

Luton's Population Wellbeing Strategy: One year on review



1. Background

The Luton population wellbeing strategy is our statutory Joint Health and Wellbeing strategy, it is a partnership strategy and is a key delivery vehicle for our 2040 ambition. It was published in spring 2023 and the governance is through the Health and Wellbeing Board and delivery through the three sub-groups of this – the Children’s Trust Board, the Health Equity Town Partnership, and the At Place Board. The Community Safety Partnership Executive and Fairness Taskforce are also key to successful delivery of the strategy.

The original strategy structure was set out in the lifecourse:

- **starting well** – all needed for children and young people to have the best start in life, with health and wellbeing at the heart, a good education leading to good aspirations and health and care delivery to support needs;
- **living well** – a healthy community, strong focus on ill-health prevention through the right environment and services to support this, health equity built in across the system through housing, work, and the built environment;
- **aging well** – a strong health and care service for when needed, including good management and early detection of long term conditions including cancer, access to health and care services and prevention of admissions where possible, networked community services, and good management of complex care and frailty to meet the needs of the population.

The aim of this one-year review is to look at what we have achieved over the last year, and refocus our priorities for the coming year to ensure we continue to deliver against the strategy and priorities within the community.

This refresh still looks at the strategy through the life course lens but also looks to move to looking at it through the lens of the target outcomes as part of our town wide ambition that no one should live in poverty by 2040.



2. What does the strategy say?

Using findings from the Joint Strategic needs assessment, the strategy laid out the key priorities and vision for addressing these across the life course.

2.1 Start well – what the data shows and our vision to tackle this



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



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.



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.



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 the picture is worsening.



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.



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



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



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



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.



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 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 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.



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.



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



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 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.

2.2 Live Well – what the data shows and our vision to tackle this



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.

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.



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.



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.



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 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.



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.



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.



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.



Luton also has a challenge in relation to tuberculosis, rates are worse in comparison to England, the region and to our nearest neighbours.



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.



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.



Obesity, along with the low rates of adult physical activity, high levels of smoking and alcohol-related hospital admissions places a high demand on health and 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.

2.3 Age Well – what the data shows and our vision to tackle this



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%.



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.



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.



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.



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.



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 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.



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.



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.



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.



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.



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.

3. Key areas of work and focus

The strategy lays out key overarching principles that form the core of how we want to work to develop the activity and system. These have not changed and are still overarching core principles.

The key workstreams were also mapped out looking at key enablers and topic-based work programmes. These also have not changed as areas of work, but the focus of some of these may have changed over the last year as work has developed, as well as some of the way we want to structure our vision against these utilising the boards and partnerships in the best way.

Our overarching vision and priorities

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



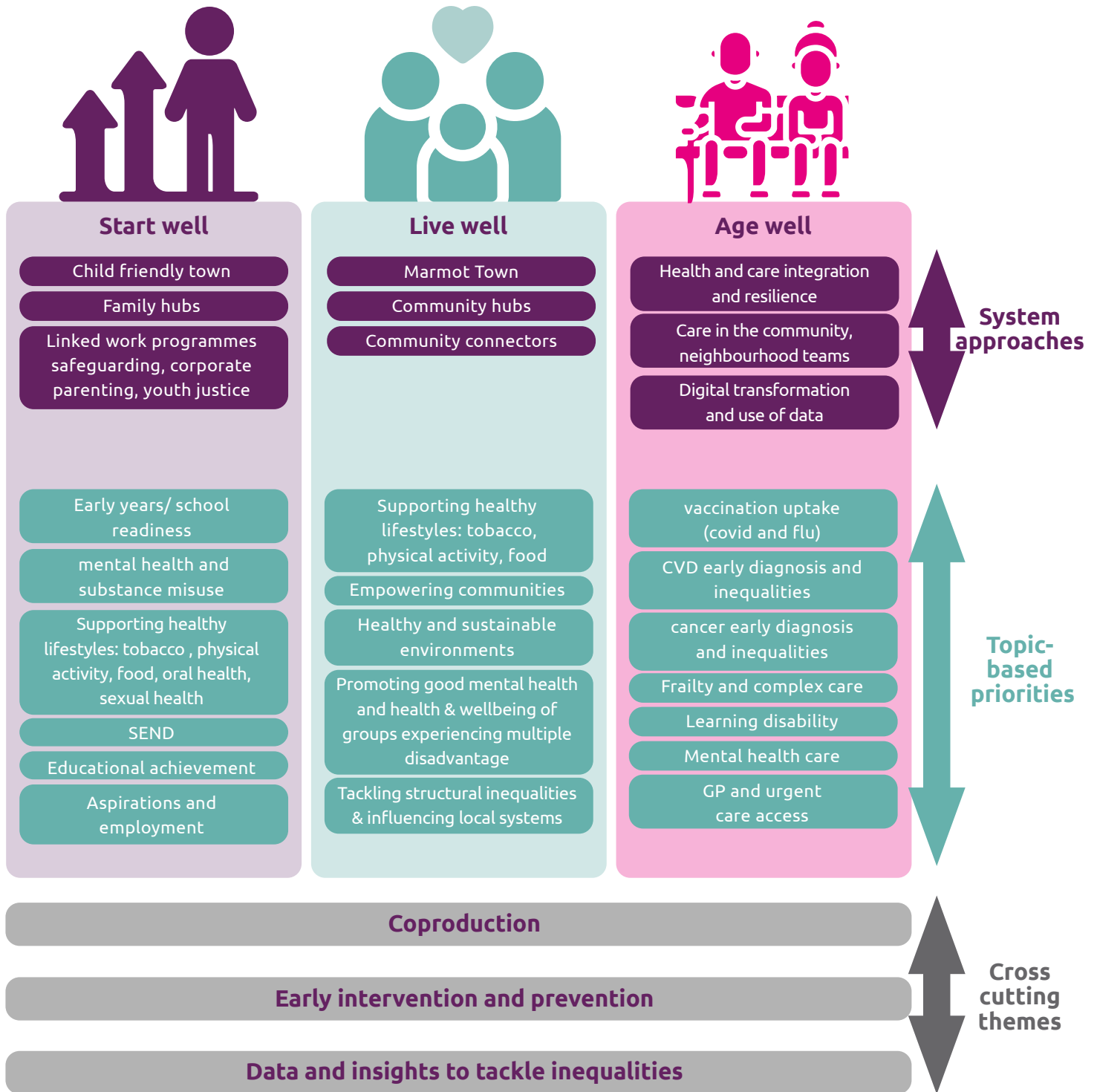
Prioritising prevention to ensure we are working upstream as a system



Working with and listening to the community to develop solutions together.



Luton's population wellbeing strategy



4. Performance measures

Over the last year we have agreed an approach to measuring delivery against the strategy, and how this relates to the overarching 2040 vision and delivery, as well as across the three delivery boards for the strategy.

The outline framework for performance measures is laid out overleaf.



Marmot Principles

Boards

Overarching Marmot and Population Wellbeing Indicators
Life expectancy, Male, Female
Healthy life expectancy, Male, Female

Principle 1 - Giving every child the best start in life



Children's Trust Board

Percentage children achieving a good level of development at 2-2.5 years

Percentage children achieving a good level of development at the end of Early Years

Infant mortality rate (deaths under 1 year)

Percentage of 5 year olds with experience of visually obvious dental decay

Principle 2 - Enabling children, young people and adults to maximise capabilities and have control over their lives through education and life-long learning



Average Progress 8 score

Average Attainment 8 score

Proportion of Luton children attending good or outstanding schools

Proportion of care leavers (aged 18-24) who are NEET

Hospital admissions for self-harm for young people aged 10-24

Proportion of children that are overweight or obese (At year 6)

Child Poverty (after housing costs)

Child Mortality, SATOD, Low birth weight, DTAP/ IPV/ Hib, MMR, U-18 conception rate, young persons mental health, young persons substance misuse, Number of children missing from education, Children missing from placement, Permanent exclusions from school, Total school absence, Persistent absenteeism from school, Pupils who go on to achieve a level 2 qualification at 19, Proportion of care leavers who are in education, employment or training (EET), SEND, Speech and language development, Number of children missing from home

Principle 3 - Creating fair employment and good work for all



Health Equity Partnership Delivery Board

Minimum Income Standard (Luton adapted model)

Unemployment claimant count

% residents in higher level occupations

% Luton based jobs paying the real living wage

Principle 4 - Ensuring a healthy standard of living for all



Percentage of children in workless households

Percentage of households in fuel poverty

Principle 5 - Create and develop healthy, sustainable places and communities



Households in temporary accommodation (per 1000 households)

Activity levels (active, fairly active, inactive), Happiness score, Life satisfaction score, Life worthwhile score, Anxiety score, Social isolation, Total funding/ equity for the VCS in Luton, Proportion of residents that have been involved in voluntary activity in the past 12 months (perceptions survey), Perception Survey: To what extent do you agree you have the opportunity to influence decisions affecting your neighbourhood?, Resident Satisfaction with Luton as a whole (perception survey), Cancer Screening: Breast Cancer, Cancer Screening: Cervical Cancer, Cancer Screening: Bowel Cancer, % Local Sites under positive conservation management, Percentage of New Dwellings as a proportion of housing stock, Percentage of LA homes with affordable rent, Number of rough sleepers, Rough Sleeping Snapshot Autumn 2022 report, Number of residents/households in crisis & debt, Percentage employees who are from BAME

Principle 7 - Tackling discrimination, exclusion, racism and their outcomes



background and band/level, % of local spend from large employers and anchor institutions, Overall social value generated by large employers and anchor institutions

Principle 8 - Pursuing environmental sustainability and health equity together



Cycling/ Walking for travel (3-5 times a week)

Air Quality Annual Status Report (ASR)

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



Smoking prevalence

Adult Obesity Rate

Percentage of loneliness in the population

Under 75 mortality rate from cardiovascular disease considered preventable

Luton at Place Board

Percentage of loneliness in the population

Under 75 mortality rate from cardiovascular disease considered preventable

Happiness score, Life satisfaction score, Life worthwhile score, Anxiety score, Social isolation (Over 18s social care users saying they have as much social contact as they would like), Cancer Screening: Breast Cancer, Cancer Screening: Cervical Cancer, Cancer Screening: Bowel Cancer, Adults with a learning disability, New Requests for Support per 100,000 Adults by LA 2021-22 Age 65 and over, Emergency hospital admissions due to falls in people aged 65 and over, Hip fractures in people aged 65 and over, Estimated dementia diagnosis rate (aged 65 and over), Winter mortality in England and Wales, Under 75 mortality rate from respiratory disease considered preventable, Percentage of deaths in usual place of residence, Percentage of deaths in hospital background and band/level, % of local spend from large employers and anchor institutions, Overall social value generated by large employers and anchor institutions

Overarching

			2021/22										2022/23							
			JSNA 2021/22 (Baseline Measure)				JSNA 2021/22						JSNA 2022/23 (Baseline Measure)				JSNA 2022/23 (Description)			
			Date of measure	Luton	England	Region	NN	Comparison to national	Comparison to region	Comparison to Nearest Neighbour	Trend	Date of measure	Luton	England	Region	NN	Comparison to England	Comparison to Region	Comparison to NN	Trend
Measure description			Source																	
Overarching	Life expectancy, Male (Years)	Office for National Statistics (ONS), taken from OHID Fingertips tool	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), taken from OHID Fingertips tool	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), taken from OHID Fingertips tool	2017-19	57.4	63.2	64.2	Rank 16th of 16	R	R	R	Significantly 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), taken from OHID Fingertips tool	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

Our overarching performance reporting is outlined on the following pages. Further reporting for the health protection (infectious diseases) indicators and community safety are underway. Each workstream within the boards will also have measures to show progress and impact. Those indicators that are in bold type across each board are also our Marmot Town overarching measures.

Children's Trust Board

		2021/22										2022/23							
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
Child Poverty (after housing costs)	Department for Work and Pensions, HMRC, End Child Poverty	N/a	N/a	N/a	N/a	N/a	N/a	N/a	N/a	N/a	2022	39.10%	30.80%	23.60%	Rank 9th of 16	R	R	A	Comparable
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 children achieving a good level of development at 2-2.5 years	OHID using interim reporting of health visiting metrics, taken from OHID Fingertips tool	N/a	N/a	N/a	N/a	N/a	N/a	N/a	N/a	N/a	2021/22	85.40%	81.10%	85.40%	Rank 1st of 5	G	A	G	Comparable
Infant mortality rate (deaths under 1 year rate per 1000 live births)	Office for National Statistics (ONS), taken from OHID Fingertips 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
Child Mortality (per 100,000 population)	Office for National Statistics (ONS), OHID Fingertips tool	2018-20	16.9	10.3	10	Rank 4th of 5	R	R	A	Comparable	2018-20	16.9	10.3	16.9	Rank 5th of 6	R	R	A	Comparable
Smoking at Time of Delivery (SATOD)	Calculated by OHID from the NHS Digital return on Smoking Status at Time of delivery (SATOD), OHID Fingertips tool	2020-21	9.30%	9.60%	9%	Rank 2nd of 5	A	A	A	Comparable	2021-22	7%	9.10%	8.50%	Rank 3rd of 6	G	G	A	Comparable
Low birth weight of term babies (% all full term live births)	Office for National Statistics (ONS), OHID Fingertips tool	2020	4.70%	2.90%	2.60%	Rank 5th of 5	R	R	R	Comparable	2021	4.10%	2.80%	2.50%	Rank 4th of 6	R	R	A	Comparable
Vaccinations: DTAP/ IPV/ Hib (% 2 year olds)	Cover of Vaccination Evaluated Rapidly (COVER) data collected by Office for Health Improvement and Disparities (OHID).	2020/21	89.40%	93.80%	95.00%	Rank 5th of 5	R	R	R	Comparable	2021/22	88.80%	93.00%	94.20%	Rank 5th of 6	R	R	R	Comparable
Vaccinations: MMR (% 2 year olds)	Cover of Vaccination Evaluated Rapidly (COVER) data collected by Office for Health Improvement and Disparities (OHID).	2020/21	85.70%	90.30%	92.60%	Rank 5th of 5	R	R	A	Significantly improving	2021/22	84.10%	89.20%	91.30%	Rank 4th of 6	R	R	A	Comparable
Percentage of 5 year olds with experience of visually obvious dental decay	Dental Public Health Epidemiology Programme for England: oral health survey of five-year-old children (Biennial publication - latest report 2019)	2018/19	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
U-18 conception rate (per 1,000 females aged 15-17)	Office for National Statistics (ONS), OHID Fingertips tool	2019	15.5	15.7	13.9	Rank 2nd of 5	A	A	A	Comparable	2020	14.4	13	11.8	Rank 2nd of 6	A	A	G	Comparable
Inpatient admission rate for mental health disorder (0-17 years) (per 100,000 population aged 0-17 years)	Hospital Episode Statistics (HES), OHID Fingertips tool	2020/21	68.9	87.5	71.5	Rank 4th of 5	A	A	A	Comparable	2021/22	85.1	99.8	84.2	Rank 5th of 6	A	A	R	N/a
Hospital admissions for self-harm for young people aged 10-24 (rate per 100,000 16-24 year olds)	Hospital Episode Statistics (HES), OHID Fingertips tool	N/a	N/a	N/a	N/a	N/a	N/a	N/a	N/a	N/a	2021/22	352.4	427.3	383.5	Rank 6th of 6	G	A	R	N/a
Hospital admissions due to substance misuse (ages 15 to 24 years) (DSR per 100,000 15-24 year olds)	Hospital Episode Statistics (HES), OHID Fingertips tool	2020-21	126.3	81.2	71.3	Rank 5th of 5	R	R	R	Comparable	2020-21	126.3	81.2	71.3	Rank 6th of 6	R	R	R	Comparable
Proportion of children that are overweight or obese (At year 6)	OHID, using National Child Measurement Programme, NHS Digital	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

Number of children missing from education	Luton Borough Council, Capita	N/a	N/a	N/a	N/a	N/a	N/a	N/a	N/a	N/a	2021/22	180	-	-	-	N/a	N/a	N/a	Comparable
Children missing from placement	Local Authority Information Tool (LAIT)	N/a	N/a	N/a	N/a	N/a	N/a	N/a	N/a	N/a	2023	9.70%	11%	13%	8.90%	G	G	R	Significantly improving
Permanent exclusions from school (% of school population)	Local Authority Information Tool (LAIT)	N/a	N/a	N/a	N/a	N/a	N/a	N/a	N/a	N/a	2020/21	0.06%	0.05%	0.05%	0.05%	A	A	A	Comparable
Total school absence (% half days missed)	Local Authority Information Tool (LAIT)	N/a	N/a	N/a	N/a	N/a	N/a	N/a	N/a	N/a	2022	7.59%	7.55%	7.66%	7.54%	A	G	A	Comparable
Persistent absenteeism from school (% half days missed)	Local Authority Information Tool (LAIT)	N/a	N/a	N/a	N/a	N/a	N/a	N/a	N/a	N/a	2022	24.70%	22.50%	22.70%	23.40%	R	R	A	Comparable
Percentage children achieving a good level of development at the end of Early Years	Department for Education (DfE), EYFS Profile	N/a	N/a	N/a	N/a	N/a	N/a	N/a	N/a	N/a	2021/22	56.60%	65.20%	56.60%	Rank 6th of 6	R	R	R	N/a
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
Pupils who go on to achieve a level 2 qualification at 19	Local Authority Information Tool (LAIT)	N/a	N/a	N/a	N/a	N/a	N/a	N/a	N/a	N/a	2022	81.70%	81.70%	82.80%	80%	A	A	G	Significantly improving
Proportion of care leavers who are in education, employment or training (EET)	Local Authority Information Tool (LAIT)	N/a	N/a	N/a	N/a	N/a	N/a	N/a	N/a	N/a	2023	45%	55%	56%	54%	R	R	R	Comparable
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
Percentage of school pupils with special educational needs (SEN)	Department for Education special educational needs statistics Special Educational Needs in England January 2018, OHID Fingertips tool	2018	15.00%	14.40%	13.70%	Rank 3rd of 5	R	R	A	Comparable	2018	15%	14.40%	13.70%	Rank 4th of 6	R	R	A	Comparable
Percentage of children achieving at least the expected level of development in communication, language and literacy skills at the end of Reception	Department for Education, Early years foundation stage profile results, taken from OHID Fingertips tool	2019/20	69.40%	72.70%	73.30%	Rank 2nd of 5	R	R	A	Comparable	2021/22	57.70%	67.10%	66.70%	Rank 6th of 6	R	R	R	N/a
Number of children missing from home	Luton Borough Council, Liquid Logic	N/a	N/a	N/a	N/a	N/a	N/a	N/a	N/a	N/a	2022/23	197	-	-	-	N/a	N/a	N/a	Comparable

Health Equity Town Partnership

		2021/22										2022/23							
Measure description	Source	Date of measure	JSNA 2021/22 (Baseline Measure)				JSNA 2021/22				Trend	JSNA 2022/23 (Baseline Measure)				JSNA 2022/23 (Description)			
			Luton	England	Region	NN	Comparison to national	Comparison to region	Comparison to Nearest Neighbour	Date of measure		Luton	England	Region	NN	Comparison to England	Comparison to Region	Comparison to NN	Trend
Minimum Income Standard (Luton adapted model - destitution)	Modelled by Business Intelligence, Luton Borough Council	N/a	N/a	N/a	N/a	N/a	N/a	N/a	N/a	N/a	2023	10.5% households	-	-	-	N/a	N/a	N/a	N/a
Unemployment claimant count(% working age residents)	Office for National Statistics	N/a	N/a	N/a	N/a	N/a	N/a	N/a	N/a	N/a	2023	5.70%	3.90%	3.00%	Rank 7th of 16	R	R	A	Significantly improving
% of residents in higher-level occupations (Level 4, Level 2 and No Formal Qualifications)	Labour Force Survey, Office for National Statistics	N/a	N/a	N/a	N/a	N/a	N/a	N/a	N/a	N/a	2022	35.60%	51.00%	50.60%	Rank 16th of 16	R	R	R	N/a
% of employees below the living wage	Business Intelligence, Luton Borough Council	N/a	N/a	N/a	N/a	N/a	N/a	N/a	N/a	N/a	2022	30.00%	-	26%	38% (Leicester)	N/a	R	G	Significantly worse
Cycling / walking for travel (3-5 times / week)	Department for Transport (based on the Active Lives Adult Survey, Sport England)	N/a	N/a	N/a	N/a	N/a	N/a	N/a	N/a	N/a	2021/22	58.90%	71.20%	71.90%	Rank 13th of 16	R	R	R	Significantly worse
Smoking prevalence(% adults 18+)	Annual Population Survey (APS), taken from OHID Fingertips tool	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
Activity levels (active, fairly active, inactive) (% adults 19+)	Sport England Active Lives Adult Survey, taken from OHID Fingertips tool	2019/20	57.70%	66.40%	67.30%	Rank 11th of 16	R	R	A	Comparable	2020/21	56.80%	65.90%	65.70%	Rank 15th of 16	R	R	R	Comparable
Adult obesity rate(% adults 18+)	Sport England Active Lives Survey, taken from OHID Fingertips tool	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
Life satisfaction score (% survey respondents)	Annual Population Survey (APS); Office for National Statistics (ONS), taken from OHID Fingertips tool	2020-21	9.30%	6.10%	5.30%	Rank 6th of 8	R	R	A	Significantly worse	2021/22	3.40%	5.00%	4.90%	Rank 1st of 16	A	A	G	Comparable

Life worthwhile score (% survey respondents)	Annual Population Survey (APS); Office for National Statistics (ONS), taken from OHID Fingertips tool	N/a	N/a	N/a	N/a	N/a	N/a	N/a	N/a	N/a	2021/22	3.20%	4.00%	3.20%	Rank 2nd of 16	A	A	G	N/a
Happiness score (% survey respondents)	Annual Population Survey (APS); Office for National Statistics (ONS), taken from OHID Fingertips tool	N/a	N/a	N/a	N/a	N/a	N/a	N/a	N/a	N/a	2021/22	8.30%	8.40%	7.90%	Rank 6th of 16	A	A	A	Comparable
Anxiety score (% survey respondents)	Annual Population Survey (APS); Office for National Statistics (ONS), taken from OHID Fingertips tool	2020/21	21.10%	24.20%	23.00%	Rank 1st of 16	A	A	G	Comparable	2021/22	17.50%	22.60%	21.60%	Rank 2nd of 16	G	A	G	Comparable
Social isolation (Over 18s social care users saying they have as much social contact as they would like) (%)	Adult Social Care Outcomes Framework (ASCOF) based on the Personal Social Services Adult Social Care Survey, NHS Digital, taken from OHID Fingertips tool	2019/20	39.90%	43.40%	45.20%	Rank 12th of 16	A	A	A	Worsening	2021/22	35.60%	40.60%	39.60%	Rank 14th of 16	R	A	R	Worsening
Percentage of loneliness in population (often/ always, some of the time, occasionally, hardly ever, never)	Sport England Active Lives Adult Survey, taken from OHID Fingertips tool	N/a	N/a	N/a	N/a	N/a	N/a	N/a	N/a	N/a	2019/20	27.20%	22.30%	21.00%	Rank 14th of 16	R	R	R	N/a
Proportion of residents that have been involved in voluntary activity in the past 12 months (perceptions survey)	Luton Borough Council, Perception Survey	N/a	N/a	N/a	N/a	N/a	N/a	N/a	N/a	N/a	2022	34%	-	-	-	N/a	N/a	N/a	Comparable
Perception Survey: To what extent do you agree you have the opportunity to influence decisions affecting your neighbourhood? (disagree)	Luton Borough Council, Perception Survey	N/a	N/a	N/a	N/a	N/a	N/a	N/a	N/a	N/a	2022	52%	-	-	-	N/a	N/a	N/a	Comparable
Resident Satisfaction with Luton as a whole (perception survey)	Luton Borough Council, Perception Survey	N/a	N/a	N/a	N/a	N/a	N/a	N/a	N/a	N/a	2022	73%	-	-	-	N/a	N/a	N/a	Comparable

Cancer Screening: Breast Cancer (% eligible women)	NHS Digital (Open Exeter) / Office for Health Improvement and Disparities Service, taken from OHID Fingertips tool	2021	68.60%	64.10%	67.30%	Rank 2nd of 16	G	G	G	Significantly worse	2022	56.30%	65.20%	67.00%	Rank 14th of 16	R	R	R	Significantly worse
Cancer Screening: Cervical Cancer (% adequate screen)	NHS Digital (Open Exeter) / Office for Health Improvement and Disparities Service, taken from OHID Fingertips tool	2021	71.20%	74.70%	75.80%	Rank 12th of 16	R	A	R	Significantly worse	2022	70.40%	74.60%	76.10%	Rank 13th of 16	R	R	R	Significantly worse
Cancer Screening: Bowel Cancer (% eligible people with adequate screening result)	NHS Digital (National Health Application and Infrastructure Services - NHAIS) / Office for Health Improvement and Disparities, taken from OHID Fingertips tool	2021	56.60%	65%	66.90%	Rank 12th of 16	R	R	A	Significantly improving	2022	61.00%	70.30%	72.00%	Rank 14th of 16	R	R	R	Significantly improving
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
% Local Sites under positive conservation management	DEFRA	N/a	N/a	N/a	N/a	N/a	N/a	N/a	N/a	N/a	2021/22	67% sites	-	-	-	G	N/a	A	Significantly improving
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
Percentage of New Dwellings as a proportion of housing stock	Department for Levelling Up, Housing and Communities, via LG Inform Plus	N/a	N/a	N/a	N/a	N/a	N/a	N/a	N/a	N/a	2021	0.3	0.6	0.7	Rank 13th of 16	A	A	R	Comparable
Percentage of LA homes with affordable rent	Department for Levelling Up, Housing and Communities, via LG Inform Plus	N/a	N/a	N/a	N/a	N/a	N/a	N/a	N/a	N/a	2020-21	2.10%	1.90%	2.30%	Rank 5th of 16	A	A	A	Improving
Households in temporary accommodation (per 1000 households)	Department for Levelling Up, Housing and Communities (2023)	N/a	N/a	N/a	N/a	N/a	N/a	N/a	N/a	N/a	2022/23	13.9	4.1	2.2	Rank 16th of 16	R	R	R	Comparable
Number of rough sleepers	Annual rough sleeping snapshot in England: Autumn 2022, Department for Levelling Up, Housing and Communities; Luton Verified Rough Sleeping Log	N/a	N/a	N/a	N/a	N/a	N/a	N/a	N/a	N/a	2022	11	-	-	-	N/a	N/a	N/a	Significantly improving

Rough Sleeping Snapshot Autumn 2022 report	Annual rough sleeping snapshot in England: Autumn 2022, Department for Levelling Up, Housing and Communities; Luton Verified Rough Sleeping Log	N/a	N/a	N/a	N/a	N/a	N/a	N/a	N/a	N/a	2022	11	-	-	Rank 7th of 16	N/a	N/a	N/a	Comparable
Number of residents/ households in crisis & debt	Luton Borough Council, LIFT data	N/a	N/a	N/a	N/a	N/a	N/a	N/a	N/a	N/a	2022/23	65 households	-	-	-	N/a	N/a	N/a	Comparable
Percentage employees who are from BAME background and band/ level.*** (move to employment section?)	Luton Borough Council	N/a	N/a	N/a	N/a	N/a	N/a	N/a	N/a	N/a	2021	30.6% council staff	-	-	-	N/a	N/a	N/a	Comparable
% of local spend from large employers and anchor institutions (% of council procurement spend in local area)	Procurement 2022/23 Proximity Report – Luton Council	N/a	N/a	N/a	N/a	N/a	N/a	N/a	N/a	N/a	2022/23	39.30%	-	-	-	N/a	N/a	N/a	N/a

Luton At Place Board

		2021/22									2022/23								
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
Life satisfaction score (% survey respondents)	Annual Population Survey (APS); Office for National Statistics (ONS), taken from OHID Fingertips tool	2020-21	9.30%	6.10%	5.30%	Rank 6th of 8	R	R	A	Significantly worse	2021/22	3.40%	5.00%	4.90%	Rank 1st of 16	A	A	G	Comparable
Life worthwhile score (% survey respondents)	Annual Population Survey (APS); Office for National Statistics (ONS), taken from OHID Fingertips tool	N/a	N/a	N/a	N/a	N/a	N/a	N/a	N/a	N/a	2021/22	3.20%	4.00%	3.20%	Rank 2nd of 16	A	A	G	N/a
Happiness score (% survey respondents)	Annual Population Survey (APS); Office for National Statistics (ONS), taken from OHID Fingertips tool	N/a	N/a	N/a	N/a	N/a	N/a	N/a	N/a	N/a	2021/22	8.30%	8.40%	7.90%	Rank 6th of 16	A	A	A	Comparable
Anxiety score (% survey respondents)	Annual Population Survey (APS); Office for National Statistics (ONS), taken from OHID Fingertips tool	2020/21	21.10%	24.20%	23.00%	Rank 1st of 16	A	A	G	Comparable	2021/22	17.50%	22.60%	21.60%	Rank 2nd of 16	G	A	G	Comparable
Percentage of working-age learning disabled clients living in their own home	NHS Digital. Measures from the Adult and Social Care Outcomes Framework, table 1G, taken from OHID Fingertips tool	2020/21	77.00%	78.30%	72.40%	Rank 15th of 16	A	A	R	Comparable	2021/22	76.50%	78.80%	73.30%	Rank 14th of 16	A	A	R	Comparable
Social isolation (Over 18s social care users saying they have as much social contact as they would like) (%)	Adult Social Care Outcomes Framework (ASCOF) based on the Personal Social Services Adult Social Care Survey, NHS Digital, taken from OHID Fingertips tool	2019/20	39.90%	43.40%	45.20%	Rank 12th of 16	A	A	A	Worsening	2021/22	35.60%	40.60%	39.60%	Rank 14th of 16	R	A	R	Worsening
Percentage of loneliness in population (often/always, some of the time, occasionally, hardly ever, never)	Sport England Active Lives Adult Survey, taken from OHID Fingertips tool	N/a	N/a	N/a	N/a	N/a	N/a	N/a	N/a	N/a	2019/20	27.20%	22.30%	21.00%	Rank 14th of 16	R	R	R	N/a
Cancer Screening: Breast Cancer (% eligible women)	NHS Digital (Open Exeter) / Office for Health Improvement and Disparities Service, taken from OHID Fingertips tool	2021	68.60%	64.10%	67.30%	Rank 2nd of 16	G	G	G	Significantly worse	2022	56.30%	65.20%	67.00%	Rank 14th of 16	R	R	R	Significantly worse
Cancer Screening: Cervical Cancer (% adequate screen)	NHS Digital (Open Exeter) / Office for Health Improvement and Disparities Service, taken from OHID Fingertips tool	2021	71.20%	74.70%	75.80%	Rank 12th of 16	R	A	R	Significantly worse	2022	70.40%	74.60%	76.10%	Rank 13th of 16	R	R	R	Significantly worse

Cancer Screening: Bowel Cancer (% eligible people with adequate screening result)	NHS Digital (National Health Application and Infrastructure Services - NHAIS) / Office for Health Improvement and Disparities, taken from OHID Fingertips tool	2021	56.60%	65%	66.90%	Rank 12th of 16	R	R	A	Significantly improving	2022	61.00%	70.30%	72.00%	Rank 14th of 16	R	R	R	Significantly improving
New Requests for Support per 100,000 Adults by LA 2021-22 Age 65 and over	NHS Digital Adult Social Care Analytical Hub	2020-21	9300	12815	12280	Rank 2nd of 16	N/a	N/a	N/a	Comparison unavailable	2021/22	6,660	13,065	10,740	Rank 15th of 16	N/a	N/a	N/a	N/a
Emergency hospital admissions due to falls in people aged 65 and over (standardised rate)	Hospital Episode Statistics (HES), OHID Fingertips tool	2020-21	2143	2023	1946	Rank 12th of 16	A	R	A	Comparable	2021/22	2316.2	2099.9	1959.2	Rank 13th of 16	R	R	R	N/a
Hip fractures in people aged 65 and over	Hospital Episode Statistics (HES), OHID Fingertips tool	2019-20	484.9	571.6	556.1	Rank 1st of 16	A	A	G	Comparable	2021/22	559.9	551.2	523.2	Rank 7th of 16	A	A	A	N/a
Estimated dementia diagnosis rate (aged 65 and over) (%)	NHS digital	2021	70.20%	61.60%	-	Rank 6th of 16	G	Comparison unavailable	A	Comparable	2022	69.70%	62%	-	Rank 12th of 16	A	G	A	N/a
Winter mortality in England and Wales (Winter Mortality Index - WMI)	Office for National Statistics: Annual Births and Mortality Extracts, taken from OHID Fingertips tool	N/a	N/a	N/a	N/a	N/a	N/a	N/a	N/a	N/a	2021	62.4	36.2	49.2	Rank 15th of 16	R	A	R	Significantly worse
Under 75 mortality rate from cardiovascular diseases considered preventable (DSR per 100,000)	Office for Health Improvement and Disparities (based on ONS source data) taken from OHID Fingertips tool	2020	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
Under 75 mortality rate from respiratory disease considered preventable (DSR per 100,000)	Office for Health Improvement and Disparities (based on ONS source data) taken from OHID Fingertips tool	2020	15.9	17.1	13.5	Rank 2nd of 16	A	A	G	Comparable	2021	17.8	15.6	12.1	Rank 13th of 16	A	A	G	N/a
Percentage of deaths in usual place of residence	Office for National Statistics Mortality File, taken from OHID Fingertips tool, Palliative and End of Life Care Profile	N/a	N/a	N/a	N/a	N/a	N/a	N/a	N/a	N/a	2021	30.70%	28.70%	28.10%	Rank 11th of 16	A	G	A	Improving
Percentage of deaths in hospital	Office for National Statistics Mortality File, taken from OHID Fingertips tool, Palliative and End of Life Care Profile	N/a	N/a	N/a	N/a	N/a	N/a	N/a	N/a	N/a	2021	51.00%	44.00%	44.30%	Rank 15th of 16	R	R	R	Comparable

4.1 Further analysis and understanding of the picture in Luton since strategy publication

Since the publication of the strategy there have been some key areas of change which will lead to increased focused work needed over the coming year and beyond. The below outlines some of these key areas. Further deep dives will be completed on these in the coming year.

4.1.1 Destitution

In their 'Destitution in the UK' report from October 2023, The Joseph Rowntree Foundation (JRF) explore the factors causing destitution, identify the characteristics of those facing the most severe hardship and proceed to make recommendations to help those requiring most support. JRF have specific definitions and methodologies to measure destitution, but broadly define this as being the most severe form of material hardship with no or very low incomes, and / or where access is lacked to at least two of the following six items that are required to meet the most basic physical needs to stay warm, dry, clean and fed (shelter, food, heating, lighting, clothing and footwear).

Since their previous report in 2020, JRF estimate a national increase of an approximately 64% between 2019 and 2022 and note the broadening effects of destitution and how it is affecting a wider range of people. Their modelled local authority estimates show that Luton has worsened significantly from ranked 61st for destitution in 2019 to tenth in 2022 – and looks to have seen at least a doubling in its destitution rate. The causes of destitution are long and complex – but many of the key associated characteristics are more prominent in Luton than nationally and include (amongst others) single person households, households with high numbers of children, migrants (born outside the UK), those in ill health or with a disability, lone parents and private renters. Separate modelling of destitution by Luton Council similarly suggests that the rate of destitution has doubled between 2019 and 2023 and those areas with the highest rates were most notable around the immediate town centre (lots of single person and shared housing, private renters, low incomes, migrants), and across parts of Dallow, Beech Hill and Biscot (multi-generational households with high numbers of children, densely populated, high levels of migrants).

4.1.2 Asylum seekers

The asylum and refugee landscape across Luton is both complex and challenging, with a collective recognition of various pressures, impacts and risks for system partners, local people and the asylum seekers themselves.

When considered against the regional and national picture, Luton has a disproportionate volume of refugee asylum seekers based within the town:

a. Luton has 6.53% of the total refugee asylum seeker population of the East of England compared with 3.4% of the overall population, a proportion that is twice that of Bedford and Central Beds.

b. When considering Supported Asylum (i.e. removing Afghan and Ukraine schemes) and the accommodation categories with considerably greater impact and risk (i.e. Initial Accommodation, Dispersal Accommodation, Contingency Accommodation), Luton now hosts nearly one sixth of the total East of England asylum population (15.36%).

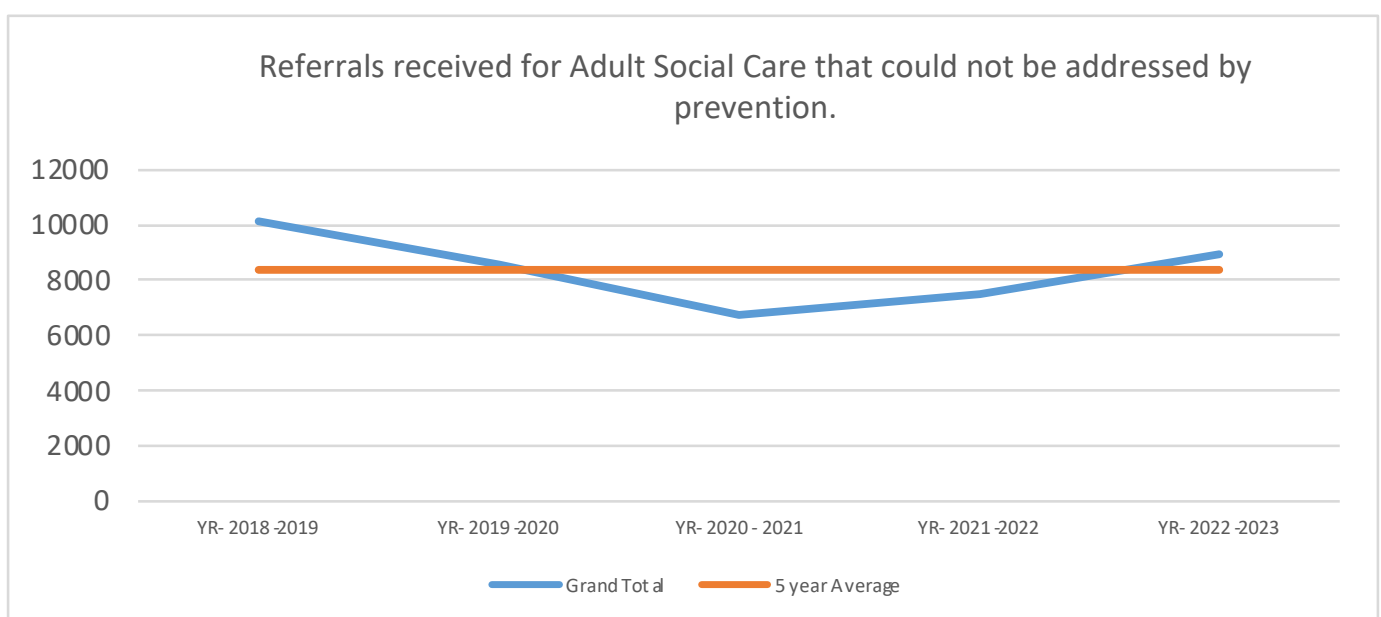
c. For contingency accommodation specifically (e.g. hotels), Luton is the 12th highest LA in the country in terms of population volume.

The risk and issue picture has implications across the population in Luton for services and and community needs including:

- Increased safeguarding incidents and risks at accommodation sites.
- Community safety concerns in terms of criminal incidents including serious violence.
- Significant health and safety issues at accommodation sites.
- Burdens and risk of increased numbers of Separated Migrant Children requiring assessment and support.
- Wider community tension and cohesion issues with threatened exploitation by extreme right-wing groups.
- Additional pressure on services including primary care, education, social care and housing.

4.1.3 adult social care

The demand on adult social care has increased dramatically since 2020-2021. A considerable amount of adult social care demand is managed by preventing or delaying access to formal care; for example by supporting people to access universal community services and providing advice and information. Nevertheless we have seen a 33% increase in the number referrals from 2020-2021 to 2022-2023, and this continues to rise.



Luton's 18+ population is projected to increase in the coming years, and this is particularly so for those over 65 and over 90 years old, which coupled with poor health and poverty will have a significant impact the number of people we support. In 2023-24 we have seen a 16% increase in people supported by Adults Social Care. Support services like Home Care, Supported living and Residential and Nursing placements will continue to increase in line with Luton growing population.

High Cost Residential and Nursing packages declined between 2019-2020 to 2022-2023, largely driven by the impact of COVID on older people and the reluctance to enter care homes during this time. However the current position as at December 2023 shows an increase in the number of people who have entered Long term Residential and Nursing Placements in 2023-24.

Demand for Learning Disability services has also been increase since 2020-2021, we have seen an increase in the number of learning disability service users aged 18-64 accessing long term services increase from 479 in 2020-2021 to 507 in December 2023, with a further 270 potential further transitions from children's service by 2026.

There is a continuing an upwards trend in the number of users with a primary support reason of mental health, from a total of 180 in 2018-2019 to 244 at the end of 2022-2023.

4.1.4 housing needs

The housing needs of people/households across the Town has reached challenging levels. The Housing Register has passed 11,000 and provides a significant barrier for Luton residents accessing affordable housing in the Town, in that it is just an overwhelming number of households to keep updated on the quickly moving housing situation and also to manage expectations of their housing prospects. This means that general enquiries about housing prospects usually ends up as a complaint or intervention from a Councillor or MP.

The private rented sector is 29% of all dwellings in the Town and is responsible for 32% of homeless households approaching us for assistance. The private rented sector has significant challenges around standards and part of the approach to deal with this is to introduce licensing schemes in the Town, which are due to go live soon but is pending potential judicial review from a collection of landlords.

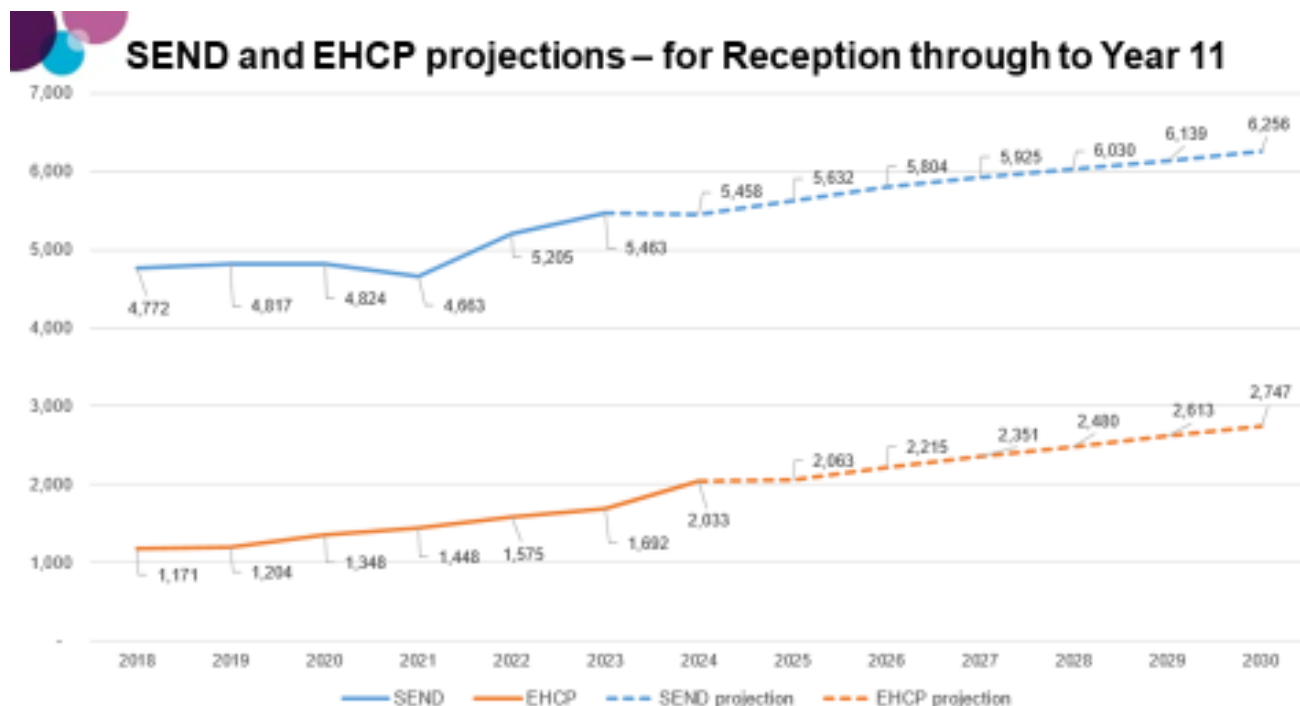
To the end of December 2023, on average, 463 households are approaching us as homeless each month. This very high number has changed the landscape of demand in the borough, where there are currently 1,046 homeless households in all forms of temporary accommodation. When considering that the average number of children in a household is two, there are many children of school-age living in transient housing conditions. Up to December 2023, 387 households were housed into council and housing association accommodation, but as can be seen, this is not significant enough to seriously intervene in the market.

Once in social housing the picture becomes more encouraging. Overall tenant satisfaction among council tenants is 75%. This is good news because more attention is being paid to the Housing Sector from the Regulator for Social Housing. The Council is a large landlord with 7,700 council homes and satisfaction measures of people feeling safe in their homes (78%) and feeling that their homes are well maintained at 76% is encouraging for Luton. Notwithstanding this, there is a significant demand for residents to obtain council housing, which isn't realistic but the continued sale of council homes (80 council homes have been sold this year so far) and the service not keeping track through its house building programme, the lack of affordable housing is a significant obstacle for maintaining the health and wellbeing of the Luton population as a whole.

4.1.5 looked after children and SEND

Over the past 12 months, we have seen a gradual reduction in the number of children and young people looked after, in Dec 2022 we had 411 CYP receiving support by the end of Dec 2023 this had reduced to 390. This equates to a rate per 10,000 population of 66.4, below the England average rate of 70.

Our current Separated Migrant Children population of 50 children is currently below our quota of 58 children and has reduced from March 2023 when we were supporting 77. While we have seen the number of Separated Migrant Children was reduced to 50, this is due



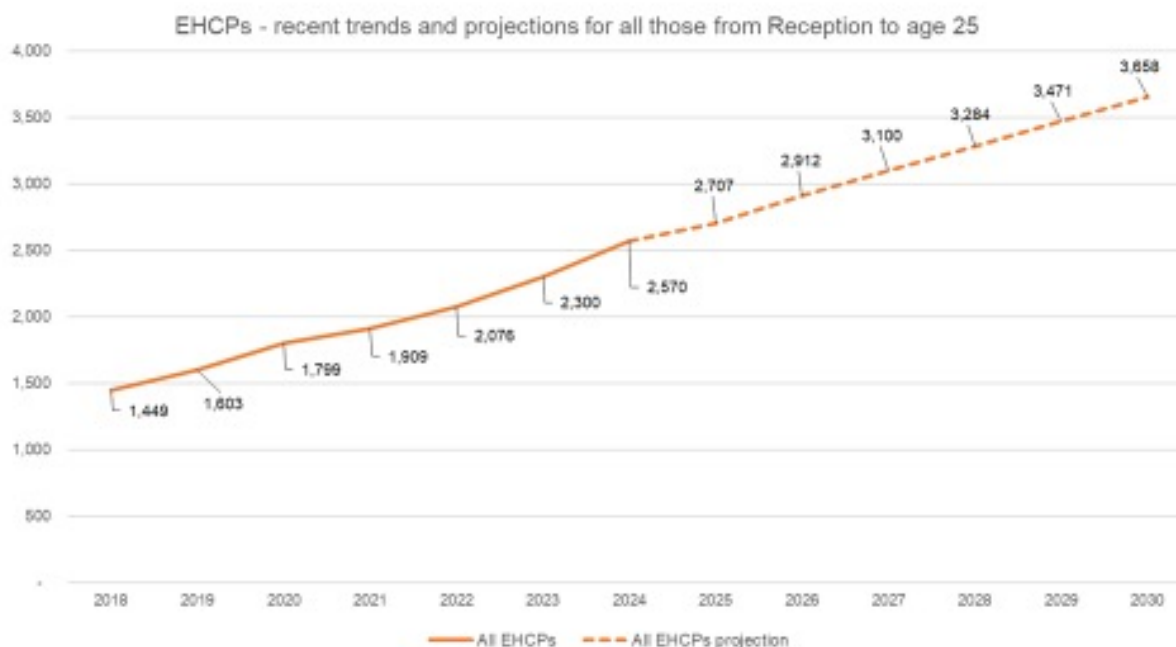
- Projection is based upon the 'trend' function in Excel – so using the recent trends in the actual figures for both SEND and EHCP and forecasting these rates forward against the latest data on pupil projections.
- Note that the figures relate to January of each year – apart from 2023 (which uses Nov 2022) and 2024 (Dec 2023).
- Fairly stable increases for EHCPs from 2018 to 2023, but surge noted between 2023 and 2024 figures.

to transfers to Care Leavers team (post 18 team), which is now seeing a significant rise in numbers and demand. We are now starting to see an increase in referrals.

SEND: EHCP and SEN Support Projections



EHCP forecasts – Reception age to 25 year olds



- Combines two above charts on EHCPs

www.luton.gov.uk

Luton

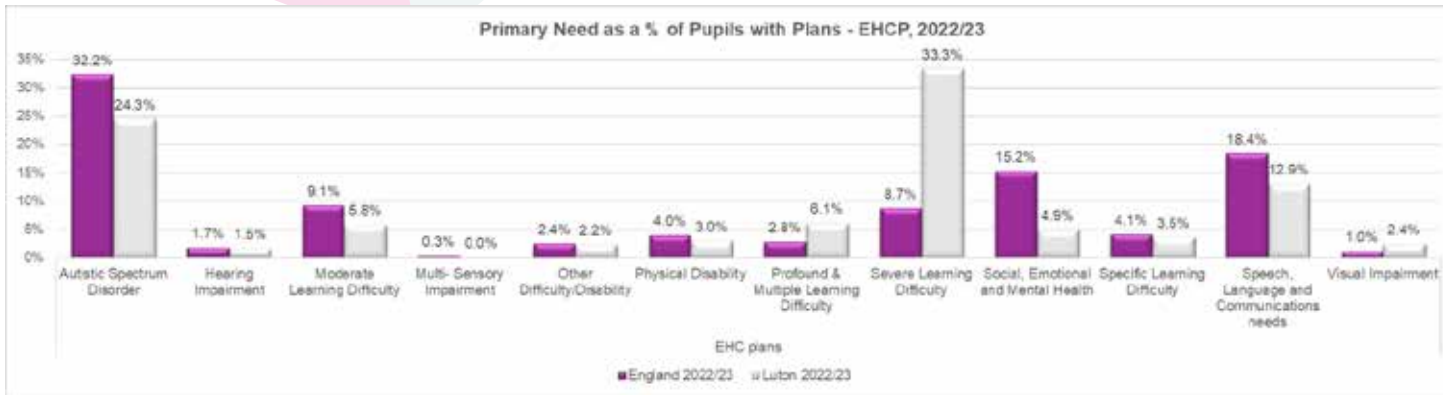
Projections show a predicted increase over time for both EHCP and SEN Support.

Luton’s Special Schools are at capacity. There are Children and Young People waiting to move into spaces in the special schools as they are created. The Council is working on options to further increase specialist SEN capacity.

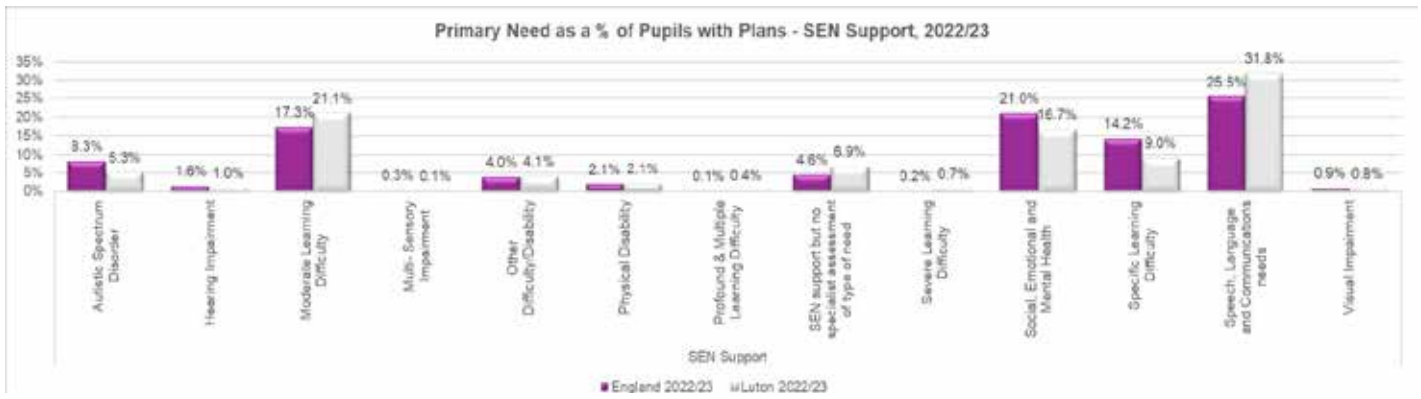
Phase	Places	Student	No Surplus Places	% Surplus places
Primary	475	470	5	1.1%
Secondary	360	363	-3	-0.8%
Total	835	833	2	0.2%

Source: School Census Autumn 2023

Primary Need



The latest data from DfE (<https://explore-education-statistics.service.gov.uk/find-statistics/special-educational-needs-in-england>), shows that Luton’s profile of EHCP primary needs is higher for those with a Severe Learning Difficulty compared to England average, but a lower proportion of Autistic Spectrum Disorder is shown.



The same data source showing the primary need of SEN Support pupils shows that Luton has a higher profile of SEN Support pupils with Speech, Language and Communication needs than the England average.



5. Review against actions agreed in year one

The agreed actions to deliver this strategy were set out in the agreed final strategy, and the format of this as previously agreed is shown in appendix 1.

Actions agreed for year one have been reviewed for progress in the table below.

Agreed action	Progress against this
START WELL	
Launch of family hubs offer and communicated across system	Family hub funded streams are now all running. There are now 4 family hubs (2 level 1 and 2 level 2). Branding is now complete and being rolled out. There will be a launch event in Feb 2024 together with the offer, app and website being trialled and proof of concept going out in feb/march.
Child Friendly Town working group and roadmap established	The bid to become a child friendly town now accepted by UNICEF, partnership board established, and moving towards discovery phase of young people’s engagement.
Obesity taskforce develops robust pathways for obesity prevention and referrals	Governance structures have been established for all the health weight activity, specifically a bespoke sub-group has been formed to review and refresh the healthy weight pathways (including dietetics, clinical leads, ICB). The initial focus is on children and young people (CYP). The University has been commissioned to conduct some insight research on why families are not engaging with the current Tier 2 community weight management offer (report expected 03/2024). This work will also be informed by ICB (BLMK) level discussions on the potential to introduce a Tier 2.5 in recognition of no defined Tier 3 offer for CYP currently. CYP with SEND also needs to be considered as part of the review.
Refresh partnership approach oral health	Restarted Oral Health Alliance. Commissioned provider to deliver a series of dental pop ups for children across the town including access to dental appointments. Dental contracts have moved into local management under ICB we can start to work towards more prevention and public health support around dental contracts
Refresh health in schools programme for obesity, tobacco, mental health, and substance misuse	All workstreams working in these areas. Refreshed school survey been completed, with detailed insight into CYP health behaviours and views in school. This will inform strategic direction of work for 2024. Specific work looking at vaping, substance misuse, mental health support and prevention in schools is underway.

Lead CYP mental health strategy actions	Mental health strategy going through consultation process. Establishing structure for implementation through a partnership approach with public health, providers, schools, VCSE. Anti-stigma campaign is being developed which will link to health in schools programme.
Engage with PCNs to support improvement in childhood imms uptake	Work was undertaken in early 2023 to improve uptake of MMR. New MMR strategy will be tabled at Health protection committee to discuss implementation and address low uptake and re-look at strategic actions. Progress against COVID and flu vaccination programmes continues.
Collaborative development of SEND strategy	The SEND Strategy (Sept 2022 to September 25) builds on the work of the previous SEND strategy, published in 2020 and has been jointly developed by Luton Council and the BLMK ICB in collaboration with children, young people, parents and carers and Luton's parent carer forum, EPIC. High level joint commissioning intentions support delivery of the priorities detailed within the strategy.
Education strategy developed with focus on early intervention and school readiness	Review of Education strategy is underway and will be a key focus for 2024. This will include the NEET plans as per the below going forwards.
NEET strategy re-invigorated	NEET eradication plan is making positive progress. The following actions have been achieved: <ul style="list-style-type: none"> • Children's/Young People's risk factors and vulnerabilities are acknowledged across School and local area systems • Communicate with home educated children to inform them of services to support, to engage into EET activity. • Ensured transitions between services are effective • Care leavers have appropriate support to choose their next steps • Learner Voice - Recent questionnaire conducted with 1200 responses to analyse to inform plan • Developed a Drop-in Centre to develop care leavers employability skills

Agreed action	Progress against this
LIVE WELL	
<p>Systematic approach to delivery of Marmot Town:</p> <p>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</p>	<p>A range of work has been completed over the year to delivery out Marmot (Health Equity) town ambition and against the Marmot Town report recommendations published in Autumn 2022.</p> <p>We now have an agreed set of indicators, that form part of the measures for this overarching Population Wellbeing Strategy.</p> <p>The indicators, evaluation approach, and ongoing delivery approach, were shared at the One year on conference. This will continue to be built on over the coming year/s.</p> <p>The sub-groups based on the priority areas of CYP, work and health, housing and health, VCSE, have been refreshed and will use the logic models and recommendations to continue to drive the work forwards in 2024.</p>
<p>Building on marmot recs, development of community hubs offer across Luton</p>	<p>The approach to community hubs, linking VCSE, community assets and services, has been agreed and will move to delivery in 2024. Focus initially will be on Central library and Bury Park.</p>
<p>Building on Marmot, evaluate housing strategy for health and equity impact</p>	<p>This action has been superseded by the convening of a new housing and health subgroup. Subgroup includes key partners across housing sector including housing association.</p> <p>Marmot recommendations have been reviewed and updated according to current housing regulations and next meeting to be scheduled to review specific actions.</p>

<p>Marmot and health equity event held to showcase Marmot Town ambition and activity</p>	<p>The conference was delivered with a wide range of partners. This was an opportunity to showcase work underway across the system, and think about how we work together to greater impact in 2024 and beyond.</p> <p>The Equity Town Prize winners were showcased.</p> <p>Evaluation of the event to be shared with health equity system via Marmot newsletter, as well as case studies and best practice and ongoing progress against the ambition.</p> <p>Masterclasses on communicating the social determinants of health is being planned for 2024 with x20 system leaders.</p>
<p>Develop evidence based work plans for those with complex vulnerabilities, linking to town centre strategy group</p>	<p>A Town Centre Partnership group has been established to develop a shared ownership of a plan to support a safe town centre for all – thinking about system actions for those with complex vulnerabilities such as street drinking and homelessness, to enable support through services and support to the wider community to feel safe. A quality improvement approach has been used to develop a driver diagram and we now have agreed change ideas to take forwards.</p>
<p>Develop strategic plan for temporary accommodation and tackling homelessness</p>	<p>We will be developing a new Homelessness and Rough Sleeping Strategy in summer 2024. We meet regularly to forecast and reduce temporary accommodation. Home Engine are reviewing our homelessness function.</p>
<p>Mapping of community connectors roles across Luton and understanding of support offer to community</p>	<p>An audit is being undertaken of community connector type roles and training needs.</p> <p>A programme of potential training opportunities is being developed in partnership with other providers.</p> <p>This will feed in to the integrated neighbourhoods team activity.</p>



<p>Fairness taskforce and community funds strategic plans developed</p>	<p>The FTF is initiating and enabling the shared learning, experience and skills needed for change to be initiated and sustained across the local system. The Taskforce aims to shape future strategy for greater equity and the way resources are deployed for social change and impact.</p> <p>For example, the Cost of Living Collaboration Fund sets out to deliver funding differently. It enables genuine collaboration in co-design and co-production with the local authority and other key partners.</p> <p>This learning has already shaped a similar fund working directly young people addressing issues affecting their trust in the police and criminal justice system.</p> <p>Citizen assemblies are a new work-stream of the Taskforce for localised, deliberative citizen led panels, working across local networks, supported by members and linked to 2040 priorities.</p>
<p>Complete drug and alcohol needs assessment and delivery plan for Combatting Drugs Strategy</p>	<p>The drug and alcohol needs assessment across Bedfordshire has been completed and has directly informed the development of the drug strategy delivery plans. Locally we have been a priority partnership area for delivery of the drugs strategy, working closely with OHID to enable improvement in our local delivery. There have been challenges in recruitment and retention in the service but this has seen great improvement in the last year along with a positive increase in the numbers in treatment. This will continue to be a priority in 2024.</p>
<p>Development of perpetrator and prevention programme for domestic abuse</p>	<p>The domestic abuse strategy has developed a robust structure and delivery plan over the last year. We now have a perpetrator programme and a prevention sub group of the strategy board to work to tackle known risk factors and risky behaviours for domestic abuse and focus on prevention. Other workstreams include the voice of the young person, and services for all – tackling equity of services and access.</p>
<p>Physical activity strategy starting to be mobilized across borough</p>	<p>The draft sport and physical activity strategy has been out to a second and final phase of public consultation. An analysis is currently underway and will be presented to the Council’s Executive in April 2024, for adoption of the strategy. Governance structures have already been established include a system partners delivery group, and action plans developed/being delivered against.</p>
<p>Renewed tobacco control strategy delivery plan across borough</p>	<p>The refreshed tobacco control strategy was agreed in February 2023. The associated delivery plan is overseen by Tobacco Free Luton partnership group every quarter</p> <p>Specific actions in Year 1 includes:</p> <ul style="list-style-type: none"> • Vaping campaign and activity with school aged-children • Working with trading standards to tackle illicit Tobacco • MECC link rolled-out including Tobacco services

Refresh of food strategy	<p>Luton Food First has been positioned to become the Food Partnership to help shape and develop a food strategy for Luton (building on the Luton Food Plan 2018-2022). Conducted a workshop (supported and co-facilitated by Sustainable Food Places/Food Matters) with Food First to begin the development of a local food charter as the first step to developing a food strategy. This will bring together action on cooking, growing, education and early years, waste, health, procurement, retail and the economy.</p> <p>The aim is to develop a shared vision and objectives across five themes (food & health, food & environment, food & economy, food access, food & community) that will be used to work up the food charter and broader public consultation in the lead up to the food strategy development.</p>
Recommissioned sexual health ensuring focus on HIV diagnosis and prevention	<p>Reprocurement has been completed with current provider. Performance meetings are now in place. New service has mobilized, focus on outreach, CYP and HIV. Figures for late HIV diagnosis are showing a positive position.</p>
Clarity on actions for mental health prevention workstream	<p>The mental health strategy is going through consultation and developing a structure for governance and implementation. The action plan is in development and there will be a workshop in early 2024 to refocus on these actions.</p> <p>Anti-stigma resources are in development; A population health management (PHM) project for earlier identification of risk of crisis for those with a serious mental illness (SMI) is in development.</p>



Agreed action	Progress against this
AGE WELL	
<p>Embed cancer inequalities work across pathways</p>	<p>Find and treat pilot focusing on prostate cancer in black African and Caribbean men has been completed and we are awaiting final report. Primary Care Networks (PCNs) continue to target non-responders to screening invitations and plans to support screening uptake across PCNs have been finalised.</p> <p>PCNs have also submitted proposals to NHSE to improve screening uptake and some work includes working with inclusion health groups (i.e. homeless) to improve screening uptake.</p> <p>Cancer community connectors continue to work across the key community groups (S.Asian, black African & black Caribbean, Eastern European) to tackle stigma around cancer, raise awareness of services and treatment options. A key event was held in November – Barber Shop live to engage black men on prostate cancer. During Q1 14 events have been delivered with the community.</p>
<p>Work via place board to develop actions based on PCN profiles and inequalities – LTCs, falls, screening.</p>	<p>The Place Board priorities have been reviewed and are concisely targeted. The four Priorities are closely aligned to Luton 2040, with collaborative Partner workstreams moving the Place Board ambitions forward. Early identification of Long-Term Conditions is underway led at BLMK level.</p> <p>Complex care and frailty workstream has been refocused with key actions for Luton. A summary of the work to date and the mapped service offers has been presented to place board. A Luton specific Complex Care and Frailty Working Group, with a membership of Luton system Partners meets monthly. Work has commenced on a dashboard to highlight impact and outcomes.</p> <p>The implementation of the New Falls Pathway and SPA underway is underway, with recruitment to the SPA finalised and a staged introduction of the exercise strength and balance model with a view to expanding the offer in 2024. The SPA is expected to go live in 2024-2025</p> <p>PCN inequality projects address specific inequalities based on their practice data. Moving into 2024, further focus on these workstreams will be needed to ensure meeting the needs of Luton. The place team and integrated neighbourhood teams will provide an opportunity for this.</p> <p>For long terms conditions (LTCs) – early identification activity is underway led at BLMK level. Each PCN/Practice has an LTC improvement pack which provides key data for CVD, Diabetes and Respiratory and provides some suggested next steps and guidance.</p>

Embedding of PHM approach to develop actions.	The approach to PHM for the SMI project has been agreed and coproduction workshops took place in 2024 with service users to develop interventions. Procurement of the data solution has caused delays but this will be refocused in 2024.
Embed mental health strategy across system, focusing on inequalities	<p>The mental health strategy is going through consultation and developing a structure for governance and implementation. The action plan is in development and there will be a workshop in early 2024 to refocus on these actions.</p> <p>Anti-stigma resources are in development; A population health management project for earlier identification of risk of crisis for those with a serious mental illness is in development.</p>
Develop LD strategy, and review demand and need for accommodation	<p>Work underway looking at Mental health LD and Autism provider collaborative – LD strategy not been completed as yet due to this work first.</p> <p>Work underway looking at accommodation opportunities</p>
Establish Fuller taskforce to challenge and develop further neighbourhood model in Luton system	<p>Delivery against the Fuller report is underway. This includes workstreams on prevention – a new primary care prevention strategy for BLMK is to be launched early in January 2024 which will be developed into Luton specific actions.</p> <p>Integrated neighbourhood working task and finish group has been established looking at complexity including frailty, LTCs, CAMHS and CYP with complex needs. Initial workstreams are being established. Same day access is being led at BLMK level by the primary care team with place-based workshops at place to ensure a future place based delivery model.</p>
Develop system plan for social prescribing, linking to new community connector models	<p>Needs assessment completed for integrated wellbeing service including social prescribing, recommissioning timetable being developed for new service delivery April 2025.</p> <p>Working across BLMK on consistent service specification and linking to integrated neighbourhood teams work, VCSE, and community roles.</p>
Adapt vaccination strategy to meet needs – focusing on flu	Draft local Vaccination strategy developed, now national vaccination strategy has been released, further review required to ensure all areas addressed. Continue to work in partnership with the commissioners (ICB and NHSE) on roll out of COVID, flu and school aged immunisation service closely with the ICB and NHSE

ASC fair cost of care review and market stability analysis / market position statement and actions	<p>Fair Cost of Care Analysis delivered and published</p> <p>Market Sustainability Plan delivered and published</p> <p>Market Position statement published</p> <p>50% of the MSP actions delivered – other actions re-framed in Service Plan for 24-25</p>
Digital Transformation	<p>Progress against the implementation of the Digital Programme in Luton includes;</p> <ul style="list-style-type: none"> • Whzan - 25 kits across 14 care home providers have access to the all-in-one telehealth blue box, for early identification and intervention for health issues. Target is (KS to pin down) • Miicare – 29 kits and 8 referrals pending out of 40 kits for 2023-2024. (KS needs to now single out Luton from figures) • Digital Security and Protection Tool Kit, ensuring Providers are in a position to take up the digital offers - 70% providers completed DSPT, target 80% by April 24. • Acoustic Monitoring - 2 Care homes piloting the scheme – outcome was an increase in night shift care provider capacity & quality of sleep for residents • Proxy Access - 30% of Luton Care Home Providers (16 in total) against a target of 25%, have proxy access to S1 patient records, messaging assigned GP, facilitating monitoring and ordering of prescribed meds.



6. Refreshed action plan for 24-25

A review was completed against original year 2 and 3 plan, this can be found in the appendix, and has informed the below tables.

Moving forwards, the strategy structure will be against the 2040 target outcomes and the work of the delivery boards for the strategy against these targets.

Overall, the strategy will be delivered across the three delivery boards of the health and wellbeing board, plus the additional two boards the Health Protection Committee, and via workstreams within the Community Safety Partnership Executive.

This is represented overleaf, and more detailed actions against each of the priorities within the boards are given in the subsequent tables.



Luton Population Wellbeing Strategy – approach for delivery 2024-2025

Improving population wellbeing and tackling health inequalities to enable everyone to have a good quality of life and reach full potential • Becoming a child friendly town • Supporting a strong and empowered community

Luton Health and Wellbeing Board and Luton Population Wellbeing Delivery Board

Delivery board

2040 target outcome
(note this may not be the only board or strategy through which these are addressed)



Delivery Approach

- Each board has a work programme with priorities & workstreams
- High level set of measures for delivery across whole strategy & each board
- Board-specific high level & workstream-based measures to drive delivery

Priorities and workstreams

1. Supporting to maintain physical and mental health	2 & 3. supporting children and young people to meet their potential	4, 5, 6. Supporting to stay safe & secure, young persons voice	1.Preventative approach to healthy lifestyles	2 & 3 & 4. Empowering communities	1, 5 & 6. Healthy & sustainable environment	7. Tackling structural inequalities	1. Prevention and early intervention	2. Access to health and care services	3. Community led services	4. Personalised care & support for LTC, complexity, frailty	1. Preventative approach Sexual health TB Vaccination programme Outbreak management	1. Safer community Substance misuse Domestic abuse On street sex work Mental health and trauma (as required)
Healthy weight	Education strategy (inc NEET)	Child friendly town	Physical activity strategy Food plan	TLC approach to community engagement Fairness taskforce	Healthy estates strategy Homelessness and rough sleeping strategy	Health equity town oversight Supporting access to benefits and income	Cancer P&EI	Integrated same day primary care – GPs, 111	Integrated neighbourhood teams/ integ. offer	Personalised care plans for LTCs		
Mental health	SEND strategy	Early help	Tobacco strategy	Community hubs	Fuel poverty	Work and health	LD & autism	Accessibility and knowledge of primary care offer	Community hubs	Frailty and complex care		
Sexual health and teenage pregnancy	Embedding findings from SHEU survey	Housing and temporary accommodation (as relevant)	Mental health	Core20Plus5 work programme	Healthy place framework - planning & licensing	Anchor institutions and inclusion	Vaccination in primary care	ASC target operating model	Social prescribing	Long term conditions identification		
Early years offer – healthy child programme		Linking safeguarding, youth justice, corporate parenting		Cancer community connectors	LCWIP and air quality	Inclusion health (link to CSP)	Mental health			ASC market stability and quality		
Family hubs							Technology and digital Carers offer and shared lives					

Note: other programmes of work also come through Community Safety Partnership not included here but are interlinked

Board for oversight: Children's Trust Board

2040 Target outcomes:

- **A healthier start for our children and young people with better and more equal physical and mental health outcomes.**
- **Every child has an excellent education that raises aspiration**
- **Great opportunities for our children and young people with SEND**
- **Our children and young people will have access to good quality services**
- **More opportunities for our children and young people to socialise and develop**
- **All our children and young people will have a meaningful voice**

Workstream	Action
child healthy weight	<ul style="list-style-type: none"> • refresh the family food first model • finalise CYP weight management pathways and work across partners on prevention
Mental health CYP actions delivery	Mental health CYP actions to be finalized across partners and delivered through schools, CAMHS services, VCSE. Including anti-stigma work.
Sexual health	<p>Refresh the Teenage parent support offer</p> <p>Continue to support sexual health services for under 18s</p>
Early years offer and Family hubs	<p>Continue to roll out the family hub funded streams, and to develop the 2-19 programme and the non-funded streams together with a sustainability plan for post 2025.</p> <p>Incorporate strong delivery of healthy child programme</p> <p>Recommission the healthy child programme for 2025 with strong alignment to FHs</p> <p>Delivery of cultural genetics programme as per programme plan via Early Years – community midwife and link worker leading community discussions</p>
Oral health	<ul style="list-style-type: none"> - strengthen links to oral health and family hub - delivery strategic actions through oral health alliance - work with dentistry commissioning re access and prevention

Tobacco and vaping	<p>Year 2 tobacco control plans:</p> <ul style="list-style-type: none"> • Action to work with Luton Youth Council to develop youth vaping camping to align with outcome from government consultation. • Bid for ‘Swap to Stop’ targeted at pregnant cohort, subject to confirmation of bid outcome. • Continue to expand protecting little lungs messages across school • Work with Family hubs to promote tobacco prevention messages- link to healthy homes • Plans for delivery against additional stop smoking national resources
Education strategy inc NEET plan	<p>Refreshed Education Strategy due to be launched in September 2024.</p> <p>Refresh plans identifying key area of risks and mitigations</p> <p>Refresh NEET strategy as part of the education strategy.</p>
SEND	<p>Development of an overarching ‘Education’ Action Plan which will include the SEND strategy.</p> <p>Development of a single SEND Partnership Board providing strategic oversight of the implementation of the SEND Strategy.</p> <p>There will be a focus on ensuring children and young people can get evidence based assessment and support when needed by piloting multi-disciplinary teams in Luton schools, thereby supporting children earlier and reducing pressure on specialist services in the longer term.</p>
Schools and health	<p>Build on the findings of the school health and well being survey to develop plans based on the expressed needs of young people in Luton schools</p>
Child friendly town	<p>Continue to deliver on the discovery phase of the programme through wide child and young people engagement and build on work from Year 1. This is a 3-5 year programme</p>
Early help	<p>Early Help plan to be developed. Aim for updated strategy in place by September 2024</p>
Housing and temporary accommodation	<p>Reporting to CTB as needed where relevant on development of homelessness and rough sleeping strategy</p>

Board for oversight: Health Equity Town partnership

2040 Target outcome:

- A preventative approach to improving physical and mental wellbeing that addresses the wider determinants of health to achieve better and more equal health outcomes.
- Increased resilience across our community, protecting the most vulnerable
- A thriving voluntary and community sector
- A stronger and meaningful voice for our residents
- More households living in good quality and affordable homes
- Improved air quality across our town to improve health outcomes
- A town built on fairness with equitable outcomes

Workstream	Action
Healthy weight and physical activity	<p>Healthy weight overarching strategic governance structure to continue to deliver.</p> <p>Healthy weight summit to be held.</p> <p>Implementation of the physical activity strategy including focus on target groups, increasing access for all focusing on inequalities, enhancing the environment through active travel and green spaces</p>
Food plan	<p>Use participatory approach to draft and adopt a local food charter to lay the groundwork for the food strategy.</p> <p>Facilitate the first borough wide food strategic plan for Luton.</p>
Tobacco	<p>Year 2 tobacco strategy delivery:</p> <ul style="list-style-type: none">• Ongoing action against illicit tobacco and vapes• Plans for delivery against additional stop smoking national resources• Link to cancer and respiratory pathways• Reprocure stop smoking service to ensure targeting higher prevalence groups

Mental health	Mental health strategy governance and delivery structures to be finalised, action plans agreed, dashboard of key indicators to be finalised. Actions on employment and health, stigma, prevention of crisis, community care access, IAPT service delivery
TLC and community engagement	Strategic approach to work with VCSE built into social prescribing retender, and core20plus5 inequalities work Talk Listen Change action plan refreshed and visible across community and partners
Fairness task force	Fairness taskforce delivery across 2024, building in new community roles and teams to deliver actions.
Community hubs	Delivery community hubs with flagship locations central, Farley, and Bury Park.
Core20plus5 work programme	Develop and support programme of agreed projects with governance structure in place. Includes facilitation of allocation of funds and embedding impact and evaluation processes. Focus on: <ul style="list-style-type: none"> • Transport access to pulmonary support • Menopause community course • Local food supply chain enhancement • Warm Healthy Housing • Community networks and neighbourhood work (Local Area Coordinators)
Cancer community connectors	Implement Listening phase focusing on 6 cancer health inequalities project by conducting live events Develop experience hub that will be digitally available for Luton residents and patients Develop constitution and delivery of cancer champions Connecting with PCN's across key community groups (S Asian, Easter European, Gypsy, Roma and Traveller and African/Caribbean patients) to improve screening up take and obtain patient experience.
Healthy estates strategy	Incorporate Healthy Estates strategy into Housing and Health subgroup to oversee delivery and ensure connection with other housing activities. Continuation of needs assessment through concierge roadshow Undertake partnership work with Total Wellbeing to increase physical activity and smoking cessation and general healthy lifestyles with tenants in council housing.

Fuel poverty	<p>Promote energy efficiency grants schemes to Luton residents and private sector home owners including landlords.</p> <p>Working with PCN partners in promoting grant schemes to vulnerable households (e.g. patients with 4 clinical areas which are cardiovascular, limited mobility, respiratory and immuno-suppression). Includes application of NICE Guidance and Quality Standards.</p> <p>Continued investment in council housing stock (1600 units) on energy efficiency improvements includes loft insulation, boilers, communal lighting, Solar PV, Battery Storage, Triple glazing, Smart controls, Communal boilers, cavity wall insulation.</p>
Homelessness and rough sleeping strategy	<p>Developing a new homelessness and rough sleeping strategy in 2024. The demand for the homelessness service is very high. Housing continue to prevent homelessness where ever possible.</p>
Private sector housing and licensing	<p>Improve private sector licensing by rolling out Selective licensing by May 2024 includes the implementation of Additional Licensing alongside current HMO licensing to homes by May 2024</p>
Healthy place Framework , planning and licensing	<p>Implementing Healthy Streets approach in identified areas linking into the Healthy Estates strategy (Plait Court).</p> <p>Facilitate the review of Luton’s Local Plan and develop actions including Supplementary Planning Document (SPD) for hot food take-aways.</p>
LCWIP and air quality	<p>Promotion of walking maps as part of heritage in Luton includes working with community groups to promote.</p> <p>Continue with annual air quality monitoring in addition to working with a charge point operator to deliver hundreds of new charge points across the town.</p> <p>New EV charging is going into council owned housing sites and those in the town centre are being upgraded.</p> <p>Working with partners, the council continue to deliver cycle training in Luton Schools, supported by cycle hire for children who do not own a bike. E-cargo bicycles are available to hire for businesses and families and we plan to partner with Cycling UK to open up e-cycle training opportunities to the general public.</p>
Health equity town	<p>Ensure all subgroups across the priority areas are set up with named chair and clear work plan to meet recommendations – review against logic models.</p> <p>Improve communications with health equity partnership and ensure good practice is shared amongst key partners within health equity system.</p> <p>Deliver Health Equity Town prize and support evaluation of projects</p>

Supporting access to benefits and income	Establish community/VCS ownership of Luton Supporting You online offer. Working with Luton Access Partners (Citizen Advice, Luton Irish Form, Luton Law Centre, Luton Rights) and Mary Seacole to develop independent web pages owned and managed within the VCS. As part of the pilot, a web chat function will be available to support those looking for advice access support.
Work and health	Luton council focus on employee wellness focusing on mental wellbeing and resilience Continue funding bid with ICB, EoE OHID Work Well Programme to deliver a local sign posting offer to people with disabilities, with long-term conditions and economically inactive into work by managing health. Set up of Health Equity Town sub-group for employment and skills including wellness offer for small to medium size business
Anchor institutions and inclusion	Publish the LGA Anchor Institutions report and evaluation and implement recommendations following approval at key boards (at Place Board and Health Equity Town Partnership). Create an anchor institutions charter and increase PH capacity to support sharing of insights with partners including ICB.

Board for oversight: At Place Board

Target outcome:

- **A preventative approach to improving wellbeing addressing inequalities and the wider determinants**
- **Access to good quality services**
- **A thriving voluntary and community sector**
- **A stronger health and care sector with increased capacity to help people and families to manage long-term conditions**

Workstream	Action
Cancer	Cancer – early identification and prevention, inequalities and determinants of health focusing on transport access, income maximisation for patients and families and lifestyle factors. Continue with Population Health approach with partners including PCN's. Enhance plans to address variation in screening uptake across Luton, includes tackling inequalities within access for people with learning disabilities and autism and more public awareness and community engagement messaging to address barriers.
LD and autism	Clarity on priorities for Luton as part of the mental health learning disabilities and autism provider collaborative

Vaccination in primary care	<p>Delivery of Fuller BLMK prevention in Primary care plan</p> <p>Includes vaccination programme</p>
mental health strategy	<p>Mental health strategy governance and delivery structures to be finalised, action plans agreed, dashboard of key indicators to be finalised. Actions on employment and health, stigma, prevention of crisis, community care access, IAPT service delivery</p>
Digital transformation	<p>New initiatives planned for 2024-2025 including, Smplicare. BLMK Digital have had the confirmation of funding to support our care providers in obtaining a Digital Social Care Record (DSCR). This is in line with the National initiative to deliver the government's recent commitment for 80% of Care Quality Commission (CQC) registered providers to have a digital social care record in place by March 2024.</p> <p>Continue to implement and build on the digital offer to care Providers in 2023 and the new project Smplicare. Dependent on success of pending funding bids expand the digital offer to include Paincheck and Robopets.</p>
Carers offer and shared lives	<p>Remodelling Shared lives process and pathway</p> <p>Procure appropriate carers assessment provider and review process and access to LAS</p>
Prevention in Primary Care	<p>This ICB led collaborative prevention plan focus for Luton will be:</p> <ul style="list-style-type: none"> • Ensuring greatest effort and focus is on those most likely to experience health inequalities e.g., people living in the most deprived areas, people from ethnically diverse • Recognise the potential across all primary care settings (GPs, community pharmacies, dentistry and optometry) to deliver more preventative healthcare. • Have more, brief, focused and high-quality conversations with people about the importance of healthy behaviours in preventing future illness • More referrals into preventative services • More proactive management of diagnosed long-term conditions, following evidence-based care processes. • Strengthen our support to the Voluntary, Community and Social Enterprise (VCSE) sector to support the shift • towards greater prevention and self-management

Primary care access – offer	<p>Primary care access, led by the ICB remains a collaborative approach, which includes;</p> <ul style="list-style-type: none"> • To ensure there is a clear communication plan and engagement to support resident understanding of primary care, general practice and what is available and the professionals available to support • To ensure a place-based workshop approach to the codesign of same day and urgent primary care services as services are commissioned/procured in the future • To continue to embed MiDOS
Knowledge in community of primary care offer	Working with place team, members, and community to publicise primary care offer across community
ASC target operating model	Delivery of new target operating model across the course of 2024 – including SOPs and implementation plan
Integrated neighbourhood teams	Continue to develop approach to integrated neighbourhood teams focusing on complex care – taking forward workstreams of MDT coordination, data usage, team coordination, high intensity users
Community hubs	Link community hubs to INT where it makes sense to connect VCSE into INTs as both strategic plans develop
Strategic approach to social prescribing, community connector/navigator roles	<p>Re-commission total wellbeing service including Social Prescribing to ensure a service that is connected across Luton including to community roles and INT, and tackles health inequalities</p> <p>Build network and training offer for all community connector roles as part of the INT work.</p>
Long term conditions personalised care	<p>To support the actions identified as part of the primary care prevention, as detailed above</p> <p>To support multi-disciplinary working as part of the Fuller Integrated Neighbourhoods to support residents with long term conditions as appropriate</p>

Frailty and complex care	<p>Through the Partnership Complex Care & Frailty working group;</p> <ul style="list-style-type: none"> • To implement a CC&F dashboard to demonstrate impact and outcomes for residents. • To continue to scale and develop the Healthy Ageing offer • Complete a gap analysis of the offers for those who are complex/and or frail • Ensure high integration of all offers to support integrated neighbourhood working roll out • Map MDTs in place and review in the context of new integrated neighbourhood working approaches
Long term conditions identification	<p>Health checks as part of total wellbeing reprocurement – ensuring focus on health inequalities through delivery</p>
Adult social care market stability and quality	<p>Establish a Quality and Contract Management Framework</p> <p>Hold annual all providers event by sector</p> <p>Reviewed commissioning framework and market position statement</p>

Board for oversight: Health protection committee

Target Outcome:

- A preventative approach to improving wellbeing addressing inequalities and the wider determinants of health

Workstream	Action
TB	<p>Continue to deliver the twice yearly find-and-treat TB screening programme aimed at vulnerable groups including homeless, asylum seekers and those involved in substance abuse.</p> <p>Continue to work with commissioners to support delivery of the TB programme to support screening, diagnosis and effective and timely treatments.</p> <p>Continue to deliver the LTBI programme through primary care</p>
Sexual health	<p>Continue to deliver sexual health services together with providers including supporting the population to access support around testing and treatment for STIs, accessing effective contraception including LARC, focussing on accessible settings and supporting vulnerable populations.</p> <p>To work to reduce the number of HIV diagnoses, particularly late HIV diagnosis. and supporting people living with HIV to live longer and healthier lives</p> <p>Development of regional HIV action plan – linked to Towards Zero</p> <p>Local Sexual Health and HIV action plan – linked to regional and national – Towards Zero</p> <p>Increase HIV testing and continuation of <i>HIV Testing is for Everyone</i> campaign</p> <p>Normalise HIV testing and reduce stigma – roll out of opt out HIV testing in hospitals and Primary care</p> <p>Increase in chlamydia testing by all SHS inc GP's, pharmacies</p> <p>Re-commissioning of young parent support service</p>
Vaccination	<p>Develop an action plan around the access and inequalities programme funding to support a holistic approach to vaccination focussing on children and young people, immunosuppressed population and women in pregnancy.</p> <p>To develop local plans aligned to the recently launched national and regional vaccination strategies.</p> <p>To work with NHS partners to move towards increased uptake of seasonal vaccinations in eligible groups.</p>
Outbreak management	<p>To continue to provide support for any outbreaks as and when required, either communicable disease, or environmental issues that occur.</p> <p>A Memorandum of understanding has been developed to establish clear roles and responsibilities between UKHSA, ICB and LBC and other stakeholders)</p>

Board for oversight: Community Safety Partnership and Serious Harm Board

2040 Target outcome:

- **A safer community with fewer cases of crime, domestic abuse, serious violence and addiction**

Substance misuse	<p>Delivery of drug strategy action plan, meeting targets for numbers in service, continuity of care.</p> <p>Recommission service with an improved model to meet needs of Luton population and continuing focus on prevention.</p> <p>Continue town centre partnership approach with cross-stakeholder engagement, delivery of change ideas, evaluation established</p>
Domestic abuse	<p>Refresh domestic abuse needs assessment and evaluation of services delivered in Y1 and 2 of strategy. Refreshed actions against strategy.</p>
On street sex work	<p>Strategic on street sex work partnership leading system actions and strategy across 6 key objectives:</p> <ul style="list-style-type: none">• Identifying the Problem• Developing Routes Out• Tackling Demand• Prevention• Community Intelligence• Disruption



Appendix 1 – project plan from 2023 strategy

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

Years 2-3

Years 4-5

	Actions	Outcomes	Actions	Outcomes	Actions	Outcomes
 <p>Start well</p>	<p>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</p>	<p>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</p>	<p>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</p>	<p>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</p>	<p>Review of key strategies across partnerships – what more can we be doing? What has impact been</p>	<p>Continuing improvement across indicators Halted rise in CYP obesity Decreasing smoking prevalence</p>
	<p>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 Re-commissioned sexual health ensuring focus on HIV diagnosis and prevention Clarity on actions for mental health prevention workstream</p>	<p>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</p>	<p>Re-commission 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</p>	<p>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</p>	<p>Review impact of focused areas – what more could we do? Develop new actions</p>	<p>Continuing improvements across measures Reducing smoking prevalence.</p>
	<p>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</p>	<p>System wide work plan led by Place Board Clear strategies on vaccination post-covid, mental health, LD, LTCs for Luton</p>	<p>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?</p>	<p>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 health services from BAME groups Seeing impact of PHM project to learn from and embed further</p>	<p>Strategic review of PHM approach Strategic review across pathways – what is impact, where do we focus?</p>	<p>Continuing improvement across measures, social isolation improving</p>
 <p>Age well</p>						

Appendix 2 – review against previously agreed actions for Y2-3

What the strategy said actions would be for Y2-3	Revised or additional actions for Y2
START WELL	
Develop and deliver next phase of family hubs programme (Marmot recommendation)	<p>Continue to roll out the family hub funded streams, and to develop the 2-19 programme and the non-funded streams together with a sustainability plan for post 2025.</p> <p>Review and update delivery of healthy child programme</p>
Child friendly town engagement and voice of young person programme of activity	<p>Continue to deliver on the discovery phase of the programme through wide child and young people engagement and build on work from Year 1. This is a 3-5 year programme, now UNICEF approved.</p>
Continue to work with partners to embed child healthy weight & oral health actions	<ul style="list-style-type: none"> - refresh the family food first model - strengthen links to oral health and family hub - finalise CYP weight management pathways and work across partners on prevention
Continue to build on work in schools across health and wellbeing workstreams	<p>Build on the findings of the school health and well being survey to develop plans based on the expressed needs of young people in Luton schools</p>
Revise tobacco prevention actions including midwives and schools and vaping	<p>Year 2 tobacco control plans:</p> <ul style="list-style-type: none"> • Action to work with Luton Youth Council to develop youth vaping camping to align with outcome from government consultation. • Bid for 'Swap to Stop' targeted at pregnant cohort, subject to confirmation of bid outcome. • Continue to expand protecting little lungs messages across school • Work with Family hubs to promote tobacco prevention messages- link to healthy homes • Plans for delivery against additional stop smoking national resources

Evaluate YP hub for impact on D&A	Focus on the right services for CYP as part of the substance misuse retender. Ensure system actions on prevention with CYP
Early help strategy	Early Help plan to be developed. Aim for updated strategy in place by September 2024
SEND	Partnership Board providing strategic oversight of the implementation of the SEND Strategy.
Education strategy inc NEET plan	Refreshed Education Strategy due to be launched in September 2024. Refresh plans identifying key area of risks and mitigations Refresh NEET strategy as part of the education strategy.
Mental health CYP actions delivery	Mental health CYP actions to be finalized across partners and delivered through schools, CAMHS services, VCSE. Including anti-stigma work.
LIVE WELL	
Recommission D&A service with more focus on prevention, learning from pilots.	Delivery drug strategy action plan, meeting targets for numbers in service, continuity of care. Recommission service with an improved model to meet needs of Luton population and continuing focus on prevention.
Continue to embed targeted tobacco prevention work	Year 2 tobacco strategy delivery: <ul style="list-style-type: none"> • Ongoing action against illicit tobacco and vapes • Plans for delivery against additional stop smoking national resources • Link to cancer and respiratory pathways
Review impact and actions of physical activity strategy	Healthy weight overarching strategic governance structure to continue to deliver. Healthy weight summit to be held. Implementation of the physical activity strategy including focus on target groups, increasing access for all focusing on inequalities, enhancing the environment through active travel and green spaces
Review impact and actions of domestic abuse strategy	Refresh domestic abuse needs assessment and evaluation of services delivered in Y1 and 2 of strategy. Refreshed actions against strategy.

Embed system actions across food plan	Use participatory approach to draft and adopt a local food charter to lay the groundwork for the food strategy. Facilitate the first borough wide food strategy for Luton.
Stocktake and review of Marmot delivery and actions – including employment, housing, and community actions	Ensure all subgroups across the priority areas are set up with named chair and clear work plan to meet recommendations – review against logic models. Improve communications with health equity partnership and ensure good practice is shared amongst key partners within health equity system. Deliver Health Equity Town prize and support evaluation of projects
AGE WELL	
Embed refreshed social prescribing strategy and workplan, linked to mental health strategy and TLC	Re-commission total wellbeing service including Social Prescribing to ensure a service that is connected across luton including to community roles and INT, and tackles the health inequalities in luton
Review impact mental health strategy	Mental health strategy governance and delivery structures to be finalised, action plans agreed, dashboard of key indicators to be finalised. Actions on employment and health, stigma, prevention of crisis, community care access, IAPT service delivery
Embedding neighbourhood teams to have prevention focus	Continue to develop approach to integrated neighbourhood teams focusing on complex care – taking forward workstreams of MDT coordination, data usage, team coordination, high intensity users
System review of place board – are we having an impact? Should we be doing more	Take out – picked up through the various actions