Luton's Population Wellbeing Strategy:
Working together to improve health and reduce health inequalities across the population of Luton

2023 – 2028

Luton 2040
A place to thrive

Our vision – Luton 2040

The Luton 2040 vision is focussed on a central mission, to tackle poverty and inequality so that everyone can enjoy a good quality of life. This responds directly to the evidence gathered by the Inclusive Growth Commission in 2019, which recognised the scale of poverty in our town and the clear link between this and many other challenges, including education and health inequalities.

Across the 2040 vision, there are five key strategic areas. This strategy sets out the ambition and actions that underpin primarily the "improving population wellbeing" priority, but also incorporates the priority of "Becoming a Child Friendly Town" and is strongly linked to the priority "Supporting a strong and empowered community" – particularly with regards to the impact that having a fair and equitable community has on health inequalities.

This is a partnership strategy, encompassing the vision and actions for health and wellbeing in Luton across the whole system.

The target outcomes set for the three key priorities from our 2040 vision are given here. The threads of these outcomes run through this strategy, and are all key to improving population wellbeing and reducing inequalities.

Luton has a diverse community, with some areas where there is high deprivation. We have some key areas where we see unequal health outcomes across the community. Work to tackle inequity is embedded throughout this strategy.

Our town-wide Vision for Luton 2040:

Luton will be a healthy, fair and sustainable town, where everyone can thrive and no-one has to live in poverty.

Our priorities for Luton 2040:

Building an inclusive economy that delivers investment to support the growth of businesses, jobs and incomes.

Improving population wellbeing and tackling health inequalities to enable everyone to have a good quality of life and reach their full potential.

Becoming a child friendly town, where our children grow up happy, healthy and secure, with a voice that matters and the opportunities they need to thrive.
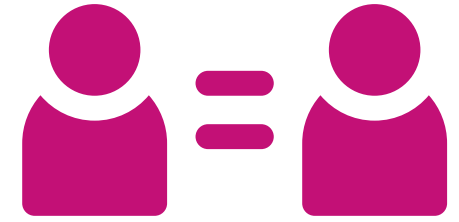
Tackling the climate emergency and becoming a net zero town with sustainable growth and a healthier environment.

Supporting a strong and empowered community, built on fairness, local pride and a powerful voice for all our residents.

Luton's Population Wellbeing Strategy

Improving population wellbeing and tackling health inequalities to enable everyone to have a good quality of life and reach their full potential.

Target Outcomes

- A preventative approach to improving physical and mental wellbeing that addresses the wider determinants of health to achieve better and more equal health outcomes.

- A healthier start for our children and young people with better and more equal physical and mental health outcomes.

- A stronger care sector with increased capacity to help people and families to manage long-term conditions.

- More of our households living in good quality and affordable housing.

- A safer community with fewer cases of crime, domestic abuse, serious violence and addiction
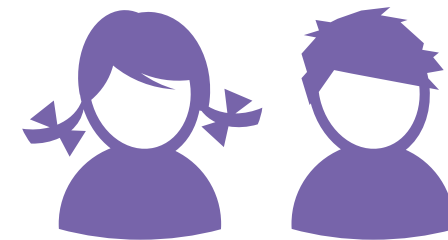
Becoming a child friendly town, where our children grow up happy, healthy and secure, with a voice that matters and the opportunities they need to thrive.

Target Outcomes

- Our children and young people will have access to good quality services that keep them safe and secure.

- Every child has an excellent education that raises aspiration and achievement and reduces educational inequalities.

- More opportunities for our children and young people to develop, play and socialise.

- Greater and more equal opportunities for children and young people with SEND (special educational needs and disabilities).

- All of our children and young people will have a meaningful voice that is heard and that matters.

Supporting a strong and empowered community, built on fairness, local pride and a powerful voice for all our residents.

Target Outcomes

- A town built on fairness with equitable outcomes for all our residents.

- Increased resilience across our community protecting and enabling the most excluded and vulnerable.

- A thriving voluntary and community sector delivering on shared priorities with our residents.

- A stronger and meaningful voice for all our residents to shape the vision and direction of our town.

- A welcoming and compassionate town, with respect, social responsibility and increased civic pride at its heart.
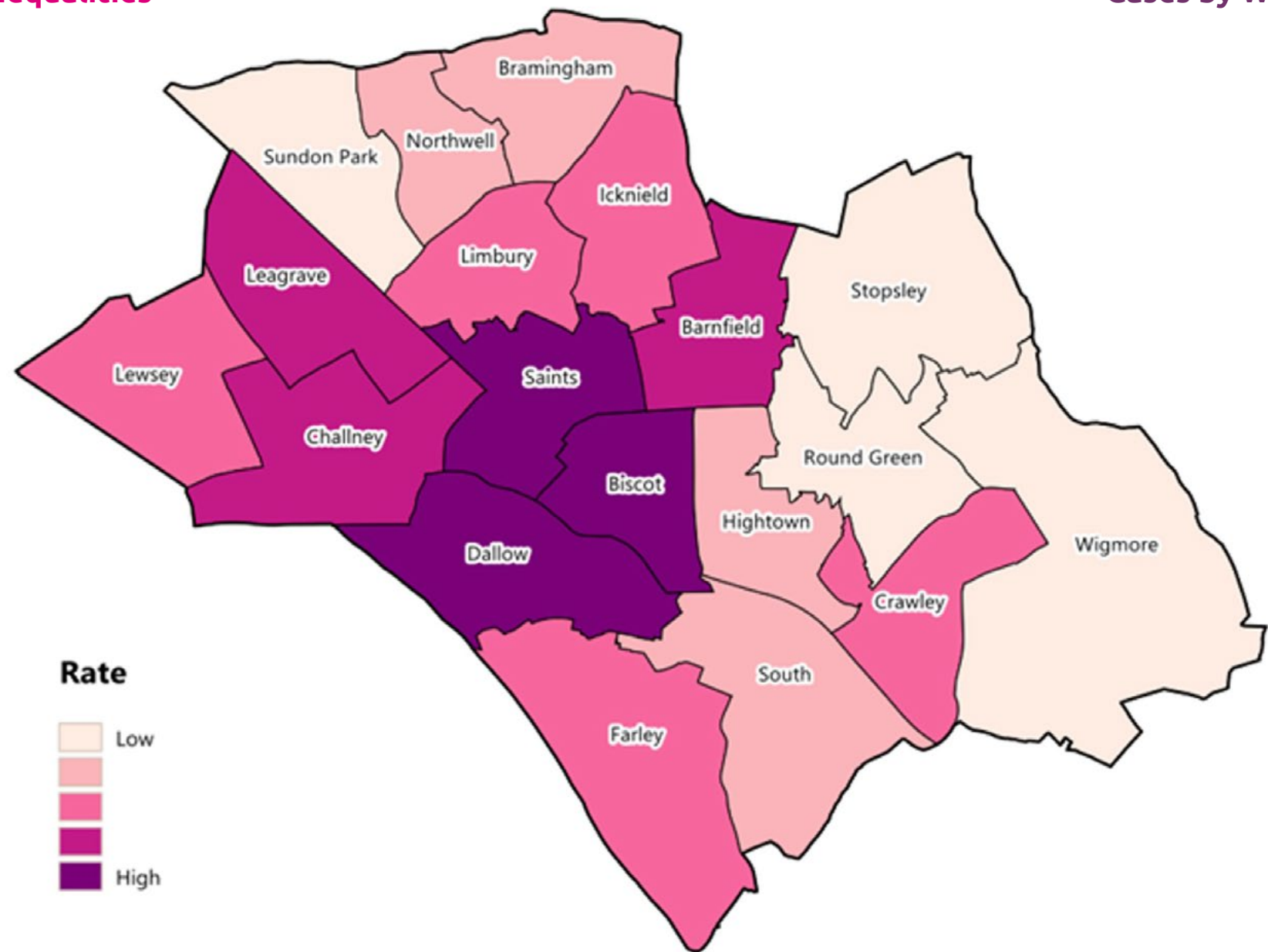
Our story – the impact of covid
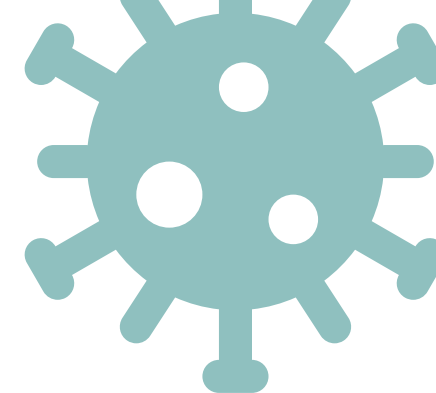
Luton was hit hard by the pandemic, with periods with the highest rates of covid nationally, and classed as an area of "enduring transmission" – infection rates that were often higher than the national average, and stayed at high levels for longer than the national picture. This was due to a number of inter-related factors such as the high proportion of housing of multiple occupancy and multi-generational housing, and the types of jobs people in Luton have.

Covid and inequalities

Local data analysis undertaken during the pandemic has shown that those that have been at greatest risk of contracting the Covid-19 virus are:

- older people and male, for Luton this means men who are over 50 years are at greater risk

- people from black, South Asian and minority ethnic backgrounds, including people identifying as 'white other'

- residents living in multi-occupancy/smaller dense houses, renters living in low cost housing or transient adults

- residents living in areas with lower index of multiple deprivation (IMD) scores

- During 2020, 78% of all positive cases fell within areas in the 2nd – 5th IMD deciles, the more deprived areas of Luton.

- Local hotspots during the first wave of the pandemic were in wards with the highest deprivation scores. These were Biscot, Dallow and Saints.

- Occupations that are public facing were more likely to have positive cases.

Map of Luton wards showing Covid cases rates:

- Bramingham
- Sundon Park
- Northwell
- Icknield
- Limbury
- Leagrave
- Barnfield
- Stopsley
- Lewsey
- Saints
- Challney
- Biscot
- Round Green
- Hightown
- Wigmore
- Dallow
- Crawley
- South
- Farley

Rate

- Low
- High

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Our story – the impact of covid

Uptake of covid vaccines (up to Dec 2021)

- White British followed by Indian and Bangladeshi are the top three ethnic groups with the highest levels of 1st dose vaccine uptake.

- Mixed and White Other ethnic group have the lowest levels of vaccine uptake

- Vaccination uptake varied by geographical area, with the pattern of where there is lower uptake being very similar to the pattern of deprivation across the borough.

- More deprived wards were more likely to have lower uptake of vaccination
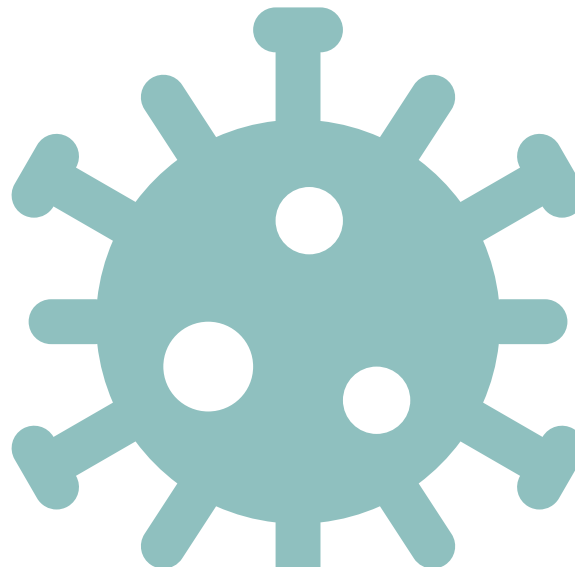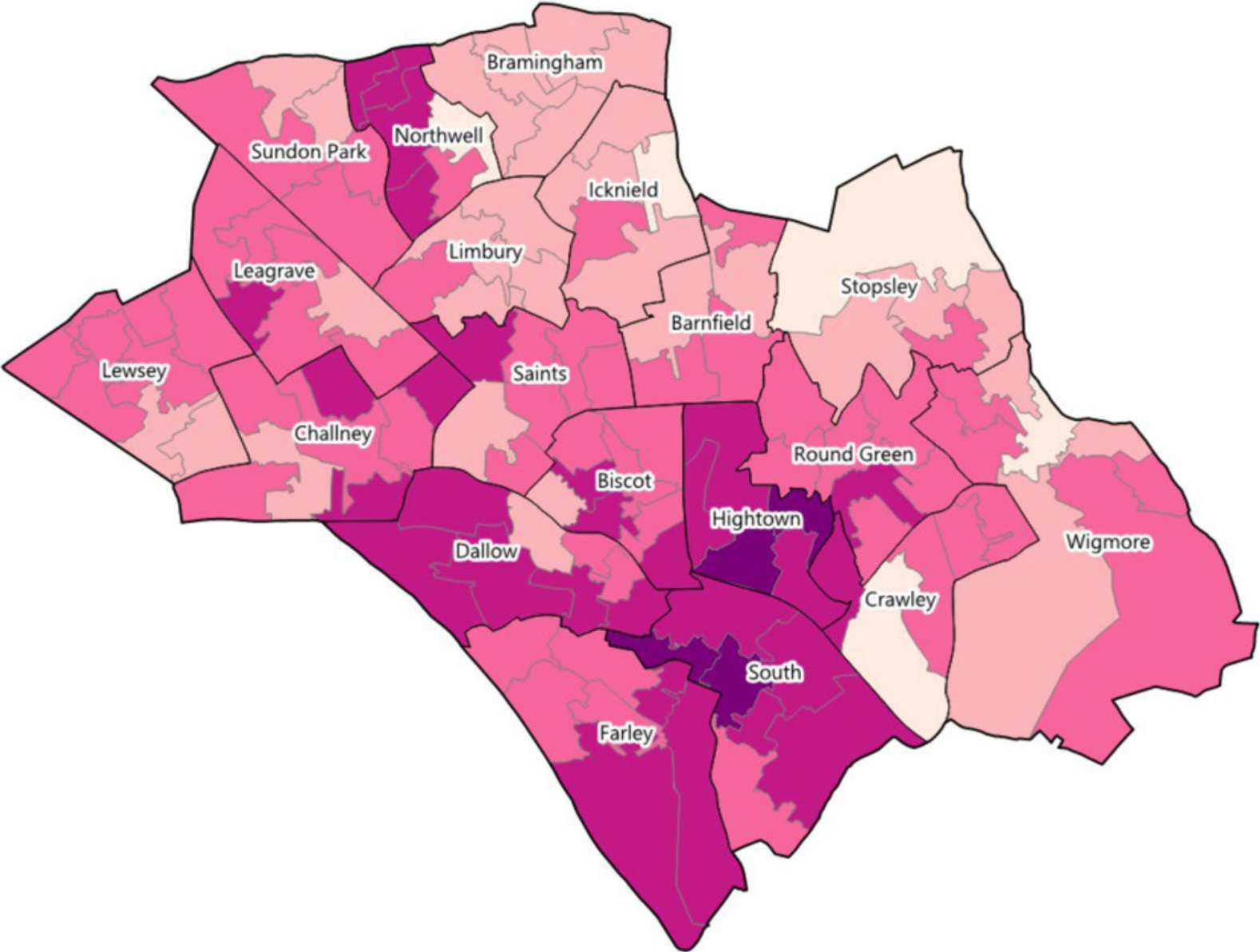
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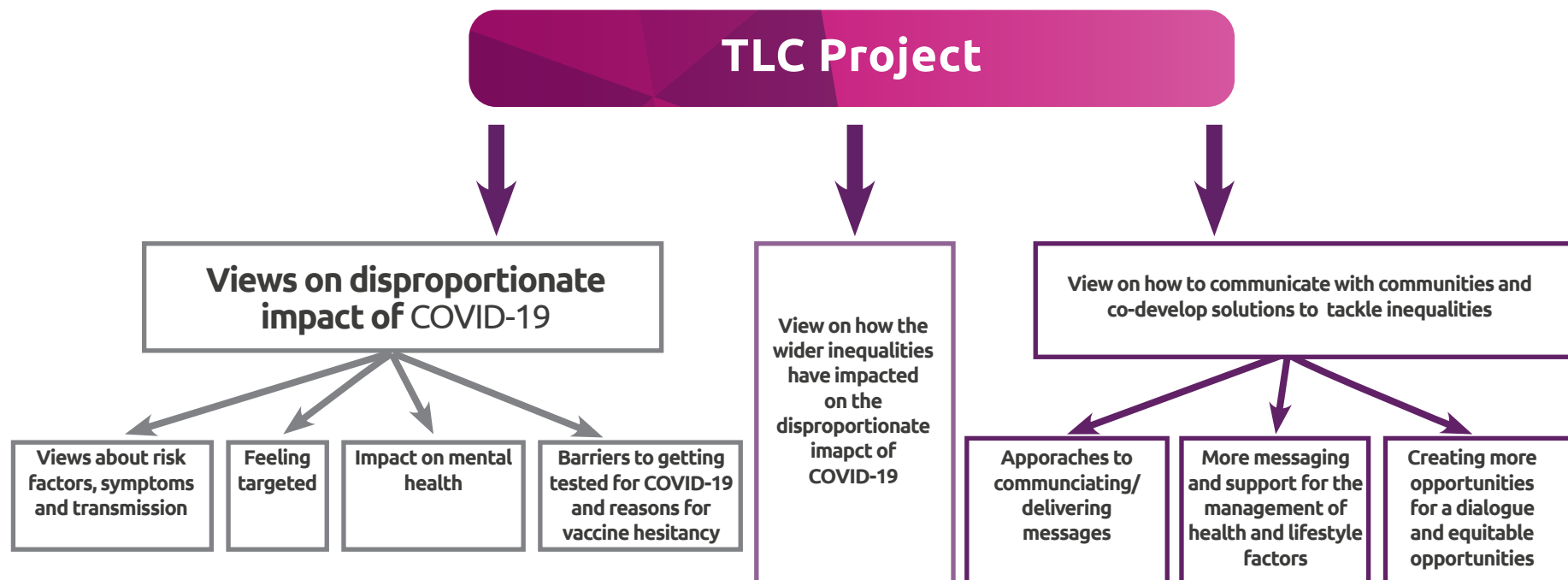
Talk, Listen, Change

In Luton we responded to the disproportionate impact of covid seen in ethnic minority groups through a collaborative research programme with the University of Bedfordshire to understand black and Asian population groups' experiences of the pandemic, and the causes of inequalities in these groups.

The research included a community survey, interviews with frontline health and social care works, interviews with community stakeholders, and focus groups.

Findings covered some key themes outlined below.

TLC Project

Views on disproportionate impact of COVID-19

- Views about risk factors, symptoms and transmission
- Feeling targeted
- Impact on mental health
- Barriers to getting tested for COVID-19 and reasons for vaccine hesitancy

View on how the wider inequalities have impacted on the disproportionate imapct of COVID-19

View on how to communicate with communities and co-develop solutions to tackle inequalities

- Apporaches to communciating/ delivering messages
- More messaging and support for the management of health and lifestyle factors
- Creating more opportunities for a dialogue and equitable opportunities

Building on our experience of covid

There are many learnings from the experience of covid that we can build on as a system and embed into this strategy:

- Better understanding inequalities in the borough, leading to focused action

- An understanding of the community voice and working with the community to build change

- System working across health, care, voluntary sector, businesses and other partners

- Use of evidence base and local knowledge to drive action where its needed

Our story – Demographics and Inequalities

Main languages spoken in Luton, 2019 school census

Language	Speakers	Percentage
English	18,300	47%
Urdu	6,019	15.5%
Bengali	3,442	8.8%
Polish	1,851	4.8%
Panjabi	919	2.4%
Romanian	810	2.1%
Pahari	691	1.8%
Arabic	409	1.1%

Source: Schools Census, Luton Council

In 2019, there were three wards in Luton with over 40% of children living in poverty – Saints, Biscot, and Dallow
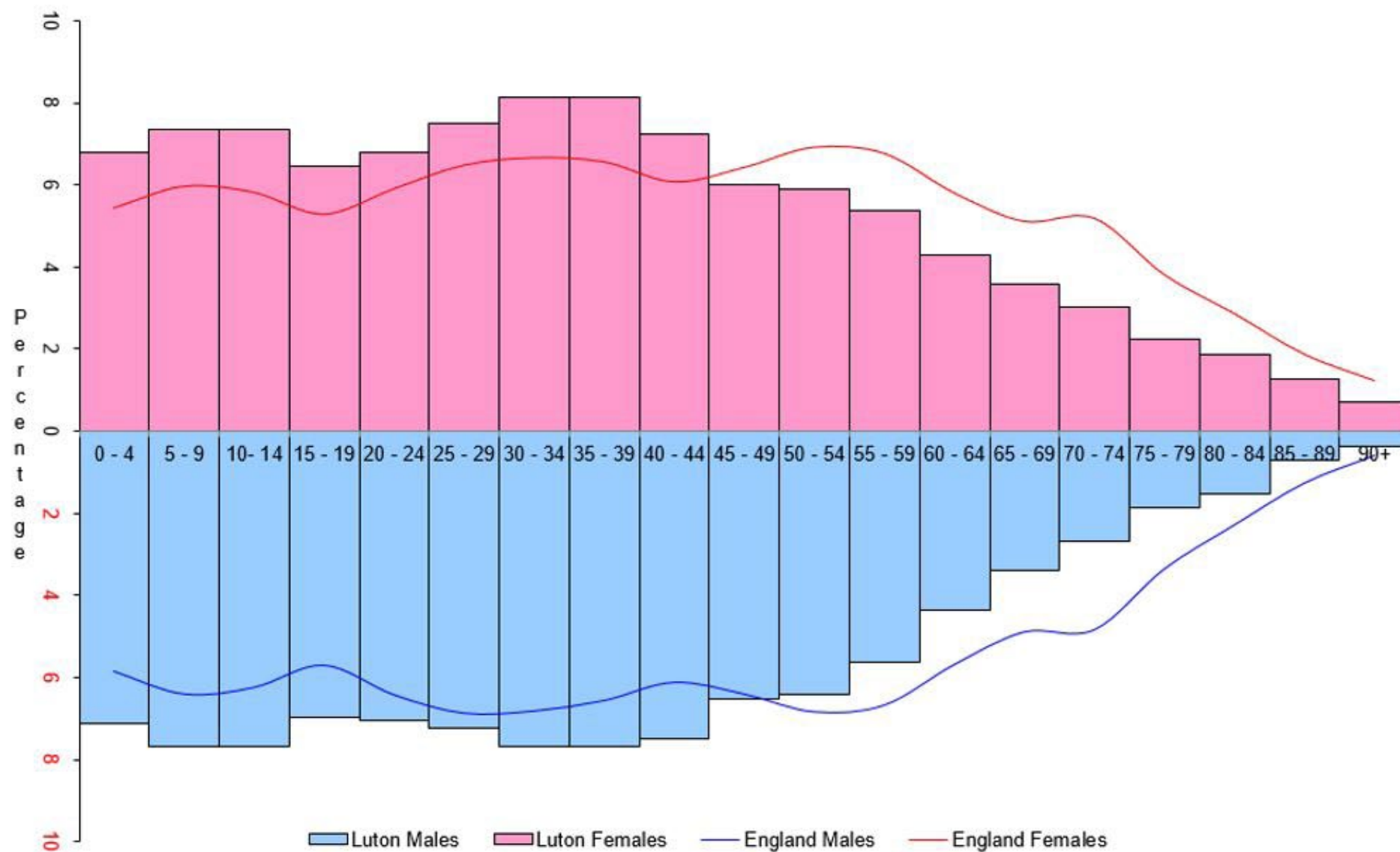
Luton is an extremely ethnically diverse town, with significant long-standing Indian, Pakistani, Bangladeshi, African-Caribbean and Irish communities, as well as complicated pattern of migration and population turnover.

Luton has a comparatively young population.

Socioeconomic factors, in particular, those related to deprivation and poverty are key drivers of inequality in Luton. Three wards have areas within the most deprived 10% in the country – South, Farley, and Northwell. In addition, areas in the 20% most deprived are Dallow, Biscot, High Town, Saints, Challney, Lewsey, Leagrave, Sundon Park, Round Green, and Crawley.

Life expectancy in the most deprived areas of Luton is 80.2 for females and 72.7 for males, compared to 85.6 and 79.4 in the least deprived parts of the Borough. People who live in the less deprived areas of Luton tend to live longer than those who live in the more deprived areas. Healthy life expectancy is on average declining in the borough.

Percentage of Luton & England's population by age, 2021

Source: Office for National Statistics

Index of Multiple Deprivation (IMD) 2019

Index of Multiple Deprivation (IMD) Decile

- Top 10% most deprived nationally
- Top 10% - 20% most deprived nationally
- Top 20% - 50% most deprived nationally
- Top 20% - 50% least deprived nationally
- Top 10% - 20% least deprived nationally
- Top 10% least deprived nationally

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Source: Indices of Deprivation 2019, Ministry of Housing, Communities and Local Government

Date: 25 : 10 : 2019
Scale = 1:47500 @ A4

Life Expectancy at birth in Luton by deprivation decile 2018-20

■ Female   ■ Male

Percentage of Children in Poverty after Housing Costs

Bramingham
Northwell
Sundon Park
Icknield
Limbury
Leagrave
Barnfield
Stopsley
Lewsey
Saints
Challney
Round Green
Biscot
Hightown
Dallow
Wigmore
Crawley
South
Farley

Percentage of Children in Poverty

- 10-15%
- 15-20%
- 20-25%
- 25-30%
- 30-35%
- 35-40%
- 40-45%
- 45% >

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Source: End Child Poverty

Date: 08 : 11 : 2018
Scale = 1:46000 @ A4

% born in an Asian country

- 0-10
- 10-20
- 20-30
- 30-40
- >= 40

Sundon Park
Northwell
Bramingham
Icknield
Limbury
Leagrave
Barnfield
Lewsey
Saints
Stopsley
Challney
Biscot
Hightown
Round Green
Dallow
Wigmore
South
Crawley
Farley

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Date: 21 : 03 : 2023
Scale = 1:48000 @ A4

% non UK born EU Countries

- 0-10
- 10-20
- 20-30
- >= 30

Bramingham

Sundon Park

Northwell

Icknield

Limbury

Leagrave

Stopsley

Barnfield

Lewsey

Saints

Challney

Round Green

Biscot

Hightown

Dallow

Wigmore

Crawley

South

Farley

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Date: 21 : 03 : 2023
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% born in an African country

- 0-3
- 3-6
- 6-9
- >= 9

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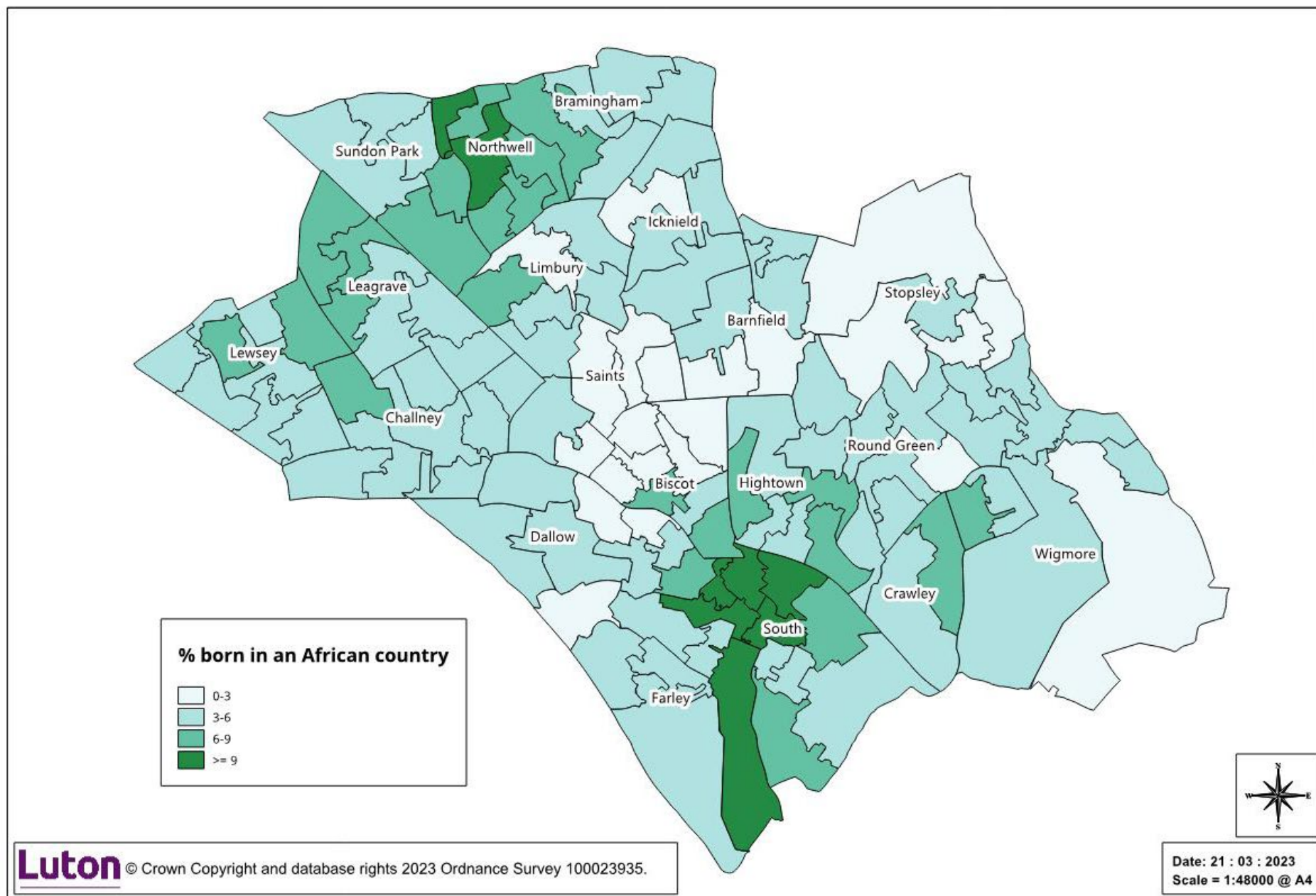
Population Churn

Luton has a complicated pattern of migration and population turnover. International migration data from the 2021 census shows that nearly two in five of Luton's residents were not born in the UK, this is one of the biggest proportions of non-UK born residents outside of London. Of Luton's non-UK born residents, 43.2 per cent have arrived since 2011. There are a number of factors influencing population churn in Luton. The proportion of people who are privately renting is higher than the national average. This combined with high levels of unstable and low paid employment, escalating rents and unstable tenancies leads to high population turnover in parts of Luton. Luton has high levels of international migration and has also been attractive to people moving out of London to a relatively cheaper area. The town also has high numbers of people moving to neighbouring areas like Central Bedfordshire.
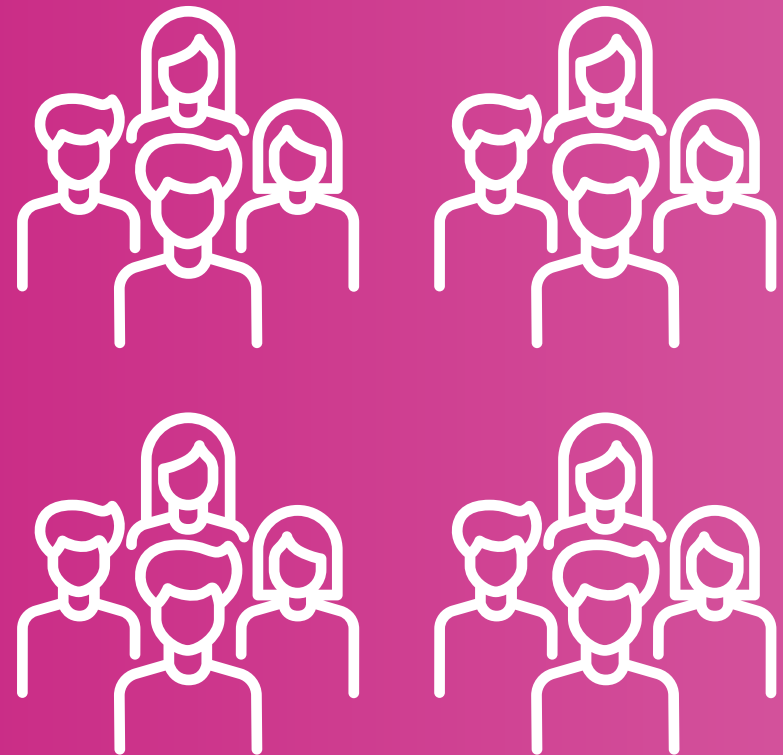
Our story – Health Status and Behavioural Inequalities
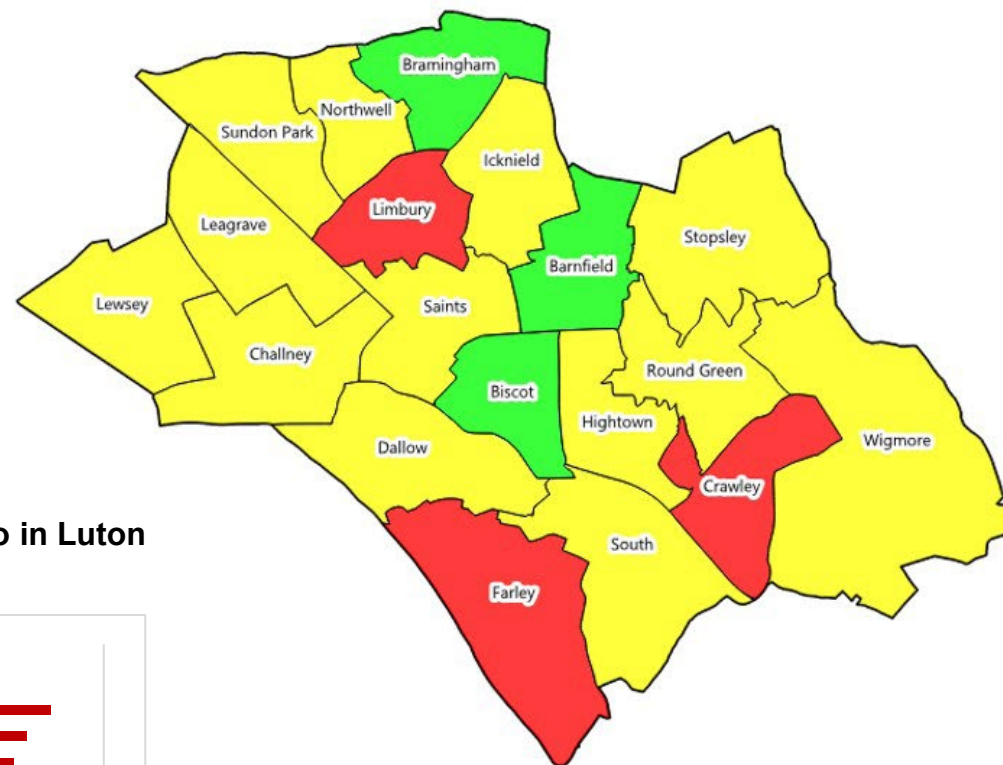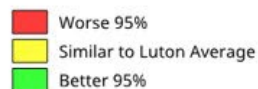
Top 3 leading causes of death

The top three leading causes of death in Luton in 2020 (excluding Covid-19) are cancer, dementia and ischaemic heart disease. Cancer and heart disease are examples of deaths that can be considered preventable, as they can be avoided through effective public health and primary prevention measures. High levels of preventable mortality also relate to inequalities in the social determinants of health. Many deaths could be avoided if the social and economic conditions of the area were improved. Preventable mortality that is due to inequality drives inequalities in life expectancy.

Risk factors of poor health and inequalities
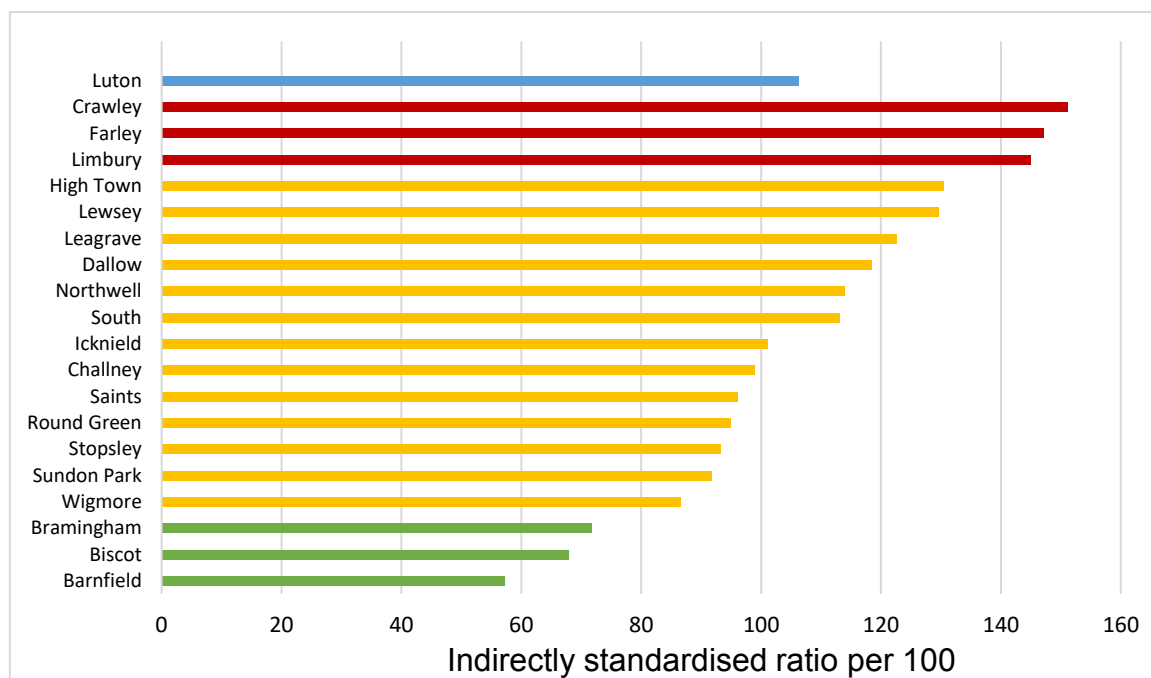
Tobacco accounted for the highest rate of deaths per 100,000 population, followed by high blood pressure, high fasting plasma glucose (hyperglycaemia), and dietary risks. Making positive changes to diet, exercise and reducing tobacco use would have positive effects on the overall life expectancy by preventing cardiovascular diseases, cancers, chronic respiratory diseases and infections.

Deaths under 75, all cancers

<table>
<tr><td style="background-color:red"> </td><td>Worse 95%</td></tr>
<tr><td style="background-color:yellow"> </td><td>Similar to Luton Average</td></tr>
<tr><td style="background-color:green"> </td><td>Better 95%</td></tr>
</table>

Deaths from all cancer under 75 years, standardised mortality ratio in Luton and Wards, 2016-20

X-axis: Indirectly standardised ratio per 100 (0, 20, 40, 60, 80, 100, 120, 140, 160)

Categories (top to bottom): Luton, Crawley, Farley, Limbury, High Town, Lewsey, Leagrave, Dallow, Northwell, South, Icknield, Challney, Saints, Round Green, Stopsley, Sundon Park, Wigmore, Bramingham, Biscot, Barnfield

| Better 95% | Similar | Worse 95% | compared with Luton |

Source: Office for National Statistics (ONS), taken from OHID Fingertips tool, Local Authority Profile

Dementia prevalence

- [0.25,0.46)
- [0.46,0.77)
- >= 0.77
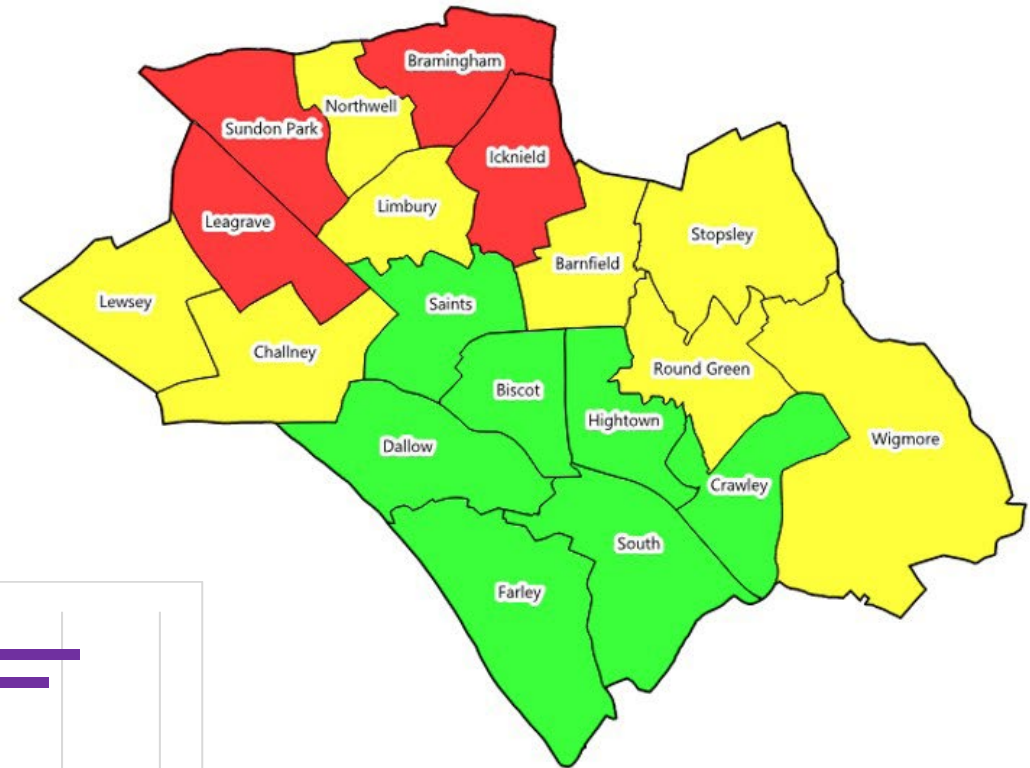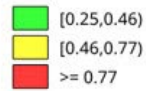
Dementia prevalence in Luton and Wards, 2019/20

Source: Office for National Statistics (ONS), taken from OHID Fingertips tool, Local Authority Profile

Hospital admissions for Coronary Heart Disease

- ■ Worse 95%
- ■ Similar to Luton Average
- ■ Better 95%

Emergency hospital admissions for coronary heart disease in Luton and Wards, 2016/17-20/21
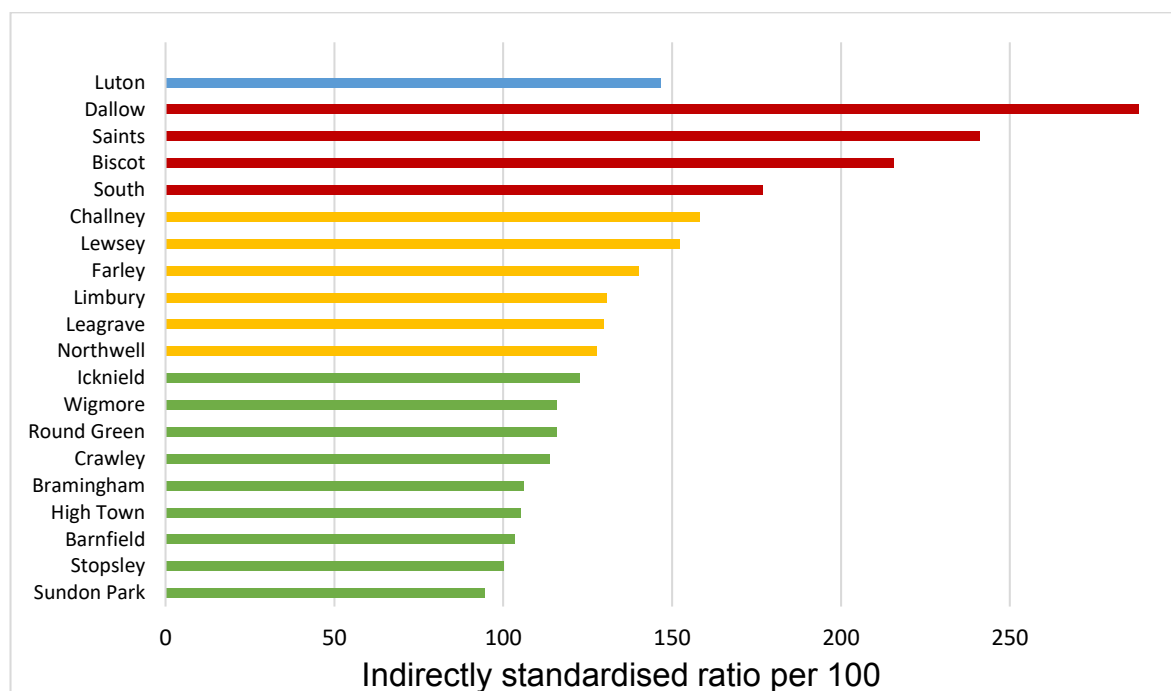
Indirectly standardised ratio per 100

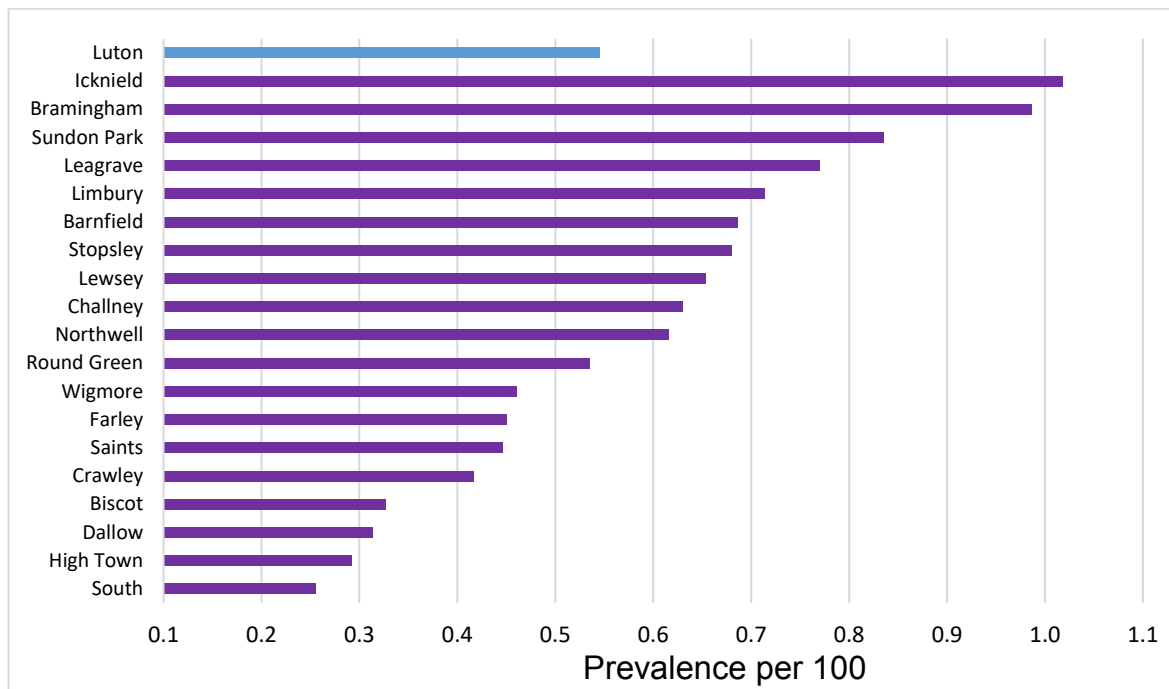■ Better 95%   ■ Similar   ■ Worse 95%   compared with Luton

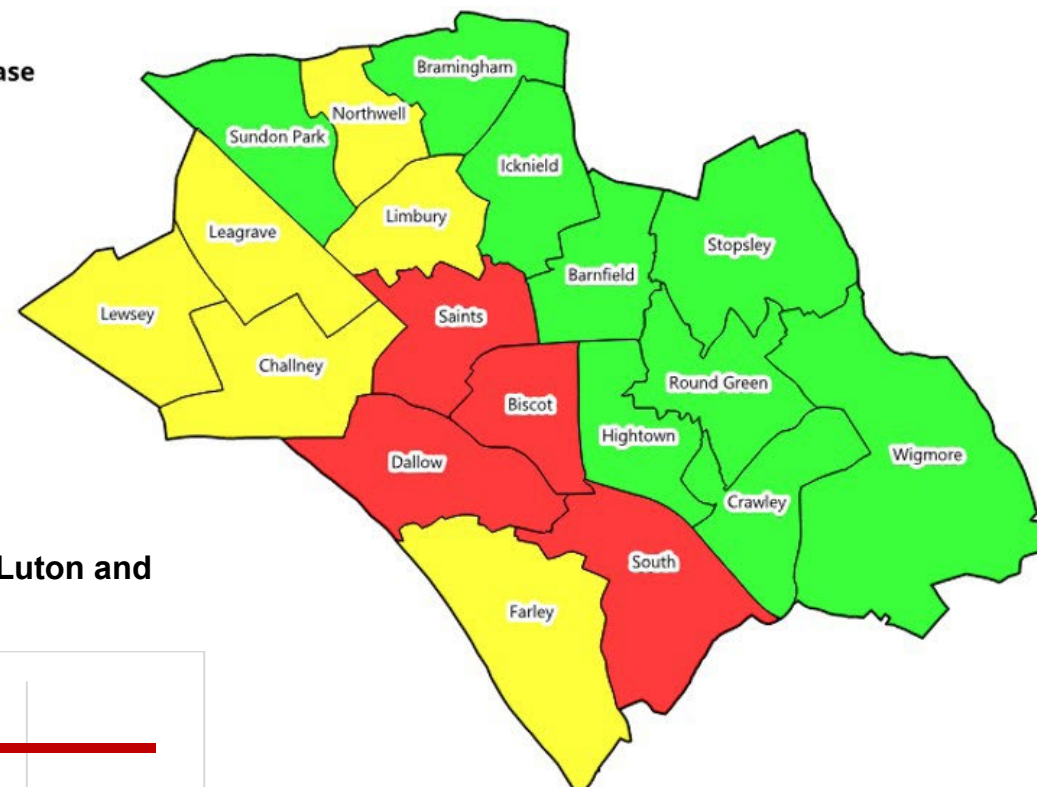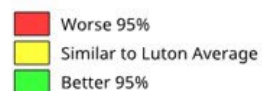Source: Office for National Statistics (ONS), taken from OHID Fingertips tool, Local Authority Profile

Adults who are physically active (modelled MSOA estimates) (2018

Legend:
- [53.4,56)
- [56,59.9)
- >= 59.9
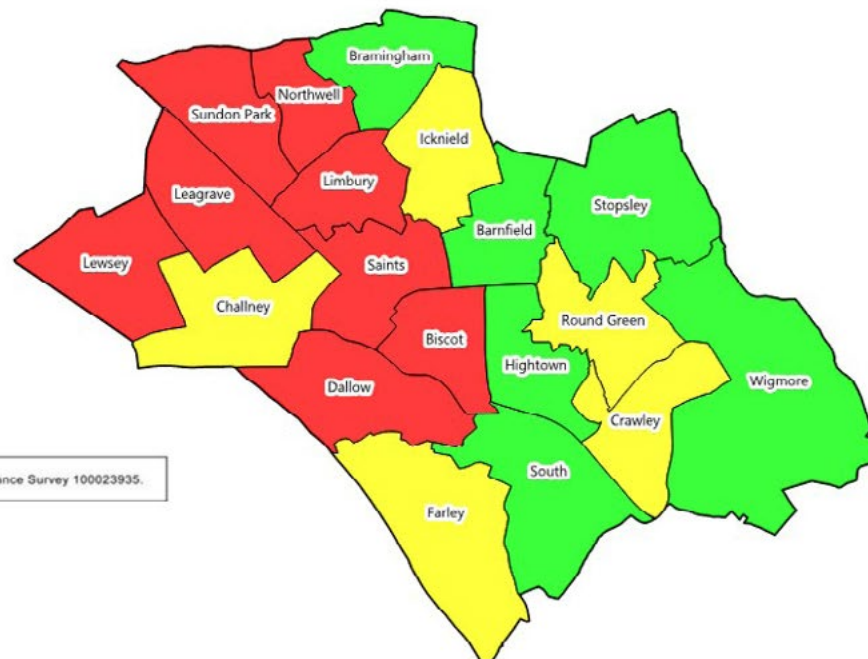
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Obesity Prevalence (2019/20)

Legend:
- [9,10.3)
- [10.3,11.5)
- >= 11.5
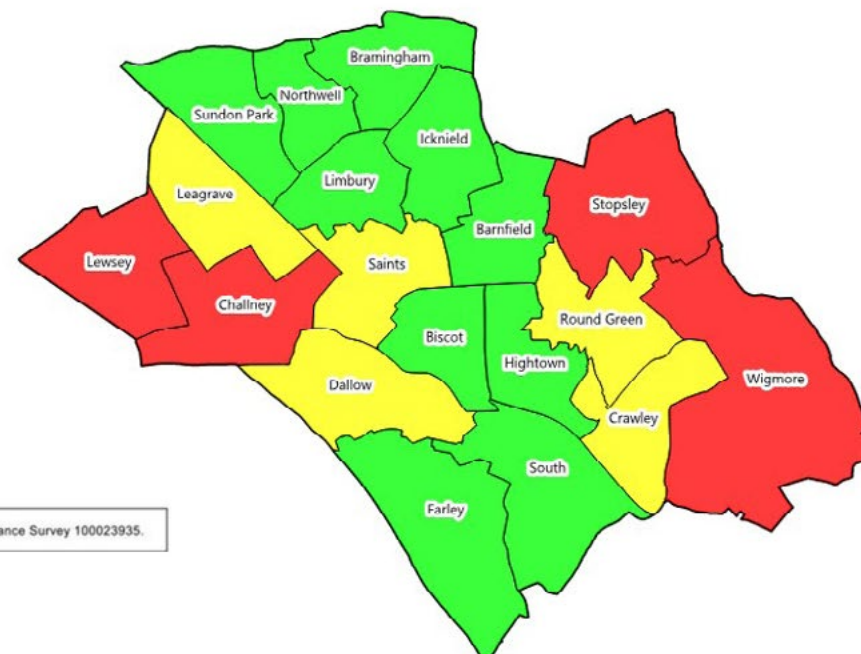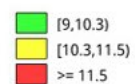
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Our story – Social and Environmental Inequalities

Wider Determinants and Inequalities

Wider determinants (or sometimes known as social determinants) of someone's health such as employment, education, housing, access to outside space, are also very important in luton, and are particularly correlated to areas of greater deprivation.

Wider determinants have a greater influence on health than health care, behaviours or genetics. It is therefore an important aspect of public health in terms of informing preventative action.
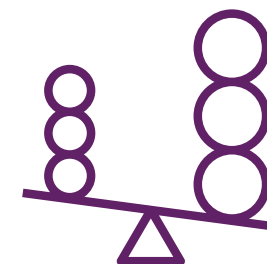
Social Inequalities

Economic hardship is highly correlated with poor health. The current cost of living issues threatens individual and family wellbeing, especially for the unemployed and those experiencing wage and benefit cuts. The cost of living vulnerable households indicator shows that there are pockets of vulnerable households in the central areas of Luton, including Biscot and Dallow, with further areas in the South and Northwell areas. These generally correlate with areas of deprivation in Luton.

Increased levels of **education** are strongly and significantly related to improved health. Increases in the overall number of people in higher education and more people from poorer backgrounds in higher education will have long-term benefits for population health. The picture in Luton in terms of access to higher education is mixed. There are higher levels in deprived areas of Biscot and Dallow, but also in more affluent areas including Barnfield.

Wider Determinants and Inequalities

McGinnis et al (2002)

- Health care (up to 15%)
- Social circumstances and environmental exposure (45%)
- Health behaviour patterns (40%)
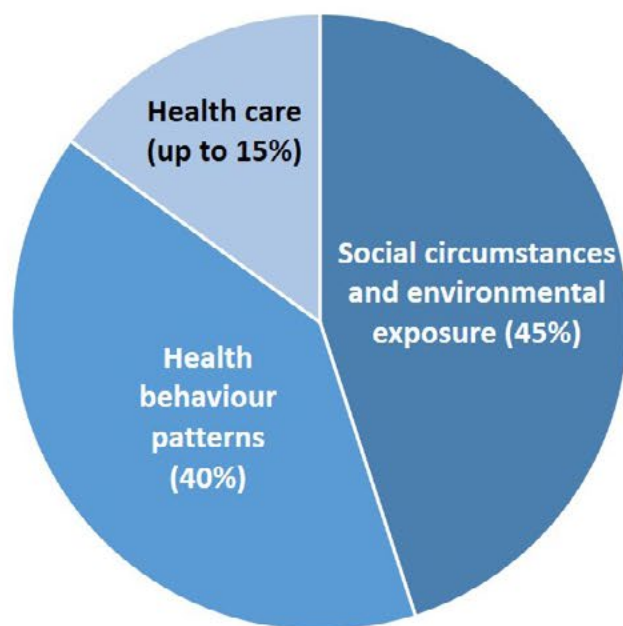
Canadian Institute of Advanced Research (2012)

- Health care (up to 25%)
- Environmental (10%)
- Genetics (15%)
- Socio-economic (45%)

Bunker et al (1995)

- Health care (43%)
- Other factors (57%)

Social Inequalities

Cost of Living: Vulnerable households indicator

The colours on the map show Cost of Living: Household vulerability risk (higher score = higher risk)

Showing all areas at LSOA level

- 0.00 to 1.00
- 1.00 to 2.00
- 2.00 to 3.00
- 3.00 to 4.00
- 4.00 to 7.00

Social Inequalities

Participation of state school pupils in higher education

The colours on the map show % of state school pupils in higher education

Showing all areas at LSOA level

- 0.00% to 29.56%
- 29.56% to 36.97%
- 36.97% to 43.95%
- 43.95% to 51.82%
- 51.82% to 100.00%

LSOA: Toddington, Heath

Environmental Inequalities

Overcrowded households are more common in areas of social deprivation and they affect health outcomes directly in terms of spread of infectious diseases and an increased risk of psychological distress. Overcrowded housing is more pronounced in the more deprived areas of Luton. Many of the areas with high levels of deprivation such as Northwell, Lewsey, Farley and South also have high levels if social housing. Other challenges in these areas include higher rates of crime and low education attainment.

Exposure to **air pollution** can lead to a wide range of diseases, including stroke, chronic obstructive pulmonary disease, trachea, bronchus and lung cancers, aggravated asthma and lower respiratory infections and there is evidence for dementia. Areas of poor air quality in Luton generally follow major transport links throughout the town.

Environmental Inequalities

Overcrowded housing (Census 2021)

The colours on the map show % of all households living in overcrowded conditions

Showing all areas at LSOA level

- 0.00% to 1.83%
- 1.83% to 3.00%
- 3.00% to 4.98%
- 4.98% to 9.82%
- 9.82% to 50.28%

Environmental Inequalities

AHAH Air quality domain

The colours on the map show AHAH Air quality Score (higher = poorer health-related environment)

Showing all areas at LSOA level

	-2.2 to -0.4
	-0.4 to 0.1
	0.1 to 0.4
	0.4 to 0.9
	0.9 to 3.1
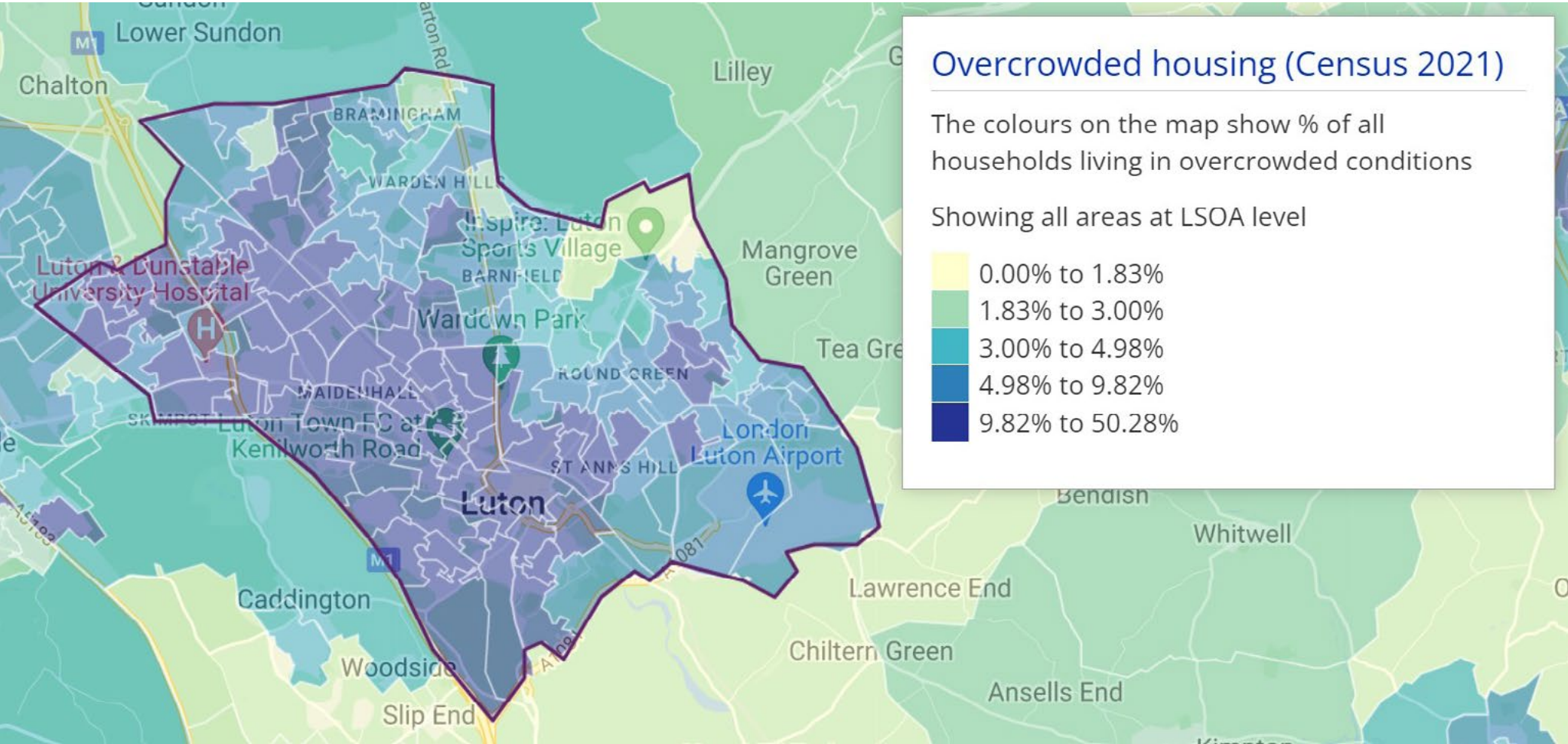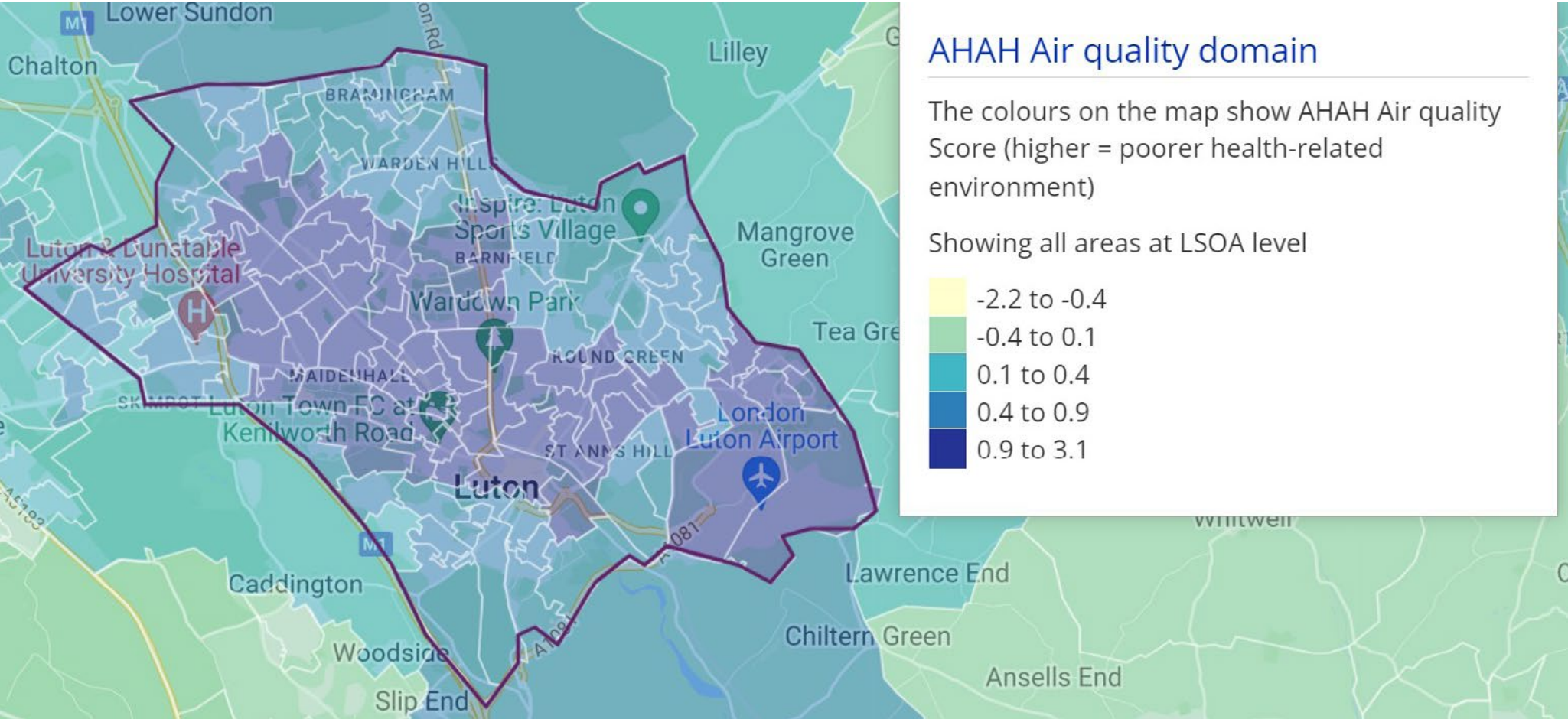
Our story –
Access to Community Assets and Health Facilities

Access to Health Facilities and Health Inequalities

There are 34 GP practices, 9 Health centres and walk-in clinics, and 44 pharmacies spread across Luton. 84% of Luton's communities are within a 15 minute journey time by walking or public transport of a GP practice as compared with England's average which is about 71%. All of Luton is within a 30 minute journey time of a GP, again higher than the national average of 96%. Most of Luton is also within a 20-minute walk or a 2km drive of a pharmacy except the South-East areas of Luton where the airport is located. Luton has a similar number of pharmacies per 100,000 population as England. Luton also has 7 pharmacies operating for 100 hours or more per week with some staying open up till midnight.

Community Assets and Health Inequalities

Luton has a vibrant voluntary and community sector and is well served by these facilities. These are spread across the borough with good provision in the more deprived and densely populated areas.

Community Asset Mapping - Health Facilities

Legend

Care home
Dentist
Pharmacy
Other health facility
Extra Care

GP / Medical Centre:
Hatters Health
Lea Vale PCN
Medics Network
Nexus
Phoenix Sunrisers
Titan Primary Care Network
eQuality

Bramingham
Sundon Park
well
Icknield
Limbury
Barnfield
Stopsley
Saints
Challney
Round Green
Wigmore
Dallow
Hightown
Crawley
South
Farley

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Scale = 1:48000 @ A4

Journey time to GP by public transport or walking 15mins (by LSOA)

Community Asset Mapping - Health Facilities

Legend

Care home

Dentist

Pharmacy

Other health facility

Extra Care

GP / Medical Centre:

Hatters Health

Lea Vale PCN

Medics Network

Nexus

Phoenix Sunrisers

Titan Primary Care Network

eQuality

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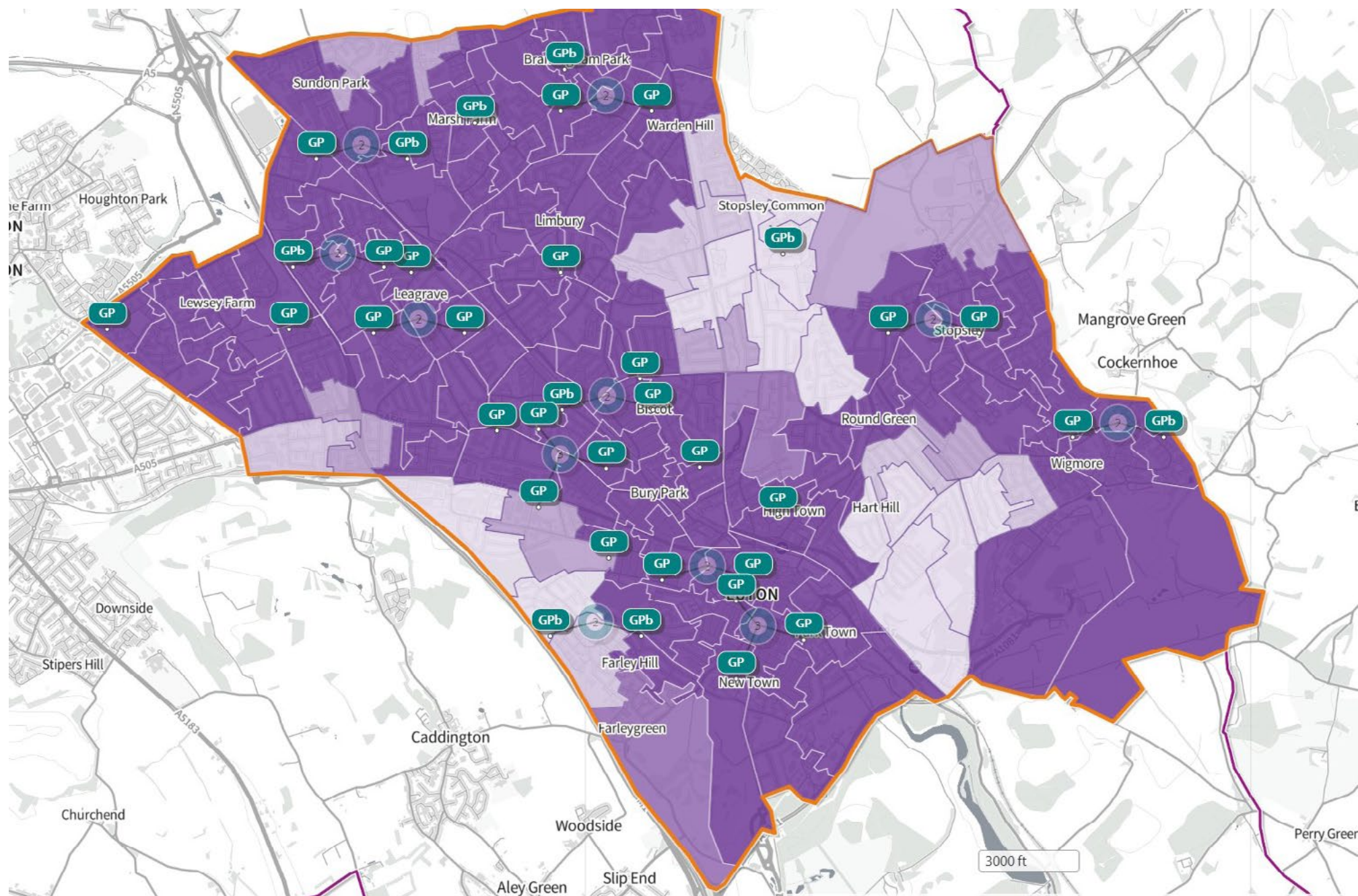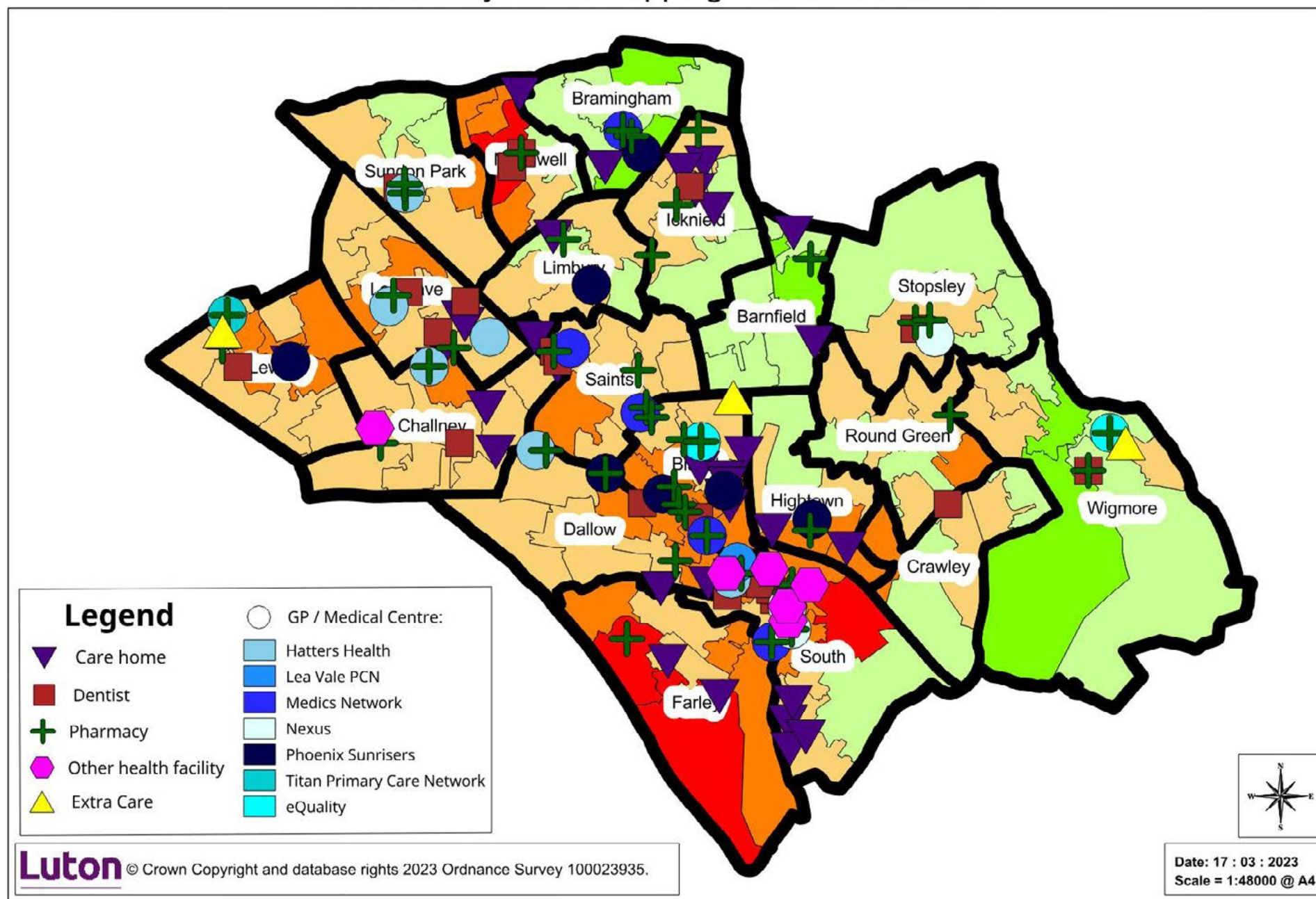
Our story – start well

Luton has seen recent improvements in the proportion of children in low-income families.

Luton has a comparatively high rate of low birth weight babies.

Our childhood immunisation rates are lower than national average, including MMR and Dtap/IPV/Hib Immunisations. Luton has also seen recent improvements in MMR vaccinations, although this has not improved to rates seen in the previous five years. Therefore, improving the vaccination rate remains an area of focus for us.

Luton is comparable to our similar areas in terms of smoking in pregnancy, dental decay, rates of special educational needs and disabilities, speech and language development, the under-18's conception rate and emotional health and wellbeing.

Our story – start well

Luton has particular challenges in the areas of hospital admissions for substance misuse.

Our data shows that our children at a healthy weight are comparable to our similar areas, however, we are significantly worse than the national and regional average and although the trend is not significantly increasing, it is rising.

Poor oral health is the most common cause of hospital admission for 5-9 year olds. Our data below shows that rates of dental decay are comparable to our similar areas, although they are significantly worse than the national and regional average.

Our story – start well

The percentage of pupils with special education needs in Luton is significantly higher than the National average at 15% compared to 14.4% respectively. The percentage of pupils with special education needs in Luton was actually similar to the National average in 2014 to 2015, but has remained at a higher level since then.

Assessing school outcomes as a whole, at reception, KS2 and Attainment 8 level, Luton's more disadvantaged students, as measured by free school meal eligibility, perform near to or better than the national average. Less disadvantaged students, while outperforming free school meal eligible students throughout, fall further behind similar students elsewhere.

Luton's level of young people aged 16-17 not in education, employment or training (NEET) is a little better than the national average and sits around the middle of its statistical neighbours.

Low birth weight of term babies, Luton, England, East of England and statistical neighbours, proportion (%), 2020
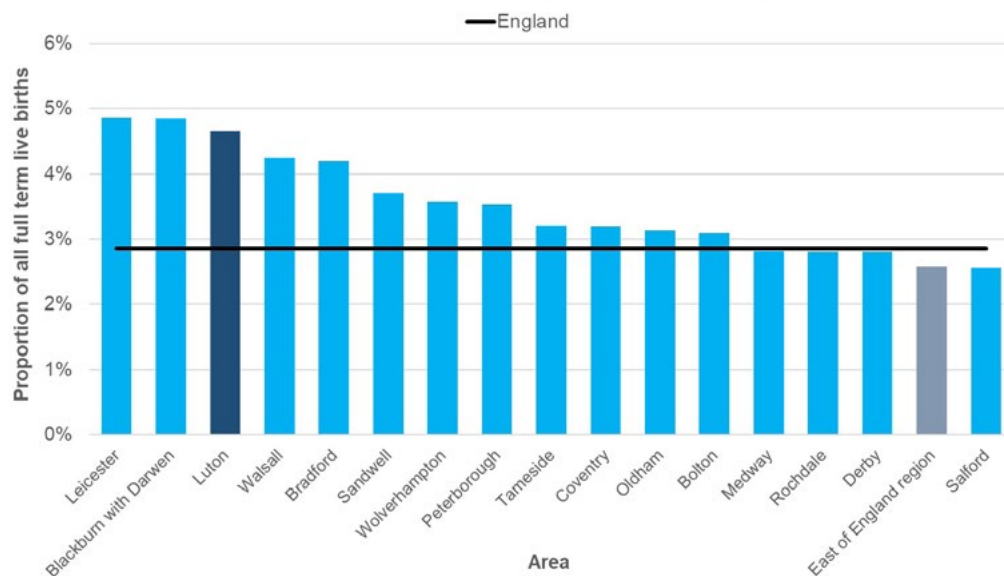
Hospital admissions due to substance misuse (15-24 years) Luton, England, East of England, and Birmingham 2008/09-10/11 to 2018/19-20/21
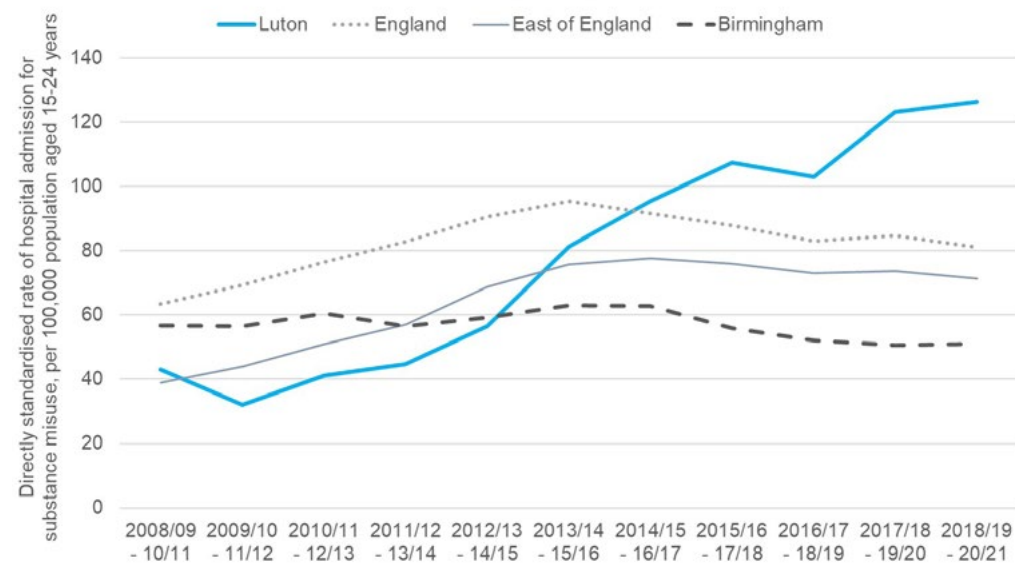
Prevelance of obesity in year 6 children - Luton, England, East of England, and CSSNBT neighbour average 2006-07 to 2019-20
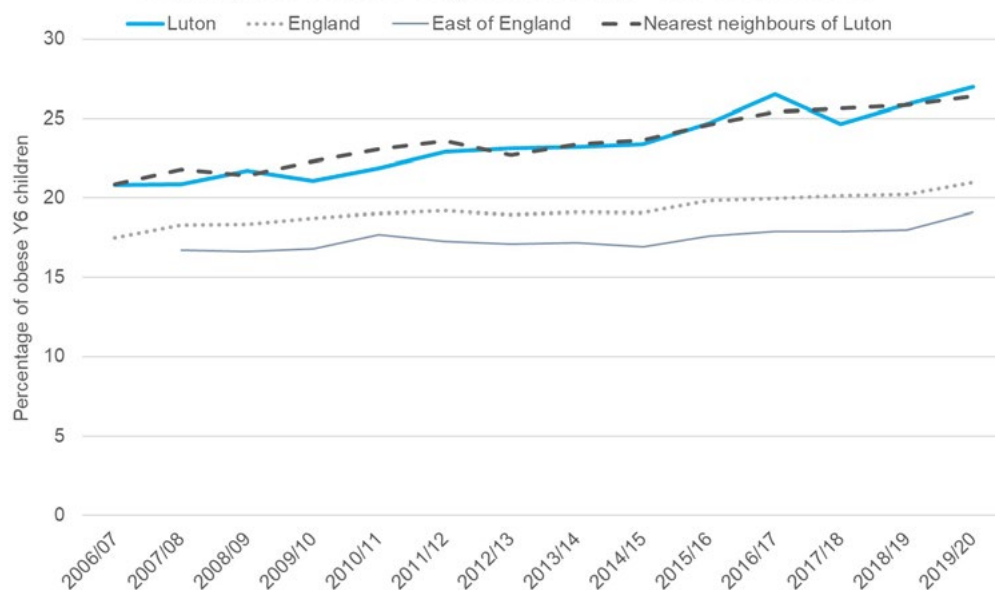
Year 6 Obesity by Ward in Luton 2017-18 to 2019-20

Pupils with special educational needs (SEN) - Luton, England, East of England, and CSSNBT neighbours 2014 to 2018

Legend: Luton · England · East of England · Nearest neighbours of Luton

Attainment of pupils at the end of key stage 2 in reading, writing and maths, pupils eligible for free school meals and all others, Luton, England, East of England and statistical neighbours, 2018

Legend: Area FSM · Area Other · England FSM · England Other

Our story – live well

Despite evidence of growing earnings, Luton's economy has issues with the growth of zero hour contracts and unstable temporary work. Those that work in luton but don't live here, on average have higher earnings than those that live and work in the borough.

Our local minimum income standard estimates that a couple with 2 children in private rent needs £34,099 for a decent standard of living. This is estimated to have increased by just over £4000 since the previous year. Luton has a large proportion of housing in the private rental sector. On average 10.6% of households are classified as overcrowded. This proportion is higher in the south of the borough.

Luton is better in comparison to similar areas in terms of opiate users successfully completing drug treatment. However admissions for alcohol related treatment is increasing.

Our story – live well

Crime is a major issue in Luton. In 2021, Luton's crime rate was 82 crimes per 1,000 people, compared to the England rate of 74. One third of these crimes were violence and sexual offences. Luton's high levels of violent crime, are shown, measured by hospital admissions for violence.

Luton is also better in comparison to similar areas in terms of our STI diagnosis rate, however HIV late diagnosis is a particular challenge.

Obesity, along with the low rates of adult physical activity, high levels of smoking and alcohol-related hospital admissions places a high demand on social care services and budgets. But more importantly, it reduces the healthy life expectancy for people. Luton has seen recent increases in smoking prevalence and fewer people who are physically active, this trend is significantly worse for adult obesity. These factors are a key cause of mortality in our population and prevent adults living well into old age, which further supports the need for improving lifestyles in our population.

Our story – live well

Luton has a mixed picture in terms of emotional wellbeing. There is currently a lower life satisfaction overall in Luton in comparison to the national and regional rate and this is worsening. This data may indicate future demand for mental health support and this will require further focus. Compared to all GP patients, patients with SMI have higher rates of a wide range of physical ailments including obesity, diabetes, chronic obstructive pulmonary disorder (COPD), coronary heart disease, stroke and heart failure, and the prevalence of these conditions is higher for SMI patients living in more deprived areas. Luton's premature mortality for those with SMI is above national average.
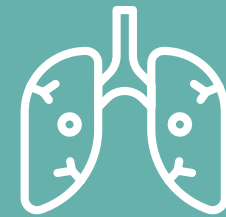
Luton also has a challenge in relation to tuberculosis, rates are worse in comparison to England, the region and to our nearest neighbours.

Percentage of employees by occupation in Luton & UK, 2021
Source: Census 2021, ONS

	Managers, directors and senior officials	Professional occupations	Associate professional and technical occupations	Administrative and secretarial occupations	Skilled trades occupations	Caring, leisure and other service occupations	Sales and customer service occupations	Process, plant and machine operatives	Elementary occupations
England	12.9	20.3	13.3	9.3	10.2	9.3	7.5	6.9	10.5
Luton	8.7	15.8	10.1	8.5	9.8	10.7	8.0	11.6	16.9

England ■ Luton

Luton Earnings 2012-2022
Source: Office for National Statistics

£ per week

	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Luton Residents	482.9	489.4	475.7	489.0	504.0	528.5	541.8	560.5	578.1	583.0	616.5
Luton Workplace	450.4	496.8	479.1	524.1	543.6	591.2	576.6	598.7	580.2	660.9	638.7
UK	506.1	517.4	518.3	527.1	538.6	550.0	568.3	585.2	585.7	609.8	640.0

Luton Residents — Luton Workplace — UK

Finacial Quality of Life Bands

Finacial Quality of Life Bands	Band	Definition
Secure Standard of living	A	Households that can afford all necessities and are financially comfortable
Good Standard of Living	B	Households that can afford basic needs, personal services and paid social and cultural activities, being able to participate fully socially and culturally
Decent Standard of Living	C	Households that can afford basic needs, but may need to juggle finances to afford insurances, personal services like hairdressing or paid social and cultural activities such as day trips and holidays
Basic Needs	D	People who may struggle to pay some basic needs (rent, food, clothing, gas, electric, water, internet and transport costs) and require greater financial support
Absolute Poverty	E	People who have no home, no income or whose outgoings significantly outweigh their income (e.g. significant debt, income does not cover housing costs)

Couple with 2 Children
Private Rent - £34,099
Social Rent - £26,659

Hospital admissions for violence (including sexual violence), Luton, England, East of England and statistical neighbours, DSR per 100,000, 2017/18 - 2019/20
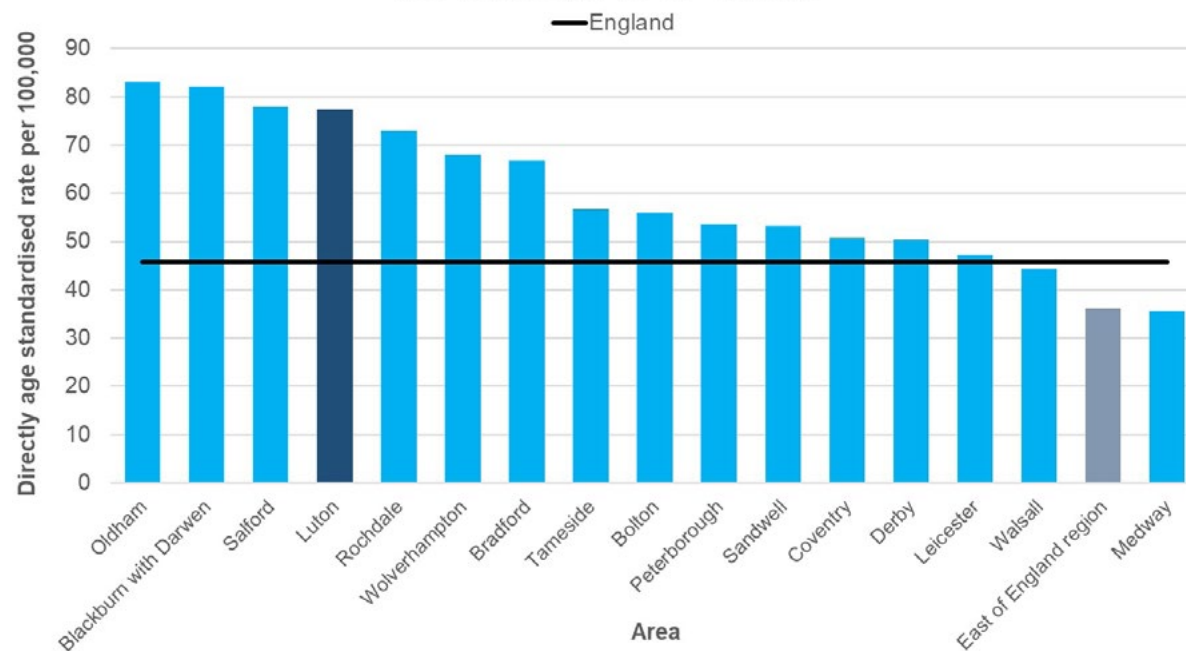
Admission episodes for alcohol-related conditions (Narrow) Luton, England, East of England and Coventry 2008-09 to 2018-19

Smoking Prevalence in adults (18+) - current smokers Luton, England, East of England and Coventry 2011 to 2019
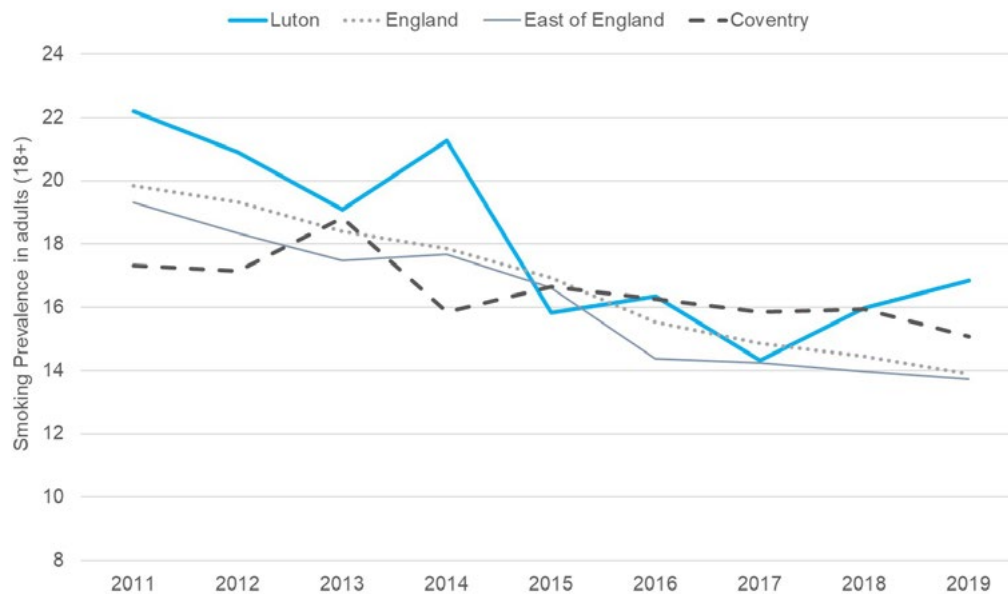
Premature mortality in adults with severe mental illness (SMI), Luton, England, East of England and statistical neighbours, DSR per 100,000, 2016-18

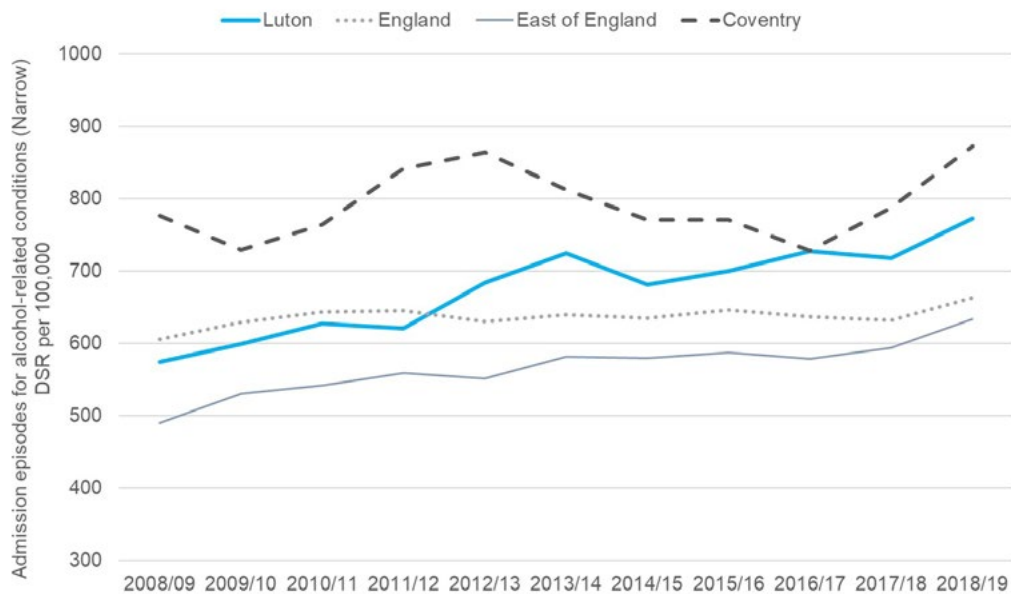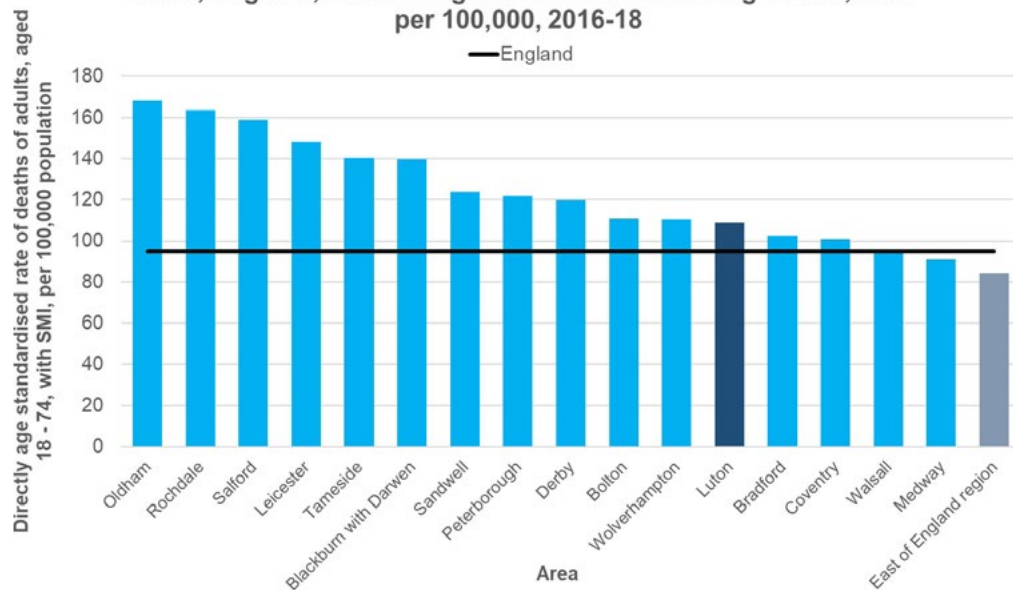| Icon	Topic	Comparison	Comments
	Overweight or obese adults	National Comparison	70.7% of adults in Luton are currently classified as overweight or obese which is significantly higher than the National figure of 62.8%.
		Nearest Neighbour Comparison	In terms of comparison to our CIPFA nearest neighbours, we are currently ranked 12 out of 16.
		Regional Comparison	70.7% of adults in Luton are currently classified as overweight or obese which is significantly higher than the Regional figure of 62.3%.
		Recent Trend	There has been a significant increase in the percentage of overweight or obese adults in Luton over the latest 3 years.

Our story – age well

Cost of living increases are disproportionately affected those already on low incomes. In 2020, households in the poorest decile spent 54% of their average weekly expenditure on essentials including rent, electricity and gas, food and transport compared to the richest decile, who spent only 42%. The poorest 10% of households spent 7% of their income on gas and electricity, while the richest only spent 2%.

Poverty in older age can be a major risk to health in a potentially vulnerable time of life, when support needs and costs are likely to be higher. Sufficient income is necessary to live a fulfilling, engaged and dignified life as an older person, and not to suffer social exclusion and isolation.

Fuel poverty, is a particular concern in the context of rising fuel costs. A household is defined as being in fuel poverty if its required fuel costs are above average and spending that amount on fuel would leave it below the poverty line.

Our story – age well

Luton has higher than average rates of under 75 mortality for both cancer and CVD considered preventable

8.4% of patients aged 17 and over in Luton are recorded as having diabetes, and this is rising. This is significantly higher than the 7.1% recorded Nationally.
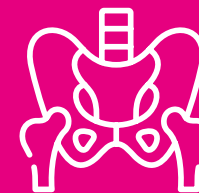
Luton is better in comparison to similar areas in terms of incidence of hip fractures and respiratory disease and also better in comparison to similar areas in prevalence of dementia. The estimated diagnosis rate of dementia in those aged 65 and over in Luton has increased from 2018, since when it has been consistently above the National average and that of the closest statistical neighbour of Coventry.

Our story – age well

Luton is comparable to our similar areas in terms of incidence of falls, excess winter deaths, and cardiovascular disease. Luton is also similar in terms of prevalence of social isolation.
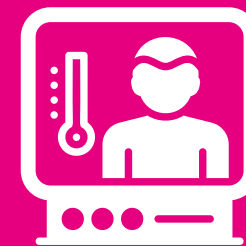
Luton is significantly better than our similar areas for screening for breast cancer, however, this has recently worsened. Screening for cervical cancer is worse in comparison to the region and England, but similar to nearest neighbours. This trend has also recently worsened and presents a challenge within Luton. Screening for bowel cancer on the other hand is worse in comparison to the region and England, but comparable to our neighbours and has recently improved.

Older people in poverty: Income deprivation affecting older people Index (IDAOPI), Luton ward, Luton, and England, proportion (%), 2019
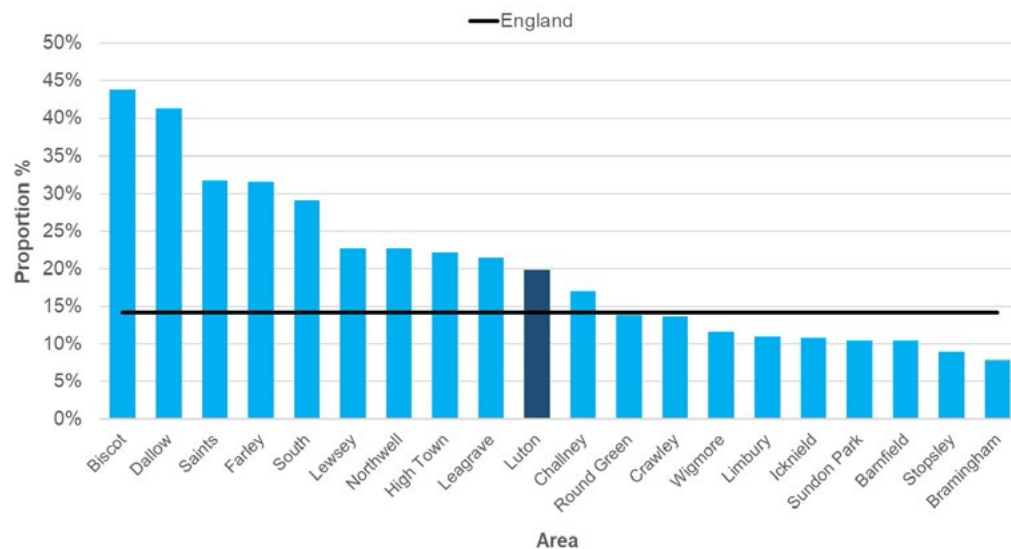
England

Fuel poverty (low income, high cost methodology), Luton, England, East of England and statistical neighbours, proportion (%), 2018
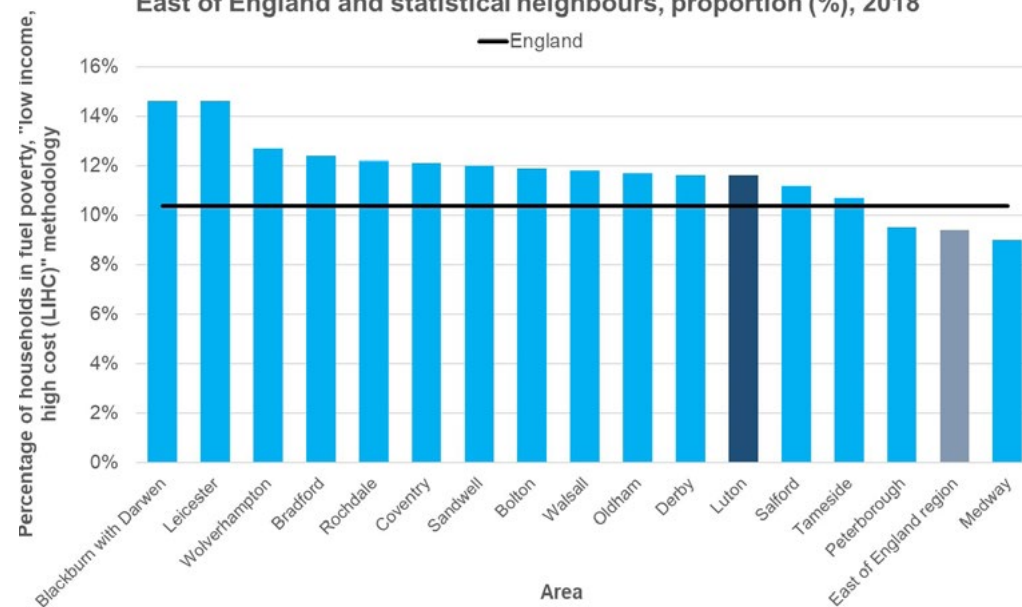
England

Under 75 mortality rate from cancer considered preventable, Luton, England, East of England and statistical neighbours, DSR per 100,000, 2021
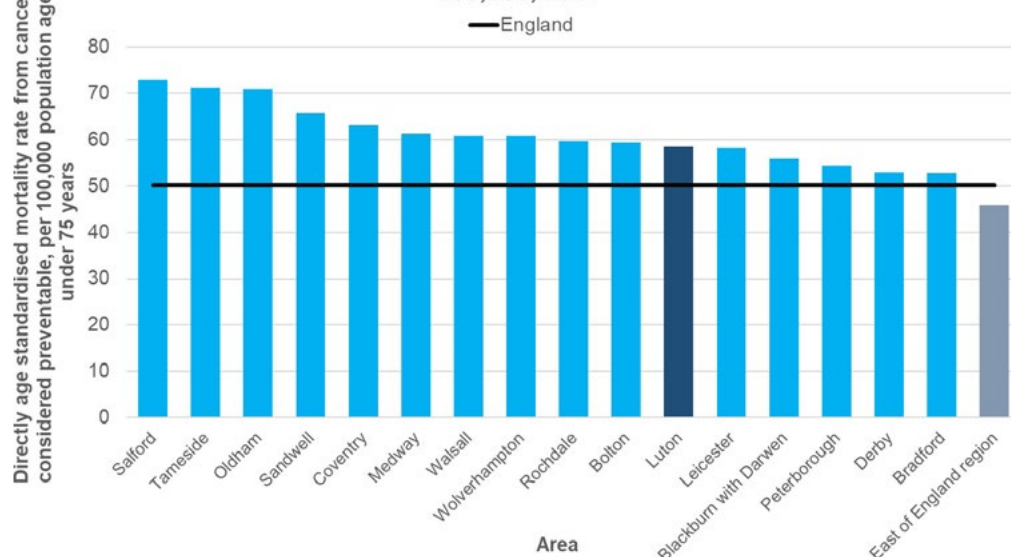
England

Under 75 mortality rate from cardiovascular disease considered preventable, Luton, England, East of England and statistical neighbours, DSR per 100,000, 2021
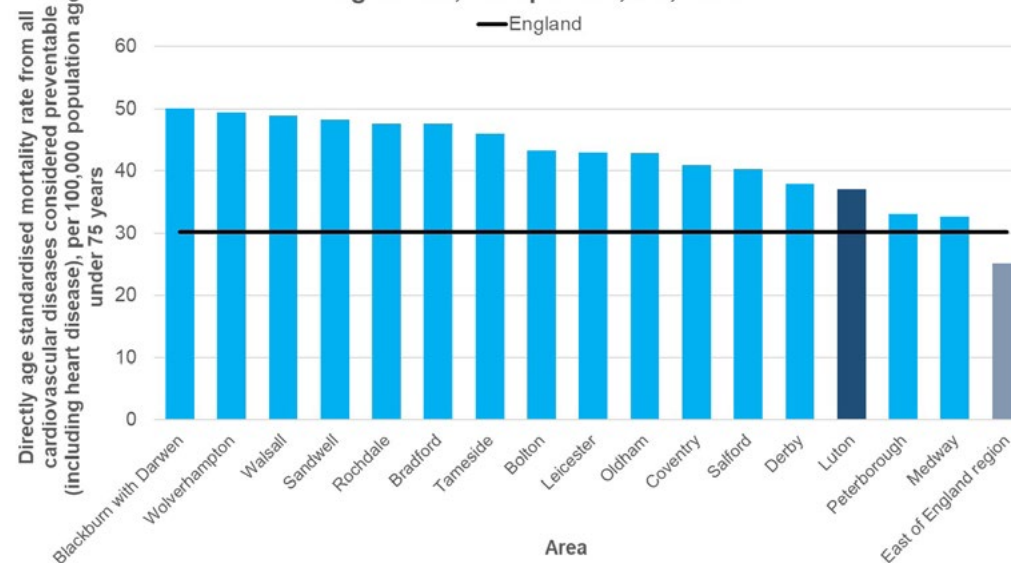
England

Diabetes: QOF prevalence (aged 17+) in Luton, England, East of England and CIPFA neighbours 2009-10 to 2020-21

Luton ·····England ——East of England – – Nearest neighbours of Luton
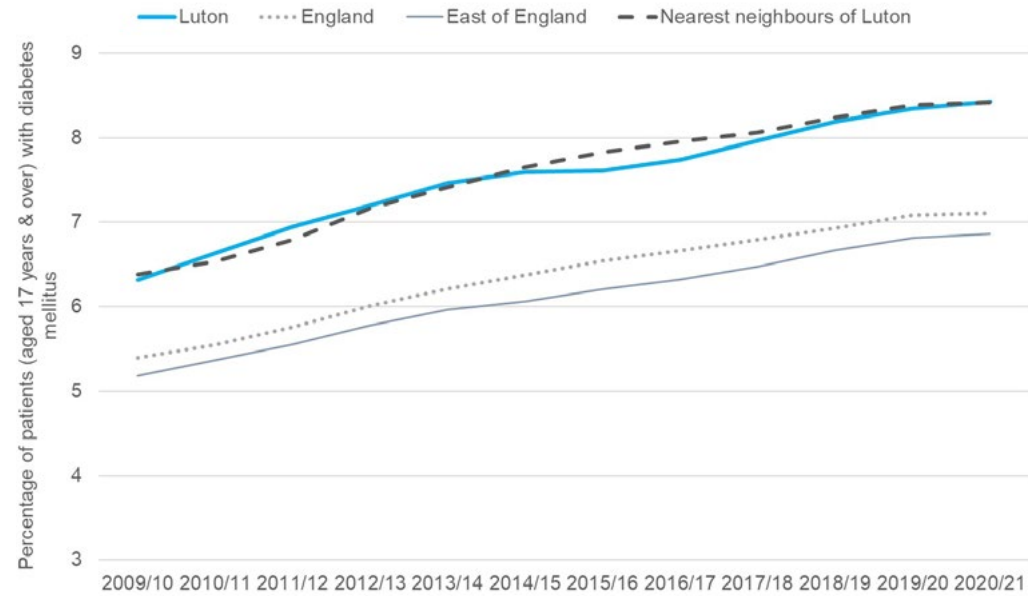
Estimated dementia diagnosis rate (65 & over) Luton, England, East of England and Coventry 2017 to 2021

Luton ·····England ——East of England – – Coventry
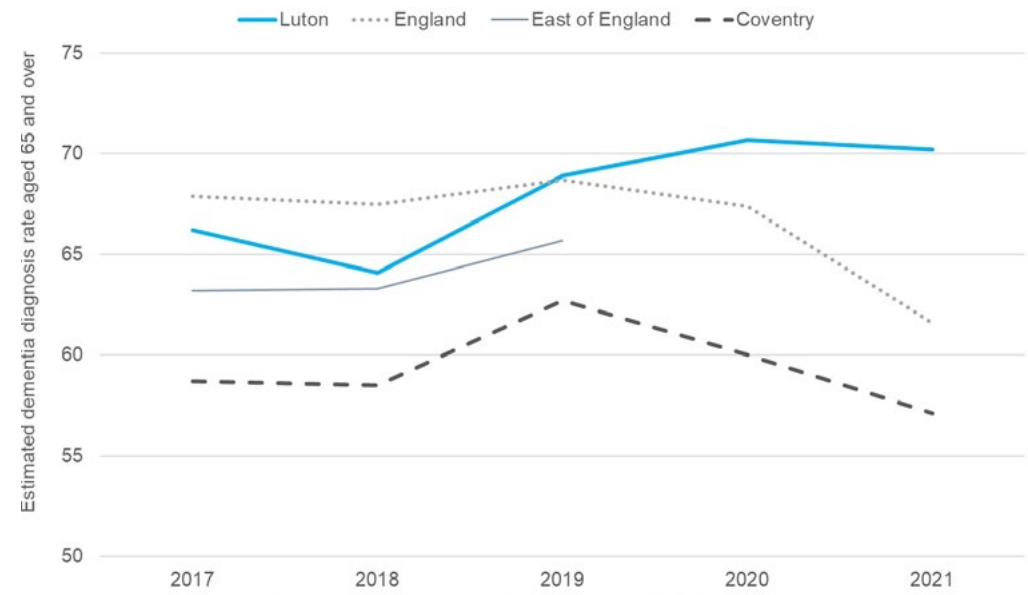
Our story – Becoming a Marmot Town

Luton's Marmot journey

Health equity is about reducing and eventually eliminating inequalities in health that result from unfair inequalities in social and economic conditions. These are known as the social determinants of health.

We have been working with the Institute of Health Equity (IHE), headed by Professor Sir Michael Marmot, to better understand health inequity in Luton, and the social determinants of health. The IHE published a bespoke and unique health inequalities focused report, with custom-made insights into local data and knowledge obtained from partners and stakeholders across Luton's equity system. The report focused on translating the information into how to reduce health inequalities with the ultimate aim of reducing them locally.

The report has a series of system-wide recommendations that we will work with partners on and build into this refreshed strategy, to widen our impact on health inequalities, and tackle the root causes of inequity in Luton. Focus as part of this work will be on the priority areas of housing, employment and businesses, community, and children and young people.

The IHE have also examined the strength and appropriateness of partnerships with other sectors, governance arrangements and the way Luton's organisations and sectors work together with the focus of becoming a Marmot Town.

The recommendations made through this report have been mapped to key strategic activity underway in Luton, to ensure we are maximising impact on health equity. This is shown on the following page.

The value of Luton becoming a Marmot town will be:

- Ensuring that health equity is prioritised and embedded in all policies.

- Identifying issues of particular concern for health equity in Luton and to draw on best practice from within Luton and from other areas in the UK to make recommendations for action.

- Assessing the overall functioning of the health equity system and to support the different sectors to work together for health equity.

- Linking Luton with other areas across the UK and globally which are prioritising health equity and for IHE to continue to advise and support Luton Town.

Policy Objectives

There are eight policy objectives from the Marmot approach which aim to reduce health inequalities and focus action. Recommendations across these policy areas are built in to this strategy. These are:

1. Give every child the best start in life

2. Enable all children, young people and adults to maximise their capabilities and have control over their lives

3. Create fair employment and good work for all

4. Ensure a healthy standard of living for all

5. Create and develop healthy and sustainable places and communities

6. Strengthen the role and impact of ill-health prevention

7. Tackle discrimination, racism and their outcomes

8. Pursue environmental sustainability and health equity together

LUTON
LOCAL AUTHORITY

Areas among 20% least deprived in England

Areas among 20% most deprived in England
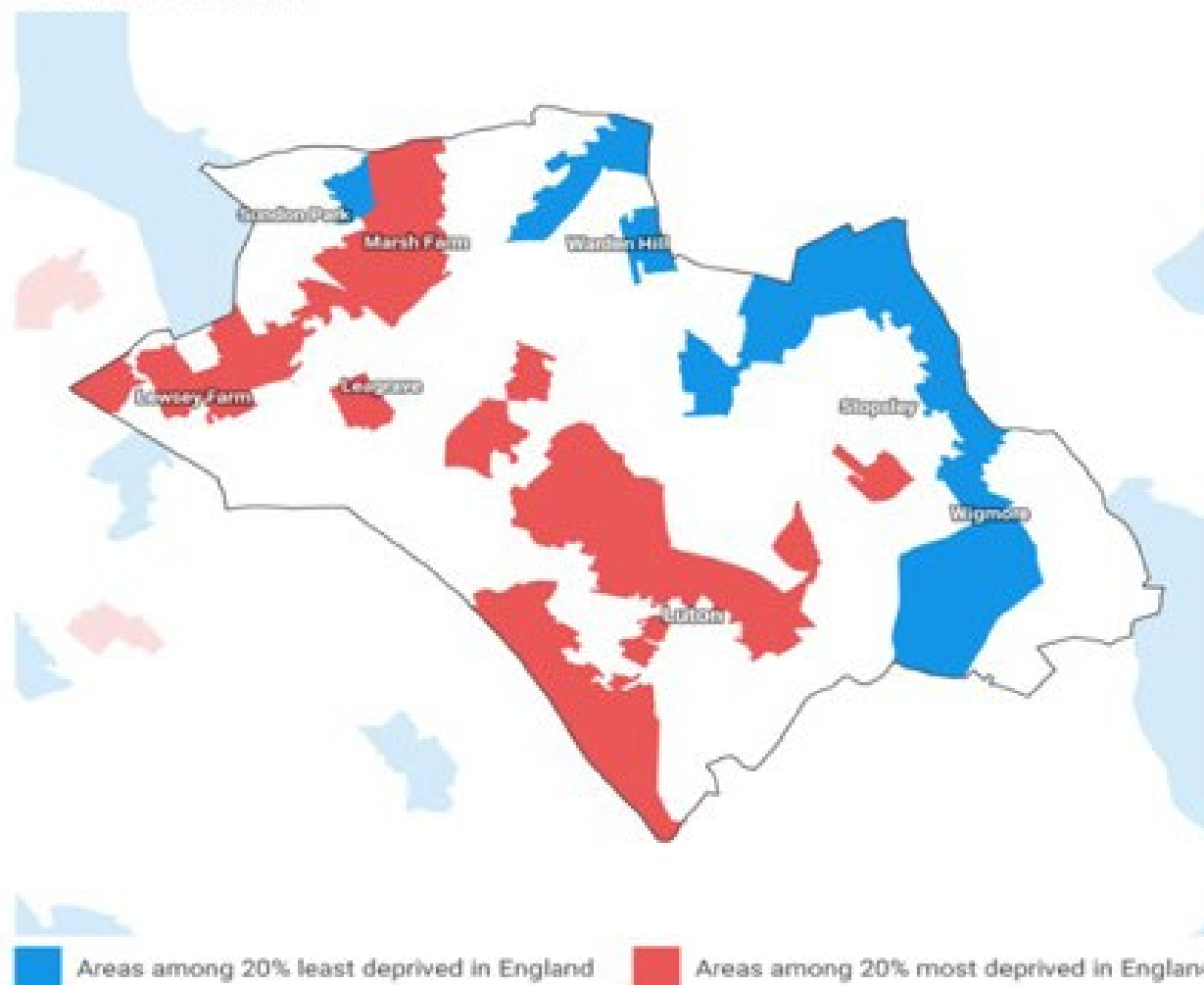
Analysis by Elvis Nyanzu and Alasdair Rae, University of Sheffield

This work was funded by the Nuffield Foundation - www.nuffieldfoundation.org

Gini coefficient

0.33

This is the Gini coefficient for Luton. It is a measure of household income inequality within the area. The Gini coefficient ranges from **0 (perfect equality)** to **1 (perfect inequality)** so that a higher figure indicates a higher level of inequality.

Economic imbalance

10:34

This is the **20:20 index**. It is the ratio of small areas (LSOAs) within the Local Authority that are among the 20% least (blue) or 20% most (red) deprived nationally, based on the Income Domain of the 2019 English Indices of Deprivation. It is used here as an indicator of local economic imbalance.

Spatial concentration

0.41

This value (Moran's *I*) tells us how similar or different nearby areas are. Values closer to 1 indicate similar areas are clustered together. In general, values over 0.4 generally indicate that similar areas are significantly clustered.

Embedding the Marmot principles and becoming a health equity town

Integrated care system strategies / Leadership in Health Equity System

- Develop a formal health equity collaboration
- Strengthen local and national advocacy for action on social determinants
- Engagement with communities when developing services
- Longitudinal research to assess effects of interventions
- Allocate resources appropriately with focus on social determinants
- Develop set of indicators and set targets for health equity
- Primary care and other NHS orgs to address social determinants of health
- Health and social care providers to demonstrate equitable access to services
- Gather data on ethnicity and other protected characteristics
- Establish anchor institutions approach inc social value contracting, prioritising social determinants, invest more in areas greater deprivation and disadvantaged groups

Give every child the best start in life

- Family hubs implementation
  - developing early years offer universal and proportionate focus on areas with higher of deprivation
  - School readiness - ambition to bring all children above the average for pupils in England.
- Flying start offer development

Pursue environmental sustainability and health equity

- Net Zero road map
  - regular meetings between inequality and sustainability leads across orgs to monitor net-zero policies
  - support actions to encourage employers and staff to adopt carbon-neutral modes of transport
  - Align health and climate goals

Tackle racism, discrimination and their outcomes

- Fairness and EDI strategy
  - All services make explicit commitments towards reducing unequal outcomes and tackling discrimination and racism
  - Work with minority communities in design of services and with faith and VCSE organisations

Enable all to maximize their capabilities and have control over their lives

- NEET strategy development
  - Introduce an alumni network in UoB
  - Work in partnership to support looked-after children and care leavers alongside other groups at risk to build skills and enter employment, further education or training
- Education strategy
  - Connect employers and education and VCSE sector to develop right skills
  - Prioritise and invest in Luton's education service, inc raising the attainment of children eligible for free school meals
- Youth service funding opps
  - Increase levels of funding for youth services esp in higher deprivation
- CYP mental health strategy
  - Jointly commission (inc through businesses) programmes to support young people's mental health in schools, the community and at work

Strengthen the role and impact of ill health prevention

- Fairness taskforce and TLC, community hubs
  - "Census" of VCSE and linking of VCSE initiatives
  - Support to VCSE for funding to improve health equity. Forum for matching initiatives and funders
  - Support training for workforce on tackling social determinants
  - Continue approaches to co-design with community
  - Evaluation of support in VCSE sector re health equity

Create and develop health and sustainable places and communities

- Strengthen partnership between housing and health
- Housing strategy
  - Ensure 30% affordable in new developments
  - Develop a decent homes standard for Luton.
  - Partner with energy companies to reduce fuel poverty

Ensure healthy standard of living for all

- Community advice and customer services
  - keep Luton residents informed about services and opportunities in Luton, in a range of languages
  - Social prescribing to offer referrals to food and duel security support, legal, financial, etc.
  - VCFSE sector to provide social welfare, legal and debt advice in the NHS, schools and workplaces.
  - Work with the local community, anchor institutions and employers' institutions to provide credit and reduce levels of debt.

Create fair employment and good work for all

- Employment and skills strategy
  - Develop good work charter, making signing prereq for public sector. Work with SEMLEP
  - Increase funding for lifelong learning in areas of high deprivation
  - Invest in bridging the digital divide, with a focus on areas of high deprivation
  - Assess maternity leave policies and support for child care
  - Create employment agency to match employees and good work opps as part of charter
- Working with ELFT, Marmot Trust, SMEs
  - Strengthen equitable recruitment practices

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Our overarching vision and priorities

The population wellbeing strategy is a key vehicle to drive forward actions to meet our vision that by 2040 everyone in Luton should have the opportunity to thrive and no one should live in poverty.

Our work on inequalities through the Talk, Listen, Change research and subsequent activity, the work with the Institute of Health Equity on becoming a Marmot Town, and our JSNA analysis, have all highlighted key areas to tackle through this strategy.

Through this work we are clear that our key overarching priorities must include:

Tackling health inequalities explicitly through all our work that underpins the population wellbeing strategy

Working in partnership across the system to increase our collective impact

Using intelligence to understand where to focus our efforts and ensure evidence based interventions

Prioritising prevention to ensure we are working upstream as a system
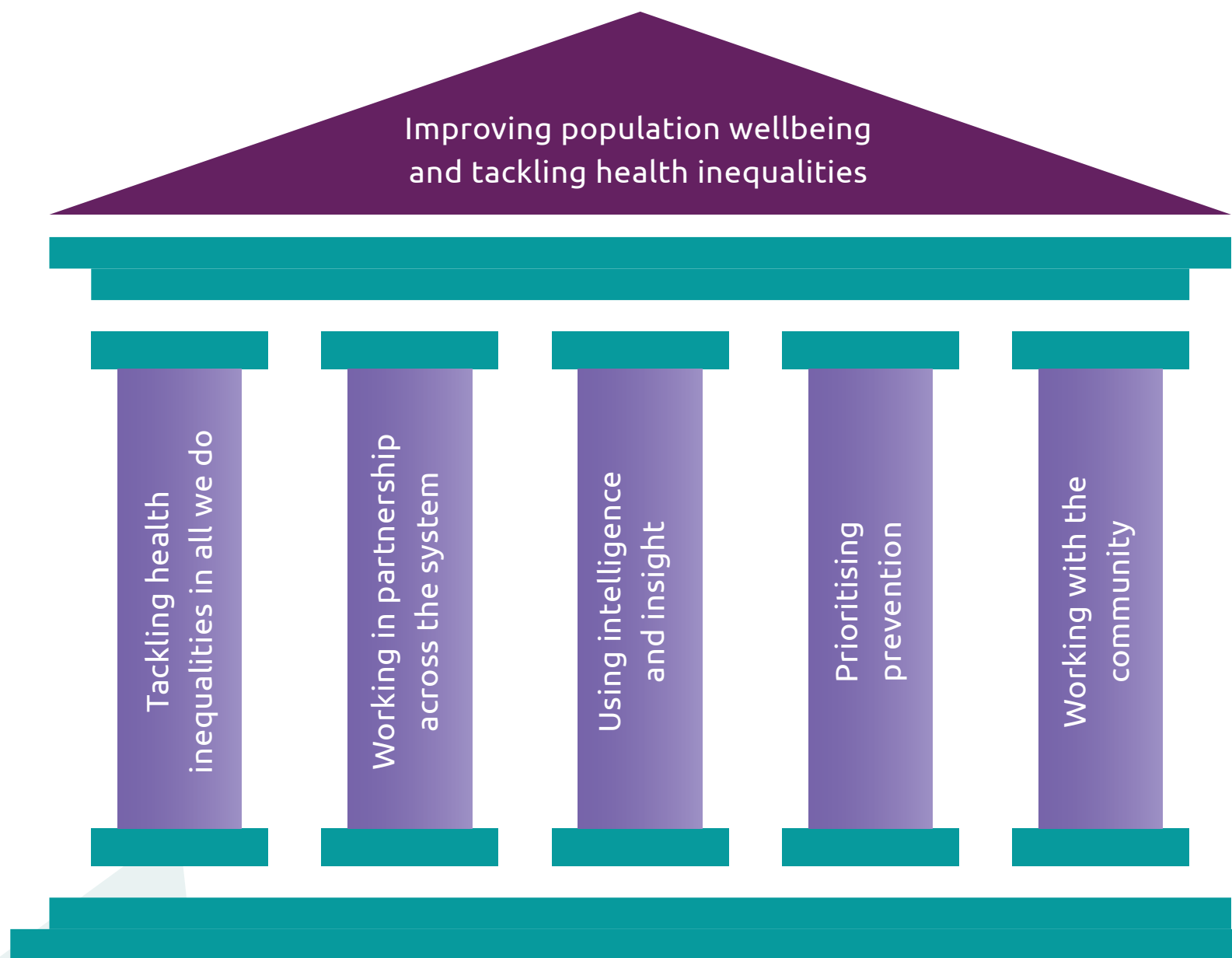
Working with and listening to the community to develop solutions together.

As part of the delivery of this strategy, Luton Council's Population wellbeing department will embed these pillars of using intelligence and insight, and prioritising prevention, as part of a transformation programme to ensure we can deliver services to meet the changing demands of the population.

We will work to continue to develop our approach to population analysis and use of intelligence to inform our work in an evidence-based way.

Improving population wellbeing and tackling health inequalities

Tackling health inequalities in all we do

Working in partnership across the system

Using intelligence and insight

Prioritising prevention

Working with the community

Start well

- Child friendly town
- Family hubs
- Linked work programmes safeguarding, corporate parenting, youth justice

- Early years/ school readiness
- mental health and substance misuse
- Supporting healthy lifestyles: tobacco , physical activity, food, oral health, sexual health
- SEND
- Educational achievement
- Aspirations and employment

Live well

- Marmot Town
- Community hubs
- Community connectors

- Supporting healthy lifestyles: tobacco, physical activity, food
- Empowering communities
- Healthy and sustainable environments
- Promoting good mental health and health & wellbeing of groups experiencing multiple disadvantage
- Tackling structural inequalities & influencing local systems

Age well

- Health and care integration and resilience
- Care in the community, neighbourhood teams
- Digital transformation and use of data

- vaccination uptake (covid and flu)
- CVD early diagnosis and inequalities
- cancer early diagnosis and inequalities
- Frailty and complex care
- Learning disability
- Mental health care
- GP and urgent care access

System approaches

Topic-based priorities

Coproduction

Early intervention and prevention

Data and insights to tackle inequalities

Cross cutting themes

Our vision – start well

Across our strategic drivers of achieving child friendly town status for Luton, and developing our family hubs model, as well as building in the recommendations from the Marmot report around best start in life, we are in a strong position to really make a difference to children and young people in Luton.

Through child friendly town we will ensure that children and young people's voices are heard and influence services and activity development.

Our family hubs offer will develop to provide universal services for children and young people of all ages, initially focusing on 0-2 but developing as the service progresses to include wide service provision for all ages. Key to this will be the breadth of the offer in the family hubs model, including parenting, debt and other advice, as well as core 0-2 services. This offer will strengthen our community models and deliver services where they are needed most. This will support the recommendation in the Marmot report to increase our universal early years offer.

Our vision – start well

This offer, as well as our healthy start programme, and early years setting provision, will increase our rates of school readiness over the duration of this strategy.

Our mental health strategy will help develop young people into having greater resilience, help reduce inequality seen in those with mental health support needs, and eventually lead to improved outcomes such as reduction in admissions for self harm. We will also have focused actions to tackle our high rates of hospital admissions for substance misuse, focusing on prevention and our young peoples services.

Our work around supporting reduction in some of the risk factors of poor health outcomes – tobacco, physical activity, healthy weight, oral health, will continue with increased focus as we move out of the pandemic and are now faced with some of the additional challenges we are seeing in these areas. Our young people are so important in developing the future of Luton, and we will further strengthen our work in schools across these areas.

Our vision – start well
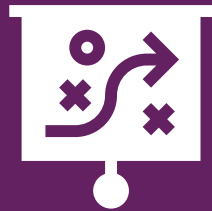
Our SEND strategy will build on the positive system leadership across SEND provision over recent years, and improve opportunities for those with SEND to achieve their potential.
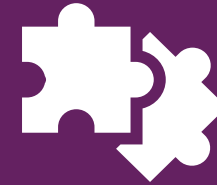
Our education strategy will be re-focused, ensuring covid recovery continues to be a priority and inequalities are addressed. Linked to this, a key priority is around building aspirations and future employment for young people. This was a key recommendation in Marmot also to help improve aspirations of our young people. A comprehensive strategy to reduce numbers Not in Employment Education or Training (NEET) will support this ambition.

Child friendly town

- Achieve Child Friendly Town status for Luton. The focus for 202/23 will be the discovery phase around engagement with CYP across Luton to identify what child friendly town means to CYP

Family hubs

- All families all with children aged 0-2 are able to engage with the family hub offer around starting well services.

- That family hubs additionally provider support to families with children aged 0-19 (25 for SEND) services

Safeguarding, corporate parenting, youth justice

- Oversight of the safeguarding partnership plan

- To ensure delivery of the Effective Support Strategy, ensuring that children and young people with additional needs are supported as part of a multi-agency support system.

- Oversight of the Family Partnership Service, meeting the needs of families with significant levels of need and ensures effective tailored and timely support.

- Identify and support vulnerable young people - defined here as those with additional social needs, including but not limited to: children with disabilities, looked after children, children within the youth justice system CYP living temporary housing, refugee and asylum seekers, young carers and others.

- Support the holiday activities and food (HAF) programme aimed at supporting vulnerable CYP during school holidays.

Early years and school readiness

- Deliver the outcomes of the 0-19 Healthy Child Programme including health and development checks, screening and immunisations and health promotion are provided to all, and targeted support

- Promote early years education so as many children as possible attend an early years setting in order to improve school readiness rates.

Mental health and substance misuse

- Support young people who are experiencing mental ill health, in a timely and effective way, including services for mild to moderate need as well as crisis and severe levels of need

- Delivery of a comprehensive multi-agency action plan to focus on prevention of substance misuse in young people

Supporting healthy lifestyles: tobacco, physical activity, food, oral health, sexual health

- promote Healthy lifestyles to all CYP including the following areas: obesity and helthy weight, physical activity, healthy eating, dental decay, sexual health, tobacco control, drugs and alcohol and immunisations. Comprehensive partnership strategic action plans focusing on prevention across all these priority areas.

SEND	• Ensure that CYP with SEND have equal opportunities to achieve their full potential (SEND strategy).
Educational achievement	• As many children as possible attend a 'good' or 'outstanding' school • Reduce the numbers of children and Young people of statutory school age who are not in school. Including (persistent absentees, CYP suspended from school, CYP on part time attendance, CYP on school roll but not attending, CYP with medical including mental illness) • Improve the attainment of children and young people, particularly those living in poverty and to close the gap in educational outcomes between children on FSM and those not on FSM
Aspirations and future employment	• Reduce the number of vulnerable (LAC, leaving care, and CYP with SEND/EHCP) 16-25 year olds who are not in employment education or training. Including all 16-18 year old not in EET. • Ensure that CYP with SEND flourish and thrive so that they can continue to achieve their full potential and aspirations in their early years, at school, college and as adults. • Deepen and broaden the nature of the creative and cultural learning opportunities for Luton's children and young people and ensure the offer enables progression. NEW • Increase the numbers of CYP who are engaged and involved with their local community, (through extra curricula engagement youth voice youth climate, community, wider. Opportunities to engage, giving something back, civil society, autonomy, LGBT clubs, student driven) NEW

Our vision – live well

Although all areas of this strategy are interlinked, our "live well" section is about where we live and ensuring the environment around us helps to support people living healthy lives. It is about the communities we live in, and the impact they have on health outcomes and health inequalities. It is also about ensuring we are able to support people to manage risk factors of ill health such as smoking, physical activity, obesity, and drug and alcohol use. How safe our environment is, with risks of crime and domestic abuse is also key to this. Other parts of how we live our lives, the "wider determinants" of health, are important to this section of the strategy, such as how our places of work and type of employment support us to be well, access to education, the type and quality of housing we have, and the environment including air quality and access to green space.

Our vision – live well

Because of this, the Marmot report and implementing the recommendations from this are particularly important in this area of the strategy. We will be building in these recommendations to ensure we are maximizing the health impact and inequalities impact of our actions across the system, and are tackling the wider determinants of health. We will work to have a system where everyone understands the impact of their areas on health and equity, and can undertake actions to improve things across the system. As part of delivery of our Marmot town agenda we will be focusing on key areas around employment and businesses, housing, communities, and children and young people. Through this we will continue to work across partnerships with East London Foundation Trust as they become a Marmot Trust and think about mental health and employment, businesses and education, and other partners. We will work with partners to continue to develop further in areas where there can be greatest impact on the social determinants of health – this will include particularly work on net zero, employment and skills strategy, housing, adult learning, working with the voluntary sector, education, and wider health and care partners.

Our vision – live well

We will deliver clear strategic plans around some of the key areas of ill-health prevention such physical activity, obesity, tobacco, healthy weight, physical activity and sexual health (particularly late diagnosis of HIV) impacting on our rates in these priority areas to improve people's health and wellbeing. As part of this we will work with Food First to develop a Food Partnership.

We will continue to develop what it means to be a "healthy place", working with the built environment, housing, transport, to maximise impact on health and wellbeing. We will develop the approach to the healthy estates strategy and beyond. We will maximise the housing offer for residents through our housing strategy.

We will work collaboratively with the community through the continuing work of the Fairness Taskforce, and development of community hubs and library offer that will include addressing some of the social determinants of health such as improving debt and housing advice.

Our vision – live well
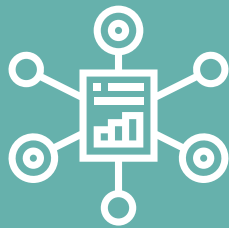
The prevention actions of the mental health strategy will help ensure that individuals and communities have increased resilience and able to seek mental health support at the level that they need, reducing the need for higher acuity service. Throughout this work inequalities will be tackled.

We will delivery against the national 10-year drugs strategy, working in partnership across the system including with the police to ensure we are providing services that meet the needs of the population, reducing demand for drugs and alcohol, and building in a prevention approach across the system. We will continue to deliver our domestic abuse strategy, again focusing on prevention and early intervention. We will focus work on some of the most vulnerable members of the community who are experiencing multiple disadvantage such as homelessness and substance misuse.

Our vision – live well

We will work with communities, building on the Talk Listen Change research, to deliver supportive, culturally appropriate interventions to tackle some of the risk factors of poor health. It is vital that we are connected as system to be stronger than the sum of our parts and maximize our impact. The new community connectors roles will be built in to our approaches with the community and community hubs to ensure that understanding of community views and services are built in to improve service provision and ensure appropriate to need.

Marmot Town

- Health equity system leaders commited to delivery of Marmot prinicples and recommendations

- Delivery of recommendations across priority areas of employment and businesses, housing, children and young people, and community - maximising system impact on health equity

- whole system evaluation showing improvement across equity indicators

Community hubs

- A range of places across the town that people can go to for help and support that are:

- Welcoming, accessible, safe, multi-purpose places

- Places to raise issues, have one conversation and access a range of universal and targeted information

Community connectors

- Community connectors embedded into community and neighbourhood staffing

- clear impactful role in supporting diverse communities to make lifestyle changes

- increased engagement in priority groups with health, wellbeing and care services

- Improved access to health and care in neighbourhoods with greater deprivation

Supporting healthy lifestyles

- Increase in physical activity, good nutrition and healthy weight among adults
- Reduction in smoking prevalence amoung adults to 10% by 2028
- Improve life expectancy, healthy life expectancy and reduce gaps in life expectancy between highest and lowest groups in Luton

Empowering communities

- Continuing to build on fairness taskforce to ensure voice of community is heard and leads to actions to tackle social justice
- Increased social connectedness and community cohesion
- Support self-care and increase resilience for people with long term conditions

Healthy and sustainable environments

- Increase in the number of children and adults walking or cycling to school or work
- Increase in number of homes that provide a healthy environment for people

Promoting good mental health and supporting the health & wellbeing of groups experiencing complex & multiple disadvantage

- Keeping adults safe and encouraging positive relationships, with a focus on reducing domestic abuse

- Improved health and wellbeing for poeple with mental health conditions

- Meeting the needs of carers

- Decrease in drug and alcohol related harm in adults - reduce drug and alcohol use, reduce drug related crime and reduce drug related deaths

Tackling structural inequalities & influencing local systems

- Social value promoted in procurement

- More people accessig the benefits they're entitled to - income maximisation

- Increased levels of access to lifelong learning

Our vision – age well

Our vision around ageing well is all about the importance of supporting people as they progress into older age, and how ill health is detected earlier, managed better, and exacerbations prevented. A lot of the work in this area of the life course is around health and care working well to ensure health is maintained for longer and inequalities are tackled.   Housing is also vital, as part of supporting people to stay independent in their home for longer, and tackling fuel poverty.

Through working collaboratively across health and social care as well as the voluntary sector, and through delivery of our adult social care strategy, we will aim to have a resilient system, that can meet the needs of an ageing population through better integration, digital transformation, and market analysis as well as ensuring winter resilience.
Through the national "Fuller" review we will further develop our offer in the community in terms of health and care in PCNs, following a "neighbourhood" model to ensure that all relevant services are wrapped around families and neighbourhoods in a connected way. This will also including housing support, community connector roles, and voluntary sector. To ensure this is connected and building on the evidence base as much as possible, we will establish a taskforce to maximize development in this area.

Our vision – age well

We will have a comprehensive mental health strategy that tackles the issues across the system around inequalities and access to mental health. This will be system wide to help ensure there is seamless pathways for people with mental health challenges. Similarly learning disabilities work programmes, including those with a dual diagnosis of substance misuse are developing so that we have a comprehensive learning disabilities strategy, focusing on transition and annual health checks for all patients, as well as employment opportunities and appropriate accommodation.
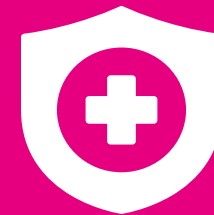
An important element of this part of the strategy is how we identify and manage people with long term conditions. In Luton we know we have high prevalence of some long term conditions such as diabetes, and it is really important that these are managed well, and also identified early for better management. Luton also has comparatively poor cancer outcomes and sees significant inequalities across rates of late diagnosis and outcomes.
A robust programme of work is already underway in this area and this will continue to be built on to improve outcomes in luton, and increase screening uptake and early diagnosis rates.

Our vision – age well

We will develop approaches to using digital tools to improve care and build in prevention. We will also develop our population health management programme, which is about linking data sets to better understand groups that are at risk of poor health outcomes and build in preventative interventions. This approach has great potential but it is in early days so we will continue to build on this.
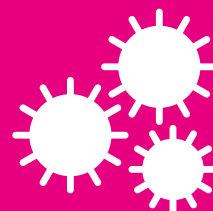
As covid vaccination programmes shift, we will adapt to ensure we continue to focus on those that are at highest risk and most vulnerable, both for covid and flu vaccination programmes. Vaccination rates are historically low in Luton and we need to work to improve in this area.

Our frailty and complex care work programmes will aim to have comprehensive pathways for those who are frail – focused on prevention. This will include falls prevention and pathways aiming to reduce admissions for falls across the system.

Our vision – age well

Appropriate access to GP and urgent care is really important across the community, ensuring that people know where and how to access the care that they need, when they need it. Work will take place to promote the options available and develop the offer to ensure appropriate to need.

health and care integration and resilience

- health and care provision is seamless for the service user/patient

- the social care market is resilient to demand, with supply appropriate to levels of demand

- winter pressures can be managed through a robust system

- joint commissioning approaches developed where needed for improved service provision

care in the community and neighbourhood teams

- PCNs have clear understanding of patient needs and inequalities through profiles and intelligence

- PCNs have clear delivery of the Fuller review, with care at neighbourhood level wrapped round households, connected to PCNs, to meet needs of patients. community/neighbourhood teams are embedded to deliver this

- role of community connectors are clear as part of this, and delivered with equitable distribution across the borough

- a whole-system social prescribing programme is delivered to meet the needs of luton

- housing needs are met as people age, to deliver proactive and flexible housing opportunites, home-based support to stay independent, and connection with the care system

digital transformation and use of data

- individuals living in their own accommodation for as long as possible is facilitated through a modern digital strategy for aids and adaptation
- social care providers have access to modern digital offers to enable telecare and telehealth and improve service experience
- successful PHM pilot on SMI will lead to further work in this area
- NHS and Local authority data can be linked and risk stratification can be completed leading to preventative interventions

Vaccination (covid and flu)

- system-wide strategic approach to flu and covid vaccine, utilising range of health professionals and vaccination outreach approaches
- increase in covid and flu vaccination uptake in vulnerable groups year on year
- commitment to action across the system to respond to low vaccination rates in childhood vaccination programmes

CVD early diagnosis and inequalities

- increased identification of CVD through NHS health checks, blood pressure monitoring
- National diabetes prevention programme rolled out across Luton
- Increased referral to self management programmes and annual checks for those on LTC registers across GPs in Luton

Cancer early diagnosis and inequalities

- increased screening uptake across cancer screening programmes
- full roll out of the cancer outcomes inequalities work including community connectors
- Increased proportion of cancers diagnosed at stage 1 or 2

frailty and complex care

- Full delivery of the Luton Frailty Framework
- Implementation of new falls pathway and integrated service offer
- Fewer frailty and falls hospital admissions and readmissions, and people supported to live well in their own homes

learning disability

- increased rates of annual health checks for those on LD register across all PCNs
- supply of accommodation and support services meets demand
- increased numbers of individuals in employment
- system-wide delivery of autism strategy

mental health

- system sign up to a mental health strategy based on need and tackling inequalities

- increased take up of health checks for those on SMI register

- building in preventative approach across system leads to decreased demand in crisis and social care

- clear mental health offer across system for all levels of mental health need including dual diagnosis

- reduction in social isolation

GP and urgent care access

- clear system understanding of challenges through mapping and analysis of urgent GP access

- development of evidence based actions to improve urgent GP access at PCN level

- community are clear of how to access urgent services and when

Governance and delivery

Overseen by Luton's Health and Wellbeing Board, and through the three sub-boards of the Health and Wellbeing Board.

Detailed actions and plans will be through these boards, and through the sub groups

Year one we will continue to also have a Marmot Advisory and Implementation Board, chaired by Sir Michael Marmot, to have overview of how we are progressing across the Marmot recommendations and deliver. An implementation group, with Marmot leads, will sit under the Health Inequalities Board.

Measuring impact will be overseen at all levels of delivery with more detailed review of progress indicators in the sub-boards.

Luton 2040 ambition for population wellbeing: Improving population wellbeing and tackling health inequalities to enable everyone to have a good quality of life and reach their full potential.
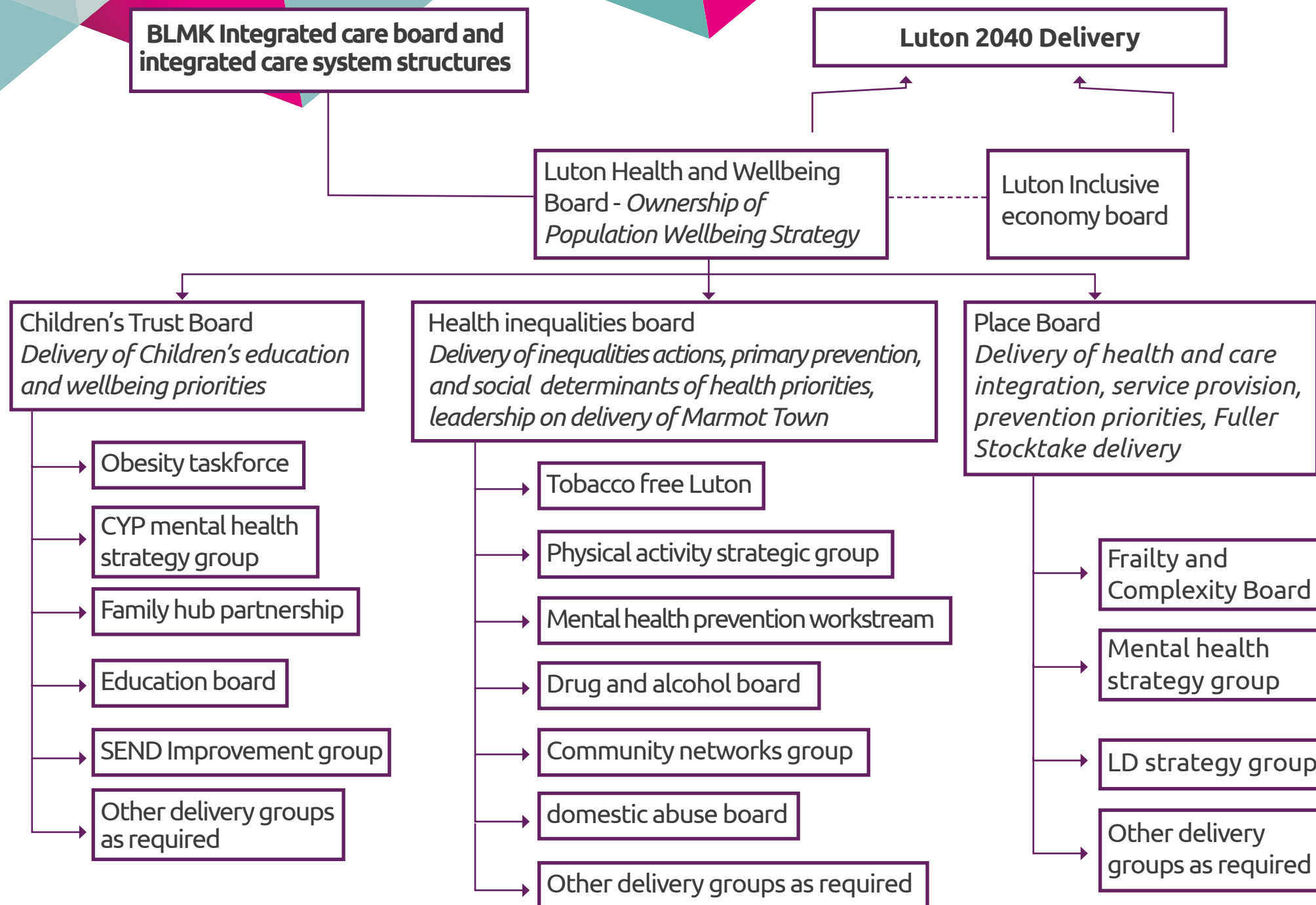
	Year 1		Year 2		Year 3	
	Actions	**Outcomes**	**Actions**	**Outcomes**	**Actions**	**Outcomes**
Start well	Launch of family hubs offer and communicated across system Child Friendly Town working group and roadmap established Obesity taskforce develops robust pathways for obesity prevention and referrals Refresh partnership approach oral health Refresh health in schools programme for obesity, tobacco, mental health, and substance misuse Lead mental health strategy actions Engage with PCNs to support improvement in childhood imms uptake Collaborative development of SEND strategy Education strategy developed with focus on early intervention and school readiness NEET strategy re-invigorated	Child healthy weight and oral health actions and roles clear across the system Clarity on early years offer through Family Hubs – system knowledge of offer System-wide agreement on mental health, NEET, and education strategies strategy Improvement seen in childhood imms uptake	Develop and deliver next phase of family hubs programme Child friendly town engagement and voice of young person programme of activity Continue to work with partners to embed CHW & oral health actions Continue to build on work in schools across Revise tobacco prevention actions including midwives and schools Evaluate YP hub for impact on D&A	Decreasing % DMFT Slowing increase in obesity Increased % school readiness Improvement in childhood imms Decreasing SATOD Reduction self harm admissions SEND improvement measures.. Education inequalities measures	Review of key strategies across partnerships – what more can we be doing? What has impact been	Continuing improvement across indicators Halted rise in CYP obesity Decreasing smoking prevalence
Live well	Systematic approach to delivery of Marmot Town - Agree indicators, communicate to public, develop planned actions across the system on employment and businesses, housing, and community and voluntary sector, and community advice and guidance Building on marmot recs, development of community hubs offer across Luton Building on Marmot, evaluate housing strategy for health and equity impact Marmot and health equity event held to showcase Marmot Town ambition and activity Develop evidence based work plans for those with complex vulnerabilities, linking to town centre strategy group Develop strategic plan for temporary accommodation and tackling homelessness Mapping of community connectors roles across Luton and understanding of support offer to community. Fairness taskforce and community funds strategic plans developed Complete drug and alcohol needs assessment and delivery plan for Combatting Drugs Strategy Development of perpetrator and prevention programme for domestic abuse Physical activity strategy starting to be mobilized across borough Renewed tobacco control strategy delivery plan across borough Refresh of food strategy Recommissioned sexual health ensuring focus on HIV diagnosis and prevention Clarity on actions for mental health prevention workstream	System wide partnerships across Combatting Drugs partnership,, tobacco, physical Activity, food plan System indicators for Marmot agreed System ownership of Marmot Town, with clear links to Fairness Taskforce as shared ambitions Reduction in in temporary accommodation and street homelessness Clear town centre complexity pathway established Perpetrator and prevention programme delivered Tobacco and physical activity strategies start to deliver process outputs	Recommission D&A service with more focus on prevention, learning from pilots. Continue to embed targeted tobacco prevention work Review impact and actions of domestic abuse strategy, and physical activity strategy Embed system actions across food plan Stocktake and review of Marmot delivery and actions – including employment, housing, and community actions	Halting increase in smoking prevalence Increasing physical activity rates & Slowing rise in obesity prevalence Reduction in alcohol admissions Reduction in HIV late diag and prev Decreasing prev domestic abuse Seeing reduction in Mental health crisis	Review impact of focused areas – what more could we do? Develop new actions	Continuing improvements across measures Reducing smoking prevalence.
Age well	Embed cancer inequalities work across pathways Work via place board to develop actions based on PCN profiles and inequalities – LTCs, falls, screening. Embedding of PHM approach to develop actions. Embed mental health strategy across system, focusing on inequalities Develop LD strategy, and review demand and need for accommodation Establish Fuller taskforce to challenge and develop further neighbourhood model in Luton system Develop system plan for social prescribing, linking to new community connector models Adapt vaccination strategy to meet needs – focusing on flu ASC fair cost of care review and market stability analysis / market position statement and actions	System wide work plan led by Place Board Clear strategies on vaccination post-covid, mental health, LD, LTCs for Luton	Embed refreshed social prescribing strategy and workplan, linked to mental health strategy and TLC Review impact mental health strategy Embedding neighbourhood teams to have prevention focus System review of place board – are we having an impact? Should we be doing more?	Improvement in cancer outcomes and screening uptake Improvement in social isolation rates, ASC waiting lists, carers support Reduction in admissions for falls Improved mgmt. LTCs, health checks MH Increased uptake in mental heath services from BAME groups Seeing impact of PHM project to learn from and embed further	Strategic review of PHM approach Strategic review across pathways – what is impact, where do we focus?	Continuing improvement across measures, social isolation improving

BLMK Integrated care board and integrated care system structures

Luton 2040 Delivery

Luton Health and Wellbeing Board - *Ownership of Population Wellbeing Strategy*

Luton Inclusive economy board

Children's Trust Board
Delivery of Children's education and wellbeing priorities

- Obesity taskforce
- CYP mental health strategy group
- Family hub partnership
- Education board
- SEND Improvement group
- Other delivery groups as required

Health inequalities board
Delivery of inequalities actions, primary prevention, and social determinants of health priorities, leadership on delivery of Marmot Town

- Tobacco free Luton
- Physical activity strategic group
- Mental health prevention workstream
- Drug and alcohol board
- Community networks group
- domestic abuse board
- Other delivery groups as required

Place Board
Delivery of health and care integration, service provision, prevention priorities, Fuller Stocktake delivery

- Frailty and Complexity Board
- Mental health strategy group
- LD strategy group
- Other delivery groups as required

Thank you for reading to
find out more please email
publichealth@luton.gov.uk

Luton 2040
A place to thrive