

SUPPLEMENTARY AGENDA II

HEALTH AND WELLBEING BOARD

Wednesday, 17th March, 2021, 2.00 pm - MS Teams (watch it [here](#))

Members: Please see list attached under item 2.

Quorum: 3 voting members, including one local authority elected member and one of the Clinical Commissioning Group Chair or the Healthwatch Chair (or substitutes).

12. BETTER CARE FUND PLAN 2020-21 (PAGES 1 - 12)

This report presents the Better Care Fund Plan 2020-21 for the Board's consideration and approval.

The Chair has agreed that the amended version of this report should be considered at the meeting as a matter of urgency by reason of special circumstances. These circumstances are that the Health and Wellbeing Board is asked to provide its input on the Better Care Fund Plan 2021-22 as soon as possible and to ensure that required timescales are met.

Fiona Rae, Principal Committee Co-ordinator
Tel – 020 8489 3541
Fax – 020 8881 5218
Email: fiona.rae@haringey.gov.uk

John Jones
Monitoring Officer (Interim)
River Park House, 225 High Road, Wood Green, N22 8HQ

Tuesday, 16 March 2021

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Report for: Health and Wellbeing Board

Title: Approval of Haringey Better Care Fund (BCF) 2020/21
Submission to NHS England

Report

authorised by: Beverley Tarka, Director of Adults and Health
Rachel Lissauer, Director of Integration, Haringey CCG

Lead Officer: Paul Allen, Head of Integrated Commissioning (Older People & Frailty), North Central London CCG and Council
0203 6881173

Ward(s) affected: All

Report for Key/

Non Key Decision: N/A

1. Describe the issue under consideration

- 1.1. As per Department of Health & Social Care (DHSC) mandated policy requirements, this report requests the Health & Well-Being Board to approve the funding schedule for the Haringey Better Care Fund 2020/21 Plan and to confirm that the breakdown of the funding fulfils National Funding conditions for 2020/21.
- 1.2. The Better Care Fund (BCF) Plan is one of the main vehicles to fund plans for integration, as it is underpinned through a Section 75 agreement to pool funds between CCG and LBH to support integrated schemes.
- 1.3. North Central London (NCL) CCG, the London Borough of Haringey (LBH) and their partners have worked together to construct and agree the BCF funding schedule to support integration, in particular the Ageing Well Strategy, as part of the Haringey Partnership Board's responsibilities.
- 1.4. The COVID pandemic meant there were unprecedented challenges nationally and in Haringey in health and care provision. Some of the issues – and achievements – in 2020/21 are set out below. One consequence of the pandemic was that the DHSC national policy requirements and guidance for the BCF Plan 2020/21 to local areas was delayed and eventually released only in mid-December 2020. This meant the CCG and LBH have had only Q4 2020/21 to submit the schedule to the Health & Well-Being Board, hence the timing of this report.
- 1.5. As a result of the exceptional circumstances in 2020/21, DHSC do **not** require local areas to submit a Plan and trajectories against a set of nationally prescribed metrics for the BCF Plan to central Government, as they have done in previous years – in fact, monitoring against these metrics was suspended nationally throughout 2020/21. However, the guidance requires local Health & Well-Being Boards to sign-off the BCF Plan pooled Section 75 funding schedule and verify minimum

expectations of allocated spend on out-of-hospital services and on social care have been met (discussed below).

1.6. DHSC advised areas their local Plan priorities for integration in 2020/21 should be the same, where possible, as 2019/20 to reduce any administrative burden. The narrative submitted for Haringey's 2019/20 BCF Plan, in turn, built on progress in previous years and discussed how:

- We would apply a set of principles to joint development and delivery of integrated health and care solutions to deliver a more person-centred approach so that the tailored solutions for individuals matched their underlying needs, for example:
 - Facilitated access to improved advice, information or early help via community-based solutions for people who might need help to navigate care;
 - Ensuring those with complex needs have a more coordinated multi-disciplinary response to care planning and delivery, including out-of-hospital;
- We would improve our integrated health and care system in the Borough as part of Haringey's response to the NHS Long-Term Plan, including development of multi-disciplinary primary care and integrated care networks, to deliver health and care closer to home at a Borough and neighbourhood footprint;
- We would work with our wider set of partners, such as Connected Communities, housing and the voluntary sector, to ensure our plans are aligned with wider planning to strengthen communities;
- We will ensure there is a 'golden thread' connecting care solutions across differing geographical footprints so there is a coherent picture of support across NCL, Borough and neighbourhood footprints.

1.7. All of the above remain relevant in 2020/21 and will be so in 2021/22. Given the consequences of the pandemic for specific communities, it is recommended a further cross-cutting inequalities priority is formally added to Haringey's BCF Plan in 2021/22. This will assure equity of access, outcomes and experience for all Haringey residents to services funded through the Plan. Further details will be incorporated into a future report on the 2021/22 BCF Plan when guidance arrives.

1.8. It should be noted spend has already been incurred in 2020/21 in key areas in which the BCF Plan could provide financial support (but does not do so already or could provide more). The CCG and Council proposed a financial contribution from the BCF Plan uplift between 2019/20 and 2020/21 to the following areas:

- Early intervention and prevention funding for the voluntary sector to support older people, including addressing social isolation and improving healthy living;
- Adult social care staffing to:
 - Support extended hours and provide 7 day working to assist hospital discharge as part of national hospital discharge-to-assess arrangements;
 - Undertake complex and joint case assessments and review post-discharge.
- Multi-agency intermediate care and support, including in community care beds, to help people to recover their health and abilities to undertake daily living tasks after a spell in hospital;

- Enhancing our new multi-disciplinary Multi-agency Care and Coordination (MACC) Team to support people with moderate or severe frailty who need a multi-disciplinary approach, including those affected by COVID.

2. Cabinet Member Introduction

2.1 Not applicable.

3. Recommendations

3.1. The Health and Wellbeing Board is asked to approve the Haringey Better Care Fund (BCF) Plan for 2020/21 and confirm the investment schedule in Appendix 1 meets the national BCF Plan Conditions.

4. Reasons for decision

4.1. The Better Care Fund (BCF) Plan is a national programme to support integration of health and social care, to protect the independence of residents and to improve outcomes for local people. It aligns with the Borough Plan and is key to delivering Haringey's joint Ageing Well Strategy which is overseen by the Partnership Board.

4.2. The COVID pandemic had a significant impact in 2020/21 on many services in the BCF schedule and pre-COVID plans for development, including suspension of formal contract management and changes to how services were prioritised or delivered, e.g. virtual day centre sessions hosted by staff. It also meant some planned developments were accelerated, particularly those associated with hospital discharge and joint support between Council and community health to help people recover post-hospital.

4.3. The Plan has made a number of positive impacts on supporting people in Haringey to have healthy, long and fulfilling lives in 2020/21, including:

- a. Rising to the challenge of implementing robust COVID national hospital discharge guidance. During the pandemic, the proportion of people discharged from hospital who needed short-term care and support to recover increased significantly due to the impact of the condition and the surges in hospital admissions locally. The NHS, Council and voluntary sector worked together at WHT, NMUH and other NCL hospitals to discharge more patients, predominantly back home, more quickly than at any time pre-COVID, with staff working extended hours and 7 day working;
- b. Formal national monitoring of delayed transfers of care was suspended in the pandemic. However, the proportion of patients who were in hospital for 21 days or more was 10.6% at Whittington Hospital (one of the lowest in proportions in London) and 13.8% at NMUH, both below the London average (14.2%), at the height of the second COVID surge at the end of January 2021.
- c. Over 1,800 reablement episodes were completed in Apr-20-Jan-21 (a 125% increase on the equivalent 10 months 2019/20). LBH's Reablement Service and its partners provide short-term (<6 weeks) intensive therapy to help people recover their ability to undertake daily living, such as washing or getting around

their home, after a crisis and/or hospital episode, e.g. due to a fall. This Council service now operates jointly with NHS community health therapists;

- d. The majority of these individuals were aged 65+, and, of these, 78% were at home for 91 days after hospital discharge, i.e. as opposed to returning to hospital or being admitted to a care home. We find that 70% of individuals need no further long-term Council-funded care after reablement, as they have recovered sufficiently;
- e. A 50+% increase in the typical month number of patients (to 150) accessing the multi-disciplinary Rapid Response service (usually responding within 2-4 hours) to treat people who are nearing, or at, a health crisis at home for up to 5 days following referral via a care professional. The service ensures people don't need to go to A&E unnecessarily;
- f. Continued investment in, and planned expansion in Q4 2020/21, of the community health element of the Enhanced Health in Care Homes (EHCH) model to support residents and staff of care homes in Haringey to manage their needs. The BCF Plan matches similar NHSE-I investment in the primary care element of the EHCH to support each care home to have a named GP lead and routine 'Home Rounds', now established in Haringey.

4.4. Haringey CCG, the London Borough of Haringey (LBH) and its partners worked together to construct and agree plans for integration of health and care for 2020/21. The late arrival of the national policy requirements meant plans could only be finalised in Q4 2020/21. Haringey's schedule of investment (Appendix 1) and confirmation that National Conditions relating to relevant financial contributions were met (see Background section) were formally agreed between commissioners and finance leads at the Haringey Finance & Performance Partnership Board on 12th February, as part of the confirmation of the Section 75 Agreement for 2020/21.

4.5. The information presented in the BCF Plan should give the Haringey Health and Wellbeing Board the assurance Haringey is maintaining its commitment to health and social care integration to deliver the vision of the Haringey BCF Plan in light of local and national strategies and plans, such as NHS Long-Term Plan, Borough Plan and Haringey's Ageing Well Strategy.

5. Alternative options considered

5.1 Not applicable.

6. Background information

6.1. The national policy requirements state the Health & Well-Being Board must sign-off the schedule of investment for the Better Care Fund (BCF) Plan as part of a pooled Section 75 for 2020/21.

6.2. NCL CCG is expected to make a Minimum Contribution to the Haringey BCF Plan. Two of the national conditions are that:

- The agreed contribution to social care from the CCG meets or exceeds the minimum expectation allocated;

- The spend on CCG commissioned out-of-hospital services meets or exceeds the minimum ringfence.
- 6.3. There are additional grants that represent LBH's contribution, in the BCF Plan:
- Improved Better Care Fund (iBCF) to meet the growing demand for care packages and reduce LBH's financial risk. The iBCF in 2020/21 incorporates the LA Winter Pressures, which is used to mitigate increased demand in the social care system particularly during the winter;
 - Disabled Facilities Grant to fund major adaptations to LBH clients' properties (regardless of tenure type) to support them to live at home.
- 6.4. Table 1 shows the changes in BCF Plan funding between 2019/20 and 2020/21 and the proposed schemes are listed in Appendix 1. The majority of these schemes are existing services which we are continuing to fund in 2020/21.
- 6.5. There is an £1.1m uplift in the Minimum CCG Contribution between 2019/20 and 2020/21. To conform to the national conditions above, £359k of this uplift must be spent on social care, including preventative solutions. Appendix 1 highlights schemes that are either newly BCF funded or in which the investment in an existing service from 2019/20 has been increased; collectively the additional investment in these rows make up the £1.1m uplift, including the £359k spend on adult social care.

Haringey BCF Plan Investment Component	2019/20	2020/21	Change 20/21 v 19/20	
			Increase	% Increase
Disabled Facilities Grant	£2,360,942	£2,678,851	£317,909	13%
iBCF	£8,369,874	£9,518,076	£0	0%
Winter Pressures Grant	£1,148,202			
Requirement: Minimum CCG Contribution	£18,800,956	£19,892,808	£1,091,852	5.8%
Of which, minimum spend that must be on:				
- NHS commissioned Out-of-Hospital Spend	£5,342,699	£5,652,972	£310,273	5.8%
- Adult Social Care Services Spend	£6,175,392	£6,534,023	£358,631	5.8%
TOTALS	£30,679,974	£32,089,735	£1,409,761	4.6%

Table 1 – Requirements for Spend Haringey BCF Plan Funding 2019/20 and 2020/21

- 6.6. Table 2 confirms the schedule in Appendix 1 fulfils the 2020/21 National Conditions applied to Haringey.

Running Balances	Required Spend	Actual Spend	Balance
DFG	£2,678,851	£2,678,851	£0
Minimum CCG Contribution	£19,892,808	£19,892,808	£0

iBCF	£9,518,076	£9,518,076	£0
Total	£32,089,735	£32,089,735	£0

Required Spend	Minimum Required Spend	Actual Spend	Under-Spend?
NHS Commissioned Out of Hospital spend from the minimum CCG allocation	£5,652,973	£13,117,992	£0
Adult Social Care services spend from the minimum CCG allocations	£6,534,024	£6,534,024	£0

Table 2 – Schedule of Funding v. National Requirements for BCF Plan 2020/21

- 6.7. The Government’s mandate to the NHS, published in March 2020, set a deliverable for the NHS to ‘help ensure delivery of its wider priorities, which include manifesto commitments to further improve the experience of NHS patients, working with local government to support integration and the sustainability of social care through the Better Care Fund (BCF)’.
- 6.8. Earlier in the year, Health and Wellbeing Boards (HWBs) were advised that BCF policy and planning requirements would not be published during the initial response to the COVID-19 pandemic and that they should prioritise continuity of provision, social care capacity and system resilience and spend from ringfenced BCF pots based on local agreement in 2020/21, pending further guidance, which was released in December 2020. This guidance stated local area BCF spending plans will not be assured regionally or formally approved in 2020/21.
- 6.9. However, the guidance stated local authorities and CCGs should ensure that robust local governance is in place to oversee BCF funds. This means that HWB areas must ensure use of the mandatory funding contributions - CCG Minimum Contribution, improved Better Care Fund (iBCF) Grant and the Disabled Facilities Grant - were agreed in writing, and that four National Conditions are met.
- 6.10. These National Conditions are:
- BCF Plans covering all mandatory funding contributions have been agreed by HWB areas and minimum contributions are pooled in a Section 75 Agreement (an agreement made under section 75 of the NHS Act 2006);
 - The contribution to social care from the CCG via the BCF is agreed and meets or exceeds the minimum expectation;
 - Spend on CCG commissioned out of hospital services meets or exceeds the minimum ringfence;
 - CCGs and local authorities confirm compliance with the above conditions to their Health and Wellbeing Boards.
- 6.11. The improved Better Care Fund (iBCF) is grant monies paid to local authorities with condition attached. The grant may be used only for the purposes of meeting adult

social care needs; reducing pressures on the NHS, including supporting more people to be discharged from hospital when they are ready; and ensuring that the local social care provider market is supported. The authority must a) pool the grant funding into the local Better Care Fund, unless an area has written Ministerial exemption; b) work with the CCG and providers to meet national condition four (Managing Transfers of Care) referred to above.

7. Contribution to strategic outcomes

7.1. The BCF Plan will contribute to objectives within both the Place and People Themes of the Borough Plan

7.2. Place Theme: *A place with strong, resilient & connected communities where people can lead active and healthy lives in an environment that is safe, clean and green.*

7.3. People Theme: *Our vision is a Haringey where strong families, strong networks and strong communities nurture all residents to live well and achieve their potential.*

7.4 Policy Implication:

7.4.1 Haringey's BCF Plan is one of the key plans for the London Borough of Haringey (LBH) and North Central London CCG. In particular it supports and helps deliver:

- North Central London Sustainability and Transformation Plan;
- North Central London Response to the NHS Long-Term Plan;
- LBH Joint Health and Well-being Strategy and is line with Haringey's Joint Strategic Needs Assessment;
- Haringey Borough Partnership Delivery Plan.

8. Statutory Officers comments (Chief Finance Officer (including procurement), Assistant Director of Corporate Governance, Equalities)

8.1 Finance

8.1.1. The Better Care Fund (BCF) is a pooled budget of £32.1m between the London Borough of Haringey (LBH) and North Central London Clinical Commissioning Group (NCL CCG), as shown in Table 1. It is part of the overall Section 75 Agreement between both these parties.

8.1.2. The purpose of the fund is to enable integrated working across NCL CCG, LBH Haringey and its partners to ensure the best value for money is achieved, across the agreed projects, as listed in the BCF Planning template.

8.1.3. The funding has been allocated jointly by LBH and NCL CCG in accordance with the aims and objectives of the plan.

8.2 Legal

8.2.1 The Board responsibility include promoting and coordinating joint commissioning and integrated provision between the NHS, social care and related children's and public health services in Haringey.

8.2.2 The Better Care Fund: Policy Statement 2020-2021 (December 2020) parts of which are covered in this report, sets out the expectations of the local authority. CCG and the HWB. The Policy Statement is available here: <https://www.gov.uk/government/publications/better-care-fund-policy-statement-2020-to-2021/better-care-fund-policy-statement-2020-to-2021#better-care-fund-in-2021-to-2022> The Board must ensure that these expectations are met.

8.3 Equality

8.3.1. An Equalities Impact Assessment (EIA) was completed for the whole BCF Programme in Dec-14. However, an EIA is planned to be revised as part of the wider Ageing Well Strategy for which the BCF Plan is largely a funding vehicle for 2020/21. This is in light of the impact of the pandemic on Haringey's older population. EIA findings will be incorporated into the 2020/21 HWB report on the BCF Plan.

8.3.2. The current EIA indicates the programme has a number of perceived benefits to people with protected characteristics. The assessment highlighted a particularly positive impact on older people (over 65), disability (including mental health), gender and ethnicity. The same positive impact will occur in 2020/21, but we recognise that the EIA needs to be refreshed to better consider the impact of COVID-19 in particular on specific communities or groups in Haringey, hence the need for the updated EIA.

8.3.3. The positive impacts in the current EIA were mainly due to: the cohort of patients and services users that will be the main beneficiaries; the delivery of services in people's homes; working in a service user centred way to define health and social care goals; and the intention to improve health and well-being. No negative impacts were highlighted.

9. Use of Appendices

9.1. Appendix 1: Haringey's BCF Plan 2019/20 Completed Income and Expenditure Template, including schedule of schemes

10. Local Government (Access to Information) Act 1985

10.1. Previous years' BCF Plan documents, including the original Equality Impact Assessment, can be found at: <http://www.haringeyccg.nhs.uk/about-us/better-care-fund.htm>

Appendix 1 – BCF Plan 2020/21 Funded Schemes (including new proposals / increased investment in existing schemes funded via CCG Minimum Allocation in green cells)

Service Area	Description	TOTAL 20/21 Budget	Increased investment from 19/20
AGEING WELL			
Information, Advice and Guidance (IAG)	Voluntary sector provision of advice, information, signposting and guidance for people needing help	£55,000	
Integrated Health, Housing, Finance and Care Early Intervention Solutions	Advice and early help solutions for people to manage finances, housing, health, well-being & independence via integrating community solutions such as Connected Communities in health facilities	£159,000	
Early Help & Preventative Solutions	Voluntary sector funding for early help & prevention solutions targeted at healthy living for older people	£37,495	£37,495
LIVING WELL WITH LONG-TERM CONDITION/DEMENTIA			
COPD Exercise Programme	Community-based exercise groups for suitable COPD patients referred via health professionals	£13,000	
Dementia Day Opportunities	LBH commissioned services to support people with dementia with facility- or wider home/ community-based day care/support	£475,000	
Self-Management Support	Structured programme of courses for patients interested in condition self-management or being expert patient	£91,600	
LIVING WELL WITH FRAILTY / SUPPORT WHEN BECOMING MORE FRAIL			
Local Area Coordination	Voluntary sector coordinators to provide advice, information & signposting for people who need assistance and help develop community assets	£120,136	
Disabled Facilities Grant	LBH commissioned provider undertaking major adaptations of individuals' home to facilitate improvements in daily living functioning	£2,678,851	£317,909
Nursing Services & WHT Contract Uplift*	District nursing for non-ambulant patients at home (* Increase is associated with uplift)	£6,746,774	£216,967
Locality Team – now part of Multi-Agency Care & Coordination (MACC) Team	Multi-disciplinary clinical, nursing, therapy & social work team to care plan, support & review people with severe frailty. Other Providers - NHS Mental Health Provider, Local Authority	£529,296	£15,750
MDT Teleconference – function now part of MACC Team	Weekly calls on complex cases with geriatricians, GPs & others to facilitate patient management	£253,447	
Frailty Care Closer to Home Service – now part of MACC Team	Multi-disciplinary clinical, nursing, pharmacy & voluntary sector team to care plan, support & review people with moderate frailty.	£397,000	£397,000

Service Area	Description	TOTAL 20/21 Budget	Increased investment from 19/20
Social Care Team	LBH posts to provide capacity to initially triage hospital or community cases to support timely discharge & facilitate access to intermediate care.	£230,000	
Strength and Balance Opportunities	Strengthening & balancing classes & exercises for people with a falls risk	£58,000	
Whittington Integrated Care Therapy Team	Multi-disciplinary therapy service that supports older people (& other groups)	£2,014,000	
Enhanced Health in Care Homes	Implementation of EHCH Model and Trusted Assessor across Haringey to support care homes, their staff & residents	£216,000	
IBCF* (Previous LA Winter Pressures Grant nationally merged into iBCF in 2020/021)	Most of spend on providing long-term packages of care as part of social care clients' Personal Budgets. (* iBCF includes £1.15m in 2020/21 previously allocated to 'LA Winter Pressures Grant' in 2019/20. £1.15m is spent on: intermediate care beds/step-down flats and care packages to support hospital discharge patients in 2020/21 as it was in 2019/20)	£9,518,076	None. iBCF 20/21 Funding = 19/20 iBF + 19/20 LA WP Grant
NEARING END OF LIFE			
Palliative Care & Advanced Care Planning	NMUH-led multi-agency services to support range of community-, hospital- and bed-based palliative care	£766,000	
Expand End of Life nursing and other services	Investment in out-of-hours nursing services for end of life patients. This improves quality of life in last few days, supports advance care plan delivery & reduces risk of hospitalisation	£154,489	£42,608
RECOVERING AFTER CRISIS / ILLNESS			
Integrated Discharge Team/Single Point of Access to support hospital discharge	Investment in teams involved in discharge (social work & nursing resources), including onward management & assessment of individual. Includes costs to cover extended hours and 7 day working	£302,093	£208,093
Home from Hospital	Voluntary sector scheme to support hospital patients (who do not need public-sector intervention) return home and settled if they need it	£150,000	
MH Discharge Coordinator	Social worker in MH service to support discharge & onward planning for patients with severe MH issues	£40,000	
Rapid Response	Multi-disciplinary nursing & therapies team to respond quickly when people are at crisis and/or need short-term rehabilitation at home or in A&E.	£410,000	
Enhanced Virtual Ward	Enhance existing EVW model through increased GP capacity for Haringey	£42,000	£42,000
Alcohol Liaison Services	Alcohol Liaison Nurses & Support Worker to support hospital patients with alcohol-related issues & coordinate support in community	£61,585	

Service Area	Description	TOTAL 20/21 Budget	Increased investment from 19/20
Reablement Solutions	Community Reablement solutions to support people regain ability to undertake daily living skills (<i>includes £612,900 transferred from bed-based solutions from 2019/20 reprovided in people's homes for 2020/21</i>)	£3,208,900	
Increase number of 24-hour packages of care at home	Increase number of high-intensity packages of care available to prevent hospitalisation or facilitate 'Home First' hospital discharge of patients to meet demand, particularly to support 7 day discharges	£42,000	
MH Reablement Solutions	Investment in dedicated OT to support MH non-acute discharge development for people with complex physical & mental health needs	£13,000	£13,000
Enhanced bed-based intermediate care capacity	Intermediate care beds in care home to rehabilitate, assess individuals' needs and eligibility for CHC post-recovery as part of ASC contract with PWH	£155,000	
Nursing Intermediate Care	Nursing beds in care home with rehab MDT input & nursing outreach to patients' homes for those needing period of convalescence post-discharge (<i>includes £12,100 transferred from bed-based solutions from 2019/20 reprovided in 2020/21</i>)	£368,247	£29,147
Winter MDT capacity to support patient onward management of patients	Additional therapy & social worker resources to support for bed-based intermediate care patients in care homes in winter	£63,792	£63,792
Bridges Rehab	NHS specialist nursing & therapeutic rehabilitation for patients requiring 24/7 rehabilitation	£1,254,233	
Additional social work capacity to support complex case assessments	Investment in additional social worker to manage complex case assessments post-recovery, including joint Continuing Healthcare Assessments	£52,000	£26,000
SUPPORTING CARERS			
Carer's Support	LBH commissioned range of solutions for carers: identifying carers, undertaking assessment of needs and support through to carers' respite.	£1,067,000	
ENABLERS			
Commissioning & Analytics Support	To provide multi-disciplinary and multi-agency commissioning support for BCF Plan Programme	£286,721	
Principal Social Worker	To provide quality assurance and plan workforce development for social care	£60,000	
Total		£32,089,735	£1,409,761
New or Increased Investments to BCF Plan Schemes from CCG Min. Allocation			£1,091,852
Increased Disabled Facilities Grant			£317,909

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