



INSTITUTE *of*
HEALTH EQUITY



REDUCING HEALTH INEQUALITIES IN LUTON: A MARMOT TOWN

Executive summary

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1. INTRODUCTION

LUTON: A MARMOT TOWN

Luton is the first town to become a ‘Marmot Town’ and joins a growing number of ‘Marmot Places’, which include cities and regions, that are working with UCL Institute of Health Equity to reduce health inequalities. A Marmot place is one which has a significant commitment to tackle health inequalities through action on the social determinants of health - the social and economic conditions which shape our health - and has strong and effective plans and policies to achieve these reductions in health inequalities. This report sets out plans to reduce inequality and improve health for everyone in Luton so that all residents can look forward to a long, healthy and happy life, it aligns well with the vision set out in the Luton 2020–2040 Plan. (1)

The recommended policies and approaches are relevant to a wide range of organisations and stakeholders including the local authority, the communities in Luton, voluntary, faith and social enterprise sector, businesses and the economic sector, health care and other public services - together these stakeholders comprise the health equity system.

The work was commissioned by the public health department of Luton Borough Council.

The value of Luton being a Marmot Town may be summarised as:

- To ensure that health equity is prioritised and embedded in all policies.
- To identify issues of particular concern for health equity in Luton and to draw on best practice from within Luton and from other areas in the UK to make recommendations for action.
- To assess the overall functioning of the health equity system and to support the different sectors to work together for health equity.
- To link Luton with other areas across the UK and globally which are prioritising health equity and for IHE to continue to advise and support Luton Town.

Luton is well-placed to become a Marmot town. It is a relatively deprived area with significant inequalities within the town, and this is reflected in unequal health outcomes. However, Luton also has many of the resources necessary to turn this around. It has a thriving and vibrant VCFSE sector, a resilient economy and no shortage of the ambition and leadership needed to put health equity at the top of the agenda and it has some important plans for change including the Luton 2020-40 plan, the Fairness Taskforce, becoming a Child Friendly Town. (1)

2. HEALTH INEQUALITIES IN LUTON

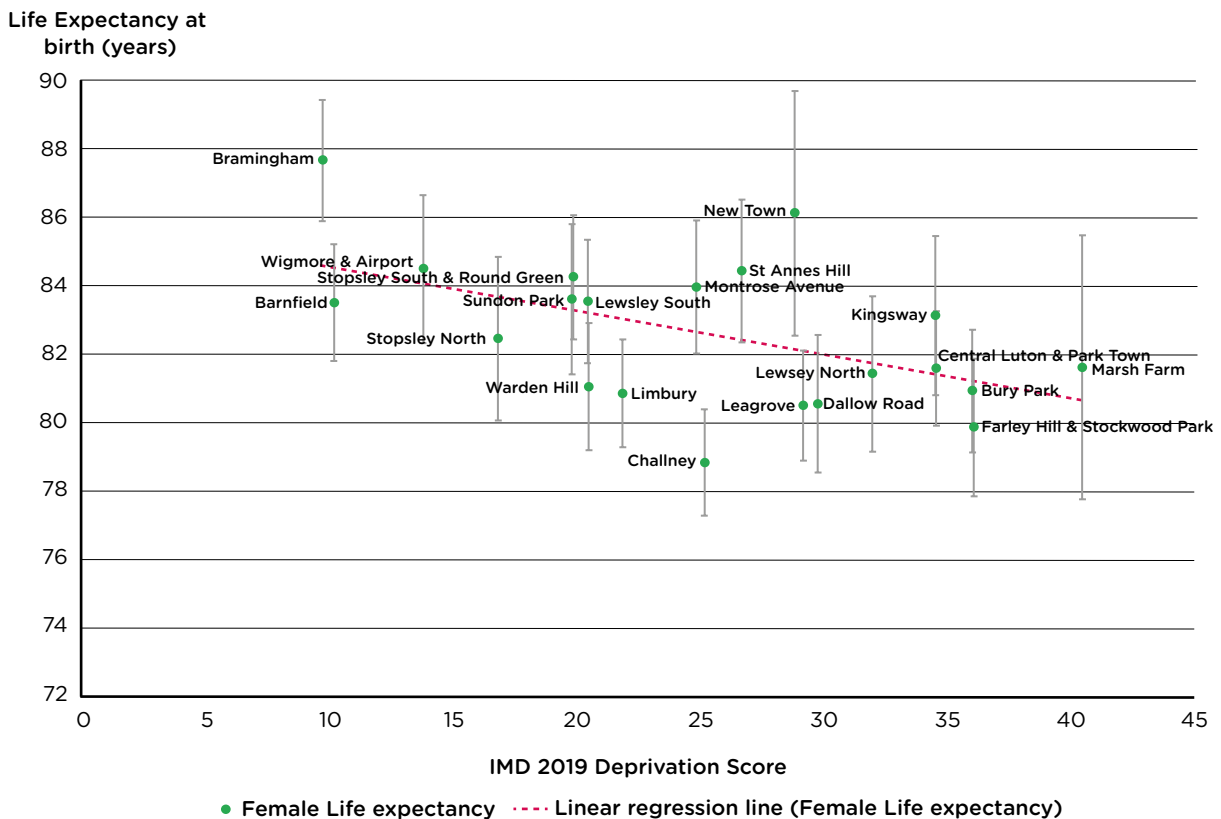
Across England, the decade from 2010-20 was marked by a slowdown in life expectancy, which had been increasing steadily; and inequalities in health widened and life expectancy for people living in more deprived areas in the north actually decreased. (2) The damage to health over that decade likely relate to the policies of austerity which led to significant financial cuts in key social determinants of health. The COVID-19 pandemic then exposed and amplified inequalities in health, with more deprived areas and some minority ethnic groups particularly hard hit. (3)

LIFE EXPECTANCY IN LUTON

Life expectancy in Luton is lower than the England average. In the years 2017-19, before the COVID-19 pandemic, life expectancy at birth was more than one year less than the England average for men, and about eight months less for women. Over the last two decades life expectancy in Luton has lagged behind the average for England.

There are pronounced inequalities in life expectancy within Luton. Figures 1 (for women) and 2 (for men) show life expectancy across Luton and the association with the level of deprivation in local areas - the dotted line represents the association. For women, there is at least six years of difference in life expectancy depending on which part of town you are born in, and there may be up to a decade of difference. The pattern for men is similar to that of women, but their life expectancy is generally lower, as is the case worldwide, and the association is with deprivation is even clearer.

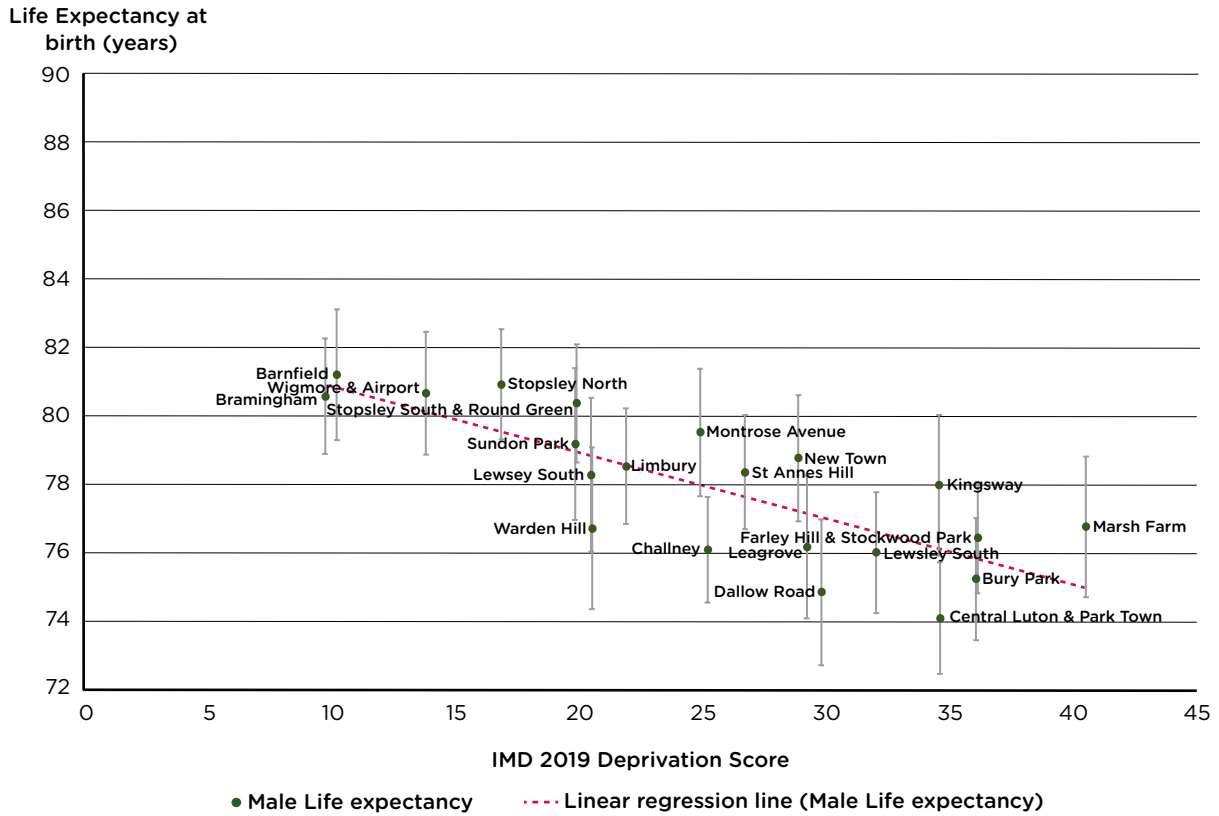
Figure 1. Female life expectancy at birth in Luton, by level of deprivation at local level, 2016–2020



Source: ONS, 2021 (4)

Notes: The data are for IMD 2019 scores of middle layer super output areas (MSOA). R² 0.6152 for the regression line. This is the proportion of the variance explained by the variable in the regression model

Figure 2. Male life expectancy at birth in Luton, by level of deprivation at local level, 2016–2020



Source: ONS, 2021 (4)

Notes: The data are for IMD 2019 scores of middle layer super output areas (MSOA). R^2 0.6152 for the regression line. This is the proportion of the variance explained by the variable in the regression model



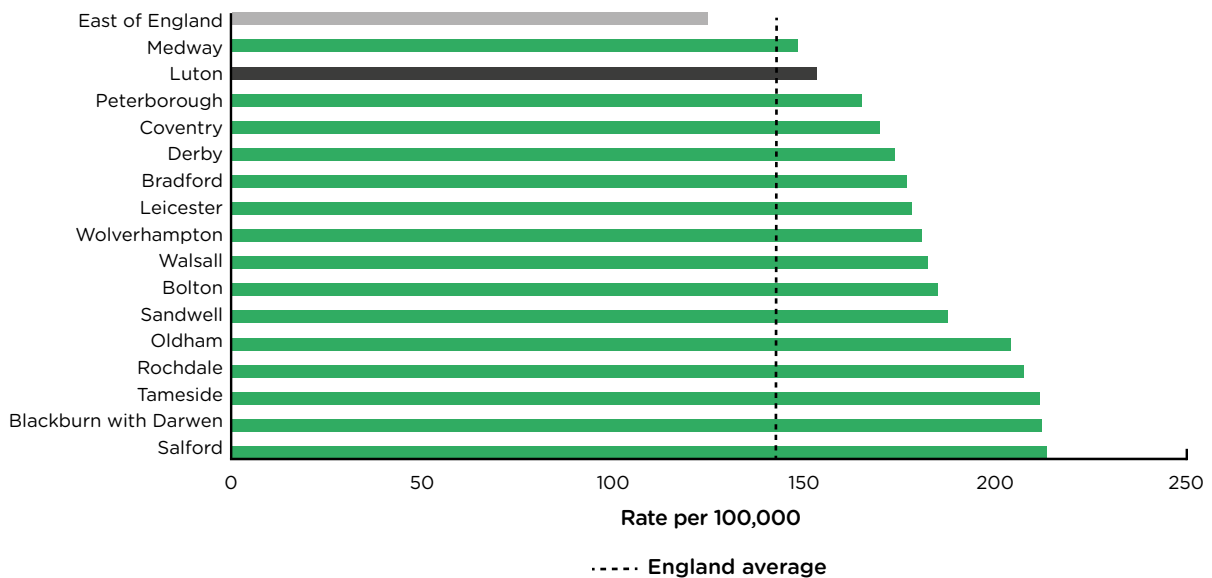
HEALTHY LIFE EXPECTANCY IN LUTON

Inequalities in healthy life expectancy, or how long we can expect to live in good health, are usually even greater than inequalities in overall life expectancy. In the period 2018–2020, healthy life expectancy at birth in Luton was 59.2 years for men and 60 years for women. These are just a little lower than the England averages but much lower than places in the UK with the highest healthy life expectancy - such as Rutland with 75 years of healthy life expectancy for men and the Orkney Islands with 77 years of healthy life expectancy for women. (5) The ONS Health Index places Luton in the bottom 20% of local authorities for health in England. Despite this, Luton rated highly for some aspects of health, above the England average, including on personal wellbeing, mental health and access to services. (6)

PREVENTABLE MORTALITY IN LUTON

Deaths are considered ‘preventable’ if they could have been mainly avoided through effective public health and prevention measures, not including those that might have been avoided through better healthcare and this definition only applies to deaths under the age of 75. These include deaths from some cancers, circulatory and respiratory diseases, as well as deaths related to alcohol and drug use. Many of these deaths could have been avoided if the social and economic conditions of the area had been improved, and therefore these deaths are to some extent the results of inequality. Luton’s levels of preventable death are higher than the England average, and significantly higher than the East of England, but compare relatively well with some of the other local authorities which are considered statistically comparable.

Figure 3. Under-75 mortality rate from causes considered preventable, rate per 100,000, Luton and its statistical neighbours, 2017–2019



Source: OHID (7)

MENTAL HEALTH IN LUTON

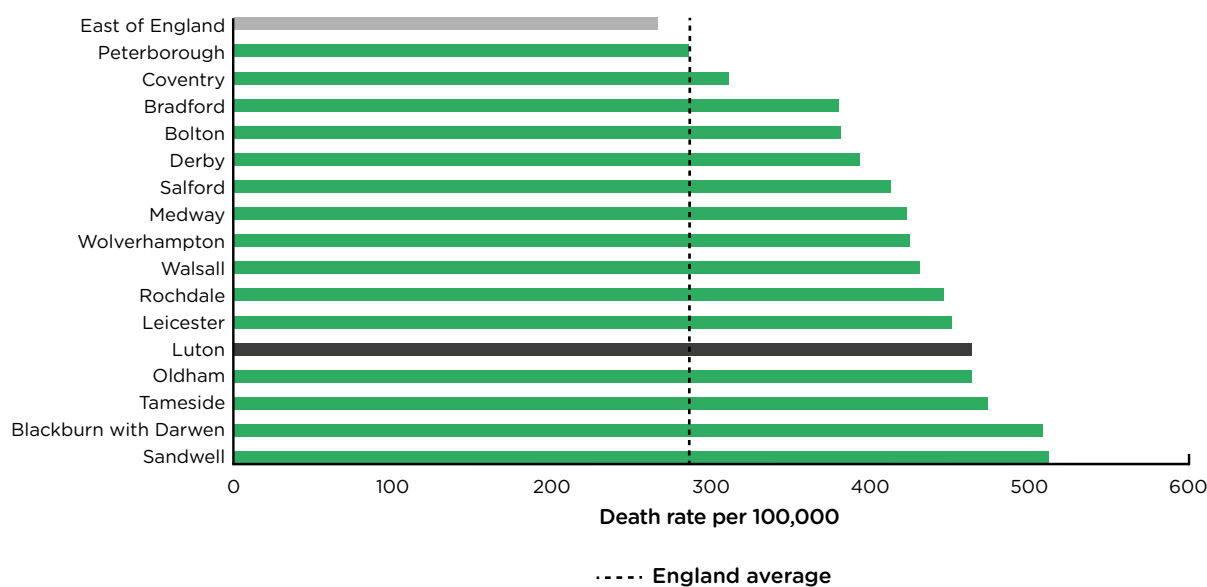
Luton has high levels of serious mental illness, higher than the average for England and then East of England. Luton’s levels of low satisfaction, have been close to the average for the country over the last 10 years, however, they rose rapidly during the pandemic, indicating the damaging impacts of the pandemic in Luton- both health and economic. Lutonians experienced high rates of loneliness through the pandemic.

THE COVID-19 PANDEMIC IN LUTON

Luton had a number of risk factors for high COVID-19 mortality. It is a densely-populated urban area, in which infectious disease can spread rapidly, and has issues with the quality of housing and overcrowding. It is very ethnically diverse, with more people of Black and Asian descent than the average, groups who were at increased risk from the pandemic. Luton is on average more deprived than much of the country, with poorer health even before the pandemic. It has high levels of service jobs and other frontline occupations where people were less likely to be able to isolate, as well as high levels of self-employment and insecure work, where workers were less likely to qualify for sick pay and therefore were more likely to continue working when ill. Luton also has a large number of people employed in healthcare. All these factors meant higher risks for many Luton residents during the pandemic (8) (9).

Figure 4 shows mortality from COVID-19, with Luton’s mortality far in excess of the national and regional averages, and worse than most of its statistical neighbours.

Figure 4. Death rates involving COVID-19 in Luton and its statistical neighbours, all ages, March 2020 to January 2022



Source: OHID 2022 (10)

Note: Rates are age-standardised mortality rates per 100,000

The pandemic also hit Luton particularly hard economically, related to its dependence on the airport for jobs and, as across the country, there were unequal impacts from lockdowns on babies and small children, educational attainment, young people’s prospects and economic outlook. These damaging and unequal impacts mean that we can expect to see inequalities in key social determinants of health deepening in the coming years, even without the highly unequal impacts of the cost of living crisis.

As we enter the post-COVID world, we will also have to contend with the long-term health effects of the disease itself, which are not yet well understood, as well as the damage to mental health that has been caused by the stress of the pandemic and the lockdowns. The health service also faces long waiting lists, in many cases already hazardously long before the pandemic backlog, as well as huge reductions in screening coverage that may result in missed diagnoses.

3. THE SOCIAL DETERMINANTS OF HEALTH

IHE structures its analysis and recommendations according to the ‘Marmot principles’. The first Marmot Review, published in 2010, introduced six of these principles, which are broad policy objectives aimed at reducing health inequalities by improving the conditions of everyday life and reducing socioeconomic inequalities. Two further principles have since been added, to make more explicit and add focus to the key considerations of discrimination and sustainability, which are essential to equity.

The eight principles are:

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

In the report IHE analyses inequalities in these key social determinants of health and makes recommendations covering each of the Marmot 8 themes for system-wide action across Luton. Each section illustrates the importance of key social determinants for health, and of the inequalities in these that exist in Luton.

When considering the effects of the social determinants and inequality on the health of individuals in society, it is useful to take a ‘life course’ approach. This consists of considering different stages of life and development and the way in which advantages and disadvantages accumulate over the course of a lifetime, and contribute to health and lifespan.



GIVING EVERY CHILD THE BEST START IN LIFE

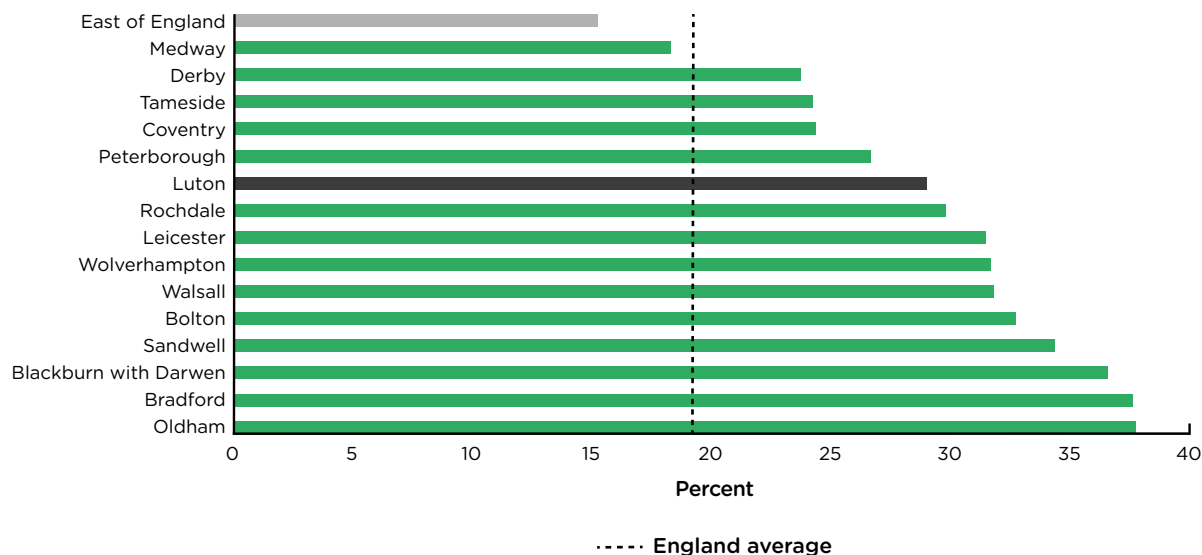
KEY MESSAGES

- The foundations for human development are laid in early childhood, which is why giving every child the best possible start in life is so important for future health.
- Luton has higher infant mortality than the national average, and a prevalence of low birth weight that is the fourth highest in England.
- Luton has high levels of child poverty. The percentage of children living in a low-income household in Luton is 10% higher than the average for England and similar to its statistical neighbours.
- Within Luton there are large differences in rates of income deprivation affecting children, from around 5% in Bramingham to close to one-third of all children in Northwell.
- Early years care in Luton is of good quality, and although take-up is low, particularly for means-tested offers, it was increasing prior to the pandemic. Significant cuts to early years care were made in response to lost revenue during the pandemic. While the impact of these is yet to be seen, there are concerns about the financial sustainability of many providers.
- The wellbeing of looked-after children is of particular concern, and children's social care in Luton is still of variable quality.
- School readiness for all pupils in Luton lags behind the national average, although being similar to its statistical neighbours.
- School readiness among pupils eligible for free school meals, is significantly better than for FSM-eligible children nationally and in all Luton's statistical neighbours. This is a significant achievement for young children in Luton.



While the key messages, summarised above are all vital to the life chances of children in Luton one factor, child poverty, is particularly important and will increase significantly in Luton, as across the country, over the coming years. Already in 2019/20 a third of children in Luton were in low income households, Figure 5. There is considerable difference in rates of children in low income households within Luton and the proportion of children affected by income deprivation is five times higher in Northwell, where nearly one-third of children are in income-deprived households, than in Bramingham ward. While there is poverty within every ward the efforts to mitigate against its effects must be for the whole of Luton and proportionate to the scale of the problem. Luton's positive educational and development outcomes for children in poverty need to be built on and expanded. There are some particularly poor outcomes for looked after children, who need additional and tailored support.

Figure 5. Percent of children under 16 in relative low-income families, Luton and its statistical neighbours, 2019/20



Source: DWP, 2021 (11)

Notes: A relative low-income family is defined as a family whose equivalised income is below 60% of contemporary median income. The gross income measure is Before Housing Costs (BHC) and includes contributions from earnings, state support and pensions. Income is equivalised to adjust for household size and family composition. Only families to have claimed Child Benefit and at least one other household benefit (Universal Credit, Tax Credit or Housing Benefit) are included in the statistics.

RECOMMENDATIONS

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

ENABLING CHILDREN, YOUNG PEOPLE AND ADULTS TO MAXIMISE THEIR CAPABILITIES AND HAVE CONTROL OVER THEIR LIVES THROUGH EDUCATION AND LIFE-LONG LEARNING

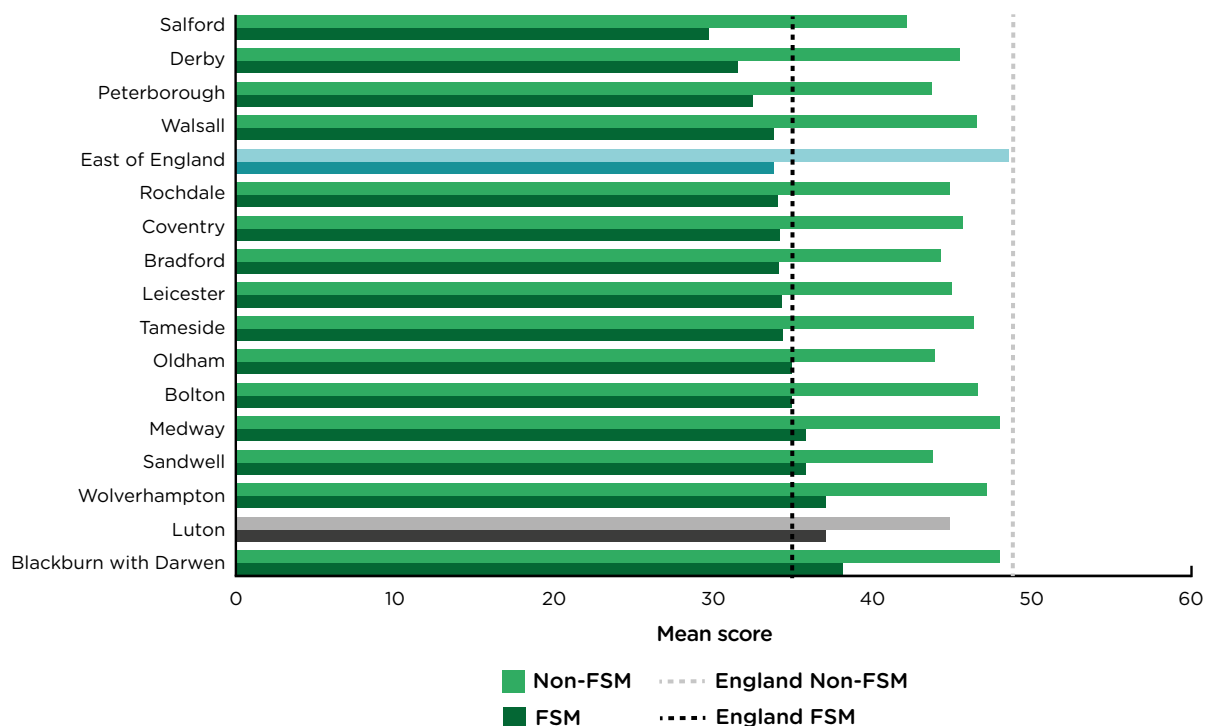
KEY MESSAGES

- Educational attainment is closely related to health, and inequalities in attainment translate into inequalities in health.
- Inequalities in health and wellbeing that begin at school age are likely to persist and influence health at all ages.
- Overall in Luton, the disadvantage associated with being eligible for free school meals is less than the national average and many comparable areas although children who are not eligible for free school meals do relatively poorly in comparison with the English average and comparable areas.
- Pupils educated in Luton state schools progress to higher education at a relatively high rate, although this varies from one-third of pupils in Sundon Park to two-thirds in Barnfield.
- Luton has relatively low rates of permanent school exclusions.
- Rates of childhood obesity are high in Luton: over one-quarter of children in Year 6 are obese. There is again significant variation within the town, from around 15% in Stopsley, to double that in High Town.
- Hospital admissions for injuries are low in under-14s but increase significantly in the 15-24 age group.
- There are reasons to be concerned about drug use and other youth crime in Luton. Luton's importance to the illegal drugs trade increases the risk of exploitation and abuse for young people. However, community policing and young people's support services, including the Youth Offending Service, appear to be relatively successful in keeping young people out of the criminal justice system in Luton.



Luton has a relatively high level of achievement for free school meal-eligible pupils at Attainment 8 level (their grades for their Key Stage 4 exams, including GCSEs), but a weaker score than England for non-free school meal pupils. While there is much to learn from the success of poorer children in Luton there is much more to do to raise their attainment and that of their less deprived class-mates, figure 6. Care leavers need particular support, including from employers during and when they leave education.

Figure 6. Average Attainment 8 score by eligibility for free school meals (FSM), Luton and statistical neighbours, 2018/19.



Source: DfE, 2020 (12)

Notes: Local authority ranked by attainment of free school meal eligible children

RECOMMENDATIONS

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

CREATING FAIR EMPLOYMENT AND GOOD WORK FOR ALL

KEY MESSAGES

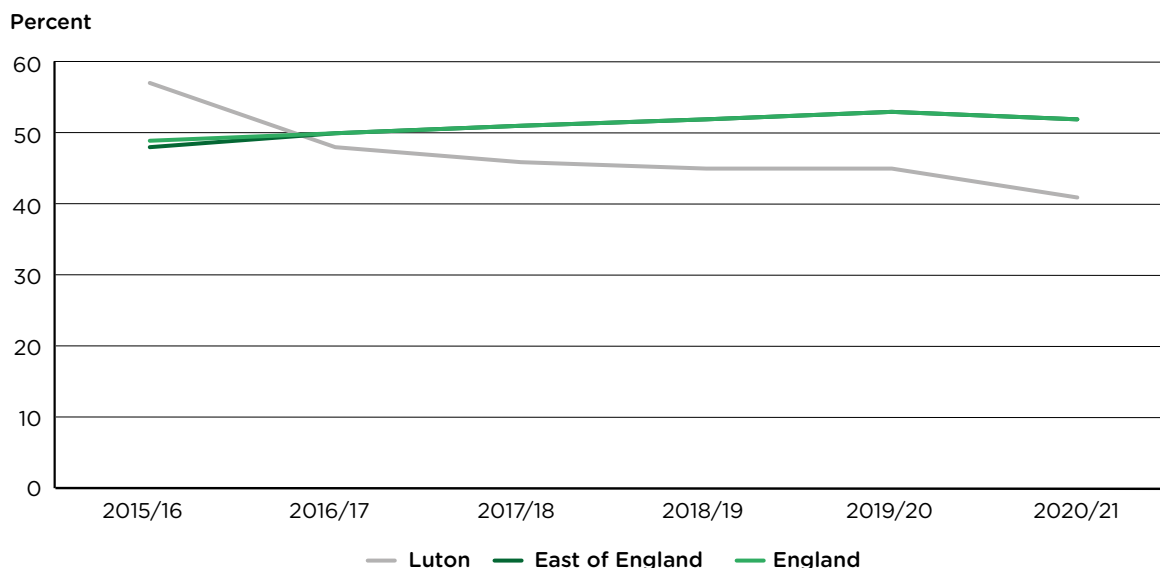
- Unemployment and poor-quality work, with low pay, excessive hours and, insecurity contribute to poor health; conversely, good quality work can be protective of health.
- Preceding the COVID-19 pandemic, productivity in Luton was on the rise, although there were concerns about the quality of jobs and there was still work required to 'level up' Luton's economy.
- The economic effects of the pandemic hit Luton hard, largely due to its dependence on the aviation industry and airport, resulting in a drop in productivity and rising unemployment.
- Luton saw the biggest percentage decline in GDP per head in the UK between 2019 and 2020.
- The number of out-of-work benefit claimants in Luton increased more rapidly than the average for Great Britain during the pandemic.
- In 2020-21, nearly one-quarter of working age people in Luton were economically inactive - this is driven in part by high levels of economic inactivity among women.
- Luton has a high proportion of 18- to 24-year-olds claiming out-of-work benefits and unemployment at these ages is particularly damaging to long-term prospects.
- Care leavers are struggling to get into education, employment or training, with only 41% of 19- to 21-year-old care leavers in Luton finding a placement in 2020/21. This is a drop of over 15 percentage points in five years, causing the rate to fall below the national average for this group.



The large drop in GDP per head in Luton at the start of the pandemic will worsen the health of many Lutonians, as unemployment and poor quality of work is particularly harmful to health. There is an important role for the CVFSE sector and employers, including business, in developing skills and training and improving the quality of work.

Care leavers in Luton have particularly poor employment outcomes and while there is much for employers to do to raise quality of work more generally in Luton, there should be particular focus on this group from education providers and employers, figure 7.

Figure 7. Percent of care leavers in Luton in education, employment or training at ages 19-21, 2015-2021



Source: LG Inform, 2021 (13)

RECOMMENDATIONS

1. Develop in partnership (the LEP, local authorities and public services) a local good work charter for public and private employers, which builds on the national Good Business Charter, and make becoming a signatory to this local charter a prerequisite for NHS and public sector contracts. Work with partners including South East Midlands Local Enterprise Partnership (SEMLEP) to encourage all employers to sign up. Include:
 - A minimum income for healthy living.
 - Maximum 40 hour week.
 - Provision of in-work benefits.
 - Provision of advice and support at work e.g. debt, financial management and housing.
 - Provision of education and training on the job for all ages.
2. Luton Borough Council to create, in partnership with employers and VCFSE, an employment agency to match employees with good quality work opportunities with employers signed up to the good work charter.
3. Strengthen equitable recruitment practices, including provision of apprenticeships and in-work training, and recruitment from more deprived communities and those underrepresented in the Luton workforce including young people, care leavers, those with disabilities, ethnic minorities and women.
4. Increase funding for lifelong learning/adult education more in areas of higher deprivation and link to job market demands. Seek partnerships with employers to support adult education and upskilling.

ENSURING A HEALTHY STANDARD OF LIVING FOR ALL

KEY MESSAGES

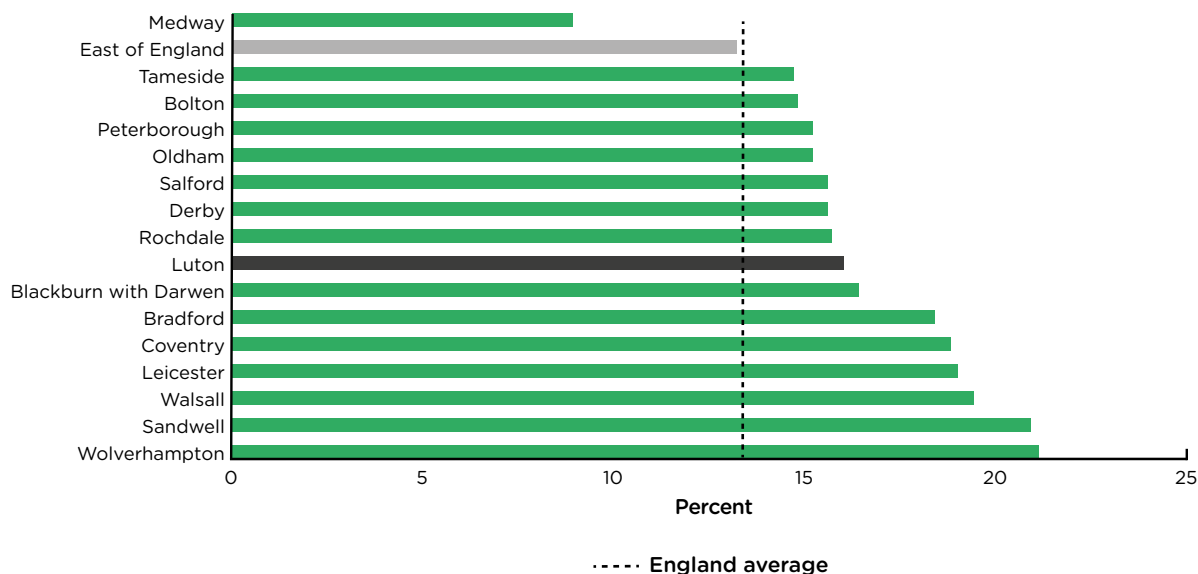
- Poverty damages health in a number of ways, from reducing access to healthy and nutritious food and good quality, sufficiently warm housing, to restricting opportunities to engage fully with society and directly causing physiological stress and harming physical health.
- Luton has high levels of poverty, with one-third of households living on an income insufficient to support a decent standard of living.
- As well as high levels of child poverty there are also high rates of poverty among older people in some wards in Luton. In Biscot and Dallow, over 40% of older adults are living in poverty, compared with less than 8% in Bramingham.
- The cost-of-living crisis is likely to fall disproportionately on those already experiencing deprivation. While there are no official data on food poverty, given the high rates of poverty in some areas in Luton, it is likely to be a significant and increasing concern.
- Prior to the energy price cap rise, Luton had more fuel poverty than the national average and this situation is likely to grow more serious.
- There is a digital divide in Luton, with some of the most deprived parts of town characterised by very low engagement with the internet.



Even before the 2022/23 cost of living crisis there were high rates of poverty in Luton with 15.5% of residents being income deprived and higher rates among children and older people who are particularly vulnerable to the negative health impacts of poverty. As the cost of living crisis escalates the whole health equity system has a part to play in a coordinated approach.

Rapidly escalating fuel poverty rates will increase mortality and poor health in Luton and while this is part of the more general national crisis, Luton already had high rates of fuel poverty in 2019, figure 8. Urgent additional mitigating actions are needed from the housing sector to improve housing quality and from the NHS to link with housing providers and from private landlords to prevent ill health and reduce fuel poverty.

Figure 8 Percent of households in fuel poverty in Luton and its statistical neighbours, 2019



Source: BEIS, 2021 (14)

RECOMMENDATIONS

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

CREATING AND DEVELOPING HEALTHY SUSTAINABLE PLACES AND COMMUNITIES

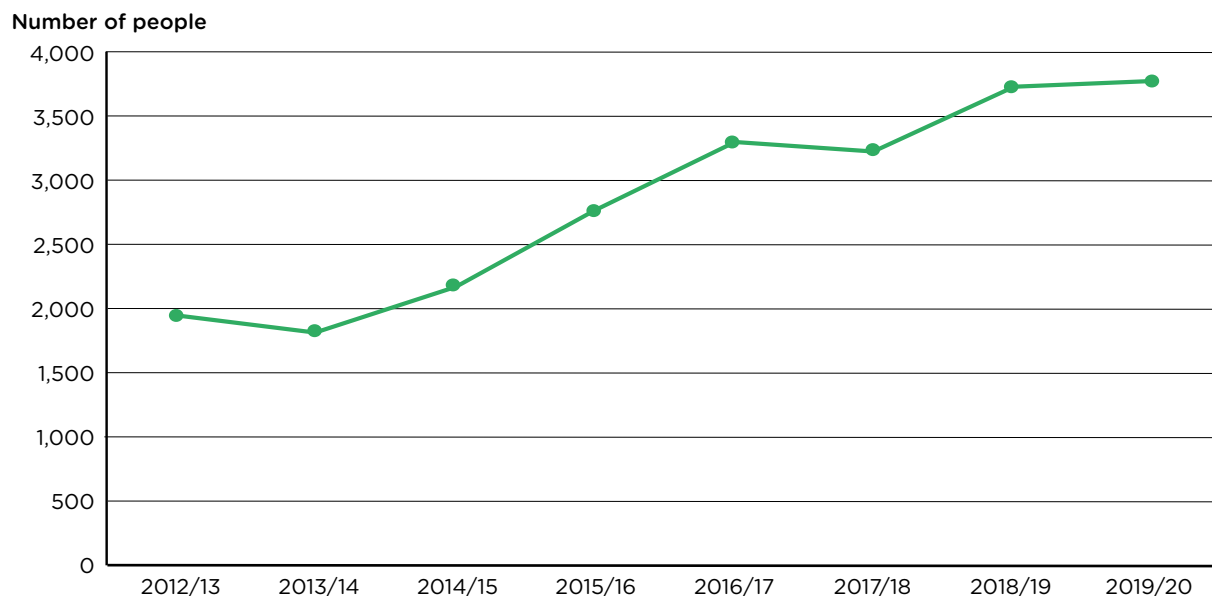
KEY MESSAGES

- Healthy and sustainable places support good mental and physical health. This requires access to safe green spaces, clean air, opportunities for active travel, good quality housing and a range of amenities and community resources.
- One-third of Luton's population is physically inactive. Although there are good quality green spaces in Luton, they are not easily accessible from some neighbourhoods.
- Luton has made some advances in reducing car dependency, but there remain significant problems with congestion. Rates of cycling are particularly low in Luton, with only 0.2% of adults cycling for travel at least three days a week.
- Although Luton has made progress in reducing emissions of key pollutants, the town is the worst of any large urban area in the UK in terms of dispersal of emissions, leading to poor air quality. More than 6% of all deaths in Luton in 2020 were estimated to be related to long-term exposure to particulate emissions.
- Housing quality and security of tenure are crucial for health, and Luton has significant issues with both, arising in part from its large private rented sector.
- It is estimated that over 3,700 people in Luton are experiencing unsatisfactory housing conditions, more than double the number in 2013. There is much the Council can do to improve housing conditions, as landlord to around 10% of homes in Luton, as a housebuilder, and with enforcement powers over private landlords.
- House prices in Luton have grown much faster than wages, and the median house price is now seven-and-a-half times the median gross annual earnings for a Luton resident.
- Luton is failing to build sufficient homes to keep up with demand. In 2017/18, Luton had 1,314 households in temporary accommodation, or 16.7 per 1,000 households, nearly five times the rate for England. This situation has been further aggravated by the pandemic.
- Luton Council has had great success in reducing the numbers of rough sleepers by working together in partnership with the VCFSE sector.
- Crime, and particularly violent crime, is high in Luton, damaging health directly and raising levels of fear and stress, which undermine health and social cohesion.



Poor quality housing damages health and increases mortality rates. Even before the pandemic and cost of living crisis Luton had significant and increasing numbers of people living in insanitary, overcrowded or unsatisfactory housing, figure 9. The cost of housing and fuel will lead to worsening housing conditions over the winter 2022/3 and improving the quality of housing must be a top priority in Luton in order to improve health and improve other social determinants of health.

Figure 9. Number of people living in Luton occupying insanitary or overcrowded housing or otherwise living in unsatisfactory housing conditions, 2012/13 - 2019/20



Source: MHCLG/DLUHC, 2020 (15)

RECOMMENDATIONS

1. Introduce a Clean Air Zone, and develop better walking and cycling infrastructure with attendant programmes to support active travel particularly among more deprived communities.
2. Develop a decent homes standard for Luton including social and private rental sector, establish private landlord registries in all areas to facilitate inspection and support enforcement powers. Ensure that 30% of housing in large developments are affordable homes.
3. Strengthen the partnership between housing and health care organisations, in order to support NHS advocacy and referrals for people experiencing housing conditions which harm health.
4. Prioritise reducing social isolation as a public health intervention, in partnership between the NHS and the VCFSE and private sectors.
5. Develop place-based partnerships to strengthen approaches to community policing and strengthen the public health approach to violent crime.

STRENGTHENING THE ROLE AND IMPACT OF ILL HEALTH PREVENTION

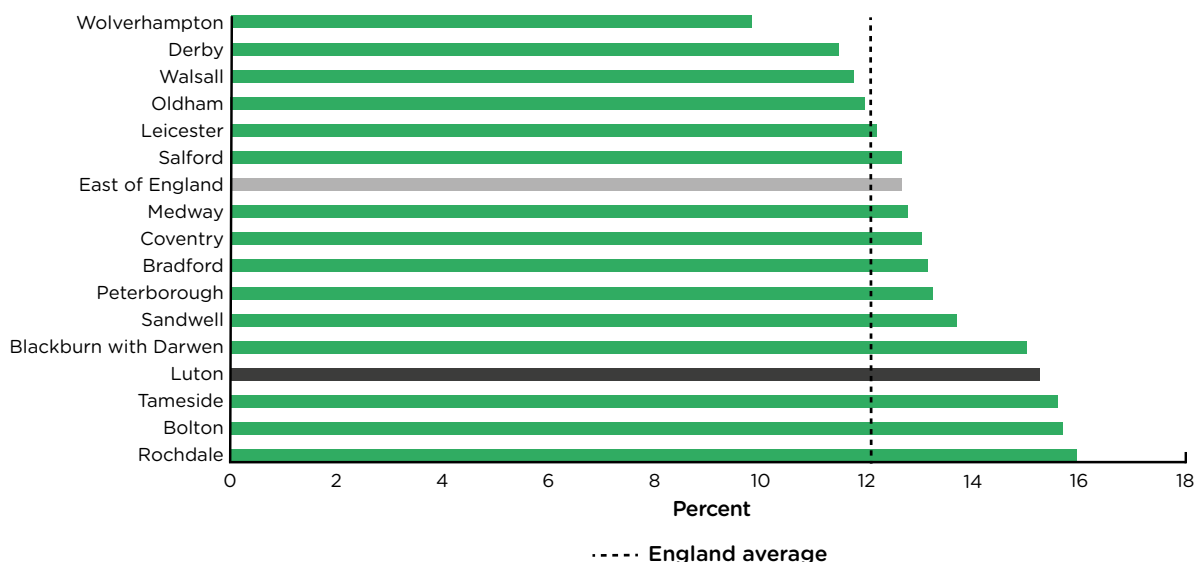
KEY MESSAGES

- A social determinants approach to prevention involves examining the ‘causes of the causes’ of ill health. Ill health prevention and good health promotion are necessary for both social justice and cost-effectiveness in the healthcare system
- Over half of the population of Luton are estimated to have low health literacy. Clear and good quality information is needed to improve this situation.
- Many health behaviours are linked to deprivation through a number of pathways, that go beyond health literacy. Deprivation makes leading a healthy lifestyle more difficult and can make prioritising health impossible.
- Many indicators of health behaviour in Luton are concerning: two-thirds of Luton residents are overweight or obese, and alcohol-related harm and levels of smoking both exceed the national average. All of these are linked to deprivation.
- Efforts at disease prevention need to ensure that they are targeted at the most disadvantaged, who stand to benefit the most, rather than the less disadvantaged, who may be ‘easy wins’. At the same time, these programmes need to engage with the reality of the lives led by those experiencing deprivation and disadvantage and work to reduce inequalities in health.



Taking a preventative approach to illness often focuses on changing individual behaviours including poor diet, lack of exercise, smoking, excessive alcohol consumption and drug misuse. Health behaviour is closely related to the social determinants and to deprivation and disadvantage and people from more disadvantaged socioeconomic groups are more likely to smoke, to be overweight or obese and suffer higher levels of harm from alcohol. Taking a social determinants view involves thinking about ‘the causes of the causes’ - why people make what may appear from the outside to be poor decisions about their lives and their health - and these relate to deprivation, exclusion and poverty. Luton has high rates of obesity, smoking, figure 10 and alcohol misuse, and these must be tackled by making improvements in socioeconomic areas well as changing health behaviours. There is a great deal that NHS organisations can do to support such approaches.

Figure 10. Smoking prevalence in adults aged 18 and over, Luton and its statistical neighbours, 2020



Source: OHID, 2022 (16)

RECOMMENDATIONS

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

TACKLING DISCRIMINATION AND EXCLUSION

KEY MESSAGES

- Pre-existing health inequalities, including those related to ethnicity, were exposed and exacerbated by COVID-19. Mortality was higher for some non-White ethnic groups throughout the pandemic, and people from certain ethnic groups were also more likely to experience financial loss and poorer mental health.
- Ethnic inequalities predate the pandemic, although the picture is not always clear-cut. While most ethnic groups have longer life expectancies than White Britons, some ethnic groups appear more likely to be in poor health.
- Child poverty, overcrowding, unemployment and other socioeconomic disadvantages are all more common among some minority ethnic groups. Structural and systemic racism contributes to perpetuating health inequalities, as one of the 'causes of the causes of the causes' of ill health, lie behind ethnic inequalities in the social determinants.
- Minority ethnic people in Luton are twice as likely to be unemployed as White people.
- There are inequalities in experience of health care and other services: in England, Black people are four times more likely than White people to be detained under the Mental Health Act, and Gypsy Roma children are three times more likely to be permanently excluded from school than White children.
- It is crucial that NHS bodies and other services routinely gather data on ethnicity and other protected characteristics, to determine where inequalities exist, including in access to services.
- Services need to be culturally appropriate and suited to the diversity of service users, for which co-design and co-production is crucial.



Luton is a multicultural town with a mixed and diverse population. Data from England and Wales does show higher rates of ill health among minority ethnic communities compared with White populations and minority ethnic communities often face multiple disadvantages in the social determinants of health, related to discrimination, exclusion and entrenched poverty. Child poverty disproportionately affects some ethnic minorities and there are inequalities in educational outcomes by ethnicity, unemployment rates among Black, Pakistani and Bangladeshi communities are double the national average and rates of overcrowding in housing are also higher for ethnic minorities. While data is not available for many health outcomes by ethnicity in Luton, there are clear ethnic inequalities in some of the social determinants. People from minority ethnic groups in Luton are twice as likely to be unemployed as white people. There are also inequalities in access to many services and in service related outcomes - and there is much that employers and services can do to reduce such inequalities.

RECOMMENDATIONS

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

KEY MESSAGES

- Clean air, adequate water, a stable climate and access to green spaces are all prerequisites for good health. Climate change is likely to damage mental and physical health in a number of ways, and the burden is likely to fall on the most deprived.
- Efforts to mitigate climate change and reduce greenhouse gas emissions can have co-benefits for health and health equity. Equity needs to be taken into account when planning and implementing green policies, to ensure that it is not the worst off who also bear the costs of remedying the problem
- It has been estimated that retrofitting Luton's housing stock could reduce domestic carbon emissions by 38%. This could also reduce fuel poverty by lowering heating bills.
- Luton emits less carbon per person than the average urban area in the UK, and half of the average non-urban area. Emissions have fallen by one-third over the last 13 years.
- Plans to expand Luton Airport are difficult to reconcile with reducing carbon emissions, although the airport plans to achieve net-zero for ground operations by 2040, and move towards net-zero aviation if technology allows.



A warming planet is damaging health, and there is evidence that the burden falls more heavily on the most deprived communities. Efforts to mitigate climate change and reduce greenhouse gas emissions can have co-benefits for health and health equity. Reduced greenhouse gas emissions will also reduce pollution and improve air quality, for example, and will reduce a health burden that disproportionately affects more deprived areas and is particularly damaging in Luton. Improved thermal insulation will help the less affluent who are faced with poverty as a result of rising fuel costs. However, equity needs to be taken into account when planning and implementing green policies, to ensure that it is not the worst off who also bear the costs of remedying the problem – some ‘green’ taxes, for example, can hit poorer communities harder.

Overall, Luton’s carbon emissions per head of population are lower than the average in England, and nearly half those of the average urban population in England. This is a considerable achievement, but there is more to do. Luton has high levels of car dependency and poor housing quality. Improving public transport, encouraging active travel, building sustainable new homes and retrofitting older stock will help reduce carbon emissions and significantly reduce health inequalities. Encouraging green businesses and improving digital connectivity, potentially reducing commuting and congestion, have also been identified as important components of achieving the goal of Luton becoming carbon neutral by 2040.

RECOMMENDATIONS



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

4. THE HEALTH EQUITY SYSTEM

The Marmot Town process has engaged, and will continue to engage with stakeholders across Luton, including the local authority, the VCFSE and private sectors, healthcare and other public services. These are the key system partners. Many of the recommendations and proposals in the report are based on discussions with these key partners - who together with residents, comprise the health equity system in Luton.

We propose that the health equity system in Luton:

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.

Below we summarise how each of these sectors involved in the health equity system can further strengthen their impact to help reduce health inequalities. Mostly these activities will build on policies and programmes already in place and all require strong partnerships and shared ambition between the different sectors.



LOCAL GOVERNMENT

KEY MESSAGES

- The impact of local government on health goes far beyond the public health department. Health equity must be a consideration in all policies.
- Luton Borough Council's spending power fell in real terms by 28.9% between 2010/11 and 2020/21. Government funding for Luton fell around 70% between 2010/11 and 2019/20.
- Investment in the social determinants of health is cost-effective and these investments must be made even when there are immediate pressures. Only by action on the social determinants, and improving future health, can local government avoid a future where social care consumes the entire budget.

RECOMMENDATIONS

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

KEY MESSAGES



- Health equity and the social determinants of health should be a central concern for healthcare providers and the whole health care system.
- Action on the social determinants of health offers a cost-effective way to improve health and reduce the burden on services.
- The East London Foundation Trust are demonstrating how a provider can focus on the social determinants of health in Luton, with a focus on improving opportunities for good quality work in Luton.
- The Integrated Care System can support, and lead action on the social determinants of health, forging strong partnerships with other public services, the local authority, businesses and the VCFSE to do so.
- Primary care can support their population's health by working to improve local living and working conditions, being a strong advocate and working with individual patients to improve the social determinants of health.

RECOMMENDATIONS



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

PUBLIC SERVICES

KEY MESSAGES

- Health equity is not just a concern for public health and for healthcare: all public services can have a role to play and bring their expertise to bear. This requires coordination and partnership working.
- The anchor organisation approach, developed in health care organisations, provides a good model for other public services to support greater equity in the social determinants of health and reduce deprivation in local areas.
- Education and the criminal justice system and transport are significant public services for health.
- Social value contracting supports greater health equity.

RECOMMENDATIONS

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

THE VCFSE SECTOR

KEY MESSAGES

- The VCFSE sector is often underutilised as a resource to improve health equity. Investment in this sector offers a great return on investment, and VCFSE partners should be involved at the highest level, to harness their energy, knowledge and skills.
- Luton has a vibrant VCFSE sector, which should be further supported, including by business, to tender for contracts and evaluate their impacts.
- Investing in the VCFSE sector should be seen as investing long-term in the community, with potential returns far in excess of the initial cost.
- Funding for the VCFSE must become more sustainable and not small 'one-off' pots of money which degrade the capacity of the sector to have sustainable and lasting impact.

RECOMMENDATIONS

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

PRIVATE SECTOR: THE BUSINESS OF HEALTH EQUITY

PRIVATE SECTOR: BUSINESS FOR HEALTH EQUITY



- Businesses affect the health of their workforce and are a major factor in health and health inequalities.
- Businesses also affect the health of clients, customers and the country through the products and services they provide and how their investments are held.
- Businesses can also affect the health of individuals in the communities in which they operate and in wider society, through local partnerships, procurement and supply networks, and in the way they use their influence through advocacy and lobbying.
- The private sector must be a key partner in working to improve health equity. In addition to the moral case, businesses will benefit from a healthier and more productive workforce, and increased attractiveness to potential employees, customers and investors.
- Businesses can act as anchor organisations, supporting better outcomes in the social determinants of health for their workforce and local communities.

RECOMMENDATIONS



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

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