Luton's Population Wellbeing Strategy
2019 to 2024

January 2020

Our ambition:

Luton is a more equitable place where people thrive, have the opportunity to live a healthy life mentally, socially and physically; and maximize their potential

Foreword

Health and wellbeing boards were created to improve the key health and wellbeing issues in an area: those issues that can only be resolved by partners working together to a common goal. This strategy is part of a wider programme of action we are taking to eradicate poverty, Luton 2040 (A growing town built on fairness: A town of hope and aspiration, where everyone can share in its success). Our 2040 vision is for Luton to be a carbon neutral town, with a strong local economy where residents live good quality lives and no one lives in poverty. This will be facilitated by a council that enables others and leads through partnership.

We worked together with a common purpose to deliver our first strategy published in 2012. The partners on Luton's Health and Wellbeing Board have made a real impact on the lives of some of our more vulnerable citizens in our town. We will continue to strive to improve the health and wellbeing of Lutonians.

Over the next five years we can make some real changes that will enable people to reach their full potential. Real success will come from us working with Luton's community, building on all our strengths to maximise the solid foundations we have already built to enable the people of Luton to thrive.

Hazel Simmons
Chair of the Health and Wellbeing Board
Leader of Luton Borough Council

Nina Pearson
Vice Chair of the Health and Wellbeing Board
Chair Luton Clinical Commissioning Group

Background

Much has changed since the Health and Wellbeing Board set out its initial strategy in 2012 and refreshed it in 2016.   We have seen reductions in infant deaths, improvements in life expectancy and a reduction in the gap between the richest and poorest communities within the borough as well as reductions in homelessness. However, in line with the national picture, the progress in life expectancy has stalled in the last couple of years and therefore there is still more we wish to do together.

This strategy provides our on-going commitment to come together to agree and work for the future we want for Luton and a starting point from which we will develop ever-stronger future strategies. We will look to refresh our ambitions periodically with the overall aim of achieving **No one poverty in Luton by 2040.**

Throughout 2019 we have been discussing and agreeing where the areas of focus should be to achieve this aim. We have updated our membership to ensure we have the right voices around the table and agreed on where we should put our collective energies so that everyone in Luton will have the opportunity to live a life where they are mentally, socially and physically healthy; where there is equity and everyone can maximise their potential.

This strategy's parallel strategy, Inclusive Economy, sets out local priorities for us to deliver on, including improving air quality and working towards making Luton carbon neutral by 2050.

Delivery strategies will include a focus on the wider determinants of health, such as the environment, housing, leisure and culture and social isolation and will incorporate Luton's response to the NHS Long-term plan.   This is very much a partnership plan and includes partnership with the people of Luton, so that we can develop solutions together.

Our Ambition

At least 60% of health outcomes are determined by factors outside healthcare (wider determinants). This includes having a good home, good job and good social network (family and friends). Our health and wellbeing ambition, which is linked to our Luton 2040 ambition of eradicating poverty, is that:

Luton is a more equitable place where people thrive, have the opportunity to live a healthy life mentally, socially and physically; and maximize their potential.

What approach will we take?

We know poor health can be experienced throughout life and the circumstances in which people are born, grow, live, work and age will have an impact on their wellbeing. If we do not try to positively promote wellbeing from birth (if not pre-birth), we will always be managing or seeking to ameliorate poor health. From this point of view, a preventative approach from the beginning of life, considering the wide range of factors that influence health, is our keystone.

We consulted widely with partners and stakeholders in order to agree our priorities as part of the Joint Strategic Needs Assessment (JSNA) process. We then mapped the priorities to our goals, relevant strategies and accountable boards; and developed outcome measures that will help us monitor progress. Finally, we applied the priorities to the life course and grouped them under three life stages as set out below. Therefore, our goals, actions and outcomes will be under the three main themes (this is summarised in appendix A):

1. Starting and developing well – where we lay the foundations for a healthy life

- giving all Luton's children the best start to their education, including speech and language development; and meet the SEND agenda
- increase school attendance
- helping families to improve children's health and wellbeing, with particular emphasis on healthy weight and emotional wellbeing
- decrease drug related harm in young people
- keeping children and young people safe, with a focus on reducing serious youth violence, exploitation and neglect
- raising young people's aspirations with a focus on increasing employment, education and training opportunities
- reducing infant mortality

2. Living and working well – where we ensure people have the opportunity to live a healthy life in a healthy environment and have access to good employment

- improve life expectancy, healthy life expectancy and reduce the gap in life expectancy
- increase physical activity, good nutrition and healthy weight among adults
- improve health & wellbeing for people with mental health conditions
iImprove access to services
Keeping adults safe and encouraging positive relationships, with a focus on reducing domestic abuse
- meeting the needs of carers
- decrease drug and alcohol related harm in adults
- increase social connectedness and community cohesion
- increase early detection and reduce late diagnoses, focusing on cancer and CVD
- support self-care and increase resilience for people with long term conditions
- addressing the needs of people with complex needs eg multi-morbidity

3. Ageing and dying well – where we capitalise on the work done above to live a healthy old age

Our goal at this stage of life is that everyone in Luton lives the end of their life with dignity in the place of their choice.

- increase social connectedness
- improve physical and mental health in older people
- reduce frailty and falls in older people

This strategy sets out the Health and Wellbeing Board's view of the critical foundations on which a healthier population, living longer lives, in healthy environments, free from health inequalities will be based. It will not exist in isolation. We will identify relevant people and place strategies and align our work plans and outcomes to avoid duplication.

The population wellbeing and inclusive economy work streams focus on specific areas. Our inclusive economy work aims to make improvements to the social and economic factors that impact on people's wellbeing (ie better incomes, improved skills, regenerated town and neighbourhood areas, opportunities for participation in culture) and acts in conjunction with the health and wellbeing agenda to achieve our Luton 2040 ambition. The two work streams have shared interests, which are enablers to achieving our outcomes – some of these are inclined more towards population wellbeing and others towards inclusive economy, as set out in Figure 1. These areas of shared interest are dealt with by relevant strategies. For example, the arts and cultural programme is within Luton's Harnessing Momentum strategy, which is a vision for the arts, cultural and creative industries.

Figure 1: Parallel work streams outlining shared interests

Delivering the Luton 2040 Vision

Population Wellbeing

- **Improving health outcomes**
- **Reducing health inequalities**
- **Improving mental health**
- **Early years support**
- **Tackling isolation**
- **Protecting the vulnerable**

Shared activity*

- Arts, culture and heritage
- Active and engaged communities
- Safer and stronger communities
- Quality homes for all
- Carbon neutrality
- Smart City
- Sustainable Growth

Inclusive Economy

- **Growing the economy**
- **Improving skills**
- **Better infrastructure**
- **Sustainable airport growth**
- **Living Wage town**
- **Local Wealth Building**
- **Modern industries**
- **Destination Luton**
- **Quality education for all**

* One board has responsibility but there will be activity delivered by both

The Health and Wellbeing Board, working in conjunction with the Inclusive Economy Board, will lead the delivery of our Luton 2040 ambition, acknowledging and sharing progress in the two boards' shared interests to ensure action is maximised. These two boards with shared interests will be part of the overall governance for delivery (see Appendix B) of the Luton 2040 ambition.

The following boards will be responsible for delivering the outcomes outlined in this strategy, they will lead strategy and delivery and be accountable to the Health and Wellbeing Board for delivery of these outcomes:

- Children's Trust Board
- Health Inequalities Delivery Board
- Transformation Board and
- Health Protection Board
- Community Safety Executive

These boards, described in Appendix B, will harness resources within the system, take responsibility for delivering the priorities and drive change.

Implementation

The Health and Wellbeing Board will continue to provide direction and vision, driving change, offering partners the opportunity for shared decision-making to deliver shared outcomes and holding partners to account in delivering the outcomes.

The general principles in which the Board will work are:

- we will set our ambitions with stakeholders and residents, sharing responsibility with our communities
- this is a collective effort and we will not be constrained by professional or organisational boundaries
- we will learn from the best and adapt to local circumstances; embracing digital and assisted technology in enabling residents to take greater control of their health
- our work will be led by data, evidence and local intelligence, taking a population health management approach
- our efforts will focus on what is effective to solve problems and deliver outcomes
- we will generate both long-term and short-term solutions and be honest about what happens first
- we will seek to ensure benefits for everyone, but our efforts and benefits will be according to need, in order to reduce health inequalities

The board will provide effective governance to ensure collective delivery of our ambitions and continue to ensure we have the right focus for the town. It will be a

place to enable partners to engage in a meaningful way with the town's future and a way of sequencing a range of activity as a town so that the early deliverables make longer-term goals possible to achieve.

The priorities in Appendix A informed the identification of our outcome measures detailed in Appendix C and will help us to achieve our goals. The priorities have been aligned to the different governance boards. The Health and Wellbeing Board will receive regular updates from these boards, critique annual reviews of our delivery plans to ensure the priorities remain relevant and outcomes are being achieved. To enable and support implementation of these plans, the board will implement a development programme, not just for officers, but more importantly for local community champions who in turn support residents.

We will link this strategy to all parts of the system via the delivery boards set out in Appendix B, which are all multi-agency boards bringing together partners across statutory and voluntary sectors. The delivery boards will develop action plans working with local communities and residents and draw these together into an overarching delivery plan. The Community Safety Executive report to the Health and Wellbeing Board the delivery of the safer and stronger communities ambition. As mentioned earlier, delivery plans will include The Luton Plan, Luton's response to the NHS Long-term plan, which sets out our shared ambition for the transformation of health and care services in Luton.

How will we know we are successful?

The overall success of the strategy will be measured through improvements in a number of overarching outcomes as set out below from a baseline of 2019 to 2024 (Appendix C). The outcome measures were developed as part of our population health indicators. They will be reviewed and updated as required to ensure that they remain relevant. Specific targets and improvements in these indicators will be developed by the delivery boards and agreed with the Health and Wellbeing Board. Delivery boards will give bi-annual updates on progress.

Healthy life expectancy is the best overall measure of both health and health inequalities, representing the number of years someone can expect to live in good health. In Luton, the gap between the best and worst off is 13 years for males and 15 years for females. This is similar to our statistical neighbours. Our goal therefore is primarily to close the gap in healthy life expectancy in Luton by improving the health and wellbeing of the poorest and most vulnerable the most.

We will develop a feedback mechanism to ensure annual progress reports are shared across all parts of the system, making the information accessible to residents.
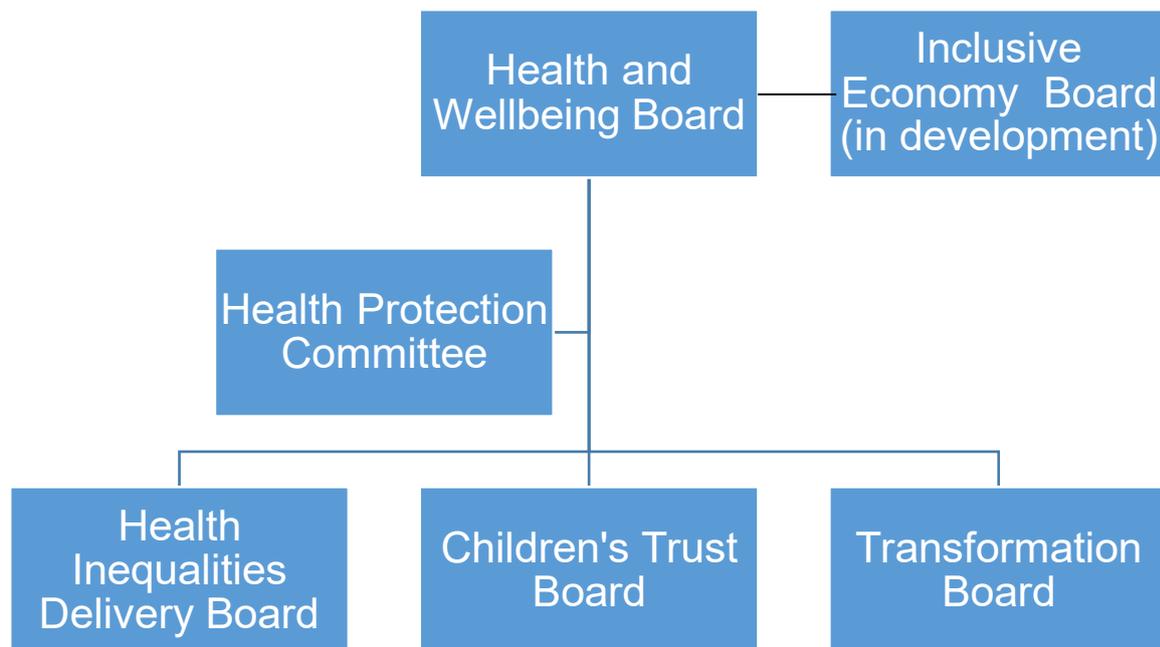
Appendix A. Luton's JSNA strategic Priorities and proposed responsible boards

Inclusive Economy Board	Health & Wellbeing Board		
	Children's Trust Board	Health Inequalities Delivery Board	Transformation Board
• Growing the local economy by building on the work of the Luton Investment Framework to secure inward investment and support business start-ups and growth in key sectors, including the airport. • Ensuring that Luton has a Carbon Neutral Economy before 2050, by developing a smart city and making clean growth a key sector of the local economy. • Improving education for all and developing skills for the future, including higher educational attainment rates, reduction in NEETs and	• Giving all Luton's children the best start to their education, including speech and language development; and meet the SEND agenda • Increase school attendance • Helping families to improve children's health and wellbeing, with particular emphasis on healthy weight and emotional health	• Improve life expectancy, healthy life expectancy and reduce the gap in life expectancy • Increase physical activity, good nutrition and healthy weight among adults • Improve health & wellbeing for people with mental health conditions • Keeping adults safe and encouraging positive relationships, with a focus on reducing domestic abuse • Meeting the needs of carers • Decrease drug and alcohol related harm in adults • Increase social connectedness • Improving physical and mental health in older people • Decrease drug related harm in young people • Keeping children and young people safe, with a focus on reducing serious youth	• Improving mental health and wellbeing, including access to services for adults and 'transition years' • Reducing frailty and falls in adults and older people • Increasing early detection and reducing late diagnosis, focusing on cancer and CVD • Supporting self-care and increasing resilience for people with long term conditions • Addressing the needs of people with complex needs e.g. multi-morbidity

better career pathways. • Developing a local wealth building approach with anchor institutions to increase local spend and deliver social value for residents. • Increase the proportion of residents earning the Real Living Wage and reduce the gap between residents' and workplace earnings. • Developing a thriving town centre with a better mix of office, retail and leisure facilities and a successful cultural quarter.		violence, exploitation and neglect • Create healthy housing and reduce homelessness **Community Safety Executive** • Creating safer and stronger communities.	

Appendix B. Draft Governance structure

The Health and Wellbeing Board (HWBB) will work alongside the Inclusive Economy Board to deliver the overall ambition of eradicating poverty. The health and wellbeing elements, which fall under the HWBB, will be delivered through delivery boards that are accountable to the HWBB, as shown below. A number of additional partnership arrangements support this delivery, such as the Joint Strategic Commissioning Committee where decisions around commissioning arrangements between Luton Council and the CCG are made and the Community Safety Executive which is responsible for the safer and stronger communities ambition.

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        ┌─────────────────────┐     ┌─────────────────────┐
        │  Health and         │─────│  Inclusive          │
        │  Wellbeing Board     │     │  Economy  Board     │
        │                     │     │  (in development)   │
        └─────────────────────┘     └─────────────────────┘
                  │
  ┌──────────────────────┐
  │  Health Protection    │
  │  Committee           │
  └──────────────────────┘
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   ┌──────────────┼──────────────┐
┌──────────────┐ ┌──────────────┐ ┌──────────────┐
│  Health      │ │  Children's  │ │  Transformation│
│  Inequalities │ │  Trust       │ │  Board       │
│  Delivery Board│ │  Board       │ │              │
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Health Inequalities Delivery Board – responsible for providing challenge and support to the Health and Wellbeing Board (and other parts of the system) to ensure that the Health and Wellbeing Strategy is delivering improvements to the health and wellbeing of the people of Luton, reducing inequalities and contributing to the eradication of poverty. This board will be responsible for specific priorities of this strategy as shown in Appendix A.

Children's Trust Board – responsible for co-ordinating and planning of services in Luton to improve outcomes for children, young people and their families. It will be responsible for overseeing delivery of the children and young people's priorities in this strategy. This board also oversees the implementation of Luton's Family Poverty Strategy, which is essential to eradicating poverty. There are a number boards linked to the Children's Trust Board that will coordinate some of the work to help achieve our priorities.

Transformation Board – responsible for coordination primary and community health and social care pathways and delivery of key elements of the NHS long term plan. The board focuses on population health management and aims to promote self-care and independence. It provides links to the structures of the BLMK Integrated Care System and reports to the HWBB on relevant issues.

Health Protection Committee - provides assurance to the Health and Wellbeing Board that there are safe and effective plans in place to protect population health, such as communicable disease management and control, including outbreak management.

Appendix C. Outcome measures

	Outcome measures
Overall ambition: Luton is a more equitable place where people thrive, have the opportunity to live a healthy life mentally, socially and physically; and maximize their potential	- healthy life expectancy at birth (Male) - healthy life expectancy at birth (Female) - life expectancy at birth (Male) - life expectancy at birth (Female) - inequality in healthy life expectancy at birth within LA (Male) - inequality in healthy life expectancy at birth within LA (Female) - child poverty - infant mortality - percentage of people aged 16 to 64 in employment - percentage of households in fuel poverty - council data: access to services across the council with measurement of use - social housing waiting list - DWP: access to services - health data: aospital waiting times, waiting lists, GP access
Our Priorities	
Priority 1: Giving all Luton's children the best start to their education, including speech and language development; and meet the SEND agenda	- School Readiness: the percentage of children achieving a good level of development at the end of reception - School Readiness: the percentage of Year 1 pupils achieving the expected level in the phonics screening check - percentage of children achieving at least an expected level of development across all learning goals in communication and language - percentage of children where there is a cause for concern - children living in temporary accommodation Source: Ministry of Housing, Communities and Local Government - Excess Winter Deaths Source: Office for National Statistics: Public Health England Annual Births and Mortality Extracts - an 'improvement in schools health education survey scores (local)

Priority 2: Increase school attendance	- pupil absence - average attainment score
Priority 3: Helping families to improve children's health and wellbeing, with particular emphasis on healthy weight and emotional health	- Reception: prevalence of overweight (including obesity) - Year 6: Prevalence of overweight (including obesity) - proportion of five year old children free from dental decay - children with one or more decayed, missing or filled teeth - statutory homelessness - households in temporary accommodation - estimated prevalence of common mental disorders: percentage of population aged 16 and under. - percent of local authority housing stock that is non decent - percentage of eligible population able to access MH services including ASD and ADHD
Priority 4: Decrease drug related harm in young people	- percentage who have taken drugs (excluding cannabis) in the last month at age 15 - hidden harm indicator (e.g. percentage of families with parental substance misuse) - admission episodes for alcohol-specific conditions - Under 18's (persons)
Priority 5: Keeping children and young people safe, with a focus on reducing serious youth violence, exploitation and neglect	- homeless young people aged 16 to24 - crime rate to be determined from Police UK - Number/percentage of contacts or assessments across partners where SE is identified as a presenting factor (egCAF, Social Care single assessment, CAMHS referrals, Licensing, etc) - children in need due to abuse or neglect: rate per 10,000 children aged under 18 years - children who started to be looked after due to abuse or neglect: rate per 10,000 children aged under 18
Priority 6: Raising young people's aspirations with a focus on increasing employment, education and training opportunities for young people	- 16 to17 year olds not in education, employment or training (NEET) or whose activity is not known - percentage of students who go on to post 16 academic & vocational education - numbers taking apprenticeships - percentage applying to universities and also 'Russell Group' universities (to indicate aspiration).

	• educational attainment (five or more GCSEs): percentage of all children
Priority 7: Increase physical activity, good nutrition and healthy weight among adults	• percentage of physically active adults • percentage of adults (aged 18plus) classified as either overweight or obese
Priority 8: Improve mental health and wellbeing for adults	• estimated prevalence of common mental disorders in people aged 16 and over • fraction of mortality attributable to particulate air pollution in Luton • proportion of residents in each area taking a visit to the natural environment for health or exercise purposes • non-decent housing
Priority 9: Keeping adults safe and encouraging positive relationships, with a focus on reducing domestic abuse	• domestic abuse –recorded and repeated • social Isolation: percentage of adult (18plus yers.) Social care users who have as much social contact as they would like
Priority 10: Meeting the needs of carers	• proportion of carers who reported that they have as much social contact as they would like
Priority 11: Decrease drug and alcohol related harm in adults	• estimated prevalence of opiate and/or crack cocaine use
Priority 12: Increase social connectedness and community cohesion	• social isolation: percentage of adult (18 plus yers.) Social care users who have as much social contact as they would like • percentage of residents saying that people get on with each other • number of volunteer hours • homeless adults
Priority 13: Improve physical and mental health in older people, with a focus on falls, frailty and ensuring that end of life is dignified	• percentage of deaths in usual place of residence (DiUPR) (all ages) • percentage of deaths that occur in hospital (all ages) • deaths in usual place of residence: people with dementia (aged 65 years and over) • dignified death: palliative and end of life care profiles