



# An overview of HIV Support services – current and future

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# OUTLINE



- Service cuts between 2015/16 and 2016/17
- Recent commissioning challenges
- Why should HIV support services be commissioned?
- Where do support services fit in new commissioning models?

# SUPPORT SERVICE CUTS

# Cuts: 2015/16 - 16/17



- We asked commissioners across all 4 nations of the UK how much they spent on HIV support services in 2015/16 and in 2016/17
- 28 - 42% decrease in reported expenditure by local authorities in England
- Little change in CCG expenditure

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- Little change in CCG expenditure
- **Who should commission HIV support services?**

# Justification for cuts



- Generic services are available
- People are living well with HIV so don't need support services
- Austerity measures – we can't afford 'coffee clubs'

# The challenge continues



- Brigstowe, Bristol
  - Consultation on 'Supporting People' funding proposed a 100% cut
- East Sussex consultation in process
  - "We are proposing to spend less money on preventative services which help to stop or delay the need for more expensive statutory services."

Why should HIV  
support services be  
commissioned?

# The empirical argument



- 35% of people being seen for HIV care have accessed HIV support services in the last 12 months (PHE, 2014)
- Co-morbidities, ageing, mental health needs, drug and alcohol needs...
- Stigma
- Benefits crisis
- Social care crisis

# The empirical argument



“I am HIV positive and have received great support that has helped me overcome the emotional difficulties with my diagnosis. I take my meds and progress in my life and career and truly hope that men and women who become diagnosed in the future may be able to access the same kind of high quality caring support that I did. Not everyone will need such great support but for those who do, these services are essential” (Patrick)

“It saved my life. I attempted suicide twice... if it wasn't for that [THT newly diagnosed] group I might not be here today” (NAT focus group participant)

# The empirical argument



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# The policy argument



- BHIVA standards of care
- NHS England service specification
- NHS Five Year Forward View
- Care Act 2014
- and.... HIV support services are cost saving

# The policy argument



- **BHIVA standards of care**
  - peer support
  - support and information about HIV treatment, healthy living with HIV, diet and lifestyle, and optimisation of general health
  - support around access to health services
  - financial, housing and employment support

# The policy argument



- **NHS England service specification**
  - ‘the effectiveness of HIV specialised services depends on other elements of the HIV care pathway being in place and effectively coordinated.’
  - ‘...community services provided by third sector and other organisations. These services can provide important support on long-term condition management’
  - ‘third sector HIV care and support services for treatment adherence, peer support and self-management... social care, mental health and community services for rehabilitation, personal care or housing’

# The policy argument



- **NHS Five Year Forward View**

‘...we will do more to support people to manage their own health – staying healthy, making informed choices of treatment, managing conditions and avoiding complications. With the help of the voluntary sector partners, we will invest significantly in evidence-based approaches such as group-based education for people with specific conditions and self-management educational courses, as well as encouraging independent peer-to-peer communities to emerge’

# The policy argument



- **Care Act 2014 duties for local authorities**
  - to promote the wellbeing of individuals
  - to arrange provision of services that prevent the development of greater care and support needs
  - to facilitate and shape their market for adult care and support as a whole
- PSED

# The policy argument



- **HIV support services are cost saving**
  - Better LTCM → prevents more expensive care needs
  - Adherence and testing → public health savings
  - Reduces costs on other local services by improving employment, mental health, social isolation
  - Longer term savings based on preserving institutional memory

Where do support  
services fit in new  
commissioning  
models?

# New possibilities?



- National leadership
- STPs
- Fast-track cities
- Devolved commissioning

Please keep us informed:

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