

Luton Borough Council
Annual Public Health Report 2024

DRAFT

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Foreword

We are delighted to share with you the 2024 Annual Public Health Report which showcases our continued focus on improving health equity for Luton residents as England's first Marmot Town.

As Directors of Public Health, we are fulfilling our annual statutory responsibility requiring all local authorities in England to write an independent report on the health of Luton's population. This year's report focuses on some of the health disparities and wellbeing needs of our communities and gives a picture of our journey as a Health Equity Town, one of 50 Marmot Places across England, Wales and Scotland.

Since becoming a Marmot Town 2021, the council and our partners, stakeholders and communities have worked together as a Health Equity System (HES) to build on the collective effort to improve health equity and promote fairness by implementing actions, projects and programmes that are based on the eight Marmot principles.

We know that health inequalities are stubborn and complex and cannot be addressed by one organisation, and so, this report showcases Luton's continuing commitment to addressing health inequalities as a system and our intention of digging deeper into some of the indicators that give an understanding into the disparities in health outcomes that our town experiences.

There is a growing understanding that people's health is affected by several factors, and whilst genetics and individual health behaviours are important and do play a role in health outcomes – these are not the only factors. There are other influences known as the causes of the causes¹ or the building blocks of health.

In Luton we have invested in improving the understanding and *communication* of the building blocks of health by partnering with HealthWorks Ltd. We're pleased that we have been able to deliver and share training with partners and colleagues on the importance of delivering a message that helps our communities and residents to understand how the wider determinants of health impact on health. The training is the first step to opening opportunities for all of us working in the HES to communicate in everyday terms, about how socio-economic factors affecting our health. We want to build in fairness and support neighbourhoods and communities by improving our data and insights on health inequalities. In addition to this, we want to work more closely with other private, public and community sector organisations to help them understand their contribution to improving health equity.

The report is divided into five key areas. We discuss the importance of being a Health Equity Town and the commitment from partners, stakeholders, communities and residents. We also focus on our journey so far, showcasing our successful programmes and projects and we review how the health equity system has been received following the publication of [Luton's Marmot Report](#). We also highlight, where the data exists, inequalities between different wards in Luton. Finally, we explain what our next steps are and our ambition to continue to drive towards the Luton 2040 vision of a healthy, fair and sustainable town where everyone can thrive and no one has to live in poverty.

Nicola Ainsworth

Acting Director of Public Health
Luton Borough Council

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¹ Department of Health. Wider Determinants of Health Fingertips

1. Why is being a (Marmot Place) health equity town is important for Luton

In Luton we know that taking a life course approach to improving health equity enables us to focus on a healthy start to life. We can then build further on critical life stages, including transitions into working age adults and into our later years as older adults. These are specific phases in a person's life, where large differences can be made to help improve health outcomes and reduce health inequalities.

Being a Marmot Place or Health Equity Town is important as it shows Luton's commitment to addressing health inequalities. In addition to this, being a health equity town is the wider principle and framework that we use to deliver the statutory Joint Health and Wellbeing Strategy - Luton's Population Wellbeing Strategy and achieving our [Luton 2040](#) vision, "a healthy, fair and sustainable town where everyone can thrive and no one has to live in poverty". It is a way of working that shows our commitment to tackling health inequalities.

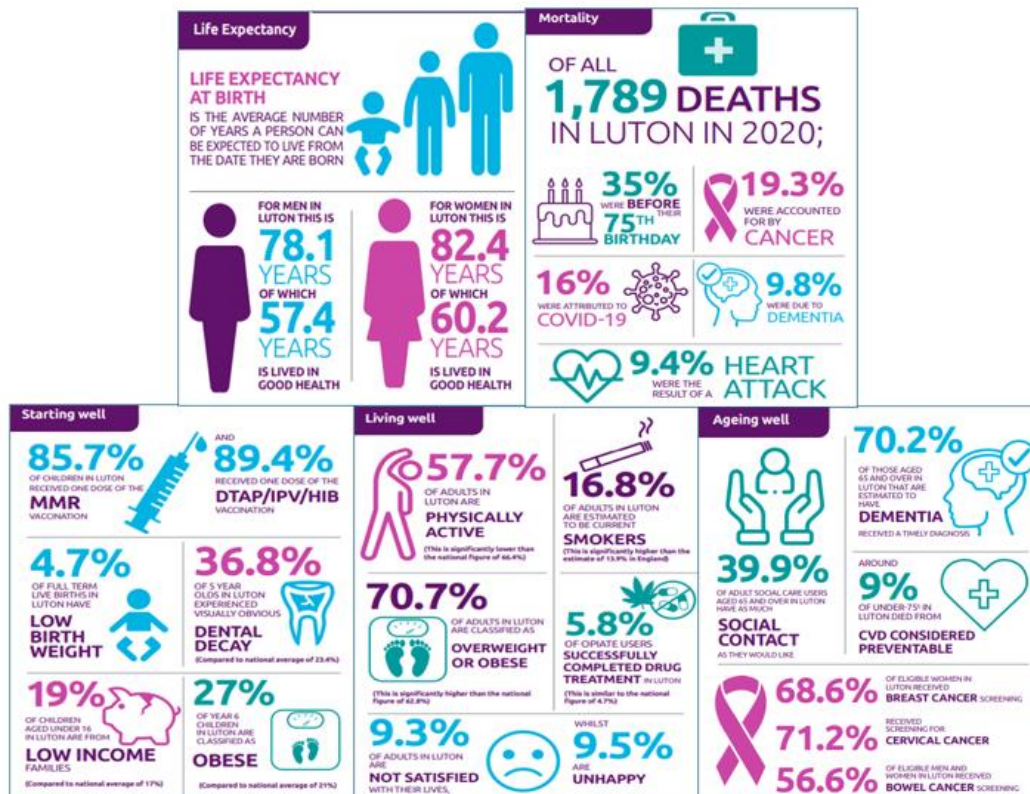
By working in partnership with local organisations and systems such as the Integrated Care Board, Luton's Mental Health Provider (East London Foundation Trust – ELFT), University of Bedfordshire, community and faith organisations, small businesses and other professionals and residents, we are ensuring that health equity is embedded.

Luton's Joint Strategic Needs Assessment highlights the key factors relating to the needs of Luton residents so that we can understand where our health needs are and what matters most to evidence our approach to improving health equity in Luton. Key insights include:

- Luton is an ethnically diverse town with an estimated 150 languages and dialects spoken. It is densely populated, with some pockets of overcrowding.
- Luton also has a younger than average population, however, forecasting suggests that this population will rise in the future with an increase in older age groups.
- Luton is also comparatively deprived, with some wards in the most deprived areas in the country and high levels of child poverty. These population characteristics contribute to the needs within the town².

² Luton Updated JSNA 2024 Unpublished

Figure 1 Infographics on key indicators of health



Luton's Social Progress Index²

Similarly using the Social Progress Index, we can see that there is a strong correlation between better social outcomes and better economic outcomes. Wards such as Central and Beech Hill have low social progress and are amongst the most deprived whereas Barnfield, Bramingham and Stopsley have better social outcomes and are more affluent.

The Social Progress Index is a comprehensive measure of quality of life, independent of economic indicators. It presents a granular, actionable picture of what matters most to people regardless of their wealth.

It also enables a common understanding of how well a community performs on the things that matter to everyone.

The Luton SPI is calculated by bringing together a range of non-economic indicators under the three broad dimensions of social progress. These are:

- Basic Human Needs,
- Foundation of Wellbeing and
- Opportunity

Using performance data, an index score out of 100 (higher the better) is calculated for Luton as a whole, for each ward and each element. The table below shows the elements under each dimension:

Figure 2. Social Progress Index Framework³

Basic Human Needs	Foundations of Wellbeing	Opportunity
<p>Nutrition & Basic Medical Care Do people have enough food to eat and are they receiving basic medical care?</p> <p>Water & Sanitation Can people drink water and keep themselves clean without getting sick?</p> <p>Housing Do people have adequate housing with basic utilities?</p> <p>Personal Safety Do people feel safe?</p>	<p>Access to Basic Knowledge Do people have access to an educational foundation?</p> <p>Access to information and communications Can people freely access ideas and information from anywhere in the world</p> <p>Health and Wellness Do people live long and healthy lives?</p> <p>Environmental Quality Is this society using its resources so they will be available for future generations?</p>	<p>Personal rights Are peoples rights as individuals protected?</p> <p>Personal freedom and choice Are people free to make their own choices?</p> <p>Inclusiveness Is no one excluded from the opportunity to be a contributing member of society?</p> <p>Access to advanced education Do people have access to the worlds most advanced knowledge?</p>

Below is the overall SPI scores mapped according to wards. Areas that have a higher SPI score, are mainly in the East and North of the borough. The ward with the lowest score is Central (39.48) in comparison to the ward with the higher SPI scores which is Bramingham (70.17).

There is a correlation between *disposable* gross income and areas with better social outcomes. For example, wards such as Bramingham and Barnfield have an SPI approaching 70 with mean gross disposable incomes as high as £39,000 and £45,000. However, when we compare this to other areas such as Central and South ward we can see that the SPI is lower than 50 and the amount of disposable income is considerably lower in comparison. Barnfield has the highest level of disposable income and Central has the lowest level of disposable income.

This is important because it affects our residents' ability to afford important life expenses such as nutritious food, housing costs such as paying rent or fuel bills, accessing some social experiences, which ultimately improve physical and mental health. Conversely, people living in areas with higher SPI scores are more likely to be able to afford these essentials due to more secure work or higher paid jobs, larger savings and therefore have better health outcomes. This income gap means that residents living in more deprived neighbourhoods are at greater risk of suffering from preventable diseases.

³ [Social Progress Index for Luton Borough Council](#)

Table 1. Social Progress Index scores and Disposable Income by ward

Luton Ward	Social Progress Index Score	Mean Gross Disposable Income (£K)
Barnfield	68.16	45.11
Biscot	45.47	34.99
Beech Hill	46.29	34.53
Bramingham	70.17	39.42
Central	39.48	26.72
Challney	54.07	36.56
Dallow	44.72	33.77
Farley	46.92	31.77
High Town	56.08	33.17
Leagrave	55.80	32.23
Lewsey	52.82	31.84
Northwell	56.08	33.86
Poets	53.58	36.19
Round Green	61.03	36.57
Saints	52.60	36.64
South	40.85	31.12
Stopsley	67.43	37.41
Sundon Park	62.26	34.06
Wigmore	66.71	40.32
Vauxhall	62.92	37.33

Social Progress Index Borough View and Mean Gross Income (£1K)

2. Update on our success so far

We have undertaken and built on the progress of last year, focusing on delivering to our neighbourhoods and communities. In particular, we have worked within our governance structures Place Board, Children’s Trust Board and the Health Equity Town Board to help drive and focus action and develop an action plan for the HET programme.

These Boards make up a majority of the health equity system – however, the system is wider than professional groups, anchor organisations and partner agencies.

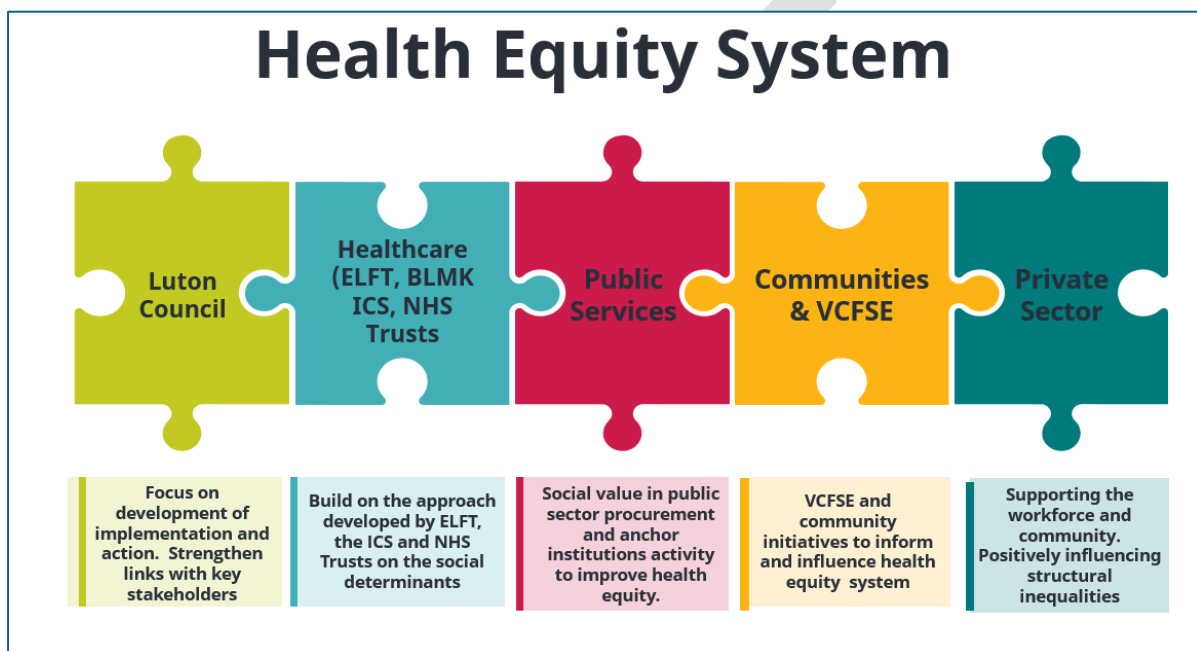
What is the Health Equity System?

The Health Equity System includes the local authority, the VCFSE and private sectors, healthcare and other public services. These are the key system partners:

1. Set targets for health inequalities in Luton.
2. Extends anchor approaches to include partnership working across the system with health equity as the priority.
3. Develops a set of health equity indicators to monitor progress on reducing inequalities in health and in the social determinants of health.

4. Continue the Fairness Taskforce and Talk, Listen, Change approaches to community engagement and co-design.
5. Ensures that the Marmot Advisory Board should become an implementation board and oversees development of an implementation plan, based on this report.
6. The Marmot Advisory Board provides oversight of the work strengthens accountability for health inequality at senior level in the NHS, local authorities and public services.
7. Carries out more cohort-based longitudinal research to monitor the effects of interventions on Luton residents, given the high population turnover.

Figure 3 The Health Equity System – Luton Marmot Town



Health Equity Town Priority Areas

Following on from last years report, we have summarised our successes and projects in the table below. The table represents a snapshot of activities across Luton whilst being aware that there is a vast amount of work and action taking place across the borough that has not been fully captured. At the time of writing, we will be formally launching our new health equity town microsite, that will act as a single point of access for the system to contribute to showcasing projects and activities improving health equity whilst also supporting learning from good practice.

In order to implement the eight Marmot principles, we have brought together partners from the system to work to our HET agreed priorities. Our current priorities are:


1. Business, Employment, Skills and Health
2. Children and Young People
3. Housing and Health

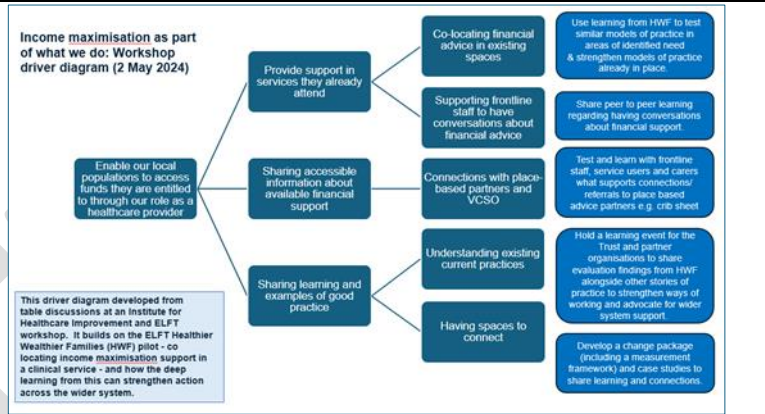
Each of the priorities are chaired by a subject matter expert and supported by Public Health.

Table 2. Summary of Health Equity Town achievements, BESH, Children & Young People and Housing & Health

Health Equity Town Priority	APHR 2023	Update
<p>Business, Employment, Skills and Health (BESH)</p> <p>The BESH Sub-Group works with the wider workforce which includes supporting the Good Business Charter accreditation work through Inclusive Economy, and new Economic Strategy, that has re-shaped the draft Employment and Skills Strategy.</p> <p>The purpose of the group is to include strategies to ensure all working age residents have appropriate and relevant skills, and opportunities for good, quality work locally.</p> <p>Our target groups are businesses and employers and sub-groups of our population</p>	<ul style="list-style-type: none"> Developing focused actions to support people back into work – substance misuse services, mental health services, housing associations utilise the Health Equity Prize. 	<p>The three HET prize winners from 2023 developed their projects in 2024 based on the funding received. In August 2024 a showcase event was organised with presentations about their experiences and moreover evaluation of the impact they have made in tackling health inequalities. This concerns Frequent attendants to primary care services, social inclusive Youth club activities, and Learning disabilities employment opportunities. Two of the projects presented again at the Annual HET conference in November 2024.</p> <p>Change, Grow, Live and Community Led Initiatives, our commissioned treatment and recovery services for Luton, collaborate to assist all service users in accessing employment and training opportunities. This effort is executed in partnership with various services throughout Luton. Public Health Luton and its partners are integral members of the Individual Placement Support consortium for Bedfordshire, Luton, and Milton Keynes (BLMK), funded by the Office for Health Improvement and Disparities (OHID), with aligned objectives.</p> <p>The Individual Placement Support (IPS) team provides dedicated personnel to Change Grow Live, ensuring service users receive support in their employment and training pursuits. Luton Public Health and the IPS leadership work together to coordinate the Education, Training, and Employment (ETE) Development Group, which facilitates</p>

	<ul style="list-style-type: none"> • Broaden workplace charter engagement around health in workplaces. Following from the Anchor Institutions Cultural Competency project where we worked with three organisations to implement core competencies, the charter will focus on good work practices, cultural competencies and sharing best practices with additional organisations. 	<p>the sharing of ongoing initiatives, best practices, and enhances collaboration, including contributions to policy development.</p> <p>Working with the Local Government Association, Healthwatch Luton, University of Bedfordshire and Luton council organisational development and learning team, the TLC Anchor Institutions Cultural Coaching Project focused on delivering cultural coaching to x3 self-selecting anchor organisations. The results from the evaluation shows that:</p> <ul style="list-style-type: none"> • Improved communication focusing on inclusivity and cultural diversity is required and should not be underestimated. • Tailored approaches and data-driven insights to help institutions understand their users better. • Organisational adaption by bolstering community engagement and changing focus to consider health inequalities as well as equality protected characteristic groups. • Formulation of strategic and realistic action plans. To enable momentum, set targets and establish roles and responsibilities within the organisation. <p>The six objectives of the project are shared below.</p>
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		 <p>01 - Build Skills Equip staff with the tools to understand and serve Luton's diverse communities better.</p> <p>02 - Use Data Effectively Leverage data to identify gaps and develop responsive services.</p> <p>03 - Improve Organisational Culture Foster attitudes and behaviours that prioritise inclusivity.</p> <p>04 - Create Tailored Solutions Develop unique approaches to meet specific community needs.</p> <p>05 - Increase Access Make services more accessible for patients and service users.</p> <p>06 - Address TLC Issues Commit to resolving challenges identified in the TLC research.</p>
<p>Children and Young People</p> <p>The Children and Young People's sub-group is currently meeting in a different format focusing on child poverty.</p>	<ul style="list-style-type: none"> Refining and implementing the QI approach change ideas to fully ensure that health equity is embedded in the system. Specifically, focusing on key times within a child's journey and looking at where we can work together to maximise the health and wellbeing of the child. 	<p>Working in close partnership with Family Hubs, ELFT Marmot Trust, Luton Supporting You and Luton Citizens Advice, Public Health are delivering a QI project to improve income in families.</p> <p>The focus is to increase opportunities to access available funds by ensuring knowledge and opportunity is available to families.</p> <p>Using the QI approach, the driver diagram shows the overall aim of the project and possible change ideas.</p>



- The Start for Life programme focusses on the critical first 1,001 days in a child’s life. The Family Hub programme is delivering and embedding health equity approaches with Flying Start offering an extended and universal approach to early years development, to improve health outcomes and school readiness in the whole population.

- Ensuring that a health equity approach is embedded in all new contracts, strategies and plans developed within local statutory and voluntary services,

Luton Family Hubs have been developed as a town-wide partnership, with friendly, committed, helpful, professional partners and local experts offering parent and child sessions, advice, information and guidance to all families, whatever their experience or circumstances in Luton. A report has been published show-casing how the Family Hubs have driven action in infant feeding, parenting, dad groups and other actions based on the 3 delivery principles: Access, Connection and Relationships

The council is testing its approach to embedding early intervention and prevention into new or refreshed contracts; This has been tested on a public health contract where service providers are asked to implement stop smoking support for staff and service users. Further

	including development of a framework to address Health Equity.	exploration of early intervention and prevention proposals are underway.
Housing and Health	<ul style="list-style-type: none"> • Healthy Estates plan to continue with a focus on resident engagement. • Ongoing delivery of Core20Plus5 funded project on warm healthy housing, and demonstrating outcomes. • Continuing housing influence through the net zero subgroup on topics such as fuel poverty and cold homes • Influencing our emerging Local Plan to support healthy homes and places, including specialist accommodation needs 	<p>The Luton Healthy Estates Strategy aims to improve the health and wellbeing of tenants through improvements to managed sites and partnership working.</p> <p>Priorities are:</p> <ol style="list-style-type: none"> 1. Identify needs and involve local people 2. Promoting healthy and fulfilling lives 3. Providing attractive and diverse green spaces <p>A series of Roadshows has been organised to engage with residents to listen to their needs. A survey with a raffle was used to encourage survey completion and feedback collate feedback through a form</p> <p>Action: - updates</p> <ul style="list-style-type: none"> - Analysis of feedback forms - to date 100 received regarding issues. Offered to University student as part of working together with UoB. - Tenants – tenants newsletter - Health campaigns e.g. stop smoking - Play streets update - Green space and communal space initiatives - Community initiatives

Fairness and Communities

The Fairness and Social Justice Strategy was approved by Luton Council in January 2023 and provides a framework and model for how the council and its partners across the health equity system are working to ensure fairness in society. A town built on fairness means a strong and empowered community where there are opportunities, access to services and improving equity is at the heart of our collective action.

The Fairness Taskforce, creates the space and opportunity for Luton communities and the VCSFE sector to influence how commissioning is delivered and most importantly ensure that the priorities arising from communities are communicated to funders and public sector organisations.





Public health worked with the Fairness Taskforce, in partnership with Bedfordshire & Luton Community Foundation (BLCF) and the Young Foundation to fund and deliver the **Collaboration Fund**. The funding was allocated to voluntary, community, and faith sector groups (VCSFE) and organisations to improve the health inequalities experienced by marginalised and vulnerable communities in Luton. The focus was to build on the success and award-winning Talk, Listen Change Research Project of the Year (2022) presented by the University of Bedfordshire.

The purpose of this fund was to develop a strategic approach to tackling structural health inequalities amongst the VCSFE sector across Luton. This is the unequal distribution of resources, opportunities and power by enhancing and supporting new partnerships and eliminating competition and bringing added value through collaboration within the sector.

Our findings from the evaluation show that there is learning for individuals as well as for organisations with a focus on peoples stories. This has also provided clarity for different organisations. Data remained an important factor in driving commissioning intentions and the importance of sharing learning amongst the community groups involved in receiving the funding.

Figure 4. Luton Collaboration Fund: What system conditions are needed to strengthen collaborative ways of working?

What might this look and feel like in Luton?



Individual changes

- To mindsets, behaviours and attitudes.
- Providing the foundations and support to enable structural and cultural shifts...

Cultural shifts

- Whose voices are heard?
- New relationships and connections.
- Understanding challenges through the perspectives of those closest to the issue.

Structural changes

- Policy, decision making processes.
- E.g. Luton Fairness Taskforce.
- Flow of money and resources.

Neighbourhood working

In 2022, the Fuller Stocktake Report set out a new vision for integrating primary care. The heart of the new vision is the bringing together of previously siloed teams and professionals to do things differently and to improve patient care for whole populations.

Based on evidence, the greatest impact of collaborative working is seen within neighbourhoods of 30-50,000 people. It is expected that teams across primary care networks (PCNs), wider primary care providers, secondary care teams, social care teams, and domiciliary and care staff work together to share resources and information and form multidisciplinary teams (MDTs), with the purpose of improving the health and wellbeing of a local community and tackling health inequalities.

The vision puts patients/residents at the heart of care, whilst key partners and the wider community organisations such as schools, libraries and faith groups work together to support the individual.

Figure 5. Neighbourhood Team Vision



We have set up a steering group to provide strategic oversight, planning, collaboration and guidance with the purpose of ensuring that the Community Neighbourhood Programme (CNP) work and the Luton Integrated Neighbourhood Collaborative (LINC) programmes of work, align with Luton's strategic 2040 priorities, Place based Core20plus5 priorities, Marmot Health Equity framework, Fairness Strategy, and the Integrated Care Board (ICB) priorities (Start well, Live well, Age well, Growth and Reducing inequalities).

The LINC ambition is aligned to the key pillars of Luton's Population Wellbeing Strategy overarching vision and priorities and Luton 2040 priorities and have identified three foundation stone projects.

Table 3. LINC Foundation Stone Projects

Ref	Name of project/action
1	<p>Mapping MDT's, functions and establishing a best practice approach;(a foundation stone project to support and inform all neighbourhood initiatives)</p> <ul style="list-style-type: none"> • Provide an iterative map of MDTs across Luton • Develop and agree a consistent operational approach to MDT's. • Overlay with PHM data and adapting capacity and placement based on need
2	<p>Refreshing the BLMK High Intensity Users Scheme to support and develop a neighbourhood level approach.</p> <ul style="list-style-type: none"> • Using a Population Health Management and personalised care approach to provide a holistic wrap around MDT offer, within a pilot neighbourhood. • Working with existing HIU schemes to ensure a cohesive offer
3	<p>Developing an All-Age Professional Network to support neighbourhood working, testing with a specific cohort of professionals and learning from the existing Communities in Practice approach</p> <ul style="list-style-type: none"> • Build an inclusive platform which ensures all neighbourhood professionals are informed and connected, driving sustainability of the neighbourhood offers and a strong effective happy workforce, encouraging flexible working relationships and shared learning opportunities. • Develop a Neighbourhood Working Awareness Training to build a common understanding of the LINC vision. • Establish a whole system Training and Development Network with digital and in person opportunities.

There are five Luton neighbourhoods. These are:

1. West Luton
2. North Luton
3. East Luton
4. South and Town Centre
5. West Central

Work has started in the Biscot and North Luton neighbourhoods.

Case studies

We know that we cannot measure everything using quantitative data (information that can be expressed using numbers for example numbers of smokers quitting). Using case studies offers deep, contextual insights and is an excellent way of hearing the difference we are making from our residents and communities. The examples here demonstrate the breath of activities that contribute to improving health outcomes for our residents.

Case study 1: Biscot Health and Wellbeing Hub, shows us how parts of the health equity system can work with communities in a neighbourhood to deliver tangible outcomes.

Figure 6. Case study – Biscot Health and Wellbeing Hub

Project Title Biscot Health and Wellbeing Hub	
Authors eQuality Primary Care Network	
Tell us about your project	What did you do?
<ul style="list-style-type: none"> Open to ALL our patients. Their families and to the wider community EVERYONE IS WELCOME - regardless of age, gender, religion, ethnicity, background, disability, etc. Classes and events are TAILORED to the needs and demands our community and patients! Multilingual This is a friendly SAFE SPACE! 	<ul style="list-style-type: none"> Weekly exercise classes (Pure Stretch, Yoga, Zumba, chair-based, etc.) Fortnightly community gardening sessions Arts, Crafts & Activities workshops Work with local schools Addressing Knife Crime workshops Monthly coffee mornings/afternoons Seasonal community festivals <p>Partners: Church team; Biscot Councillor; eQuality PCN coaches; GP Biscot Group</p> 
Acknowledgements	What have you achieved?
 	<ul style="list-style-type: none"> Collaboration with St Andrew's Church and Local Council Aims to create a safe space for vulnerable patients Provides access to health education and wellbeing activities for the local population Encourages healthy lifestyle through diet and exercise Targets health inequalities and hard-to-reach groups Integrated Neighbourhood Team
What have you learnt?	
<ul style="list-style-type: none"> Have the right committed & passionate individuals involved Listen to the target audience (patients and the local community) Assess what is already working in the area and what is missing? Collaborate with the local services available around you We work with the patients and the community that we have Everyone on the team needs to have a shared vision and SMART goals Work together to bring it to life! Utilise PCN Personalised Care Teams e.g. Health and Wellbeing Coaches as a starting place for the target audience to reach out to 	
 	

Case study 2: GoodGym Luton shows how physical activity has significant benefits for health, both physical and mental, and can help to prevent a number of diseases such as type 2 diabetes, depression and cardiovascular disease.

Figure 7. Case study – GoodGym Luton – Getting Fit By Doing Good!







Project Title GoodGym Luton - Getting Fit By Doing Good!	
Authors David Mansfield	
Tell us about your project?	What did you do?
<p>GoodGym engages adults in physical activity by giving the activity purpose, more than just their fitness.</p> <p>Members use their energy to contribute to community projects with physical tasks, or isolated older people in their homes.</p> <p>Whether you enjoy being active or need some motivation to get out there. We hold a range of sessions with varying intensity to suit everyone.</p> <p>Goodgym isn't confined to a physical location, Luton is our gym. Streets are our treadmill and in the community is where we do our heavy lifting!</p>	<p>By running regular group sessions every Wednesday evening (whatever the weather!) we have a regular focal point in the week for people to get together and feel part of the GoodGym community. The Friendship and camaraderie between members is a big factor in keeping them coming back.</p> <p>We also have regular sessions on rotation at other times of the week so there is something on offer nearly every day and at various times of day to suit many people and their circumstances. we are able to support people who walk run or cycle.</p> <p>Building confidence in our members to lead their own sessions has allowed us to expand the frequency and range of activities that we can support.</p> <p>We partner with many community groups that seek to tackle various issues:</p> <p>Wardown Parkrun - A welcoming, all-abilities fitness event FoodCycle - Saving food from waste and providing a hot meal and social to all-comers Breakfast Battery Boxes - Food parcels to relieve school holiday food poverty Penrose Roots - Gardening project for people in recovery from substance abuse/crime 61 Football Club - Grassroots football supporting young men and asylum seekers Level Trust - School clothes bank ...and many, many more!</p> <p>We work extensively with LBC's Parks and Countryside team to maintain and improve Luton's parks and nature reserves, and support large community events such as the Fireworks Spectacular, Luton RunFest, CRUK's Race for Life.</p> <p>Our visits to older people in their homes have expanded this year with the introduction of social visits in addition to practical tasks. Social visits are purely about sitting down with an isolated older person and having a chat over a cup of tea.</p> <p>Feedback from one of our social visits: "A lady from GoodGym visited my auntie this week. It was very well received. Auntie enjoyed chatting to the lady over a cup of tea, it is exactly the kind of thing to help with her feeling so lonely."</p>
What have you achieved?	What have you learned?
<p>GoodGym Luton has been running for over two years and membership continues to grow.</p> <p>In 2023 so far 49 members have participated in 279 group sessions and done over 1000 individual good deeds in the community. In the process they've covered a distance of over 4500km!</p> <p>In the last year we have made a strong connection with Luton's asylum seekers, who have benefitted from the community connections and the chance to pay something back and make good use of their time, while helping their fitness and mental state.</p>	<p>A big challenge has been finding new members. We have an excellent and dedicated core membership but a larger pool of members would allow us to take on more projects and especially expand our support to older people in their home.</p> <p>This year our asylum seekers have been a great boost to our membership, adding diversity to the team. It has highlighted the difficulties they face and taught us a lot about how they are treated by the Home Office and how vulnerable they are.</p>
Acknowledgements	What's next?
Thanks to LBC for providing start-up funding to launch GoodGym Luton	<p>Next steps:</p> <ol style="list-style-type: none"> 1. Keep on going, consistency is key! 2. Boost membership, this allows us to increase our impact over a wider area 3. Find new community groups to partner with. 4. Increase our pool of DBS checked members for work with older people
 	

Figure 8. Case study 3: Homelessness and exclusion

Project Title Homelessness and Exclusion – Noah Enterprises	
Authors Paul Prosser	
Tell us about your project	What did you do?
<p>NOAH takes a holistic approach to homelessness and exclusion and no matter which service a person comes to first they are encouraged to make use of as many areas of NOAH as necessary to enable them to reach their potential.</p> <p>Welfare, Advice and Outreach Welfare services are at the heart of NOAH. It is through our welfare and outreach services that people most often have their initial contact with NOAH.</p> <p>Social Enterprise Our Social Enterprise activities raise money to support NOAH's charitable works and provide support and work experience to many NOAH service users.</p> <p>Work Experience and Skills Training A very important step on the journey to a better future for someone who has been homeless and/or long-term unemployed is the opportunity to gain work experience and training in employable skills. Combining this with preparation for employment provides a bridge into a sustainable future.</p>	<p>Ola's Story – August 2023</p> <p>In July a Nigerian patient Ola was ready to be discharged from Ash ward at the L&D but he had nowhere to live. If he returned to rough sleeping the likelihood of relapse and readmission for his mental wellbeing was high.</p> <p>When he came to NOAH his face was swollen, he was depressed and highly medicated and he looked sick and scared about what was happening to him.</p> <p>However, instead of rough sleeping the NOAH Hospital Discharge Worker Shenaz provided him with a few nights interim hotel accommodation and referred him to our in-house immigration advisor Maria. She wrote to the home office regarding his 10yr family visa route and submitted a change of condition form. She helped him upload his bank statements and necessary evidence of destitution and stressed the urgency of the case in her correspondence. Within just 5 days the home office confirmed that his no recourse to public funds status had been removed and he was now entitled to claim housing benefit.</p> <p>When he came and spoke to Maria she told him there was good news. He was screaming and jumping, he said this was a new lease of life for him. We had to ask him to calm down as the relief was so strong.</p>
Acknowledgements	What have you achieved?
<p>Luton Citizens Advice, Luton Council Housing Luton and Dunstable Hospital</p>	<p>That same day our NOAH Hospital Discharge Project Worker Shenaz helped him make a universal credit claim and provided a new mobile phone and sim for him to administer this application. Two days later we helped him apply for accommodation at a local supported housing provider in Luton. Ola came to us and said that actually he had been able to find himself a private rented room in Luton which accepted housing benefit which he preferred. He was able to move himself in and get set up in a new home.</p> <p>It is unlikely this level of expertise and holistic intervention including OISC immigration advice would have been able to unlock the situation were it not for NOAH's involvement.</p> <p>We fully believe that access to stable and quality accommodation is a significant wider determinant of health and wellbeing and we strive to help everyone in Luton to obtain this to avoid future health challenges and hospital admissions.</p>
 	 



3. Communicating our Approach

It's important that we communicate the principles and approaches of what being a health equity town is to stakeholders and partners. We want to influence how we work together and our understanding of health equity. Part of this is to share good practice, improve capacity through training and webinars and develop a consistent way of working across the system.

We have done this by:

- Producing the Health Equity Town quarterly newsletters – sharing good practice and updates.
- Ongoing partnership work with colleagues such as sharing our progress, learning, and funding opportunities through partnership meetings and sub-groups.
- Finally, we have developed a Health Equity microsite. The purpose of this site is to share good practice, communicate to our residents, partners, businesses and private sector and other stakeholders our on-going actions, projects, programmes and the difference we are making.

Going forward, we want to be able to share bite size communication messages and learning in addition to the existing Talk, Listen, Change learning sessions. This includes harnessing technology and social media.

Building blocks of health

The health equity approach in Luton understands that health outcomes are influenced by a variety of contextual factors such as environmental conditions, social determinants, and access to healthcare.

In Luton we have started to use the term ‘building blocks of health’ to refer to the wider determinants of health. We have committed to keeping our language easy to understand and have trained 73 people across the health equity system. This training includes developing champions who will commit to sharing the learning and utilising the communication skills obtained.


Feedback from attendees has shown that the sessions were positively received. For some participants it has been an eye-opening experience that will be taken into their professional environments. This will have the potential to influence and change communication on health and health inequalities thus taking a step closer to bringing the system into a common way of working relating to health equity and social inclusion.

‘I am able to think about the language and format I use for the message I would like to deliver. Helped me to think about how the message will land to achieve the aims and objectives.’
[Voluntary Sector]

‘Really powerful tool to get messages through to colleagues, wider community and policy makers’
[Senior Health Equity System Leader]

The figure below shows how messaging can be re-framed using the building blocks of health.

Figure 9. What builds good health?⁴



Clean air

Air pollution not only affects respiratory health but evidence shows that it affects most organs in the body.

People from a black, black British, Caribbean or African background are five times more likely to live in the most polluted areas compared with white people.

⁴ The Health Foundation. What builds good health? Available here <https://www.health.org.uk/features-and-opinion/features/what-builds-good-health>

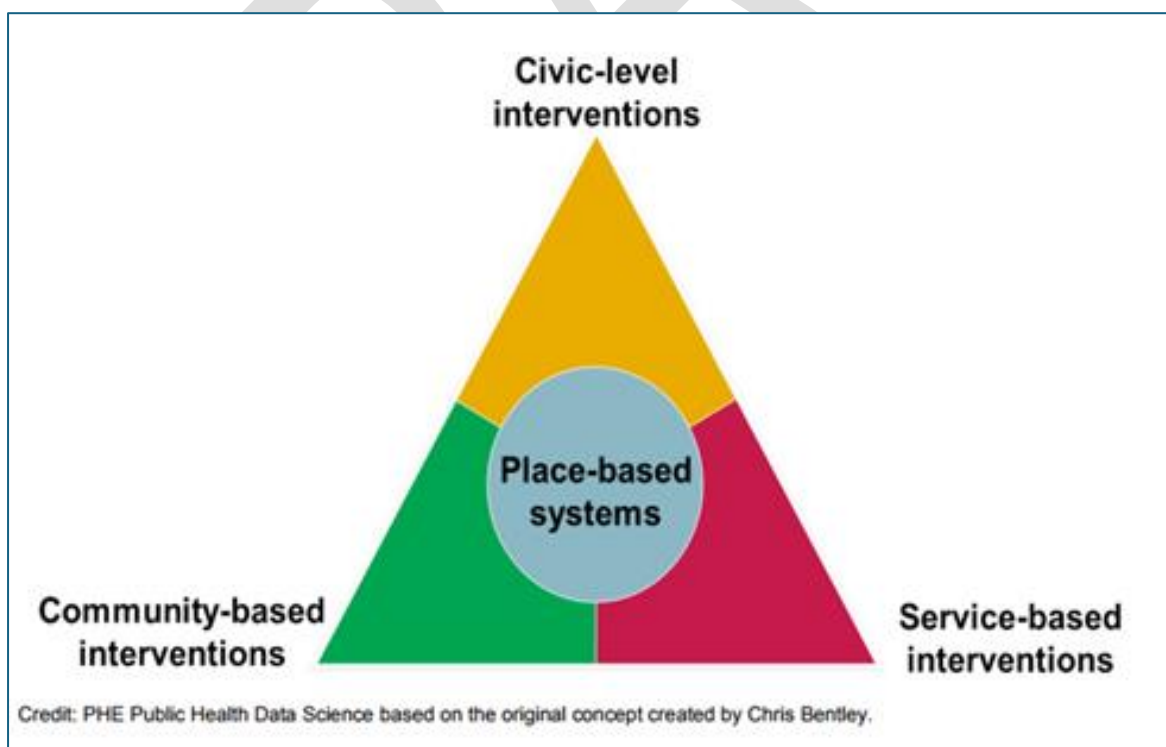
4. Understanding Health Inequalities at the Luton Level

This year, we are drilling down at a local level, we know being a Marmot Town has advantages of enabling the health equity system to work together to create lasting change that can be tracked using the right indicators.

The Population Intervention Triangle (PIT) ⁵, see figure 1 below, is a model used to plan and coordinate actions to reduce health inequalities at Place. It consists of three main components:

1. **Civic-Level Interventions:** These are actions taken by local governments or authorities, such as policies and regulations that affect the entire community. Examples include public health campaigns or urban planning initiatives.
2. **Community-Based Interventions:** These involve efforts within the community to support health and well-being. This could include local programs, support groups, or community centres that help residents improve their health.
3. **Service-Based Interventions:** These are services provided directly to individuals, like healthcare services, social services, or educational programs. These interventions aim to deliver consistent and effective support to improve health outcomes

Figure 10. Population Intervention Triangle⁵



⁵ Public Health England. Reducing health inequalities: system, scale and sustainability. Published 2017. Available here https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/731682/Reducing_health_inequalities_system_scale_and_sustainability.pdf

Health Equity Indicators for Luton

To track how health inequalities are changing across the town, we have developed a dashboard that maps over the eight Marmot policy areas and highlights the indicators that we want to measure as a town.

Each of the policies are numbered one to eight and have at least one indicator which can be compared across three geographical areas. These are England; Luton's nearest statistical neighbours and the East of England region. Table 4 shows the policy areas and corresponding indicators.

Table 4. Eight policy areas and Marmot Town indicators

Marmot Policy Area	Marmot Town Indicators
Overarching Health Equity Town	<ul style="list-style-type: none"> • Life Expectancy male and female • Healthy Life Expectancy male and female
<p>1: Give every child the best start in life</p> <p>2: Enable all children, young people and adults to maximise their capabilities and have control over their lives</p>	<ul style="list-style-type: none"> • Percentage of children achieving a good level of development at 2-2.5 years • Percentage of children achieving a good level of development at the end of Early Years • Infant mortality rate (deaths under 1 year rate per 1000 live births) • Percentage of 5 year olds with experience of visually obvious dental decay • Child Poverty (after housing costs) • Average Progress 8 score • Average Attainment 8 score • Proportion of Luton Children attending good or outstanding schools • Hospital admissions for self-harm for young people aged 10-24 (rate per 100,000 16-24 year olds) • Proportion of children that are overweight (including obesity) (At year 6)
3: Create fair employment and good work for all	<ul style="list-style-type: none"> • Minimum Income Standard (Luton adapted model – destitution) • Unemployment claimant count (% of working age residents) • % of residents in higher-level occupations (education attainment Level 4, level 2 and No Formal Qualifications) • % of employees below the living wage
4: Ensure a healthy standard of living for all	<ul style="list-style-type: none"> • Proportion of children in workless households • Percentage of households in fuel poverty
5: Create and develop healthy and sustainable places and communities	<ul style="list-style-type: none"> • Households in temporary accommodation (per 1000 households)
6: Strengthen the role and impact of ill health prevention	<ul style="list-style-type: none"> • Smoking prevalence (% adults 18+) • Adult obesity rates (% adults 18+) • Percentage of loneliness in population

We also use healthy life expectancy (HLE) as a key indicator. This is a measure of the average number of years a person would expect to live in good health based on existing death rates and prevalence of self-reported good health⁶.

Indicators and inequalities within Luton

There are advantages to understanding health inequalities at smaller geographies, such as at ward and neighbourhood level. Looking at data and insights at this level enables us to obtain more local insights which can sometimes be masked at a town wide or at a regional level.

This approach also enables us to undertake targeted interventions, being more precise and effective in our resource allocation, making sure we tailor our approach to those communities who need it the most.

Luton 2040

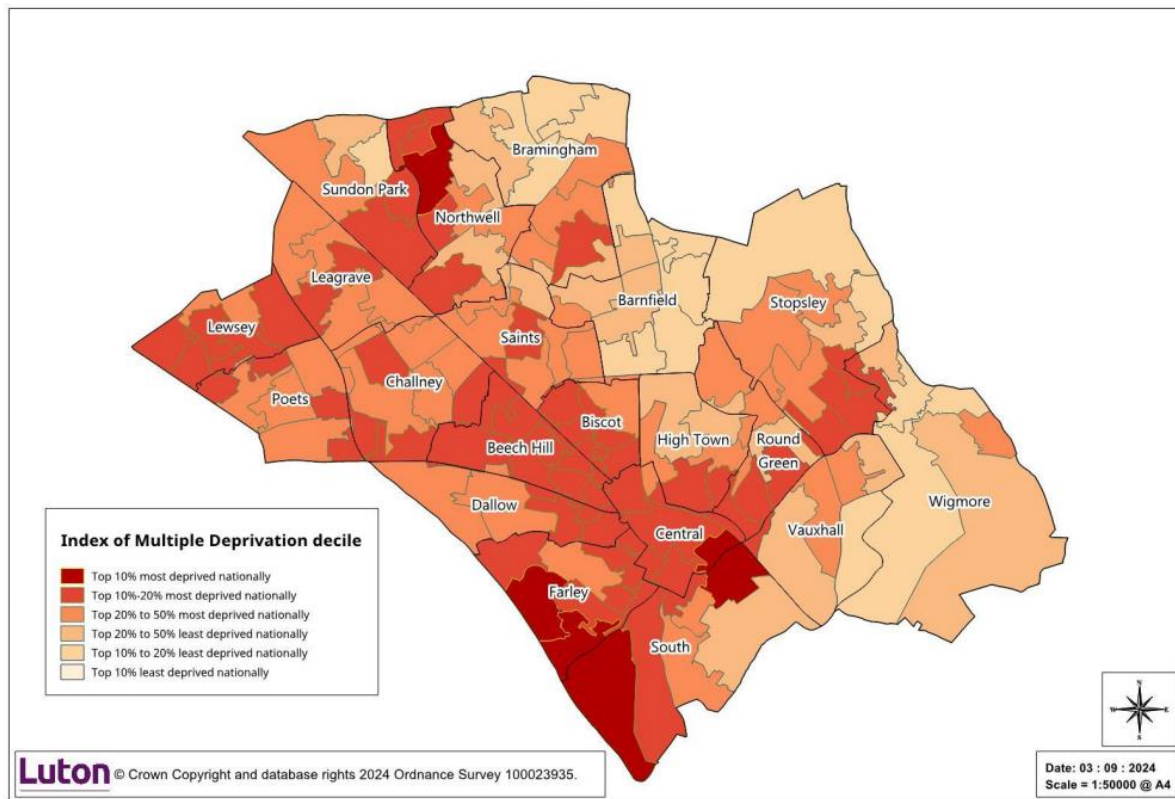
There are a combination of factors that effect the rates of poverty. Our town-wide Luton 2040 vision focuses on improving the life chances and quality of life for all residents to combat poverty. The ambitious goal is that Luton will be a healthy, fair and sustainable town where everyone can thrive and no one has to live in poverty. Life expectancy and healthy life expectancy is a good measure for our success.

In 2019, the Indices of Multiple Deprivation (IMD) ranked Luton as the 70th most deprived local authority out of 317 local authorities in England. IMD are a major factor in how health outcomes are experienced by residents, in Luton these reasons vary from, low rates of pay and uncertain hours, to crime, housing costs and standards and life style factors.

IMD is not equal across Luton's wards and even within those wards, there are pockets of deprivation that affect how we measure our success as a health equity town.

⁶ Office for Health Improvement & Disparities. Understanding the drivers of healthy life expectancy: Report. Published 1 June 2023

Figure 12. Index of Multiple Deprivation by ward, 2019



In Luton the healthy life expectancy for males is 59.2years, which is significantly lower than the national average which is 63.1years. Similarly, for females, there is a five-year difference in HLE for Luton (60years) compared with England’s average of 65years. These figures have not changed over the last 3 years during 2018-2021.

The following figures below shows how life expectancy differs across wards in Luton for males and females. Similar to the SPI in table 1, life expectancy is highest in Luton’s most affluent wards. The wards with the highest life expectancy and significantly better than the Luton average for males are Barnfield (84.57 years) and Vauxhall (83.07 years). There are five wards which have significantly worse life expectancy for males, these are:

- Lewsey - 73.74 years
- Beech Hill - 72.99 years
- South – 72.80 years
- Central – 71.15 years
- Dallow – 71.03 years

Dallow has the lowest male life expectancy with just over thirteen years difference when compared with Barnfield. When we compare Dallow to the Luton average, there is just under six years difference.

Similarly, for women, whilst life expectancy is higher for women than for men, there exists stark differences. Females living in the worse ward compared to those living in the most affluent wards live up to ten years longer. The wards that are significantly better than the Luton average are Poets (87.60 years) and Barnfield (86.82 years) and the wards with the lowest life expectancy for females are:

- Biscot – 77.78 years
- Farley – 77.78 years
- Challney – 77.61 years
- Dallow – 77.58 years
- Leagrave – 77.40 years

It's important to highlight that the most common ward with low life expectancy for males and females is Dallow ward. However, for those areas where life expectancy for men and women is longest are experienced in the most common wards, these are Poets, Barnfield and Vauxhall showing that residents that live in affluent areas in Luton are more likely to live longer regardless of whether they are male or female.

Figure 13. Life Expectancy for males in by ward between 2020 -2022

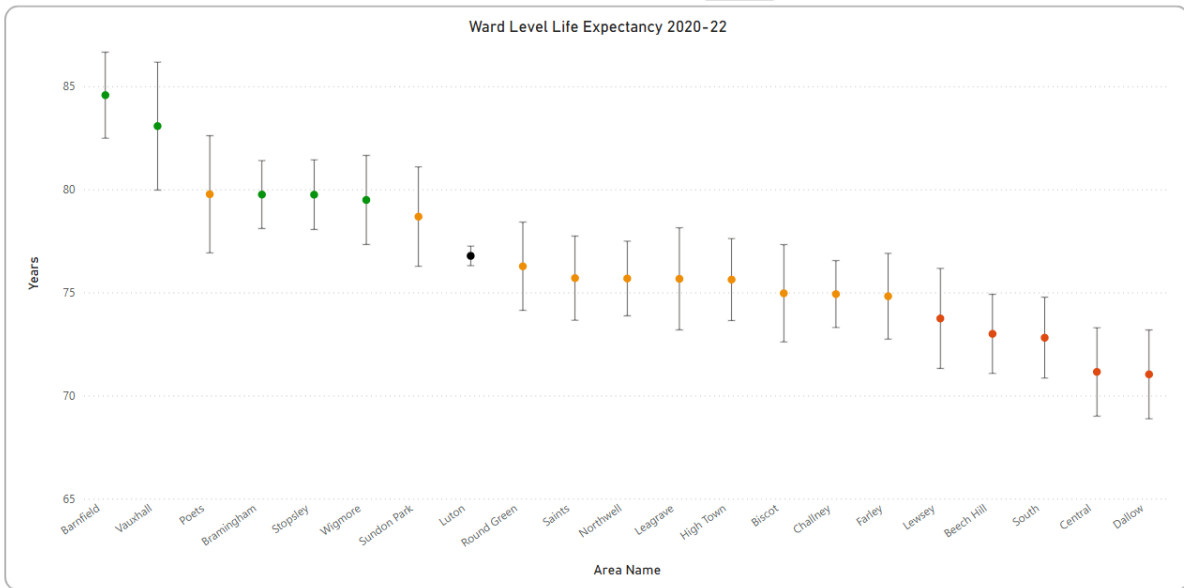
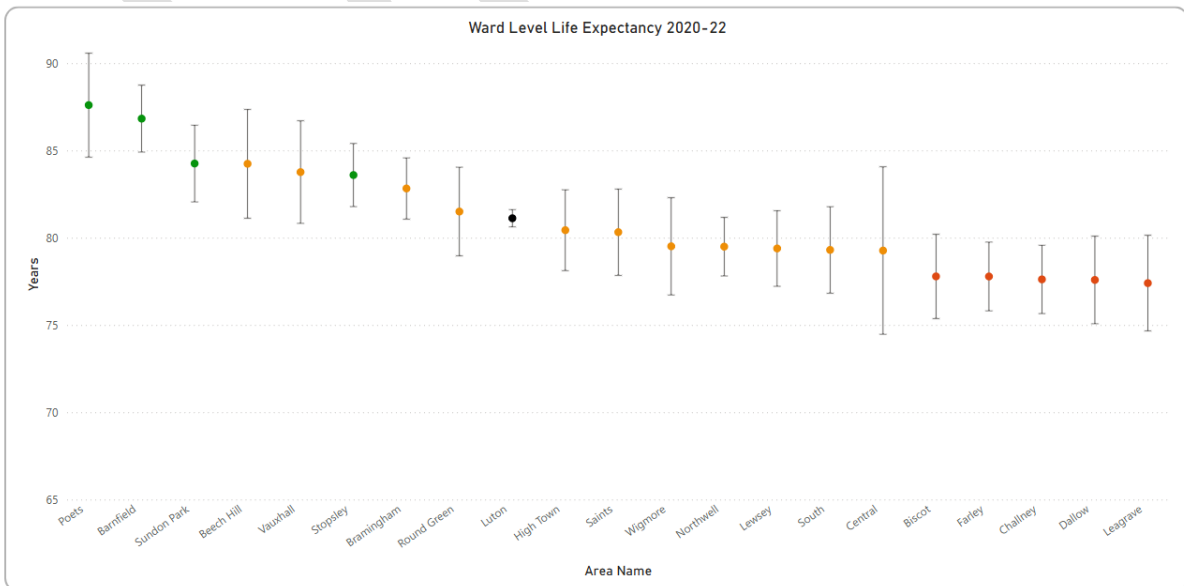


Figure 14. Life expectancy for females in by ward between 2020 - 2022

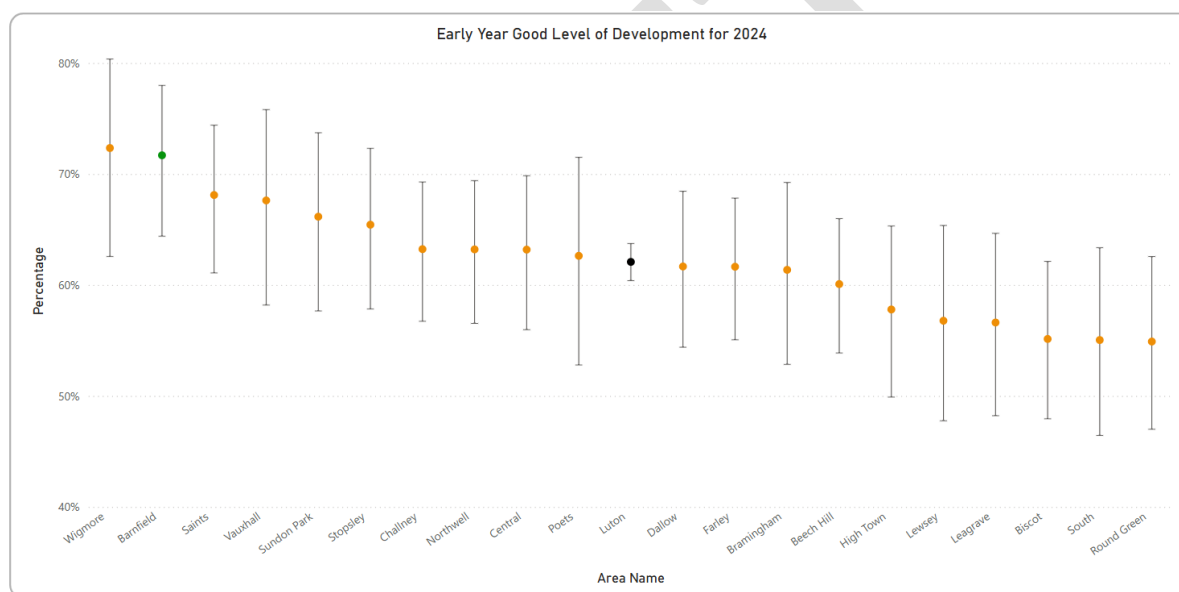


1. Give every child the best start in life

Getting a good start in life leads to better health outcomes in later life. The Early Years Foundation Stage (EYFS) promotes children’s wellbeing and supports a positive and healthy development in areas such as emotional health, language, physical and social development.

The Luton average for a good level of development is 62.08%. Whilst across all the wards in Luton there little significant difference compared to the Luton average, children living in Barnfield ward still remain significantly better than Luton and other wards in Luton.

Figure 15. Early Years Foundation State Good Level of Development for 2024



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

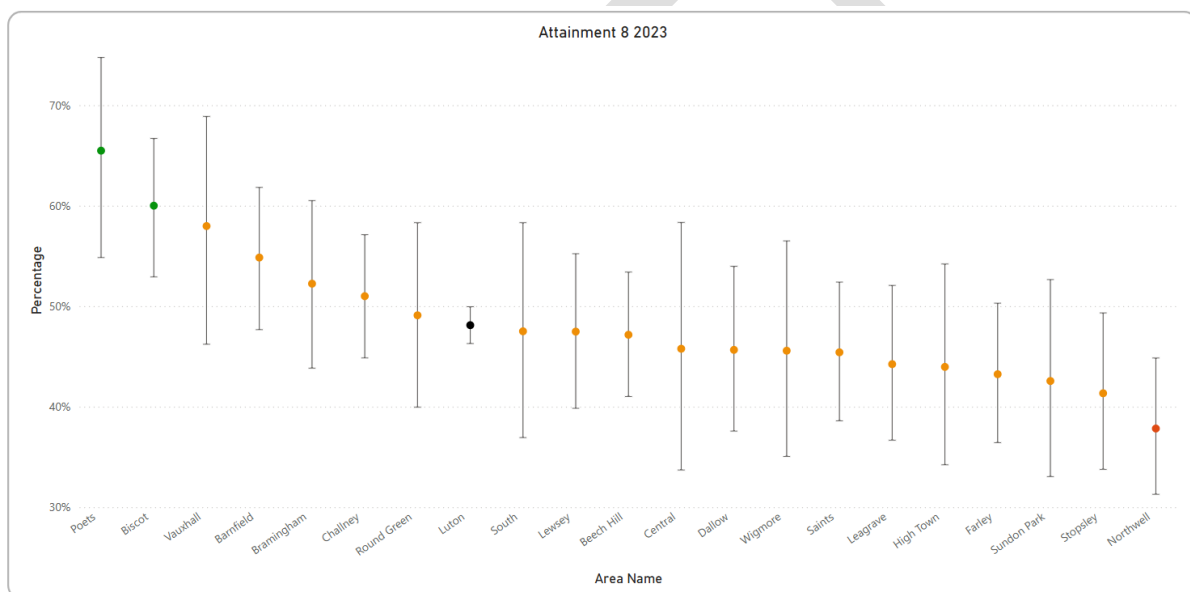
The average score Attainment 8 is the average measure of an individual student’s progress across the eight best performing GCSE subjects. Nationally, in 2022 – 2023 the Attainment 8 score was 46.3 out of 90.0 – down from last year. We also know that ethnicity and deprivation play important factors on GCSE outcomes. On average, nationally, white pupils score lower than the England average and in every ethnic group (except in traveller pupils) girls have a higher average score than boys⁷.

⁷ GCSE Results (Attainment 8) Ethnicity Facts and Figures. Available here <https://www.ethnicity-facts-figures.service.gov.uk/education-skills-and-training/11-to-16-years-old/gcse-results-attainment-8-for-children-aged-14-to-16-key-stage-4/latest/>

For Luton, the average score is 44.5 – lower than the current national average for the year 2022 – 2023. However, wards that are performing better than Luton are Poets (65.48%) and Biscot (60.0%). We know that Biscot is one of the wards with the highest proportion of children and young people in comparison to Poets ward, which has a high proportion of older people⁸. Also, Biscot has a higher ethnicity profile with over 82% of the population from non-white British heritage. Northwell ward is the lowest performing ward for Attainment 8 score (37.82%) and is in the top ten per cent most deprived parts of the county⁸.

Although complex, this is a useful indicator for measuring health inequalities in children because it reflects the educational outcome of pupils and what their future opportunities might be. Better educational outcomes are more likely to lead to better health outcomes for Luton’s children.

Figure 16. Attainment 8 2022 -2023 by ward



Luton’s childhood obesity rates are higher in more deprived wards. The only ward in Luton where the proportion of overweight children is significantly better than the Luton average is Stopsley, 30.34% compared to Luton’s 35.68%.

We know that deprivation is the key predictor of unhealthy weight and that there are links between the most vulnerable families who are struggling financially living in areas where the built environment does not promote health and wellbeing.

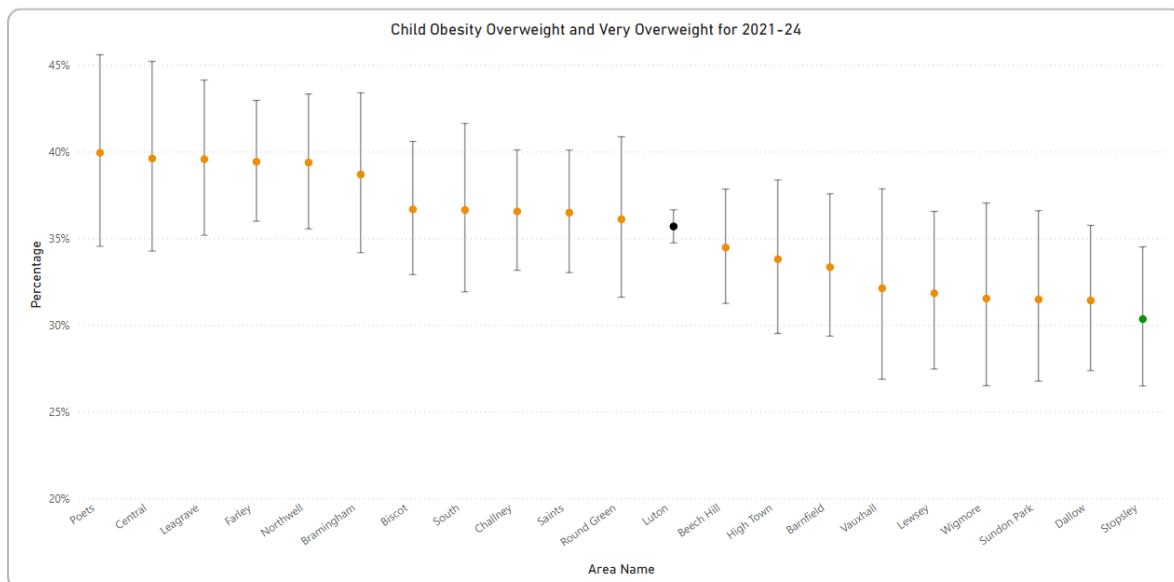
We know from health needs assessments, that Luton children from families in debt to the council or in receipt of discretionary payments are more likely to be obese/severely obese compared to children from other families. Housing rent data also showed that some tenants were spending large amounts on takeaways per month⁹.

⁸ Luton Borough Council JSNA. This is Luton. Available here: www.luton.gov.uk/Community_and_living/Lists/LutonDocuments/PDF/observatory/jsna-this-is-Luton.pdf

⁹ Luton Borough Council. Child Health Weight Needs Assessment 2019. Available here: www.luton.gov.uk/Community_and_living/Lists/LutonDocuments/PDF/JSNA/child-healthy-weight-needs-assessment.pdf

Figure 17 below shows that across ward boundaries, there is little difference in the percentage of children who are overweight or very overweight. Being overweight is much more complex than this and we know that being an unhealthy weight is not equal across all groups. Particularly, there are population groups in Luton more likely to have an unhealthy weight. These are children with disabilities, ethnic groups such as South Asian, white other boys and black African and black Caribbean children.

Figure 17. Childhood Obesity by ward 2021-2024



3. Create fair employment and good work for all

There is strong evidence to show that being in good employment is a protective factor. Conversely, being in unstable or poor employment can negatively affect our health. In Luton, we are using claimant counts as an indicator for health inequalities because it helps us understand what poverty and economic factors impact residents. It is a measure of the number of people that claim unemployment related benefits and is a key building block of health.

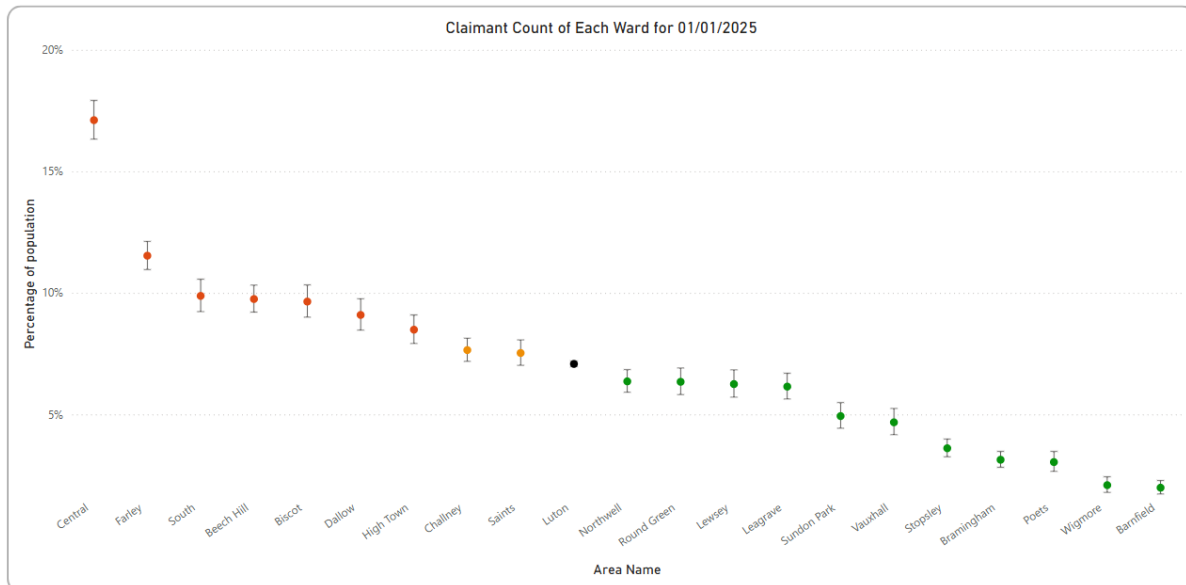
Figure 18 shows the number of people claiming Universal Credit and Jobseekers Allowance. Across Luton, we can see that are low numbers of people claiming benefits in the more affluent wards compared to numbers of residents claiming in the more deprived areas. The highest proportion of claimants is in central ward with 17.11% compared with Luton’s average of 7.08%.

Luton has a lower proportion of employees in managerial and professional occupations nationally and a higher proportion of people working in elementary occupations, that is, lower skilled jobs. Central ward has 28.1% of residents in low skilled jobs compared to Luton’s average of 16.9%.¹⁰ The ward with the lowest number of claimants is Barnfield (1.99%), showing the income disparity between areas.

¹⁰ Luton Borough Council JSNA. Ward Profile – Central. Available here. www.luton.gov.uk/Community_and_living/Lists/LutonDocuments/PDF/ward-profiles/wp-central.pdf

Again, whilst these figures give us some insight into how inequalities may play out in Luton, the story remains complex. This is because, despite the high numbers of claimants in Central ward, when we compare the proportion of people with a level 4 or 5 degree or higher qualification (between A-levels and an undergraduate degree, Higher National Diplomas) in Central ward we find that the proportion is significantly higher compared with Luton. Central ward (35.1%) compared with Luton 29.8%.

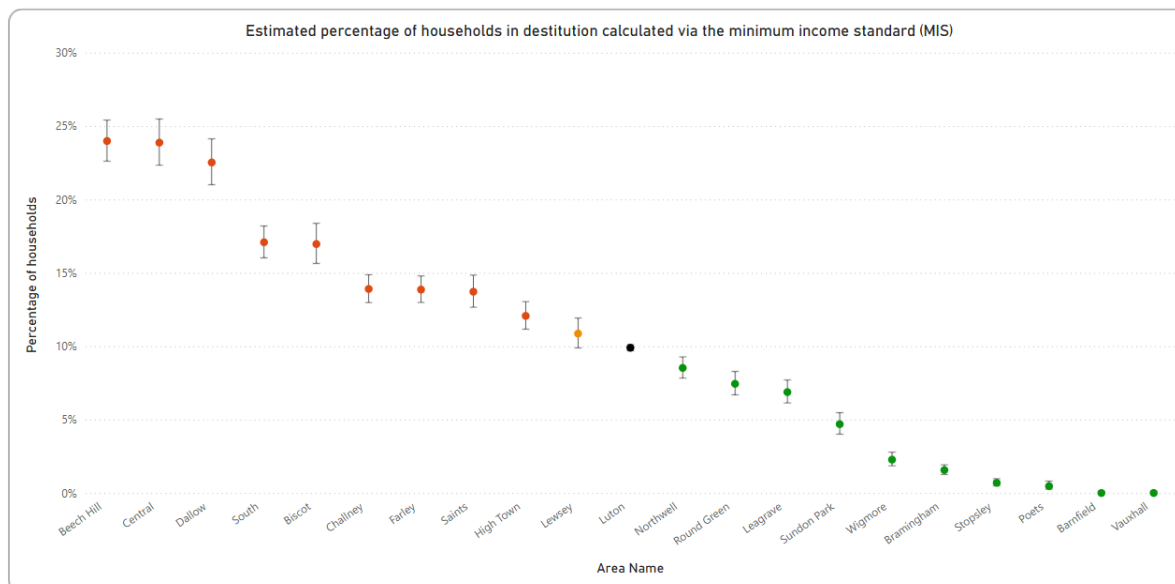
Figure 18. Claimant count by ward in January 2025



Similarly, we have used a local indicator to understand the economic impact on our residents to help paint a picture of the health inequalities. The Minimum Income Standard (MIS) is Luton’s key indicator for tracking poverty. The MIS uses households who live in destitution, these are households where the outgoings significantly outweigh low income and debt is a major issue, therefore, impacting negatively on physical and mental health. The MIS shows that more than half of Luton’s households are below the financial quality of life line¹¹. The wards with the highest deprivation are most likely to be in destitution, with Beech Hill and Central wards being the most worse off.

¹¹ Luton 2040. Available here: <https://www.luton2040.co.uk/luton-today>

Figure 19. Annual estimated households by ward in destitution using Luton’s minimum income standard measure (2024)



4. Ensure a healthy standard of living for all

The cost of living continues to rise nationally and for many people in Luton and this is an important factor for tackling health inequalities. We know that high living costs can impact on income and access to many of the building blocks of health, such as housing and healthy foods.

We have chosen this indicator to demonstrate the direct health impacts of cold homes, particularly within vulnerable population groups, such as low-income households, people with disabilities and older people are at greatest risk of this affecting their health.

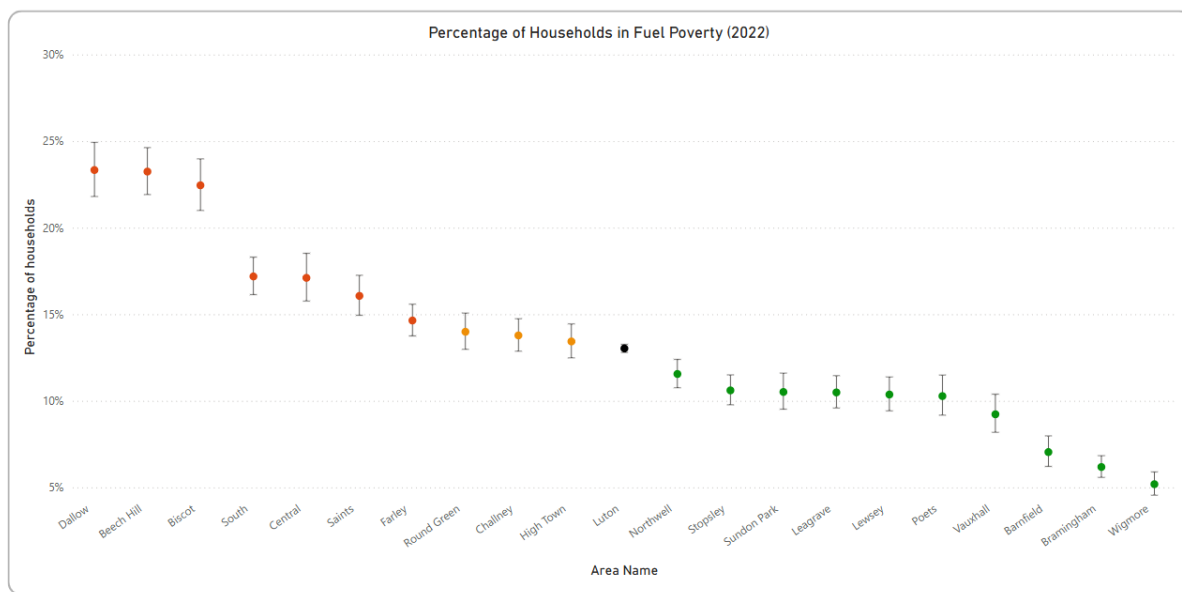
Having a warm and safe home is important in reducing respiratory and cardiovascular conditions that are associated with cold and damp homes. Having a warm home also contributes to maintaining good mental health.

A household can be considered fuel poor if it spends a high proportion of its income on fuel costs to keep their home at a reasonable temperature¹². In Luton the average percentage of people who are spending a high proportion of their income on fuel bills is just over 13%.

The inequality experienced by people who are living in cold homes is significant, where the pattern continues to show that high income wards are less likely to be in fuel poverty compared with low-income areas. The percentage point difference between the wards with the highest fuel poverty (Dallow – 23.33% and Beech Hill 23.24%) is 18% (Wigmore – 5.19% and Bramingham – 6.18%).

¹² House of Commons Library Research Briefing. Fuel poverty in the UK. Published 4th November 2024

Figure 20. Proportion of households in Luton in Fuel Poverty



6. Strengthen the role and impact of ill health prevention

As a Health Equity Town, it's important that the system works together to improve health equity. The Marmot approach acknowledges this and notes that strengthening prevention by intervening earlier to reduce or prevent poor health is ultimately cost effective and benefits populations helping them to live longer, healthier lives.

Smoking is still the leading cause of avoidable ill health and death in the UK. In Luton, the rates and number of people smoking has reduced from 22.2% in 2011 to 14.1% in 2021 according to the last census¹³. In 2024 smoking cost Luton £271 million per year of which £167 million was through loss productivity. We know that undertaking sustained and strategic work will help reduce the trend further.

Routine and manual workers in Luton have a high prevalence of smoking with a prevalence of 32.7% compared with Luton lower proportion. Luton's Tobacco Control strategy notes that routine and manual occupational groups are 3.3 times more likely to smoke than another occupation¹³.

Other at-risk groups are people with poor mental health, pregnant women, those who privately rent or rent from social housing, care leavers and people who are currently homeless.

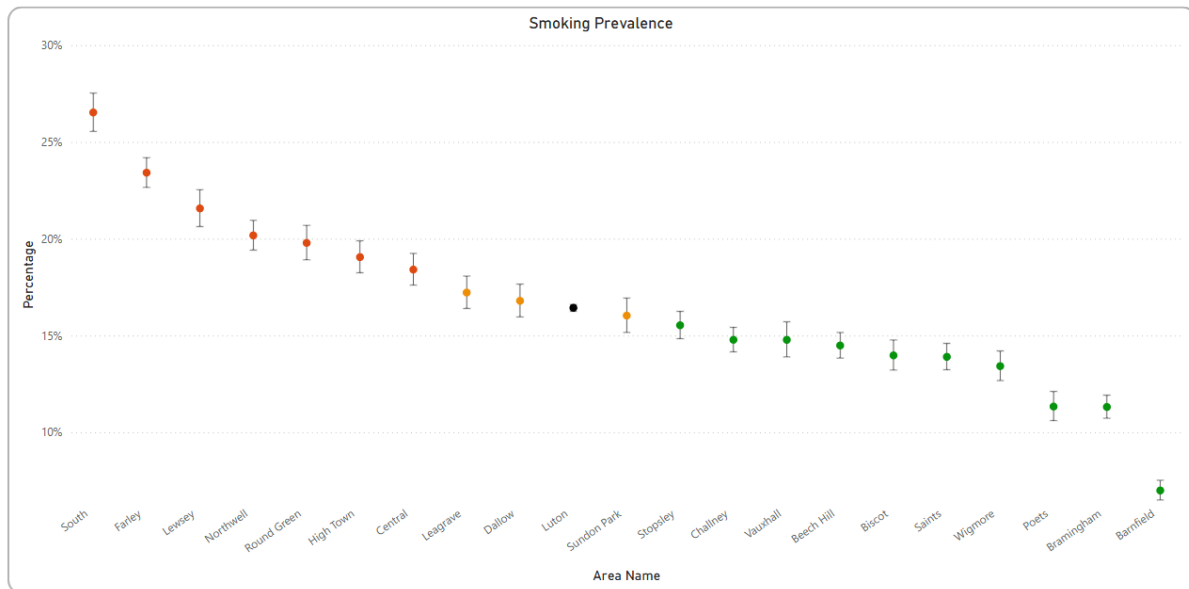
Drilling down into Luton, we can see that there is a distinct pattern across wards, where the number of GP recorded 16+ years smokers living in areas with low rates of smoking is, in general, areas of low deprivation. With what we know regarding Luton's low skills employment

¹³ Luton Borough Council. Luton Tobacco Control Strategy 2023-2028

levels and our ranking as a local authority area for smokers who are routine and manual workers, there is evidence to suggest that there is a link between cigarette smoking and socio-economic groups.

The percentage point gap in areas of high smoking compared to low smoking is 19.53% with South ward with 26.56% and Barnfield at 6.99%.

Figure 21. Smoking Prevalence by ward



A key measure of adult health outcomes and health inequalities is the prevention of adults who are an unhealthy weight. Like the children’s weight indicator, measuring the prevalence of unhealthy weight helps us to understand the interplay between environmental, behavioural and socio-economic factors.

The indicator is taken from the number of recorded GP patients (18+ years) who are obese and modelled to show projections. The indicator only includes GP data of obese adults, and we may be missing the Luton wider population contribution to the statistics.

Luton’s proportion of obese adults is 12.32%. Of the twenty wards, seven wards have significantly better, and lower proportions of adults who are obese. These are Farley (11.70%), High Town (11.61%), Vauxhall (11.51%), Central (11.50%), Bramingham (11.38%), Round Green (11.33%) and South (10.08%). The ward with the highest proportion of obese adults is Lewsey with 13.54% of adults who are GP registered obese.

Figure 22. Proportion of adults who are GP registered obese by ward



5. Evaluating our Progress as a Marmot Place

As health inequalities are deeply embedded in social, environmental and economic factors often taking years before we are able to fully realise benefits of our collaboration as a Health Equity System, we undertook an evaluation to understand progress. A report was produced and highlights some of the barriers encountered with becoming a Marmot Place, some of the opportunities and key actions that can be taken to support our journey.

You can access the full evaluation report [here](#).

We undertook interviews with system leaders, reviewed key indicators to help start understanding our impact and used examples of projects that have been successful in addressing health inequalities.

Key Findings from the evaluation

Governance and Partnerships

The Health Equity Town Partnership Board has strengthened collaboration across the Council, Luton ICB and community organisations, particularly in overseeing the implementation of the Marmot Report. However, some gaps remain in engaging private sector stakeholders and community representatives.

Early Impact and Challenges

At the time the evaluation The report has been a catalyst for new programs tackling employment, housing, child development, and environmental sustainability.

- The **short evaluation timeframe** limits the ability to assess population-level health improvements.
- Concerns include **resource constraints**, lack of clear formal governance for evaluation, and alignment with Luton’s 2040 Vision.

Recommendations for the Future

The report highlights several key recommendations to enhance the impact of the Marmot approach in Luton:

Strengthening the health equity system

- **Improve governance and accountability** to ensure better coordination across sectors.
- **Expand stakeholder engagement** beyond local authorities and healthcare to include private sector, voluntary organizations, and community representatives.

Building capacity and sharing best practices

- Embed **Marmot and health equity training** across the workforce.
- Develop skills in **business case development** for tackling health inequalities.

Tackling racism, discrimination and their outcomes

- Prioritize a **systematic approach to addressing structural racism**.
- Work closely with **community organizations** to co-develop solutions.
- Establish clear indicators for **measuring progress on racial equity**.

Advocacy and resource allocation

- Ensure **Marmot principles influence resource distribution** across local government and anchor institutions (e.g., NHS, local businesses).
- Implement a **proportionate resource allocation strategy** to target areas with the greatest need

Developing a clear call to action

- Translate Marmot principles into **specific and measurable workplans**.
- Align these workplans with **Luton 2040 and other strategic frameworks**.

Monitoring and evaluating progress

- Establish a **clear monitoring framework** to track inequalities in key health and social indicators.
- Use **logic models** to evaluate the long-term effectiveness of interventions.

6. System working and next steps

Health equity in 2040

Continuing our journey as a Health Equity Town means that we must continue to work as a system, understanding that the responsibility of improving health equity, and not just health outcomes require a collective approach.

Our next steps will be to:

- Work to embed the principles of focusing on health inequalities within Luton. What that means is, we will review some of the indicators to ensure that they cover all eight of the Marmot policy areas. Currently, we know that there is action across all eight areas but this must be evidenced to demonstrate impact. This includes developing our Power BI tool to enable us to understand where the disparities exist in Luton. The Health Equity Town Board will hold us to account.
- We will look at the recommendations from our evaluation report which has five key areas and implement them:
 1. Strengthening the health equity system
 2. Build capacity and share best practice
 3. Advocacy for Marmot Principles
 4. Clear call for action
 5. Measure progress
- We also facilitate the set up processes and structures, mainstreaming those interventions to make a difference. For example, using a common language such as the building blocks of health, utilising our sub-groups to collaborate across the system more effectively and sharing best practices within Luton and wider networks.
- We will continue to work with anchor organisations and our communities to embed cultural competency, coaching and confidence and health literacy. This includes supporting inclusive workplaces.
- We will deliver and roll out the Director of Public Health – Health Equity Town Prize with our funding partners Bedfordshire and Luton Community Foundation Trust, with a focus on businesses and private sector and the VCSFE sector to energise communities and benefit Luton workers.
- Create more engaging content for our microsite and share wider to encourage input from the health equity system and develop greater impact and social value for Luton.