstances where there are priority one recommendations considered to be fundamental control system weaknesses and/or several priority two recommendations relating to control and procedural weaknesses.

No Assurance

Control is generally weak leaving the systems and procedures open to significant error or abuse. There will be a number of fundamental control weaknesses highlighted.