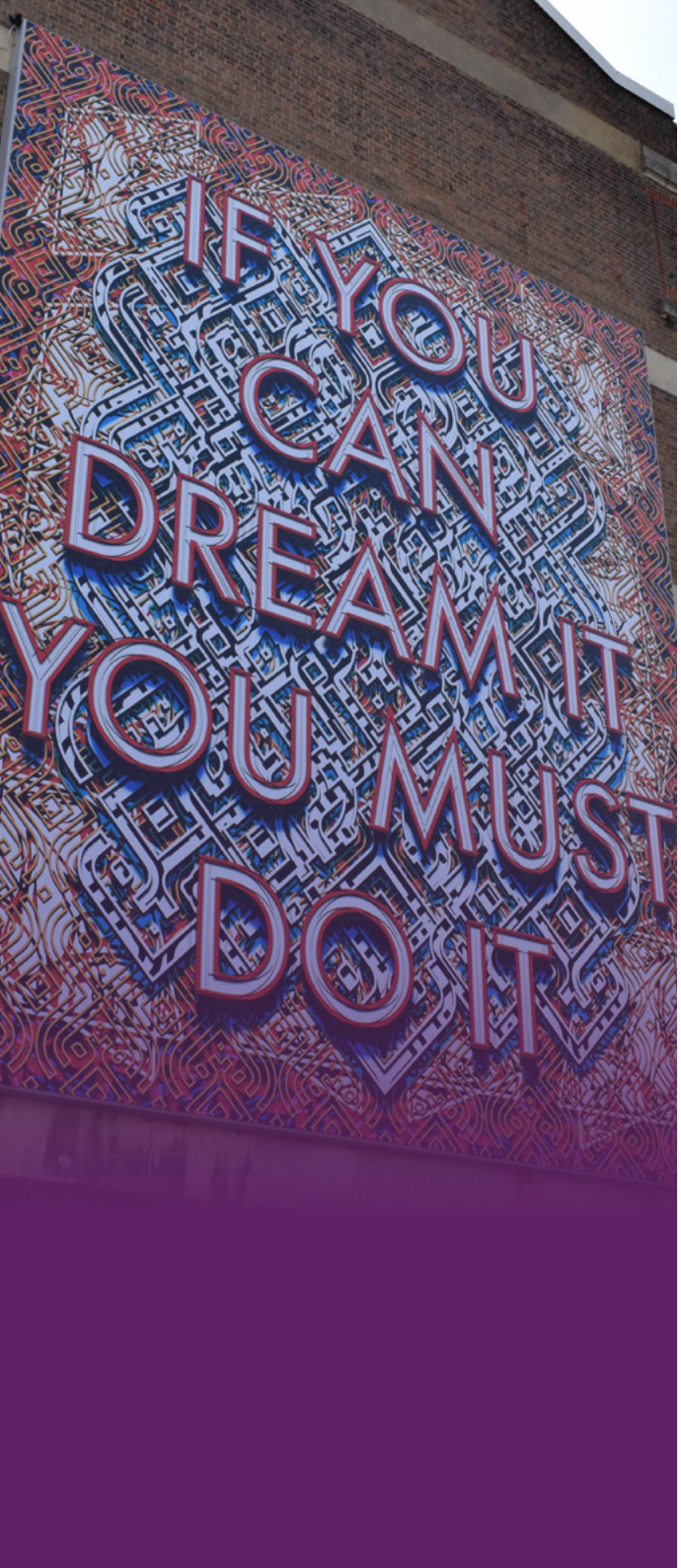
Luton Council

The Annual Report of the Directors of Public Health (2024)

Health Equity Town - people and place

Luton



Foreword

We are delighted to share with you our annual report of the directors of public health. The Annual Report fulfils one of the statutory responsibilities of directors of public health and forms part of the strategic process for improving the health of Luton's population.

This year, we focus on our journey as a Health Equity Town, by taking a deeper look at what the data is telling us about the differences within Luton and what we are doing as a system to tackle health inequalities at a local level. We have taken key indicators that contribute to health inequalities and explored the patterns across the town which will take us to a more targeted approach.

The report explores the complexity of working at different geographical levels such as wards and neighbourhoods, recognising that to deliver the improvements we want to see in health outcomes, we need to work not just at a population level but **with** communities and local services.

We know that health inequalities are stubborn and complex. Life expectancy in Luton for both male and female residents is lower than the national average figures For Luton, life expectancy for men is 78.1 years and for women it is 82.4 years. Whilst nationally, life expectancy for men is 79 years and for women it is 83 years. However there is variation in life expectancy in different areas across Luton. Men living in the most deprived areas of Luton have a life expectancy nine years less than those in more affluent areas. For women, this gap is five years.

We understand that people's health is affected by several factors. While genetics and individual health behaviours are important and do play a role in health outcomes – these are not the most important factors. Factors known as the causes of the causes[1] or the Building Blocks of Health such as housing and employment have a greater impact on health and we talk about them in this report.

We also know that Luton is a town with 'challenging' issues including socioeconomic factors such as poverty and deprivation which drive inequalities in health. For example, three wards (South, Farley and Northwell) are within the most deprived 10% in the country. Inequalities in health are also compounded, low-paid employment, high levels of private renting, insecure tenancies, and rising rents amongst other factors.

Finally, the report gives an update on the actions and activities happening across the Health Equity System based on the **eight Marmot principles** that are contributing to improving health equity.

1. Department of Health. Wider Determinants of Health Fingertips

The report is divided into four key areas.

What does it mean to be a Health Equity Town? We highlight the importance of the health equity system and partnership working.

Key insights from our Annual Public Health Report dashboard that shows that where you live impacts on key health outcomes such as smoking and obesity and the determinants of health. We have introduced the reframing of the wider determinants of health by using the language 'Building Blocks of Health.

A summary of what we are doing as a health equity system, giving example case studies.

And finally, we say how we intend to support the work at neighbourhood and community levels, addressing health inequalities as a health equity system.

Nicola Ainsworth
Acting Director of Public Health
December 2024 to August 2025
Luton Council

Elizabeth Elliott
Acting Director of Public Health
December 2024 to August 2025
Luton Council

1. What does being a Health Equity Town mean for Luton?

Being a Health Equity Town (a Marmot Place) is Luton's place-based approach and commitment to reducing health inequalities, shaped by the building blocks of health. It is a collective focus on improving health equity as a system.

The Health Equity Town approach provides the wider principles and framework we use to deliver **Luton's Population Wellbeing Strategy 2023 - 2028** and achieving our **Luton 2040 vision**, "a healthy, fair and sustainable town where everyone can thrive and no one has to live in poverty".

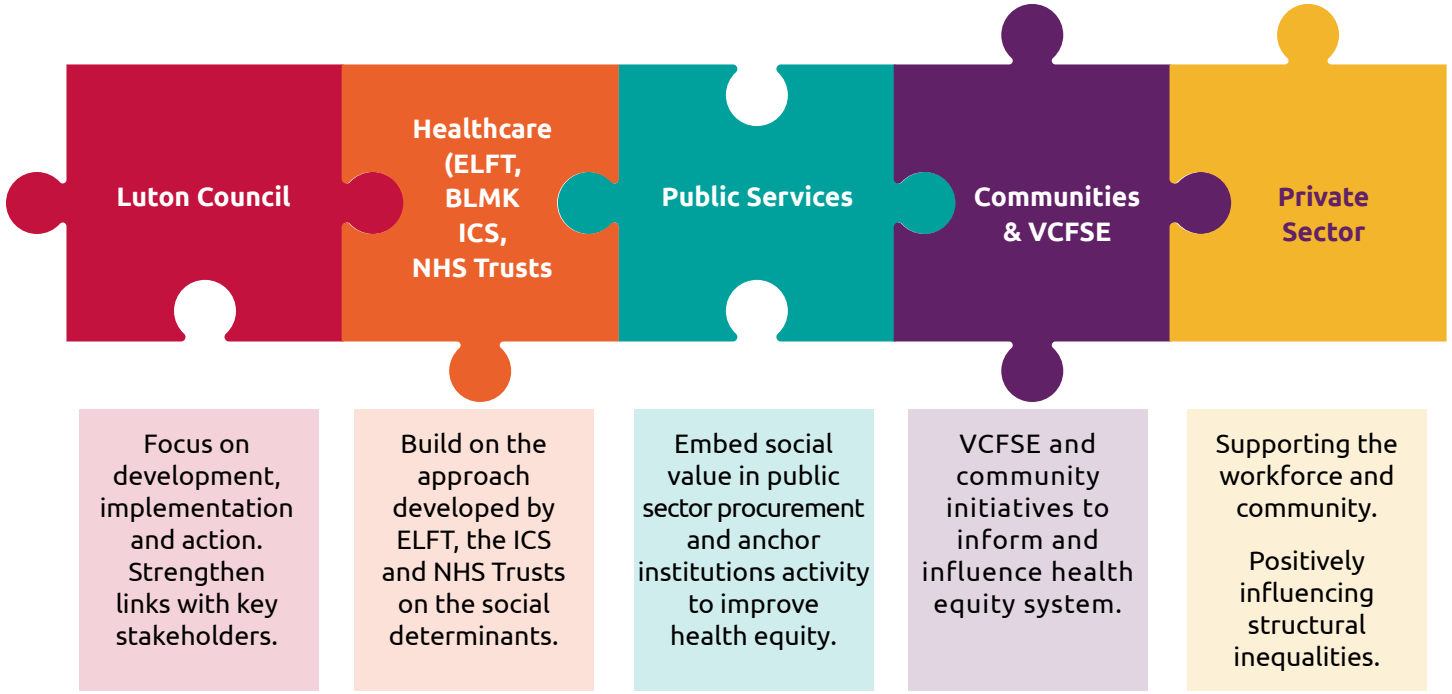
The purpose of being a Health Equity Town is to act on the social determinants of health to reduce health inequalities.

We specifically, we want to:

- improve health equity through **systemic, cross-sector collaboration**
- **embed the Marmot Principles** into local policy and practice
- **align local strategies with evidence-based approaches** to improve health equity
- **empower communities** and stakeholders to co-design and deliver initiatives that address the root causes of poor health, such as poverty, housing, education and employment
- **share and communicate** our work and successes to partners, stakeholders using research and evaluation.

Figure 1 shows Luton's Health Equity System for Luton, and the partnership approach required to improve health equity. A key component of our collaboration is working with communities and the voluntary, community, faith and social enterprise (VCFSE) sectors and our Marmot Trust partner East London Foundation Trust.

Figure 1: The Health Equity System – Luton Marmot Town



2. What do we know about the complex picture of health inequalities in Luton?

Health Equity Indicators for Luton

To track our progress on improving life expectancy in Luton and reducing health inequalities, we have developed a set of Health Equity Town indicators which align with the eight Marmot principles. Table 1 shows the eight Marmot principles and Luton's Health Equity Town corresponding indicators.

Table 1. Marmot Principles and Luton Health Equity Town indicators

Marmot Policy Area	Health Equity Town Indicators
Overarching Health Equity Town	• life expectancy male and female • healthy life expectancy male and female
1. Give every child the best start in life	• percentage of children achieving a good level of development at 2.5 years • percentage of children achieving a good level of development at the end of early years • infant mortality rate (deaths under 1 year rate per 1000 live births)
2. Enable all children, young people and adults to maximise their capabilities and have control over their lives	• percentage of 5-year-olds with experience of visually obvious dental decay • child poverty (after housing costs) • average Progress 8 score • average Attainment 8 score • proportion of Luton children attending good or outstanding schools • hospital admissions for self-harm for young people aged 15-19 (rate per 100,000) • proportion of children that are overweight (including obesity)

3. Create fair employment and good work for all	• Minimum Income Standard (Luton adapted model – destitution) • unemployment claimant count (% of working age residents) • % of residents in higher-level occupations (education attainment Level 4, level 2 and no formal qualifications) • % of employees below the living wage that are in jobs
4. Ensure a healthy standard of living for all	• proportion of children living in workless households • percentage of households in fuel poverty
5. Create and develop healthy and sustainable places and communities	• households in temporary accommodation (per 1000 households)
6. Strengthen the role and impact of ill health prevention	• smoking prevalence (% adults aged 18 years and older) • adult obesity rates (% adults 18+) • percentage of people experiencing loneliness • under 75 mortality rate from circulatory disease considered preventable (DSR per 100,000)
8. Pursue environmental sustainability and health equity together	• proportion of people cycling/ walking for travel (3-5 times/week) • air quality Annual Status Report (ASR)

Differences within Luton

The 28 indicators form a *'Tartan Rug'* (table 2) of routinely collected public health indicators allowing us to compare and track Luton against national and regional places. This provides an overview of the town's health equity and the progress against the indicators. However, it is important to understand what the picture looks like ***within*** Luton and examine how the **differences** between wards can help target interventions more effectively as a health equity system. Based on the 2019 data Index of Multiple Deprivation (IMD) Figure 2 displays the ward boundaries in Luton, shaded according to their IMD ranking. Darker areas represent wards with higher levels of deprivation, while lighter areas indicate wards that are less deprived.

The Public Health Intelligence Team has developed a fully interactive dashboard that accompanies this report. The dashboard has divided some of the indicators and mapped them according to ward boundaries, allowing us to observe geographical differences across Luton.

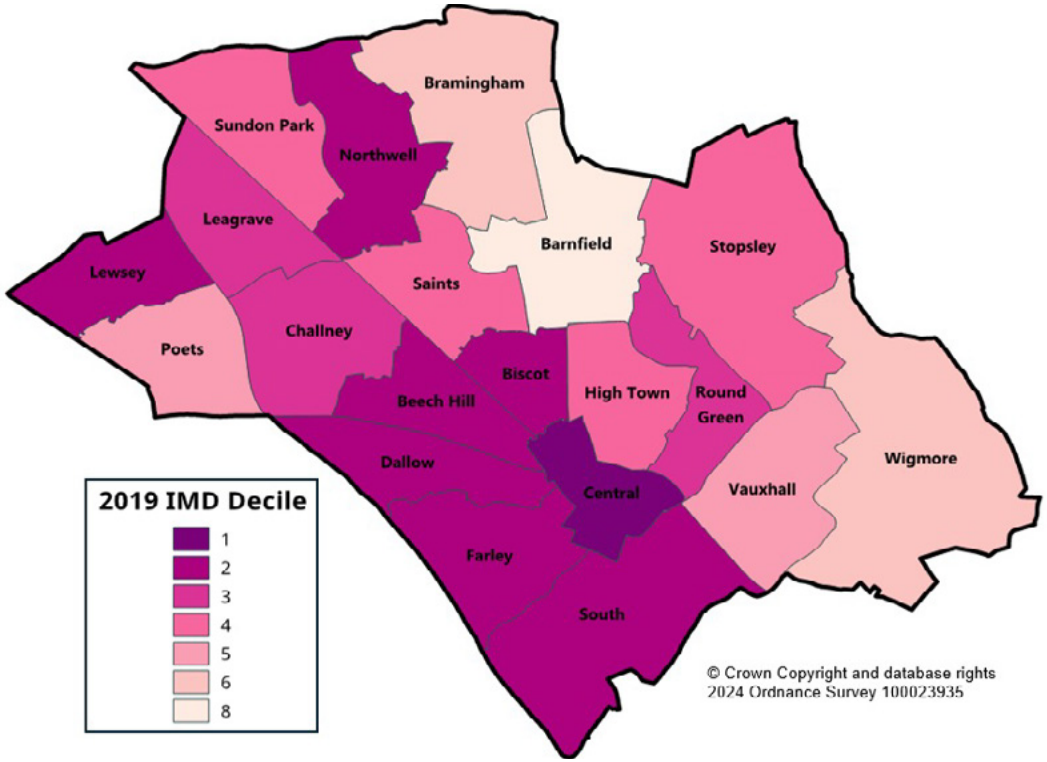


Table 2: Health Equity Indicator Set Tartan Rug

			2021/22									2022/23								
				JSNA 2021/22 (Baseline Measure)				JSNA 2021/22					JSNA 2022/23 (Baseline Measure)				JSNA 2022/23 (Description)			
	Measure description	Source	Date of measure	Luton	England	Region	NN	Comparison to national	Comparison to region	Comparison to Nearest Neighbour	Trend	Date of measure	Luton	England	Region	NN	Comparison to England	Comparison to Region	Comparison to NN	Trend
Overarching	Life expectancy, male (Years)	Office for National Statistics (ONS), taken from OHID Fingertips tool	2018-20	781	794	802	Rank 3rd of 16	R	R	G	Comparable	2018-20	781	794	802	Rank 6th of 16	R	R	A	Comparable
	Life expectancy, female (Years)	Office for National Statistics (ONS), taken from OHID Fingertips tool	2018-20	824	831	838	Rank 2nd of 16	R	R	G	Comparable	2018-20	824	831	838	Rank 5th of 16	R	R	A	Comparable
	Healthy life expectancy, male (Years)	Office for National Statistics (ONS), taken from OHID Fingertips tool	2017-19	574	632	642	Rank 16th of 16	R	R	R	Significantly worse	2018-20	592	631	646	Rank 12th of 16	R	R	A	Comparable
	Healthy life expectancy, female (Years)	Office for National Statistics (ONS), taken from OHID Fingertips tool	2017-19	602	635	644	Ranked 6th of 16	R	R	A	Comparable	2018-20	60	639	65	Rank 9th of 16	R	R	A	Comparable
1	Percentage children achieving a good level of development at 2-2.5 years	OHID using interim reporting of health visiting metrics, taken from OHID Fingertips tool	N/a	N/a	N/a	N/a	N/a	N/a	N/a	N/a	N/a	2021/22	8540%	8110%	8540%	Rank 1st of 5	G	A	G	Comparable
	Percentage children achieving a good level of development at the end of Early Years	Department for Education (DfE), EYFS Profile	N/a	N/a	N/a	N/a	N/a	N/a	N/a	N/a	N/a	2021/22	5660%	6520%	5660%	Rank 6th of 6	R	R	R	N/a
	Infant mortality rate (deaths under 1 year rate per 1000 live births)	Office for National Statistics (ONS), taken from OHID Fingertips tool	2018-20	52	39	34	Rank 2nd of 16	A	R	A	Comparable	2019-21	57	39	34	Rank 4th of 6	R	R	A	Comparable
	Percentage of 5 year olds with experience of visually obvious dental decay	Dental Public Health Epidemiology Programme for England: oral health survey of five-year-old children (Biennial publication - latest report 2019)	2018/19	3680%	2340%	1900%	Rank 4th of 5	R	R	A	Comparable	2018/19	3680%	2340%	19%	Rank 5th of 6	R	R	R	Comparable
2	Child Poverty (after housing costs)	Department for Work and Pensions, HMRC, End Child Poverty	N/a	N/a	N/a	N/a	N/a	N/a	N/a	N/a	N/a	2022	3910%	3080%	2360%	Rank 9th of 16	R	R	A	Comparable
	Average Progress 8 score**	Local Authority Information Tool (LAIT)	N/a	N/a	N/a	N/a	N/a	N/a	N/a	N/a	N/a	2022	005	0	-001	01	A	G	A	N/a
	Average Attainment 8 score**	Local Authority Information Tool (LAIT)	N/a	N/a	N/a	N/a	N/a	N/a	N/a	N/a	N/a	2022	46%	4720%	4910%	4880%	A	R	R	Comparable
	Proportion of Luton children attending good or outstanding schools	Local Authority Information Tool (LAIT)	N/a	N/a	N/a	N/a	N/a	N/a	N/a	N/a	N/a	2023	8950%	88%	-	8670%	G	N/a	G	Significantly improving
	Proportion of care leavers (aged 18-24) who are NEET	Local Authority Information Tool (LAIT)	N/a	N/a	N/a	N/a	N/a	N/a	N/a	N/a	N/a	2023	40%	38%	40%	3790%	A	A	A	Comparable
	Hospital admissions for self-harm for young people aged 10-24 (rate per 100,000 16-24 year olds)	Hospital Episode Statistics (HES), OHID Fingertips tool	N/a	N/a	N/a	N/a	N/a	N/a	N/a	N/a	N/a	2021/22	3524	4273	3835	Rank 6th of 6	G	A	R	N/a
	Proportion of children that are overweight or obese (At year 6)	OHID, using National Child Measurement Programme, NHS Digital	2020	2700%	2100%	1910%	Rank 3rd of 5	R	R	A	Comparable	2021/22	4360%	3780%	3540%	Rank 6th of 6	R	R	R	Comparable
3	Minimum Income Standard (Luton adapted model - destitution)	Modelled by Business Intelligence, Luton Borough Council	N/a	N/a	N/a	N/a	N/a	N/a	N/a	N/a	N/a	2023	10.5% households	-	-	-	N/a	N/a	N/a	N/a
	Unemployment claimant count(% working age residents)	Office for National Statistics	N/a	N/a	N/a	N/a	N/a	N/a	N/a	N/a	N/a	2023	570%	390%	300%	Rank 7th of 16	R	R	A	Significantly improving
	% of residents in higher-level occupations (Level4, Level2 and No Formal Qualifications)	Labour Force Survey, Office for National Statistics	N/a	N/a	N/a	N/a	N/a	N/a	N/a	N/a	N/a	2022	3560%	5100%	5060%	Rank 16th of 16	R	R	R	N/a
	% of employees below the living wage	Business Intelligence, Luton Borough Council	N/a	N/a	N/a	N/a	N/a	N/a	N/a	N/a	N/a	2022	3000%	-	26%	38% (Leicester)	N/a	R	G	Significantly worse

Figure 3: Health Equity Indicator Set

			2021/22									2022/23							
				JSNA 2021/22 (Baseline Measure)				JSNA 2021/22					JSNA 2022/23 (Baseline Measure)				JSNA 2022/23 (Description)			
	Proportion of children in workless households	Office for National Statistics	N/a	N/a	N/a	N/a	N/a	N/a	N/a	N/a	N/a	**2021**	1110%	990%	770%	Rank 10th of 16	R	R	A	Comparable
4	**Percentage of households in fuel poverty**	Department for Business, Energy and Industrial Strategy	N/a	N/a	N/a	N/a	N/a	N/a	N/a	N/a	N/a	**2021**	1670%	1310%	1230%	Rank 11th of 16	R	R	A	Comparable
5	**Households in temporary accommodation (per 1000 households)**	Department for Levelling Up, Housing and Communities (2023)	N/a	N/a	N/a	N/a	N/a	N/a	N/a	N/a	N/a	**2022/23**	139	41	22	Rank 16th of 16	R	R	R	Comparable
	Smoking prevalence(% adults 18+)	Annual Population Survey (APS), taken from OHID Fingertips tool	2019	1680%	1390%	1370%	Rank 12th of 16	R	R	A	Comparable	**2021**	1410%	1300%	1290%	Rank 8th of 16	A	A	A	Comparable
	Adult obesity rate(% adults 18+)	Sport England Active Lives Survey, taken from OHID Fingertips tool	2019/20	770%	6280%	6230%	Rank 12th of 16	R	R	A	Significantly worse	**2020/21**	6750%	6350%	6400%	Rank 10th of 16	A	A	A	Comparable
	Percentage of loneliness in population (often/ always, some of the time, occasionally, hardly ever, never)	Sport England Active Lives Adult Survey, taken from OHID Fingertips tool	N/a	N/a	N/a	N/a	N/a	N/a	N/a	N/a	N/a	**2019/20**	2720%	2230%	2100%	Rank 14th of 16	R	R	R	N/a
6	**Under 75 mortality rate from cardiovascular diseases considered preventable (DSR per 100,000)**	Office for Health Improvement and Disparities (based on ONS source data) taken from OHID Fingertips tool	2020	399	292	243	Rank 5th of 16	R	R	A	Comparable	**2021/22**	371	302	251	Rank 6th of 16	A	R	A	N/a
	Cycling / walking for travel (3-5 times / week)	Department for Transport (based on the Active Lives Adult Survey, Sport England)	N/a	N/a	N/a	N/a	N/a	N/a	N/a	N/a	N/a	**2021/22**	5890%	7120%	7190%	Rank 13th of 16	R	R	R	Significantly worse
8	**Air Quality Annual Status Report (ASR)**	Access Healthly Assets Hazards (AHAH)	N/a	N/a	N/a	N/a	N/a	N/a	N/a	N/a	N/a	**2022**	089	03	-	0.91 (Leicester)	A	N/a	A	N/a

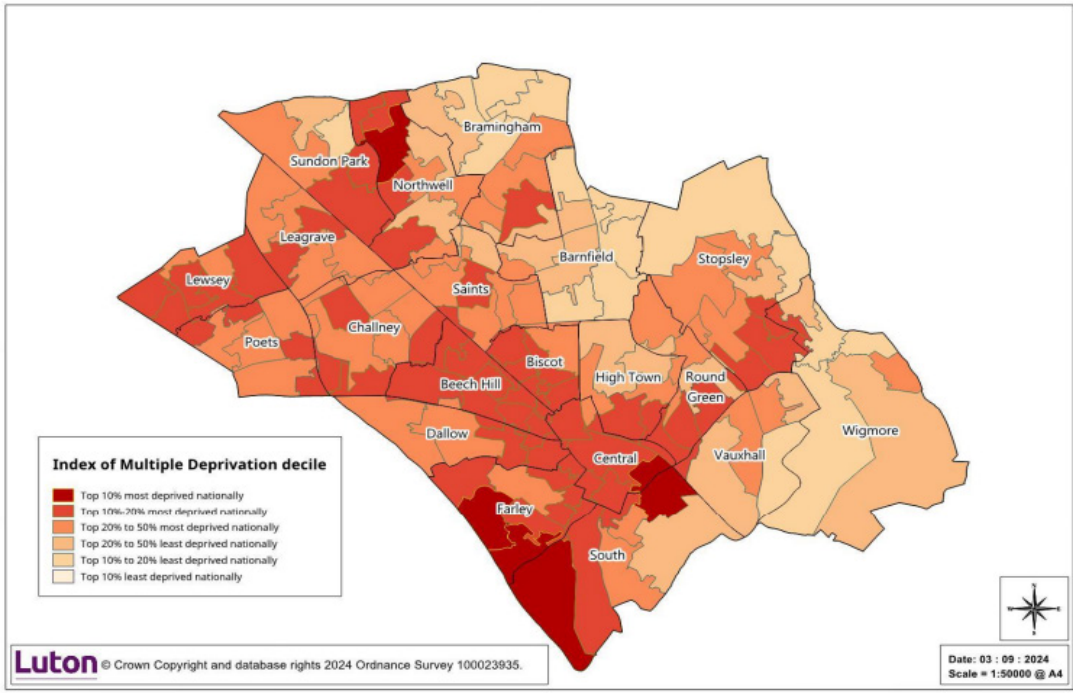
3. Key Insights

Life expectancy and deprivation

Key indicators for assessing health equity in Luton are Life Expectancy (LE) and Healthy Life Expectancy (HLE). Deprivation is measured using the Index of Multiple Deprivation (IMD), a nationally recognised tool for identifying the most deprived areas across England. Deprivation and life expectancy are not evenly distributed across Luton, disparities exist both between different areas of the town and within individual wards. For example, within Northwell ward, the Marsh Farm area, is within the top 10% most deprived in England.

Figure 3 illustrates the 2019 Index of Multiple Deprivation (IMD) across Luton, highlighting smaller Output Areas (Lower Super Output Areas) that fall within the top 10% most deprived areas both locally and nationally. These highly deprived small areas that cross ward boundaries and are concentrated in Northwell, Farley, South/Farley, and Central/South wards.

Figure 3: Index of Multiple Deprivation by ward and output areas in Luton

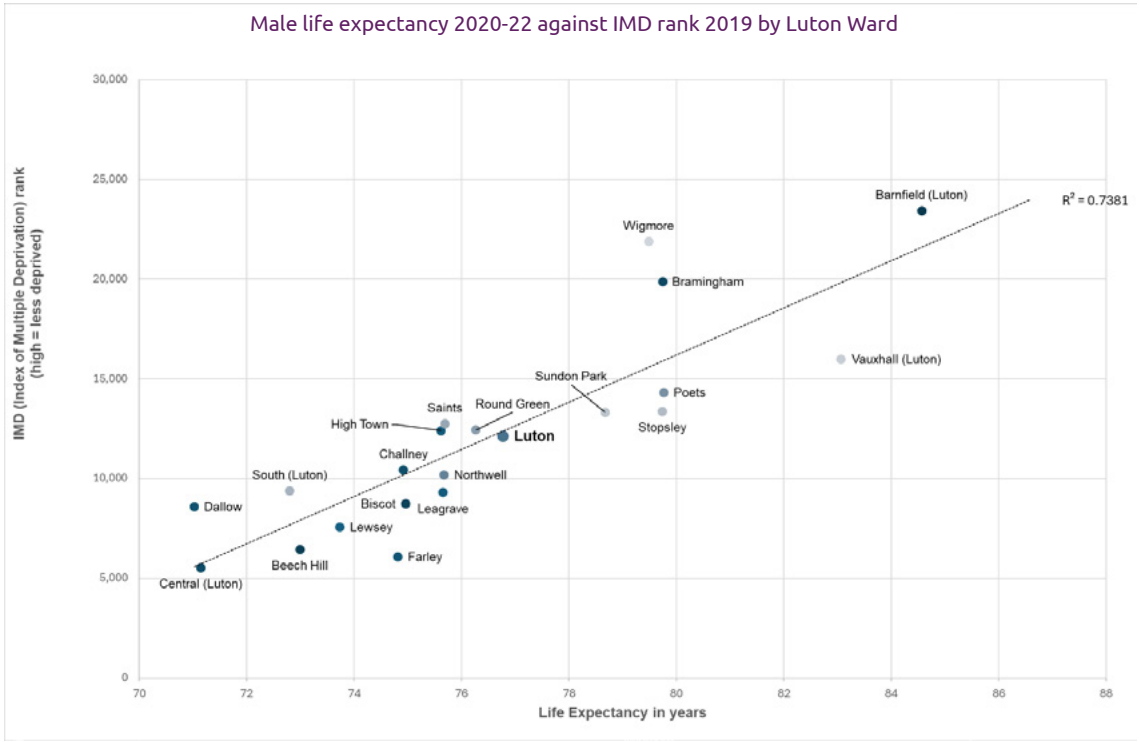


The deprivation indicators impacting on health that are most prevalent in Luton, are, 'Barriers to Housing and Services; Income Deprivation Affecting Older People', 'Living Environment' and 'Crime'. Figures 4 and 5 and the interactive dashboard show a strong positive relationship between IMD and life expectancy.

For example, Barnfield ward, has the highest life expectancy and the lowest deprivation, men live an average of 85 years. Conversely, men living in Dallow ward have the lowest life expectancy of 71 years – a gap of 14 years. For women, Poets Ward has the highest life expectancy at 83 years and is one of the least deprived areas, compared with women living in Leagrave one of the most deprived. who have an average life expectancy of 77 years. This pattern is seen both nationally and locally.

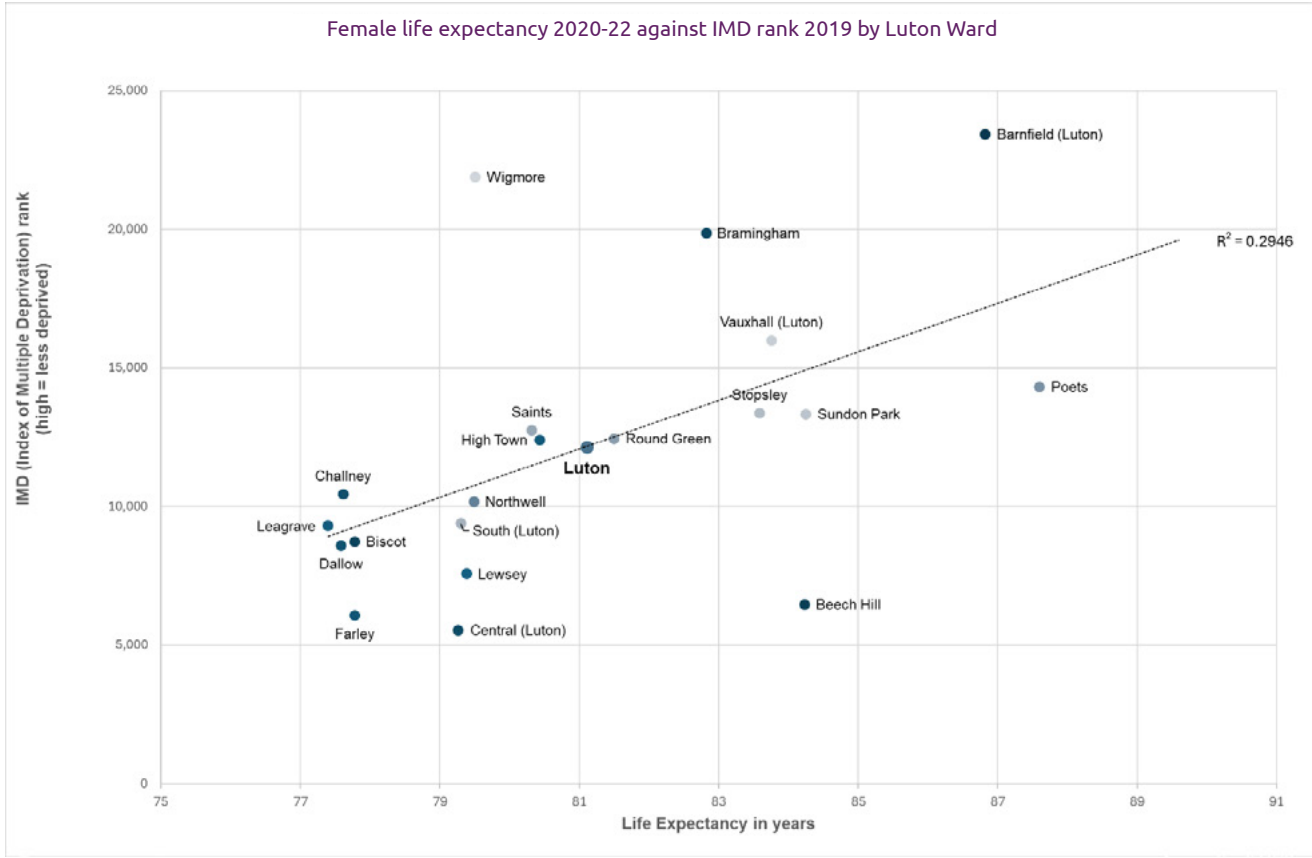
This demonstrates a positive relationship between life expectancy and deprivation for both men and women.

Figure 4: Male life expectancy against IMD 2019 by ward



Y axis is calculated by Luton Insights for 2021 Wards.

Figure 5: Female life expectancy against IMD 2019 by ward



Y axis is calculated by Luton Insights for 2021 Wards

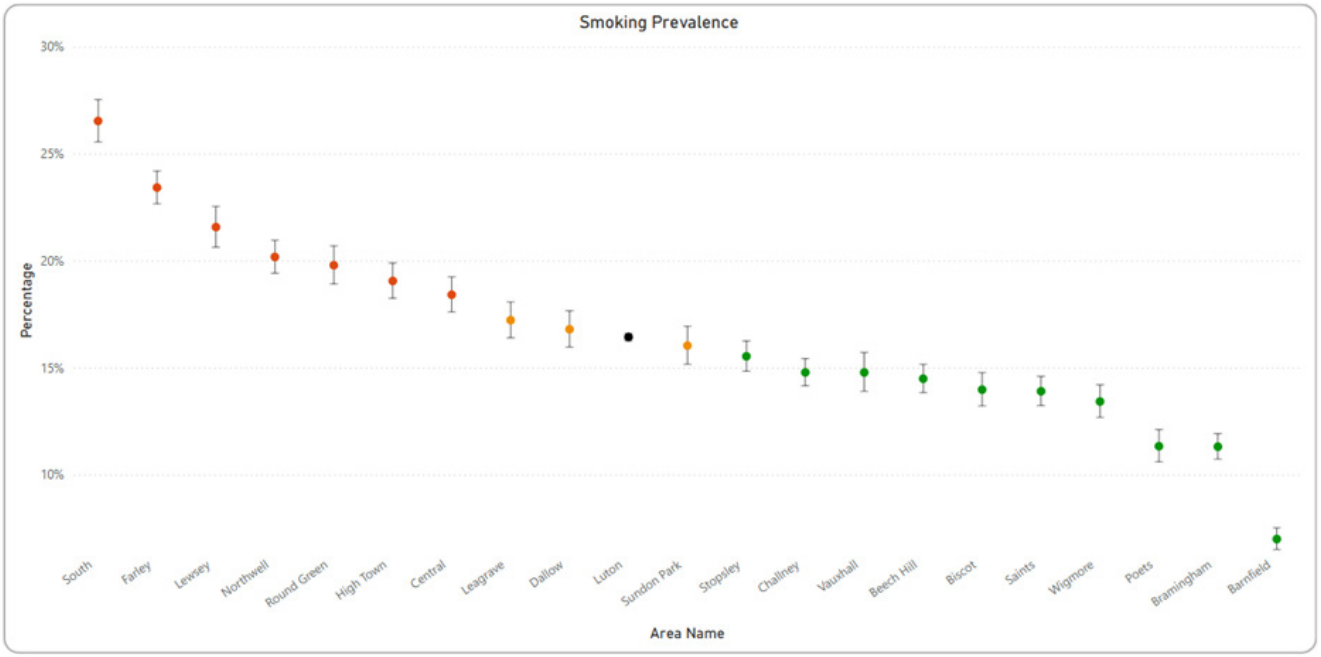
Smoking

When investigating deprivation, health behaviours and health outcomes combined, we can see that lifestyle factors, such as smoking are not distributed evenly across Luton.

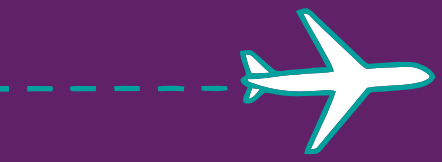
In 2024 smoking cost Luton £271 million, of which £167 million was through loss of productivity. However, the rates and number of Luton residents smoking continues to reduce. In 2011, smoking rates were 22% and in 2021, they had reduced by 8 percentage points to 14%.

Figure 6 shows the number of recorded smokers at GP level for the 16 + age group based on 2022 ward population projections. Smoking rates range from 26% in South ward compared with Barnfield ward which is 7%. Smoking rates remain highest in South and Farley wards, which also have the second and third highest rates of benefit claimants.

Figure 6: Smoking Prevalence by ward (2025)



Luton's Tobacco Control strategy tells us that nearly a third (32.7%) of routine and manual workers in Luton smoke making this occupational group 3.3 times more likely to smoke than another occupation.



Childhood obesity

Luton's childhood obesity rates vary little across wards. Evidence shows that deprivation is the key predictor of unhealthy weight in children. However, there are other issues that contribute to the complexity of childhood obesity in Luton.

There is a correlation between the most vulnerable families who are struggling financially living in areas where the built environment does not promote health and wellbeing. For example, fast food outlets near schools, enabling unhealthier food choices and areas with high traffic and high-density housing which can negatively impact physical activity, air quality, and mental health.

Children from families in debt to the council or in receipt of discretionary payments are more likely to be obese/severely obese compared to children from other families[5].

Housing rent data shows that some tenants are spending large amounts of their monthly disposable income on takeaways[4].

Figure 7 overleaf shows that there is no significant variation in the proportion of children who are overweight or very overweight across wards. The data is presented as three-year rolling average (2021-2024) based on NCMP data. Using a rolling average improves consistency in reporting, enhances comparability, and helps smooth out year to year fluctuations caused by small populations sizes.

4. Luton Food Plan 2018-2022. Found here: https://www.luton.gov.uk/Health_and_social_care/Lists/LutonDocuments/PDF/luton-food-plan-appendices.pdf

5. Child Healthy Weight Needs Assessment 2019. Found here: https://www.luton.gov.uk/Community_and_living/Lists/LutonDocuments/PDF/JSNA/child-healthy-weight-needs-assessment.pdf

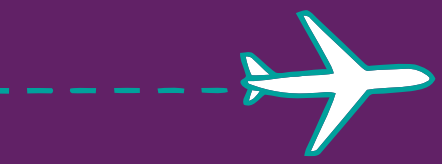
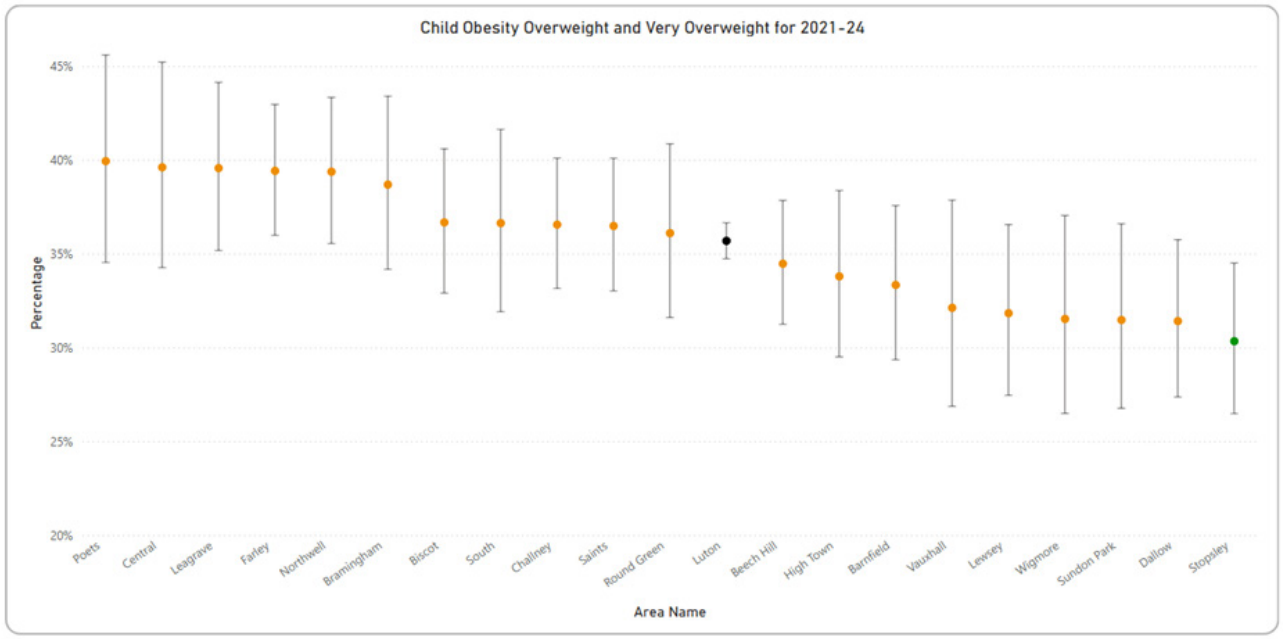


Figure 7: Childhood obesity by ward 2021-2024



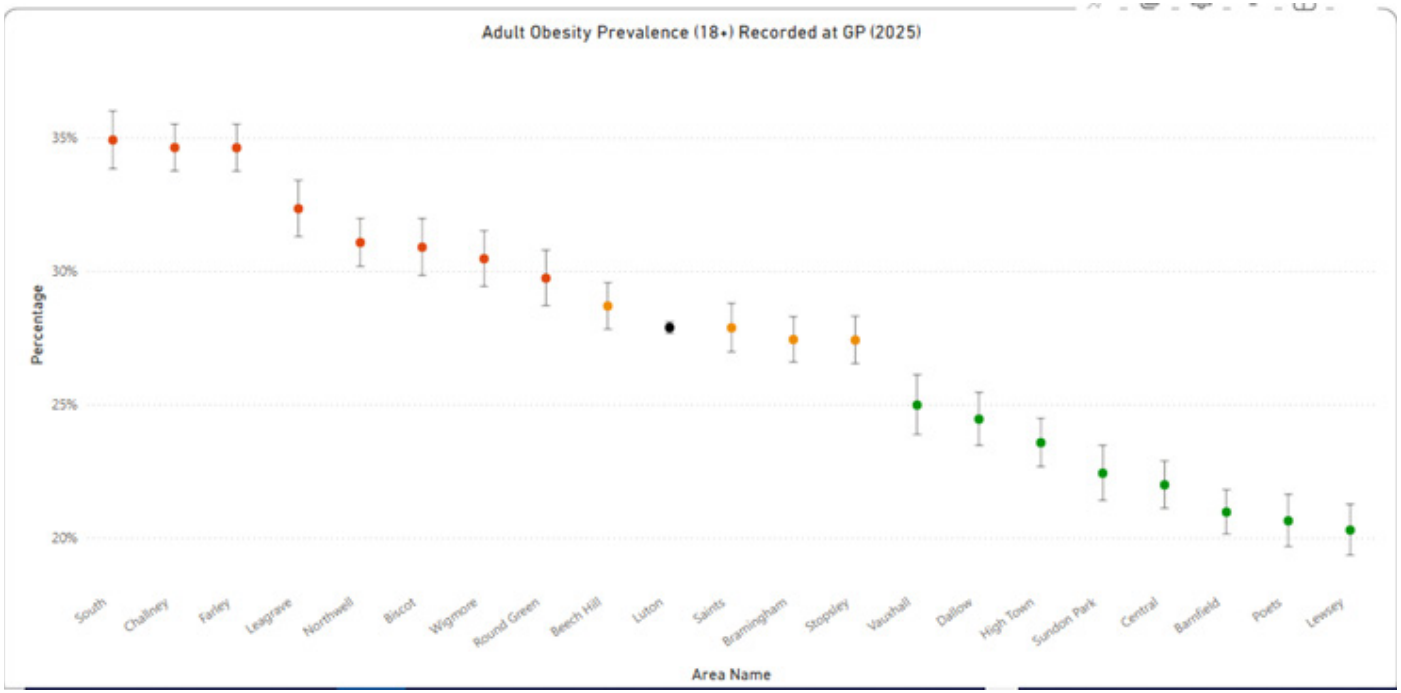
Adult Obesity

The inequality within Luton for adult obesity is more pronounced, compared to childhood obesity. There are number of reasons why this might be the case, for example: [5,11]

- socio-economic factors
- individual lifestyle choices such as healthy eating
- genetics
- ethnicity and the intersection with deprivation
- medications for underlying health conditions such as diabetes or high blood pressure

According to GP data, 27.9% of Luton's adult residents are obese. The wards with the highest rates of adult obesity are South (34.9%), Challney (34.6%) and Farley (34.6%). These wards collectively are almost 15% higher than the wards with the lowest rates of obesity, Lewsey (20.3%), Poets (20.6%) and Barnfield (21%).

Figure 8: Adult obesity prevalence



4. Using the Building Blocks of Health in Luton

The health equity approach in Luton means that we work with the knowledge that health outcomes are influenced by a variety of related factors such as environmental conditions, social determinants, and access to healthcare.

In Luton we have adopted the term 'building blocks of health'. Taken from the Health Foundation, and socialised this with our health equity system partners. We have worked with Frameworks UK to use the metaphor as a simple way of describing the social determinants of health. The understanding is that each determinant of health is an essential building block of health.

Figure 9: The Building Blocks of Health (Health Foundation and HealthWorks)

Source: Health Foundation What Builds Good Health

For example, a person's economic situation contributes to determining their level of financial security.

Financial security supports better **mental and emotional wellbeing.** It allows people to afford nutritious food, plan and manage essential household expenses such as **fuel bills** and contribute to **stable housing.** All these factors contribute to improving the health and wellbeing of a person, making financial security a key building block to a person's health and wellbeing.

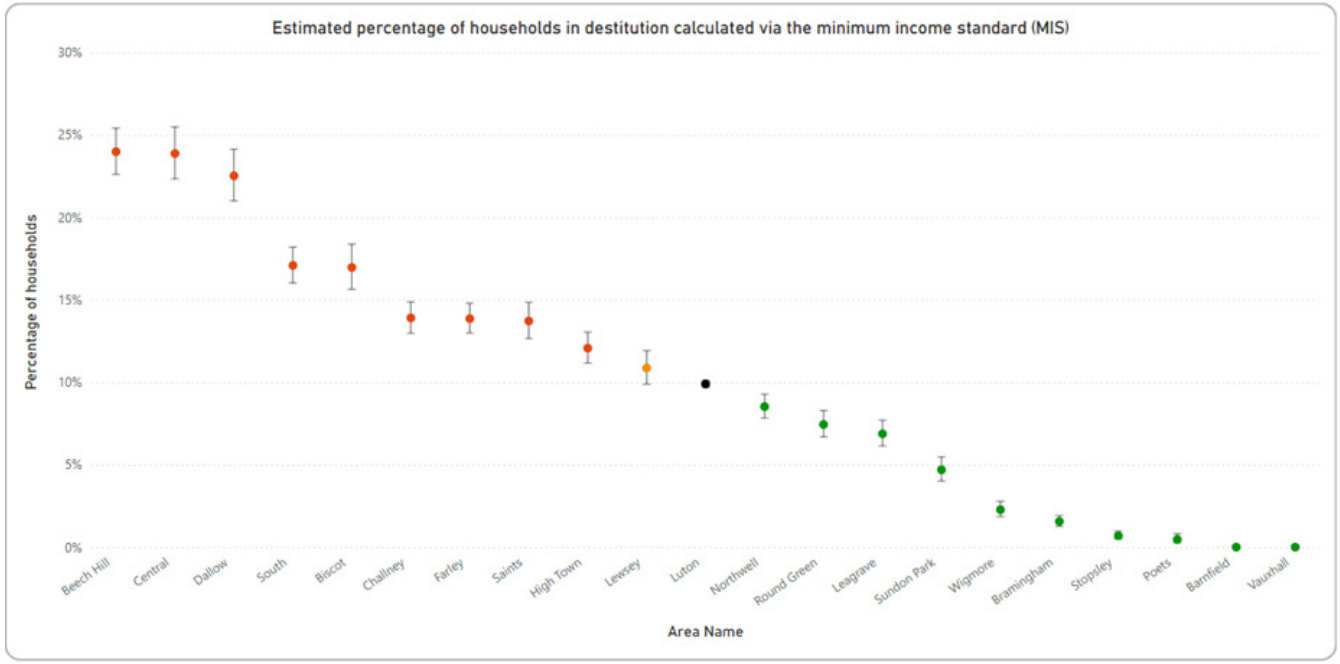
Luton's Minimum Income Standard (MIS)

The MIS provides a living standards benchmark of what income is needed to live in dignity[6] and is Luton's key measure for tracking poverty.

50% of households in Luton are unable to attain a basic acceptable standard of living. Poverty is a key risk factor, this has significant implications for our residents.

The dashboard shows that around 1 in 10 households are in levels of destitution account for a significant proportion of households, in wards such as Biscot (17%), Dallow (23%), Central (24%) and Beech Hill (24%).

Figure 10: Annual estimated prevalence households by ward in destitution using Luton's Minimum Income Standard measure (2024)



6. A Minimum Income Standard for the United Kingdom in 2024. Available here: www.jrf.org.uk/a-minimum-income-standard-for-the-united-kingdom-in2024#_introduction

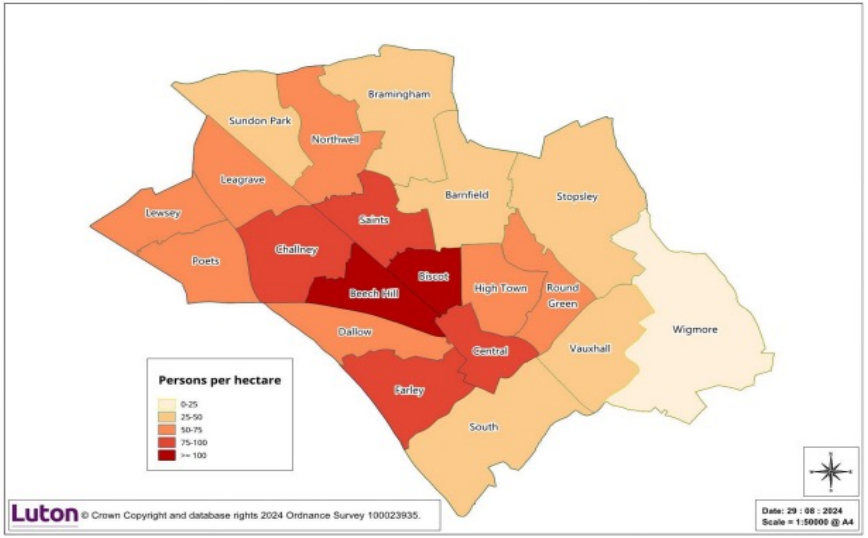
Housing

Housing is an important building block of health. We know that a high proportion of Luton residents live in the private rented sector (29.2%) and 16% are socially renting[7], placing them at increased risk of sudden rent increases, insecure tenancies and poor-quality housing stock[8].

Similarly, 12% of households are living in overcrowded conditions, putting households more at risk of experiencing poor mental health[9] which can impact negatively on family relationships and children's health[10].

The wards with the highest levels of overcrowding are Dallow, Biscot, South, High Town and Saints, corresponding to the wards that are in areas that are within the IMD top 10% most deprived in England. Luton is the most densely populated area outside of London, with 52 people per hectare. In wards such as Biscot and Beech Hill are populated with 113 and 104 people per hectare, respectively.

Figure 11: Population density by ward in Luton, 2022[11]



7. Luton Council, Housing Census 2021. Available here: https://www.luton.gov.uk/Community_and_living/Lists/LutonDocuments/PDF/observatory/Housing-Census-2021-summary-report.pdf
8. Faculty of Public Health Briefing: Housing, poverty and public health. Available here: https://www.fph.org.uk/media/p5rdhsu5/fph-poverty-housing-and-health-briefing.pdf
9. The Health Foundation,2024 Relationship between living in overcrowded homes and Mental Health
10. House of Commons,2023 Overcrowded Housing (England)
11. Luton JSNA, 2024 This is Luton.

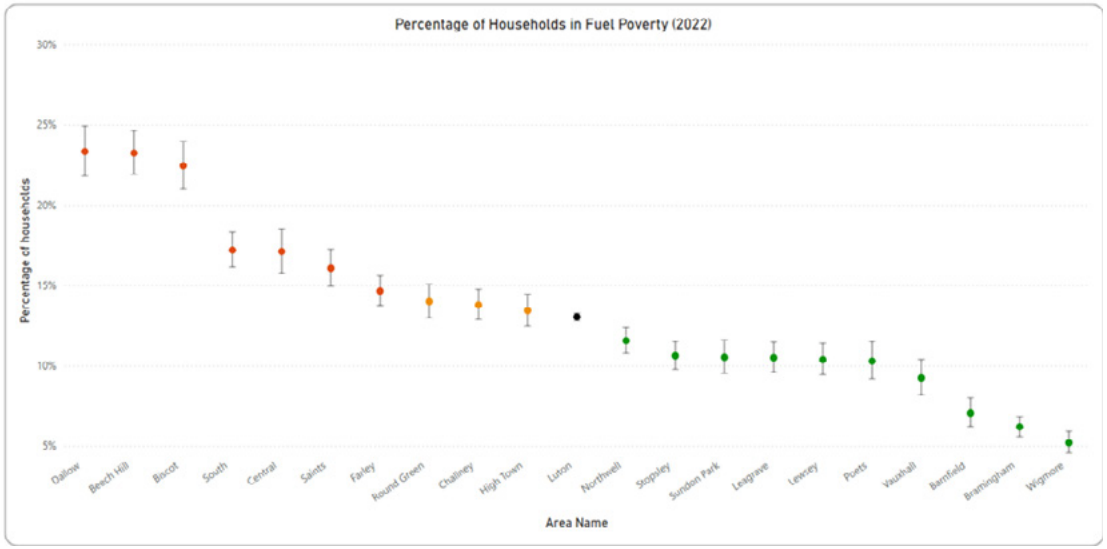
Fuel Poverty

Fuel poverty is is defined as a household spending more than 10% of its income on energy, meaning they must cut back on other essentials, as well as self-rationing their own heating[12]. This can lead to conditions such as damp and mould which can impact on health conditions such as asthma, Chronic Obstructive Pulmonary Disease (COPD) and mental ill-health.

Luton's fuel poverty levels are 13.%. However, fuel poverty is significantly worse than the Luton rate in deprived wards such as Dallow (23%), Beech Hill (23%) and Biscot (22%). In contrast, Barnfield (7%), Bramingham (6%) and Wigmore (5%) have lower proportion of residents who experience fuel poverty.

Luton's housing department has used this information to work with Primary Care Networks, private renters and homeowners who are in receipt of benefits, low income or have a health condition outlined in the NICE Guidelines NG6[13] where there is a risk of ill-health associated with living in a cold home.

Figure 12. Proportion of households in Luton in Fuel Poverty



The combination of indicators and ward level data highlights that health inequalities are not caused by a single factor but by a set of interconnected issues that vary in intensity across the town. Wards with high deprivation experience multiple challenges simultaneously, such as insecure housing, overcrowding, fuel poverty and low income. For some residents experiencing these multiple issues, this compounds the effect of the building blocks on health outcomes, increasing the gap in health inequalities.

5. What is Luton doing at local level to address these issues?

Place based activities

We are also starting to deliver health equity projects and approaches at place level utilising the available data to target those areas with greatest need.

Using a place-based or neighbourhood approach enables us to implement projects and initiatives to tackle health inequalities at different geographical levels.

Biscot Health and Wellbeing Hub – Delivered in Biscot ward/neighbourhood

Linked to the Marmot principle 5 "**Create and develop healthy and sustainable places and communities**" the Biscot Health and Wellbeing Hub are working with e-Quality PCN, the local church and other community organisation within the Biscot neighbourhood and demonstrating the importance of creating and developing healthy and sustainable places and communities.

Everyone is welcome at the Biscot Health and Wellbeing Hub, regardless of age, gender, ethnicity, religion or ability. The hub provides a multilingual safe place with activities and services that are tailored to the needs of the local community.

The Hub offers:

- weekly exercise classes, for example, Pure Stretch, Zumba and chair-based sessions
- fortnightly gardening sessions
- arts, crafts and creative workshops
- school engagement
- coffee mornings
- community festivals

Case study – Biscot Health and Wellbeing Hub

The hub has enabled and fostered listening to residents and working with them to ensure that what is on offer reflects the needs of the community. In addition, primary care teams, through Health and Wellbeing coaches, have connected to residents to improve access to health care.

Luton HealthFest 2024 – Delivered in Biscot Ward

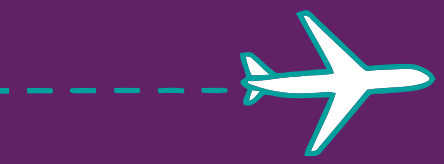
Linked to the Marmot principle 6 **"Strengthen the role and impact of ill health"**. Luton HealthFest was led and delivered by community leaders and local business. The event was held in a School in the Biscot ward and brought families from the local area and across Luton, together to participate in healthy fun activities.

Attendees also received information and advice related to health and wellbeing including health screenings, yoga, blood pressure checks and activities for children and families. In addition to this, attendees received health checks, and stop smoking support alongside a range of fun family based activities.

Over 30 different organisations attended, including Primary Care Networks, local pharmacies, NHS 111 and local community groups.

Over 100 children and families throughout the day participated in events and activities. Evaluation showed that the residents and families who attended enjoyed the events and obtained information about health conditions. Partners and community groups shared positive feedback, expressing interest in attending the event again.

Figure 13: HealthFest Flyer (2024)



Stopsley site visit – vaccination outreach – delivered in Stopsley ward

Linked to Marmot principle 6 "**Strengthen the role and impact of ill health**". In May 2024, Luton's public health team was notified of a confirmed case of measles at the Stopsley Traveller Site.

An Incident Management Team rapidly coordinated contact tracing, community engagement and a targeted vaccination campaign. On-site vaccination clinics were held on one day, offering MMR and other catch-up immunisations to children, teenagers, and adults. A total of 28 vaccines were delivered in nine family groups.

The project was successful due to:

- early engagement with the community by trusted community and professionals (eg Luton Irish Forum)
- a visible and static presence at the site allowing time for the community to have conversations and receive reassurance
- accessible health information in plain language
- practical support for example refreshments to encourage attendance

Town-wide projects tackling health inequalities

The following examples are initiatives that are being delivered at a town wide level.

Hatters PCN: 100-Day Diabetes Freedom Challenge

Aligned to Marmot principle 4 **"Ensure a healthy standard of living for all"** Hatters Health PCN implemented a unique locally developed diabetes lifestyle intervention programme called the SMART initiative. (S- sleep, M – mindfulness, A – activity, R – real food, T- time restricted eating). This included practical cooking sessions. The project targeted people from the south Asian community, due to the higher risk factors associated with ethnicity and diabetes. Evidence shows that a quarter of people living with Type 2 diabetes are from the most deprived areas. The project was undertaken in partnership with the Luton Food First Team and Mary Seacole Housing Association.

Activities included face to face sessions and offered weekend and weekday sessions to maximise reach to the target group.

What was achieved?

A total of four introductory sessions were delivered;

- two virtual sessions: one in English and the one in Hindi/Urdu.
- two in-person sessions: also in English and Hindi/Urdu
- in addition, eight topic-based sessions were delivered covering:

    - real food

    - time restricted eating and activity

    - sleep and mindfulness

    - gut health and summary

Hatters PCN and partners hosted a face-to-face family event focused on raising awareness about pre-diabetes and diabetes.

In total 175 individuals attended the sessions, resulting in 357 total contacts. Throughout the project, the Hatters Health Care Coordination Team maintained regular contact with participants – encouraging attendance and connecting them with additional support through their social prescribing team.

Feedback from attendees indicated that they found the sessions to be either useful or very useful.

English for speakers of other languages (ESOL) express courses for asylum seekers

Aligned with Marmot principle 3 **"Create fair employment and good work for all"**. Luton's Adult Learning Service delivered three ESOL express courses to asylum seekers during the summer of 2023-2024.

These short courses were designed to give asylum seekers a meaningful activity during the summer holidays, helping to reduce feelings of isolation and frustration while living in hotels. In addition to this, the courses helped participants develop their language and communication skills and gain personal confidence. Learners attended nine hours of learning per week. This helped prepare them for a longer course to be delivered in the autumn of 23-24.

Luton Adult Learning team responded to requests from learners to deliver courses outside of Arndale House in the town centre and are now delivering ESOL courses in Bury Park Community Centre.

The ESOL learners joined other community activities including Luton Food First, Macmillan Coffee Morning, International Women's Day and Culture Chest.

The benefits to the learners are:

- better integration into their local community
- language skill development
- involved and part of social and cultural activities
- building social connections and reducing isolation

The examples and case studies show the importance of targeting at ward (or neighbourhood level) to address complex and overlapping challenges that impact on health equity.

6. Our next steps

Health equity in 2040

Continuing our journey as a Health Equity Town requires us to work collaboratively as a health equity system. We continue to work at local neighbourhood and community levels to address the building blocks of health through systematic approaches to change.

This allows us to:

- expand the number of health equity indicators included in our dashboard; This will help us track change to progress and demonstrate impact, as well as allow us to develop a deeper understanding of health inequalities in Luton. For example, incorporating data such as the number of benefit claimants broken down by sex and ethnicity can help build a richer picture of how the other factors influence health outcomes, helping us to target action
- use the data presented in this report to target services more appropriately eg targeting smoking cessation in wards with high smoking prevalence
- use non-traditional datasets such as the Low Income Family Tracker (LIFT) to understand how we can more effectively tackle widening health inequalities
- support and embed the neighbourhood approach identified in the Fuller Report (2023), for example, working with the Local Integrated Neighbourhood Collaborative (LINC) to support more personalised care at ward and neighbourhood levels
- continue to utilise the opportunities to share best practice and build capacity by rolling out the successful approaches used in previous years. For example, the Health Equity Town prize and the TLC approach. We will target actions in wards and neighbourhoods showing the greatest need.

Thank you for reading

We would like to thank:
David Powell, Public Health Principal - Business Intelligence, for the data and intelligence, including the development of online dashboard accompanying this report.
Chimeme Egbutah, Public Health Service Manager - Health Equity and Communities, for playing a key role in preparing the report on behalf of the Directors of Public Health

Luton