HIV services' engagement with Integrated Care Systems

Introduction

Integrated Care Systems (ICSs) have recently been introduced to oversee and coordinate health and care across 42 different areas in England. From April 2024, it is anticipated that responsibility for commissioning HIV services will be delegated from NHS England (NHSE) to these areas. This provides an opportunity for HIV services to engage with those systems to influence local HIV policies, strategies and commissioning, for the benefit of both patients and services themselves.

This toolkit has been developed by the British Association of Sexual Health and HIV (BASHH) and the British HIV Association (BHIVA) following a workshop to help colleagues undertake successful engagement. It sets out an overview of the relevant systems, **why** colleagues should consider engaging with their ICS, and recommendations on **how** services can engage with their local ICS effectively.

> **Engagement with ICSs provides live opportunities to help improve HIV services for people living with HIV and the clinical community. BASHH is committed to providing support to its members, including this toolkit, to ensure engagement is successful.**
>
> **Dr Claire Dewsnap**
> BASHH President

Background

What are ICSs

ICSs are partnerships that bring together NHS organisations, local authorities, and others to take collective responsibility for planning services, improving health, and reducing inequalities across geographical areas. Whilst they have been around for some time, ICSs became legal entities in July 2022. ICSs have four key aims:

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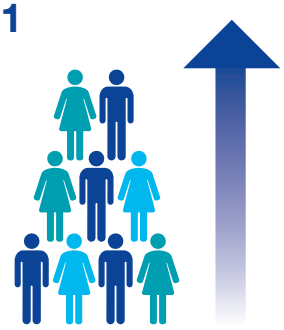

Improving outcomes in population health and health care

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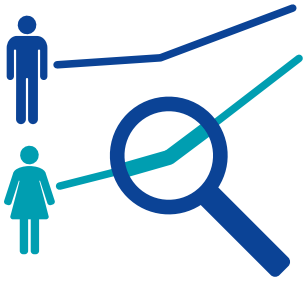

Tackling inequalities in outcomes, experience and access

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Enhancing productivity and value for money

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Helping the NHS to support broader social and economic development

The ultimate aim of the changes – arguably the biggest changes to NHS structures in over 30 years – is to **ensure that by joining up services the health and care needs of local populations are met.**

The structure of ICSs

ICSs are made up of different partnership and planning bodies, covering different geographical areas within the footprint of each ICS. The core structures of an ICS are set out expertly by The King's Fund here. The two most important bodies within an ICS are its Integrated Care Board (ICB) and its Integrated Care Partnership (ICP):

- **Integrated Care Boards (ICBs)**
  ICBs are statutory bodies that are responsible (and accountable) for planning and allocating the NHS budget, and commissioning services for the population of an ICS. They have taken over the functions previously held by clinical commissioning groups (CCGs) and some of the direct commissioning functions of NHSE, and are due to take on direct commissioning functions of NHSE from April 2024. Each ICB must prepare a five-year system plan setting out how they will meet the health needs of their population, which they should refresh annually.

- **Integrated Care Partnerships (ICPs)**
  ICPs are a statutory joint committee of the ICB and local authorities within each ICS. They bring together a broad set of system partners to support partnership working and must develop an 'integrated care strategy' to address the wider health care, public health and social care needs of the population. This strategy must build on local joint strategic needs assessments from Health and Wellbeing Boards within ICSs and must be developed with the involvement of local communities, services and Healthwatch (the statutory body responsible for gathering and championing the views of users of health and care services). The ICB is required to have regard for ICP strategies when developing their five-year system plan.

ICSs also have the opportunity to form collaborative groups with neighbouring ICSs if deemed appropriate.

Why HIV services should engage with ICSs

- **ICBs will become responsible for commissioning adult HIV services from April 2024**
  NHSE has deemed adult specialist services for people living with HIV to be *"suitable and ready for greater ICS leadership."*

  By their cross-system collaborative nature, ICSs are comprised of the bodies responsible for delivering HIV prevention services and HIV testing (local authorities), as well as HIV care and treatment services (ICBs, when this has been delegated to them from NHSE). Given this overarching role of ICSs concerning HIV, NHSE guidance on specialised commissioning advises:

  "Local systems will be enabled to take a joint approach to delivering the recommendations from the HIV Action Plan, including developing innovative ways to support workforce, service resilience and exploring opportunities in service delivery"

- **ICSs, as a whole, have an obligation to engage with service providers**
  When devising their integrated care strategies, ICPs must engage with providers, drawing on their data, experience and assessments of local people's needs.

  Statutory guidance from the Department of Health and Social Care to ICPs makes it clear they should engage with service providers when devising their strategies because *"… services are closely tied to the communities they serve and will have important insights to inform the integrated care strategy."* It adds, for emphasis, that ICPs should *"not assume that commissioners are adequate proxies for the provider voice."*

  In turn, ICB five-year system plans (which must address healthcare inequalities and which ICSs should refresh annually), must be aligned with the ICP's integrated care strategy.

How HIV services should engage with ICSs

For engagement to be successful, it needs to be both **tailored** and **targeted**. In order to inform this, set out below are key points to consider before engaging, suggested points to raise with your ICS, recommendations on how to overcome challenges to realise engagement opportunities, and a checklist for engagement.

Points to consider before engaging

To ensure positive engagement, it is important to consider the following:

- ICSs are complex, new systems with no two being the same – all have different geographies, populations, resources, health needs, challenges, and incorporate bodies such as local authorities and hospital trusts that all have different priorities
- Engagement will be an iterative process that takes time. At its heart, successful engagement will be about building effective and lasting relationships
- The introduction of ICSs provides an important opportunity for HIV services to engage with them – to influence, inform and insist on minimum standards of service delivery

It is hugely important to engage with your ICB. Review your ICB priorities. Are there HIV priorities that align with your ICB plans? If so, meet and see how you can work together to progress particular pathways.

If not, think about how you can work together because you will find common ground. They have many lines of healthcare topics to follow up on and will welcome well thought out, sensible, evidence based solutions.

Professor Yvonne Gilleece
Chair of BHIVA

Points to raise with your ICS

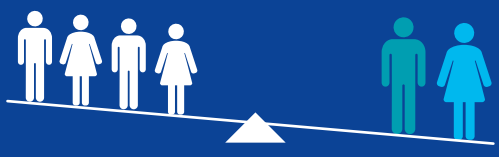
Whilst it is for an individual to determine asks of your ICS, the group identified the following suggested points to raise with an ICS (to help them understand their local HIV populations, the data and associated needs) to help colleagues:

Secure a champion responsible for HIV within each ICS and for monitoring delivery against the HIV Action Plan

Highlight the importance of delivery of HIV care in an ICS being in accordance with BHIVA guidelines and standards

Encourage the ICS to take steps to ensure joined up, collaborative action across systems and services to address HIV issues, including understanding system-level data and HIV Action Plan delivery

Extend opt-out testing to different parts of the ICS to reduce late diagnosis and onward transmissions



Ensure all people living with HIV are supported to live a good quality of life and address health inequalities, including numbers of women/those from minority ethnic backgrounds who are lost to care

How to overcome challenges to realise engagement opportunities

ICSs are obligated to engage with their local services when devising their strategies and planning commissioning – and while many are not yet switched on to the HIV needs of their local populations, HIV services have the opportunity to educate them through engagement, and to help influence the shape of local HIV commissioning. Below are some of the challenges that services might face when seeking to engage with their ICS and some suggestions from BASHH and BHIVA colleagues on ways to meet those challenges:

I'm not sure what my ICS can do and why should my service try and engage with it

Your ICS is responsible for coordinating, commissioning and delivering health and care for your local population. It has a statutory duty to ensure its plans and strategies meet the needs of that population and it has an obligation to engage with your service as part of its planning processes to help it understand the needs of the communities it serves.

ICSs' strategies are published documents. They can be very broad in nature and may focus on a small number of broad local priorities that the ICS has identified it needs to focus on. It is common for them not to mention specific conditions, including HIV – hence a reason and a need for organisations to engage with their ICS, to inform and influence their decisions.

I don't know who in my ICS I should try and engage with

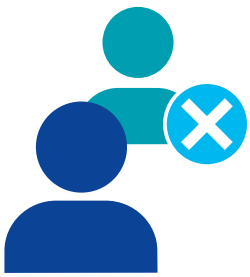
Reach out to the chair of your local ICB and/or your ICP (details available on their website), requesting engagement about the HIV needs of your local population, and ask to be put in touch with the person in your ICS responsible for HIV and sexual health (in some cases this will be the Medical Director).

I don't know what points to raise with my ICS or how to raise them

It is important to consider speaking in the language of ICSs and aligning HIV with their own priorities. For example, think of framing the points you wish to make in terms of key ICS statutory priorities such as health care inequalities, or NHSE's Core20PLUS5 programme – which sets out who nationally are most at risk of health inequalities, and the areas in which the NHS will focus to reduce inequalities – or within the context of the Government's ambition to end new HIV transmissions by 2030.

I've reached out to my ICS seeking engagement, but my ICS tells me they don't have a lead for HIV/sexual health I can engage with

Be persistent. Explain that the HIV needs of your local population need to be supported and explain why – using relevant local data (ie from HIV Lens), for example highlighting unmet need and health inequalities – and that your service wants to engage to discuss these issues further and support the ICS to meet its obligations to the local population.



My ICS is ignoring/refusing my requests for engagement

They are responsible to NHSE for meeting the needs of their local populations.
If your ICS is refusing your requests for engagement, you can consider contacting your NHSE regional director for advice and support about how to engage your ICS.

Once the Care Quality Commission begins its reviews of the operation of ICSs, most likely from spring 2024, you can also consider contacting them to advise them if your ICS is refusing to engage with your service. Appealing to regulators for support is probably best considered only as a last resort, as your first priority is to seek a collaborative working relationship with your ICS.

How to overcome challenges to realise engagement opportunities

In order to support colleagues undertake engagement, set out below is an ICS engagement checklist:

Key questions	Yes/No
1. Have you engaged with local colleagues on how your ICS operates, and whether they've had success in engaging?	
2. Have you identified a champion responsible for coordinating the delivery of HIV care in your ICS, including monitoring delivery against the HIV Action Plan? (If no, consider engaging with your ICS Medical Director)	
3. Have you reviewed your local ICS plan/strategy to determine opportunities for engagement on HIV-related issues eg commitments to address health inequailities, comorbidities and/or to support ageing?	
4. Have you reviewed the local HIV data (including on HIV Lens) to determine opportunities for engagement?	
5. Have you identified what key messages, and asks, you want to convey to your ICS lead about HIV and the needs of your local population?	
6. Have you set up ongoing engagement with your ICB/ICP to input into your ICB's strategy?	
7. Have you identified potential listening/engagement events with services and the voluntary sector held by your ICP that you can attend?	
8. Have you identified your regional NHSE lead with oversight of your ICS to whom you can share concerns/promote good practice about support for HIV services and HIV Action Plan delivery?	
9. Have you considered whether there are any other services/organisations with whom you might want to undertake joint engagement with your ICS, to help strengthen the points you want to make?	
10. Have you shared best practice following your engagement with BASHH and BHIVA colleagues and HIV service leads regarding effective engagement with ICSs?	

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