

**LOCAL AUTHORITY CIRCULAR****LAC(2003)16**

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

20 June 2003

**SUPPORT GRANT FOR SOCIAL SERVICES FOR PEOPLE WITH HIV/AIDS: FINANCIAL YEAR  
2003/2004****SUPPLEMENTARY CREDIT APPROVALS FOR HIV/AIDS CAPITAL EXPENDITURE: FINANCIAL  
YEAR 2003/2004****SUMMARY**

1. This circular explains arrangements for continuation in 2003/2004 of the AIDS Support Grant. According to their Comprehensive Performance Assessment (CPA) star rating Authorities are invited to submit expenditure claim form A (issued separately with this Circular) for 2003/2004 against the allocations attached at Annex B as soon as possible after receipt of this circular.
2. Authorities are also invited to bid for a Supplementary Credit Approval for HIV/AIDS related housing projects. Freedoms for high performing Authorities also apply to this area.

**THE GRANT SCHEME**

3. Details of the arrangements for administering the grant are contained in Annex A. **£16.5 million** will be made available through the AIDS Support Grant (ASG) as a contribution towards expenditure on HIV/AIDS related social services in 2003/2004. The grant will continue to be administered under the provisions of the Local Government Grants (Social Need) Act 1969 which enables grants to be made to local authorities "in the exercise of any of their functions to incur expenditure by reason of the existence in any urban area of special social need". **The matching fund 70:30% rule for the ASG is abolished from the financial year 2003/04. Unless they surrender all or part of their funding; or unless the Audit Commission Certificate identifies money owed to DH from the previous financial year, authorities will receive their ASG allocation in full.** Once agreed by Ministers and announced, the Department's allocations to authorities will stand, they will not increase on a sliding scale basis if an authority increases its overall AIDS related social care expenditure. The grant is in support of revenue expenditure; it cannot be set against capital expenditure. **In addition, although depending on their social service and CPA rating authorities will have to submit expenditure claim forms, the need for authorities to provide expenditure plans in response to allocations in the LAC is also abolished from 2003/04.** This is in line with the Government's aim to reduce the planning burden on local authorities.

4. The grant may be used to support the costs of HIV/AIDS staff training related to the provision of personal social services for people with HIV or an AIDS diagnosis, 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 community care. The AIDS Support Grant is for revenue purposes only, but once again the Department has **Supplementary Credit Approvals of £3.1 million** available for capital expenditure. Further detail is in Annex A and bids are invited on the Form at Annex C.

## **ARRANGEMENTS FOR GRANT ALLOCATION**

6. Three star social services authorities do not need to claim their allocation. All other authorities are invited to submit their expenditure claim form A for their first half-yearly instalment by **25 July 2003**.

7. Payment of the grant to the above authorities will be made in two instalments: 50% in August 2003 and the balance in January 2003 on receipt of the expenditure profile Forms A and B. Payment and accounting procedures will be the same as those in operation in 2002/2003. Outlined below are the amounts of grant that authorities can carry over to the following financial year. It must be stressed that any amount of grant not claimed in full for whatever reason will be lost. Authorities must notify the Department **by 9 January 2004** if they are unable to make use of any allocation.

## **AUDITOR CERTIFICATION ARRANGEMENTS**

8. All local authorities in receipt of AIDS Support Grant **of over £20,000 in 2002/2003** will be subject to certification by the auditor appointed by the Audit Commission to ensure that the grant has been used for the purposes intended. An Audit Certificate for 2002/2003 will be sent out to Local Authorities in July 2003 and must be completed, certified, and returned to Matt O'Dwyer at the address below. From 2003/04 certification arrangements will apply to zero, one and two star (non-excellent) authorities only.

## **ENQUIRIES**

9. Any enquiries about this circular and the grant should be addressed in the first instance to Matt O'Dwyer **580D Skipton House, 80 London Road, London SE1 6LH** (0207 972 3731) or the relevant Regional SSI office.

## **CANCELLATION OF CIRCULARS**

10. The following Circulars should now be cancelled: LAC(2002)9

## **CONTENTS**

11. The circular contains 4 annexes:

**Annex A contains details of the grant: Aims; Outcome of review of the ASG formula; Monitoring; and Information on the new freedoms for high performing authorities. It also contains details of the Supplementary Credit Approvals Scheme.**

**Annex B lists the ASG allocations;**

**Annex C is the Supplementary Credit Approval application form;**

**Annex D lists three star and two star excellent councils and their allocations.**

Further copies of this Circular may be obtained from Department of Health, PO Box 777, London SE1 6XH, Tel. 08701 555 455 or Fax 01623 724 524. Please quote the code and serial number appearing on the top right-hand corner.

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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## SUPPORT GRANT FOR SOCIAL SERVICES FOR PEOPLE WITH HIV/AIDS AND RELATED EXPENDITURE: 2003/2004

### INTRODUCTION

1. This note explains the arrangements for administering in 2003/2004 the support grant payable to local authorities for personal social services for people with HIV/AIDS and related expenditure. It also explains the grant freedoms for high performing authorities (paragraph's 7 - 11).

### 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 help local authorities with the additional costs of providing HIV related personal social services. Other sources of funding for personal social services, such as the Partnership and Prevention Grants, 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. Where the numbers of people with AIDS are small the grant should be regarded as providing appropriate packages of social care.

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.

### VOLUNTARY ORGANISATIONS

4. Voluntary organisations in the HIV/AIDS field and are often key service providers for social care. Local authorities may wish to consider developing, in conjunction with Primary Care Trust and other local authorities wherever appropriate, common application forms and monitoring arrangements for the voluntary 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. These organisations, unlike commercial companies, do not necessarily have large financial reserves. Therefore, streamlined and timely administrative procedures (which nevertheless maintain proper financial oversight and quality control) would be helpful for them. It is particularly important that authorities work together with respective health authorities 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.

## ALLOCATIONS

5. The Sexual Health and HIV Strategy published in 2001 recommended that there should be a review of the continuing effectiveness of the ASG, and of the formula that underpins it. Up until this year the ASG was allocated on the basis of AIDS caseload in every local authority. The Department has now concluded that review and agreed that from 2003/04 the ASG allocation formula will be based on 70% HIV caseload in a local authority area, and 30% women and children living with HIV in a local authority area. An element for Area Cost Adjustment, applicable to PSS grants overall has also been incorporated into the allocations. This revised 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 a full blown AIDS diagnosis and therefore have distinct social care needs that should be taken into account by the grant. To assist authorities in adjusting to their new allocations under the changed formula, we will implement it over two years. For 2003/04 ASG allocations will reflect a move to target of 15%. The revised allocation formula process will be implemented in full in 2004/05, taking into account latest caseload data.

## PROVISION OF HIV SOCIAL CARE SERVICES

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

- population needs assessment is still under-developed and systems are lacking to link this process with information from individual needs assessments. The most serious consequence is 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 should ensure with their PCT partners that comprehensive population needs assessments to enable effective and collaborative planning for service provision are carried out. They should also ensure that adequate information systems for tracking individual service use and monitoring costs and quality are in place.
- effective joint planning arrangements, which bring together social services, housing, health commissioners and providers, voluntary and independent providers and service users and carers, should be in place. The Health Act 1999 makes co-operation between the NHS and local authorities mandatory. The provisions of the Act (particularly the partnership provisions of Section 31) allowing use of the flexibilities are enabling and allow NHS bodies or local authorities to delegate functions to a partner in the statutory or voluntary sector. The flexibilities available include pooled budgets, lead commissioning and integrated provision arrangements.
- 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. The Community Care (Direct Payments) Act 1996 took effect from 1 April 1997. The Act gave local authority social services departments the power to make direct cash payments to some individuals in lieu of the community care services they have been assessed as needing, to enable them to secure for themselves the relevant services. This increases users' independence by giving them more control over the way community care services they receive are delivered. Authorities will wish to consider the use of the grant in this way.

## ANNEX A

- 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 should ensure that carers of people with HIV/AIDS are able to benefit from the programme of change and development in the provision of short term breaks in accordance with the conditions of the Carers Special Grant.
- 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.
- it is important that authorities review with health authorities the eligibility criteria for continuing health care to ensure that people with HIV/AIDS have access to services.

### FREEDOMS FOR HIGH PERFORMING AUTHORITIES

7. Local Authorities that are performing well will in future receive a set of freedoms, providing incentives for all authorities to improve. Some of these freedoms relate to grants.

8. Authorities with either three stars for social services or a Comprehensive Performance Assessment of excellent (two stars) will have no conditions attached to their grant payment. Annex D lists these authorities and their allocations. Note that the basis of allocation is the same for all other authorities.

9. Payment will be made to all three star and excellent authorities as special grant under Section 88B of the Local Government Finance Act 1988; this has to be used to completely remove ring fencing. It is likely that a single special grant report will cover all or most grants to three star and excellent authorities. Aspects of this special grant report, including all financial aspects, are subject to parliamentary approval and timetabling. **Those authorities with three stars for social services will receive their total allocation in one front-loaded payment as soon as possible after approval of the ASG special grant report.**

10. From 2003/04 three star and CPA excellent authorities will not have their grant expenditure audited and will be able to carry over all unspent grant money into the following year. Two star authorities will be able to carry over up to 25% of the grant into the following financial year. One and zero starred authorities will be able to carry over up to 5% of the grant into the following financial year but the money for these non 3 star and excellent authorities must be spent in 2004/05 and on HIV/AIDS related care services.

11. While three star and excellent organisations are not required to follow any grant conditions outlined in this document much of the information and guidance is important and these authorities are encouraged to read this circular.

## MONITORING

12. Up until this year 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. From now on authorities will be monitored via Performance Assessment Frameworks and Position Statements. **A final statement for examination by an auditor will be issued to Local Authorities during the year and must be returned to Matt O'Dwyer by 9 January 2004.**

## CAPITAL EXPENDITURE: SUPPLEMENTARY CREDIT APPROVALS (SCAs)

13. The ASG is for revenue expenditure, and should not be used to finance any capital needs arising out of the development of services for people with HIV/AIDS. Ministers have decided that such needs should be met again in 2003/2004 by the issue of Supplementary Credit Approvals (SCAs). While these are not a cash grant, they will provide the receiving authorities with the means to raise capital for such expenditure, and in future years the level of SCAs received by authorities will be taken into account in setting the level of Revenue Support Grant (RSG) they will receive. In this way, a proportion of the liabilities for repayment will be met by central Government.

14. The Local Government Bill currently going through Parliament will replace the present local government capital finance system with a new prudential system. This will mean the abolition of both basic and supplementary Credit Approvals (in April 2004 at the earliest) since local authorities will be able to borrow as much as they like provide they can show it to be affordable in accordance with the prudential code. Therefore, although issued previously for two financial years, SCAs issued in 2003/04 will be valid for that financial year only. This does not affect the way the costs of servicing the loan are calculated and allowed for in the revenue support grant.

15. In 2003/2004 **£3.1** million will be made available for SCAs and authorities are invited to bid for HIV/AIDS capital related projects by **25 July 2003** on the application form at Annex C. First priority for funding will generally be given to projects already in receipt of SCAs which require further support for completion. In line with the partnership provisions outlined above (paragraph 6), action plans for consideration may include contributions to schemes jointly financed with health authorities, 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 service development plans in sponsoring authorities. However, in 2003/2004 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.

16. In line with the freedoms for high performers those authorities with three social service stars or a CPA rating of excellent or good will be allowed to use HIV/AIDS Supplementary Credit Approvals issued by the Department for any capital purpose. Note that the basis of allocation is the same as for other authorities.

## BACKGROUND MATERIAL

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

- Effective Commissioning of Sexual Health and HIV Services (DH) 2003  
Available from DH, PO Box 777, London SE1 6XH.
- The National Strategy for Sexual Health and HIV (DH) 2001  
Available from DH, PO Box 777, London SE1 6XH.

## ANNEX A

- The NHS Plan (DH) 2000  
Available from The Stationery Office, PO Box 29, Norwich NR3 1GN.
- Modernising Health and Social Services: National Priorities Guidance (DH) 2000  
Available from NHS Executive Communications Unit, Quarry House, Leeds LS2 7UE.
- Patient and Public involvement in the new NHS (DH)1999  
Available from DH, PO Box 777, London SE1 6XH
- Our Healthier Nation White Paper: Saving Lives (DH) 1999.  
Available from Public Health Group, Room 502A, Skipton House, 80 London Road, London SE1 6LH
- National Carers Strategy (DH) 1999  
Available from Wetherby Stores
- A First Class Service – Quality in the new NHS (DH) 1999  
Available from Wetherby Stores
- Modernising Social Services (DH )CM4169) 1999  
Available from DH, PO Box 777, London Se1 6XH
- Partnerships in Action: Discussion Document (DH) 1999  
Available from Wetherby Stores
- Children in Need and Blood-borne viruses: HIV and Hepatitis (DH 1994 – draft guidance)  
Available from room 631B Skipton House

## AIDS SUPPORT GRANT INDICATIVE ALLOCATIONS 2003/2004

LOCAL AUTHORITY	ALLOCATION
Barking	£56,000
Barnet	£268,000
Barnsley	£19,000
Bath and North East Somerset	£19,000
Bedfordshire	£44,000
Bexley	£45,000
Birmingham	£209,000
Blackburn	£9,000
Blackpool	£92,000
Bolton	£51,000
Bournemouth	£85,000
Bracknell Forest	£17,000
Bradford	£66,000
Brent	£328,000
Brighton and Hove	£424,000
Bristol	£115,000
Bromley	£110,000
Buckinghamshire	£50,000
Bury	£38,000
Calderdale	£16,000
Cambridgeshire	£118,000
Camden	£691,000
Cheshire	£64,000
Cornwall	£52,000
Coventry	£41,000
Croydon	£308,000
Cumbria	£34,000
Darlington.	£5,000
Derby	£36,000
Derbyshire	£41,000
Devon	£64,000
Doncaster	£38,000
Dorset	£48,000

## ANNEX B

LOCAL AUTHORITY	ALLOCATION
Dudley	£21,000
Durham	£21,000
Ealing	£314,000
East Riding	£9,000
East Sussex	£117,000
Enfield	£208,000
Essex	£120,000
Gateshead	£13,000
Gloucestershire	£58,000
Greenwich	£165,000
Hackney	£384,000
Halton	£14,000
Hammersmith	£586,000
Hampshire	£124,000
Haringey	£528,000
Hartlepool	£3,000
Harrow	£123,000
Havering	£25,000
Hereford	£9,000
Hertfordshire	£128,000
Hillingdon	£103,000
Hounslow	£212,000
Isle of Wight	£14,000
Isles of Scilly	£0
Islington	£496,000
Kensington	£557,000
Kent	£109,000
Kingston	£108,000
Kingston Upon Hull	£10,000
Kirklees	£18,000
Knowsley	£7,000
Lambeth	£985,000
Lancashire	£157,000

## ANNEX B

LOCAL AUTHORITY	ALLOCATION
Leeds	£105,000
Leicester	£114,000
Leicestershire	£39,000
Lewisham	£348,000
Lincolnshire	£52,000
Liverpool	£97,000
London Corporation of	£22,000
Luton	£79,000
Manchester	£347,000
Medway Towns	£22,000
Merton	£183,000
Middlesbrough	£28,000
Milton Keynes	£32,000
Newcastle	£78,000
Newham	£488,000
North Lincolnshire	£26,000
North Somerset	£13,000
North Tyneside	£12,000
North Yorkshire	£26,000
North East Lincolnshire	£9,000
Norfolk	£106,000
Northamptonshire	£63,000
Northumberland	£22,000
Nottinghamshire	£52,000
Nottingham	£47,000
Oldham	£57,000
Oxford	£97,000
Peterborough	£21,000
Plymouth	£40,000
Poole	£23,000
Portsmouth	£38,000
Reading	£41,000

## ANNEX B

LOCAL AUTHORITY	ALLOCATION
Redbridge	£145,000
Redcar and Cleveland	£12,000
Richmond	£115,000
Rochdale	£48,000
Rotherham	£7,000
Rutland	£2,000
Salford	£92,000
Sandwell	£26,000
Sefton	£31,000
Sheffield	£72,000
Shropshire	£8,000
Slough	£65,000
Solihull	£18,000
Somerset	£34,000
Southend on Sea	£51,000
South Gloucestershire	£21,000
Southampton	£53,000
South Tyneside	£17,000
Southwark	£663,000
St. Helens	£17,000
Staffordshire	£54,000
Stockport	£47,000
Stockton	£12,000
Stoke	£27,000
Suffolk	£82,000
Sunderland	£19,000
Surrey	£169,000
Sutton	£83,000
Swindon	£28,000
Tameside	£35,000
Telford and The Wrekin	£10,000
Thurrock	£21,000
Torbay	£21,000

LOCAL AUTHORITY	ALLOCATION
Tower Hamlets	£380,000
Trafford	£65,000
Wakefield	£35,000
Walsall	£25,000
Waltham Forest	£283,000
Wandsworth	£511,000
Warrington	£6,000
Warwickshire	£34,000
West Berkshire	£17,000
West Sussex	£150,000
Westminster	£529,000
Wigan	£19,000
Wiltshire	£18,000
Windsor and Maidenhead	£30,000
Wirral	£30,000
Wokingham	£16,000
Wolverhampton	£75,000
Worcestershire	£25,000
York	£19,000

SUPPLEMENTARY CREDIT APPROVAL 2003/2004  
APPLICATION FORM (CAPITAL EXPENDITURE)

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 2003/04.
- iii. Contributions from third parties/partnership arrangements

4. LEVEL OF SUPPORT THE AUTHORITY IS ABLE TO GIVE WITHOUT AN SCA.

5. CONTACT DETAILS:

Name, address, telephone, fax number 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

## ANNEX D

<b>COUNCIL</b>	<b>TOTAL 2003/04 ALLOCATION (£)</b>
<b>Three Star Councils</b>	
Bexley	£45,000
Cornwall	£52,000
Kensington & Chelsea	£557,000
Kent	£109,000
Kingston Upon Thames	£108,000
Leicestershire	£39,000
Newcastle Upon Tyne	£78,000
North Lincolnshire	£26,000
Sunderland	£19,000
Wandsworth	£511,000
Westminster	£529,000
<b>Two Star Excellent Councils</b>	
Blackburn with Darwen	£9,000
Camden	£691,000
Cheshire	£64,000
City of London	£22,000
Derbyshire	£41,000
Dorset	£48,000
Gateshead	£13,000
Hammersmith & Fulham	£586,000
Hampshire	£124,000
Hartlepool	£3,000
Hertfordshire	£128,000
Kirklees	£18,000
West Sussex	£150,000
Wigan	£19,000