

	<p align="center">London Borough of Hammersmith & Fulham</p> <p align="center">CABINET DECISION</p> <p align="center">6 OCTOBER 2014</p>
<p>USE OF 2014-15 PUBLIC HEALTH UNDERSPEND IN LBHF</p>	
<p>Report of the Cabinet Member for Health and Adult Social Care : Councillor Vivienne Lukey</p>	
<p>Open Report</p>	
<p>Classification - For Decision Key Decision: Yes</p>	
<p>Wards Affected: All</p>	
<p>Accountable Executive Director: Liz Bruce, Executive Director of ASC and Health</p>	
<p>Report Author: Stuart Lines, Deputy Director of Public Health for LBHF</p>	<p>Contact Details: Tel: 020 7641 4690 E-mail: slines@westminster.gov.uk</p>

1. EXECUTIVE SUMMARY

- 1.1. The latest forecast outturn for 2014/15 for Public Health, indicates funding of £2,588,000 is available from the underspend. In the following two years this underspend is expected to be approximately £1m per year, assuming no reduction in the Public Health Grant allocation.
- 1.2. The Public Health grant is currently ring fenced by government for use in areas directly related to the achievement of public health outcomes.
- 1.3. A process was undertaken whereby all Council departments were invited to make proposals for the appropriate use of this underspend against agreed criteria, including return on investment.
- 1.4. Of the 60+ proposals received that are relevant to LBHF, fourteen are recommended for support in this paper. These 14 recommendations will utilise the PH underspend in LBHF, for each of the four years starting from 2014-15 and £794,000 of available funds brought forward from 2013/14.

- 1.5. A summary of the fourteen proposals and their funding implications over the next three years is summarised in the table below. Further detail of each proposal and its relevance to the Public Health Outcomes is given in Appendix 2.

ref	Theme/Proposal	2014/15 £	2015/16 £	2016/17 £	Total £
1a	Health and Wellbeing	162,515	185,628	189,809	537,952
1b	Fit for the future	101,655	229,620	242,763	574,038
1c	Advice & Opportunities	221,774	560,574	559,241	1,341,589
2	Best Start in Life	38,889	38,889	38,889	116,667
3	ASC supportive housing	551,309	551,309	551,309	1,653,927
4	Improving pathway to employment for people with disabilities	94,000	94,000	94,000	282,000
5	Phoenix Centre	350,000			350,000
6	Fuel poverty	130,000	130,000	-	260,000
7	Healthy catering commitment	43,080	-	-	43,080
8	Air quality and vulnerable groups	16,500	-	-	16,500
9	Healthy workplace charter	31,230	27,250	-	58,480
10	Sanctuary scheme	20,000	-	-	20,000
11	Hospital to home	70,520	-	-	70,520
12	In situ overcrowding solutions	71,000	-	-	71,000
	Total	1,902,472	1,817,270	1,676,011	5,395,753
	PH Underspend in 2014/15 (forecast outturn) and projected underspend in 15/16 and 16/17	2,588,211	1,007,000	1,007,000	4,602,211
	Funded from reserves b/f				793,542

- 1.6 The table above provides investment in children's issues both through the CVS Fit for the Future grants and the Best Start in Life proposal. In recognition of the priority to invest in children, Public Health also commits to release £368,000 of public health funding to invest in public health outcomes in children's centres from 2015-16 onwards, by achieving efficiencies in contracted and planned expenditure.

2. RECOMMENDATION

- 2.1. That approval be given to the funding of the fourteen proposals set out in this report, totalling £5,395,753, from the Public Health ring-fenced grant for LBHF for 2014/15 to 2016/17 and the ring-fenced surplus brought forward from 2013/14.
- 2.2. That the commitment from Public Health to invest £368,000 per annum into Children's Centres in order to achieve public health outcomes from 2015-16 onwards be approved, to be funded by efficiencies in contracted and planned expenditure.

3. REASONS FOR DECISION

- 3.1. The fourteen recommended proposals represent the outcome of consultation with officers, senior executives and the Cabinet Member for Health and Adult Social Care.
- 3.2. The 2014/15 ring-fenced public health grant allocation for LBHF is £20.855m, of which £2,588,000 is currently unallocated. There is also expected to be unallocated funding in the following two years.
- 3.3. The use of the unallocated funding in this way represents an opportunity to help integrate and embed public health outcomes into a range of Council services. The emphasis on prevention also creates the potential for longer term savings to be realised across a number of council departments.
- 3.4. Local authorities are required to account to the Department of Health (DH) for how the public health grant is used and Chief Executives are required to provide assurance that the grant has been used as intended. External auditors are required to highlight any issues of concern to the DH should they be evident.

4. INTRODUCTION AND BACKGROUND

- 4.1. The purpose of this report is to summarise the use of the LBHF public health underspend for 2014/15.
- 4.2. The detailed background to the process and the decisions taken are outlined in Appendix 1.
- 4.3. The rapid assessment process of the proposals considered how well they met the key principles articulated in the original letter that invited expressions of interest:
 - invests to save
 - supports the delivery of public health outcome(s)
 - reduces health inequalities

- shifts budgets towards positive health behaviour change
- delivers value for money
- puts evidence into practice (including from local JSNAs)
- supports equitable access to services

5. PROPOSAL AND ISSUES

Approval of funding

- 5.1 It is proposed that Cabinet approve funding for the fourteen proposals that will make appropriate use of the unallocated public health funding for 2014/15 to 2016/17 and underspend from 2013/14 and also approve the commitment from Tri-borough Public Health to invest £368,000 per year to strengthen public health outcomes in Children's Centres following a review of all Public Health contracts in order to achieve efficiencies.

Funding duration

- 5.2 The funding period is for 2014/15 to 2016/17 and underspends from 2013/14.

Implementation

- 5.3 Should funding be approved, officers from Tri-borough Public Health will work closely with proposal leads to set and agree suitable metrics to enable monitoring of the expected relevant public health outcomes.

6. OPTIONS AND ANALYSIS OF OPTION

- 6.1. Identified alternative options for use of the public health underspend are as follows:
- Option One - to confirm allocations as set out in the table in section 1, responding to proposals received from departments across the council.
 - Option Two - to retain unallocated funding within the Public Health Budget.
- 6.2. It is recommended that option one is progressed to ensure effective use of the Public Health budget.

7. CONSULTATION

- 7.1 All Council services have had the opportunity to engage in the process and provide proposals on the best use of public health funding in relation to their service areas.

- 7.2 Each Department will be responsible for appropriately engaging with residents and community groups in the development of their proposals.

8. EQUALITY IMPLICATIONS

- 8.1. Each Department will complete an Equality Impact Assessment (EIA) where required in the development of the proposal.

9. LEGAL IMPLICATIONS

- 9.1. The Council should comply with the terms of the Grant Agreement between the Department of Health (DH) and the Council dated 13 December 2013 (the Grant Agreement). The Grant Agreement provides that if there are any funds left over at the end of the financial year, they can be carried over into the next financial year as part of a public health reserve. All the conditions that apply to the use of the grant will continue to apply to any funds carried over. However, where there are large underspends, the DH has the right to reduce the grant allocations in future years.
- 9.2. The National Health Service Act 2006 as amended by the Health and Social Care Act 2012 states that “each local authority must take such steps as it considers appropriate for improving the health of the people in its area.” It is understood that the Department of Health has clarified that they consider it is within the Local Authority’s discretion to use the Public Health Grant to improve the health of all people in an area, not just those who are resident in it.
- 9.3. Implications completed by: Kar-Yee Chan, Solicitor (Contracts) Bi-Borough Legal Services, 020 8753 2772.

10. FINANCIAL AND RESOURCE IMPLICATIONS

- 10.1. The proposed funding will be met from the existing budgetary provision for public health, as outlined below. Funding the proposals over the 4 year period will require all of the current year unallocated budget and all of the expected surplus in the next three years, together with £793,000 of reserves brought forward from 2013-14. This assumes that the Public Health grant reflects at least current levels.

LBHF projected Income and Expenditure	Outturn 2014/15 £'000	Projected 2015/16 £'000	Projected 2016/17 £'000	Total 2014/15 to 2015/16 £'000
Public Health Grant Income	(20,855)	(20,855)	(20,855)	(62,565)
Contract Expenditure				
Substance Misuse	5,463	5,463	5,463	16,389
Sexual Health	6,903	6,896	6,896	20,696
Behaviour Change	1,913	2,711	2,711	7,335
Families and Children's Services	2,416	3,157	3,157	8,729
Childhood Obesity project	100	145	145	390
Intel & Social Determinants	41	41	41	122
Total Contract Expenditure	16,836	18,413	18,413	53,661
Total Salaries and overheads	1,431	1,435	1,435	4,302
Underspend available (table at 1.5)	(2,588)	(1,007)	(1,007)	(4,603)
Projects for approval (table at 1.5)	1,902	1,817	1,676	5,396
Total net expenditure(surplus)	(686)	810	669	793
Ring-fenced grant b/f (note 1)	(793)	(1,479)	(669)	(793)
Ring-fenced grant c/f	(1,479)	(669)	0	0

Note 1: The ring-fenced grant brought forward excludes earmarked amounts

10.2. In addition, in order to invest £368,000 per year into Children's Centres, there will be a review of all Public Health contracts in order to achieve efficiencies of at least £368,000 per year.

10.3. Implications verified by: Rachel Wigley, Tri-borough Director of Finance, Adult Social Care, 020 8753 3121.

11. RISK MANAGEMENT

11.1. Most of these proposals are existing services so there will be no change to the management of risk. Once authority has been received to fund new proposals risks and issues will be monitored by the relevant Directorate as part of their procurement procedures.

11.2. Funding the proposals over the 4 year period will require all of the current year unallocated budget and all of the expected surplus in the next three years, together with £793,000 of reserves brought forward from 2013-14. This assumes that the Public Health grant will continue reflecting at least current levels. This is not certain.

11.3. Implications verified by: Michael Sloniowski, BiBorough Risk Manager, 020 8753 2587.

12. PROCUREMENT AND IT STRATEGY IMPLICATIONS

12.1. There is no procurement activity involved in this matter.

12.2. Implications verified by: Tim Lothian, Tri Borough Procurement Manager, Tri Borough ASC Procurement Team, 020 8753 5377.

LOCAL GOVERNMENT ACT 2000

LIST OF BACKGROUND PAPERS USED IN PREPARING THIS REPORT

No.	Description of Background Papers	Name/Ext of holder of file/copy	Department/ Location
1.	Budget monitoring documents	Stuart Lines tel. 020 7641 4690	Deputy Director of Public Health for LBHF

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APPENDIX 1

BACKGROUND

April 2013	<ul style="list-style-type: none"> • Following the Health and Social Care Act 2012, most local public health responsibilities were transferred to local government. • In LBHF, Public Health is a Triborough service hosted by Westminster City Council. • As part of the transfer of responsibilities the DH allocated funding to each borough based on a population based funding formula. This funding is currently ring-fenced for public health activity and its use is monitored by Public Health England annually.
April 2014	<ul style="list-style-type: none"> • The 2014/15 public health grant for LBHF is £20.855m. Around 80% of this grant is spent on contracts with NHS and other providers, such as sexual health and substance misuse. • The DH reserves the right to reduce the allocation in future years if there is significant underspend. • Public Health identified options for use of the unallocated public health funding and discussed these with cabinet members.
19 May 2014	<ul style="list-style-type: none"> • Following agreement from the three lead Cabinet Members for public health across the Triborough, the Triborough Director of Public Health wrote to all senior executive officers inviting public health related proposals.
June 2014	<ul style="list-style-type: none"> • A total of 121 expressions of interest were received from across the Triborough. • Over 60 had implications for LBHF, either because they were proposed by LBHF services, Bi-borough services or Triborough services. • The proposals made requests totalling several times the amount of funding available. • All of the expressions of interest were subject to a rapid assessment by a six member panel from Triborough Public Health team. • Cllrs Cowan and Lukey discussed the use of the underspend and its potential to support local community and voluntary services.
10 June 2014	<ul style="list-style-type: none"> • The three cabinet members received a briefing outlining the results of the rapid assessment and asking them to consider the use of the underspend funds in each borough.
11 June 2014	<ul style="list-style-type: none"> • A follow-up letter was sent to all JMT members providing further clarification on the process. • This requested that each department identify key priorities from their submitted proposals in order to develop a shortlist.
17 June 2014	<ul style="list-style-type: none"> • The Council Leader and Cabinet Member indicated that they would like a portion of the fund to be used to off-set cuts to community and voluntary grants that have a strong link to public health outcomes.

18 June 2014	<ul style="list-style-type: none"><li data-bbox="485 190 1404 302">• The Public Health underspend was discussed at JMT where Nicholas Holgate also asked for proposals that were assessed as strong by the original public health panel to be considered.<li data-bbox="485 313 1404 414">• This additional process produced a long-list of 25 proposals which was subsequently reduced to the 14 proposals recommended in this report.<li data-bbox="485 425 1404 571">• This reduction was made by considering the amount of funding available, the strength of the proposals in terms of achieving public health outcomes and return on investment and the feasibility of the funding being spent this financial year.
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Appendix Two

Proposal	Description	Links to Public Health Outcomes	Public Health Analysis	Total Allocation
<p>1.(a) CVS: Health and Well-Being</p> <p>Directorate: Communications, Policy and Performance</p>	<p>Eight priority programmes from the LBHF Community Grants programme that focus on reducing social isolation amongst adult residents with specific needs (including learning disabilities, bereavement, chronic health conditions including dementia and severe deprivation).</p> <p>Interventions include telephone support, physical activity sessions, supportive volunteering opportunities, one-to-one befriending, escorted shopping, drop-in centres and digital inclusion sessions. A number of these services are already well established and the intention is to continue to develop and improve them.</p> <p>Further financial support provided by the LBHF 3rd Sector Investment Fund programme, together with a range of external match funding sources.</p>	<ul style="list-style-type: none"> • Social Isolation • Self reported Wellbeing • Excess weight in adults • Physically active and inactive adults • Utilisation of outdoor space. • Injuries due to falls in 65 plus • Health related quality of life for older people 	<p>The programmes listed as priorities for public health funding all have strong links to public health outcomes.</p> <p>Funding will allow them to continue and improve.</p> <p>It provides leverage for Tri-borough Public Health to input into future grant decisions, helping to ensure public health principles and community needs identified in the JSNA are considered.</p>	<p>£537,952 (3 years)</p>
<p>1.(b) CVS: Fit for the Future</p> <p>Directorate: Communications, Policy and Performance</p>	<p>Nine priority programmes from the LBHF Community Grants programme that will support a range of activities for children and young people.</p> <p>Interventions focus on improving health and social connectedness, and include outdoor learning sessions, leisure and sports activities, life skills training, parental and family workshops and one-to-one support. A number of these services are already well established and the intention is to continue to develop and improve them.</p> <p>Further financial provided by the LBHF 3rd Sector Investment Fund programme, together with a range of external match funding sources.</p>	<ul style="list-style-type: none"> • Excess weight in 4-5 and 10-11 year olds • Utilisation of outdoor space • School readiness • Child development 	<p>The programmes listed as priorities for public health funding all have strong links to public health outcomes.</p> <p>Funding will allow them to continue and improve.</p> <p>It provides leverage for Tri-borough Public Health to input into future grant decisions, helping to ensure public health principles and community needs identified in the JSNA are considered.</p>	<p>£574,038 (3 years)</p>

Proposal	Description	Links to Public Health Outcomes	Public Health Analysis	Total Allocation
<p>1.(c)CVS: Advice and Opportunities</p> <p>Directorate: Communications, Policy and Performance</p>	<p>Six priority programmes from the LBHF Community Grants programme that support a range of activities targeting employment (including NEETs), homelessness and safety in the home.</p> <p>Two contracts focus on building confidence and entrepreneurial capacity of NEETs (88k) and the remainder provides employment and housing advice and support to enable residents to move away from dependency.</p> <p>A number of these services are already well established and the intention is to continue to develop and improve them.</p> <p>Further financial provided by the LBHF 3rd Sector Investment Fund programme, together with a range of external match funding sources.</p>	<ul style="list-style-type: none"> • 16 to 18 year olds not in education employment or training (NEET) • Self-reported well-being • Domestic abuse • Statutory homelessness • Perceptions of community safety 	<p>The programmes listed as priorities for public health funding all have strong links to public health outcomes.</p> <p>Funding will allow them to continue and improve.</p> <p>It provides leverage for Tri-borough Public Health to input into future grant decisions, helping to ensure public health principles and community needs identified in the JSNA are considered.</p>	<p>£1,341,589 (3 years)</p>
<p>2.Best Start in Life</p> <p>Directorate: Children's Services</p>	<p>To accelerate progress towards a shared long term aim for a whole systems approach across the tri-borough to family wellbeing through integration of community based services for children's services.</p>	<ul style="list-style-type: none"> • School Readiness • Self Reported Wellbeing • Excess weight in 4-5 and 10-11 year olds • Tooth decay in children under 5 • Population vaccination Coverage 	<p>The original proposal was for £1.9m pa across the three boroughs. The Public Health recommendation is to fund but at a reduced cost of £350K (total over 3 years).</p> <p>Children's Services should work with Public Health to develop the proposal and focus on time-limited resource to develop a robust evidence-based integrated model that maps, evaluates and designs a new model of service delivery, which is piloted in a limited set of areas.</p>	<p>£116,667 (3 years)</p>
<p>3.Supportive Housing Services</p> <p>Directorate: Adult Social Care</p>	<p>Twenty-four existing ASC contracts with providers of housing support in LBHF.</p> <p>Six of these contracts are for floating support and eighteen are for accommodation. ASC Is requesting a 10% contribution to the high support services and 5%</p>	<ul style="list-style-type: none"> • Adults with learning disability living in stable accommodation • Statutory homelessness • Social isolation 	<p>LBHF's ASC has an established, non-statutory housing support service for people with complex health, housing and social care needs. These contracts enable almost 1300 vulnerable residents to maintain their independence, reduce</p>	<p>£1,653,927 (3 years)</p>

Proposal	Description	Links to Public Health Outcomes	Public Health Analysis	Total Allocation
(ASC)	for services working with individuals with less complex needs or in the community. Prevention through supporting independent living.	<ul style="list-style-type: none"> • Older people’s perception of community safety • Screening coverage • Self-reported wellbeing • Injuries and falls 	their need for unplanned health and social care services and maximise their social inclusion. Ensuring people are supported to live independently in their own homes has significant public health benefit and can generate significant savings. This funding will enable Public Health to work with ASC to develop preventative activity towards individuals with less complex needs and how advise on housing support service specifications to be linked more closely with public health outcomes.	
4.Improving the Pathway to Employment for People with Learning and Physical Disabilities <u>Directorate:</u> ASC	Targeted employment support (including a volunteering programme) for residents of H&F with physical and/or learning disabilities. Improving quality of life for vulnerable adults.	<ul style="list-style-type: none"> • Employment for those with long-term health conditions including adults with a learning disability or who are in contact with secondary mental health services. 	This proposal uses Public Health funding to enable coverage to H&F to facilitate access to supported employment and volunteering support, in addition to enabling a Tri-Borough evaluation. The programme of work leads directly from JSNA information and is an evidence based model.	£282,000 (3 years)
5.Improvements to The Phoenix Sports and Fitness Centre and Janet Adegoke Swimming Pool <u>Directorate:</u>	To update and regenerate the Phoenix Sports and Fitness Centre and the Janet Adegoke Swimming Pool facilities. Improving the current offer of equipment and facilities including a review of the use of spaces and the possible development of another gym area that would provide greater resident access to the public during the day. The existing gym area would be adapted to be more youth/play orientated array of equipment to	<ul style="list-style-type: none"> • Physically Active and inactive adults • Self Reported Wellbeing • Excess Weight in 4-5 and 10-11 year olds • Excess Weight in Adults • Social isolation 	This proposal presents a scheme that is desirable and has public health benefits. The investment needs to be matched by significant transformation of sports and leisure services in the area to ensure that residents have access to activities that will help them become more physically active.	£350,000 (1 year)

Proposal	Description	Links to Public Health Outcomes	Public Health Analysis	Total Allocation
ELRS	increase engagement. A community asset used to promote physical activity for children and adults in an area of the borough with low levels of physical activity and high levels of obesity.			
6.The Impact of Fuel Poverty and the Home Environment <u>Directorate:</u> TTS/EH	To work closely with GPs, Practice Nurses and social care services in LBHF to reduce the impact of cold, damp and mould in poor housing on the health and wellbeing of vulnerable residents. Prevention of housing related poor health, e.g. CVD and respiratory illness.	<ul style="list-style-type: none"> • Fuel Poverty • Excess winter deaths • Under 75 mortality from CVD and respiratory disease • Emergency readmissions within 30 days discharge • Injuries due to falls • Health related quality of life 	Four proposals relating to fuel poverty in LBHF were received and Public Health recommended that these proposals be combined. Fuel poverty is a significant public health issue. The proposals will be merged to ensure value for money and invest to save principles are met, and that the initiative taken forward is appropriately targeted and delivered to secure sustainable and transformational impact.	£260,000 (2 years)
7.Healthier Catering Commitment Scheme <u>Directorate:</u> TTS/EH	To encourage a further 15 food businesses in H&F to participate in the London Healthier Catering Commitment, in liaison with the Public Health Nutrition Team by March 2015. Contribution to child and adult obesity reduction.	<ul style="list-style-type: none"> • Excess weight in 4-5 and 4-5 year olds • Excess weight in 4-5 and 10 – 11 year olds Excess weight in adults • Under 75 mortality rate from CVD 	The proposal extends the reach rather than duplicate existing work, and is in-line with long term commissioning intentions. Aligns with wider intentions of tri-borough childhood obesity prevention programme.	£43,080 (1 year)
8.Mitigating the Impact of Poor Air Quality on Vulnerable Groups <u>Directorate:</u> TTS/ EH	To mitigate the health impact of poor environmental air quality on the most vulnerable residents in LBHF , specifically people living with CVD and respiratory disease.	<ul style="list-style-type: none"> • Fraction of Mortality attributable to particulate air pollution • Under 75 mortality rate from CVD and respiratory disease • Emergency readmission within 30 days discharge 	The cost benefit evidence for investing in air quality is substantial. For every £100 there is a £620 return. It extends existing work already underway in Westminster and also proposed for RBKC. A tri-borough approach will improve the effectiveness of the campaign as many of the health providers who will need to be involved serve residents from all three boroughs (acute hospitals, Central	£16,500 (1 year)

Proposal	Description	Links to Public Health Outcomes	Public Health Analysis	Total Allocation
			London Health Care).	
9.Developing the London Healthy Workplace Charter <u>Directorate:</u> TTS/EH	To target employers within LBHF to promote the London Healthy Workplace Charter and engage with businesses to support them to achieve recommended standards. Essential training will be offered to help businesses develop their own skills and knowledge to enable them to continue to improve their policies and systems for workplace health. Prevention and health promotion through healthier workplaces.	<ul style="list-style-type: none"> • Sickness Absence • Excess weight in adults • Physically active and inactive adults • Adult smoking prevalence • Take up of NHS Health Checks 	This will increase the number of participating businesses within LBHF and enables tangible employer engagement work. It will ensure equitable delivery across the tri-boroughs as funding is also recommended for WCC and RBKC. It is important to note that a significant proportion of employee beneficiaries are likely to be non residents. However, this is permissible within the conditions of the public health grant.	£58,480 (2 years)
10.Sanctuary Scheme <u>Directorate:</u> Housing	To offer enhanced security in the home to women in LBHF who are experiencing domestic violence. Supports families to stay in their homes through early intervention and support.	<ul style="list-style-type: none"> • Domestic Abuse • Social isolation • Self reported wellbeing 	The scheme offers value for money for a high profile initiative. It offers 'invest to save' value through the reduction on reliance on services such as community safety, children and families and NHS care.	£20,000 (1 year)
11.Hospital to Home Project <u>Directorate:</u> Housing	The DH 'Hospital to Home' (H2H) pilot requires match funding for a grant allocation from Imperial Healthcare Trust to develop the service. The project in H&F is delivered by St Mungo's Broadway and aims to improve develop greater contact, communication, access and engagement between H2H patients, community health services, and housing and support providers at point of discharge. Supports improved access to services for a vulnerable population and supports service integration.	<ul style="list-style-type: none"> • Emergency Readmissions within 30 days of discharge • Statutory homelessness 	Based on a successful pilot and develops public health partnership with acute trust (Imperial).	£70,520 (1 year)
12.In-Situ Overcrowding solutions <u>Directorate:</u>	To expand the existing Occupancy Team role to offer an enhanced In-Situ overcrowding service. This will involve working with overcrowded tenants, giving advice and practical assistance to better use the space that tenants have within their existing property. The project aims to	<ul style="list-style-type: none"> • Self Reported Wellbeing • Social isolation • School readiness 	The 'invest to save' element of this initiative is strong with gains across council departments within the timeframe (and to a lesser extent the NHS). The service will secure sustainable impact for some of our most vulnerable families in the	£71,000 (1 year)

Proposal	Description	Links to Public Health Outcomes	Public Health Analysis	Total Allocation
Housing	improve living conditions within a property. Prevention of ill health associated with overcrowding.		short, medium and long term. It offers value for money and embeds public health considerations to significantly reduce the impact of an intractable problem.	