

LOCAL AUTHORITY CIRCULAR

LAC(DH)(2010)5

To: The Chief Executive
County Councils)
Metropolitan District Councils) England
Shire Unitary Councils)
London Borough Councils
Common Council of the City of London
Council of the Isles of Scilly

The Director of Social Services

27 July 2010

AIDS SUPPORT GRANT FOR SOCIALCARE FOR PEOPLE WITH HIV/AIDS: FINANCIAL YEAR 2010/11

HIV CAPITAL GRANT FOR PEOPLE WITH HIV/AIDS: FINANCIAL YEAR 2010/11

SUMMARY

1. This circular explains arrangements for the continuation in 2010/11 of the AIDS Support Grant.
2. Authorities are also invited to bid for HIV Capital Grant for HIV/AIDS related housing and capital projects.

THE GRANT SCHEME

3. Details of the arrangements for administering the grant are contained in Annex A. **£25.5 million** will be made available through the AIDS Support Grant (ASG) as a contribution towards expenditure on HIV/AIDS related social services in 2010/11. The grant is administered under Section 31 of the Local Government Act 2003, which allows Ministers, with the consent of Treasury, to pay grant to any local authority for any expenditure. **Unless authorities surrender all or part of their funding, authorities will be entitled to their ASG allocation in full.** The grant is in support of revenue expenditure; it cannot be set against capital expenditure.

4. The grant may be used to support the costs of staff training related to the provision of personal social services for people living with HIV/AIDS, although attention is drawn to the Training Support Grant, which will also support training in relation to HIV/AIDS.

5. Expenditure on the provision of housing per se will not be eligible for grant under the terms of the scheme, but exceptions may be made where joint projects are to be established which address accommodation needs as part of a co-ordinated strategy to facilitate social care. The AIDS Support Grant is for revenue purposes only, but the Department has made available in 2010/11 a HIV Capital Grant of **£3.1 million** for HIV-related housing and capital expenditure. Further detail is in Annex A and bids are invited on the form at Annex C.

ARRANGEMENTS FOR GRANT PAYMENT AND ALLOCATION

6. In 2010/11 with the lifting of the ring-fence on the AIDS Support Grant, all authorities irrespective of their most recent overall or adult social care star ratings do not need to claim their allocations

7. Payment procedures to local authorities will be the same as those in operation in 2009/10. We intend to pay authorities their entire grant allocation in one tranche in September 2010. **Authorities must notify the Department by 7 January 2011 if they are unable to make use of any allocation.**

EXEMPTION FROM FINAL STATEMENT CERTIFICATION ARRANGEMENTS

8. Up until 2008/09, zero, one, and two star local authorities in receipt of AIDS Support Grant of over £50,000 were required to complete a final statement to ensure that the grant has been expended for the purposes intended. In 2010/11 with the lifting of the ring-fence from the grant, completion of a final statement for audit for 2009/10 is now not a compulsory condition prior to grant payment to authorities. Any authorities who wish to submit final statements on a good practice basis will of course have their documentation considered in the usual way.

ENQUIRIES

9. Any enquiries about this circular and the grant should be addressed in the first instance to Matt O'Dwyer (0207 972 4105).

CANCELLATION OF CIRCULARS

10 The following Circulars should now be cancelled: LAC(2009)5

CONTENTS

11. The circular contains 3 annexes:
Annex A contains details of the grant: Aims; background on the ASG formula and its implementation; Monitoring; and Information on the extension of grant freedoms that normally apply to high performing authorities following the lifting of the ring-fence.. It also contains details of the HIV Capital Grant scheme.
Annex B lists the 2010/11 ASG allocations to individual local authorities;
Annex C is the HIV Capital Grant application form;

Current circulars are now listed on the Department of Health web site on the Internet at:
<http://www.doh.gov.uk/publications/coinh.html> Full text of recent circulars is also accessible at this site.

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Gateway Reference Number: 14246

AIDS SUPPORT GRANT FOR SOCIAL CARE FOR PEOPLE WITH HIV/AIDS 2010/11

INTRODUCTION

1. This note explains the arrangements for administering in 2010/11 the support grant payable to local authorities for personal social services for people with HIV/AIDS and related expenditure. It also explains the extension in 2010/11 of grant freedoms that previously applied to high performing authorities following the lifting of the rig fence. (paragraph's 8 - 9).

AIMS OF THE GRANT SCHEME

2. The general aims of the scheme are:

- to enable Social Services Departments to draw up strategic plans, based on local population needs assessments, for commissioning social care for people with HIV/AIDS; and
- to enable Social Services Departments to finance the provision of social care for people with HIV/AIDS, and where appropriate, their partners, carers and families.

The grant is to assist local authorities with the costs of providing HIV related personal social services. Other sources of funding for personal social services, and Supporting People grant are also available to be used for people with HIV/AIDS. This could facilitate access for people with HIV/AIDS to the full range of services available within all sectors, both specialist and generic.

3. Local authorities have the lead responsibility for developing social care provision for those affected by HIV/AIDS while the lead for HIV related prevention and health promotion work lies with the NHS. Local authorities have an important contribution to make to the development of effective joint working in the field of HIV/AIDS and should be closely involved in these initiatives. In setting both strategic and operational priorities for HIV/AIDS, local authorities should ensure that the priority is given to social care provision.

THIRD SECTOR ORGANISATIONS

4. HIV third sector organisations are often key service providers for social care. Local authorities should consider developing, in conjunction with Primary Care Trusts (PCTs) and other local authorities wherever appropriate, common application forms and monitoring arrangements for the third sector that take into account the principles in the Compact on Relations between the Government and the Voluntary and Community Sector in England. Where local authorities are commissioning services from voluntary organisations, they should consider "regional" or, in London, pan-London provider organisations as well as projects with a purely local remit. Where authorities are considering purchasing services from voluntary organisations, it would be helpful for those organisations to have an early indication of purchasing intentions, even if "in principle" only.

5. It is particularly important that authorities work together with respective PCTs to ensure a co-ordinated commissioned approach to the funding of voluntary organisations, which is in accord with joint local population needs assessment, and commissioning plans. The Department of Health anticipates an increasing role for third sector organisations in HIV and sexual health care services as set out in the white paper "Our health, our care, our say: a new direction for community services".

ALLOCATIONS

6. The ASG allocation formula is based on 70% HIV caseload in a local authority area, and 30% women and children living with HIV in a local authority area. This formula has the benefit of recognising the increasing pressure on HIV affected children and families services in local authorities and incorporating it into the allocation mechanism. In addition basing 70% of the allocation on HIV, as opposed to strictly AIDS, caseload recognises that with combination therapy people are not progressing as quickly to an AIDS diagnosis but they may still have distinct

social care needs that should be taken into account by the grant.

PROVISION OF HIV SOCIAL CARE SERVICES

7. In devising their HIV social care plans, authorities may wish to take into account the following issues:

Population needs assessments and links with individual needs assessments are still developing. There is a risk that the needs of minority groups may be overlooked. In relation to HIV/AIDS these minority groups are likely to include women, children, people from newly arrived minority ethnic communities, including asylum seekers, and men who have sex with men. Authorities and their PCT partners have a responsibility for Joint Strategic Needs Assessments to enable effective and collaborative planning for service provision are carried out.

- authorities should consider, as part of their sustainable communities strategy how the opportunities for enhancing the delivery of HIV social care could be developed by participation with other key partners in Local Area Agreements (LAAs).
- in view of the often complex and fast changing needs of people with HIV/AIDS, authorities should consider how care management arrangements can be made more flexible and the potential of direct payments or personal budgets
- it is important that eligibility criteria are based on assessment of need, not just HIV status.
- authorities should ensure that carers who are providing regular and substantial care to people with HIV/AIDS are aware of their right under the Carers (Recognition and Services) Act 1995 to request an assessment at the time of the service users assessments. Authorities and PCTs should ensure that authorities should ensure that carers of people with HIV/AIDS are able to benefit from carers services and the provision of short breaks. .
- plans for people with HIV/AIDS should be integrated with those for other service users, in particular children and families and people with drug-related problems. Attention should also be paid to the need to ensure that arrangements are also integrated at an operational level.
- effective working between housing agencies and health and social care providers is essential. Local authorities should ensure that housing practice and social care for people with HIV/AIDS is properly co-ordinated.

FREEDOMS FOR AUTHORITIES

8. The lifting of the ring fence in 2010/11 means in practice that the grant freedoms that used to apply solely to higher performing authorities, will continue to apply to all authorities as they did in 2009/10. Up until 2008/09 only authorities with a Comprehensive Performance Assessment (CPA) rating of four or three stars or an adult social care rating of three stars have had have no conditions attached to their grant payment.

9. This will mean that as well as not having to claim their ASG allocation, authorities will not have their grant expenditure audited and will be able to carry over all unspent grant money into the following year without conditions

MONITORING

10. Up until 2003 all authorities in receipt of grant were required, as a condition of grant, to provide within three months of the end of the financial year a report on how the money has been spent, how far objectives and targets have been achieved and work in hand to develop outcome measures. This has now been abolished.

CAPITAL EXPENDITURE: HIV CAPITAL GRANT FOR HIV RELATED HOUSING AND CAPITAL PROJECTS

11. Up until 2006/07 the Department's support for HIV capital investment was operated under the Treasury approved Supported Capital Expenditure (Revenue) scheme, which was introduced on 1 April 2004. SCE (R) gave local authorities permission to borrow funds at reasonable rates of interest, and did not involve any direct Departmental expenditure. In response to local authority bids, and based on merit, rather than strict caseload, funding was targeted at supporting HIV related capital schemes, with first priority given to the purchasing and refurbishing of properties, with appropriate support services to allow people living with the virus to live independently in the community in line with the overall Government approach. In December 2006, based on the same underpinning principles, the SCE was reconfigured as a fully-fledged capital grant.

12. In 2010/11 £3.1 million will again be made available as HIV Capital Grant and authorities are invited to bid for HIV/AIDS related capital projects by **10 September 2010** on the application form at Annex C. Action plans for consideration may include contributions to schemes jointly financed with Primary Care Trusts or schemes to be run by the independent or voluntary sectors where the local authority is making a contribution, or sponsoring the scheme. All bids will be judged on merit and how well they fit into the service development and strategic HIV social care plans in sponsoring authorities. However, in 2010/11 particular priority will again be given to housing schemes that enable people with HIV/AIDS to live as independently as possible within the wider community. **There can be no guarantee that all requests for support can be met either in full or in part.**

13. With the lifting of the ring fence for the HIV Capital Grant as well, authorities will be allowed to use HIV Capital Grant issued by the Department for any capital purpose. Note that the basis of allocation is the same as for other authorities.

BACKGROUND MATERIAL

14. Authorities may find it helpful to take into account the following reports, guidance and legislation:

- Our health, our care, our say: a new direction for community services (DH/NHS) 2006
- HIV and AIDS in African Communities: A Framework for Better Prevention and Care (DH/NAT/AHPN) 2005
- Independence, well-being and choice: our vision for the future of social care for adults (DH) 2005
- Choosing Health – Making Healthier Choices Easier (DH) 2004
- Effective Commissioning of Sexual Health and HIV Services (DH) 2003
- The National Strategy for Sexual Health and HIV (DH) 2001
- The NHS Improvement Plan (DH) 2001

All the above are available at: <http://www.dh.gov.uk/PublicationsAndStatistics/>

- Children in Need and Blood-borne viruses: HIV and Hepatitis (draft guidance), (DH)
- The needs of people living with HIV in the UK (National AIDS Trust) 2004, www.nat.org.uk
- Recommended standards for sexual health + NHS HIV services (Medical Foundation for AIDS and Sexual Health) 2005, www.medfash.org.uk
- Strong and prosperous communities (DCLG) 2007
- Local Government and Public Involvement in Health Act 2007

AIDS SUPPORT GRANT ALLOCATIONS 2010/2011

ANNEX A

LOCAL AUTHORITY	
Barking	£292,000
Barnet	£287,000
Barnsley	£44,000
Bath and North East Somerset	£26,000
Bedford	£90,000
Bexley	£134,000
Birmingham	£606,000
Blackburn	£37,000
Blackpool	£106,000
Bolton	£107,000
Bournemouth	£124,000
Bracknell Forest	£41,000
Bradford	£172,000
Brent	£377,000
Brighton and Hove	£455,000
Bristol	£219,000
Bromley	£193,000
Buckinghamshire	£141,000
Bury	£68,000
Calderdale	£35,000
Cambridgeshire	£159,000
Camden	£479,000
Central Bedfordshire	£65,000
Cheshire East	£40,000
Cheshire West and Chester	£53,000
Cornwall	£60,000
Coventry	£269,000
Croydon	£497,000
Cumbria	£55,000
Darlington.	£16,000
Derby	£112,000
Derbyshire	£83,000
Devon	£98,000
Doncaster	£90,000
Dorset	£59,000

LOCAL AUTHORITY	ALLOCATION
Dudley	£63,000
Durham	£43,000
Ealing	£299,000
East Riding	£25,000
East Sussex	£177,000
Enfield	£376,000
Essex	£320,000
Gateshead	£57,000
Gloucestershire	£124,000
Greenwich	£405,000
Hackney	£545,000
Halton	£11,000
Hammersmith	£398,000
Hampshire	£276,000
Haringey	£517,000
Hartlepool	£7,000
Harrow	£141,000
Havering	£88,000
Herefordshire	£20,000
Hertfordshire	£424,000
Hillingdon	£180,000
Hounslow	£273,000
Isle of Wight	£14,000
Isles of Scilly	£0
Islington	£466,000
Kensington	£372,000
Kent	£340,000
Kingston	£92,000
Kingston Upon Hull	£72,000
Kirklees	£113,000
Knowsley	£14,000
Lambeth	£1,000,000
Lancashire	£175,000

LOCAL AUTHORITY	ALLOCATION
Leeds	£457,000
Leicester	£350,000
Leicestershire	£84,000
Lewisham	£601,000
Lincolnshire	£83,000
Liverpool	£213,000
London Corporation of	£14,000
Luton	£314,000
Manchester	£730,000
Medway Towns	£74,000
Merton	£240,000
Middlesbrough	£60,000
Milton Keynes	£179,000
Newcastle	£134,000
Newham	£716,000
North Lincolnshire	£20,000
North Somerset	£38,000
North Tyneside	£46,000
North Yorkshire	£58,000
North East Lincolnshire	£18,000
Norfolk	£157,000
Northamptonshire	£289,000
Northumberland	£29,000
Nottinghamshire	£84,000
Nottingham	£236,000
Oldham	£64,000
Oxford	£199,000
Peterborough	£83,000
Plymouth	£62,000
Poole	£47,000
Portsmouth	£88,000
Reading	£149,000
Redbridge	£237,000
Redcar and Cleveland	£10,000
Richmond	£86,000
Rochdale	£65,000

LOCAL AUTHORITY	ALLOCATION
Rotherham	£61,000
Rutland	£3,000
Salford	£191,000
Sandwell	£148,000
Sefton	£38,000
Sheffield	£248,000
Shropshire	£34,000
Slough	£152,000
Solihull	£21,000
Somerset	£58,000
Southend on Sea	£152,000
South Gloucestershire	£55,000
Southampton	£129,000
South Tyneside	£14,000
Southwark	£879,000
St. Helens	£18,000
Staffordshire	£82,000
Stockport	£55,000
Stockton	£44,000
Stoke	£123,000
Suffolk	£117,000
Sunderland	£43,000
Surrey	£351,000
Sutton	£118,000
Swindon	£63,000
Tameside	£54,000
Telford and The Wrekin	£32,000
Thurrock	£87,000
Torbay	£33,000

LOCAL AUTHORITY	ALLOCATION
Tower Hamlets	£324,000
Trafford	£73,000
Wakefield	£98,000
Walsall	£77,000
Waltham Forest	£316,000
Wandsworth	£421,000
Warrington	£31,000
Warwickshire	£101,000
West Berkshire	£39,000
West Sussex	£275,000
Westminster	£472,000
Wigan	£57,000
Wiltshire	£59,000
Windsor and Maidenhead	£33,000
Wirral	£56,000
Wokingham	£24,000
Wolverhampton	£123,000
Worcestershire	£67,000
York	£22,000

HIV CAPITAL GRANT 2010/11

APPLICATION FORM

1. NAME OF AUTHORITY.

2. NAME OF PROJECT.

Please provide full details of the purpose of the project - including the number of clients to be served and how this fits in with your HIV strategy.

3. COSTS:

i. Total Capital Cost of project.

ii. Costs falling within 2010/11.

iii. Contributions from third parties/partnership arrangements

4. LEVEL OF SUPPORT THE AUTHORITY IS ABLE TO GIVE WITHOUT A HIV CAPITAL GRANT.

5. CONTACT DETAILS:

Name, address, telephone, and e- mail address of person responsible for application.

PLEASE COMPLETE A SEPARATE APPLICATION FORM IN THE SAME FORMAT IF YOU WISH TO APPLY FOR MORE THAN ONE PROJECT. BIDS TO BE RECEIVED BY 10 SEPTEMBER 2010.