

Luton Annual Public Health Report 2018

Inclusive Growth and the Luton Investment Framework
An Independent Report of the Director of Public Health



Welcome to the 2018 Luton Annual Public Health Report.

The Annual Public Health Report provides me with the opportunity to present an independent report on the health of the people of Luton. This year I am focusing on the implementation of the Luton Investment Framework, which is already providing excellent opportunities to improve the health of the people of Luton. Wellbeing and economic prosperity are closely linked. A thriving economy cannot be achieved without good health, and good health cannot be achieved without a thriving economy.

The substantial Luton Investment Framework (LIF) is already attracting the investment and jobs that will transform the town and the lives of those living here. It is improving wages and employment opportunities in the town, and this platform of strong growth and prosperity is the ideal way to reduce health inequalities and deliver better lives for all Luton citizens. We already have high aspirations for our town and I wanted to look at the evidence on inclusive growth and how it could be at the heart of what we do in making Luton a town for people to prosper and thrive.

The mobile nature of the town's population is an ongoing challenge for the Council, and our work to improve the economic and social life-chances of residents is challenging, as we may not see the long term benefits of our efforts. These high levels of mobility can increase the pressures and costs of service delivery and can affect the quality of services.

This report outlines my aspirations to encourage residents who have improved their skills, entered employment or have the means to obtain better housing to stay in Luton. I have focused on an

Introduction from the Director of Public Health, Gerry Taylor

aspirational town centre plan that creates a healthy, vibrant place where people and families want to socialise, eat and shop. Active travel and initiatives that reduce traffic flow, congestion and air pollution, and that improve the green infrastructure and the look of the town will also encourage people to make Luton their long-term home.

Lastly, we need to ensure that all residents of Luton benefit from the positive physical and mental wellbeing that comes from being in worthwhile employment, and that health-for-all workplace practices that give everyone the opportunity to do rewarding and meaningful work will support inclusive growth.





Growth

The Luton Investment Framework (LIF) is an ambitious plan for major town-wide transformation. Together with its partners, Luton Council is on schedule to secure £1.5 billion investment to transform the town and create 18,500 quality jobs for local people while driving improvements to health and wellbeing, creating opportunities for residents, raising aspirations and enhancing prosperity across the town. We must make sure that all townspeople benefit from this growth by connecting local citizens to the jobs being created, particularly those people who are most disadvantaged through complex needs and are least able to take advantage of new opportunities.

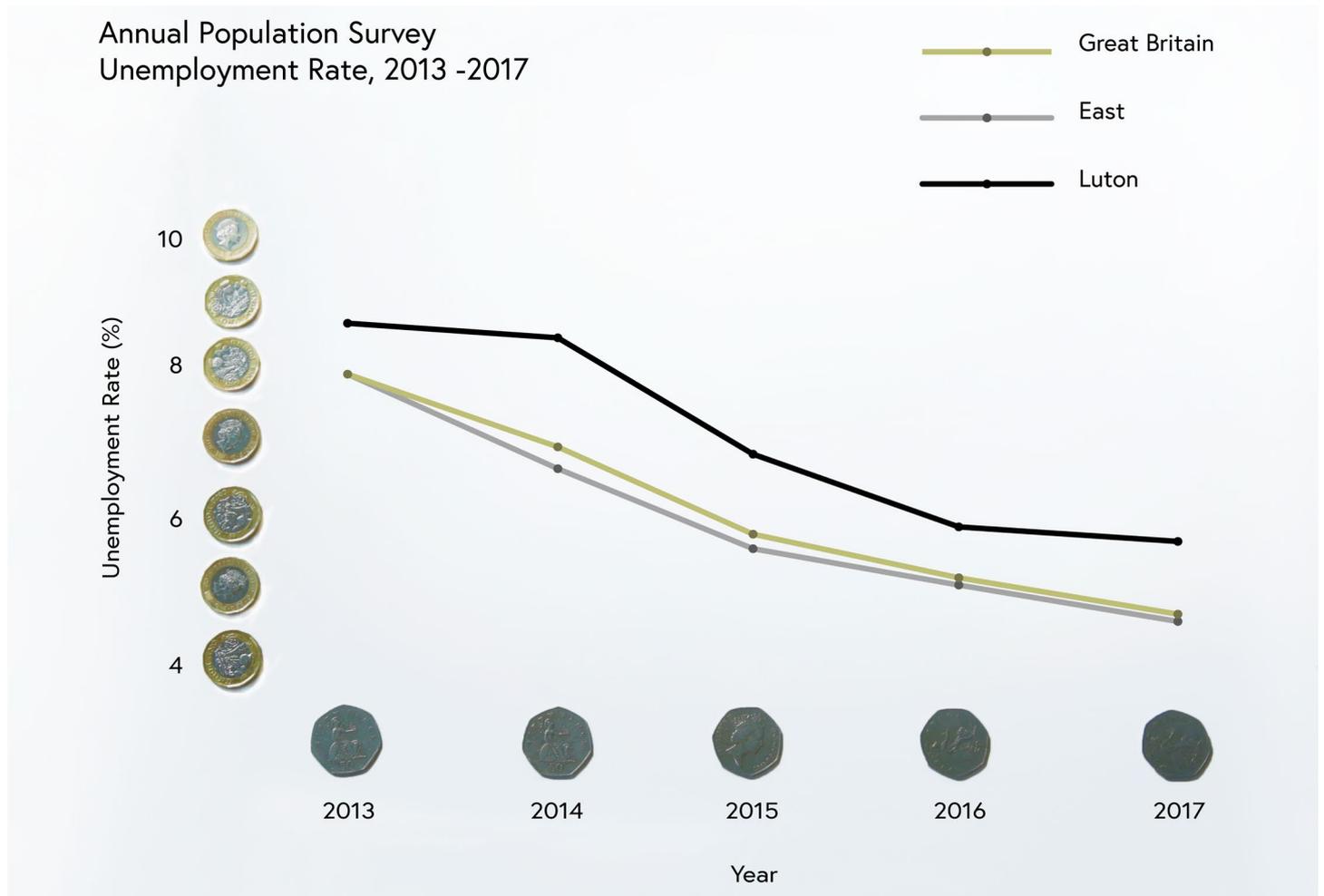
Reducing health inequalities through inclusive growth

The LIF has been developed to give every Luton citizen the best opportunities to make the most of their unique skills and talents and participate actively in the growth and development of our changing town. A sustainable plan for economic growth, recent successes have already delivered many improvements, including an economic growth rate of eight per cent in the last year and 4,400 new enterprises established in 2016.¹

The graph below shows the improvement in unemployment, but we can also see that Luton is still behind the regional and national employment rates.

¹ Luton Council Business Intelligence. Luton in Numbers. 2018

Reducing health inequalities through inclusive growth



Annual Population Survey Unemployment Rate, 2013-2017.

Source: Luton Council Business Intelligence

Health and work are intrinsically linked, and good employment and health outcomes impact on each other throughout life. Being in poor health can make it harder to find and maintain employment and being in poor quality work can negatively impact on a person's physical and mental wellbeing. Good employment opportunities are necessary for a good quality of life as they offer people opportunities to become independent and reduce the health inequalities caused by poorer quality work. Yet low skilled, poor quality work is often all that is accessible to the most disadvantaged socio-economic groups – the same groups who are also at high risk of unemployment due to poor health – perpetuating health inequalities for the most vulnerable and

marginalised.² Creating good quality work can reduce health inequalities, reduce demand for long term healthcare and welfare, increase tax revenue, increase productivity and increase the business rate revenues needed to fund local public services.³

While unemployment has been falling both nationally and locally there are still issues around in-work poverty. The Joseph Rowntree Foundation estimated that 6.8 million people in

2 Durcan, D. Local Action on Health Inequalities Promoting good quality jobs to reduce health inequalities. 2015

3 Marmot et al. Fair Society Healthy Lives. The Marmot Report. 2010

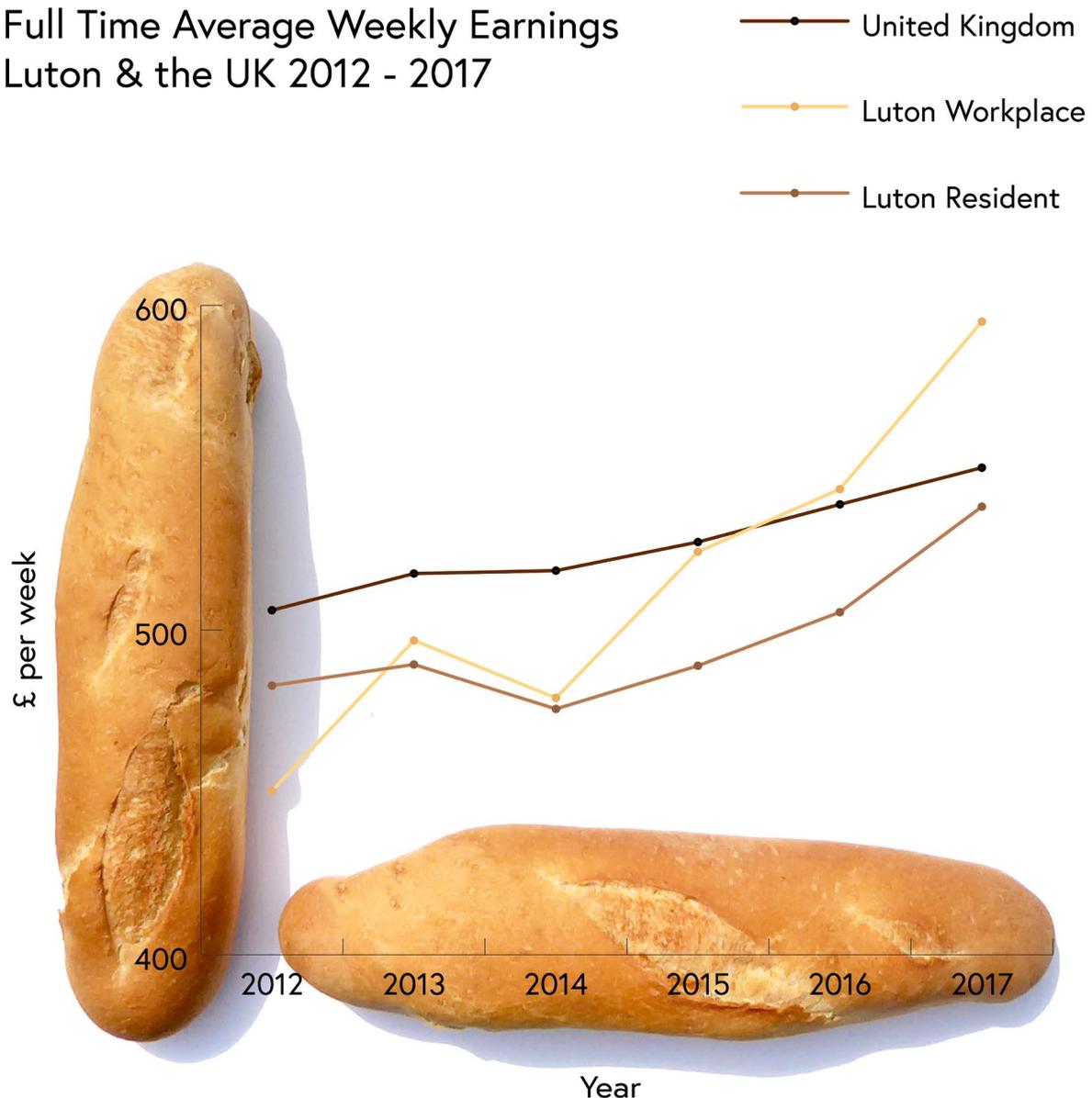
Reducing health inequalities through inclusive growth

poverty were in families where someone was in work, 400,000 more than the number in poverty in families where no one was in work, including pensioner families at 6.4 million.⁴ HM Revenue and Customs Department data for Luton show the proportion of households who earn less than 60 per cent of the median wage is 20.7 per cent compared with 17 per cent nationally.

The chart below shows that although the Luton Workplace growth rate was faster than the national growth rate, the average full time weekly earnings differ between people who simply work in Luton and Luton residents who also work in the town, £593 in comparison to £532 per week. Commuters into Luton are therefore more likely to be in higher paid professional jobs than Luton residents.

4 Luton Council Business Intelligence. Luton in Numbers. 2018

Full Time Average Weekly Earnings Luton & the UK 2012 - 2017



Employment and work are contributing factors to overall wellbeing, quality of life and life expectancy. Life expectancy across Luton varies; 11.6 years difference for men between the least and most deprived areas in Luton, 5.6 years difference for women between the least and most deprived areas in Luton. Unemployment is high in wards with low life expectancy, and Luton is ranked 59th (out of 326) most deprived local authorities and 32 per cent of Luton's citizens live in the most deprived 20 per cent of wards in England.⁵

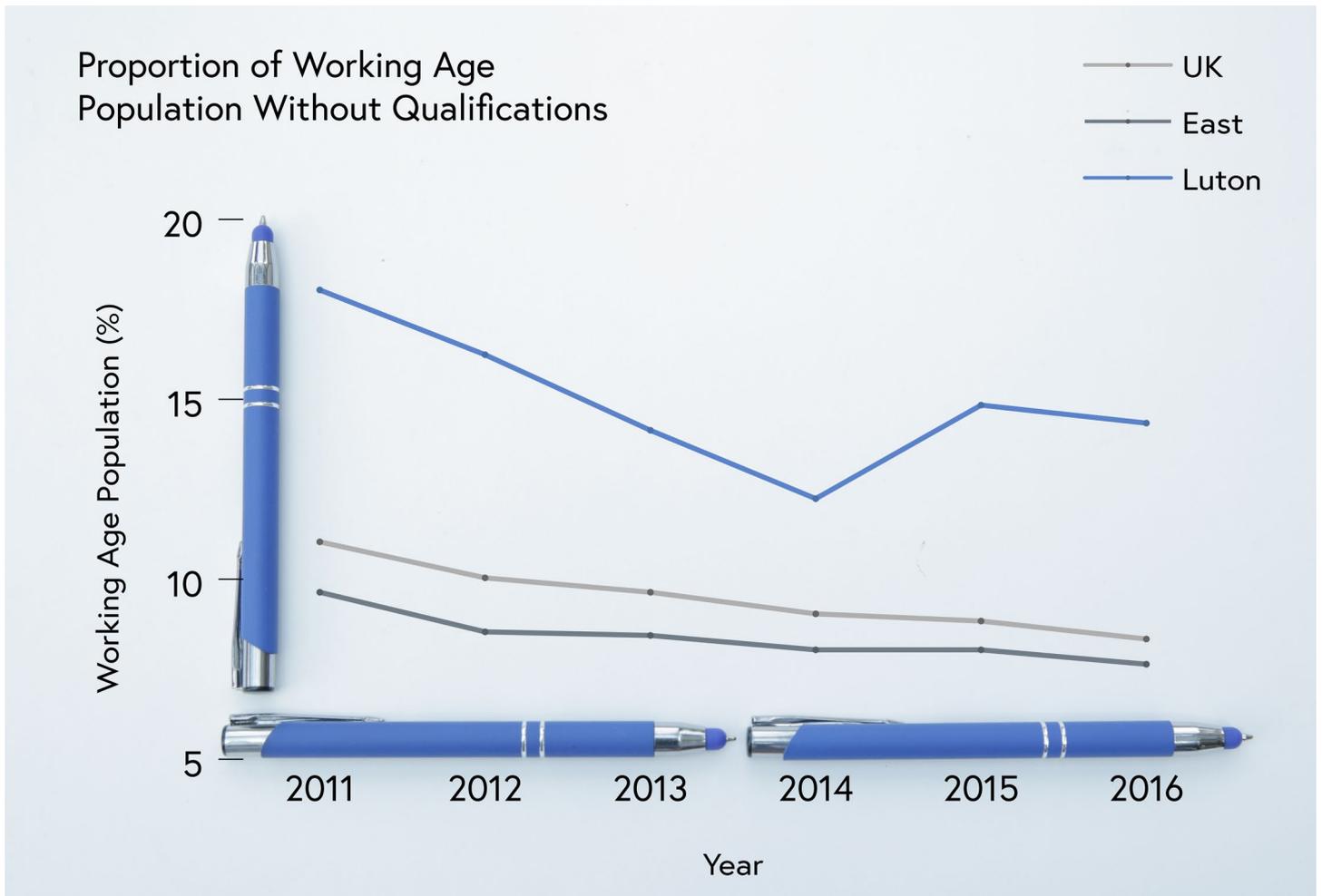
Inclusive growth is an approach that is not only about developing a strong, productive and resilient local economy, but also ensuring that everyone can access, benefit from and contribute to that growth. In contrast, economic growth policies have historically tended to rely on a 'trickle down' approach, hoping that this will relieve the experience of deprivation and poverty without tackling the causes. Luton has a significantly higher proportion of its working age population without qualifications than England (see chart below) and local analysis has shown that the benefits of economic growth have difficulty in filtering down to many of Luton's citizens owing to these lower than average levels of qualifications and wages and also rising property costs.⁶ The LIF aims to address these factors and applying an inclusive growth approach should:

- Specific activity is required to prevent growth agendas that inadvertently increase growth inequality.
- Deliver improved wellbeing and income for Luton's citizens.
- Increase opportunities and improve access to these opportunities for Luton citizens.
- Deliver environmentally sustainable and socially inclusive growth.

- Reduce poverty, inequalities and benefit the most marginalised in our community.
- Recognise that economic growth alone does not necessarily address inequality

⁵ Luton Council Business Intelligence. Inclusion Growth Monitor for Luton and Local Authorities. 2017

⁶ Luton Council Business Intelligence. Inclusion Growth Monitor for Luton and Local Authorities. 2017



Source: Annual Population Survey, Office for National Statistics

Proportion of Working Age Population without Qualifications⁷

A proposed Inclusive Growth Commission will provide independent analysis, challenge, and advice to decision makers and make recommendations on how inclusive growth can be created for the town. For this to be effective residents need to be part of the decision-making processes that impact on their neighbourhoods, making growth about participation, not just outcomes. Research by the Royal Society of Arts suggests that approaches to policy and service design that follow participative, collaborative and asset-based principles have the potential to

motivate a wide range of citizens and are more likely to achieve positive outcomes.⁸

The 2017 Perceptions of Luton Residents survey identified the ability to influence decision making at a local level as an area of dissatisfaction for our residents. This shows that most of our residents feel that they were unable to influence decisions and therefore we need to develop ways to engage our local population further in decision making.

⁸ Buddery, P. et al. Changing the Narrative – a new conversation between the citizen and the state. 2016

⁷ Luton Council Business Intelligence. Luton in Numbers. 2018



Source: Perceptions of Luton Study

Aspiration 1

An Inclusive Growth Commission for Luton should fully involve residents in its development and work and make specific recommendations to improve participation and active citizenship to achieve true inclusive growth.

This anticipated benefit of an inclusive approach is shared by the International Policy Centre for Inclusive Growth:

"Inclusive growth ensures that everyone can participate in the growth process, both in terms of decision-making for organising the growth progression as well as in participating in the growth itself. On the other hand, it makes sure that everyone shares equitably the benefits of growth. Inclusive growth implies participation and benefit-sharing. Participation without benefit sharing will make growth unjust and

sharing benefits without participation will make it a welfare outcome."⁹

Two years into its 20-year life, the LIF is now able to identify and develop innovative access to the opportunities it is offering for our citizens who experience barriers through traditional routes. Most citizens in the town may benefit from the opportunities presented through the LIF but an inclusive growth strategy must also seek to influence proactively and shape the nature of employment opportunities.

By improving access to economic, social opportunities and participation for our citizens not yet benefiting from economic growth, the LIF can transform many lives and create opportunities for aspiration and prosperity for all. The LIF will do this by driving innovation, creativity and productivity, connecting people up to the opportunities in the

⁹ Ramos & Ranieri. Inclusive Growth: The Building up of a concept. 2013

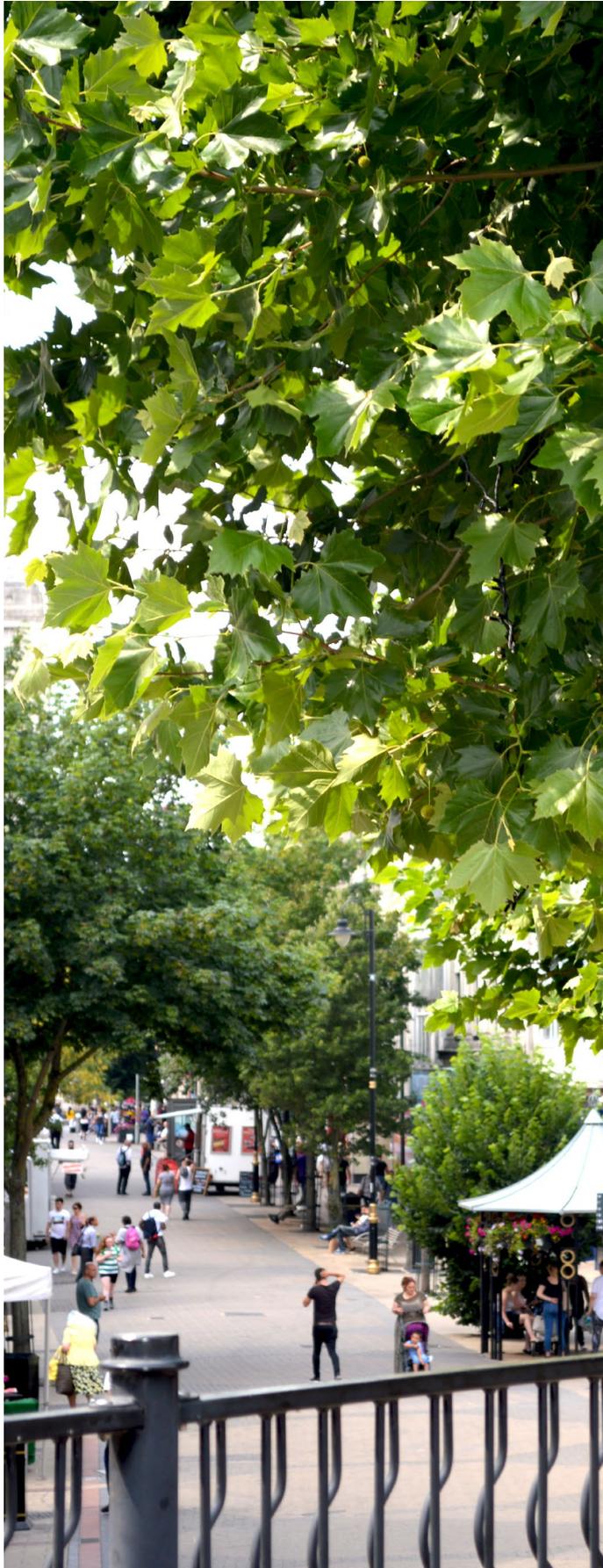
Reducing health inequalities through inclusive growth

labour market through better education, skills training and improved transport. By including inclusive growth measures the LIF will also ensure good working conditions, employment support, and living wage levels of pay, genuine flexible working options and fair employment contracts¹⁰.

Aspiration 2

Inclusive growth indicators and measures should be included in all LIF policy areas, particularly those that focus on the most disadvantaged in our communities.

¹⁰ Stott, J. What is inclusive growth and why does it matter? 2017



Home

Surveys have shown that people living in Luton are very fond of the town, in contrast to its often-negative national image.¹¹ Currently it is a town with high inward and outward migration, but as the LIF brings new benefits and opportunities, it will become a more attractive place to live longer-term, encouraging people to put down roots and make it their home. The dynamics of mobility are complex, driven by a range of factors including household structure, ethnicity, time in the area and the country, socio-economic group, and income – which itself is strongly and positively related to mobility. High population mobility can put pressure on local services, reducing the quality and increasing the cost, and worsening the local household experience of services. However, population mobility can benefit the area by introducing new aspirant households who have lower service requirements.¹² To encourage the latter, Luton needs to be an aspirational place to live and work.

Creating better health through a more stable population

The latest demographic data paints a fascinating picture of how Luton's population is changing. The 2016 mid-year estimate of the population of Luton is 216,800. The combination of high birth rate, high migration, including inflows from other areas of the UK, has led to a rapid increase and change in population over a very short period.

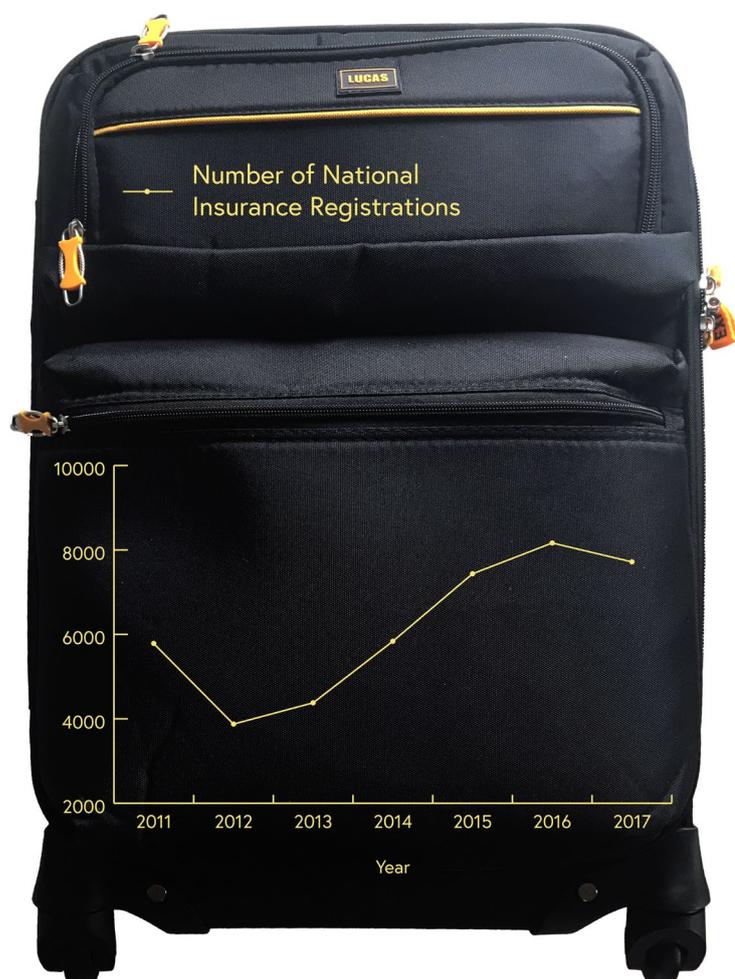
11 Luton Today, October 2013. Available from: <https://www.lutontoday.co.uk/news/what-do-you-think-of-luton-1-5632698>

12 Scanlon, K. et al. Population churn and its impact on socio-economic convergence in the five London 2012 host boroughs. 2010

Luton has a younger population than that of the UK as a whole. The under-16 age group accounts for 24 per cent of the Luton population compared with 19 per cent nationally. The 16-64 age group account for 64 per cent of the Luton population compared with 63 per cent nationally. The 65 and over age group represents 12 per cent of the Luton population compared with 18 per cent nationally.

Our town is ethnically diverse, in fact it meets the criteria to be described as 'superdiverse' with approximately 55 per cent of the population of Black, Asian and Minority Ethnic (BAME) origin, with significant Pakistani, Bangladeshi, Indian, Eastern European and African Caribbean communities.¹³

13 Vertovec, S. Super-diversity and its implications. Ethnic and Racial Studies. 2007



Source: Department of Work & Pensions

Since 2002 there have been approximately 20,000 new National Insurance registrations by people originating from Poland, and approximately 3,000 Romanians have settled in Luton since this country joined the EU in 2014. A study by Mayhew Harper Associates in 2011 showed concentrations of new communities of Congolese, Somali, Ghanaian, Nigerian, Turkish and Zimbabwean people in Luton.¹⁴

The table below shows a peak in National Insurance registrations from all countries in 2016 dropping in 2017. This may indicate a changing trend but further monitoring over the next few years will determine if migration into Luton is slowing down. Combining those who have moved to Luton from other parts of the UK, international migration, emigration out of Luton, births and deaths since the 2011 census shows that approximately 30-50 per cent of the current citizens of Luton were either not born or not living in Luton in 2011. 13.5 per cent of internal migration of people from other places in the UK into Luton came from Central Bedfordshire and North Hertfordshire. 24.4 per cent of the migration of people moving out was to the same neighbouring authorities.¹⁵

There is a paucity of studies looking at the impact of population turnover but according to a 2005 study of London boroughs: "it has been noted that regeneration initiatives in disadvantaged areas often appear to be unsuccessful in improving economic and social inclusion in the area because of turnover of population. Residents move out once they have increased their skills, entered employment or have the means to obtain better housing, leaving room for new arrivals

14 Luton Council Business Intelligence. Luton in Numbers. 2018

15 Luton Council Business Intelligence. Luton Population Change since 2011. 2017

with the same high levels of need".¹⁶ Similarly, a 2007 report for London councils said: "efforts to regenerate boroughs must "run hard to stand still".¹⁷ Ambitious populations move on once they have become successful. This means that costs for services are higher because the authority is always starting again with new residents.

16 Scanlon, K. et al. Population churn and its impact on socio-economic convergence in the five London 2012 host boroughs. 2010

17 Travers, Tunstall, Whitehead & Pruvot. Population Mobility and Service Provision. 2007

The study of London boroughs found the following factors contribute to population turnover:

- Age, employment status and household composition
- Active housing markets and availability of private rent housing
- Overcrowded housing and an inadequate range of housing options
- Lower quality schools
- Perceptions of crime and anti-social behaviour
- Dissatisfaction with the area

The LIF and inclusive growth ambitions will impact on many of these factors and once achieved may encourage some to stay who may otherwise move on from Luton. We already see patterns of settlement, for example in the growing number of places of black African and Caribbean worship and thriving Polish businesses who are employing local people.

The Perceptions of Luton Residents Survey November 2017 shows that perceptions of Luton have improved since 2013 and this helps determine what actions we might take to improve satisfaction of Luton citizens further.

The survey has shown improvements in:

- Satisfaction with local areas and Luton as a place to live.
- Community cohesion at ward level and across the town.
- Transport links.
- Agreement that the Council is always making improvements to make Luton a better place to live.



The survey also highlighted these areas for further development:

- The ability to influence decision making at a local level.
- Town centre shops, pubs, and restaurants.
- The image of Luton.

Figure 1 illustrates some of the positive health benefits that can result from different built environment interventions. The way the LIF is addressing the issue of perceptions of the town gives Luton a fantastic opportunity to develop a new healthy, aspirational town centre that delivers these kind of benefits, that offers opportunities for participation and is accessible to all. This will contribute, along with the LIF ambitions, to promote settling in the town but also improve wellbeing and reduce inequalities.

Aspiration 3:

To implement a single, comprehensive plan to create a town centre that:

- Is inclusive of people from all walks of life.
- Easy to navigate, including crossings.
- Provides shade, shelter and places to stop and rest.
- Is walkable and provide options for cycling.
- Has a low level of noise and air pollution.
- Provides things to see and do.
- Has a health-promoting retail offer.
- Ensures people feel relaxed and safe.¹⁸

18 Public Health England. Healthy High Streets: Good place-making in an urban setting. 2018





Build Environment Interventions

- A diverse and healthy retail offer on the high street that is human-scaled and provides interesting streetscapes and soundscapes encourages footfall and provides access to healthier produce
- Green and blue infrastructure helps to ensure cleaner air and lower perceived noise
- Traffic calming provides a safe environment for walking, cycling and crossing roads
- Street design and furniture promote accessibility to protected groups, and provide shade, shelter and rest opportunities
- Crime prevention and safety initiatives help people feel safe



Pathways



- Behavioural improvements eg. increased physical exercise, better social and civic engagement, improved diet
- Psychosocial improvements eg. improved mental health and increased networks of support
- Opportunities for social interaction
- Access to services and community activities
- Social connectedness and inclusion
- Social cohesion



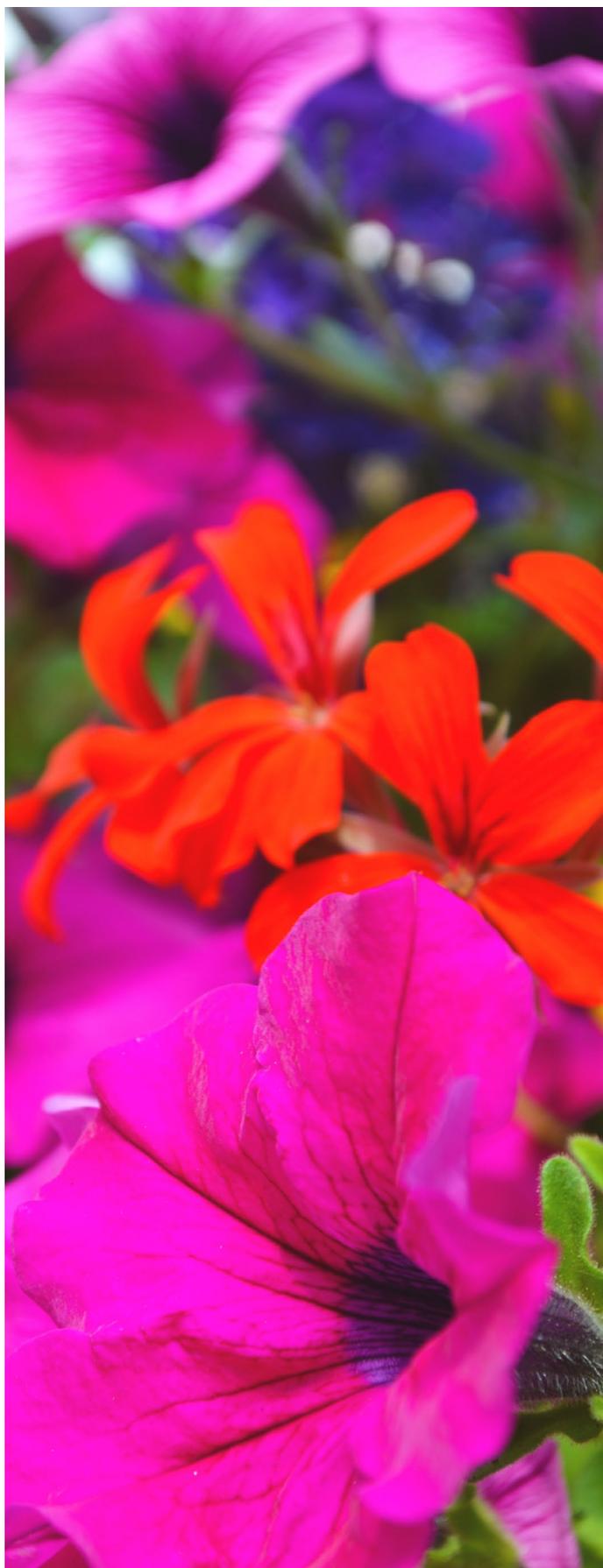
Health Outcomes

- Reduced obesity and overweight, diabetes, cardiovascular disease, cancer, heart disease
- Lowered pollution-related mortality rates
- Improved child cognitive performance
- Reduced risk of dementia, and cognitive decline and/or impairment
- Reduced incidence of trips, falls, road traffic fatalities and injury



- Reduced vulnerability to heat island effects, flooding and adverse weather
- Improved mental health
- Lower levels of addiction-related harm and negative health outcomes
- Lower levels of alcohol related violence and crime

Figure 1: The positive health outcomes that can result from different built environments



Town

For Luton to have a town centre that delivers diverse and aspirational opportunities for all its citizens it will need to be a pleasant place to shop, work and socialise, with clean air, safe streets, priority given to pedestrians and cyclists, and fast, efficient and affordable public transport. Poor air quality has a negative impact on public health, with potentially serious consequences for individuals, families and communities. Improving air quality is a complex issue, presenting a multi-agency challenge. How can we ensure that the right actions are taken to support such an important element in protecting the health and wellbeing of our townspeople.

Cleaner air for all

Outdoor air pollution is one of the greatest preventable environmental risk to public health, disproportionately impacting the young, old, sick and the poor. The most disadvantaged and vulnerable in society often experience the greatest burden because they tend to live near busy roads. Death and disability attributed to air pollution has been estimated to cost the UK £20 billion per year, with nitrogen dioxide (NO₂), primarily in the air from the burning of fuel, estimated to cause 23,500 deaths a year in the UK, and particulate matter (PM), a complex mixture of extremely small particles and liquid droplets, estimated to cause 29,000 deaths per year with some overlap.¹⁹

Pregnancy and childhood are particularly vulnerable times for people as the body is

¹⁹ Public Health England, Department for Environment, Food and Rural Affairs & Local Government Association. Air Quality: A Briefing for Directors of Public Health. 2017

developing rapidly. The heart, brain, hormone and immune systems can be harmed, with emerging evidence suggesting risk to growth, intelligence and coordination and exposure during pregnancy being associated with low birth weight and pre-term births.²⁰ Health harms from air pollution include cardiovascular disease (CVD), cancer and respiratory diseases, such as asthma and chronic obstructive pulmonary disease (COPD). Air pollution is linked to dementia and increases the chance of hospital admissions and emergency visits. The number of emergency child and adult asthma hospital admissions, and the number of emergency COPD admissions are significantly greater in Luton than the England average.²¹ Given this magnitude of harm to health there is a need to act urgently ensuring pollution is considered seriously at all stages of local authority planning, considering risk at both low-level exposure as well as high level exposure.²¹

Diesel vehicles produce on average four times the NO₂ and thirty times the PM₁₀ (particulate matter typically less than or equal to 10 microns) rate of a petrol vehicle, and as more people sought fuel and tax efficient cars in the 2000s, there was an increase in the percentage of diesel cars on the roads from 7.4 per cent in 1994 to almost 40 per cent in 2016 leading to a corresponding increase in air pollution.²² However, that trend has now been reversed with sales of diesel cars falling by almost 40 per cent in the year to the

end of March 2018.²³ Government initiatives, for example ensuring all new cars and vans have zero emissions by 2040, will increase the number of cleaner vehicles on the roads and reduce air pollution but the numbers are still expected to be low compared with the number of petrol and diesel vehicles.²⁴

The main pollutant measured in Luton is NO₂ with PM_{2.5} being a more recent focus. Three poor air quality management areas (AQMA) have been identified across the town meaning air quality exceeded legal limits in those areas. Although legal limits are in place there is no safe limit for PM₁₀ and PM_{2.5}; and adverse health effects are experienced at concentrations at or below legal limits for nitrogen dioxide; meaning any improvements in air quality will have positive health benefits. Working with our partners we need to use what evidence we have to target areas experiencing the poorest air quality.

Luton has recently been ranked the fourth most congested town in the UK, and most Luton commuters choose single car occupancy as their preferred mode of transport with most journeys being less than ten kilometres.^{25,26} This excess traffic on Luton roads and expected increases in traffic as a consequence of the airport, housing and business growth planned for the town, indicates a need to make changes to our travel infrastructure, planning and emergency policies

20 Royal College of Physicians & Royal College of Physicians of Paediatrics and Child Health. Every breath we take: the lifelong impact of air pollution. 2016

21 Public Health Profiles. 2018. Available from: <https://fingertips.phe.org.uk/search/asthma>

22 Hendy. 2018. Diesel Engines: What's the truth? Available from: <https://www.hendy.co.uk/the-truth-about-diesel-engines/>

23 Financial Times. 2018. Available from: <https://www.ft.com/content/70131c46-38b6-11e8-8eee-e06bde01c544>

24 Department for Transport. Statistical trends in fuel consumption and emissions over time. 2018

25 NRIX. 2017 Available from: <http://inrix.com/press-releases/scorecard-2017-uk/>

26 Office for National Statistics. Census data 2011

if we are to promote good air quality.²⁷ Cost effective actions that ameliorate air pollution with particular emphasis on changes that encourage active travel, ultra-low or zero pollution modes of travel and that specifically reduce traffic flow, congestion and dirty vehicle impacts on the town should be considered.²⁸

Aspiration 4

Investigate the feasibility of an ultra-low emission zone in the town and look at options that reduce traffic-related air pollution, particularly around schools and other sensitive locations for example care homes and housing on busy roads.

There is demonstrable evidence that green spaces can improve mental and physical health and wellbeing but they can also play a role in improving air quality.^{29,30,31} Trees and green infrastructure can have positive environmental and health effects: lowering urban temperatures, supporting sustainable urban drainage, reducing flood risk, reducing soil erosion, providing a habitat for wildlife, play a role in carbon sequestration (capturing and removing CO₂), noise abatement

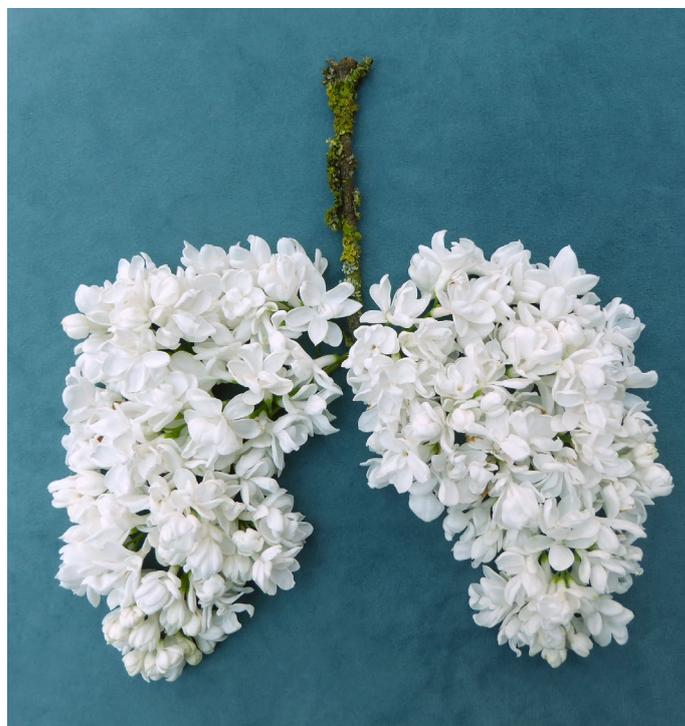
27 Jochelson. Nanny or Steward? The role of government in public health. 2005

28 Science, Environment & Policy Research. 14 Cost Effective Actions to Cut Central London Air Pollution. 2012

29 Department of Health and Social Care. Annual Report of the Chief Medical Officer: Health impacts of All Pollution what do we know? 2017

30 Faculty of Public Health & Natural England. Great Outdoors: How Our Natural Health Service Uses Green Space To Improve Wellbeing. 2010

31 Department for Environment, Food and Rural Affairs. Benefits of green infrastructure. 2010



and removing pollutants from the air. Luton is deficient in green space with those in the most deprived wards having less access to green spaces compared with those living in wealthier parts of the town.³² This emphasises the need to keep and create more green spaces in Luton and fits well with the views of the local people, who in recent consultations about Air Quality and the Food Plan chose 'Greening up the Borough' initiatives amongst their top priorities. However, land in Luton is at a premium with competing priorities from housing, business and the leisure sector, leaving little room for new large green spaces. Therefore, we must think strategically across the Borough on how we can create green infrastructure throughout the town in the spaces around us in our everyday lives.

Ensuring all of Luton benefits from 'Greening up the Borough' initiatives will mean space-saving, innovative planning and well considered landscaping, planting and maintenance using

32 Luton Council JSNA: Greenspaces in Luton. 2015

Estimated number of deaths caused by smoking in the UK per year



11,000 Deaths
by passive smoking



79,000 Deaths
by direct smoking

evidence-based solutions. Green walls, roofs and pocket gardens, planting on roundabouts and road verges, and land swap that can deliver green space in areas of greatest deficiency, while being sensitive to safety requirements will all need to be considered. These changes will also improve the aesthetics of the town attracting more people and business, bringing economic investment and creating places where people want to spend their time and money. Higher property returns and increased retail and leisure spending, will help transform Luton into a place people want to stay and call home.³³

Aspiration 5

Create and retain green space and infrastructure by incorporating 'Greening up the borough' in all policies.

Smoking and exposure to second-hand smoke is another air pollutant that is harmful to people's health. It causes cancer, respiratory conditions and heart disease. It is the greatest cause of preventable morbidity and mortality in the country.^{34,35}

These health conditions and the number of Luton's adult population being admitted to hospital each year attributable to smoking is significantly higher than nationally. On a positive note smoking prevalence is declining, helped by local initiatives like those devised by Luton's Tobacco Free Partnership and national measures such as legislation banning smoking in public indoor spaces. Yet, while the majority of people in Luton and England do not smoke, these smoke free benefits are not shared equally

³³ Ministry of Housing, Communities and Local Government. Population churn and its impact on socio-economic convergence in the five London 2012 host boroughs. 2010

³⁴ British Heart Foundation, 2017. Available from: <https://www.bhf.org.uk/heart-health/risk-factors/smoking>

³⁵ Department of Health & Social Care. Towards a Smoke free Generation: A Tobacco Control Plan for England. 2017

across all groups of society, as smoking is more prevalent amongst lower earners, those in routine and manual occupations and those with serious mental ill health – 23.3 per cent and 38.6 per cent respectively, compared to 16.3 per cent of the general Luton adult population.

Smoking can become an addiction in childhood with young people being influenced to smoke by the adults around them so that it becomes a social norm and perpetuates a cycle of health inequality. Making bold interventions that change perceptions so that smoking is no longer seen as a social norm for anyone is something we should strive to do.

Aspiration 6

Develop specific no-smoking areas that support a smoke free town, including a smoke free town centre and play areas.



The Farley Hill Hub Allotment Project, run by Groundworks



Work

As the LIF delivers growth, the number of jobs in the town will increase. Recognising that being in good employment keeps people physically and mentally well, Luton residents should benefit from these work opportunities.³⁶ Reducing health inequalities and supporting inclusive growth requires health-for-all employment principles, ensuring all who wish to and can undertake meaningful work or activity have the opportunity to do so throughout their working lives.³⁷ However, despite equality in employment policies and legislation requiring employers to support a diverse workforce, there is still a cohort of workers who are less likely to be in work and therefore less likely to gain the health benefits good employment brings. For the Council to become a health-for-all employer and share this with other employers across the town, we need to hone our working practices to ensure work and work-related health benefits can be experienced widely.

Health-for-all Workplace Practices

Luton unemployment rates are higher among those with no or few qualifications and skills; people with disabilities; those with mental ill-health; those with caring responsibilities; lone parents; those from some minority ethnic groups; and among older and younger people, which is like the national picture. The reality for most of these people is if they are in work they are more likely to be in low-paid, poor quality jobs with few opportunities for advancement, possibly working in conditions that are harmful to health.

36 Marmot et al. Fair Society Healthy Lives. The Marmot Report. 2010

37 Department for Work and Pensions & Department of Health and Social Care. Improving Lives. The Future of Work, Health and Disability. 2017.

The Council is a certified 'Disability Confident Employer', recognised for going the extra mile to ensure disabled people get a fair chance; and it has introduced a range of career pathways.³⁸ However, the Luton Parent Carer Forum has called for more employment opportunities for Luton's disabled educational leavers, the percentage of workforce recorded as having a disability at the Council is static, and nationally there are a high proportion of workers with long term mental health problems losing their jobs each year.³⁹ This emphasises the need to make greater changes if health-for-all work practices are to be realised. By refining and reviewing its own healthy workplace policies, Luton Council can become an exemplar in the town, encouraging and inspiring other employers to adopt similar practices.

Aspiration 7

Lead the development of a peer-support network within the town for healthy work-for-all practices.

Luton is one of the most important business and commerce employment areas in the South-East already, providing a significant level of working opportunities across the region and playing a significant role in the national economy. The 20-year LIF plan will provide a further 18,500 new jobs. This substantial employment offer presents the ideal platform to introduce healthy employment practices in Luton workplaces offering opportunities for all.

³⁸ Department for Work and Pensions. Disability Confident. 2018.

³⁹ Stevenson & Farmer. Thriving at work: The Stevenson /Farmer review of mental health employers. 2017

Offering people only low paid, insecure and health-damaging work is not a solution that will realise healthy and inclusive employment practices. At the very least, jobs need to be sustainable, offer a minimum level of quality, pay a real living wage, and offer opportunities for in-work development, and should be flexible enough to enable people to balance work and family life and offer protection from adverse working conditions that can damage health. In a positive move to reduce inequalities and the impacts of poverty Luton Council introduced a minimum Luton Living Wage of £8.75 per hour in 2018 for its staff.

While there is a recognised need and place for flexibility in working hours arrangements, until Government changes can provide better legal protections and clarity to a person's working status, 'zero hours' contracts should be used as infrequently as possible. This will ensure guaranteed weekly hours and income so that workers can plan and make informed choices. In contrast, zero hours contracts, if enforced, can leave an employee powerless to manage financial obligations, complain or pursue redress of employment abuses by lacking unfair dismissal rights.

Aspiration 8

Work with other employers across all sectors to establish a Luton Living Wage and reduce the use of enforced zero-hour contracts.

Good employment and working practices need to provide a 'sense of coherence', the feeling that life and work are meaningful, providing a positive subjective state of health that contributes to a

person's mental health and that in turn influences productivity, recruitment, retention and reduced sickness in the workplace.⁴⁰ Positively the Council offers counselling and physiotherapy services for staff and is improving its physical activity opportunities on offer, with membership incentives, communications on ways to get fit together and smoke free policies, recognising the great influence a workplace has on the health and wellness of its employees.

Flexibility is important, yet typically, 'good jobs' with career development opportunities are full-time, while, part-time, reduced hour jobs tend to be lower income jobs with less career potential. Offering flexible work opportunities that support a worker's sense of coherence and enables personal control over work activities will ensure work provides its own intrinsic reward.⁴¹ Flexible working, however, is often an 'individual arrangement', typically taken up by mothers rather than enabling everyone to balance their work and home life.⁴² Workers say they would be willing to reduce hours, stall their careers, leave or turn down an employer to achieve a better work life balance suggesting that workplaces are not meeting demands for flexible and inclusive employment that employees need.⁴² While business needs must of course always be met, adapting flexible and flexi working schemes to offer greater flexibility would support real work-life balance if work-for-all practices are to be realised.

Although offering truly flexible working practices is a key element to achieving inclusive healthier employment it also improves productivity and will support those struggling to balance home and work life, which in turn impacts on performance, sickness and staff retention.⁴³ Introducing a new reason for leaving, e.g. to improve work/life balance, will allow the employers to monitor progress on health-for-all working practices. Affording staff greater autonomy will also encourage managers to be more sensitive to staff needs and allow them to manage absence in a way that supports the employee.⁴⁴

Feeling in control of one's own empowering and enabling work is equally important as being in a good job, providing positive attributes that improve outcomes for all.^{45,46} A motivated, engaged and empowered workforce is more productive, and 73 per cent less likely to quit.⁴⁷ Good employers recognise that employee motivation is influenced by managers and will ensure managers know how to balance being a professional while maintaining human compassion in their decision making.⁴⁸ Acting for the greater good, using compassion alongside staff autonomy and self-awareness training can transform good leaders into great leaders, and

40 Eriksson & Lindstrom. Antonovsky's sense of coherence scale and the relation with health: a systematic review. *BMJ*. 2005

41 Institute of Leadership & Management. *A guide to positive psychology*. 2018

42 Modern Families Index. *Working families*. 2018

43 Department for Business, Energy & Industrial Strategy. *The Taylor Review of Modern Working Practices*. 2017.

44 45 CIPD Annual Survey Report. 2016.

45 BBC, 2018 Available from: <http://www.bbc.co.uk/news/magazine-23902918>

46 Nesta, 2017. Available from: <https://www.nesta.org.uk/event/future-people-powered-health-2018>

47 Institute of Leadership & Management. *Inspiring Great Leadership*. 2018

48 Bradberry & Greaves. *Emotional Intelligence*. 2009.

help achieve a workplace culture where respect for each other improves collaboration, creativity and initiative and in turn workplace health and wellbeing.⁴⁹

Good managers are those that enable autonomous and health-for-all practices by celebrating and acknowledging success; showing genuine empathy with those experiencing hard times. They challenge staff to accomplish great things, and do everything in their power to enable them to succeed; allow employees to pursue their passions and let creativity flourish; and avoid constraining people to work within tight parameters for unfounded fears of losing productivity.⁴⁹ If a manager in a health-for-all environment is to identify and support workers with a multitude of work and personal issues including dementia, stress, mental ill health, bereavement, and musculoskeletal concerns they will require empathetic and enabling skills. Conversely, managers who fail to care will experience high turnover of staff, while employees allowed self-autonomy to explore their passions and creativity are five times more productive and engaged and will seek to improve everything on which they work.⁴⁹ We must develop a compassionate organisational culture by developing our staff skills and human resource policies to help staff to use enabling and compassionate approaches, ensuring physical and mental wellbeing are achieved in the workplace. The skill set required for future workplaces is evolving with 21 per cent of workers in the UK in occupations that are expected to shrink and 8 per cent in occupations that are likely to grow over the next 10-15 years, meaning people can improve their employment prospects by acquiring

the right skills.⁵⁰ To grasp this opportunity, we need to understand what this means for the population of Luton and equip them with those skills and provide work-for-all employment that offer employee wellness initiatives.

Aspiration 9

Adopt and encourage partners and commissioned services to adopt health-for-all work policies to help ensure that Luton develops as a healthy town.

⁴⁹ Tan, CM, 2018. Available from: https://www.ted.com/talks/chade_meng_tan_everyday_compassion_at_google

⁵⁰ Nesta. 2017. Available from: <https://www.nesta.org.uk/blog/jobs-2030-what-skills-will-you-need>



Future

Local authorities by their nature are in the ideal place to be the driver of place-shaping, a term that has come to mean many different things since Sir Michael Lyons used it in his inquiry into local government in 2007.⁵¹ The vision then was for local government to act as the voice of the whole community and as 'agent of place'.

The Open Public Services White Paper (2011) sets a vision for local authorities as modernisers of public services, based on the key principles of increasing choice, decentralising services, opening services to a range of providers, and ensuring fair access and accountability to users and taxpayers. This can only be achieved through innovation, by harnessing and adopting good ideas and always looking for new ways to do things better. As one of the major employers in the town, Luton Council is in a particularly strong position to act flexibly and creatively to facilitate a shift towards much greater co-production with the community, allowing residents to take a bigger role in designing services.

Delivering better health through innovation

In its 2014 report, *Innovation in the Public Sector – How can public organisations better create, improve and adapt?* Nesta, the UK's innovation foundation, notes that, "there are good reasons to doubt the public sector's ability to innovate enough. Innovators usually succeed despite, not because of, dominant structures and systems. Too many good ideas are blocked, filed away or simply

⁵¹ Lyons, M. Place-shaping: a shared ambition for the future of local government. Lyons Inquiry into Local Government. 2007

forgotten. Public services remain poor at learning from better models – even on their doorstep.⁵²

The report goes on to note that while we tend to think of innovations as being specific products or services, the biggest impacts often come from how these are put together, and in many fields the ultimate goal is to reshape whole systems – to change the ways in which we manage health, energy, food or care. Systemic innovation, which by its nature is harder to manage and orchestrate than innovations in individual products and services, refers to a series of related innovations that change the way a whole system works.

Luton is in a strong place to develop systemic innovation because the Council is the majority shareholder of London Luton Airport Limited (LLAL) This presents challenges in terms of potentially adverse environmental and social impacts but provides an additional source of income that supports Council and community projects, not just in Luton but also in surrounding areas.⁵³ This injection of money gives the Council additional potential to encourage innovation, recent literature suggesting that innovation should be treated with the same seriousness as handling risk, financial controls or regulatory enforcement.⁵⁵ This means paying attention to how the future is unfolding, for example by situating health innovations within the broader shift to greater self-management of long-term conditions and the steady move away from a health service centred around hospitals and acute illness.

To thrive in a society with an ageing population, wholesale adaptations need to be made to how society operates in many respects, such as how public services are planned, how we work, how we care and provide health services, and how we fund and meet progressive needs. The scaling up of innovation and practices and promoting people-oriented approaches can bring tangible benefits for service users, help health and care systems to contain costs and to unlock business opportunities. Advances in genomics and personalised medicine, as well as the enhanced use of patient and public data, could hold transformative potential for prevention, diagnostics and treatment. It is hoped that these innovations will help to achieve better health outcomes and more efficient care.⁵⁴

For the public sector to become more innovative and to make the most of the opportunities offered by new development, it requires the right structures, skills and methods. To encourage and support the sort of innovation that can shape system change we will need to promote faster learning as one of the hallmarks of the organisation, so that we are all aware of what has been proven to work in our fields, and worthy of adoption; what is promising; and what is possible.

Aspiration 10

Continue to develop an innovative and evidence-based culture to encourage faster learning by supporting managers to be aware of what works.

52 Mulligan, G. Innovation in the Public Sector - How can public organisations better create, improve and adapt? Nesta. 2014

53 London Luton Airport Limited. London Luton Airport Vision for Sustainable Growth 2020-2050. 2017

54 D'Angelo, C. An uneven future: an ageing population needs innovation, but not at the expense of equal care. Rand. 2017. Available from: <https://www.rand.org/blog/2017/10/an-uneven-future-an-ageing-population-needs.html>

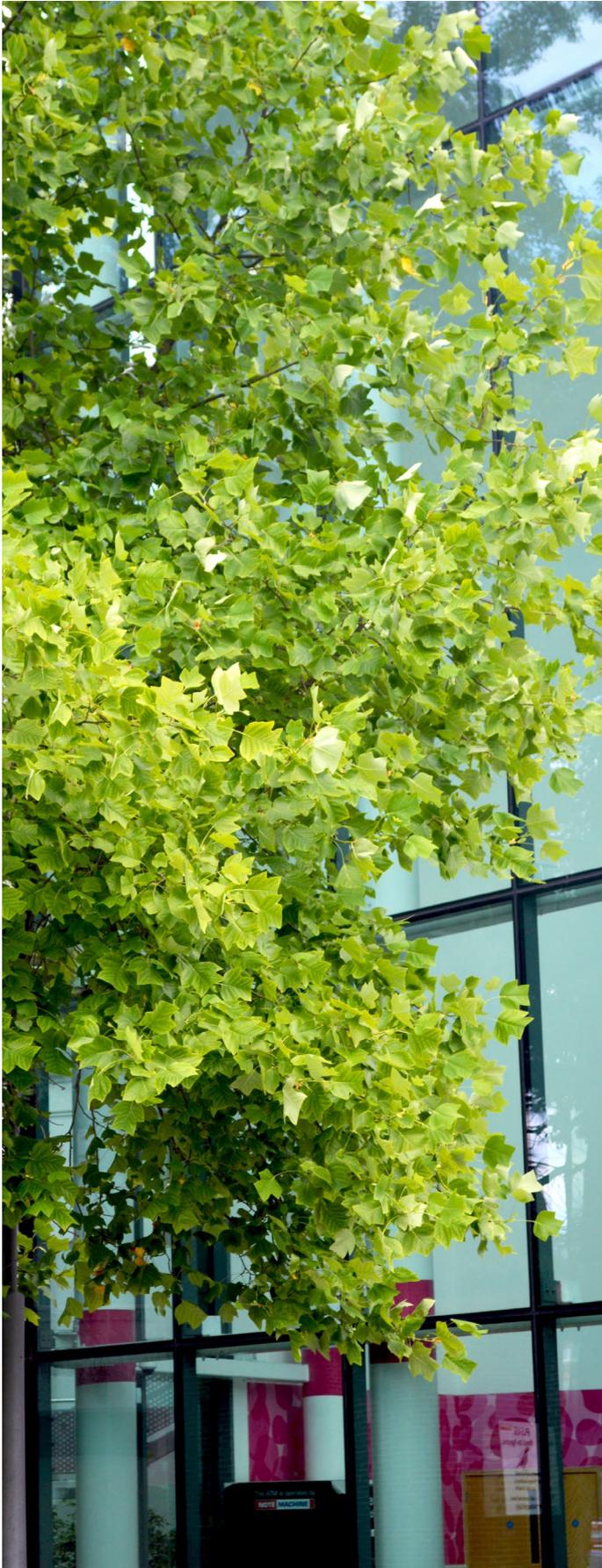
Innovation should be thought of as one side of accountability, and any leadership or management team should be held accountable for how well it currently performs, and for how well it is preparing for the future. It follows that any governance structure should regularly assure itself that there is a flow of potential new ideas, ranging from high risk and high impact to relatively low risk and low impact.

This in turn should influence and inform Luton's commissioning strategies, allowing the Council and its partners to deliver innovative asset-based commissioning rather than outcome-based commissioning, which simply attempts to address a problem and is still predicated on a deficit model of human need. Asset-based commissioning is an approach that starts with what works; by recognising the skills, resources and people and places that achieve positive things. Using this approach, the commissioner becomes less of a designer of services but more of a connector of assets in the community, allowing communities to design the services that best meet their needs, and which they can be actively involved in delivering.⁵⁵

Aspiration 11

Develop an asset-based commissioning strategy that enables communities to design the services that best meet their needs in order to deliver systemic innovation and whole system change.

⁵⁵ Biel, J. A new approach to commissioning – Asset Based Commissioning. The Centre for Public Innovation. 2016. Available from: <http://www.cpi.org.uk/a-new-approach-to-commissioning-asset-based-commissioning/>



Aspiration 1

An Inclusive Growth Commission for Luton should fully involve citizens in its development and work and make specific recommendations to improve participation and active citizenship to achieve true inclusive growth.

Aspiration 2

Inclusive growth indicators and measures should be included in all LIF policy areas, particularly those that focus on the most disadvantaged in our communities.

Aspiration 3

Implement a single comprehensive plan to create a town centre that:

- Is inclusive of people from all walks of life.
- Easy to navigate, including crossings.
- Provides shade, shelter and places to stop and rest.
- Is walkable and provide options for cycling.
- Has a low level of noise and air pollution.
- Provides things to see and do.
- Has a health-promoting retail offer.
- Ensures people feel relaxed and safe.

Aspiration 4

Investigate the feasibility of an ultra-low emission zone in the town and look at options that reduce traffic-related air pollution particularly around schools and other sensitive locations for example care homes and housing on busy roads.

Aspiration 5

Create and retain green space and infrastructure by incorporating 'Greening up the borough' in all policies.

Aspiration 6

Develop specific no-smoking areas that support a smoke free town, including a smoke free town centre and play areas.

Aspiration 7

Lead the development of a peer-support network within the town for healthy work-for-all practices.

Aspiration 8

Work with other employers across all sectors to establish a Luton Living Wage and reduce the use of enforced zero-hour contracts.

Aspiration 9

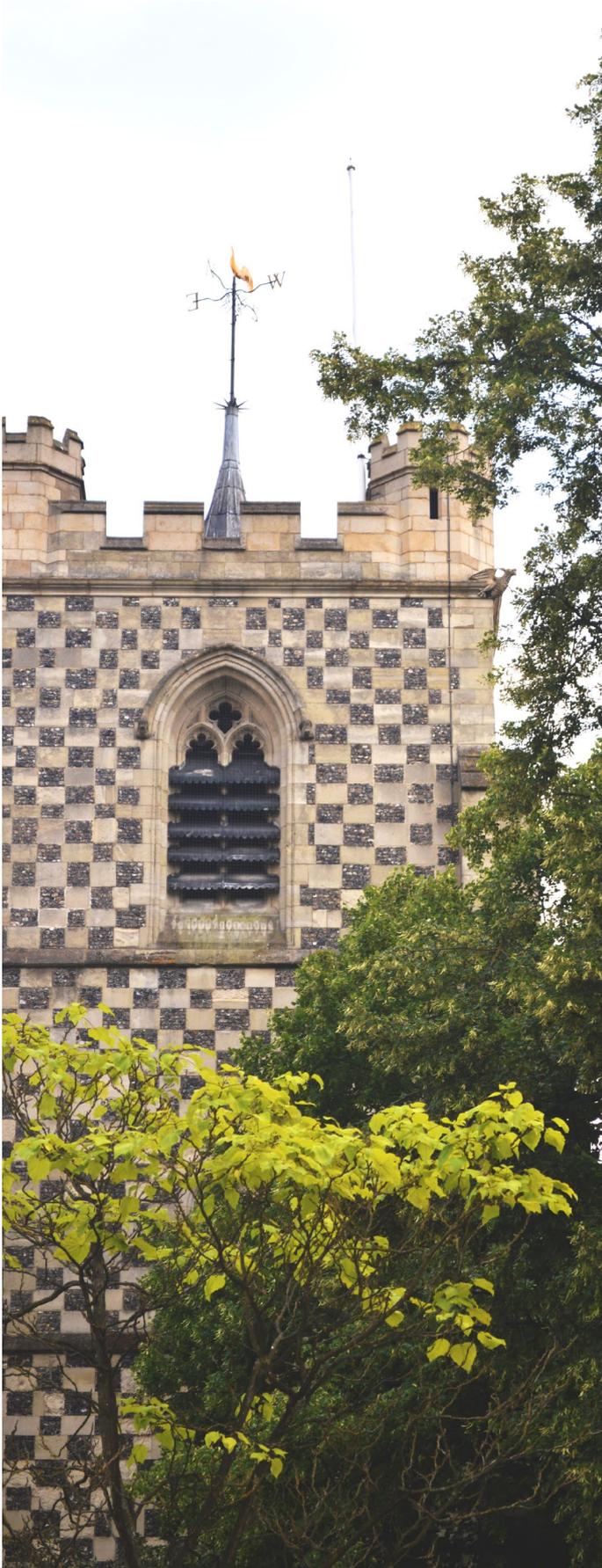
Adopt and encourage partners and commissioned services to adopt health-for-all work policies to help ensure that Luton develops as a healthy town.

Aspiration 10

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Aspiration 11

Develop an asset-based commissioning strategy that enables communities to design the services that best meet their needs in order to deliver systemic innovation and whole system change.



2016 Public Health Annual Report

Our last report recognised adolescence (between 10-19 years of age) as a life stage of significant neural, emotional and physical development which represents one of the critical transitions in the life span. Behaviour patterns established during this period can have a lasting effect on future health and wellbeing, therefore embedding health and healthy behaviours at this age; preparing and protecting them from health risks is critical to prevent poor health in adulthood. It is important for young people to understand the relationship between behaviour and consequences and the control they can have over their own health and wellbeing decisions and the report made recommendations to achieve this. The table below shows the progress made to implement the recommendations.

Recommendation

The use of information and data needs to drive services will be the measure by which we evaluate service impact and the outcomes for young people. Therefore, the first recommendation is to tackle the lack of access to up-to-date data to inform business planning and outcomes.

Recommendation

In line with Luton's emerging Strategic Vision for Sport and Physical Activity 2017-21 there should be greater participation encouraged in healthy exercise and supporting schools to:

- Engage ME TIME women's and girls' participation programme, in order to address the decline in girls' enjoyment and participation levels in sport and physical activity between Year 8 and Year 10.
- Provide local communities with access to their facilities for sport and physical activity via the 'Community Access to Schools Programme'. This programme supports schools through a range of business planning, networking and marketing tools to enable greater levels of community access to their facilities, in recognition that schools are often viewed as the safest, most suitable and high quality facilities locally available.

Achievement

There is now a clearer focus on agreeing information and data needs across health and social care in order to better understand the needs of young people, monitor and be more responsive to changes in need. This improvement is seen especially in social care. There does remain a gap in ensuring a representative voice for young people and making that happen is a priority.

Achievement

The community sports strategic group has targeted and engaged with over 20 schools and formal Community Use Agreements are in place within 12 of the targeted schools.

Depending on appropriateness of each site, regular community use of between 1 and 20+ hours are recorded per site (currently giving in excess of 120 hours of weekly community use across the targeted schools at the most recent calculation).

These targeted schools all show a willingness to engage with their community and open up their facilities to the best of their ability.

The Active Education and Communities Team, in partnership with TB&L, NGBs and other organisations, continue to offer support to the schools in opening up their facilities.

ME TIME activity is offered at a range of schools, aimed at 14-16 year olds and there is a focus on the promotion of ME TIME gym sessions and swimming in Luton leisure centres.

Recommendation

Young People in schools are a captive audience and the PHSE programme should focus on what the school health profiles and the health feedback from schools-based surveys completed by students have identified as priorities.

Achievement

Age appropriate Relationship and Sex Education (RSE) programmes are now available for both primary and secondary schools with a newly established working group with schools taking responsibility for the secondary RSE programme and PSHE curriculum forward.

Wellbeing days are taking place in some schools and year groups are taken off timetable for the day to focus on health as a priority.

A new role, Student Wellbeing Ambassadors has been created to promote a formal consistent whole school approach to wellbeing.

The Council has supported schools on projects (through School Health & Wellbeing Award) that aim to tackle health priorities.

A model emotional health and mental wellbeing policy has been created for schools and colleges. Included in the policy are school training opportunities, curriculum resources/ tool kits along with an emotional health and mental wellbeing whole school review tool.

Work has progressed to tackle knife crime through a partnership between YOS and Voyage to create projects which target the development of skills in primary schools. This preventative resource is aimed at year 5 and year 6 pupils and is accompanied with training for staff provided by PH to strengthen protective factors with regard to knife crime.

Recommendation

No health without mental health needs to be more than words and therefore policies and services need to ensure that the impact of poor mental health is understood, that resilient teenagers need to be psychologically competent and that mental ill-health increases the risk of poor physical health and reduces the ability for independence.

Achievement

A comprehensive needs assessment of the mental health and emotional wellbeing of children and young people in Luton has been completed to inform our review of services.

A multi-agency emotional wellbeing strategy for children and young people in Luton has been formed to:

Increase awareness of services to families and schools through development of a directory of local services, which will be used to create a children and adolescent mental health care pathway.

More than 200 staff employed in secondary schools have been trained in Mental Health First Aid which supports identification of poor mental health and ways to manage children more effectively.

More effective prevention and early intervention services, including school nursing and CAMHS school link professionals working together in Luton schools to increase understanding and support schools and young people.

Development of a whole-school approach to anxiety, bullying and self harm.

Improving our understanding of adverse childhood experiences and how they impact on the mental health and emotional wellbeing of children and young people and how we can mitigate the long term health risk we know is a result of exposure.

Recommendation

Luton Council should take a lead role and implement the recommendations from the Toxic Trio and Perinatal Mental Health Need Assessments and Adverse Child Experiences.

Achievement

A Substance Impact Champion Programme has been established that trains staff to identify hidden harm and the need to support parents with their substance misuse. Universal and targeted programmes for perinatal mental health have been developed and while more than 850 professionals have been trained there remains considerable demand for improved services that we have made an STP priority.

As part of the Adverse Childhood Event (ACE) work, there has been identification of best practice in other areas to address these issues including raising awareness and how we assess and respond at a population level. The integrated alcohol and drug service, ResoLUTiONs, is co-located with early help team and Multi-agency Safeguarding Hub (MASH) and are looking to provide the same at CAMHS – providing rapid access to advice, information and support.

ResoLUTiONs assess each individual for hidden harm on presenting to service allowing them to deliver appropriate interventions and make referrals on to specialist services. There are four drug and alcohol workers based in the new family safeguarding team ensuring that alcohol and drug advice and interventions are embedded in the work.

ResoLUTiONs are working to develop peer educators in schools and offering drug and alcohol awareness sessions at parents' evenings to dispel myths and improve parents understanding and knowledge of alcohol and drugs, types of use and to offer support and guidance on how to support their children.

Recommendation

School Nurses, PHSE providers, parents and schools need to work together to prioritise health and wellbeing need, build resilience while young people are at a stage in life when they form life-long lifestyle behaviours.

Achievement

Schools nurses are now delivering drop in sessions in schools, where young people can refer themselves or teachers can direct young people to seek information and guidance. To support this CHAT health, an online information and counselling service is being implemented.

To support Personal, Social and Health Education, a health in schools manager is coordinating quality assured providers to focus on school health priorities, for example sexual health, and the MACK School project, a resilience programme for young people. In addition some schools have recognised what that targeted Mindfulness sessions have the means to support wellbeing and improve behaviour in schools.

Some schools have also signed up to parent workshops that address the negative effect of the internet (including MH) and how to work with

Recommendation

Local organisations should consider a partnership and shared strategic focus not only on adolescents but include all school aged children.

Achievement

A children's strategic leadership group has been established to agree priorities and work collaboratively to achieve better outcomes. The focus in year one has been emotional and mental health and unplanned care, In year two the main outcome will be a more robust Autistic Spectrum Disorder (ASD) care pathway.

Recommendation

Improving policy development for children and young people's commissioning and putting this into practice should start with a gap analysis against six principles that include the development of a child and young people's commissioning forum to ensure that children and young people are making decisions about services that are being commissioned for them.

Achievement

The children's Integrated Commissioning Team has taken the following steps against the 6 principles

Working across the council and other community service providers to identify where children and young people are being engaged in views and service developments and starting the process of developing a children and young person commissioner forum.

Bringing Children's Commissioner to support existing and new commissioning to improve services.

Reviewing the current Joint Strategic Needs Assessment (JSNA) in relation to adolescent information to support development of improved services and link population demands to need to service

Supporting the council People Directorate to change the service model to increase the focus on prevention (Early Help, Stronger Families and Family Safeguarding Model) and move upstream from a specialist (Social Work) focus.

Introduction of supporting documentation to capture positive social capital for looked after children.

Putting childhood development in our commissioning strategies as a mandatory requirement.



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