HEALTH AND WELLBEING BOARD		AGENDA ITEM No. 11	
18 JUNE 2015		PUBLIC REPORT	
Contact Officer(s):	Oliver Hayward, Head of Business Management & Commercial Operations		Tel. 863910

SECTION 256 AGREEMENT FOR HOSPITAL ALCOHOL LIAISON PROJECT

RECOMMENDATIONS		
FROM : Corporate Director: People & Communities	Deadline date: N/A	
1.The board is asked to note the contents of the report		

1. ORIGIN OF REPORT

1.1 This report is submitted to Board following a request by the Corporate Director: People & Communities.

2. PURPOSE AND REASON FOR REPORT

- 2.1 The purpose of this report is to provide the Board with additional information regarding the joint commissioning of the HALP and it will be commissioned from the next financial year 16/17
- 2.2 This report is for Board to consider under its Terms of Reference No. 3.5.

3. MAIN BODY OF REPORT

- 3.1 The council is currently conducting a retender process for all contracts associated with drug and alcohol treatment. The end result will be an Integrated Substance Misuse Treatment System. The new service will commence on 1st April 2016 which coincides with the end of the current contracts.
- 3.2 HALP is presently commissioned by Cambridgeshire and Peterborough Clinical Commissioning Group and delivered by Drink Sense, who are also the current provider of the Adult Alcohol Treatment Service. However, to include the HALP within the Integrated Substance Misuse Treatment System specification, a section 256 agreement is required between the Council and Cambridgeshire and Peterborough Clinical Commissioning Group.
- 3.3 Pursuant to section 256 of the National Health Service Act 2006, payments will be made to the Council under a section 256 agreement for the inclusion of the HALP within the Integrated Substance Misuse Treatment System specification. This legislation allows the NHS to make funding transfers to a local authority in order to secure more health gain than an equivalent expenditure within the NHS. Subsequently the HALP will be embedded within the Integrated Substance Misuse Treatment System contract.
- 3.4 The total amount to be transferred for each year of the Integrated Substance Misuse Treatment System contract is £105,000. This figure will be reviewed annually.

4. CONSULTATION

4.1 Consultation has been undertaken with key officers within the CCG.

5. ANTICIPATED OUTCOMES

The section 256 transfer will allow the specification for the Integrated Substance Misuse Treatment System tender to include the HALP. This will result in the HALP being fully funded and embedded within the Integrated Substance Misuse System contract.

6. REASONS FOR RECOMMENDATIONS

- 6.1 The section 256 transfer allows Peterborough City Council to include HALP within the Integrated Substance Misuse Treatment System specification. HALP enables the detection of people who have been admitted to hospital for alcohol related causes. When a patient has been admitted to hospital there is an ideal opportunity to deliver brief interventions and advice with the aim of preventing further hospital admissions. When necessary patients may be referred to and engage with the alcohol treatment service. According to DrinkSense who currently deliver HALP, 901 referrals were made, 1300 brief interventions and 553 brief advice sessions were delivered between April 2014 and March 2015.
- 6.2 It is anticipated that embedding HALP will maximise opportunities to engage with problematic alcohol users, who are unwilling to self-refer. A seamless and robust pathway in to treatment will be created while increasing alcohol harm awareness and reducing repeat admissions into hospital.
- 6.3 The project also fits Peterborough's partnership approach, being in line with the multiagency Safer Peterborough Partnership's objectives of tackling alcohol-related harm. It is further in line with HM Government's Alcohol Strategy (March 2012) which advocates alcohol liaison work in all hospitals

7. ALTERNATIVE OPTIONS CONSIDERED

7.1 Not to include HALP in the retender. Without HALP the Integrated Substance Misuse Treatment System would be without a tried and tested referral route and would have to rely more on outreach programmes and self-referrals. There is also a risk that Cambridgeshire and Peterborough Clinical Commissioning Group would commission a different provider to deliver HALP on their behalf. This could undermine the integration of the new treatment service as there would be a separate organisation potentially making referrals which could lead to fractured pathways and missed referrals.

8. IMPLICATIONS

9.1 Financial implications:

The section 256 transfer stipulates that HALP will be funded by Cambridgeshire and Peterborough Clinical Commissioning Group.

9.2 Legal implications:

Section 256 of the National Health Service Act 2006 provides authority for a Clinical Commissioning Group to make payments to a Local Authority if the Clinical Commissioning Group is satisfied that the payment is likely to secure a more effective use of public funds than the deployment of an equivalent amount on the provision of services.

9. BACKGROUND DOCUMENTS

Used to prepare this report, in accordance with the Local Government (Access to Information) Act 1985)

None.