

## LOCAL AUTHORITY CIRCULAR

LAC(2005)13

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

24 June 2005

### SUPPORT GRANT FOR SOCIAL SERVICES FOR PEOPLE WITH HIV/AIDS: FINANCIAL YEAR 2005/2006

### SUPPORTED CAPITAL EXPENDITURE FOR HIV/AIDS CAPITAL PROJECTS: FINANCIAL YEAR 2005/2006

#### SUMMARY

1. This circular explains arrangements for continuation in 2005/2006 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 2005/2006 against the allocations attached at Annex B as soon as possible after receipt of this circular.
2. Authorities are also invited to bid for Supported Capital Expenditure (Revenue) 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 2005/2006. Up until 2003 the grant was 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". Since 2004 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; 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 HIV/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 ASG expenditure claim forms, the need for authorities to provide expenditure plans in response to ASG allocations was 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 the Department has made **Supported Capital Expenditure (Revenue) 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 PAYMENT AND ALLOCATION

6. Three star social services and CPA excellent authorities do not need to claim their allocation. **All other authorities are required to claim and are invited to submit their expenditure claim Form A for their first half-yearly instalment by 29 July 2005. Form B is also attached for future reference.**

7. Payment of the grant to all two, one and zero starred authorities will be made in two instalments: 50% in August 2005 and the balance in February 2006 on receipt of the expenditure profile Forms A and B (Annexes E and F to this Circular. Payment and accounting procedures will be the same as those in operation in 2004/2005. 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 by 17 March 2006 will be lost.** Authorities must notify the Department **by 6 January 2006** if they are unable to make use of any allocation.

## AUDITOR CERTIFICATION ARRANGEMENTS

8. Zero, one, and two star (non excellent) local authorities in receipt of AIDS Support Grant **of over £50,000 in 2004/2005** 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. A Certificate for audit for 2004/2005 will be sent out to Local Authorities in May and must be completed, certified, and returned to Matt O'Dwyer at the address below.

## ENQUIRIES

9. Any enquiries about this circular and the grant should be addressed in the first instance to Matt O'Dwyer (0207 972 3731) or the relevant Regional CSC1 office.

## CANCELLATION OF CIRCULARS

10. The following Circulars should now be cancelled: LAC(2004)19.

## CONTENTS

11. The circular contains 6 annexes:  
**Annex A contains details of the grant: Aims; background on the review of the ASG formula and its implementation: Monitoring; and Information on the freedoms for high performing authorities. It also contains details of the Supported Capital Expenditure (Revenue) Scheme.**  
**Annex B lists the ASG allocations;**  
**Annex C is the Supported Capital Expenditure (Revenue) application form;**  
**Annex D lists three star and two star excellent councils and their allocations;**  
**Annex E is the 2005/06 ASG Claim Form A;**  
**Annex F is the 2005/06 ASG Claim Form B.**

Further copies of this Circular may be obtained from Department of Health, PO Box 777, London SE1 6XH, Tel. 0541 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: 2005/2006

### INTRODUCTION

1. This note explains the arrangements for administering in 2005/2006 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 assist local authorities with the costs of providing HIV related personal social services. Other sources of funding for personal social services, such as the Partnership and Prevention Grants and Supporting People 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.

### VOLUNTARY ORGANISATIONS

4. HIV voluntary and community-based organisations are often key service providers for social care. Local authorities may wish to consider developing, in conjunction with Primary Care Trusts 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 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.

### 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 2003/04 the ASG was allocated on the basis of AIDS caseload in every local authority. After a review of the grant the Department agreed that from 2003/04 the ASG allocation formula would 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 would also be 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 an AIDS diagnosis but they may still 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 it was introduced over two years from 2003/04.

## 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.
- 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 primary care trusts 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 will have no conditions attached to their grant payment. Annex D lists these authorities and their allocations. The basis of allocation is the same for all other authorities.
9. Payment will be made to all three star and excellent authorities under Section 31 of the Local Government Act 2003. **Those authorities with three stars for social services will receive their total allocation in one front-loaded payment as soon as possible after approval.** Excellent authorities that have two stars for social services will be paid at the same time as all other councils.
10. 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 without conditions. 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 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 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. From now on authorities will be monitored via Performance Assessment Frameworks and Position Statements. **As appropriate, according to star rating 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 6 January 2006.**

## CAPITAL EXPENDITURE: SUPPORTED CAPITAL EXPENDITURE (SCE) FOR HIV/AIDS RELATED PROJECTS

13. The Local Government Act 2003 abolished credit approvals and provided for a new capital finance system which was introduced on 1 April 2004. The Office of the Deputy Prime Minister has provided local authorities with detailed guidance on the new system. From 2004/05 Government support for capital investment is described as either Supported Capital Expenditure (Revenue), known as SCE(R), or Supported Capital Expenditure (Capital Grant), known as SCE(C). SCE(R) and SCE(C) can be further classified as either single pot or ringfenced.
14. Previously, credit approvals from central Government set the limit of a local authority's long term borrowing and attracted Revenue Support Grant (RSG) or Housing Revenue Account Subsidy (HRAS) towards the financing costs of loans (interest payments and provisions for the repayment of principal). Under the SCE system, unless, exceptionally a national limit is imposed, a local authority will be free to make its own borrowing decisions according to what it can afford. Central Government support for borrowing through RSG/HRAS will continue to be given on the basis of a named amount of capital expenditure which the borrowing will support. And, ringfenced SCE (R) will no longer be time limited.

15. In 2005/2006 £3.1 million will be made available as ringfenced SCE(R) and authorities are invited to bid for HIV/AIDS capital projects by **29 July 2005** on the application form at Annex C. 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 2005/2006 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 Supported Capital Expenditure 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:

- 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
- HIV and AIDS in African Communities: A Framework for Better Prevention and Care (DH/NAT/AHPN) 2005

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

- Children in Need and Blood-borne viruses: HIV and Hepatitis (draft guidance, publication planned for 2005, (DH)
- The needs of people living with HIV in the UK (National AIDS Trust) 2004, [www.nat.org.uk](http://www.nat.org.uk))
- Recommended standards for sexual health services (Medical Foundation for AIDS and Sexual Health) 2005, [www.medfash.org.uk](http://www.medfash.org.uk)

## AIDS SUPPORT GRANT ALLOCATIONS 2005/2006

## ANNEX B

LOCAL AUTHORITY	ALLOCATION (£)
Barking	164,000
Barnet	241,000
Barnsley	16,000
Bath and North East Somerset	19,000
Bedfordshire	67,000
Bexley	72,000
Birmingham	330,000
Blackburn	16,000
Blackpool	63,000
Bolton	59,000
Bournemouth	72,000
Bracknell Forest	17,000
Bradford	82,000
Brent	339,000
Brighton and Hove	312,000
Bristol	122,000
Bromley	86,000
Buckinghamshire	95,000
Bury	39,000
Calderdale	19,000
Cambridgeshire	84,000
Camden	446,000
Cheshire	61,000
Cornwall	26,000
Coventry	135,000
Croydon	366,000
Cumbria	26,000
Darlington.	4,000
Derby	60,000
Derbyshire	41,000
Devon	47,000
Doncaster	51,000
Dorset	28,000

LOCAL AUTHORITY	ALLOCATION
Dudley	19,000
Durham	15,000
Ealing	254,000
East Riding	8,000
East Sussex	113,000
Enfield	237,000
Essex	150,000
Gateshead	25,000
Gloucestershire	63,000
Greenwich	290,000
Hackney	382,000
Halton	5,000
Hammersmith	343,000
Hampshire	133,000
Haringey	431,000
Hartlepool	2,000
Harrow	108,000
Havering	47,000
Hereford	9,000
Hertfordshire	190,000
Hillingdon	116,000
Hounslow	211,000
Isle of Wight	10,000
Isles of Scilly	0
Islington	394,000
Kensington	325,000
Kent	252,000
Kingston	72,000
Kingston Upon Hull	15,000
Kirklees	51,000
Knowsley	8,000
Lambeth	820,000
Lancashire	126,000

LOCAL AUTHORITY	ALLOCATION
Leeds	209,000
Leicester	223,000
Leicestershire	48,000
Lewisham	430,000
Lincolnshire	41,000
Liverpool	103,000
London Corporation of	9,000
Luton	259,000
Manchester	384,000
Medway Towns	43,000
Merton	161,000
Middlesborough	26,000
Milton Keynes	63,000
Newcastle	75,000
Newham	577,000
North Lincolnshire	17,000
North Somerset	13,000
North Tyneside	25,000
North Yorkshire	27,000
North East Lincolnshire	9,000
Norfolk	79,000
Northamptonshire	110,000
Northumberland	12,000
Nottinghamshire	48,000
Nottingham	95,000
Oldham	26,000
Oxford	134,000
Peterborough	35,000
Plymouth	34,000
Poole	32,000
Portsmouth	56,000
Reading	102,000
Redbridge	171,000
Redcar and Cleveland	6,000
Richmond	68,000
Rochdale	28,000

LOCAL AUTHORITY	
Rotherham	27,000
Rutland	2,000
Salford	97,000
Sandwell	50,000
Sefton	26,000
Sheffield	125,000
Shropshire	14,000
Slough	158,000
Solihull	17,000
Somerset	25,000
Southend on Sea	91,000
South Gloucestershire	22,000
Southampton	98,000
South Tyneside	16,000
Southwark	663,000
St. Helens	10,000
Staffordshire	27,000
Stockport	34,000
Stockton	29,000
Stoke	47,000
Suffolk	50,000
Sunderland	27,000
Surrey	228,000
Sutton	80,000
Swindon	24,000
Tameside	31,000
Telford and The Wrekin	12,000
Thurrock	35,000
Torbay	19,000

LOCAL AUTHORITY	ALLOCATION
Tower Hamlets	260,000
Trafford	39,000
Wakefield	25,000
Walsall	31,000
Waltham Forest	267,000
Wandsworth	343,000
Warrington	16,000
Warwickshire	46,000
West Berkshire	20,000
West Sussex	130,000
Westminster	397,000
Wigan	19,000
Wiltshire	25,000
Windsor and Maidenhead	25,000
Wirral	30,000
Wokingham	14,000
Wolverhampton	69,000
Worcestershire	26,000
York	13,000

SUPPORTED CAPITAL EXPENDITURE (REVENUE) 2005/2006

APPLICATION FORM (HIV 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 2005/06.
- iii. Contributions from third parties/partnership arrangements

4. LEVEL OF SUPPORT THE AUTHORITY IS ABLE TO GIVE WITHOUT AN SCE(R)

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. BIDS TO BE RECEIVED BY 29 July 2005.

## ANNEX D

COUNCIL	TOTAL 2005/06 ALLOCATION
<b>Three Star Councils</b>	
Bexley	£76,000
Blackburn with Darwen	£16,000
Bolton	£59,000
City of London	£9,000
Derbyshire	£41,000
Gateshead	£25,000
Kensington and Chelsea	£325,000
Kent	£252,000
Kingston upon Thames	£72,000
Kirklees	£51,000
Knowsley	£8,000
Leicestershire	£48,000
Newcastle upon Tyne	£75,000
North Lincolnshire	£17,000
Somerset	£25,000
Southwark	£663,000
Sunderland	£27,000
Tower Hamlets	£260,000
Wandsworth	£343,000
Westminster	£397,000
<b>Two Star (Excellent) Councils</b>	
Cambridgeshire	£84,000
Camden	£446,000
Cheshire	£61,000
Cornwall	£26,000
Derby	£28,000
Dorset	£27,000
Durham	£15,000
East Riding of Yorkshire	£8,000
Hammersmith & Fulham	£343,000
Hampshire	£133,000
Hartlepool	£2,000
Hertfordshire	£190,000
Lancashire	£126,000
Nottinghamshire	£48,000
Sheffield	£125,000
Shropshire	£14,000
South Tyneside	£16,000
St Helens	£10,000
Tameside	£31,000
Telford & Wrekin	£12,000
Warwickshire	£46,000
West Sussex	£130,000
Wigan	£19,000
Worcestershire	£26,000

**ANNEX E FORM A**

**AIDS SUPPORT GRANT 2005/2006**

**EXPENDITURE PROFILE**

NAME OF LOCAL AUTHORITY:.....

APPROVED ALLOCATION 2005/2006:.....

**Total** quarterly and anticipated expenditure on social services for people affected by HIV and AIDS:

First Quarter 30/06/05 (Actual) 2005/2006	Second Quarter 30/09/05 (Anticipated)	Third Quarter 31/03/06 (Anticipated)	Fourth Quarter Total (Anticipated) 2005/06	Anticipated Expenditure
_____	_____	_____	_____	_____
£	£	£	£	£
_____	_____	_____	_____	_____

First instalment of AIDS Support Grant claimed

£

I certify that the figures given above relate to expenditure on personal social services for people affected by HIV and AIDS within the scope of the AIDS Support Grant scheme as set out in Local Authority Circular LAC(2005)13 and that they accord with the best information at the date shown below.

SIGNED:.....Director of Social Services (or on their behalf)

DATE:.....

CONTACT DETAILS OF LA HIV COMMISSIONER (including e-mail address).....

**TO ENSURE THAT YOUR AUTHORITY RECEIVES THEIR 1<sup>ST</sup> INSTALMENT OF ASG PLEASE ENSURE THAT THIS FORM IS COMPLETED AND RETURNED BY NO LATER THAN 29 JULY 2005 TO:-**

**MATT O'DWYER  
DEPARTMENT OF HEALTH 580D  
SKIPTON HOUSE  
80 LONDON ROAD  
LONDON SE1 6LH**

**FOR DH USE ONLY:  
Date received.....  
File Ref: 15/26/**

**ANNEX F FORM B**

# AIDS SUPPORT GRANT 2005/2006

## EXPENDITURE PROFILE

NAME OF LOCAL AUTHORITY:.....

APPROVED ALLOCATION 2005/2006:.....

**Total** quarterly and anticipated expenditure on social services for people affected by HIV and AIDS:

First Quarter 30/06/05 (Actual) 2005/2006	Second Quarter 30/09/05 (Actual)	Third Quarter 31/03/06 (Actual)	Fourth Quarter Total (Anticipated)	Anticipated Expenditure
_____	_____	_____	_____	
£	£	£	£	£
_____	_____	_____	_____	

AIDS Support Grant (**first instalment claimed on Form A**)

£

Total AIDS Support Grant claimed 2005/06

£

I certify that the figures given above relate to expenditure on personal social services for people affected by HIV and AIDS within the scope of the AIDS Support Grant scheme as set out in Local Authority Circular LAC(2005)13 and that they accord with the best information at the date shown below.

SIGNED:.....Director of Social Services (or on their behalf)

DATE:.....

CONTACT DETAILS OF LA HIV COMMISSIONER (including e-mail address).....

**TO ENSURE THAT YOUR AUTHORITY RECEIVES THEIR 2<sup>ND</sup> INSTALMENT OF ASG PLEASE ENSURE THAT THIS FORM IS COMPLETED AND RETURNED BY NO LATER THAN 6 JANUARY 2006 TO:-**

**MATT O'DWYER  
DEPARTMENT OF HEALTH  
AREA 580D SKIPTON HOUSE  
80 LONDON ROAD SE1 6LH**

**FOR DH USE ONLY:  
Date received:  
File Ref: 15/26/**

