

**A Healthier Future
Improving Health and Wellbeing in
Luton
2012 – 2019**

2016 Refresh

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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. Luton's Health and Wellbeing Board has decided that the major focus for the next three years should be homelessness and housing. We might expect somewhere decent to live to be a basic human right but there are many people who live in poor housing or have no fixed place to live. Poor accommodation is often associated with other difficulties that can also have a severe impact on health and wellbeing such as limited work opportunities and a poor environment. Luton, like so many towns, has a significant number of people who urgently need better accommodation than they have.

By working together, the partners on Luton's Health and Wellbeing Board can have a real impact on the lives of some of our more vulnerable citizens. We can ensure that people who are homeless or who live in poor accommodation have good access to health and do not suffer avoidable disadvantage caused by where they live. We can provide support so that people are able to find – and remain in - accommodation that meets their needs.

Many of the actions that we will need to take will be long-term. Increasing the supply of housing is one of the cornerstones of the Luton investment Framework which will take us to 2035. In the next three years we can make some real changes that can benefit people whose lives are blighted by the lack of a decent home. Real success will come from public services working with Luton's community, building on all our strengths to maximise the benefits of good housing and good health.



A handwritten signature in black ink, appearing to read 'H. Summers'.

Chair of the Health and Wellbeing Board,
Leader of Luton Borough Council

The purpose of the strategy

This strategy was developed following a review of the strategy originally published in 2012. The review focused on identifying where progress has been made and the barriers that affected progress in other areas. The Health and Wellbeing Board agreed a new approach that included taking a system-wide focus on one key area that:

1. can only be improved by working together as a board
2. will have a significant impact on reducing health inequalities, and
3. has a longer-term impact beyond the period of the strategy.

The board agreed on 12 November 2015 that until 2019 the focus would be on homelessness and housing; part of which will be to carry out a stocktake of progress on action in relation to homelessness and housing; identifying areas where more attention may be needed. In parallel the board will:

- ensure that the priorities are in line with the findings of the Joint Strategic Needs Assessment (JSNA)
- explore and test future governance arrangements that can best support the implementation of the strategy in advance of the rewrite of the Health and Wellbeing Strategy in 2019.

Why does Luton need a Health and Wellbeing Strategy?

No single organisation can single-handedly improve the health and wellbeing of Luton's residents. Our [Joint Strategic Needs Assessment \(JSNA\)](#) makes it clear that Luton faces a number of interconnected health and wellbeing challenges and it provides [24 strategic recommendations](#) for action.

The JSNA identified the key drivers for change and made strategic recommendations in four key areas (full details in appendix 1):

1. **Healthy place** – create an environment that promotes health and wellbeing and helps reduce inequalities
2. **Healthy start** – support all children to realise their full potential through the coordination of early years' support
3. **Adult wellbeing**- improve physical and mental wellbeing by supporting adults to have a greater ability to manage their own lives, to create stronger social relationships and to have access to improved care when they need it
4. **Ageing well** – support older people to age well and maintain their independence, building their resilience, and giving them information and opportunities to make positive choices about their lives.

Within these strategic recommendations, 'homelessness and housing' is a fundamental element of improved health and wellbeing and has an impact throughout the life-course from childhood into adulthood and older life. This is one area where coordinated focus is needed not only to improve homelessness and housing outcomes, but to have an impact on a set of much broader health and wellbeing outcomes.

There has been a long-term commitment from agencies across the borough to improve health and wellbeing outcomes together. Whilst there have been improvements in recent years (figure 1), our death rates are still higher than the England average and our residents still suffer poorer health for longer compared with other similar towns.

This strategy provides the direction for that shared goal for the next three years, overseen by the Health and Wellbeing Board.

Figure 1. Positive and negative changes in outcomes since the last JSNA in 2011.

Positive changes	Undesirable changes
<p>Increased:</p> <ul style="list-style-type: none"> • life expectancy • those dying at home • road safety • educational performance 	<p>Increased:</p> <ul style="list-style-type: none"> • fuel poverty • winter deaths • households in temp accom. (homelessness) • low birth wt babies • child dental decay • Yr 6 obesity & adult • looked after children • hip fractures
<p>Reduced:</p> <ul style="list-style-type: none"> • life expectancy gap (females) • infant deaths • Yr R obesity • inactive adults • teenage pregnancy • suicides • alcohol admissions and crime • smoking prevalence, • premature deaths from cancer 	<p>Reduced:</p> <ul style="list-style-type: none"> • outdoor space utilisation

What is the role of the Health and Wellbeing Board?

The primary function of the Board is to bring together the leaders from across the Borough to work in a placed based approach, in partnership, with a shared agenda, to improve the health and wellbeing of Luton’s residents in the most effective, efficient and equitable way.

The Board has responsibility for ensuring the engagement of the local community in improving health and wellbeing and includes representation from Healthwatch Luton who will gather people’s views. The Board will be accountable to local people through having local councillors as members.

The fundamental tasks of the Board will be to:

1. provide direction and vision, acting as a guiding partnership, offering partners the opportunity for shared decision-making to deliver shared outcomes
2. enable partnership working to deliver coordinated borough wide action, rather than independent organisational responses
3. provide strong governance, to monitor progress against a single set of agreed outcomes and objectives and hold partners to account.

The Board will help develop a sustainable financing model for the Borough, including combining resources, agreeing how these flow to and between providers; sharing costs, risks and rewards. This will be a shift from organisational to place-based financing, identifying the best places to invest and disinvest to achieve the best outcomes for Luton people.

The Health and Wellbeing Board will work with and influence, partner organisations outside the board to contribute towards achieving the outcomes agreed within this strategy, particularly engaging residents in co-producing solutions.

How will we implement the strategy?

This strategy is focused on the areas where we plan to make a significant difference in homelessness and housing. Deliberately it does not include many of the business as usual but very important actions that support health and wellbeing. It shows how Luton will respond to improving the key outcomes during the period 2016 – 2019.

Specific partnership delivery boards, reporting to the Health and Wellbeing Board, will be given the responsibility for driving forward the achievement of our priority outcomes. The chairs of the delivery boards will be members of the Health and Wellbeing Board.

Our guiding principles and approach to delivery

In order to deliver the strategy within the context of increasing inequalities, decreasing budgets, and increasing integration the Board has agreed that it will take the following approaches to improve the health and wellbeing outcomes for our citizens whilst safeguarding our most vulnerable (Figure 2).

Figure 2. Health and wellbeing Board approach to delivery.



How we will develop our plans?

The delivery boards will take a consistent approach to creating action plans to achieve the priority outcomes and the Health and Wellbeing Board will ensure that they are coordinated.

The Boards will:

- **Identify the resources** that are available - including skills, knowledge and networks within the community – and the opportunities to maximise healthy lives either both by promoting health and preventing illness.
- **Assess what works** learning lessons from what has been successful or not in other areas and the implications for Luton
- **Allocate resources** to achieve the outcomes to ensure the approach is effective, efficient and equitable
- **Evaluate progress** against priorities, taking into account any contextual changes, in order to maximise the impact of work undertaken.

The Health and Wellbeing Board will provide effective governance to ensure delivery and harness commitment, channelling it into shared purpose to ensure the success of the refreshed strategy. This approach will be refined over the coming years to inform the new Health and Wellbeing Strategy in 2019.

How will we know we have been successful?

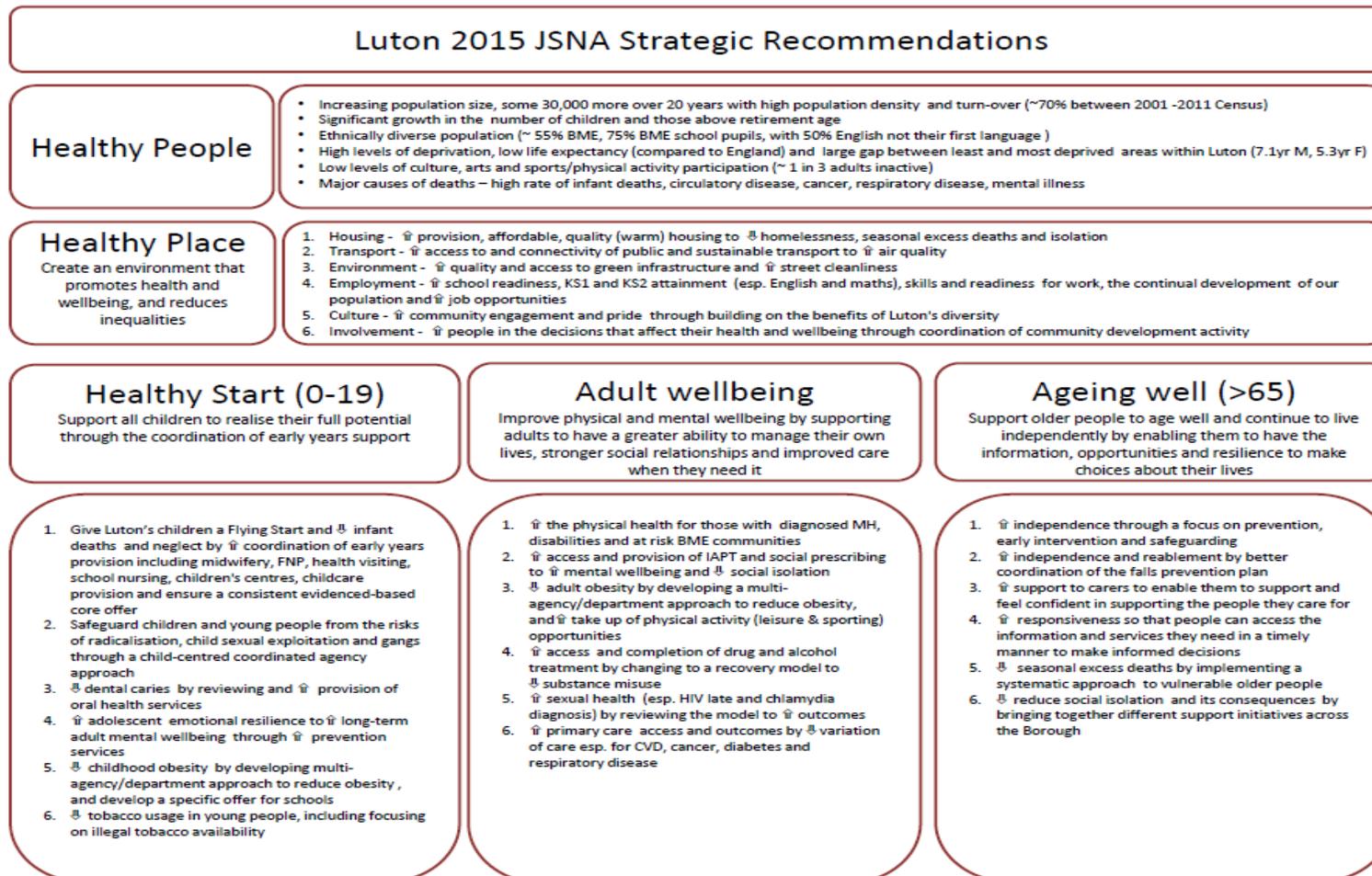
The overall success of the strategy will be measured through improvements in a small number of overarching outcomes as set out below from a baseline of 2015 to 2019. Specific improvements in these indicators will be developed by the Delivery Boards and agreed with the Board. Updates on progress will be given bi-annually by the delivery boards.

What is being measured	Indicator type	Good is	RAG from England Report Year		Change	Trends	Notes	England 2015	Time period	Slough	Hillingdon	Redbridge	Wolverhampton	Birmingham
			Previous period	2015 baseline										
Family homelessness rate per 1,000 households	Rate	Low	5.7	No data suppressed due to low numbers	-			1.7	2013/14	1.9	0.5	3.1	2.8	7.3
Statutory homelessness - homelessness acceptances	Crude rate per 1,000	Low	7.3	9.2	▲			2.3	2013/14	1.4	2.9	4.3	3.3	7.6
Fuel Poverty	Proportion	Low	12.8	13.4	▲			10.4	2012	10.0	9.1	10.8	18.3	20.1
Excess Winter Deaths Index (Single year, all ages)(persons)	Ratio	Low	17.1	15.3	▼			20.1	Aug 2012 - Jul 2013	30.4	9.9	37.5	23.9	22.3
Statutory homelessness - households in temporary accommodation	Crude rate per 1,000	Low	9.8	12.6	▲			2.6	2013/14	1.6	5.3	19.8	0.6	1.8
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital	Proportion	High	72.7	82.6	▲			82.5	2013/14	100	83.3	80.9	85.7	86.9
% of adults in contact with secondary mental health services who live in stable and appropriate accommodation (persons)	Proportion	High	77.2	68.9	▼		Significance not measured	60.8	2013/14	85	82.5	84.8	79	66.5
Adults with learning disabilities living in severely unsatisfactory accommodation (%)	Proportion	Low	Nobody in this category	Nobody in this category	-	N/A*		0.25	2013/14	Nobody in this category	0.5			
Adults with learning disabilities in non-settled accommodation	Proportion		17.4	31	▲			21.7	2013/14	19.6	30.8	22.1	28	26.5
Social Isolation: % of adult social care users who have as much social contact as they would like	Proportion	High	43.2	41.5	▼			44.5	2013/14	37.5	41.8	50.0	45.2	46.8
Injuries due to falls in people aged 65 and over (persons)	Age standardised rate per 100,000	Low	1,805	1,966	▲			2,064	2013/14	2,435	2,308	2,077	1,489	2,194

* No adults in recent years

Significantly worse than England average	Significantly higher than England
Not significantly different from England average	Significantly lower than England
Significantly better than England average	

Appendix 1. Luton 2015 JSNA Strategic Recommendations



[The full JSNA](#)