



## **CONSULTATION ON CHANGES TO THE ALLOCATION FORMULA FOR THE AIDS SUPPORT GRANT**

### **Submission from NAT (the National AIDS Trust)**

#### **Introduction**

NAT (the National AIDS Trust) welcomes the opportunity to comment on proposed changes to the allocation formula for the AIDS Support Grant (ASG). The ASG has for over 20 years been an essential source of support for HIV social care in England, ensuring that the complex needs of often marginalised and stigmatised individuals are appropriately considered and met by local authorities.

We note the particular focus of this consultation, but would re-state our strongly held view that the current Comprehensive Spending Review should maintain the ASG as a named grant, even in the absence of a ring-fence. This is not to say that HIV social care spending should be immune from the hard questions and decisions all public expenditure now faces. But for a condition too often silenced and disadvantaged at the local level, the existence of an allocated grant for HIV social care ensures a degree of fair, equal and appropriate consideration for these needs.

In 2009 NAT published its report *The AIDS Support Grant: Making a difference?*, the result of a survey of how the ASG was being used by local authorities. A significant number of voluntary sector bodies contributed to the report's findings and, most importantly, the survey received responses from local authorities accounting for 81% of the ASG allocation in 2008/09. The report is thus the most comprehensive and accurate recent account of how the ASG is being spent and how it might be developed further. This consultation response draws on the findings of that report.

NAT is the UK's leading charity dedicated to transforming society's response to HIV. We provide fresh thinking, expert advice and practical resources, and we campaign for change.

#### **Question ASG 1**

##### **Do you have any comments on our proposal to allocate the AIDS Grant as part of a multi year settlement?**

A significant amount of ASG funding is provided to the voluntary sector. In NAT's survey, 93% of voluntary sector respondents received ASG funding. 45% of local authorities allocated between 40% and 100% of their ASG to fund voluntary sector organisations. At a time when the Coalition Government is looking to the voluntary sector increasingly to meet social need, it is important that this funding stream continues and if anything is made even more effective.

The advantage of a multi-year settlement is the certainty it brings to local authorities and thus to their planning processes. In NAT's survey 36% of local authorities used annual contracts when funding voluntary sector organisations. This can cause difficulties in planning and fuel uncertainty both for the organisations themselves and for their service users. There is nothing in a yearly settlement process which precludes multi-year contracts, and indeed 35% of local authorities surveyed did use three-year contracts with the voluntary sector. But a multi-year settlement would certainly increase the proportion of such multi-year contracts and in NAT's view improve commissioning, provider stability and the quality of planning and provision. Whilst we have focussed on the advantage to voluntary sector organisations, we consider there are planning benefits whoever provides the relevant social care.

**NAT agrees with the proposal to allocate the ASG as part of a multi-year settlement.**

There is of course the 'downside' of the multi-year (we presume four-year) settlement being based on HIV caseload information which will over the relevant period less accurately reflect need as numbers with HIV in a given area change (and in most areas in fact go up). Annex A in the consultation document illustrates the impact on the 2010/11 Grant (actually based on the 2008 caseload) of an allocation based on a 'frozen' caseload from 2006. This is to show over time the possible impact of a multi-year settlement. There are nearly twice as many 'losers' as 'gainers' using such a frozen caseload. But losses and gains vary significantly, from a few per cent either way to, at the other extreme, a loss of 53% of the Grant for Somerset and a gain of 45% for Luton.

Caseload changes in the last decade have been particularly affected by migration patterns and dispersal routes for asylum seekers, which are not evenly distributed across the country. There is some evidence that these impacts are declining, which if true would mean the frozen caseload allocation did not in the future diverge so variably from a yearly allocation process.

But given these variations between a yearly and a multi-year settlement, it is most important that the 'frozen' HIV data for the settlement reflects the most recent available caseload information at the time of calculation. The consultation document proposes using 2008 caseload data but the Health Protection Agency has SOPHID data for 2009 which should be used (or indeed even more recent information should the HPA have that available at the time that the settlement is finalised).

**NAT recommends that the multi-year settlement from 2011/12 be based on 2009 HIV caseload data (or even more recent caseload data should that be available in time from the Health Protection Agency).**

**Question ASG 2**

**Which option do you prefer?**

**NAT prefers Option 1 which would mean calculating the allocation on the basis of 70% allocated in proportion to the number of people in a local authority area who have HIV and 30% allocated proportionately to the number of women and children in a local authority area who have HIV.**

HIV in England is a concentrated epidemic still disproportionately affecting gay and bisexual men and black African men and women. Whilst undoubtedly a condition

linked to poverty, it does not straightforwardly coincide with deprivation in the general population.

Annex A to the consultation document sets out the impact of Option 2 compared with the current allocation for 2010/11. The changes to allocation under Option 2, using the Relative Needs Formula for Younger Adults Social Care, would involve far more drastic shifts in amounts allocated, quite disconnected from actual HIV social care need.

To give one example, the Isle of Wight had in 2008 40 residents accessing HIV-related care. Lambeth had by contrast 2,648 such residents. Option 2 would mean the Isle of Wight receiving £74,000 and Lambeth £197,000 (as opposed to the current allocation of £14,000 and £1 million respectively). Even without looking at the numbers of women and children, where Lambeth would undoubtedly have many more than the Isle of Wight, this basic comparison demonstrates how unfair and inappropriate Option 2 would be as a means of calculating the Grant allocation.

### **Question ASG3**

#### **Do you have any other comments regarding these options or suggestions about the allocation of the Grant?**

Only two options were given in relation to the allocation formula. In NAT's survey of local authorities, 80% of respondents were happy with the current method of calculation. There were some, however, who argued that even more could be done to make the allocation sensitive to actual HIV-related social care need. We are conscious that the formula will always be a compromise between sensitivity and the practical constraints of calculation and implementation. We are therefore content with the current formula, which in its 30% allocation relating to women and children does include a useful proxy for actual social care need. It should be noted, however, that valuable work has been undertaken within the Health Protection Agency looking in more detail at the deprivation and social need of those being seen for HIV treatment and care. By the time of the next multi-year settlement we may be able to refine further the calculation to reflect more accurately social care need at the local level.

Assuming there will be no return to a ring-fence for the ASG, it is quite possible there will be greater flexibility at the local level as to how the ASG allocation is actually spent. **If we move to multi-year settlements, the Department of Health should recommend to local authorities that, in their multi-year planning, they build in projections, based on SOPHID data, of change over time in the numbers of residents with HIV.**

**NAT  
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