The Luton Health Inequalities Strategic Plan

Taking a health in all policies approach

2015- 2020

Contents

Introduction

Luton's first partnership strategy to reduce health inequalities was developed by the Primary Care Trust (PCT) in partnership with Luton Borough Council (LBC) in 2010. Since then, the political and policy landscape in which we are now operating has changed. Local authorities have assumed responsibility for Public Health and play a key role in improving health and reducing health inequalities. Health and wellbeing boards have been set up and health and wellbeing strategies are in place. In addition, there is a growing body of evidence on the most effective interventions for reducing health inequalities.

This plan takes account of these changes and adopts a different approach to reducing inequalities within Luton. It builds on the following key findings from the Marmot review of health inequalities *Fair Society, Healthy Lives*[i] **:**

- There is a social gradient in health – the lower a person's social position, the worse his or her health. Action should focus on reducing the gradient in health.
- Health inequalities result from social inequalities. Action on health inequalities requires action across all the social determinants of health.
- Focusing solely on the most disadvantaged will not reduce health inequalities sufficiently. To reduce the steepness of the social gradient in health, actions must be universal, but with a scale and intensity that is proportionate to the level of disadvantage (proportionate universalism).

To support the effective implementation of this plan we will adopt the 'Health in All Policies' (HiAP) approach which recognises that health is influenced by a range of social, environmental and economic factors which are beyond the remit of the health sector. In order to effectively influence population health, health considerations need to be integrated into and broader range of related policy areas such as employment, education and social policy to support health equity. A HiAP approach ensures that health and health equity considerations become part of the decision-making process and provide a means to identify and avoid those unintended impacts of public policy and ultimately reduce health inequalities. To support the effective implementation of this plan we will strengthen the Integrated Impact Assessment process to ensure that greater account is taken of the health impact of LBC policy decisions. The plan will also have an increased focus on prevention and early intervention by improving access to non-medical health and wellbeing interventions.

Progress 2010-2015

Life expectancy increased for both males and females over the period of the last strategy and the gap with England reduced. However, the life expectancy gap between the most and least deprived areas within Luton increased and healthy life expectancy is three years less than the England average. Table 1 shows the movement of the key indicators over the period of the last strategy (2010-2015).

Table 1

Overarching Indicators	2006-08		Latest data		Gap with England
	Luton	England	Luton	England	
Male Life Expectancy	76.7	77.9	78.4	79.4	narrowing
Female Life Expectancy	80.4	82.0	82.3	83.1	narrowing
Healthy Life Expectancy - male	60.6 (09-11)	63.2 (09-11)	59.3	63.3	widening
Healthy Life Expectancy - female	59.6 (09-11)	64.2 (09-11)	59.9	63.9	narrowing
Infant Mortality	5.9	4.7	5.1	4.0	narrowing
Life expectancy gap between most and least deprived areas in Luton– males	8.9	n/a	9.8	n/a	widening gap within Luton
Life expectancy gap between most and least deprived areas in Luton – females	6.4	n/a	6.6	n/a	widening gap within Luton

Although some progress has been made, the widening gap within Luton indicates that there is still a lot of work to do to reduce the social gradient in health. Since 2010 there have been a number of interventions put in place which, if appropriately targeted should lead to a reduction in the social gradient in health. These include:

- Key workers working as part of the community midwifery team to provide primary prevention and early help to 'mums and dads to be' in two of the most deprived wards in Luton

- Implementing the 'Five to Thrive' approach to support parents with five key messages about understanding the importance of their babies brain development and attachment
- 'Baby Babble' pilot focused on supporting attachment in a universal setting with targeted families
- Introduction of the 'Pupil Premium' providing additional funding for to raise the attainment of disadvantaged pupils from reception to year 11.
- A Luton wide apprenticeship strategy to Increase the number of Luton employers recruiting apprenticeships and increase the take up of apprenticeships by Luton residents
- Delivery of Employment, Training and Skills Fairs to increase the number of out of work people moving into employment or training.
- Decent Homes Assistance providing support to applicants to repair their properties
- Adopting the living wage for all Council employees
- Targeted work in Children's Centres with Adult Education and Job Centre Plus on personal budgeting and money management targeting families living on low income
- Provision of self-help workshops for welfare benefits, employment rights, debt and financial literacy
- Adopting prevention and early intervention as a Council priority including the commissioning of an integrated lifestyle service and developing a model for a social prescription programme.

The effective delivery of this plan cannot be achieved by one organisation alone. It will require commissioners to work closely with providers in all sectors - local authority, the NHS as well as the third and private sectors and community groups. Many of our partner organisations are already improving the health of local people every day and we want to ensure that this strategic plan provides opportunities for us to work in a systematic way, ensuring that the most vulnerable people in Luton are supported and that health inequalities are being addressed at every opportunity.

What do we mean by Health Inequalities?

Health inequalities refer to differences in people's health and life chances. Health inequalities are strongly related to the conditions in which people live, such as their income, employment status or the area they reside in. In Luton, for example, those living in the richer areas will live, on average, eight years longer than those who live in the more deprived areas.

Most studies agree that the contribution of health care, although important, is responsible for less than half of our health. The biggest contributor is the wide bundle of factors wrapped up in the phrase 'the wider determinants of health', those factors that are not health care, behaviours or genetics. Determinants of health and health outcomes can affect different groups in different ways. Vulnerable groups and excluded groups both tend to face multiple problems, suffer from worse health and have poorer access to services.

What is driving the national agenda?

The Health and Social Care Act 2012 contains the first ever specific legal duties on health inequalities. The Secretary of State for health has a duty to have regard to the need to reduce inequalities covering the NHS and public health functions for the whole population. NHS England (NHSE) and CCG's have duties to have regard to the need to reduce inequalities in access to health services and the outcomes achieved for patients.

The Act gave local authorities the responsibility for improving the health of the local population and reducing health inequalities is incorporated within guidance on Joint Strategic Needs Assessments, Joint Health and Wellbeing Strategies and is a condition of the ring fenced public health grant.

Public Health England exists to protect and improve the nation's health and wellbeing, and reduce health inequalities[ii]. *From evidence into action: opportunities to protect and improve the nation's health* (2014) sets out PHE's priorities for the next five years and recognises that action on health inequalities requires action across all the wider determinants of health.

Fair Society, Healthy Lives (The Marmot Review)[iii] – In November 2008, Professor Sir Michael Marmot chaired an independent review to propose the most effective evidence-based strategies for reducing health inequalities in England from 2010. The report showed that socio-economic inequalities affect health outcomes and confirmed that there is a social gradient in health. Those who are best off financially do best on health outcomes too, with the converse true for the poorest. The key findings from the report suggest that in order to tackle health inequalities, strategy, policy and interventions need to:

- involve people across the social gradient but be proportionately targeted to those with the greatest need
- be developed in partnership with local authorities and community groups and tackled at the community/individual level
- address the wider social determinants of health
- act across the life course, early interventions can be most effective
- recognise that reducing health inequalities is vital for the economy, it's too expensive not to act
- involve people at the local/community level.

The public health policies of the current government have been heavily influenced by the Marmot review and the Public Health White Paper *Healthy Lives, Healthy People*[iv] adopts the Marmot life course framework for tackling the wider social determinants of health.

Inequalities in Life Expectancy: Changes over time and implications for policy[v]

This report from the Kings Fund examines how the relationship between income deprivation and life expectancy has changed over time and looks at the impact of other variables such as employment, housing deprivation, income and diet.
Key findings:

- The social gradient in life expectancy improved between 1999–2003 and 2006–10. In short, income-related inequalities in life expectancy improved
- Employment, housing deprivation and income deprivation among older people and some lifestyle factors including binge drinking and fruit and vegetable consumption are the most important in explaining differences in life expectancy between areas in 2006-10
- Low employment housing deprivation and smoking are among the factors that distinguish areas with persistently low life expectancy over time

The Public Services (Social Value) Act (2012[vi]) requires that public bodies in England and Wales must consider:

- how what is being proposed to be procured might improve the economic, social and environmental well-being of the relevant area, and
- how, in conducting the process of procurement, it might act with a view to securing that improvement.

The Act covers public service contracts but not goods contracts. Social value is about seeking to maximise the additional benefit that can be created by procuring or commissioning goods and services above and beyond the benefit of merely the goods and services themselves.

The Social Value Act gives the opportunity to consider a wider definition of value than purely economic cost, therefore using the Act can enable public sector bodies to consider the potential positive impact on health and wider determinants of health of certain commissioning and procurement decisions.

What is driving Luton's strategic direction?

The following reports, strategies and plans provide the strategic direction for addressing health inequalities in Luton

- Luton Borough Council Corporate Plan 2014-17[vii]
- Investment Framework (2015-2035)[viii]
- Joint Strategic Needs Assessment (2015)[ix]
- Annual Public Health Report[x] (2013-14)
- Health and Wellbeing Strategy(HWBS)[xi]
- Better Together Programme.

Luton Borough Council Corporate Plan 2014-17

This Corporate Plan provides a picture of the current status of the authority and highlights the Council's priorities and plans for service delivery to 2017. In 2013 the Council produced its Prospectus, which sets the direction for the authority to 2016 in response to the changing economic environment. The prospectus, based on a three point plan, highlights the link between health and some of the key wider determinants. It is based on the premise that more businesses will create more jobs; investment in education and training will help local people to get those jobs and this will increase their resilience, improve their health and reduce their need for public services. The three key themes in the prospectus are:

- business and growth
- education and lifelong learning
- safe, supported and healthy.

The Council's strategic priorities outlined in the Corporate Plan support the three themes of the Prospectus (table 2). Improving Health and Promoting Health Equity is a key priority within the Safe, Supported and Healthy theme and supports the development of this strategic plan.

Table 2

Prospectus	Strategic Priorities
Business and Growth	Create a vibrant environment where businesses thrive and prosper
	Protect and enhance the quality of the natural and built environment
Education and lifelong learning	Improve life and learning opportunities and skills for all
Safe, supported and healthy	Empower, support and protect the vulnerable
	Improve health and promote health equality
	Reduce crime, antisocial behaviour and the fear it causes
	Strengthen community cohesion
Crosscutting	Ensure a financially sound and efficient Council

Investment Framework 2015-2035 builds on the prospectus themes by setting out clearly in one place the investment opportunities that exist in Luton and how Luton Borough Council and its partners will work to improve life chances and to deliver economic growth in the period from 2015-2035. Over the next 20 years there are opportunities to: create over 18,000 jobs, with over 15,000 in the next 10 years; increase housing supply with 5,700 new homes; plan for community facilities to meet the needs of our frail and elderly; sustain economic growth; grow the airport and its European business links; improve public health outcomes; increase education provision; invest socially in families and our community; improve connectivity with London and the region; increase access to leisure facilities and improve our environment. Having a joined up plan to address health inequalities in Luton is a key priority within the investment framework.

The Joint Strategic Needs Assessment (JSNA) 2014-18 provides a comprehensive analysis of the current and future health and wellbeing needs of people in Luton. The needs assessment recognises the stark inequalities that exist both within the borough and between Luton and the rest of the country and reducing these inequalities is the overarching priority of the JSNA. This health inequalities strategic plan will provide a framework for addressing the key recommendations in the report.

Annual Public Health Report (2013-14)

The Luton 2013-14 Annual Public Health Report focussed on the 'wider determinants of health' and made some specific recommendations for action including:

- refresh the Health Inequalities Strategy with a specific focus on the wider determinants of health
- develop and support initiatives to ensure Luton residents in work have a sufficient income to fund a healthy lifestyle
- prioritise early years by increasing support for families to achieve improvements in early child development, and continue to improve the quality of pre-school education to ensure a healthy start in life
- increase awareness of mental health issues in the workplace to reduce stigma and discrimination through Mental Health First Aid (MHFA) training
- continue to support people into employment through skills and employability programmes with a particular focus on people with mental health issues and disabilities
- ensure strategies to tackle community safety issues such as violence and sexual exploitation incorporate evidence-based, preventative interventions.

These recommendations have been included within this strategy.

Luton's Health and Wellbeing Strategy 'A Healthier Future' (2012-19) provides the strategic direction for improving health and reducing inequalities in Luton. It will be refreshed in 2015 to bring it in line with the new JSNA recommendations. This strategic plan will be closely

aligned with the Health and Wellbeing Strategy, adopting the principles and providing more detail on how one of the three key outcomes will be achieved: Reduced Health Inequalities within Luton.

Improving access to health and wellbeing is a key priority within the Luton Better Together programme. The Better Together Board has agreed to scope out how a range of current services can work together with the aim of keeping people well. This includes Luton Access, Live Well Luton, Active Luton, Adult Social Care prevention work and social prescription. The proposed model will reconfigure services through the creation of an integrated neighbourhood based programme. This will also help clinicians address the wider social determinants of health by building an infrastructure that connects people with long term conditions and multiple co-morbidities with non-medical interventions that promote health, wellbeing, and social inclusion.

The framework for reducing health inequalities in Luton

While individuals' behaviours do matter (for example, studies show around half of the health inequalities between rich and poor are the result of smoking[xii]), the reality is that our health is impacted by a range of wider determinants including:

- good employment
- higher educational attainment
- safe, supported, connected communities
- poor housing and homelessness
- living on a low income
- social isolation, exclusion and loneliness
- stigma and discrimination.

The Marmot review concluded that reducing health inequalities would require action on six policy objectives. The health inequalities strategic plan will be framed around these six objectives:

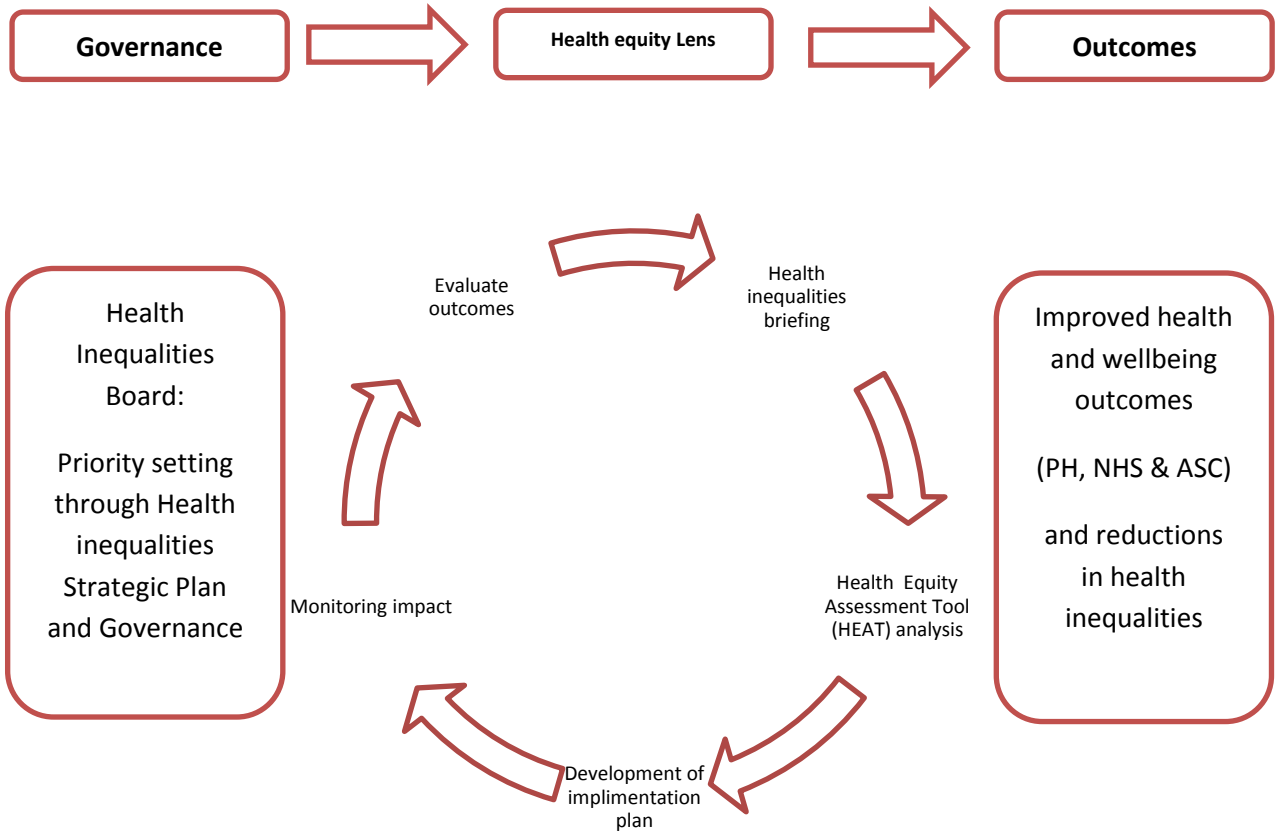
1) giving every child the best start in life
2) enabling all children, young people and adults to maximise their potential and have control over their lives
3) creating fair employment and good work for all
4) ensuring a healthy standard of living for all
5) creating and developing healthy and sustainable places and communities

6) strengthening the role and impact of ill health prevention

Improving health and closing the gap between those with the most and those with the least requires action across all of these.

This plan should be seen as an overarching framework that brings together the key priorities and actions in the JSNA and existing corporate and departmental strategies and plans to address health inequalities in Luton.

Luton's conceptual model for reducing Health Inequalities



The Health equity Lens process involves an assessment of health inequalities against the protected characteristics (under the Equality Act 2010) and socioeconomic factors. The PHE Health Equity Assessment Tool[xiii] (appendix 1) will be used in the development of implementation plans, considering the evidence briefing.

Implementation plans will be signed off by the Health Inequalities Board, ensuring there is appropriate monitoring of outcomes and equality dimensions. Action will then be evaluated. Outcomes on the priorities will be monitored including equality dimensions, which will inform the agreement of future priorities.

Evidence and Best Practice

Using and promoting evidence based practice is key to the delivery of effective health improving programmes. We will, wherever possible use the best available evidence from a range of sources. NICE provides a wide range of reviews of effectiveness of public health programmes. However, not all of the topics we want to focus on or the groups where we know there are health inequalities are covered by NICE guidance. In these cases, we will use other evidence based reviews such as those from the Cochrane Collaboration, the national Library for Public Health and in published reviews in peer reviewed journals.

Where evidence is not available we will use best practice guidelines to develop programmes to address our priorities and ensure that there are measures of effectiveness embedded in each programme as well as robust evaluation.

The following national reviews have highlighted what local health and wellbeing systems should be addressing to deliver improved population health and to reduce health inequalities in effective as well as cost effective ways and can be used to inform action planning. The key recommendations are summarised in Table 3.

Table 3

Action to reduce health inequalities in Luton should focus on the six Marmot objectives outlined above. In addition to these six policy objective, the Marmot review provides the following evidence based recommendations: **Source: http://www.instituteofhealthequity.org/projects/fair-society-healthy-lives-the-marmot-review**	
Objective	**Recommendations**
1. Give every child the best start in life	1a. Increase the proportion of overall expenditure allocated to the early years and ensure expenditure on early years development is focused progressively across the social gradient

	1b. Support families to achieve progressive improvements in early child development, including: • Giving priority to pre- and post-natal interventions that reduce adverse outcomes of pregnancy and infancy • Providing routine support to families through parenting programmes, children's centres and key workers, delivered to meet social need via outreach to families • Developing programmes for the transition to school
	1c. Provide good quality early years education and childcare proportionately across the gradient. This provision should be: • Combined with outreach to increase the take-up by children from disadvantaged families
2. Enable all children, young people and adults to maximise their capabilities and have control over their lives	2a. Ensure that reducing social inequalities in pupils' educational outcomes is a sustained priority.
	2b. Prioritise reducing social inequalities in life skills, by: • Extending the role of schools in supporting families and communities and taking a 'whole child' approach to education • Consistently implementing 'full service' extended school approaches • Developing the school-based workforce to build their skills in working across school home boundaries and addressing social and emotional development, physical and mental health and well-being.
	2c. Increase access and use of quality lifelong learning opportunities across the social gradient, by: • Providing easily accessible support and advice for 16–25 year olds on life skills, training and employment opportunities • Providing work-based learning, including apprenticeships, for young people and those changing jobs/careers • Increasing availability of non-vocational lifelong learning across the life course.
3. Create fair employment and good work for all	3a. Prioritise active labour market programmes to achieve timely interventions to reduce long-term unemployment.

	3b. Encourage, incentivise and, where appropriate, enforce the implementation of measures to improve the quality of jobs across the social gradient, by: • Ensuring public and private sector employers adhere to equality guidance and legislation • Implementing guidance on stress management and the effective promotion of wellbeing and physical and mental health at work
	3c. Develop greater security and flexibility in employment, by: • Prioritising greater flexibility of retirement age • Encouraging and incentivising employers to create or adapt jobs that are suitable for lone parents, carers and people with mental and physical health problems
4. Ensure healthy standard of living for all	4a. Develop and implement standards for minimum income for healthy living
	4b. Remove 'cliff edges' for those moving in and out of work and improve flexibility of Employment
5. Create and develop healthy and sustainable places and communities	5a. Prioritise policies and interventions that reduce both health inequalities and mitigate climate change, by: • Improving active travel across the social gradient • Improving the availability of good quality open and green spaces across the social gradient • Improving the food environment in local areas across the social gradient • Improving energy efficiency of housing across the social gradient.
	5b. Fully integrate the planning, transport, housing, environmental and health systems to address the social determinants of health in each locality.
	5c. Support locally developed and evidence based community regeneration programmes that: • Remove barriers to community participation and action • Reduce social isolation
6. Strengthen the role and impact of ill health prevention	6a. Prioritise investment in ill health prevention and health promotion across government departments to reduce the social gradient.
	6b. Implement an evidence-based programme of ill health preventive interventions that are

	effective across the social gradient by: • Increasing and improving the scale and quality of medical drug treatment programmes • Focusing public health interventions such as smoking cessation programmes and alcohol reduction on reducing the social gradient • Improving programmes to address the causes of obesity across the social gradient.

The Institute of Health Equity have produced a series of evidence reports and briefings about practical, local actions to reduce health inequalities. The series includes eight evidence reviews and fourteen complementary short briefings. They cover topics from five of the six policy objectives of the Marmot Review:
Source: http://www.instituteofhealthequity.org/projects/local-action-on-health-inequalities-series-overview

	Health Equity Evidence Reviews	**Health Equity Briefings**
Early Intervention	1. Good quality parenting programmes and the home to school transition	1a. Good quality parenting programmes
		1b. Improving the home to school transition
Education	2. Building children and young people's resilience in schools	2. Building children and young people's resilience in schools
	3. Reducing the number of young people not in employment, education or training (NEET)	3. Reducing the number of young people not in employment, education or training (NEET)
	4. Adult learning services	4. Adult learning services
Employment	5. Increasing employment opportunities and improving workplace health	5a. Workplace interventions to improve health and wellbeing
		5b. Working with local employers to promote good quality work
		5c. Increasing employment opportunities and retention for people with a long term health condition or disability
		5d. Increasing employment opportunities and

		retention for older people
Ensuring a healthy standard of living for all	6. Health inequalities and the living wage	6. Health inequalities and the living wage
Healthy Environment	7. Fuel poverty and cold-home health related problems	7. Fuel poverty and cold-home health related Problems
	8. Access to green spaces	8. Access to green spaces

King's Fund '*Improving the Public's Health – a Resource for Local Authorities*' pulls together evidence from successful interventions across key local authority functions about 'what works' for improving health and reducing health inequalities **Source:** http://www.kingsfund.org.uk/projects/improving-publics-health?gclid=CMjZ68nO7cICFUXKtAod5nwA_g	**Topics covered:** • The best start in life • Healthy Schools and Pupils • Helping people find good jobs and stay in work • Active and safe travel • Warmer and safer homes • Access to green and open spaces and the role of leisure services • Strong communities, wellbeing and resilience • Public protection and regulatory services • Health and spatial planning
National Institute for Clinical Excellence (NICE) '*Local Government Briefings*' summarise the best available evidence-based information about effective and cost effective public health activity, which will help improve the health of their communities and to support the development of joint health and wellbeing strategies. **Source:** http://www.nice.org.uk/about/what-we-do/our-programmes/nice-advice/local-government-briefings	**Topics covered:** • Alcohol • Behaviour change • Contraception • Domestic violence • NHS Health checks • Access to health and social care • Physical activity • Walking and cycling • Weight management • Drug misuse

	• Workplace health
NICE '*Judging whether public health interventions offer value for money*' summarises the economic and health benefits that can be gained from public health interventions and the methods that can be used to measure them and what could be gained by placing greater emphasis on 'prevention rather than cure'. **Source:** http://www.nice.org.uk/advice/lgb10	**Areas to intervene in to save money:** • Smoking • Alcohol • Weight • Physical Inactivity • Stroke • Diabetes **Good Value for money best buys:** • Stop Smoking Services • Healthy eating initiatives • Physical activity programmes • Alcohol interventions • Mental health at work • Safe sex initiatives

A recent World Health Organisation report summarizes cost-effective interventions that provide returns on investment and/or cost savings in the short term ("quick wins") and longer term.

Table 4. Summary of interventions found to be cost-effective

World Health Organisation: *The Case For Investing In Public Health* – Cost Effective Public Health Interventions **Source:** **http://www.google.co.uk/url?sa=t&rct=j&q=&esrc=s&source=web&cd=1&ved=0ahUKEwiu3tTz2tPJAhXH8RQKHYyeARUQFggcMAA&url=http%3A%2F%2Fwww.euro.who.int%2F__data%2Fassets%2Fpdf_file%2F0009%2F278073%2FCase-Investing-Public-Health.pdf&usg=AFQjCNF0iLdehHPmv7Ek1O1fEaKnGLF_QQ&bvm=bv.109395566,d.ZWU**

Intervention focus	Quick wins (0-5 years)	Longer-term gains (over 5 years)
Environmental determinants	• Road traffic injury prevention[a] • Active transport[a] • Safe green spaces[a] • Heat wave plan[a]	• Removal of lead and mercury • Chemical regulation
Social determinants	• Healthy employment programmes • Insulating homes[a] • Housing ventilation for asthma • Community falls prevention	
Resilience	• Violence prevention legislation • Prevention of postnatal depression • Family support projects • Social emotional learning • Bullying prevention • Mental health in the workplace • Psychosocial groups for older people • Parenting programmes • Depression prevention	• Preschool programmes • Prevention of conduct disorder • Multi-systemic therapy for juvenile offenders • Detection of and care for the victims of intimate partner violence
Behaviour	• Lifestyle diabetes prevention programme[a] • Restricting alcohol availability • Community-based youth tobacco control intervention • Workplace obesity intervention • Tobacco legislation, taxation and control (WHO very cost-effective) • Alcohol legislation, taxation and control (WHO very cost-effective) • Nutrition – reducing salt; replacing trans fatty acids; raising public awareness of healthy diets[a] (WHO very cost-effective) • Physical activity mass media awareness (WHO very cost-effective)	• Alcohol minimum price • Counselling to smokers (WHO quite cost-effective) • Alcohol brief interventions and alcohol driving breath tests (WHO quite cost-effective)

Vaccination	• For children: norovirus, pneumococcus, rotavirus, influenza	• Influenza, pneumococcus • Measles, mumps and rubella; diphtheria, pertussis and tetanus • Human papillomavirus; hepatitis B, meningitis C
Screening	• Screening for abdominal aortic aneurysm • Screening for depression in diabetes • Cervical cancer screening (WHO very cost-effective)	• Screening for diabetes and impaired glucose tolerance • Vascular disease health checks • Breast and colon cancer screening (WHO quite cost-effective)
Treatment	• Treatment of depression in diabetes patients • Treatment of CVD (WHO very cost-effective)	• Treatment of diabetes (WHO quite cost-effective) • Treatment of asthma (WHO quite cost-effective)

Key: Green: offers a return on investment
Orange: Cost-effective
Black: WHO "best buy" interventions – timescales and costs not included; please note that these calculations were performed for low and middle-income countries a "win win win" approaches with multiple health, social and environmental benefits: these have been shown to be cost-effective, with potential returns on investment within five years; they also contribute to wider aspects of sustainability, including economic, social and environmental benefits.

Why do we need a strategic plan?

- life expectancy has been steadily improving in Luton but still remains approximately one year below England
- there is a gap of 6.6 years for females and 9.8 years (2011-13) for males between the most and least deprived areas in Luton which compared with 2006-08 represents a widening gap for both males and females
- recent data shows that for males, the life expectancy gap to England widened and, although there has been some improvement, is still wider than in 2000/02
- lower life expectancy is concentrated around the more deprived areas in Luton
- males living in Luton spend approximately 23.2% of their life not in good health compared with 20.0% nationally. For females, 26.4% of their life is spent not in good health compared with 22.8% nationally.

- health inequalities create a great cost to societies, not only through the direct costs of providing health care for those with avoidable illness but also the costs of reduced participation in the workforce and lower productivity
- the strategy supports the overall vision for Luton to achieve strong, sustainable, balanced growth resulting in improved health and wellbeing and improved prosperity.

What contributes to the life expectancy gap within Luton?

The main diseases that contribute to the difference in life expectancy between wards in Luton are:

- circulatory (coronary heart disease & stroke)
- cancer (lung)
- respiratory (COPD, pneumonia).

What do we want to achieve?

By 2020 Luton will have:

Outputs	Outcomes
upskilled the workforce	increased life expectancy in Luton
created new jobs	narrowed the life expectancy gap between Luton and England
provided additional homes	narrowed the life expectancy gap within Luton
invested in green travel and carbon reduction	more people living longer in good health

How will we deliver and monitor the plan?

The key function of the Health inequalities Board is to bring key leaders from across the borough to work together to improve reduce health inequalities in the most effective, efficient and equitable way. 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 Role of the Health Inequalities Board

The Health Inequalities Board is responsible for overseeing the implementation of this plan and holding service directors and CCG leads to account for delivery of the plan. It will monitor the plan by receiving regular progress reports on the six key objectives. The Health Inequalities Board will provide regular reports to the Health and Wellbeing Board.

The Role of the Lead Individual

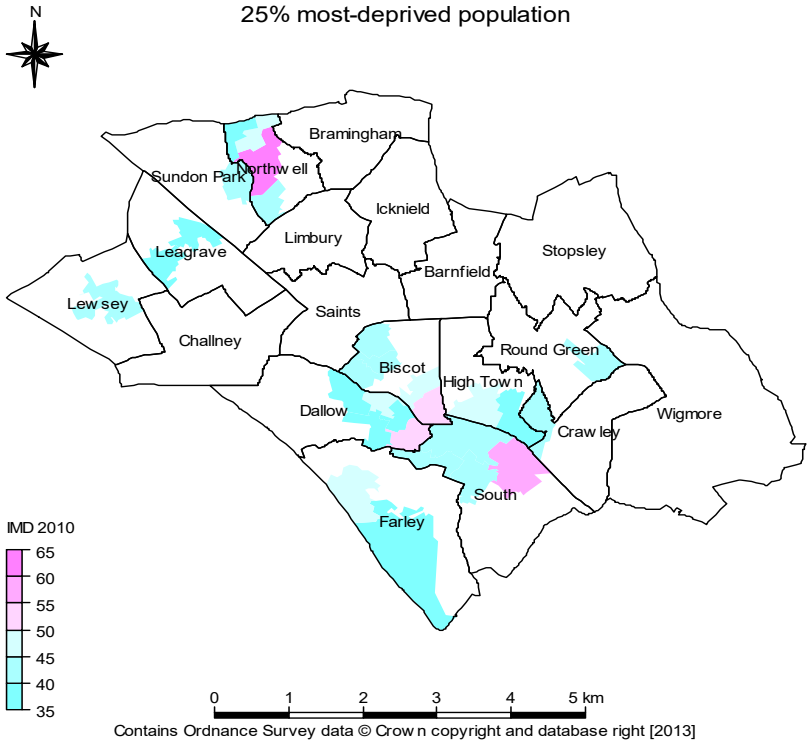
A service director within Luton Borough Council and where appropriate, supported by an associate director from the CCG, will be accountable for each of the priorities and will ensure that detailed action plans are in place to achieve the expected outcomes. This will include ensuring that action to address health inequalities is included in all provider contracts. They will provide twice yearly updates on progress.

Reviewing the Plan

The plan will be reviewed annually to take account of any new guidance and evidence and to ensure that the priorities are still relevant.

How will we implement the strategy?

The following section outlines the priorities for each of the six key Marmot objectives, defines the expected outcomes and how success will be measured. In line with Marmot's principle of 'proportionate universalism' leads will need to ensure that action is targeted in areas of greatest need if the defined outcomes are to be achieved. In most cases this is likely to focus on the 25% of the population who are most deprived.


25% most-deprived population
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Bramingham
Sundon Park
Northwell
Icknield
Limbury
Leagrave
Stopsley
Barnfield
Lewsey
Saints
Challney
Round Green
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STRATEGIC OBJECTIVE: 1. Reducing inequalities for the very youngest children focusing on the critical period in the very early years in life from conception to 5 years of age

Investment Framework: SSH2 – Flying Start

This priority focuses on:

1) Reducing inequalities in early development of physical and emotional health, and cognitive, linguistic, and social skills.
2) Ensuring high quality maternity services, parenting programmes, childcare and early year's provision to meet need across the social gradient.
3) Building the resilience and wellbeing of young children across the social gradient.

The Marmot report states that 'giving every child the best start in life is crucial to reducing health inequalities across the life course'.

These findings, identified by Marmot in 'Fair Society, Healthy Lives' have recently been re-stated in the 2014 State of the Nation report 'Social Mobility and Child Poverty in Great Britain' and supported by the cross party manifesto; '1001 Critical Days: the importance of conception to age 2 period' (2013).

Every child deserves an equal opportunity to lead a healthy and fulfilling life. Too many children living in Luton do not have the start in life that establishes the secure and healthy foundation they need in preparation for their life-long health and wellbeing and social and emotional development, which means they start school not ready and able to learn. Together these increase the likelihood of poorer academic attainment, poorer social and emotional development and resilience, limited opportunities, and increase the risk of poorer health and disadvantage in adult life.

Delivering this objective is the challenge for all agencies working with children and families in Luton and the basis for 'Flying Start', the multi-agency early year's strategy agreed by organisations working in Luton. The commitment is to strengthen the core service offer to families with young children, focussing on the period from conception to 5 years, where getting it right for families is essential to deliver the health and wellbeing outcomes we need for our most disadvantaged families.

WHAT WE KNOW

Life expectancy varies depending on where you live in Luton. There is a 5.8 year life expectancy difference between a boy born in Farley ward, and a boy born in Bramingham ward and a 7.6 year difference between a girl born in Northwell ward and a girl born in Stopsley ward (2008-12).

Perinatal mental ill-health affects 1 in 10 women and covers a wide range of conditions of varying severity. Maternal mental ill-health has significant impact on child development, particularly the ability of the affected parent to care for their infant and provide a safe and supportive environment for the child to develop. Some factors known to increase risk are a family history of mental ill-health, being a lone parent or in a poorly functioning relationship, low social support, socio-economic disadvantage and early emotional trauma. Based on NICE estimates, every year 4% of mothers who give birth (approx. 140 Luton women) will require specialist mental health services and 14 of these women will be admitted for inpatient care. A further 8% will require access to psychological therapies and another 8% will experience ill health but will either not require or not accept referral to services.[xiv]

Safeguarding data – in February 2015 there were 100 Luton children aged 0-5 years the subject of a Child Protection Plan (CPP), 37% of all children who are subject to a CPP in Luton. Of the total children on a CPP, 44% are from the five most deprived ward with the poorest outcomes for children, of these 40% are 0-5 years of age. Data for 2013/14 shows that Luton has a much higher percentage of children subject to a CPP (51.3%) compared to England (42.1%) and statistical neighbours (43.2%). There has been a significant increase in the number of children who have been identified as 'cause for concern' where the primary cause is living in homes where there is a parent/ carer experiencing drug or alcohol misuse issues and/or with mental illness and / or experiencing domestic abuse. The highest percentage of these families being in Leagrave, Northwell, Limbury, Farley and South.

Child poverty (0-16 years) - Luton is in the top quartile of England authorities with one in four (14,769) children living in poverty. While poverty affects 27% of children across Luton, the figure for the most deprived wards is considerable higher, for example in Northwell, over 40% of children are living in poverty.

Infant Mortality Rate (IMR) has reduced from 7.4 in 2007-09 to 5.2 in 2010-12 with provisional 2011-13 data showing a further decrease. The rate in Luton is the lowest compared to statistical neighbours and the gap between Luton and England (4.1, 2010-12) is closing. The number of deaths by ward is small. By aggregating data over a 5 year period the data shows that the highest IMR is in Northwell and Farley wards, however the highest numbers are in Biscot and Dallow, four of the most deprived wards. Research and local data provide firm evidence that the risk

factors for Luton are deprivation, poor housing, smoking in pregnancy, maternal obesity, and substance misuse. All of which are linked to deprivation. In addition there are approximately 35% of deaths over the 5 year period where ethnicity, and the link associated with cousin marriage in the Luton Pakistani community and genetic conditions is a cause or contributory risk.

Low Birth Weight babies (LBW) - In 2012, 5% (163) of all babies born at term (37 weeks or more gestation) had a birth weight of less than 2500g (the weight used to define low birth weight), a decrease from 5.3% in 2011 (171 babies). Luton has one of the highest incidences of LBW for term babies of all areas within England. LBW increases the risk of child mortality and morbidity and is associated with poorer health in later life. Key risks associated with LBW are ethnicity, especially South Asian women who are more likely to have smaller babies, lifestyle; particularly pregnant women with a high BMI, smoking in pregnancy, substance misuse.

Breastfeeding rates at six to eight weeks – Breastfeeding initiation rates show (2013/14) that 76% of women initiated breastfeeding and 56% were fully or partially breastfeeding at 6-8 weeks. 34% were fully breastfeeding and 21.9% were mixed feeding. The highest breast feeding rates are in Barnfield where 68% of mothers are breastfeeding (including partial); significantly higher than the Luton average. The lowest is in Sundon Park, Stopsley, Icknield and Wigmore all with less than 50% of mother's breastfeeding. Sundon Park (39%) and Wigmore (49%) are both significantly lower than the Luton average. This shows that breastfeeding rates are not solely dependent on affluence.

Smoking in pregnancy – Women who smoke are more likely to have complications in pregnancy, deliver smaller babies and have an increased risk of a pre-term birth. The prevalence of smoking at time of delivery in Luton is 12.1% (2013/14) compared to 12.0% nationally. The rate has reduced by 27% since 2009/10 which is a faster reduction than seen nationally (14% decrease).Smoking prevalence is greatest in the most disadvantaged areas of Luton especially amongst white British women.

Child Obesity (Reception Year) – The prevalence of childhood obesity and overweight is high in Luton compared to the national average. At reception year (age 4-5) the percentage of children who are overweight or obese in 2013/14 was 23.2% compared to the national average of 22.5%. The prevalence varies by wards with the highest prevalence (2011/12 to 2013/14) seen in Leagrave ward (27%) with a rate significantly higher than the Luton average for the same time period (22.7%). Other wards with high rates but not significantly different to the Luton average were Stopsley (25.8%), Round Green and Icknield.

Dental Health - Results of the survey of three-year-olds show that inequalities in oral health start from a very early age. There are many factors

that influence poor oral health which include: poor diet and nutrition, particularly the frequent consumption of sugary foods and drinks, using formula feeds rather than breast feeding young infants, lack of oral hygiene and tooth brushing, low exposure to fluoride therapies including using toothpastes with low fluoride concentrations and trauma or injury to teeth. Data from 2013/14 shows that 22% of 3 year old children in Luton have decay experience and 21% have active decay compared with 12% and 11% respectively in England. Compared with statistical neighbours Luton has the second highest tooth decay. By 5 years the position is poorer, 39% of five year olds have experienced tooth decay and 34% had active tooth decay at the time of the survey. This compares to 28% and 25% respectively for England.

Early Years Foundation Stage Profile outcomes in 2014 show seven wards in Luton where the percentage of children achieving a 'Good Level of Development' is below the Luton average of 52%. The national average is 60%. The percentage of pupils achieving expected levels in 'Communication and Language' is below the Luton average of 70% in nine wards. The national average is 77%. For the percentage of pupils achieving in the 'Personal Social Emotional elements' there are eight wards where attainment is below the Luton average of 74%. The national average is 81%. South, Dallow, Northwell and Leagrave underperform in all three early year's indicators.

Take up of 2 year funded educational places is important for child development and reducing inequality. Prior to September 2014 the target for places to be offered to the 20% most economically disadvantaged families was 771 places. Luton's take up at that time was 82%. With the target increasing from September 2014, to places to be offered to the 40% most economically disadvantaged families (1718 places). The most recent DfE data shows that current take up for February 2015 identified 62% take up of education places from the 1,676 potentially eligible families.

Child care provision - the last childcare sufficiency survey (2011) stated that overall parents who were using formal childcare in Luton were satisfied with the arrangements they had in place. The use of key statistics and benchmark indicators also suggests that, on the whole, childcare provision in Luton is generally 'sufficient' in many of the areas highlighted by the former Department for Schools, Children and Families (DCSF) Guidance.

OUTCOMES

The priority is to reduce the gap between child outcomes in the most disadvantaged families (Northwell, Biscot, Dallow, Farley and South and including families in other areas with similar identified need), and the rest of the town.

By 2020 we will have:

- improved birth outcomes for babies; with fewer women obese in pregnancy, improved understanding of nutrition and healthy behaviours, breastfeeding will be increased and fewer children will be obese or have dental decay with improved health and wellbeing into adulthood.
- significantly more children by their 5th birthday with age appropriate communication skills and able to interact effectively with adults and children.
- more children securely attached and emotionally resilient, with improved school readiness. In the longer term the impact of poor maternal mental health and associated risk factors on children's outcomes are reduced.

OUR PRIORITIES	LEAD (WHO WILL OVERSEE THIS PRIORITY)	KPIs	LINKS TO STRATEGIES AND PLANS
Full delivery of the Healthy Child Programme 0-5 years aligned with Flying Start, fully meeting the requirements for a universal, "progressive" and "progressive plus" offer for parents based on need. • Improve coordination of early years' provision under Flying Start to ensure there is an evidenced based core offer to reduce the modifiable risk factors as part of contract arrangements. • Development of a 0-19 Health and Wellbeing service for Luton	**Service director: Healthy Lives / Prevention & Early Intervention**	Reduction in: • Smoking in Pregnancy • Maternal obesity • Infant mortality • Childhood obesity at age4 - 5years • Poor maternal mental health • Childhood accidents • Increased initiation and sustained breastfeeding rates • Improvements in oral health	Flying Start Strategy

Support women during pregnancy to access services and ensure they understand and implement key primary prevention behaviours through targeted support such as via a key worker. • Reduce the proportion of women who smoke during pregnancy through targeted stop smoking support, • Reduce the proportion of women who are overweight or obese during pregnancy by implementing the healthy weight in pregnancy pathway and its interventions. • Increase breastfeeding in women through education and promoting the normality of breastfeeding, supporting initiation and access to support in hospital and the community to maintain feeding. • Increase uptake of healthy start vitamins especially for families eligible for the free scheme.	**Service director: Healthy Lives / Prevention & Early Intervention with support from CCG**	Reduction in: • Smoking in Pregnancy • Maternal obesity • Infant mortality • Increased initiation and sustained breastfeeding rates	Flying Start Strategy Infant mortality action plan Tobacco Free Luton Strategy Healthy Weight Strategy IM Plan
Deliver a universal evidence based parenting support programme for parents in the antenatal and post-natal period, with targeted programmes for parents who require more intensive support including Family Nurse Partnership (FNP) and to address the gap in parenting for families with older children.	**Service director: Prevention & Early Intervention/ Healthy Lives**	Flying Start Outcome framework which includes parenting outcome measures Outcome data for FNP	Flying Start Strategy Investment Strategy FNP Implementation plan
Ensure effective take up of the two year old early years funded places in high quality early years provision, enhanced with parenting support.	**Service director: Schools, Challenge & Intervention**	Increased uptake of 2 year old funded places	Flying Start Strategy
Assist families with young children who are living on limited incomes and who are in and out of work to access support and advice services including welfare advice, housing support and financial inclusion.	**Service director: Revs, Bens & Customer services / Housing**	Child poverty outcome measures	Flying Start Strategy Social Mobility and Anti- Poverty Strategy

Improving dental health of children in Luton • Oral health campaign • Fluoride varnish programme • Toothbrush/paste packs for all 1 year olds	**Service director: Healthy Lives**	Reduction in Decayed Missing and Filled Teeth	Flying Start Strategy Oral health promotion plan
Increase the number of accredited volunteers who actively involved through Flying Start who are actively engaged in supporting parents in local communities	**Service director: Prevention & Early Intervention**	Numbers of volunteers actively involved in delivery key messages/ parenting support in communities directly to parents	Flying Start Strategy Investment Strategy

STRATEGIC OBJECTIVE 2: Enable all Children, Young People and Adults to Maximise their Capabilities and have Control over their Lives

INVESTMENT FRAMEWORK: ELL1 - Providing opportunities for learning at all ages; Growing an educated and skilled labour force
ELL5 - Develop Community and volunteering opportunities to improve employability chances for those aged over 18

This priority focuses on:

- reducing the social gradient in skills and qualifications
- ensuring that schools, families and communities work in partnership to reduce the gradient in health, wellbeing and resilience of children and young people
- improving the access and use of quality lifelong learning across the social gradient

Background Information

Educational outcomes affect physical and mental health, as well as income, employment and quality of life. The longer an individual spends in education and the higher their educational attainment, the better their overall health and wellbeing. Promoting educational attainment at all stages is crucial, to secure future socioeconomic opportunity and health and wellbeing outcomes.

Building on the work during the early years phase, it is important to maintain the focus on reducing health inequalities by improving educational outcomes across the social gradient. Education is not just about attainment: it should also enable children to develop their personalities, talents and abilities, to build resilience, self-esteem and to live a full and satisfying life. It includes the acquisition of life skills as well as academic qualifications. A report by the chief medical officer for England highlighted that: "promoting physical and mental health in schools creates a virtuous circle reinforcing children's attainment and achievement that in turn improves their wellbeing, enabling children to thrive and achieve their full potential."[xv] Academic success has a strong positive impact on children's subjective sense of how good they feel their lives are (life satisfaction) and is linked to higher levels of wellbeing in adulthood.[xvi] In turn children's overall level of wellbeing impacts on their behaviour and engagement in school and their ability to acquire academic competence in the first place.[xvii]

Schools cannot improve educational outcomes in isolation. Evidence suggests that it is families rather than schools that have the greatest influence over educational achievement. The Marmot Review highlights the need to act outside as well as inside school in order to effectively reduce social inequalities in educational attainment and life skills. The need to 'think family' when designing school-based interventions is critical as success at school is dependent on the support and stimulation a child receives in their home and community as well as within school.

Young people most at risk of leaving education early are those from deprived socioeconomic backgrounds, teenage parents, children with physical and mental disabilities, young offenders and looked after children.

Emotional wellbeing of children is important in its own right but it also provides the basis for their future health and life chances. In the UK, of those with lifetime mental health problems – half experienced their first symptoms at the age of 14[xviii]. Untreated emotional and mental difficulties can not only impact negatively on a child's development but can present a challenge for both families and the wider community. In adolescence, protective factors include attachment to school, family and community, positive peer influence, opportunities to succeed and problem solving skills. "Social capital" indicators (friends, support networks, valued social roles and positive views on neighbourhood) predict onset and persistence of emotional and behavioural disorders.[xix]

Obese children are more likely to be ill, be absent from school due to illness, experience health related limitations and require more medical care than normal weight children[xx]. The most important consequence of childhood obesity is its persistence into adulthood – leading to a higher risk of morbidity, disability and premature mortality in adulthood. Levels of obesity are increasing across the UK. It is estimated that by 2050 approximately 25% of children in the UK will be obese and 40% overweight.

Teenage pregnancy and early motherhood has a generational impact and is linked to poor educational achievement for the mother, leading to poor employment prospects, poor physical and mental health (for both mother and child), social isolation and poverty [xxi,xxii]. Teenage pregnancy is complex. Factors known to increase the likelihood of teenage pregnancy (including risk factors for becoming young fathers) can be grouped into four main risk categories[xxiii]. Examples are given in each category:

- **Behaviour** (sexual activity at a young age; poor contraceptive use; involvement in crime; repeat abortions; alcohol and substance misuse)
- **Education-related factors** (low educational attainment; disengagement from school and education; leaving school at 16 or before with no qualifications)
- **Family/background factors** (aspiration to be a parent; ethnicity – white, deprived; child of teenage parents; in care or a care leaver; sexual abuse/ exploitation (young fathers are twice as likely as older fathers to have been sexually abused); eligibility for free school meals).
- **Environmental** (the area a young person lives, unemployment rate (analysis across England showed that unemployment rate accounted for 67% of variation in U18 conception rate, suggesting that the higher the unemployment rate, the higher the U18 conception rate. Young fathers have double the risk of being unemployed at age 30 – even after taking account of deprivation)[xxiv]

Child and adolescent smoking causes serious risks to respiratory health both in the short and long term. The earlier children become regular smokers and persist in the habit as adults, the greater the risk of developing lung cancer or heart disease.[xxv] Children are also more susceptible to the effects of passive smoking. Parental smoking is the main determinant of exposure in non-smoking children. The 2012 survey found that

young people who played truant from school or who had been excluded from school in the previous 12 months were almost twice as likely to smoke regularly compared to those who had never been truant or excluded.5[xxvi] About two thirds of adult smokers say they started before the age of 18[xxvii] and few people take up smoking after the age of 21.[xxviii]

Drugs and Alcohol

Drug and alcohol misuse pose a significant risk to a young person's physical and psychological health and development. The use of legal and illegal drugs by young people is associated with immediate and long term risks to their health and wellbeing, particularly the relationship between drug use and mental health. Among young people in drug and alcohol treatment in England, Cannabis is the most used drug and its use among young people has increased in the last four years. Alcohol is the second most used substance among young people in drug and alcohol treatment and its use is decreasing among young people in treatment. The majority of young people who seek help for substance misuse have other emotional or social problems, such as self-harming, offending and family issues. They are also less likely to be in education, employment or training.[xxix] There is greater risk of problem drug and alcohol use amongst children and young people who are:

- In local authority care
- Truant or excluded from school;
    - facing challenges in their academic study
    - who are not in education, employment, training (NEET)
    - peer pressure
- Experiencing abuse or neglect
- Offenders and are involved in anti-social behavior
- Experienced early sexual activity
- Exposed to parental substance misuse.

Adult learning can have indirect benefits by improving social capital and connectedness, health behaviour, skills and employment outcomes all of which affect health. There is a gradient in need for adult learning – people in more disadvantaged groups tend to have fewer qualifications, lower levels of initial education and lower skill levels. However, participation in adult learning tends to be lower among those who need it most. Opportunities for learning need to continue beyond school leaving age. To enable people to fulfil their potential, opportunities for lifelong learning and skills development need to take place in workplace and communities.

WHAT WE KNOW

Educational outcomes - Educational Performance in Luton's schools continues to increase at a similar rate to the national level, however the gap is not narrowing, therefore there is a need to accelerate the improvements so that attainment is at least in line with national performance.

- Educational Performance in Luton's schools continues to increase at a similar rate to national level, however the gap is not narrowing
- Girls are performing better than boys at all key stages
- The percentage of 16 year olds achieving more than 5 A to G GCSEs and more than 5 A to C GCSEs or equivalent grades has increased over the past five years, but is below the national average.
- Looked after Children nationally, and in Luton, underachieve at each key stage (JSNA).
- The attainment of Free School Meals (FSM) pupils increased by 6 percentage points compared to non-FSM children where the increase was 3 percentage points. Outcomes for FSM pupils in Luton are above statistical neighbours and slightly higher than the Eastern region.

Mental Health and Emotional Wellbeing - Luton's Child and Adolescent Mental Health Needs Assessment of children and young people aged 5-19 years undertaken in 2009[xxx] found the prevalence of mental disorders for children aged 5 to 16 years to be 25% higher than the Great Britain average. This was attributed to the high number of risk factors associated with children in the town. Other key findings were:

- at the younger age range twice as many boys have mental health disorders than girls, the gap narrows as children get older[xxxi], however
- older children were more likely to have a mental health disorder than younger children.

It is more likely that older children and adolescents will be identified as experiencing classifiable mental health disorders, as these tend to manifest more often in adolescence if mental health problems and risk are not resolved earlier in childhood. The following groups of young people are known to have a higher risk of poorer mental ill health.

Risk Factors for Mental ill-health in Children and Young People:	
Vulnerable Groups	• Children in care • Children in protection (including children subject to abuse), • Refugees or Asylum Seekers • Young carers
Education/ Employment	• Young People not in education or employment (NEET) • Low educational attainment
Family risks for child and young person	• Parental Unemployment • Parental mental health • Single-parent household

	• Low income households • Living in rented accommodation
Lifestyle	• Substance Misuse • Teenage parent • Youth offender

Obesity - Latest data (2014/15) from the National Child Measurement Programme (NCMP) shows that for children in Reception Year, there has been a decrease in the prevalence of obesity compared to the previous year (10.3% compared to 10.5%). This latest figure of 10.3% is the lowest for this year group since the inception of the NCMP in 2006/07. The prevalence of obesity in Year R is now 1% lower than it was in 2006/07 (11.3%).

For children in Year 6 there has been a slight decrease in the prevalence of obesity compared to the previous year (23.6% compared to 23.7%). The prevalence of obesity in Year 6 is now 2.5% higher than it was in 2006/07 (21.1%). Although there has been a similar increase in prevalence in year 6 across England (17.5% in 2006/07 compared to 19.1% in 2013/14), prevalence in Luton has remained significantly higher than England for the past 8 years.

Teenage Pregnancy – Teenage Pregnancy – the under 18 conception rate has reduced from a high of 43.1/1000 women aged 15-17 in 2008 to 23.8 / 1000 in 2014 which is similar to the England rate (23.2) and lower than that of each of our statistical neighbours with the exception of Slough. Higher rates of under 18 conceptions are observed in Farley, High Town, South, Stopsley and Sundon Park wards.

Smoking
Data from the 'What about Youth (WAY) survey 2014-15 shows that the prevalence for smoking in 15 year olds in Luton is 5.3%. This is lower than both the regional (8.9%) and the national average (8.2%).

Drugs and Alcohol
In Luton, there are almost 12,000 young people under the age of 18 who live with parents who misuse alcohol and or drugs. There are 47 young people under 18 (14-17 years old) in drug treatment. 91% of the young people are in treatment for cannabis use, 60% for alcohol use, and less than 5% of them are being treated for cocaine use.

Luton Adult Learning

There is a wide range of adult education providers in the town offering a diverse range of courses. Barnfield College and the Council through Luton Adult Learning are the two main providers of Adult and Community Learning in the borough. In recent years Luton Adult Learning has added apprenticeships to its programme and aligned adult provision to reflect the Council's priorities and the Job Centre Plus agenda.
In 2013-14, 751 people completed a course with Luton Adult Learning (LBC). Of these learners, 539 completed a telephone survey which showed that:

- 33.4% were now in work
- 20% were in education
- 46.6% were unemployed or economically inactive.

OUTCOMES

The priority is to reduce the social inequalities in pupil's educational outcomes and life skills and increase access to and use of quality lifelong learning opportunities across the social gradient.
By 2020 we will have:

- improved the academic achievement of young people across the social gradient
- improved the physical and mental wellbeing of young people
- increased access to and use of quality lifelong learning opportunities across the social gradient.

OUR PRIORITIES	LEAD (WHO WILL OVERSEE THIS PRIORITY)	KPIs	LINKS TO STRATEGIES AND PLANS
Improve the academic achievement of young people across the social gradient: • Increase the percentage of school/education leavers equipped with the necessary skills, attributes and attitudes necessary for the transition to employment	**Service director: Schools, Challenge & Intervention**	Key Stage results School / education leaver employment data	Skills and Employability Strategy Investment

• narrow the gap in achievement of pupils eligible for pupil premium and those not eligible • narrow the gap in achievement between 'Looked After Children' and their peers • narrow the gap in achievement between boys and girls • narrow the gap in achievement between different ethnic groups			Framework Support, Challenge and Intervention Plan
Improve the physical health of young people: • set up regular school nurse drop-ins in High Schools • provide regular updates on school profiles • implement Drug Aware programme within Luton secondary and primary schools • deliver smoking prevention programmes in Luton Schools • develop school SRE charter to include Sex Education Forum values and Beliefs and ensure all schools offer age appropriate quality assured sex and relationship education • pilot the CSE *Say Something* project with Luton schools • develop a multi-agency approach to reduce obesity with a specific offer for schools that recognises the different education needs of different age groups • increase awareness amongst young people and develop a pathway in relation to 'legal highs', psychoactive substances • use of SHEU survey to obtain evidence based health and behaviour related data to inform PSHE and external agency offers to schools	**Service director: Healthy Lives, Schools, Challenge & Intervention with support from CCG**	U18 conception data NCMP data Young People alcohol related hospital admissions Successful completion of Young People in drug / alcohol treatment	Tobacco Free Luton Strategy Healthy Weight Strategy Teenage Pregnancy Action Plan
Improve the mental health and emotional wellbeing of young people by: • develop prevention and early intervention programme for both children and their families, to prevent mental health problems escalating and reduce avoidable demands on services with specific focus on adolescent resilience	**Service director: Healthy Lives / Schools, Challenge & Intervention**	Schools working towards MHFA Schools Charter Award Number of staff	Children and Young People Mental Wellbeing Action Plan

• training secondary school staff in Youth Mental Health First Aid (MHFA) to be able to identify children and young people at risk of developing mental health problems and to support them to get appropriate professional help		trained	
Improving access to and use of quality lifelong learning opportunities across the social gradient: • Increase access to and uptake of adult learning with a specific focus on those living in the 25% most deprived areas in Luton • Increasing range and type of volunteering opportunities for residents - with a focus on 'Luton Cares' volunteers via the Social Prescription programme.	**Service director: Community Living**	Adult learning starters from 25% most deprived areas Adult learning completers in education / employment Participation in volunteering opportunities	Investment Framework

STRATEGIC OBJECTIVE 3: Creating Fair Employment and Good Work for All

INVESTMENT FRAMEWORK: ELL1 - Develop a Luton Skills Academy; ELL3 - Luton postcodes for Luton jobs; ELL5 - Develop community and volunteering opportunities to improve employability chances for those aged over 18; ELL6 - Deliver an outstanding apprentice programme across Luton that meets the needs of employers and the ambitions of those seeking to work

This priority focuses on:

- Improving access to good jobs and reducing long-term unemployment across the social gradient
- Making it easier for people who are disadvantaged in the labour market to obtain and keep work
- Supporting employers to provide healthy physical environments, promoting wellbeing and providing mental health support when required

Background Information

Being in good employment is protective of health. Conversely, unemployment contributes to poor health and there is a strong association between worklessness and poor health and wellbeing. Worklessness has been shown to increase mortality, rates of sickness, disability and mental health problems. It also results in higher medical consultations and use of medication and higher hospital admission rates.[xxxii]

Getting people into work is therefore of critical importance for reducing health inequalities. However, jobs need to be sustainable and offer a minimum level of quality to include not only a decent living wage but also opportunities for in-work development, the flexibility to enable people to balance work and family life, and protection from those adverse working conditions that can damage health.

Being in some types of employment may also have a negative impact on health. For example, poor quality, low paid and insecure employment may be no better for health than unemployment.[xxxiii]

Key groups affected are those that tend to suffer from labour market disadvantage such as ethnic minorities, lone parents, disabled people, people living in social housing and people with low or no qualifications. Reducing health inequalities for these groups will have economic benefits such as reducing productivity losses associated with ill-health, reducing welfare payments and treatment costs.[xxxiv]

Potential health gain can also be achieved by improving the psychosocial quality of work environments. Lack of control and lack of reward at work have been shown to be critical determinants of a variety of stress-related disorders and to be more prevalent among lower occupational status groups. Structural and personal (mainly behavioural) interventions may improve the health and well-being of exposed groups within the workforce. NICE Guidance recommends promoting mental wellbeing at work[xxxv] - recommendations cover five areas: strategy, assessing opportunities for promoting mental wellbeing

and managing risk, flexible working, the role of line managers, and supporting micro, small and medium-sized businesses.

WHAT WE KNOW

Economy

Luton's economy has weakened since the onset of the recession in 2008 but is now recovering. Economic output (measured as Gross Value added or GVA) grew by 7% between 20123and 2014 which was higher than the national and regional growth rates. The total value of Luton's economic output (GVA) in 2013 was £4.7 billion.[xxxvi] (GVA) per head in Luton is £22,377 in 2014which is an increase of 5.4% over 2013. In 2014 there were 94,000 jobs in Luton[xxxvii]

Over the last four years there has been a decline in some sectors of the labour market in Luton. However the number of jobs has started to grow in Luton recently. Between 2009 and 2013 four sectors experienced heavy job losses::

- Business administration and support services (-1,100) – largely due to a fall in people employed by employment agencies, i.e. temporary/contract workers
- Wholesale (-1,900)
- Transport and storage (-800) – largely due to a fall in warehousing jobs
- Public administration and defence (-1,200)

In comparison to heavy job losses in Luton, jobs grew across England in the business administration and support services and wholesale sectors and remained stable in the transport and storage sector. The professional, scientific and technical sector in Luton witnessed the largest increase in jobs, driven by a rise in jobs in legal and accounting activities, followed by health, education and motor trades.

Luton experienced a much larger percentage rise in motor trades and professional, scientific and technical jobs in this three-year period than across England and a small rise in manufacturing jobs against a national decline.

Luton is a more service oriented economy but still has a higher proportion employed in manufacturing than the national figure. The largest sector is public administration, health and education with 28% of jobs. Retail, distribution and hotels account for 18% of jobs. Manufacturing now accounts for 10% of jobs in Luton. This is slightly higher than the GB average. Office administration and support accounts for 16% of jobs in Luton which is higher than the national average of 8%.[xxxviii]

London Luton Airport is a major employer in the region and also a strong driver of the economy of Luton. In 2013 8,400 people were employed at the airport.

The average annual salary of people living in Luton is £25,700 per annum, which is less than the national average of £27,500. The average annual salary of

those who work in Luton (but don't necessarily live in Luton) is £25,800.[xxxix]

The unemployment rate in Luton is 6%, higher than both the national and regional averages of 5.7% and 4.6% respectively in the annual population survey. Unemployment claimant count is highest in Northwell (3.0%), Biscot (2.6%), Dallow (2.5%), Sundon Park (2.9%) and South (3.0%) wards and is lowest in Bramingham (0.7%) and Barnfield (0.9%) wards as of October 2015.

Enterprise, Industry and Innovation

Luton has a low number of enterprises per head of population, which may be partly explained by the business and industry structure of the local economy. Luton has a much higher share of employment and turnover in very large businesses compared to the national average. Luton has 27.2 enterprises per 1,000 residents – a much lower rate than the national (England) average of 38.7.

Luton has 5,825 active enterprises, and the number of enterprises has grown significantly since 2004. Luton's business survival rates are slightly lower than the national average.[xl]

The rate of self-employment is lower-than-average in Luton, with the self-employed also being more poorly qualified than average.[xli]

Foreign-owned businesses are vital to Luton's economy, employing a third of all people working in Luton and accounting for over half of all turnover.

Whilst Luton has almost half the share of employment in the Knowledge Economy compared to nationally, it has more than double the share of High and Medium Technology employment. 11.9% of Luton's employment can be classified as in the 'Knowledge Economy' accounting for 9,500 employees and is significantly below the national (England) average of 19.4%.

Conversely, 6,100 or 7.6% of all employees are in high and medium technology manufacturing – which is much higher than the national average of 3.1%

Innovative activity in Luton as measured by the number of patents registered by inventors, is amongst the lowest in England. Over the five year period from 2007 to 2011, inventors in Luton filed 19 international patents. This equates to an annual average (over five years) of four patents per year, or 1.8 patents per year per 100,000 residents.[xlii]

Despite low levels of innovative activity, there is a strong base of science and technology workers living in Luton. In the year to March 2015, 6,800 people living in Luton worked as science, research, engineering and technology professionals and associate professionals, representing 7.2% of all residents in employment –equal to the England average but slightly lower than the SEMLEP average (7.5%).

Research on Major Employers In Luton November 2014 by LBC, E&R Research and Geospatial Information Team shows Luton's largest employer is Luton Borough Council with 8,000+ employees and then the Luton and Dunstable Hospital with 4,000+ employees.

There are seven Luton employers with between 1000-1999 employees, 38 employers in Luton employ over 300 employees and 56 Luton employers employ between 100 – 300 employees.

People and Skills

Luton has a lower-than-average employment rate, particularly for females. In the year to March 2015 just 59.5% of working-age females in Luton were in employment – well below the national average of 67.6%. Luton has a large ethnic population, with a much higher than average Pakistani/Bangladeshi population. The employment rate for Pakistani/Bangladeshi women in Luton was just 27.6% in the year to March 2015, thus bringing down the overall female employment rate.

Economic activity in Luton is below average, particularly for women. Over one quarter of working-age people living in Luton are economically inactive. The main reason for inactivity in Luton is looking after the family/home (a much larger proportion of inactivity than the national average, corroborating with Luton's ethnic background).

Luton has a higher-than-average rate of out-of-work benefit claimants (2.1%) compared to the national average of 1.9%.

Luton's working age population is less well qualified than the national average. 12.2% of the population in Luton at December 2014 had no formal qualifications compared to 8.6% of the population for England. There is growing disparity between those with high level qualifications and those with no qualifications in Luton. School leavers in Luton have good rates of qualification attainment.

Luton has one of the highest percentages (52.4%) of residents working in the lowest skilled occupations in England. Despite this, demand has increased in the most highly skilled jobs have over the past five years.

At the time of the 2011 Census, almost 40% of people aged 16 to 49 years living in Luton were born outside the UK. This was significantly higher than the England average of 18.9%. Over half of the non-UK born population in Luton were from the Middle East and Asia, while almost 22% were from the EU accession countries and over 15% were from Africa.

The employment rate of 16-49 year olds in Luton was highest among people born in the EU Accession Countries, followed by Ireland, and Antarctica & Oceania (including Australasia). Employment rates for these nationalities were above that for UK nationals living in Luton. Employment rates for all nationalities in Luton, apart from 'rest of Europe' (i.e. non-EU and EU accession countries), were lower than the averages across England.

Employment rates in Luton were lowest among people born in the Middle East and Asia (53.0%). This low employment rate corresponded to a very high economic inactivity rate, with well over a third (37.7%) of Middle East and Asian nationals in Luton being economically inactive. This was slightly higher than the inactivity rate for Middle East and Asian nationals across England (34.5%). Unemployment rates were highest among those residents born in Africa, at 16.9%, followed by The Middle East and Asia (15.0%), compared to 12.2% for UK nationals in Luton.

National Insurance number (NINo) registrations by overseas nationals are very high in Luton. NINo registrations provide an indication of immigration into an area for work purposes. Between 2002 and 2014, more than 59,000 overseas nationals registered for NINos in Luton – equivalent to 0.8% of all National Insurance registrations by overseas nationals in England.

The UK Employer Skills Survey 2013[xliii] found that employers in Luton reported more difficulties in finding suitable staff to fill their vacancies than nationally

and in peer areas. The main reasons for vacancies being hard to fill were applicants lacking the qualifications that companies demand (73% of all H2FVs) and applicants lacking work experience (63%). This was significantly higher than the England averages (18% and 26% of all H2FVs).

Skills shortage vacancies (SSVs)
Employers reported that an overwhelming proportion of their vacancies were hard to fill because applicants lacked the appropriate skills, qualifications or experience. In Luton, 93.8% of all hard-to-fill vacancies were skills-shortage vacancies (i.e. hard to fill because of skills shortages). This was much higher than the England average of 78.0% and higher than all peer areas. In terms of the proportion of all vacancies, 36.0% of all vacancies reported by employers were SSVs, higher than the England average of 22.3% and significantly higher than most peer areas. The majority of skills lacking in applicants were technical, practical or job specific skills (85% of all skills-shortage vacancies – above the England average of 62%)

In the 2015 Luton Business Survey 257 businesses were interviewed, 23% have stated they have experienced difficulties in hard to fill vacancies in the last 12 months.

The main reason for recruitment difficulties has been because of the low number of applicants with the required skills (46%), while 16% cited a lack of applicants with the required attitude, motivation or personality and slightly fewer cited lack of people interested in the type of job (14%).

OUTCOMES

The priority is to develop active labour market programmes to achieve timely interventions to reduce long-term unemployment and to encourage the implementation of measures to improve the quality of work across the social gradient.
By 2020 we will have:

- Increased skills and employability levels in Luton, particularly amongst the most disadvantaged
- Improved young people's transition from education to employment
- Engaged more businesses in supporting the health and wellbeing of their staff and reducing sickness absence rates
- Increased support for adults with a learning disability who are in employment and/or looking to enter employment
- Engaged with businesses to promote healthier lifestyles in the workplace
- Increased fair employment for all

OUR PRIORITIES	LEAD (WHO WILL OVERSEE THIS PRIORITY)	KPIs	LINKS TO STRATEGIES AND PLANS

Increase support for local workforce to develop their skills to increase their chances of employment with particular focus on the most disadvantaged and those with low skill levels	**Director of service: Business & Consumer / Community Living**	An increase of [x% from X to Y] in wage levels of those working in Luton A narrowing in the gap of average wage levels of Luton's residents and those working in Luton and living elsewhere by X% An increase in the measurement of basic skills within Luton form [X] to [Y] Reduction in unemployment An increase in the employment rate in Luton	Luton's Skills & Employability strategy and accompanying action plan
Promote the value of apprenticeships with young people, their parents, carers and advisers and Luton's employer base as a route into employment as a credible and viable alternative to 'A' Level and University study	**Director of service: Business & Consumer / Community Living**	Increased access by Luton residents to apprenticeships Increased access by Luton employers to	Luton Apprenticeship Strategy Action Plan Luton's Investment Framework Luton's Skills & Employability strategy and accompanying

		apprenticeships Higher percentage businesses offering higher apprenticeships, measured by year.	action plan
Improve NEET interventions to improve employment opportunities	**Director of service: Community Living / Schools, Challenge & Intervention / Prevention & Early Intervention**	Number of NEETs engaged with mentoring and careers advice. Reduction in YP unemployed for over a year	Luton's Skills and Employability Strategy and accompanying Action Plan Luton's Investment Framework
Provide supported training / learning opportunities, particularly for people with mental health problems	**Director of service: Community Living / Healthcare & community resilience**	Number of people with mental health problems accessing training / learning opportunities Number of people with mental health problems securing employment	Mental Health Strategic Implementation Plan Social Prescription Programme Luton's Skills & Employability strategy and accompanying action plan
Develop community and volunteering opportunities to improve employability chances for those aged over 18	**Director of service: Community Living**	Number of community volunteers recruited Number of volunteers	Luton's Volunteering Strategy Social Prescription Programme Luton's Investment Framework Luton's Skills & Employability strategy and accompanying

		supported into employment, education or training.	action plan
Engage local businesses to support employees to lead healthier lives	**Director of service: Healthcare & community resilience**	Increase in number of businesses engaged with staff health and wellbeing programme	Public Health England
Improve the health of direct LBC and NHS employees	**Director of service: HR & Legal / Healthcare & community resilience**	Reduction in staff sickness absence	LBC Staff Health and Wellbeing Strategy

STRATEGIC OBJECTIVE 4: Ensuring a healthy standard of living by enabling the maximisation of income for families in poverty.

INVESTMENT FRAMEWORK: SSH4 - Reduction in the gap in health inequalities in Luton; SSH11 - Changing lives, achieving social outcomes for Luton via Luton Access

This priority focuses on:

- Establishing a minimum income for healthy living for all ages
- Reduce the cliff edges faced by people moving between benefits and employment

Background Information

Evidence from the Marmot Review[xliv] acknowledged that having insufficient money to lead a healthy life creates significant health inequalities. Low income is associated with worse health outcomes affecting long-term health and reducing life expectancy. A recent study by the Kings Fund[xlv] showed that the level of an area's health such as Luton, measured by middle super output areas (MSOA), is systematically affected by income deprivation. Life expectancy and disability free life expectancy is always lower in income deprived MSOA's, even if there are areas of higher incomes, this relationship is prevailing and impacts on health outcomes.

The Commission on the Social Determinants of Health (CSDH) showed that poverty and low living standards are powerful determinants of ill health and health inequity. However, the relationship between health and income is complex. For example parents' income influences children's health and children's health influence educational attainment, which consequently links to earning capacity and thus income.

Recent national policy changes on the welfare system combined with low economic growth means that these changes have a disproportionate impact on families, where there is a reliance on the benefits system in order maintain or develop a healthy standard of living.

The purpose of the current benefits system is to offer people a form of social protection. For example, giving financial support and improved buoyancy to families with children, or offering assistance to people to remain in work when they experience poor health. However, due to the Welfare Reform Act 2012 and the Pensions Act in 2011 and subsequent changes to the Welfare Bill 2015, evidence is showing these changes have failed to provide a healthy standard of living for families reliant on these benefits both for those in or out of work.

Income instability is increasing, including instability associated with the impact of Welfare Reform on housing, notably the spare room subsidy, benefit cap, arrears and evictions which are mitigated through discretionary financial support.

Furthermore, there has been a large distinction between in work and out of work income, where in some cases there is a reliance on certain components of income support, which Marmot has referred to as the 'cliff edge'. This cliff edge, is the notion of the large inequality gap that exists

between people in work and those out of work and in some cases this has discouraged people from seeking work or from staying in work with, say, reduced hours if they could otherwise be signed off as ill due to the dis-benefits relating to increased income.

Strategies such as the Social Mobility and Anti-Poverty Strategy supported by the Child Poverty Needs Assessment will offer a coordinated approach to maximising income. Included in this, will be collaborative working with key organisations as well as a single point of access which will help to ensure that the risk of people falling into financial difficulties is reduced.

WHAT WE KNOW

The Centre for Economic and Social Inclusion and Local Government Association (LGA) showed that the cumulative impacts of welfare reforms meant that households claiming benefit will lose on average £1, 615 a year (or £31 per week).[xlvi]

- In Luton we know that the benefit cap affects mainly people living in the private rented sector. Most of these are households with children. Luton Borough Council and Luton Access offer a single source of fully integrated information, advice and guidance to families experiencing complications and worries concerning benefits.
- Income maximisation from benefit take up is a key priority. Over £4,000,000 of welfare benefits is claimed per annum from Luton Access interventions provided within the town centre and at outreach locations where welfare benefits support accounts for 52% of all interventions
- There is a Crisis Support Scheme that supports people to access food, fuel and household goods in an emergency;
- Self-help workshops to avoid crisis are provided for welfare benefits, employment rights, debt and financial literacy. These are delivered to circa 80 clients a quarter by Luton Access partners.
- Targeted work in Children's Centres with Adult Education and Job Centre Plus and families living on low income has been undertaken. The work includes, personal budgeting and money management.
- Luton's Action Against Poverty Forum continues to be a hub for the statutory, independent and third sector organisations to support a coordinated approach to tackling poverty in the town
- There is a strong link between homelessness (or housing 'instability'), personal debt and worklessness which are LBC are seeking to address in order to prevent customers escalating into crisis.

Luton's Joint Strategic Needs Assessment (JSNA)[xlvii] highlights that there are a number of people affected by 'in- work' poverty. As the Welfare Reform changes begin to impact on Luton's population it is likely that more people will experience financial difficulties and potentially be classified as financially 'vulnerable'. In addition to this, the JSNA highlights how poverty is a key risk factor for specific population groups, these include:

- People with mental health issues
- People with learning disabilities
- People living in temporary accommodation and homeless people
- Women on low incomes
- Young carers.

OUTCOMES

This priority focuses on reducing the adverse health outcomes attributable to living on low incomes. Specifically, the ratio relating to the minimum income standard should be higher than the relative poverty threshold[xlviii],[xlix] for 'vulnerable' people in Luton.
By 2020 we will have:

- an effective diagnostic tool in place to enable early identification of people at risk of getting into crisis e.g. homelessness.
- a better understanding of what behaviour enables some individuals to manage (and stay self-sufficient) in difficult circumstances, while others are less resilient.
- fewer people affected by the 'cliff edges' between employment and welfare benefits and more people achieving a healthy standard living above the relative poverty threshold
- a coordinated cohesive approach across Luton with strong partnerships from all sectors, to support the aims of integrated behaviour change that helps individuals to maintain and improve their self-sufficiency

OUR PRIORITIES	LEAD (WHO WILL OVERSEE THIS PRIORITY)	KPIs	LINKS TO STRATEGIES AND PLANS
Develop customer profiles that focus on the changes needed by the individual to improve self-sufficiency and action needed by advisers	**Service director: Revs, Bens & Customer services**	Set up of the Early Help Social Investment Bond	Luton's Investment Framework LBC Prospectus
• Provide support to families by utilising the social investment projects in order to support self-sufficiency and link support for housing, debt and work to build stronger families • Continue with intensive home visiting programmes during	**Service director: Revs, Bens & Customer services, Prevention & Early Intervention**	Families supported 700 individuals prevented from	Early Help Strategy Stronger Families Luton's Investment

and after pregnancy • Continue to develop Edge of Care social investment programme		escalating into homelessness over a 3 year period	Framework
Implement Social Mobility and Anti-Poverty Strategy	**Service director: Policy & Performance**	Deliverable action plan All partners and stakeholders signed up to Luton aspiration	Investment Framework Skills and Employment Strategy LBC Prospectus
Undertake a comprehensive IIA on the changes to Welfare as stated in the update Welfare Reform Bill 2015	**Service director: Policy & Performance**	Deliverable action plan	Social Mobility and Anti-Poverty Strategy Skills and Employment Strategy Investment Framework LBC Prospectus Stronger Families
Continue to deliver integrated information, advice and guidance and casework to Luton's poorest and most deprived families	**Service director: Revs, Bens & Customer services**	Luton Access Outcome Framework	Skills and Employment Strategy

STRATEGIC OBJECTIVE 5: Create and develop healthy and sustainable places and communities

INVESTMENT FRAMEWORK: BG4 - Development of sustainable approach to green travel; BG5 - Develop a sustainable approach that is fit for Luton's future; BG8 - Delivery of key development sites

This priority focuses on:

- Creating healthy sustainable places and communities,
- Preventing communities and individuals from suffering social isolation and poorer health outcomes.

Background Information

It is now well established that the quality of our physical and social environment impacts on our health and wellbeing. The findings from Marmot's, *Fair Society, Healthy Lives* highlight the correlation between deprivation and poor health and wellbeing. Successful places that promote wellbeing often combine good design of the physical realm and strong community and social infrastructure. For example, poor housing in a deprived neighbourhood with a lack of access to green spaces will have a negative impact on physical and mental health[I].

It is important that the built and natural environments support the adoption of healthy lifestyles by providing good access to healthy, affordable foods, key infrastructure (such as libraries, parks and community centres) and active travel options (such as walking and cycling routes). This can be achieved by using and influencing local planning, housing, regeneration and transport policies and effectively monitoring the health and wellbeing impact of those policies. creating and improving healthy communities will involve discouraging unhealthy environments that promote negative health experiences such as poor air quality, antisocial behaviour and feelings of being unsafe.

Improved social capital and sustainability within a locality can act as "buffer" of resilience against the risks of poor health, leading to reduced social inequality (Marmot, 2013). Critical to this is enabling communities and individuals to be able to participate in their communities (removing isolation) and to have greater control over their lives, thus improving physical health and mental wellbeing.

In order to achieve this, Marmot suggests that Government and therefore public sector organisations will need to invest differently, using funding to support infrastructure that promotes a healthier built and greener environment. By recognising the increasing priority of delivering

prevention policies and strategies, the physical and social environment can be improved and influence health outcomes.

WHAT WE KNOW

- Luton has an Investment Framework that highlights a clear aim to ensure that health, wellbeing and prosperity is improved. This will include the maximisation of Luton's assets through the development of strategic sites.
- Seven of Luton's District and Neighbourhood parks have achieved the Green Flag standard. The Council also manages a large number of local open spaces which provide a range of facilities including 47 children's playgrounds, and an adventure play area which opened in 2011. However, provision of green space of recreational value is below the standards (for each typology) and this has been identified in the Green Infrastructure Plan for Luton 2014. Due to expected growth in Luton's population, the protection and continuous improvement of the existing green space is an important issue for the communities of Luton.
- Fuel poverty and air quality in Luton are worse than the England average.
- Nationally, when comparing 70 towns and cities with the largest core retail boundaries, Luton is among the top 35% in terms of health-promoting high streets[li].

Infrastructure

Luton faces significant housing challenges with limited land availability to build new and affordable housing. This contributes to the numbers of families and people who are homeless.

As evidence of levels of housing need, there are 10,000 people on the local housing waiting list and over 1,000 homeless families living in temporary accommodation. Of these, more than 70 are placed into expensive and unsuitable bed and breakfast accommodation. Biscot and Dallow have the highest levels of overcrowding with over 25% of households having a deficiency of 1 bedroom or more.

Luton Borough Council has been encouraging schools to prepare School Travel Plans since 1999 when the first School Travel Plan was developed by Bushmead Primary School.

The Local Sustainable Travel Fund has allowed a great deal to be achieved over the past four years to encourage active school travel plan development along with initiatives and promotions to encourage more sustainable travel to schools such as scooter training, radio adverts and

promotional competitions[lii].

The 2014 school travel survey showed the following.

Mode	Luton 2014	National 2012
Primary		
Walk/scoot	52.5%	46%
Cycle	3.6%	1%
Car/taxi	30.1%	46%
Car share	3.1%	n/a
Park and Stride	8.7%	n/a
Bus	1.9%	6%
Train	0.1%	n/a
Secondary		
Walk/scoot	66.8%	37%
Cycle	2.6%	2%
Car/taxi	17.2%	23%
Car share	6.1%	n/a
Park and Stride	1.9%	n/a
Bus	5.5%	34%
Train	0.1%	2%

Luton's Local Plan (2011-2031) is currently being developed. The new plan will follow government guidance to support the improvement of health and wellbeing and ensure that sustainability is a key feature. The plan focuses on creating local identity and supporting district and neighbourhood centres to ensure accessibility to local shops, amenities and transport links. It also attempts to balance housing growth with employment growth while protecting the town's most important historic and environmental assets.

Social Connectedness

People value relationships because they bring them comfort, provide love, allow them to confide in people or feel part of a group, or because they are important for achieving other goals, such as finding a job, or learning new skills[liii]. In terms of the built environment, mortality rates have been found to be lower in areas where residents have higher levels of trust between each other[liv].

The Luton Residents Survey 2014[lv] found that 12% of respondents said they were lonely 'quite often' or 'very often'. This is consistent with national studies. The Council has created an index of social isolation, allowing the mapping of household vulnerability to social isolation across Luton. Those areas identified as most likely to be at risk from social isolation and loneliness were Lower Super Output Areas (LSOA) within Farley, Icknield, Lewsey, Leagrave, South, Stopsley and Wigmore wards. In addition to this, interviews and focus groups as part of the survey work showed a richer understanding of the impacts of loneliness and isolation on residents. Some key themes arising from this are:

- a lack of awareness of the possibilities available to interact with others.
- personal safety was identified as a particular issue for older people, the young, people without access to cars, disabled people and people on lower incomes and
- loneliness was the result of a complex set of factors, in which personality played a crucial role.

OUTCOMES

This priority focuses on prioritising policies and interventions that reduce both health inequalities and mitigate climate change; fully integrating planning, transport, housing, environmental and health systems to address the social determinants of health in each locality and supporting locally developed and evidence based community regeneration programmes.
By 2020 we will have:

- Improved active travel across the social gradient
- Improved the availability and access to good quality open spaces and parks
- Improved the food environment in local areas
- Improved energy efficiency of housing across the social gradient.
- Reduced social isolation

OUR PRIORITIES	LEAD (WHO WILL OVERSEE THIS PRIORITY)	KPIs	LINKS TO STRATEGIES AND PLANS
• Improve the quality of all tenures of housing (especially private sector rented) accommodation in the town and reduce fuel poverty.	**Service director: Housing**	Number of energy efficient improvements made in private sector	Luton's Investment Framework LBC Prospectus Housing Strategy
• Ensure a supply of appropriate and affordable housing in the town to meet demand, reduce homelessness, improve choice and prevent excess winter deaths.	**Service director: Housing / Planning & Transport**	Reduction in the number of families in temporary accommodation including bed and breakfast Number of affordable housing units developed	Luton's Investment Framework LBC Prospectus Housing Strategy
• Increase the profile and understanding of loneliness and social isolation as a key issue affecting health and well-being and include it in future decision-making and commissioning outcomes.	**Service director: Community Living**	Reduce social isolation	
• Increase the use of sustainable travel (including walking and cycling) as the 'first choice' of transport	**Service director: Planning & Transport / Engineering & Street Services**	Number of people walking and cycling. Reduction in poor air quality (NO2)	Local Transport Plan 3 Luton's Local Plan Rights of Way Improvement Plan

• Ensure that the Local Plan 2011-2031 includes policy criteria to enable health and wellbeing impacts to be identified as part of determining development applications identified.	**Service director: Planning & Transport**	Questions included within the planning process monitoring how development will improve health and wellbeing and reported in the Annual Monitoring Report	Luton's Investment Framework Luton's Local Plan Policy LP1 clause E ("Promote healthy, safe and inclusive communities") Sustainability Appraisal and IIA and AMR proxy indicators; affordable housing etc.
• Improve the accessibility, connectively, bio-diversity and recreational value of existing parks, green spaces and natural areas to promote good mental health and physical activity through partnership working across departments. • Use healthy urban planning principles to build green and open space of recreational value into new developments to help address the shortfall of open space across Luton.	**Service director: Planning & Transport / Engineering & Street Services**	Production of Rights of Way Improvement Plan, Definitive Map and Action Plan No. of parks achieving the Green Flag Quality Award	Rights of Way Improvement Plan & Definitive Map Green Space Strategy

STRATEGIC OBJECTIVE 6: Strengthen the Role and Impact of Ill Health Prevention

INVESTMENT FRAMEWORK: SSH4 - Reduction in the gap in Health Inequalities in Luton; SSH5 - Bringing Health closer to Luton's communities SSH11 - Changing lives, achieving social outcomes for Luton via Luton Access

This priority focuses on:

- Prioritising the prevention and early detection of those conditions most strongly related to health inequalities
- Increasing the development and roll-out of a programme of preventative interventions that are effective across the social gradient, including focussing on public health lifestyle interventions to reduce the social gradient in, for example, obesity, smoking and alcohol

Background Information

There is a "social gradient" in health – the lower a persons' position in society the worse their health. In the UK, socioeconomic inequalities have increased since the 1960s and this has led to wider inequalities in health. Other dimensions of inequality, which intersect with socioeconomic status in complex ways, also have important influences on health. There are major health challenges relating to specific "equality groups" based on age, sex, ethnicity, sexuality and disability.[lvi] The conditions most strongly related to health inequalities, such as cancer, diabetes, stroke and cardiovascular disease are associated with smoking, alcohol, drug use and obesity. The purpose of this priority objective is to address health behaviours.

Obesity in Adults Excess weight is a leading cause of type 2 diabetes, heart disease and cancer. Many lives are blighted each day by back pain, breathing problems or infertility caused by overweight and obesity, contributing to low self-esteem and reduced quality of life. In the workplace overweight and obesity impair the productivity of individuals and increase absenteeism.

Physical Inactivity Amongst Adults

Physical inactivity has been identified as the fourth leading risk factor for global mortality.[lvii] It has been demonstrated to have an equal all-cause mortality hazard ratio compared to smoking. Increasing physical activity has the potential to significantly improve both physical and mental wellbeing, reduce all-cause mortality and improve life expectancy. For example, increasing activity levels helps to prevent and manage over twenty long term conditions including coronary heart disease, cancer, diabetes, dementia, musculoskeletal disorders, obesity, stroke and mental illness.[lviii]

Smoking

Smoking kills half of all regular users early and is the biggest single preventable cause of disease and premature death in the UK, causing more deaths than from drug use, road accidents, other accidents and falls, preventable diabetes, suicides and alcohol abuse combined. Smoking causes about 90% of lung cancers and is also associated with lip, mouth, throat, bladder, kidney, stomach, liver and cervical cancers. It is also associated with respiratory infections including chronic obstructive pulmonary disease (COPD), pneumonia, asthma, and other ear, nose and throat problems. Smoking increases the risk of coronary heart disease, heart attack, stroke, peripheral vascular disease and cerebrovascular disease.

It is the leading cause of health inequalities in the UK with smoking related deaths two to three times higher in low-income groups than in wealthier groups[lix] In 2013, 12.9% of adults in managerial and professional occupations smoked compared with 28.6% in routine and manual occupations, nationally. Although smoking rates are falling they are showing a slower rate of decline within disadvantaged groups. Some data has hardly changed with 33% of people with mental health illness and 70% of those in psychiatric units smoking. Bangladeshi, Pakistani and Irish men are recognised as having high rates of smoking prevalence - 40% of Bangladeshi men, 30% of Irish men, 29% of Pakistani men and 25% of black Caribbean men smoke nationally.

Drug Related Harm

Problematic drug use continues to have a negative effect on the health, wellbeing and quality of life of individuals, their families and local communities. There is a close association between drug use and crime with many individuals committing crime to fund their drug use. This is often acquisitive crime for men and in addition the sex trade for women. Drugs are often used to block out trauma such as physical, mental or sexual abuse. Drug use is highly prevalent in areas of deprivation and ethnic and cultural issues create differing perspectives on drug use. Changes in the type and use of drugs are presenting new health challenges, so the decline in injecting drug use naturally reduces some health risks, however the use of new psychoactive substances increases the risk of death due to the random nature of drug content.

Alcohol Related Harm

Alcohol consumption can affect lives in a number of ways, especially when it is being consumed excessively. This can lead to a number of harmful physical and psychological effects such as alcohol poisoning and cirrhosis of the liver. Alcohol consumption has also been linked to over 60 medical conditions including psychiatric, liver, neurological, gastrointestinal, cardiovascular conditions and several types of cancer.

Mental Health

Mental health is described as 'the emotional and spiritual resilience which enables people to enjoy life and to survive pain, disappointment and sadness. It is a positive sense of wellbeing and underlying belief in people's own and others' dignity and worth'.[lx] Mental health affects capacity to learn, to communicate and to form and sustain relationships as well as influencing ability to cope with change, transition and life events[lxi]. Mental health and wellbeing has a strong impact on physical health and is central to all health and wellbeing.

The impact of depression on a person's functioning was 50% more serious than angina, asthma, diabetes or arthritis.[lxii] Mental ill health is Britain's biggest social problem.[lxiii] At present, 40% of disability is due to depression and anxiety. Sickness absence due to mental health problems costs the UK economy £8.4 billion a year and also result in £15.1 billion in reduced productivity. Poor quality of life through physical illness is closely related to mental health problems. At least one in four people will experience a mental health problem at some point in their life and one in six adults have a mental health problem at any one time with about one in 100 people having a severe mental health problem.[lxiv] Adults with mental health problems are twice as likely to report experiencing a long-term illness or disability and over two-thirds of people with a persistent mental health problem have a long term physical complaint. Mental ill health is the largest single cause of disability. People with severe mental illness die on average 20 years earlier than the general population.

There are many mental ill health risk factors which include: socioeconomic factors – such as inadequate housing, debt and levels of social support at both an individual and community level: unemployment is both a cause and a result of mental ill health, rates of mental illness are higher in socially excluded groups such as offenders, refugees, some immigrant groups and homeless people, people who are lesbian, gay, bisexual or transgender (LGBT) are at greater risk of some mental health problems, African Caribbean people are more likely to be diagnosed with and admitted to hospital for psychosis than any other group and rates of depression have been shown to be higher in Indian and Pakistani women.[lxv]

Sexual Health

Sexual health is an important element of physical and mental health. Good sexual health requires relationships to be safe and equitable, with ready access to high quality information and services that reduce the risk of unintended pregnancy, illness or trauma. Sexual ill health is influenced by a complex network of factors ranging from sexual behaviour and quality of SRE (sex and relationship education), through to biological risk and genetic predisposition as well as health inequalities, which extend beyond health.[lxvi]

WHAT WE KNOW

Obesity
In 2013/14 10.5% of Year R and 23.7% of Year 6 pupils were identified as obese. Being obese in childhood has consequences for health including both emotional and psychological effects. Obese children are also more likely to become obese adults and have an increased risk of morbidity, disability and premature mortality. In 2012 24.3% of Luton adults were classified as obese – this is higher than the England average (23.0%). 59.0% of adults were classified as overweight (including obese) – this is lower than England (63.8%).

Physical Activity
In a national report from 2014 looking at physical inactivity across the country[lxvii], Luton was ranked 139 out of 150 local authorities for physical inactivity – contributing to an estimated 306.7 per 100,000 premature deaths per year. Latest data (2014) demonstrates that the percentage of inactive adults (16 years and above) has increased to 33.5%, which is significantly worse than the national average (27.7%). Furthermore, the percentage of Luton adults achieving 150 minutes per week has reduced to 45.1%, which is significantly lower than the national average (57%).

Smoking
The prevalence of adult smoking in Luton in 2013 is 20%. Prevalence amongst routine and manual occupations is considerably higher in Luton at 29.1% which is a significant contributing factor to health inequality. The extent of the inequalities gap is also illustrated in Public Health England's Local Tobacco Profiles data with the number of hospital admissions attributed to smoking worse/higher than the national average, sitting in a red RAG rated zone, as are smoking deaths attributed from heart disease and lung cancer; there is also a significantly higher than average low birth weight of term babies. In Luton in 2013 12.1% of babies were born to mothers who smoked.

Drug Related Harm
Figures show that the 2013/14 drug dependency prevalence rate per 1000 opiate/crack user in Luton is higher in comparison with national prevalence (13.5 per 1000 compared to 8.7 per 1000). Drug use in Luton, especially among problematic sex workers is encouraging dealers to see Luton as a thriving environment in which to ply their trade. From March 2013 to February 2014 there were 875 drug users over 18 years old in effective treatment in Luton. Luton has one of the lowest drug related death rates in the UK.

Alcohol Related Harm
A recent report from Public Health England (2012/13) shows that there are 632 adults in alcohol treatment in Luton. 1,170 people were admitted to hospital with alcohol related conditions and 37 people were admitted to hospital with alcohol specific conditions. 21.7% of adults in Luton are consuming more than 600 units of alcohol per month.

Mental Health
Various social, economic and physical environments affect a person's mental health at different stages during their life. One major contributor is

social inequality; Luton's population may therefore be at a greater risk of mental health problems compared with England because there is a higher level of socioeconomic deprivation which can lead to low educational attainment, material disadvantage, unemployment, debt and social isolation. [lxviii,lxix] In Luton, it is estimated that in 2014 there were 21,055 people aged 18-64 years with a common mental disorder[lxx] Common mental health disorders include mild to moderate depression and anxiety disorders (including Generalised Anxiety Disorder (GAD), Phobias, Obsessive Compulsive Disorder (OCD), and Panic Disorder).

Sexual Health

In Luton elements of sexual health have remained poor for a number of years, with improvements only being observed more recently. 2014 saw a continued increase in diagnosed sexually transmitted infections (STIs), placing Luton's rates higher than both the national and regional average for the same period. HIV prevalence in Luton is the highest in the Eastern region and the fourth highest outside of London. The town also currently has the highest abortion rates in the East and higher than average proportion of repeat abortions for under 19's.

However, with significant investment in sexual health improvement programmes and the modernisation of services, elements of sexual health have improved locally: Under 18 conception rates are on a downward trend to 24.4% similar to the England average. During 2011-2013, the proportion of late HIV diagnoses was 50.7% - which was above the national average at 45%, Chlamydia diagnoses rose by over 40% in 2013 to 1,799 per 100,000 aged 15-24 years compared to 1,271 in the previous year, bringing Luton closer to the national target of 2,300.

OUTCOMES

This priority focuses on the prevention and early detection of those conditions most strongly related to health inequalities. By 2020 we will have:

- health outcomes comparable to the England average

OUR PRIORITIES	LEAD (WHO WILL OVERSEE THIS PRIORITY)	KPIs	LINKS TO STRATEGIES AND PLANS

Obesity Develop an overall strategic multi-agency approach to reduce obesity by: • providing and promoting a healthy environment which helps make healthy choices easier • promote self-care, prevention and early intervention • provide timely and evidence based treatment for those who are overweight or obese • develop and strengthen local intelligence and data • build an effective workforce	**Service director: Healthy Lives with input from CCG**	Obesity prevalence – adult, Year R, Year 6	Healthy Weight Strategy JSNA HWBS
Physical Inactivity • Increase the percentage of physically active adults by making facilities more accessible and targeting 'inactive population groups	**Service director: Healthy Lives / Community Living with input from CCG**	Percentage of physically active / inactive adults	HWBS JSNA Luton's Local Plan Luton Transport Plan Vision for Sport and Physical Activity
Smoking Reduce smoking prevalence with specific focus on: • supporting routine and manual workers, pregnant women and people with mental health issues people to quit • Invest in sustained, evidence-based prevention work with young people • Safeguarding families and communities from tobacco-related harm	**Service director: Healthy Lives with input from CCG**	Smoking prevalence: • adults • routine and manual groups • pregnancy	Tobacco Free Luton Strategy
Drugs • Reduce the harms caused by drug use by transforming service delivery to be more outcome focussed. The new model will highlight, encourage and inspire those in	**Service director: Healthcare & Community Resilience with input from CCG**	Percentage of service users exiting treatment drug free	Annual LDAP Treatment Plan

addiction to seek a life free of drug dependency			
Alcohol • Reduce the harms caused by excessive alcohol use • Support the rehabilitation of Street Drinkers	**Service director: Healthcare & Community Resilience with input from CCG**	Reduction in alcohol related admissions to hospital Reduction in numbers engaging in street drinking	Luton Alcohol Strategy Annual LDAP Treatment Plan
Mental Health and Wellbeing • Set up a Social Prescription Programme to target social isolation and mild/moderate mental health issues • Develop a co-ordinated approach to mental health promotion including: - increase participation in mental health promotion campaigns and initiatives (5 Ways to Wellbeing, Mental Health Awareness Day / Week etc.) and support - mental health awareness capacity building through Mental health First Aid training	**Service director**: **Healthcare & Community Resilience with input from CCG**	Reduction in GP attendances? Reduction in prescribing costs? Reduction in suicides?	MH SIG Better Together Luton Access
Sexual Health • Reducing the abortion rate in the under 25 age group • Achieving the nationally set chlamydia diagnostic target • Reducing onward transmission of and proportion of late HIV diagnoses, bringing Luton closer to the national average	**Service director: Healthy Lives with input from CCG:**	Abortion rates STI rates HIV Late diagnosis	HIV and Sexual Health Strategy
Cross-cutting healthy lifestyle programmes **Improving access to health and wellbeing interventions by:** • training peer educators / health champions to work in priority communities, workplaces and through the Healthy Living Pharmacy programme	**Service director: Healthcare & Community Resilience with input from CCG**	Number trained / monitoring of activities / referrals to services / uptake of screening	PH Business Plan Health Check Implementation Plan

• engaging more people in 'Making Every Contact Count' (MECC) programme • increasing uptake of NHS Health Check programme and referrals into lifestyle interventions • implementation of Social Prescription Programme - key to reducing health inequalities through engaging with people to access appropriate non-clinical support such as advice and guidance, healthy lifestyle services, community networks and organisations to reduce social isolation etc.		Number trained from priority groups / referrals made to lifestyle services Number NHS Health Check – through GP practices and in the community / workplace; number of referrals to healthy lifestyle services Number of patients accessing support services; Reduction in GP time	Better Together Programme Luton Access

Appendix 1. Public Health England's Health Equity Assessment Tool

Public Health England

Health Equity Assessment Tool

Health and Social Care Act 2012 legal duties on health inequalities

The Health and Social Care Act 2012 establishes specific legal duties on health inequalities which Public Health England must meet.

This means that PHE will need to demonstrate that it has taken into account the need to reduce inequalities in physical and mental health in all its work and will need to provide evidence of compliance with the duties.

Health inequalities in England exist across a range of indicators, including some of the nine protected characteristics of the Equality Act 2010 and socioeconomic status and geography.

The Equality Act 2010

The Equality Act 2010 includes a public sector equality duty, which means that "public authorities" such as PHE must in the exercise of their functions have due regard to the need to:

- eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act
- advance equality of opportunity between people who share a protected characteristic and people who do not
- foster good relations between people who share a protected characteristic and those who do not.

The tool overleaf aims to help everyone in PHE to address the Health and Social Care Act 2012 legal duties on health inequalities and the requirements of the Equality Act 2010.

The nine protected characteristics are:

- age
- disability[1]
- gender reassignment
- pregnancy and maternity
- race
- religion or belief
- sex
- sexual orientation
- marriage and civil partnership

[1]Disability in the Equality Act is described as physical or mental impairment where the impairment has a substantial and long-term adverse effect on a person's ability to carry out day-to-day activities.

Health Equity Assessment Tool

The tool consists of four key questions.

	Question	Issues to consider
1.	What health[2] inequalities or discrimination of protected groups exist in relation to your work?	a. What health inequalities exist in relation to the health issue your work aims to address? b. Who is the most advantaged and how? c. Who is most disadvantaged? Any specific health issues for groups? d. What are the mechanisms by which the health inequalities are created, maintained or increased? e. What possible discrimination of people with protected characteristics exists in relation to the health issue this programme plans to address?
2.	How might your work affect health inequalities, and have regard to the needs of protected groups?	f. How will your work affect health inequalities? Will it address need across the social gradient or focus on one group only? g. Who will benefit most from your work and who is least likely to benefit? h. Will your deliverable address the i) structural "causes of the causes"; ii) behavioural or risk factor "causes"; or iii) access to services? i. How will the deliverable have regard to the protected characteristics? j. Are there any potential unintended consequences that can be foreseen?
3.	How will you monitor and evaluate the effect of your work on health inequalities and protected groups?	k. How will you know if your deliverable has helped to reduce health inequalities? l. How will you know that you have taken due regard to the Equality Act?
4.	What are the next steps?	m. Is there anything you can do to make it more likely that your work will reduce health inequalities or reduce discrimination? n. Have your answers identified gaps in knowledge or evidence? If so, are these important gaps that need to be addressed and how will you address them? o. Have your answers identified further deliverables that have the potential to reduce health inequalities?

[2] WHO definition of health: health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.

Adapted from The Health Equity Assessment Tool, New Zealand Ministry of Health, June 2008

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