

SUBJECT:	Capital Programme - Disabled Adaptations Update Report
DIRECTORATE:	Enterprise
MEETING:	Adults Select Committee
DATE:	1st September 2015
DIVISION/WARDS AFFECTED:	All Wards

1 PURPOSE

- 1.1 To consider the capital budget provided to support disabled facilities grants (DFGs) and Safety at Home (SAHs) grants and the impact in relation to both service performance and on Social Care & Health Services.

2. RECOMMENDATION

- 2.1 That the Committee note the contents of the report and the implications for the processing times for both DFG and SAH grants.

3. Key Issues

- 3.1 Under the provisions of the Housing Grants, Construction and Regeneration Act 1996 and the Regulatory Reform (Housing Assistance) (England and Wales) Order 2002, the Council has a statutory duty to provide DFGs within six months of receiving a valid application. Failure to do so creates the risk of legal challenge. It also has discretion to provide SAHs. Since 2006 a capital budget of £600,000 has been provided annually to fund grants. Broadly, the budget is split into £500,000 to support DFGs and £100,000 to support SAHs. The budget has been affected by the ongoing rate of inflation.
- 3.2 DFGs are available to residents whose need for home adaptations has been assessed by the Council's Occupational Therapy Service. The adaptations may be for something as simple as an external ramp to facilitate wheelchair access through to a complex adaptation involving the building of extensions to contain specialist sleeping and bathing facilities. Some DFGs are means tested and all are capped at £36,000. The Council has an option, which it has exercised, to offer fast track DFGs where the applicant is on a statutory benefit and the cost of works is below £5,000. This has been beneficial to clients to help reduce DFG turnaround, thereby, positively, impacting upon the statutory PI.
- 3.3 Extremely positive feedback is received about adaptations financed by DFG's with high customer satisfaction scores of 95% regularly being achieved.
- 3.4 SAHs are intended for smaller works such as handrails, half steps and minor alterations often costing less than £500, but which make a dwelling much safer disabled residents. They are typically commissioned to facilitate hospital discharge, or to reduce the risks of falls and injuries which might necessitate hospitalisation. SAHs are mostly administered by Care & Repair (CRM) on behalf of the Council and run in parallel with the Welsh Government funded Rapid Response Adaptation Programme (RRAP), which addresses similar issues. As with DFGs, similar customer satisfaction scores are achieved.

- 3.5 Both DFGs and SAHs play a key role in facilitating hospital discharge and in preventing the need for admission as homes are safer.
- 3.6 In 2014/15 the DFG budget was supplemented by one off additional funding of £100,000 from the Welsh Government's Intermediate Care Fund but that has not been repeated in the current financial year. This was utilised for particularly complex cases and helped mitigate against last years demand
- 3.7 In addition to the impact upon clients who have to wait longer for adaptations to be carried out, the annual shortage of funds and ever earlier full commitment of them has adverse effects on the Council's performance in respect of DFGs which is a statutory PI. The Older Persons Commissioner for Wales particularly monitors this. For a performance overview see **Appendix 1**. For examples of Social Care & client feedback in terms of the impact of DFG's, see **Appendix 2**.

4 REASONS:

- 4.1 As at 14th July 2015 the disabled adaptation capital budget was fully committed.
- 4.2 Each year since 2006, the date at which the full budget has been committed has been earlier than the previous year and in the current year "full commitment" has occurred before the end of July. The reason for this is that each year there are a number (and, therefore, value) of grant enquiries which have to be placed on hold until the following financial year. This varies but is always large enough to result in four impacts which are:
- Disabled clients have to wait for six months or more for funds to become available to enable the necessary work to be carried out.
 - A minimum of 185 days are automatically added to the processing time for the grant and this adversely affects the PI that is measured by WG.
 - An ever increasing amount of funding leaves the capital budget on the 1st of April in each year to award DFGs which have been waiting since the previous moratorium on spending.
 - Increased demand for spending on mandatory DFGs puts pressure on the discretionary SAH grants budget often resulting in funds having to be transferred from SAH allocations to DFG allocations to ensure that we do not fail to meet our statutory obligations to process DFGs applications within six months of receiving a valid application. In the current year this has resulted in the SAH allocation being reduced to £40,000 and the majority of that has already been committed by CRM.
- 4.3 At the end of Q1 18 DFGs had been completed against an annual total of around 80 - 120 in previous years. Thirty four were approved and a further 31 DFGs were awaiting processing but were on hold due to a lack of funds (Details and estimates are set out in **Appendix 3**) and we still have the greater part of the last three quarters of 15/16 to go during which time we can

expect a significant number of additional OT referrals for DFGs. Examples of how delays in processing DFGs can affect clients are included in **Appendix 4**.

- 4.4 The situation with SAHs is in many ways similar as for DFGs, but it is exacerbated by the budget pressure for DFG's which results in an unavoidable transfer of funds from the SAH budget to ensure some on-going provision of DFG's hopefully to at least near the end of Q2. While this has been achieved in previous years, the cumulative effect has finally caught up and no further funding is available for SAH's. Care & Repair have been informed accordingly.

5. RESOURCE IMPLICATIONS:

- 5.1 **Appendix 5** details the capital expenditure and the purpose for which it has been allocated. In some cases the money has actually been paid out to clients/contractors, and the DFG is deemed completed. The remainder comprises DFGs which have been approved but not claimed and a third category are potential DFGs which are partway through processing.
- 5.2 The additional capital funds needed to enable the Council to meet its estimated demand for DFGs and SAHs in the current financial year and avoid any significant unmet demand at the start of the next financial year is estimated at £591,000 comprised of the anticipated applications outlined in **Appendix 3**.
- 5.3 The resulting revenue benefit to Social Care and Health services is not capable of direct calculation but Social Care & Health are clear that, as well as the benefits to clients who have adaptations, in many cases the need for ongoing care and support is reduced or even eliminated.
- 5.4 A small degree of financial mitigation could be achieved if the Council resolved to stop the fast track processing of DFGs of less than £5,000 and re-impose the statutory test of resources. It is difficult to estimate the amount of capital which would be freed up but it is unlikely to exceed £10,000 and would adversely affect the processing times for DFGs by as much as twenty five additional days.

6. SUSTAINABLE DEVELOPMENT AND EQUALITY IMPLICATIONS

- 6.1 DFG's and SAH grants are predominantly awarded to older people, who are a protected group under the Equalities legislation.

7. SAFEGUARDING AND CORPORATE PARENTING IMPLICATIONS

- 7.1 While the majority of grant recipients are adults, a small number are children, often with profound and complex disabilities. The adaptations that are carried out not only improve the lives and wellbeing of the disabled child, they often make significant improvements to the wellbeing and safety of the whole family including siblings. It follows therefore that any delay in carrying out adaptations affects the overall safeguarding of all the children in the family.

8. **CONSULTEES:** Cabinet Members for Environment, Public Services & Housing and Social Care & Health; Chief Officer Enterprise; Head of Adult Services; Head of Community Led Delivery; Assistant Head of Finance

9. **BACKGROUND PAPERS:** None

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APPENDIX 1

Disabled Facilities Grants Performance Overview

- 1.1 Disabled Facilities Grants are implemented by the Housing Renewals Team of 2.0 full time equivalents, following referrals from Social Services Occupational Therapists. The team is made up of:
- Housing Renewal Manager 0.4 (other 0.4 covers the Careline responsibility)
 - Grant Surveyor
 - Housing Support Officer 0.6
- 1.2 The team also manage the minor Safety at Home Adaptation programme and have a SLA with Monmouthshire Housing to deliver adaptations to their tenants
- In 14/15 the Housing Renewals Team facilitated and input into 572 adaptations
- 1.3 The level of DFG referrals is showing an increasing demand for adaptations
- 12/13 - 141
 - 13/14 - 153
 - 14/15 – 161
 - Q1 15/16 – 53 Projection 200
- 1.4 Recent DFG approval levels are:
- 12/13 - 91
 - 13/14 – 104
 - 14/15 – 85
 - Q1 15/16 – 52
- (This is an unprecedented number of approvals in Q1. Last year it was 21 and 13/14 it was 31. This year's Q1 spike relates to the number of grants that needed to be carried forward from 14/15 due to lack of budget)
- 1.5 To facilitate the statutory PI, the time taken to process DFGs is recorded from the first point of contact a client has with the Occupational Therapy service to the certified date of completion of the works. Housing & Community Service's has direct control of the process for only a part of the overall time with the remainder being with the OT, the client and the contractor(s). In addition some of the more complex DFGs, such as building extensions, require time with Planning and Welsh Water, all of which add to the overall processing time.
- 1.6 In recent years the Council has performed well. In 2013/14, the Council was second fastest in Wales with an average completion time of 186 days. However, several factors can impact on average processing times, which include:-

- Time with the OT for assessment
- Time with the client while legal and financial information is produced
- Client choice for timing of works (any time within 12 months)
- The need for planning permission
- The need for Welsh Water to give building over sewers permission
- Availability of bespoke equipment
- Availability of specialist contractors
- Lack of capital funding

Performance for 14/15 was 213 days in relation to 81 completed DFG's.

- 1.7 There is no discernible year on year pattern to the number or nature of OT referrals for DFGs, but the majority of the work involves the provision of ramping for wheelchair access, stair lifts, and wet floor shower rooms. Each year there are likely to be some cases involving clients with complex disabilities where there is a need for large scale adaptations and the building of extensions to homes to accommodate specialist sleeping and bathing facilities.
- 1.8 For 2015/16, at the end of Quarter 1, the average DFG turnover was 251 days in relation to 18 completed grants. 4 grants were turned around within the target time of 180 days. The 14 grants that were not turned around with the target time of 180 days was due to the following principal reasons, albeit the delay on some grants was due to a combination of factors:
- 2 grants – time with OT
- Feedback from Social Services is that it's not uncommon with some cases, that it is not possible to determine whether a DFG is needed immediately at the point of referral. Occupational Therapists have advised it is often appropriate to explore other options, such as equipment. Also, applicants needs can change during the assessment procedure
- 4 grants – time with applicants or Care & Repair
- Applicants dictate how quickly an adaptation is undertaken, which can be further compounded by levels of vulnerability.
- It has been necessary to challenge Care & Repair about the time taken to complete DFG's.
- 6 grants – related to lack of funding in 2014/15 and had to be carried over into 2015/16.
 - 2 grants – were for other miscellaneous reasons
- 1.9 At the end of 14/15 there were 23 referrals in total ready for approval, but which had to wait until the start of the new financial year for funds to become available. This added an average of 61 days to the overall DFG performance for DFG's

completed in Q1. In summary, for grants completed in Q1, the following highlights the time taken to complete the average stage length:

- Average time with OT – 48 days
 - Average time with Renewals Team – 106 days
 - Average time with builder/contractors – 78 days
 - Average time with applicants and/or Care & Repair – 97 days
- 1.10 At mid-July 2015 it was estimated that by the end of the financial year there may be as many as 106 DFGs awaiting approval on the 1st April 2016. Should this projection become a reality it potentially could fully commit the 2016/17 budget in April 2016 in the knowledge that over recent years, the budget has been fully committed through approximately 80 completed grants.
- 1.11 With regards to beneficial outcomes for clients and possible reduction in demand for SCH services, an arrangement has been established with Social Services who have started to review the impact of DFG's for individual applicants. The feedback is extremely positive. Examples of Social Care feedback is included in ***Appendix Two to the report.***
- 1.12 With an aging population and more children with complex disabilities, it is inevitable that the demand for DFGs is increasing. As the budget for DFGs is committed earlier in each financial year, the delay for those referred later in the year will inevitably increase. In the current year total commitment of the budget occurred by mid-July and unless further funding is obtained some DFGs that will be approved early in the next financial year will have as much as 270 days added to the time taken to process them.

APPENDIX 2

Examples of DFG Outcomes as reported back by OTs

NAME: Mrs R,

DATE: 19/03/15

ADAPTATION	Wet Room
CARE COSTS	£37.98 pw / £151.90 4 weekly
DFG VALUE	£4003.33 + Fees
ISSUES IDENTIFIED PRIOR TO ADAPTATION	OUTCOME OF ADAPTATION TO SERVICE USER
<ul style="list-style-type: none"> • Unable to access bath safely and risk of falls and injury to Mrs R when carrying out personal care. • Mrs R was unable to access her bath and had to have personal care carried out by care staff twice daily. • Mrs R had to have a strip wash at the sink which impacted on her dignity and choice. 	<ul style="list-style-type: none"> • Since having a wet room adapted to the property Mrs R is now able to have a shower safely and independently. This has reduced the risk of falls and injury to Mrs R. • Mrs R no longer requires care staff to attend and assist with personal care • Mrs R's dignity and choice has been restored since having the adaptations to the property.
<ul style="list-style-type: none"> • High risk of falls and Injury • Anxiety • Fear of falls 	<ul style="list-style-type: none"> • Decreased risk of falls and injury • Reduced anxiety • Improved on quality of life • Increased independence • Reduced fear of falls
<ul style="list-style-type: none"> • Reduced independence due to ill-health which impacted on Mrs R wellbeing. Mrs R had a history of falls and 	<ul style="list-style-type: none"> • Mrs R stated that since having the adaptations to the property it has made a great difference to her quality of life. Mrs R was unable to access her bathroom to have a

<p>fractured her hips which affected her mobility.</p>	<p>bath and had to depend on care staff to assist with personal care. Mrs R stated that she did not enjoy having a strip wash at the sink. Since having the wet room installed she stated that she can have a shower whenever she wants and no longer requires care staff to assist with her personal needs. Mrs R explained that she loves having her independence back and being able to take care of herself. Having the adaptations has enabled Mrs R to maintain as much of her independence as possible and restored her dignity.</p>
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NAME: Mr G

DATE: 24/02/2015

ISSUES IDENTIFIED PRIOR TO ADAPTATION	OUTCOME OF ADAPTATION TO SERVICE USER
<ul style="list-style-type: none"> • Unable to access bath safely and risk of injury to Mr G and carer`s when carrying out personal care. 	<ul style="list-style-type: none"> • Since having a wet room adapted to the property Mr G is now able to have a shower safely. This has reduced the risk of injury to Mr G and the carers who assist in carrying out personal care.
<ul style="list-style-type: none"> • Unable to access the garden at the property due to the depth of the step to get out. High risk of falls and injury. 	<ul style="list-style-type: none"> • Since having a ramp put in at the back of the property Mr G can now access his garden safely and is looking forward to being able to sit out in the garden when the weather improves. Decreased risk of falls and injury to Mr G and carer`s.
<ul style="list-style-type: none"> • Care staff having great difficulty mobilising Mr G safely due to the width of the doors being too narrow. This would impose a risk of injury to Mr G and care staff trying to access the bathroom and living room. Mrs G further explained that her property would be frequently damaged 	<ul style="list-style-type: none"> • Now the doors have been widened to the bathroom and living room this has prevented further damage to the property and reduced the risk of injury to Mr G and care staff when mobilising from one room to another.

<p>due to care staff trying to mobilise Mr G through the narrow doorways.</p>	
<ul style="list-style-type: none">• Reduced independence due to ill-health which impacted on Mr G's wellbeing.	<ul style="list-style-type: none">• Mrs G stated that since having the adaptations to the property it has impacted on Mr G's wellbeing as she has noticed that he is more happy and alert. Mrs G stated that it has enabled Mr G to continue living at home which is important to both of them and it has restored his dignity.

Appendix 3

Position Statement as at 20/7/15 – Actual and Potential Unmet Demand

A. 27 grants enquiries on hold comprising:

- i. 8 Stair lifts
- ii. 8 Wet floor showers
- iii. 1 Stair lift and wet floor shower
- iv. 3 home adaptations for children with disabilities

B. External ramping systems for wheel chair access

- i. 2 Miscellaneous works

C. 4 part processed pre-approval comprising:

- i. 1 small extension for a child
- ii. 1 major adaptation for a child
- iii. 1 Conversion of part GF to provide toilet accommodation
- iv. 1 External ramping

D. <75 possible OT referrals for DFGs (based on previous years)

Total estimated cost based on an average of £5k per grant	£530,000
SAH demand (based on previous years)	£61,000
<u>TOTAL ESTIMATE</u>	<u>£591,000</u>

APPENDIX 4

Implications of a shortage of DFG and SAH funding for Social Care & Health Clients

- 1.1 The rate of older people supported in the Community per 1000 population aged 65 or over the last 2 years has remained around the 60, which is very low when compared with our neighbouring authorities, part of the reason for this is due to providing a timely approach to funding and installing both major and minor works of adaptation. However, this has become increasingly difficult as the DFG budget has remained unchanged for the last ten years. Each year the committed date is falling earlier in the year which puts subsequent pressures on other Monmouthshire County Council budgets, and Frailty Resources.
- 1.2 The lack of appropriate accommodation to meet the needs of the individual gives rise to an increasing need for crisis intervention and the assistance of longer term Care and Support Packages. If there is a delay in meeting completion of the adaptation, and people become dependent on Care and Support Packages it is then more difficult to withdraw any support even though the adaptation itself would have initially prevented the need for long term support.
- 1.3 The adaptation component of a Care and Support Plan is an essential component to sustain Monmouthshire's trend of providing minimal care packages, thereby limiting the week on week commitment of care packages via Community Care. This in turn enables people to maintain their community connections which maintains both their physical and mental wellbeing as well as assisting to maintain the local economy.
- 1.4 A case example of providing a level access shower to the cost of approximately £3000 has enabled the individual to maintain their ability to maintain their own personal hygiene which has the effect of negating the need for long term care to assist with bathing 3 times a week with ongoing weekly cost of £23.40 [£1216.80 per year] to Social Services.
- 1.5 Another example would be providing ramped access to/from the property, which would enable the individual to go out to connect with their community, rather than necessitate the commissioning of on-going services to provide social interaction within the home and potential lead to the associated isolation, which research shows would over time would lead to increasing dependency.
- 1.6 Whilst it may be easy to think SCH could pick up the adaptation bill, it is the duty of the Housing Authority to provide what is reasonable and practicable based on the Social Services needs assessment as to what is necessary and appropriate, using the DFG funding under the Housing Grants, Reconstruction and Regeneration Act. An increase the DFG and other adaptation budgets would undoubtedly offset the potential ongoing commitment from other budgets within the authority.

- 1.7 In the future the Chronically Sick and Disabled Persons Act 1970 will be replaced by the Social Services and Well-being (Wales) Act 2014, focusing the attention on the need for preventative works such as adaptations, however it will remain the housing grants duty to provide the adaptations as outlined in the Housing Regeneration Act, therefore it is in the Council's interest to support the provision of adaptations as an essential service
- 1.8 Outlined below are some examples below of the type of situation which Social care and Health Services are trying to deal with as a result of not be able to have DFG supported work carried out:-.
- 1.9 Example 1
Sixty – two year old lady in Monmouth area with a diagnosis of Motor Neurone Disease and is very unsafe on the stairs. Downstairs accommodation is not suitable and influenced by the fact that she regularly has her grandson to stay over since the death of her daughter. Requires a stair-lift, family are having to rent a stair-lift in the interim although she is eligible for a DFG.
- 2.0 Example 2
A gentleman in Monmouth area who is housebound awaiting installation of ramps. We are currently dealing with the complaint submitted with regards to this.
- 2.1 Example 3
A lady who had been living in an MHA property until she had a stroke and moved in with her family so they could help care for her. She is currently living in the family front room with access to a small downstairs toilet. Following assessment, recommendation is to adapt the garage to allow her to have accommodation that would be independent from the family but they could still provide her with support. As funding is committed for 2015/16 this won't be looked at until April 2016.
- 2.2 Example 4
Mrs B – she's 68. She lives with her Husband in their own house in Abergavenny. She has a Neurological disorder affecting her communication and she is unable to mobilise or transfer independently. Her Husband assists with all care. To manage personal care her husband is carrying her to the car then carrying into Avenue Road where carers are attending to her personal care needs. Her Husband then repeats the process to return her home. Mrs B has recently had a ceiling track hoist fitted, following assessment I recommended wet room installation this would allow her to have her personal care needs met within her own home. Also, Her Husband is more than happy to manage all of her personal care needs thus avoiding the need to have Carers to support.

NOTE:

It should be noted that the lack of adequate capital impacts only on private owned or rented property, residents in MHA property are still able to access adaptations as it is a different process funded directly by MHA and brings about significant inequity.

APPENDIX 3

Housing Capital Expenditure 15/16 – Actual and Estimated:

CAPITAL	£ 600,000.00
SLIP	£ 54,069.00
TOTAL	£ 654,069.00
TOP	
SLICE	£ _____ -
BUDGET	£ 654,069.00

Spend

<u>Ref No</u>	<u>Apps Cont</u>	<u>Works</u>	<u>Grant</u>	<u>Additional Info</u>
<u>Accruals 2014-15</u>				
14/0067	0	WFS	3,637.00	
14/0140	0	WFS	-	Cancelled
14/0047	0	WFS	5,026.00	
13/0295	0	WFS	4,723.25	
14/0120	0	WFS	4,545.00	
14/0116	0	WFS	4,511.00	
13/0190	8394.35	Ext. Lift	14,231.65	
14/0028	0	S/L Straight	2,865.00	
14/0131	0	S/L x 1 Bend	5,409.00	
13/0286	0	WFS	5,139.00	
14/0091	0	WFS	3,910.00	
13/0291	0	WFS	<u>5,169.00</u>	
		Total	<u>59,165.90</u>	

15-16

15/003	0	Fees	12,720.00
15/001	0	SAH	90.00
15/004	0	SAH Cap	20,000.00
14/0201	0	SAH	797.50
14/0202	0	SAH	797.50
14/0052	0	WFS	4,478.00
14/0089	0	WFS	5,667.00
14/0098	0	Mod Ramp	2,203.00
14/0100	0	Mod Ramp	3,692.00
14/0121	0	WFS	3,475.13

14/0124	0	WFS	4,993.00	
14/0128	0	WFS	4,502.00	
14/0130	0	WFS	4,960.00	
14/0154	0	WFS	4,026.00	
14/0155	0	WFS	5,159.50	
14/0156	0	WFS	3,314.92	
14/0157	0	WFS	5,580.00	
14/0160	0	WFS	4,358.00	
14/0165	0	WFS	2,985.00	
14/0168	0	WFS	-	Cancelled
14/0171	0	Access	4,810.00	
14/0178	0	WFS	5,180.00	
14/0179	0	WFS	3,780.00	
14/0194	0	WFS	3,630.00	
14/0221	0	WFS	4,031.00	
14/0225	0	WFS	3,885.00	
15/006	0	SAH	300.00	
14/0192	0	WFS	4,478.00	
14/0126	0	WFS	5,046.00	
14/0138	0	WFS	4,670.58	
14/0227	0	SAH	300.00	
15/005	0	SAH	300.00	
15/007	0	SAH	500.00	
14/0159	0	WFS	4,006.00	
14/0169	0	WFS	3,480.00	
14/0166	0	WFS	4,960.00	
14/0191	0	Conversion	2,276.40	
14/0115	0	S/L x 2 Bend	5,830.00	
14/0099	0	Conversion	5,252.00	
14/0152	0	WFS	5,070.00	
14/0219	0	WFS	4,600.00	
15/012	0	SAH	520.00	
15/0040	0	Fees	2,472.00	
15/0041	0	Fees	3,672.00	
14/0151	0	WFS & S/L	6,399.00	
15/0026	0	SAH	300.00	
15/0029	0	WFS & Clos o Mat	8,410.00	
14/0235	0	WFS	4,572.00	
14/0218	0	WFS	5,068.00	
14/0200	0	WFS	4,154.00	
14/0207	0	S/L x 1 Bend	4,845.00	
14/0182	0	WFS	4,983.00	

15/0054	0	SAH	300.00	
14/0203	0	Mod Ramp	2,837.00	
150021	0	Mod Ramp	2,431.00	
13/0290	0	Conversion	26,867.35	
15/0013	0	Mod Ramp	-	Cancelled
14/0250	0	S/L x 2 Bend	5,880.00	
14/0251	0	S/L x 2 Bend	5,955.00	
15/0014	0	WFS	3,144.00	
15/0016	0	Mod Ramp	2,095.00	
14/0215	0	WFS	2,526.00	
15/002	0	Mod Ramp	2,221.00	
14/0232	0	S/L Straight	2,770.00	
15/008	0	WFS	4,779.00	
15/0064	0	SAH Cap	20,000.00	
15/0057	0	S/L x 1 Bend	4,382.00	
15/0071	0	Arch/Misc Fees	20,309.40	
15/0081	0	Arch Fees	2,368.56	
15/0083	0	Arch Fees	2,652.00	
15/0084	0	Arch Fees	3,751.20	
15/009	0	SAH	550.00	
15/0020	0	Mod Ramp	2,686.00	
14/0245	0	WFS	5,740.00	
15/0025	0	Access	5,630.00	
14/0240	0	WFS	3,933.00	
14/0256	0	S/L x 2 Bend	5,365.00	
14/0183	0	WFS	2,938.00	
14/0242	0	WFS	3,630.00	
13/0289	0	Conversion	36,000.00	
14/0053	0	Extension	36,000.00	
15/0090	0	Arch/Misc Fees	12,010.19	
15/0028	0	SAH	600.00	
15/0078	0	SAH	450.00	
15/0053	0	SAH	600.00	
14/0237	0	WFS	5,407.00	
14/0176	0	Conversion	13,096.00	
15/0024	0	WFS	4,142.00	
14/0257	0	WFS	4,511.00	
		WFS & S/L x 1		
14/0204	0	Bend	7,412.00	
14/0034	0	Extension	36,000.00	
			<u>£</u>	
		Total 15-16	517,547.23	
		C/F 14-15	£	

		<u>59,165.90</u>
		<u>£</u>
	<u>Total Variations</u>	=
		<u>£</u>
	<u>Total Spend</u>	<u>576,713.13</u>
		<u>£</u>
Awaiting Approval	<u>Balance</u>	<u>77,355.87</u>

	Extension	36,000
	WFS	5,370
	Widening of doors	3,400
	WFS	4,910
	WFS	4,622
	Sub total - pending	59,702
Balance for 2% variations		12,592.30