

Annual Public Health Report 2023

Luton - a Health Equity Town



Forward



Every year, the Director of Public Health has a statutory requirement to produce an annual public health report. It is an independent report from the Director of Public Health looking at the local population's health and wellbeing needs. It aims to highlight and raise awareness of particular health issues or shine a light on particular public health activities. The report usually focuses on a different topic year on year.

This year, I have decided to build on last year's report with a continued focus on health inequalities. However this year I have focused further on the Health Equity Town journey and what this means for us in Luton.

It has been 18 months since the Marmot Town report was published and this annual public health report aims to update some of the data presented in that report to give a renewed baseline, summarise the key recommendations that were given through the report and how we have been working to address these recommendations since the report.

It also launches the high level key measures that we will be using year on year to monitor progress on our Health Equity Town journey.

Our work across the system to address the building blocks of health and tackling health inequalities, is a long term commitment that won't see overnight change. But it is a journey we are committed to as a key part of our 2040 ambition.

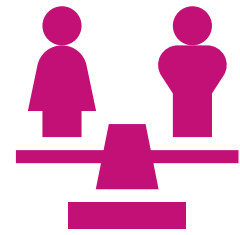
In addition to this, from this year onwards as a second part to the annual report I intend to include an annual "public health impact report", which will show the breadth of reach and impact of some of the public health programmes and initiatives being delivered across the borough.

My hope is that this annual report continues to galvanise partners across the system to tackle health inequalities in all we do.

Sally Cartwright, Director of Public Health, Luton



Why is health equity so important and what do we mean by a ‘Marmot’ town?



Health inequalities are unfair and avoidable differences in health across communities and between different groups within society. These can affect life expectancy, the illnesses people experience and the care that is open to them.

The conditions in which we are born, grow up, live, work and age can have considerable impacts on our wellbeing. These factors are also referred to as wider determinants of health, or “the building blocks of health” and are often intertwined. For example, a person who is unemployed is more likely to live in poor housing and have less access to green spaces and fresh food. This means some communities are more likely to experience poor health than the population as a whole.¹

Sir Michael Marmot has led work in this area for many years and leads the UCL “Institute of Health Equity” (IHE). The Marmot Review into health inequalities in England published in 2010 proposed an evidence based strategy to address these social determinants of health.

The first National Marmot Review in 2010 introduced six principles; broad policy objectives aimed at improving the conditions of everyday life and reducing socioeconomic inequalities. Two more principles have since been added to make more explicit considerations of discrimination and sustainability, which are essential to equity.²

The eight Marmot principles are:

Give every child the best start in life	Enable all children, young people and adults to maximise their capabilities and have control over their lives	Create fair employment and good work for all	Ensure a healthy standard of living for all
Create and develop healthy and sustainable places and communities	Strengthen the role and impact of ill-health prevention	Tackle discrimination, racism and their outcomes	Pursue environmental sustainability and health equity together

1. <https://www.england.nhs.uk/about/equality/equality-hub/national-healthcare-inequalities-improvement-programme/what-are-healthcare-inequalities/>

2. <https://www.instituteofhealthequity.org/resources-reports/fair-society-healthy-lives-the-marmot-review-and>
<https://www.instituteofhealthequity.org/resources-reports/marmot-review-10-years-on>

In 2022 Luton became a “Marmot Town” – having worked closely with the IHE to develop our Health Equity report and develop our approach to system working and actions to tackle the causes of health inequity.³ As part of the development of the report, we established steering groups with stakeholders across the council and beyond looking at particular areas of work and helping to inform the recommendations.

Health inequity in Luton

The 2022 Health Equity Town report presented a range of analysis showing how Luton compared to other areas for some key measures that drive health inequity. The graphs on the next pages give further updates to this data to give the most up to date baseline to build on this as we go forward⁴.



3. <https://www.instituteofhealthequity.org/resources-reports/reducing-health-inequalities-in-luton-a-marmot-town>

4. The analysis has comparisons against;

- National averages and rates – This identifies how Luton compares to England.
- Regional averages and rates – This identifies how Luton compares to the East of England (this includes Luton, Thurrock, Southend on Sea, Peterborough, Bedford, Essex, Norfolk, Central Bedfordshire, Suffolk, Hertfordshire and Cambridgeshire)
- Nearest neighbour – This identifies how Luton compares to areas that similar in terms of population makeup. This is often the most useful comparator, as our population is different in terms of the age, gender and socio-economic profile to the East of England and England. We compare with Luton’s Chartered Institute of Public Finance and Accountancy (CIPFA) nearest neighbours for adults and the Children’s Services Statistical Neighbour Benchmarking Tool (CSSNBT) for children (see [CIPFA Nearest Neighbour Model](#) and [Local Authority Nearest Neighbour Tool](#) for further details).

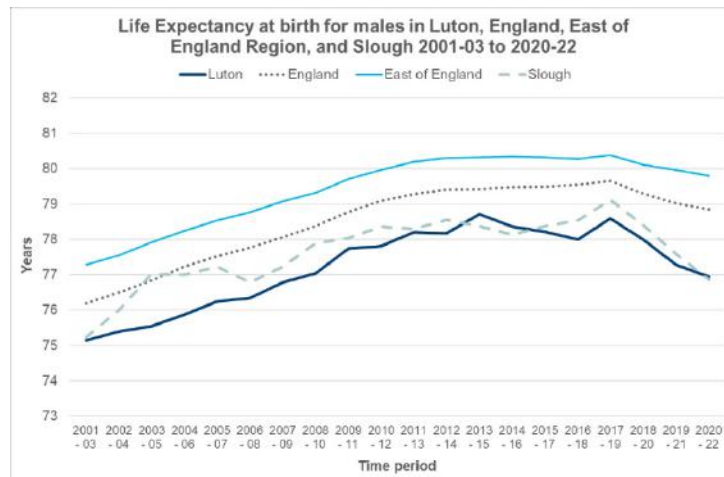
Where data for a ‘nearest neighbour average’ is not available, the analysis makes comparisons against the statistically closest neighbour to Luton, which is Slough for CIPFA and Birmingham for CSSNBT.

Life expectancy

Life expectancy at birth in Luton is currently 77.0 years for males, which is significantly lower than the national and regional averages of 78.9 and 79.8 respectively. In comparison to our CIPFA nearest neighbours, we are currently ranked 4th out of 16 (where 1st is best and 16th is worst). There has been a significant fall in male life expectancy in Luton over the latest 3-year period.

Although male life expectancy in Luton has increased since 2001/03, it has been consistently below that of England and the East of England. However, male life expectancy in Luton has been similar to that of Slough since 2011/13. Male life expectancy in Luton experienced a fall from 78.7 in 2013/15 to 78.0 in 2016/18, and although it increased in 2017/19, it has now fallen back to 2008/10 levels.

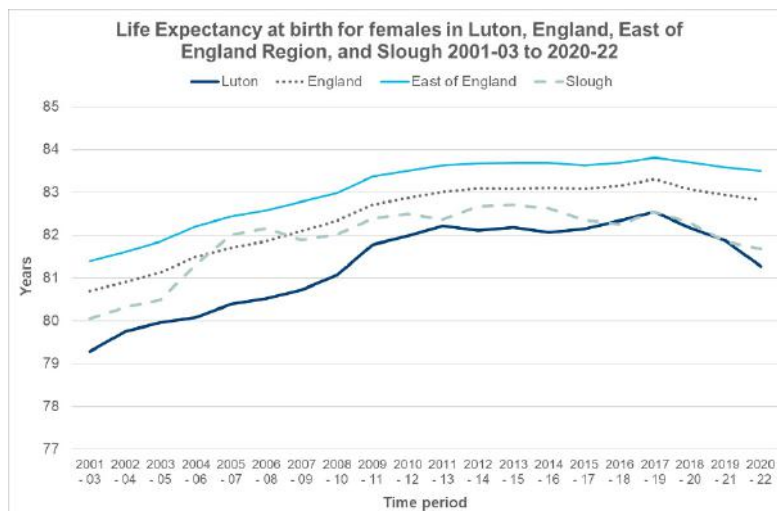
Figure 1: Life expectancy in males at birth in Luton, England, East of England, and Slough 2001/03 to 2020/22



Source: Office for National Statistics (ONS), taken from OHID Fingertips tool (accessed February 2024)

Life expectancy at birth in Luton is currently 81.3 years for females, which is significantly lower than the national and regional averages of 82.8 and 83.5 respectively. In comparison to our CIPFA nearest neighbours, we are currently ranked 6 out of 16. There has been no significant change in female life expectancy in Luton over the latest 3-year period. It is also worth noting that since 2017/19 female life expectancy has declined across all comparator areas, although this appears to be more pronounced in Luton.

Figure 2: Life expectancy in females at birth in Luton, England, East of England, and Slough 2001/03 to 2020/22



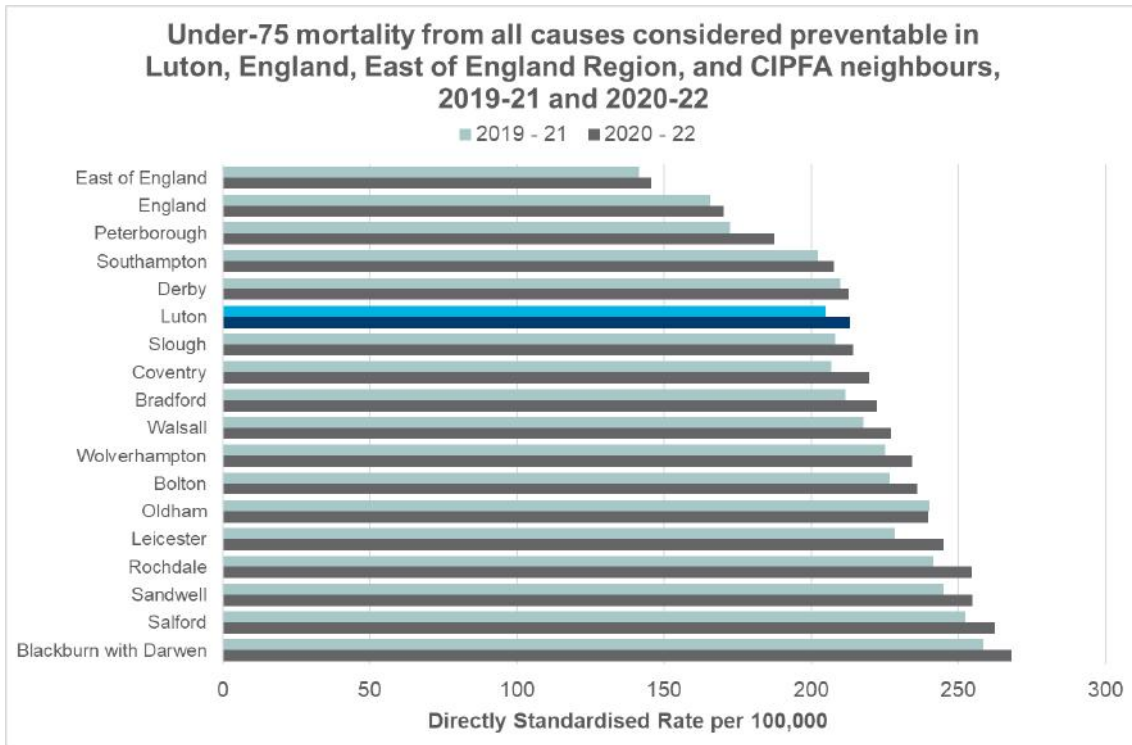
Source: Office for National Statistics (ONS), taken from OHID Fingertips tool (accessed February 2024)

Preventable mortality

Figure 3 shows the directly standardised rate of mortality from all causes considered preventable in those aged under-75 in Luton, England, East of England, and Luton's CIPFA neighbours in 2019/21 and 2020/22.

The under-75 mortality rate for all causes considered preventable in Luton is 213.1, which is significantly higher than the national rate and regional rates of 170.1 and 145.5 respectively. This has also increased since 2019/21.

Figure 3: Under-75 mortality from all causes considered preventable in Luton, England, East of England, and CIPFA neighbours, 2019/21 and 2020/22



Source: Office for Health Improvement and Disparities (based on ONS source data) taken from OHID Fingertips tool, Mortality Profile (accessed February 2024).



Infant mortality

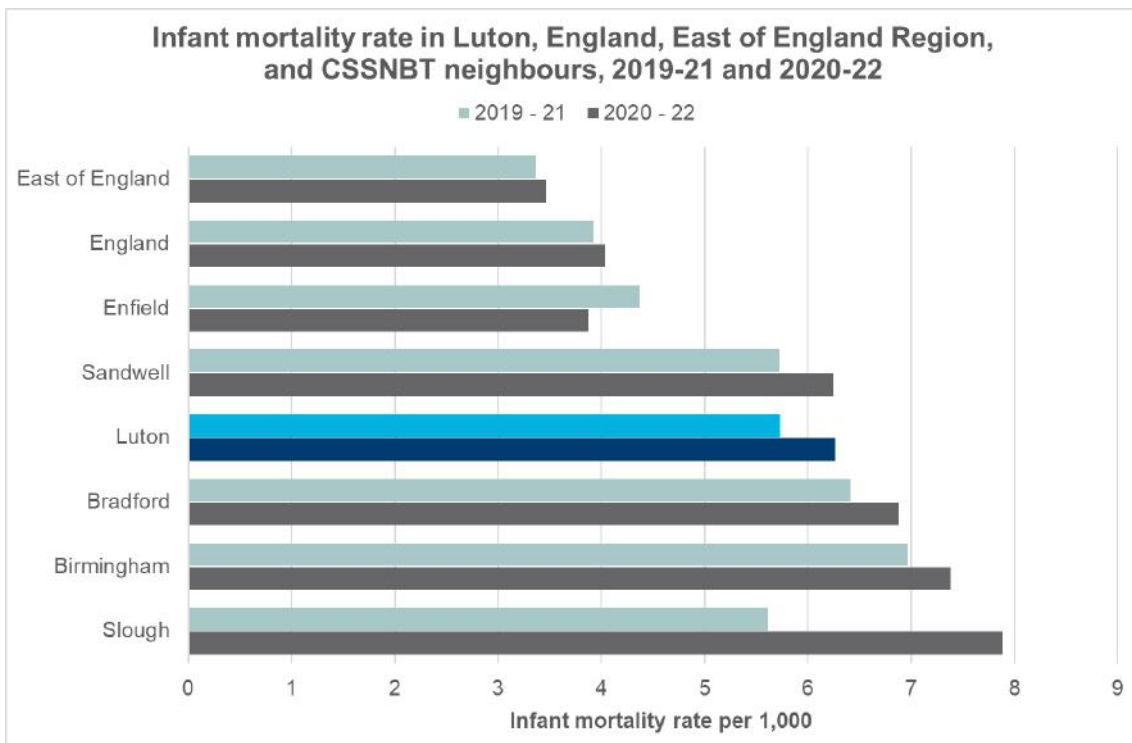
Figure 4 shows the rate of infant mortality per 1,000 live births over time for Luton, England, East of England, and Luton's CSSNBT neighbours in 2019/21 and 2020/22.

The infant mortality rate in Luton is 6.3 per 1,000 live births, which is significantly higher than the national rate and regional rates of 4.0 and 3.5 respectively.

In the previous period of 2019/21, the infant mortality rate in Luton was 5.7 per 1,000 live births. This was significantly higher than the national and regional averages of 3.9 and 3.4 respectively.

This is showing a worsening position in Luton.

Figure 4: Rate of infant (under 1 year) mortality in Luton, England, East of England, and CSSNBT neighbours, 2019/21 and 2020/22



Source: Office for National Statistics (ONS), taken from OHID Fingertips tool, Child and Maternal Health Profile (accessed February 2024)



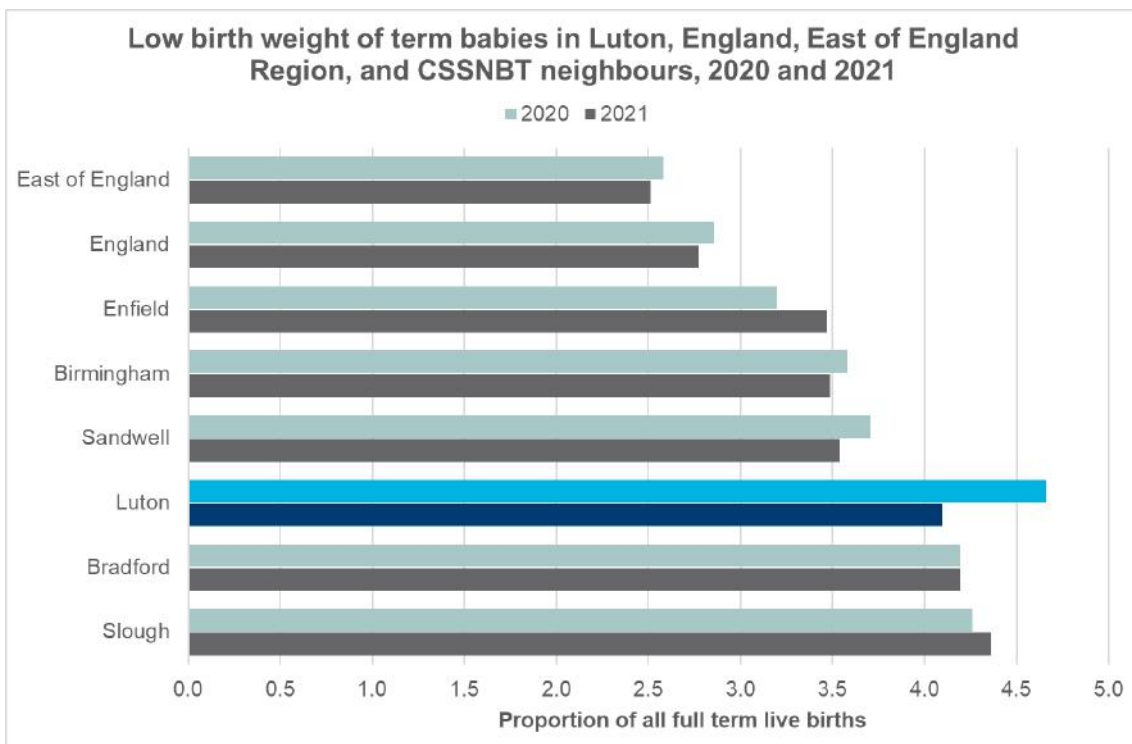
Low birth weight births

Figure 5 shows the proportion of full term live births born with a low birth weight in Luton, England, East of England, and Luton's CSSNBT neighbours in 2020 and 2021.

The proportion of full term live babies born with a low birth weight in Luton is 4.1, which is significantly higher than the national rate and regional rates of 2.8 and 2.5 respectively.

In the previous period of 2020, the proportion of babies born with a low birth weight in Luton was 4.7. This shows an improvement compared to the previous year, although this was still significantly higher than the national and regional averages of 2.9 and 2.6 respectively.

Figure 5: Low birth weight of term babies in Luton, England, East of England, and CSSNBT neighbours, 2020 and 2021



Source: Office for National Statistics (ONS), taken from OHID Fingertips tool, Child and Maternal Health Profile (accessed February 2024)



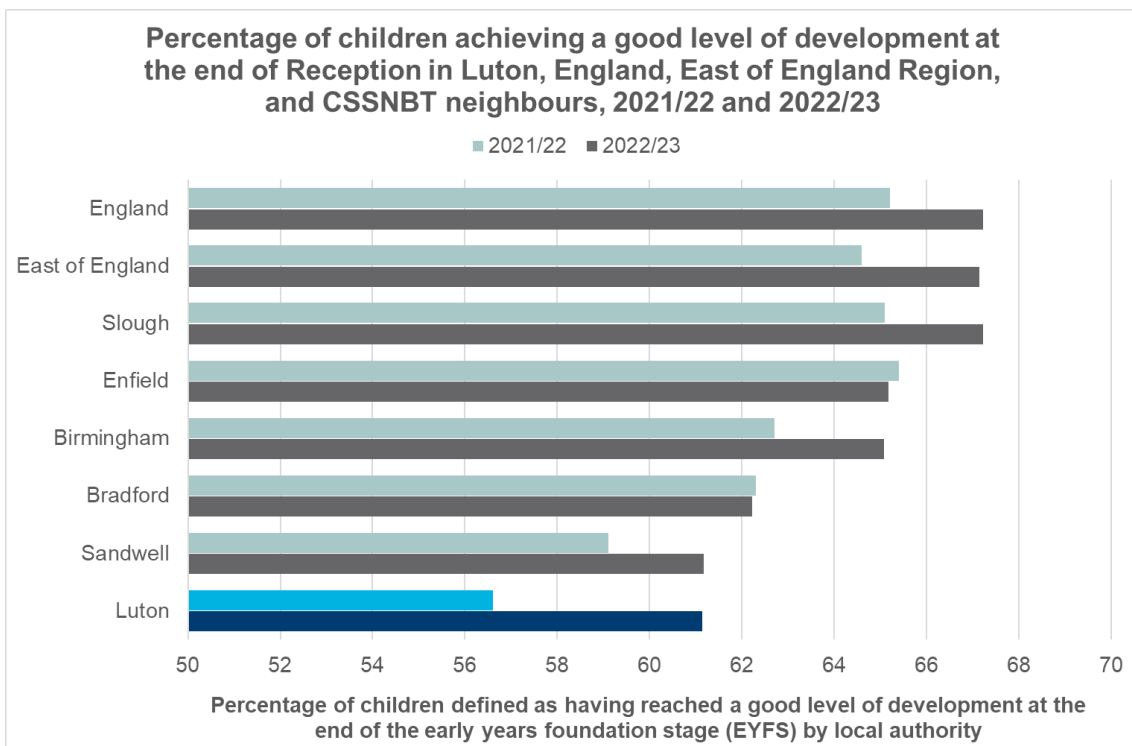
Development in reception (school readiness)

Figure 6 shows the percentage of children achieving a good level of development at the end of Reception in Luton, England, East of England and CSSNBT neighbours in 2021/22 and 2022/23.

In 2022/23 61.1% of children achieved a good level of development at the end of Reception in Luton, which is significantly lower than the national rate and regional rates both at 67.2%. In terms of comparison to our CSSNBT nearest neighbours, we are currently ranked 6 out of 6. Of the six CSSNBT nearest neighbours, only Slough is currently achieving a percentage that is not significantly lower than the national average.

However, the position has improved since the last year's data. In the previous period of 2021/22, 56.6% of children in Luton achieved a good level of development at the end of Reception.

Figure 6: Percentage of children achieving a good level of development at the end of Reception in Luton, England, East of England and CSSNBT neighbours, 2021/22 and 2022/23



Source: Office for National Statistics (ONS), taken from OHID Fingertips tool, Child and Maternal Health Profile (accessed February 2024)



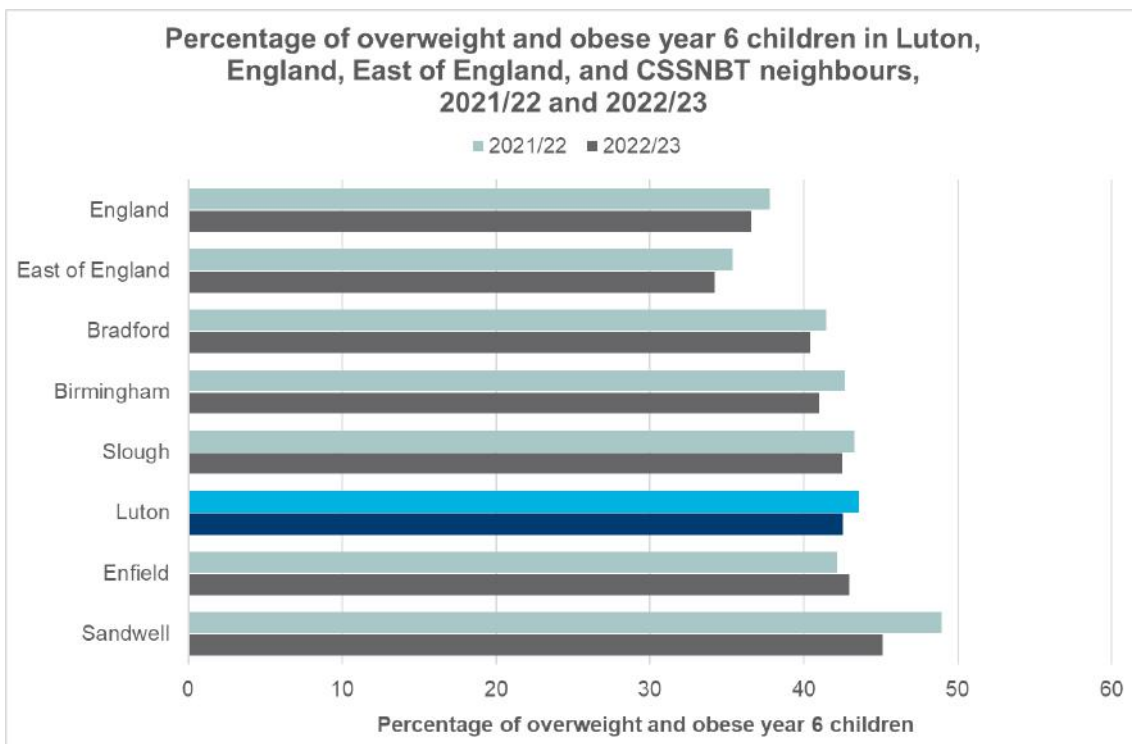
Year 6 overweight and obesity

Figure 7 shows the prevalence of overweight and obese year 6 children in Luton, England, East of England, and Luton's CSSNBT neighbours in 2021/22 and 2022/23.

In 2022/23 42.5% of year 6 children in Luton were overweight or obese which is significantly higher than 36.6% nationally and 34.2% regionally, but similar to 41.0% in Birmingham. Out of the 6 closest CSSNBT nearest neighbours, Luton currently ranks 4th.

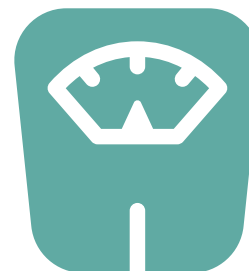
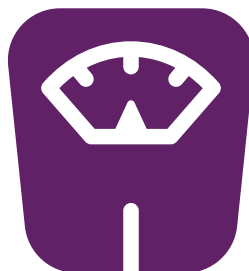
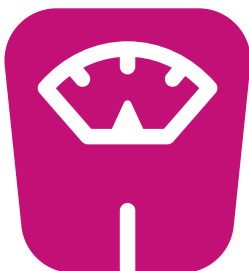
There has been a slight improvement since the previous year but Luton is still higher than both the England and East of England averages.

Figure 7: Prevalence of overweight (including obese) in year 6 children in Luton, England, East of England, and CSSNBT neighbours, 2021/22 and 2022/23



Source: OHID, using National Child Measurement Programme, NHS Digital (accessed March 2024)

Notes: The 2021/22 NCMP was the first data collection since the Covid-19 pandemic that was unaffected by school closures and other public health measures.



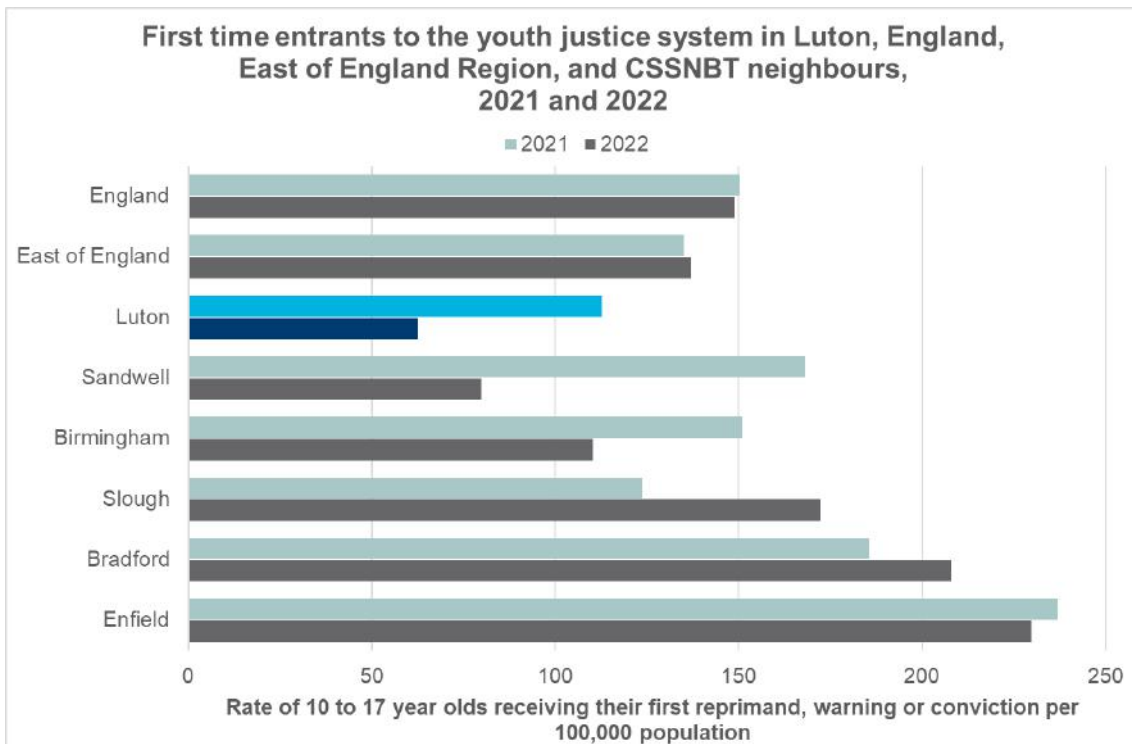
First time entrants into youth justice

Figure 8 shows rate of 10 to 17 year olds receiving their first reprimand, warning or conviction per 100,000 population in Luton, England, East of England, and Luton's CSSNBT neighbours in 2021 and 2022.

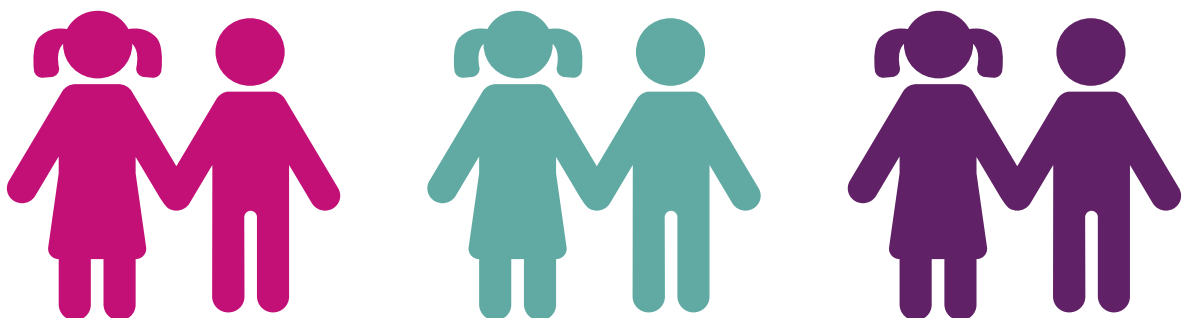
In 2022 the rate of first time entrants into the youth justice system was Luton 62.7. This is significantly lower than both the national and regional averages of 148.8 and 137.0 respectively. Out of the 6 closest CSSNBT nearest neighbours, Luton currently ranks 1st.

Rates in Luton have experienced a significant decrease in recent years which is positive for young people in Luton.

Figure 8: First time entrants to the youth justice system in Luton, England, East of England, and CSSNBT neighbours, 2021 and 2022



Source: Figures calculated by OHID's Population Health Analysis team using crime data supplied by the Ministry of Justice and population data supplied by Office for National Statistics (ONS). Taken from OHID Fingertips tool, Child and Maternal Health Profile (accessed March 2024)



Hospital admissions for self harm

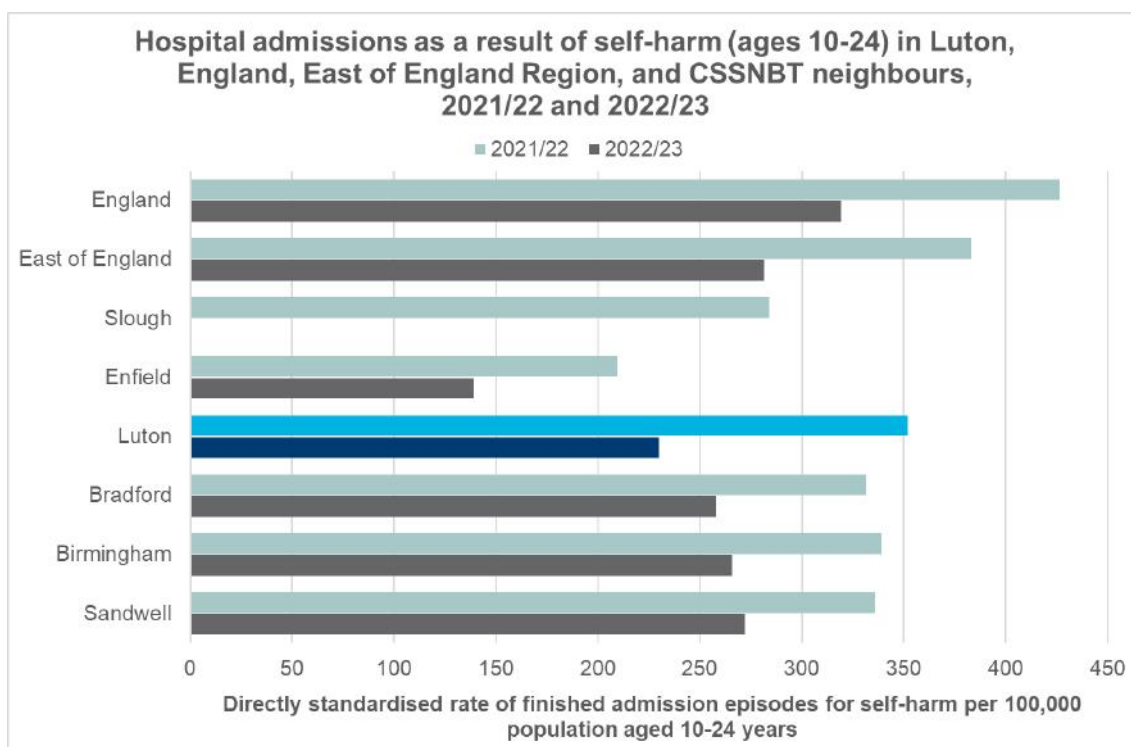
Figure 9 shows the directly standardised rate of hospital admissions for self-harm in per 100,000 population aged 10 to 24 years in Luton, England, the East of England, and Luton's CSSNBT neighbours in 2021/22 and 2022/23.

The rate of hospital admissions for self-harm in 10 to 24 year olds in Luton is 230.0 per 100,000. This is significantly lower than the national and regional rates of 319.0 and 281.4 respectively, and has reduced since the previous period.

It is also worth noting that the current rate of admissions in Luton is significantly higher for females than for males at 412.9 and 61.9 respectively. For females, this is still significantly lower than the national rate of 530.5, and similar to the regional rate of 467.9.

The same is true for males also with Luton significantly lower than the national rate of 116.0 and similar to the regional rate of 104.9. Current rates for Luton are also similar to those of Birmingham, which are 265.7 for all persons, 454.0 for females, and 81.2 for males.

Figure 9: Hospital admissions due to self-harm (ages 10 to 24 years) in Luton, England, East of England, and CSSNBT neighbours, 2021/22 and 2022/23



Source: Source: Hospital Episode Statistics (HES) Copyright © 2020, Re-used with the permission of The Health and Social Care Information Centre, taken from OHID Fingertips tool, Child and Maternal Health Profile (accessed March 2024)

Notes: 2022/23 data is unavailable for Slough. The COVID-19 pandemic had a large impact on hospital activity with a reduction in admissions in 2020 to 2021.



Smoking prevalence

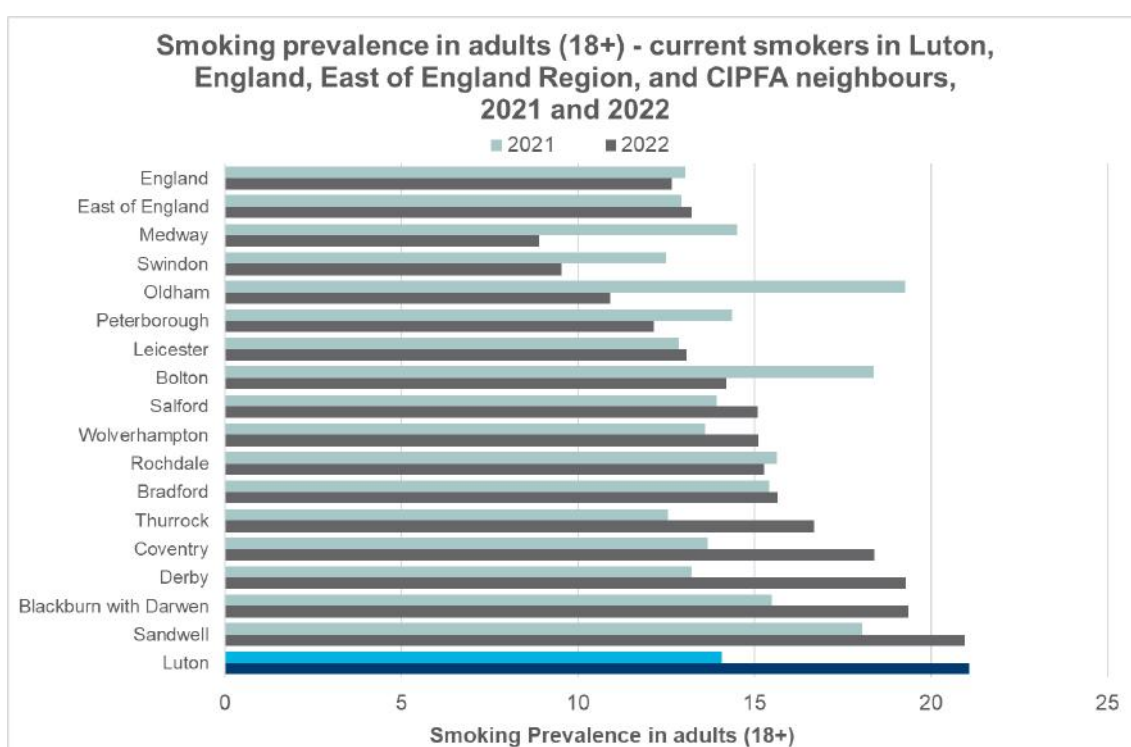
Figure 10 shows smoking prevalence amongst adults in Luton, England, the East of England, and Luton's CIPFA neighbours in 2021 and 2022.

The estimated percentage of adults that currently smoke in Luton is significantly higher than the national and regional averages.

It is estimated that 21.1% of adults in Luton currently smoke compared to the national and regional estimates of 12.7% and 13.2%. In the previous period of 2021, it was estimated that 14.1% of adults in Luton currently smoke which was not significantly different from the estimate of 13.0% the national and regional estimates of 13.0% and 12.9% respectively. Luton ranked 8 out the 16 CIPFA neighbours.

It is worth noting that there are very wide confidence intervals on this data so should be treated with caution.

Figure 10: Smoking prevalence in adults (aged 18+), current smokers in Luton, England, East of England, and CIPFA neighbours, 2021 and 2022



Source: Annual Population Survey (APS), taken from OHID Fingertips tool, Local Tobacco Control Profiles (accessed December 2023)

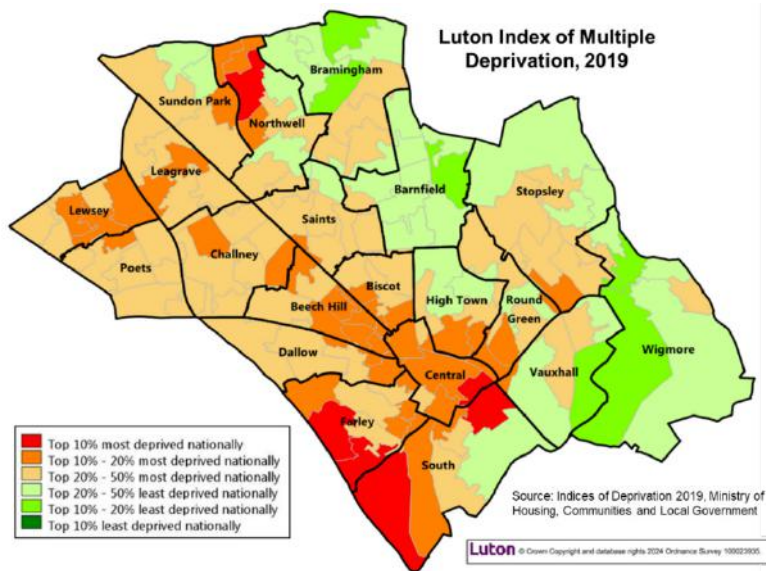


Maps showing the Luton picture for some of the building blocks of health

The following maps were included in the Annual Public Health Report for 2023, these maps have been updated to include new ward boundaries and/or updated data, where this is available.

Figure 11 shows the index of multiple deprivation. This data behind this has not been updated nationally for some years, but the map has been updated with the new ward boundaries.

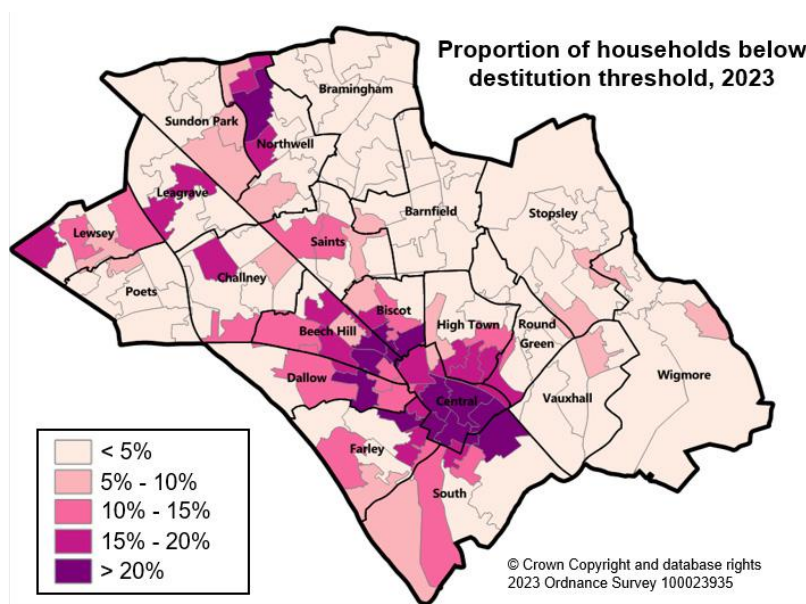
Figure 11: Index of Multiple Deprivation by LSOA in Luton, 2019



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

Figure 12 shows the estimated proportion of destitute households in Luton, by LSOA, for 2023. This is based upon the Minimum Income Standard work which has been adapted from the Joseph Rowntree Foundation. Destitute households are those that are severely financially stretched and struggle to afford the most basic and essential items or services. Their outgoings significantly outweigh their low incomes and debt may be a major worry. These households may also be reliant on charities, such as food banks, and the physical and mental health of household members may be suffering as a result of their situation.

Figure 12: Proportion of households below destitution threshold by LSOA in Luton, 2023



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

Figures 13 and 14 show benefit claimant count by (old) wards, looking at both 2023 data and 2024 data. It can be seen that there is a worsening picture in the centre of the borough.

Figures 13 and 14 benefit claimants

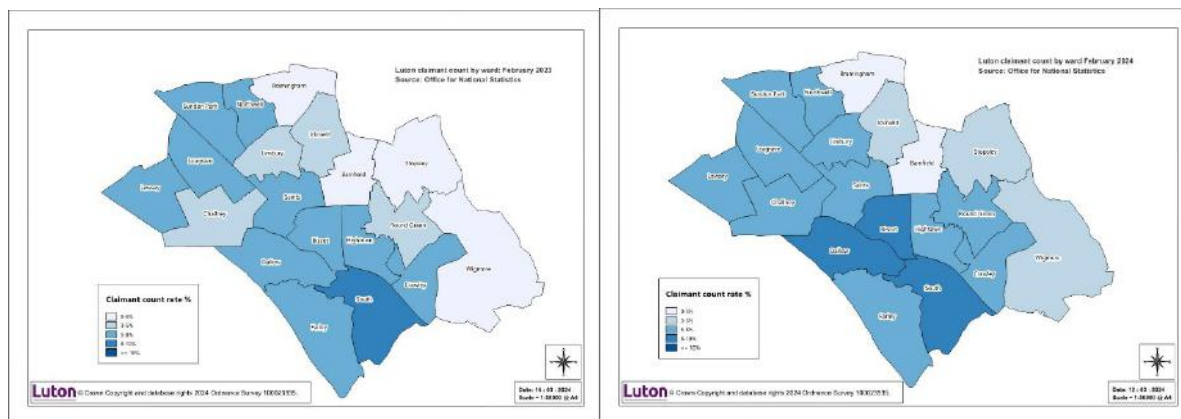
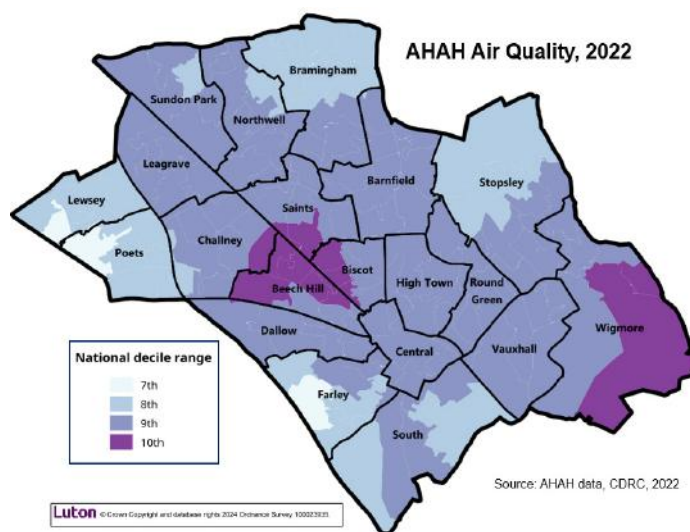


Figure 15 shows air quality by ward with the new updated ward boundaries. The approach to this data analysis has also changed so the previous map is not presented. This map uses data from the Consumer Data Research Centre (CDRC) showing air quality in Luton. The purple shaded areas are in the ten per cent worst in England for air quality, with the majority of Luton in the twenty per cent worst (ninth and tenth decile range).

Figure 15: Air Quality by ward, 2022



Source: AAHA data, CDRC, 2022

Recommendations made in the Luton Health Equity Town report: a summary

In the Luton report, there are over 50 high level recommendations focused to Marmot principles and specific partners and stakeholders including Luton Council, the VCSE sector, Healthcare and public services.

Giving every child the best start in life

1. Increase the provision of Flying Start early years services beyond the current highly-targeted approach, developing the universal approach while retaining proportionate focus on areas with higher levels of deprivation
2. Ensure that early years and maternity services, VCFSE organisations and employers support households to access available benefits and services and pay a living wage.
3. Assess maternity leave policies and support for child care by all employers, including public sector and private businesses
4. Build on Luton's success in school readiness with a system-wide ambition to bring all children above the average for pupils in England.



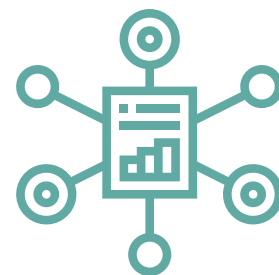
Enabling children and young people and adults to maximise their capabilities and have control over their lives through education and life-long learning

1. Prioritise and invest in Luton's education service, including sharing best practice around raising the attainment of children eligible for free school meals
2. All system partners to work in partnership to support looked-after children and care leavers alongside other groups at risk of exclusion and exploitation to build skills and enter employment, further education or training.
3. Jointly commission programmes to support young people's mental health in schools, the community and at work. Businesses to make full contributions to supporting young people's mental health at work.
4. Increase levels of funding for youth services, focusing on areas with higher levels of deprivation.
5. Connect public and private sector employers with education and the VCFSE sector to develop skills among young people that meet the needs of employers.
6. Introduce an alumni network for the University of Bedfordshire to raise aspirations and opportunities for young people in Luton.



Creating fair employment and good work for all

1. Develop in partnership (the LEP, local authorities and public services) a local good work charter for public and private employers, which builds on the national Good Business Charter, and make becoming a signatory to this local charter a prerequisite for NHS and public sector contracts.
1. Luton Borough Council to create, in partnership with employers and Voluntary, Community, Faith and Social Enterprise (VCFSE), an employment agency to match employees with good quality work opportunities with employers signed up to the good work charter.
2. Strengthen equitable recruitment practices, including provision of apprenticeships and in-work training, and recruitment from more deprived communities and those underrepresented in the Luton workforce including young people, care leavers, those with disabilities, ethnic minorities and women.
3. Increase funding for lifelong learning/adult education more in areas of higher deprivation and link to job market demands. Seek partnerships with employers to support adult education and upskilling.



Ensuring a healthy standard of living for all

1. Work with the local community, anchor institutions and employers' institutions to provide credit and reduce levels of debt.
2. Commission VCFSE sector to provide social welfare, legal and debt advice, including fuel and food poverty support, in the NHS, schools and workplaces.
3. Partner with energy companies to identify and support those in need of support to heat their homes through retrofitting to reduce fuel poverty and improve domestic energy efficiency in areas of high deprivation.
4. Invest in bridging the digital divide, with a focus on areas of high deprivation and digital exclusion, strengthen digital skills using VCFSE partners to deliver training and support.



Creating and developing healthy sustainable places and communities

1. Introduce a Clean Air Zone, and develop better walking and cycling infrastructure with attendant programmes to support active travel particularly among more deprived communities.
2. Develop a decent homes standard for Luton including social and private rental sector, establish private landlord registries in all areas to facilitate inspection and support enforcement powers.
3. Strengthen the partnership between housing and health care organisations, in order to support NHS advocacy and referrals for people experiencing housing conditions which harm health.
4. Prioritise reducing social isolation as a public health intervention, in partnership between the NHS and the VCFSE and private sectors.
5. Develop place-based partnerships to strengthen approaches to community policing and strengthen the public health approach to violent crime.



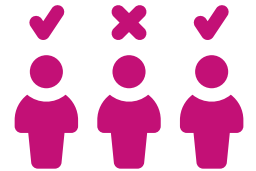
Strengthening the role and impact of ill health prevention

1. Support primary care and other NHS institutions to address the social determinants of health.
2. Revise and extend social prescribing offer to focus on the social determinants of health including referrals to food and fuel security support and financial, legal, housing and debt advice.
3. Allocate health resources proportionately, with a focus on the social determinants.



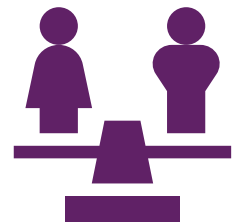
Tackling discrimination and exclusion

1. Reinforce the efforts of health and social care providers to demonstrate equitable access to their services, working closely with local communities.
2. The NHS, local authorities, public sector and businesses to gather data on their workforce by ethnicity and by pay and grade. Require all health and social care providers to collect data on service users by ethnicity and other protected characteristics.
3. Businesses, public services and VCFSE sector to actively communicate and publish how they are meeting equality duties in recruitment and employment including pay, progression and terms.
4. Involve VCFSE sector organisations and networks tackling racism in businesses and the public sector, and help support excluded groups into good employment and housing.
5. All services, including education and criminal justice, make explicit commitments towards reducing unequal outcomes and tackling discrimination and racism and work with local minority communities in the design of services and with relevant faith and voluntary sector organisations.



Pursuing environmental sustainability and health equity together

1. Align health and climate goals, working with partners and communities to transition away from carbon and build resilient communities that are well adapted to respond to climate change impacts.
2. Establish regular meetings between inequality and sustainability leads in the NHS, local communities, the VCFSE sector and local authorities to monitor net-zero policies for equity impacts.
3. Work with local economic partnerships and anchor organisations to support actions to encourage employers and staff to adopt carbon-neutral modes of transport (including walking and cycling) and work environments. Invest in new walking and cycling infrastructure, particularly in areas of deprivation.



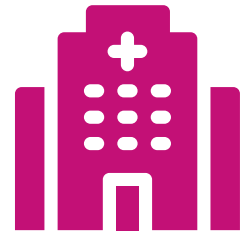
Local government

1. Develop a health equity collaboration of health equity/social determinants of health partners in Luton to include business and economic sector, public services, VCFSE sector to focus on long term investments and focus on the social determinants of health.
2. Develop an implementation/action plan for stakeholders based on this report.
3. Support training for the local government workforce on how it can tackle the social determinants and health equity. Strengthen links with business to support business involvement in action on health equity.
4. Continue to strengthen links with healthcare to ensure that healthcare organisations work closely with the local authority to improve health as well as treat ill-health.
5. Launch a communications campaign to keep Luton residents informed about services and opportunities in Luton, including from the VCFSE sector, in a range of languages and in collaboration with the community



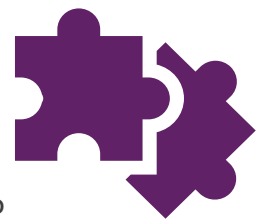
Healthcare

1. Building on the approach developed by ELFT, the ICS and NHS Trusts to strengthen action on the social determinants, making collaborations and investments with local government, public services, the VCFSE sector and employers. Create a senior role taking responsibility for housing and health, including homelessness, on the board of BLMK ICS. Appoint a senior partnership lead to support collaborations on the social determinants of health.
2. NHS organisations to strengthen local and national advocacy for action on the social determinants.
3. The ICS to establish effective engagement with all ethnic minority communities and involve communities, VCSFE sector and community leaders in the assessment of current and development of new services and interventions.
4. Primary care organisations to assess their role in supporting the social determinants of health and further strengthen their roles (included in section 3F).



Public services

1. Social value to be included in all public sector procurement and contracting.
2. Police, fire services and education to set up as anchor institutions in the community.
3. Schools and the VCFSE sector, health care and the local authority to work in partnership to support good mental health and building skills and recruitment into employment.



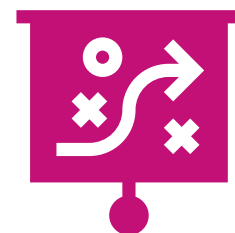
The VCFSE Sector

1. Take a 'census' of VCFSE organisations and initiatives to clarify what work is being done in Luton and work with Local Government and NHS to ensure they link to services and support offered by the VCFSE sector.
2. Assess and provide support required by VCFSE sector to enable organisations to bid for funding to improve health equity. Businesses to contribute pro bono support for tender processes.
3. Convene a forum to match ongoing and proposed VCSFE initiatives and providers with funders in an organised way across Luton, and support VCFSE organisations to apply for funding.
4. Invest in the VCFSE sector to fund evaluation of the support and services they provide which contribute to reducing health inequalities



Business

1. Commit to the local good employment charter (section 3C) and pay the real living wage, provide safe and fair hours and health-supporting conditions of work.
2. Provide support and advice to the workforce and community around finances, housing, and debt.
3. Support equity in pay, employment terms and promotion.
4. Act as anchor institutions for the community and implement social value contracting to support the local economy, especially disadvantaged groups and invest in more deprived areas.



The health equity system

1. Set targets for health inequalities in Luton.
2. Extend anchor approaches to include partnership working across the system with health equity as the priority.
3. Develop a set of health equity indicators to monitor progress on reducing inequalities in health and in the social determinants of health.
4. Continue the Fairness Taskforce and Talk, Listen, Change approaches to community engagement and co-design.
5. The Marmot Advisory Board should become an implementation board and oversees development of an implementation plan, based on this report.
6. The Marmot Advisory Board to provide oversight of the work strengthen accountability for health inequality at senior level in the NHS, local authorities and public services.
7. Carry out more cohort-based longitudinal research to monitor the effects of interventions on Luton residents, given the high population turnover. Use unique identifiers to track the health of Luton residents who move on from Luton.



A summary of progress since the publication of the report

Since publication we have undertaken mapping to understand where all the recommendations fit in to work already underway, so we can work in partnership to strengthen further the impact on health equity (figure 16)

Figure 16 – recommendations mapped to areas of work



System working

Over the last 18 months a key focus has been on system working to ensure the report and its findings are understood by partners across Luton and that there is a shared understanding of the importance of all partners in delivering this ambition, and that knowledge of the role the building blocks of health play in health equity is embedded across the system.

We have held events to communicate findings and further develop work plans. These have included lunch and learn sessions with partners, a workshop style conference to help develop logic models around the priority areas and inform the work going forward, and a large “one year on” event to showcase some of the progress, launch the key measures we will use, and continue to develop the health equity system to be all working to the goals of health equity. We have also been working with the Health Foundation and the Frameworks Institute to deliver training on how to communicate and frame issues around the building blocks of health to better influence and have greater impact as we move forwards.

We have set up a quarterly newsletter to showcase health equity activity across the system, a repository of case studies to show evidence of best practice and activity underway, a bespoke email address and micro site to store and share this information across the system.



The Health Equity Town prize was launched last year to develop new initiatives, aligned to the marmot principles and recommendations, to further develop partners to be thinking of ways in which work can tackle health equity. Three 3 projects were awarded the prize, that address some of the marmot recommendations:

Growing your potential:

The “Luton Youth Health Initiative: Building Stronger Futures” is a youth club-style project designed to empower young people, provide them with essential life skills, and promote healthy behaviours, ultimately addressing health inequalities in Luton.



Frequent attendants:

This project aims to identify those frequent attenders age 16-64 in general practice . The project will analyse the reasons for those attendances and aim to explore the health behaviours and the underlying psychological and social determinants behind those behaviours.



Prevention and

Enablement: Pathway (PEP) support for people with Learning Disabilities into work. PEP and the Learning disability service are looking at the current situation with regard to the low employment figures for adults with a learning in order to ensure that we are recording well and have clear pathways.



Health Equity Town Evaluation and monitoring framework

We have focused on developing an evaluation of the work to ensure we know how to continue to maximise impact and get the measures right to assess progress on an annual basis.

Over the last year, an evaluation of the health equity town work has been completed. The evaluation had three main aims:

1.

To understand the impact of the Luton Marmot report on system-wide efforts to tackle health inequalities through the wider determinants of health.

2.

To develop a set of measures to illustrate early impacts of the Luton Marmot report and set out an approach for future outcome measurement structured around the eight Marmot principles set out within the report.

3.

To activate the health equity system through the process of evaluation, through stakeholder engagement and re-enforcement of priorities and direction of travel

A mixed methods approach enabled both qualitative and quantitative data sources to inform the evaluation. The qualitative element of the evaluation sought to identify how system leaders in Luton have engaged with the Marmot report since its publication.

This mixed methods approach found that the report galvanised support across significant parts of the Luton system. The report and associated workstreams have engaged key partners in the social determinants of health and has been a catalyst in developing joined up approaches to reduce health inequalities.

It is too soon for the impact of this work to be seen in population health outcomes, however there are several examples of projects and workplans that have emerged as a result of the report that are being monitored and are expected to have a positive impact on health inequalities. The evaluation report also sets out an approach to monitoring progress in the medium- long term.

The below summarises recommendations for Luton and will form part of our plan going forward in 2024/2025 in order to meet our Health Equity Town ambitions. The implementation of these recommendations should involve the whole health equity system across Luton, led by the Health Equity Town Partnership Board.

1. Ensure system-wide clarity and strengthening of governance and accountability.
2. Broaden the agenda of the Marmot steering group and other associated working groups to get more non-local authority and healthcare input.
3. Ensure all stakeholders identify and understand their own levers of influence to tackle health inequalities, examples of this include the use of regulatory powers and advocacy for health equity.
4. Embed Marmot and health inequalities within workforce development across the system including developing skills for business case development for tackling health inequalities
5. Develop a coherent workplan around the seventh Marmot principle; tackling discrimination and structural racism and its outcomes.
6. Develop our communications and engagement approach with stakeholders and members of the public, including the use of terms such as Marmot Town, Health Equity etc. Luton should celebrate success where existing work is making a difference and learn from what does and doesn't work.

7. Ensure Marmot principles influence resource allocation decisions across the system to ensure that they are proportionate to need, starting with our anchor institutions.
8. Establish a clear, agreed and well communicated monitoring framework, that aligns with the Luton Joint Strategic Needs Assessment and Luton 2040 monitoring. This framework will identify inequalities in outcomes between cohorts and track progress in improving outcomes in those most disadvantaged.
9. Use of logic models may be a useful method to build on for future workstreams associated with Luton's Marmot Town ambitions.
10. Translate the Marmot principles, into a more specific and practical workplan with clear roles for organisations and teams.
11. Ensure that we learn from best practice amongst Luton partners and from national an international evidence base, whilst also sharing our own knowledge and learning.

The outcome measures and monitoring framework developed as part of this evaluation, and that will be reported on an annual basis, is included in the following pages. System-wide outcome measures across the Marmot principles have been identified.

This framework is still being developed as the new indicators become embedded and the JSNA is updated. As we move forwards we will also look at these as a comparison between highest and lowest across the borough to give a way of looking at whether the inequalities within the borough are being tackled.



Outcome indicator list for each Marmot principle.

			2021/22								2022/23									
R= worse than England average A= similar to England average G= better than England average N/a = data not available																				
	Measure description	Source	Date of measure	JSNA 2021/22 (Baseline Measure)				JSNA 2021/22				Date of measure	JSNA 2022/23 (Baseline Measure)				JSNA 2022/23 (Description)			
				Luton	England	Region	NN	Comparison to national	Comparison to region	Comparison to Nearest Neighbour	Trend		Luton	England	Region	NN	Comparison to England	Comparison to Region	Comparison to NN	Trend
Overarching	Life expectancy, Male (Years)	Office for National Statistics (ONS)	2018-20	78.1	79.4	80.2	Rank 3rd of 16	R	R	G	Comparable	2018-20	78.1	79.4	80.2	Rank 6th of 16	R	R	A	Comparable
	Life expectancy, Female (Years)	Office for National Statistics (ONS)	2018-20	82.4	83.1	83.8	Rank 2nd of 16	R	R	G	Comparable	2018-20	82.4	83.1	83.8	Rank 5th of 16	R	R	A	Comparable
	Healthy life expectancy, Male (Years)	Office for National Statistics (ONS)	2017-19	57.4	63.2	64.2	Rank 16th of 16	R	R	R	Sig worse	2018-20	59.2	63.1	64.6	Rank 12th of 16	R	R	A	Comparable
	Healthy life expectancy, Female (Years)	Office for National Statistics (ONS)	2017-19	60.2	63.5	64.4	Ranked 6th of 16	R	R	A	Comparable	2018-20	60	63.9	65	Rank 9th of 16	R	R	A	Comparable
1	Percentage children achieving a good level of development at 2-2.5 years	OHID health visiting metrics	N/a	N/a	N/a	N/a	N/a	N/a	N/a	N/a	N/a	2021/22	85.40%	81.10%	85.40%	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)	N/a	N/a	N/a	N/a	N/a	N/a	N/a	N/a	N/a	2021/22	56.60%	65.20%	56.60%	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) tool	2018-20	5.2	3.9	3.4	Rank 2nd of 16	A	R	A	Comparable	2019-21	5.7	3.9	3.4	Rank 4th of 6	R	R	A	Comparable
	Percentage of 5 year olds with experience of visually obvious dental decay	oral health survey of five-year-old children	2018/19	36.80%	23.40%	19.00%	Rank 4th of 5	R	R	A	Comparable	2018/19	36.80%	23.40%	19%	Rank 5th of 6	R	R	R	Comparable
2	Child Poverty (after housing costs)	Department for Work and Pensions, HMRC	N/a	N/a	N/a	N/a	N/a	N/a	N/a	N/a	N/a	2022	39.10%	30.80%	23.60%	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	0.05	0	-0.01	0.1	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%	47.20%	49.10%	48.80%	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	89.50%	88%	-	86.70%	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%	37.90%	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)	N/a	N/a	N/a	N/a	N/a	N/a	N/a	N/a	N/a	2021/22	352.4	427.3	383.5	Rank 6th of 6	G	A	R	N/a
	Proportion of children that are overweight or obese (At year 6)	OHID, NCMP	2020	27.00%	21.00%	19.10%	Rank 3rd of 5	R	R	A	Comparable	2021/22	43.60%	37.80%	35.40%	Rank 6th of 6	R	R	R	Comparable
3	Minimum Income Standard (Luton adapted model - destitution)	Modelled by Business Intelligence	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	5.70%	3.90%	3.00%	Rank 7th of 16	R	R	A	Significantly improving
	% of residents in higher-level occupations (Level4, Level2 and No Formal Qualifications)	Labour Force Survey, ONS	N/a	N/a	N/a	N/a	N/a	N/a	N/a	N/a	N/a	2022	35.60%	51.00%	50.60%	Rank 16th of 16	R	R	R	N/a
	% of employees below the living wage	Business Intelligence, LBC	N/a	N/a	N/a	N/a	N/a	N/a	N/a	N/a	N/a	2022	30.00%	-	26%	38% (Leicester)	N/a	R	G	Significantly worse

4	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	11.10%	9.90%	7.70%	Rank 10th of 16	R	R	A	Comparable
	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	16.70%	13.10%	12.30%	Rank 11th of 16	R	R	A	Comparable
5	Households in temporary accommodation (per 1000 households)	Department for Levelling Up	N/a	N/a	N/a	N/a	N/a	N/a	N/a	N/a	N/a	2022/23	13.9	4.1	2.2	Rank 16th of 16	R	R	R	Comparable
6	Smoking prevalence(% adults 18+)	Annual Population Survey (APS)	2019	16.80%	13.90%	13.70%	Rank 12th of 16	R	R	A	Comparable	2021	14.10%	13.00%	12.90%	Rank 8th of 16	A	A	A	Comparable
	Adult obesity rate(% adults 18+)	Sport England Active Lives Survey	2019/20	7.70%	62.80%	62.30%	Rank 12th of 16	R	R	A	Significantly worse	2020/21	67.50%	63.50%	64.00%	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	N/a	N/a	N/a	N/a	N/a	N/a	N/a	N/a	N/a	2019/20	27.20%	22.30%	21.00%	Rank 14th of 16	R	R	R	N/a
	Under 75 mortality rate from cardiovascular diseases considered preventable (DSR per 100,000)	Office for Health Improvement and Disparities	2020	39.9	29.2	24.3	Rank 5th of 16	R	R	A	Comparable	2021/22	37.1	30.2	25.1	Rank 6th of 16	A	R	A	N/a
7	TBC	TBC	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
8	Cycling / walking for travel (3-5 times / week)	Department for Transport	N/a	N/a	N/a	N/a	N/a	N/a	N/a	N/a	N/a	2021/22	58.90%	71.20%	71.90%	Rank 13th of 16	R	R	R	Significantly worse
	Air Quality Annual Status Report (ASR)	Access Healthy Assets Hazards (AHAH)	N/a	N/a	N/a	N/a	N/a	N/a	N/a	N/a	N/a	2022	0.89	0.3	-	0.91 (Leicester)	A	N/a	A	N/a



Activity across the priority areas

The priority areas identified in the development of the report have continued to be a focus with the initial working groups now re-established to drive further work on the recommendations. These groups aim to work collaboratively with strategic activity already underway to specifically embed the health equity approach and recommendations and thereby strengthen impact on health equity. Logic model approaches are being used to identify gaps and further actions.

Priority areas:



Priority Workstream: Net Zero and health

This was not a subgroup at the time of developing the report, so this has been further worked on and established since the publication of the report. The recommendations are being reviewed and a gap analysis of what the system is doing in each of the areas being completed to develop further focused actions.

A success to date has been and Luton has been awarded over £200,000 to address air quality by Defra by working with residents and coordinating actions for behaviour change. The project will include:

- Information hub – interactive, signposting
- Communications campaigns – Luton
- Education front line staff to become Air Quality Champions

The next steps for the health equity system:

- Improving the built environment through the Local Plan
- Focused work in partnership through the ICS Green plan- reducing emissions from healthcare
- Broaden engagement with businesses to reduce carbon footprint by using language and models that are easily understood by residents e.g. use of the Donut model of sustainability and Net Zero

Priority workstreams: Business Employment and Skills and health

Over the last year work has been initiated working with East London Foundation Trust (ELFT) to support individuals back into work. ELFT are also working with the Institute of Health Equity as a “Marmot trust” and are a key partner in this work. Working with ELFT and adult learning, a passport to employment programme has been established to support mental health service users into employment. This academic year from August 1st 2023 to had 374 people who have started a course or session and completed through passport to employment, of this 322 are unique.

The health equity principles have also been embedded into the Good Business Charter, which Luton Council signed up to in November 2022.

We have worked with five Anchor Institutions to embed health equity principles through policies and practices. There are now an additional five small or medium sized organisations signed up to this.

Training has been provided on work and health to businesses across Luton, and this will continue to be a priority.

Next steps for the health equity system:

- Developing focused actions to support people back into work – substance misuse services, mental health services, housing associations, PEP (Health Equity Prize)
- Mental health – within the ELFT service, supporting people into employment or volunteering opportunities, but also within Talking Therapies services support people to stay in work or manage return to work
- Work Well – working in partnership with BLMK ICB a bid has been submitted to create a vanguard in the area. If successful, the work will encompass working with those with long term conditions, the disabled and the long term sick back into work through a multi agency approach with Primary Care, DWP, Local Authorities, Work Well programme, VSCE sector, and Talking Therapy services as mentioned above
- Businesses building routes in to employment – This includes Wilmot Dixon who are the primary contractors on The Stage working with those economically inactive into work through apprenticeships schemes. Glencar will be the second business to engage in encouraging young people into the construction industry.
- Broaden work place charter engagement around health in workplaces. Following from the Anchor Institutions Cultural Competency project where we worked with three organisations to implement core competencies, the charter will focus on good work practices, cultural competencies and sharing best practices with additional organisations.

Priority workstreams: Children and Young People

Gap Analysis undertaken and new actions have been identified by the steering group. Examples include ensuring the voice of the child is embedded in what we do going forward, utilising key times in a child's journey e.g. transitions and supporting specific actions such as vaccinations uptake.

A quality improvement (QI) methodology is being used to identify change ideas aligned to the Marmot recommendations. One of the change ideas is improving vaccination rates amongst seldom heard communities through outreach within community settings, this is now underway as part of the MMR vaccination outreach

The Enterprise Coordinator (EC) role is to develop aspirations and opportunities to work for young people. The purpose of the post is to work with the 14-19/Careers Hub Luton team supporting schools and colleges, working with employers and post 16 providers to remove barriers and create opportunities for vulnerable and disadvantaged young people.

The EC provides supports to all schools and colleges to improve results against the Gatsby Benchmarks (the framework for Careers Education), however intensive and targeted support has been delivered to schools supporting vulnerable and disadvantaged young people the Avenue Centre for Education, Woodlands and Windmill Hill. Luton schools and colleges are achieving an average of 6 benchmarks in line with the national average.

Multiple encounters with employers has been proven to significantly reduce the likelihood of becoming NEET (not in employment education or training) and the EC role has supported schools and colleges to increase their engagement with local businesses, such as:

- All schools and colleges (18 in total) in Luton are matched with at least one Enterprise Adviser – a volunteer from business that provides the voice of business to develop an engaging and enterprising careers education programme, that meets employer’s needs.
- Over 200 year 9 Free School Meal (FSM) students have participated in an employer led insight activity delivered by 8 employers. Student feedback from the events includes: 64% know more about local opportunities, 93% know more about the knowledge and skills employers are looking for and 90% feel more confident meeting employers.

We are working to increase opportunities for work experience and insights to industry, supporting 18 PP young people to participate in a bespoke week of work experience at easyJet and over 180 young people attended an insight into apprenticeships event also at easyJet during National Apprenticeship Week.

Next steps for the health equity system:

- Refining and implementing the QI approach change ideas to fully ensure that health equity is embedded in the system. Specifically, focusing on key times within a child’s journey and looking at where we can work together to maximise the health and wellbeing of the child
- Mapping the provision within the VCSE sector and facilitating their input in delivering health equity for children and young people, and identifying those children and young people whose needs are not met using the SHEU survey to focus and improve impact
- Hearing the voice of the child through engagement events as part of the Child Friendly Luton programme using a rights-based approach to engagement, including identifying the needs of children and young people as part of the SHEU survey (school health and wellbeing annual survey).
- The Start for Life programme focusses on the critical first 1,001 days in a child’s life. The Family Hub programme is delivering and embedding health equity approaches with Flying Start offering an extended and universal approach to early years development, to improve health outcomes and school readiness in the whole population.
- Ensuring that a health equity approach is embedded in all new contracts, strategies and plans developed within local statutory and voluntary services, including development of a framework to address Health Equity.

Priority workstreams: Housing

A Housing and Health group has been established which brings internal and external stakeholders together.

The healthy estates strategy aims to improve the health and wellbeing of tenants through improvements to managed sites and partnership working. Initiatives within the strategy include supporting outdoor play, community gardening projects, tackling social isolation, and encouraging smoking cessation.

As part of this, a joint survey to tenants was completed during scheduled concierge roadshows. We used this opportunity to gain insights on the positive factors of estates and housing environment and to understand areas where tenants consider improvement to the estate would be positive for wellbeing.

We will now look to engage with other social housing providers to share good practice and learning from the programme. We aim to explore funding opportunities to increase impact of the programme through increased capacity.

The Health Equity report identified the condition of private sector housing as an area for action. Through Core20Plus5 funding we have reinstated a Warm Healthy Homes project which proactively identifies and takes enforcement action on private rented homes with poor energy efficiency. A post has been recruited to and this work is now underway already showing some positive results.

Homelessness is a long-standing challenge in Luton, and has recognised health impacts. We benefit from mature partnerships which respond with rough sleeping outreach and trauma informed responses, alongside excellent recent analysis from the University of Bedfordshire in relation to street activity of very vulnerable people. A Town Centre Partnership meets regularly and has recently commenced funding targeted projects in this area.

Next steps for the health equity system:

- Healthy Estates plan to continue with a focus on resident engagement.

The purpose of this will be:

- Identification of needs and involving local people
 - Promoting healthy and fulfilling lives
 - Providing and promoting attractive and diverse green spaces
 - Including the lived experience within the strategy
- Housing conference - engaging with wide range of housing stakeholders including developers, housing association, LBC housing teams. The 2024 housing conference will have a focus on housing quality.
 - Ongoing delivery of Core20Plus5 funded project on warm healthy housing, and demonstrating outcomes.
 - Continuing housing influence through the net zero subgroup on topics such as fuel poverty and cold homes
 - Influencing our emerging Local Plan to support healthy homes and places, including specialist accommodation needs



Next steps for the year ahead

We are committed to continuing to learn and test our Health Equity Town approach. It is recognised across Luton that the changes we hope to see will not happen overnight, and we are committed as a system to the journey, as part of 2040.

Over the coming years we will use the key measures as our approach to tracking impact, as well as showcasing and tracking smaller projects and programmes that connect and will have impact on these.

We will continue to have an annual event that brings together activity across the health equity system and reviews progress being made against the high level measures and across system projects.

Our priorities for delivery over the coming year are outlined below. These are aligned to the recommendations from the Marmot Town evaluation (pages 23-34). These priorities will help drive improvement within our health equity system and partnership working.

1. Establishing a clear governance and influencing structure for driving Health Equity changes – creating a movement of understanding and common language.
2. Embed the key measures and progress reporting in a meaningful way with system partners and leaders. We will establish our monitoring framework aligning with Luton 2040 and supporting the tracking of workforce development by embedding a shared culture that promotes health equity across all sectors.
3. Build on the sub-groups and develop a workplan linked to practically delivering on the recommendations with system partners as leaders. This includes, health equity system partners understanding their own levers of influence and decision making. We will encourage resource allocation where possible and appropriate to do so.
4. Embed a systematic approach to Theory of Change, using logic models and quality improvement (QI) approach. This includes building on and clarifying the recommendations, where less action has been taken to date in order to develop clear actions for change.

Communicating our approach

1. Establish strong communications on health equity and make it clear where activities / projects fit into 8 principle areas.
2. Develop and establish a 'toolkit' to support how the health equity system interacts and operates with partners, i.e. an agreed way of working
3. Continue to build on the Frameworks and Health Foundation masterclasses on communicating the building blocks of health, so leaders and champions across the system are using the same language and influencing change. For example, embedding health equity within workforce development across the system to include supporting improving skills for business case development on tackling health inequalities.
4. Continue to deliver the health equity newsletter, collect and show case studies where new ways of working have been established. We want to ensure we learn from good practice amongst our partners and share our learning and experiences widely within Luton and nationally.
5. Continue to hold an annual event to share success, present progress and challenge the system to do more – showcasing activity and progress across the priority areas.
6. We will monitor our impact and effectiveness on creating a health equity movement.

Priority based actions

1. Deliver the actions across each working group as laid out as above, translating the 8 principles into a shared practical and clear workplan with clear roles for health equity system partners, in order to have greater impact.
2. Building on the Marmot Town evaluation recommendations, we will develop a coherent workplan on the seventh Marmot principle tackling discrimination and structural racism.