A Healthier Future
Improving Health and Wellbeing in Luton 2012 – 2019
DRAFT

APPENDIX 2

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FOREWORD

Updated wording to go here

Chair of the Shadow Health and Wellbeing Board,
Leader of Luton Borough Council

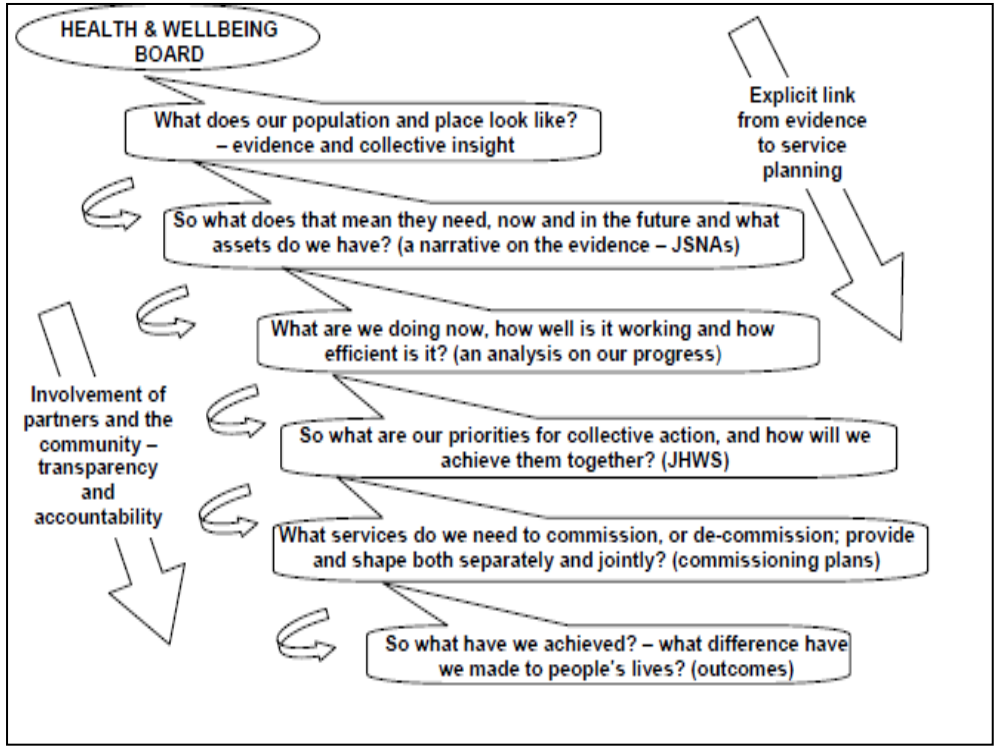
About the Health and Wellbeing Strategy

This Health and Wellbeing Strategy is designed to improve health and wellbeing and reduce health inequalities through better integration of services and a planned move of resources towards prevention and early intervention away from avoidable treatment and care.

The strategy is aimed at those who organise the provision of services to maintain and improve the health and wellbeing of people in Luton – NHS England, the Clinical Commissioning Group and the Local Authority. These organisations will commission services from a range of providers across all sectors. It is also aimed at the 'providers' of NHS and care services – the Luton and Dunstable hospital, mental health services, community health services the ambulance service and the Council.

By setting out clearly the key issues to be tackled, commissioners and providers are able to ensure that resources are being focused most effectively and this will form the basis of commissioning plans.

Based on guidance from the Department of Health[1], the actions are defined in terms which can guide and inform commissioning decisions rather than being a set of prescriptive actions or programmes.



How JSNAs, JHWSs and commissioning plans fit together
(from Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies – draft guidance. July 2012)

[1] https://www.wp.dh.gov.uk/publications/files/2012/07/Joint-Strategic-Needs-Assessment-and-Joint-Health-and-Wellbeing-Strategy-draft-guidance-a-consultation.pdf

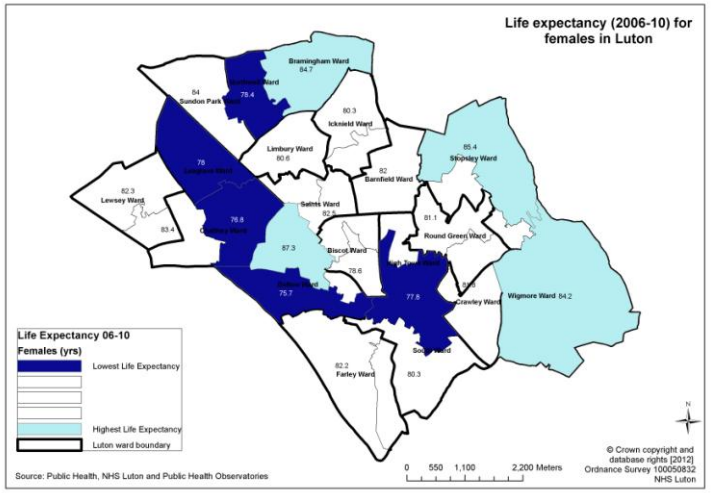
Why does Luton need a Health and Wellbeing Strategy?

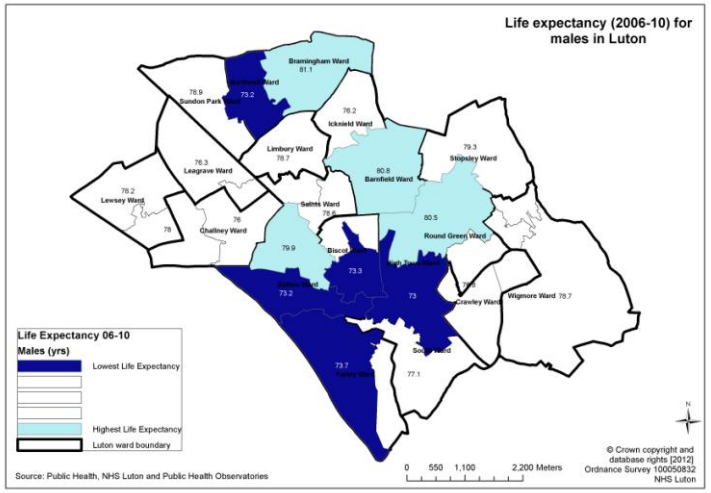
No single part of the local health and care economy can single-handedly improve the health and wellbeing of Luton residents. Tackling major issues such as health inequalities, obesity, heart disease, congenital disability, dementia and mental health requires all parts of the system to work together with common purpose. This strategy provides the direction for that common purpose; overseen by the Health and Wellbeing board.

Research into the health of local people published in the Joint Strategic Needs Assessment (JSNA)[2], in 2011, clearly identifies the key health challenges and highlights the inequalities in life expectancy which exist in Luton.

Although life expectancy in Luton has shown a steady increase since 1999, average life expectancy for both males (now 77.2 years) and females (at 81.2years) remains below the national averages which are 78.5 years and 82.5 years respectively.

However significantly more worrying, these statistics mask the very serious inequalities that exist between areas within Luton with an 8.9 years life expectancy gap for males and 6.4 years for females between the most and least deprived areas of the town (see maps opposite).





Whilst there has been a long term commitment from agencies such as the NHS, Luton Borough Council and voluntary organisations to tackling these inequalities, people in Luton still

[2] The full JSNA can be found at: http://www.luton.gov.uk/Council_government_and_democracy/Lists/LutonDocuments/PDF/Consultation/Reports/Final%20JSNA%202011.pdf

die earlier compared to England, and women in Luton suffer poor health for longer compared with other similar towns.

This strategy will provide:

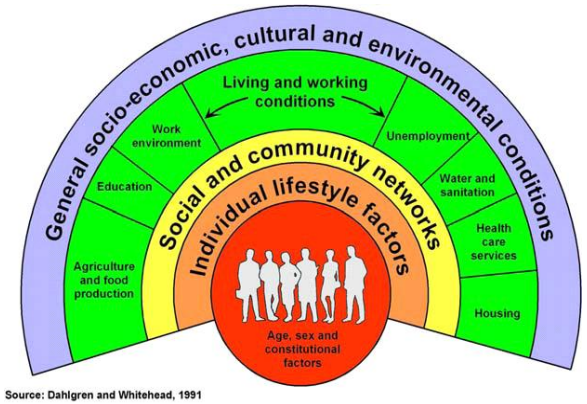
- a consistent strategic response to address identified need
- a resource to inform commissioning decisions
- a tool to hold commissioners to account for commissioning decisions
- a method of prioritising health needs.

For this to be successful we will need to take a fresh approach. The aim will be to improve health and wellbeing and reduce health inequalities through better integration of services and a planned move of resources towards prevention and early intervention away from avoidable treatment and care.

Luton's Sustainable Community Strategy (2008)[3] identifies a number of key factors - including lifestyle issues, the impact of housing on health, and inequalities – which need to be tackled in order to capitalise fully on the potential outcomes that may result from improvements in health and wellbeing.
Health inequalities often result from social and economic factors. Significant issues exist around housing, employment and education – known as the wider determinants of health – which means it will be necessary to take a much longer term view in how best to tackle these.[4]

[3]Luton's Sustainable Community Strategy can be found at: http://www.lutonforum.org/Forum/Documents/Luton-SCS.pdf
[4] Strategic Review of Health Inequalities in England. Marmot 2010 http://www.instituteofhealthequity.org/projects/fair-society-healthy-lives-the-marmot-review

Factors which influence health outcomes and health inequalities



What are our commissioning priorities?

Using the information from the JSNA, we have identified three key areas where we need to ensure we focus our resources:

- **Every child and young person has a healthy start in life**
- **Reduced health inequalities within Luton**
- **Healthier and more independent adults and older people**

These will be influenced by a wide range of factors and joined up effort by the council, NHS, other public services, the voluntary and community sector and other providers. They will be critical in making an impact on the key areas identifed in this strategy.

How will we make the strategy work?

The strategy is based on a 'wellness' approach which brings services together and intervenes at the earliest opportunity to keep people well and free from illness and disability for as long as possible.

Wellness services aim to change the relationship between users and health services by empowering individuals to maintain and improve their own health. They aim to prevent ill health by intervening at an early stage and so reduce the need for more costly medical interventions. This will affect the way both the public and service providers approach health and will require a major change in the way services are perceived and delivered.

Models that have worked elsewhere will be researched and an agreed approach will be applied to Luton as part of a systematic implementation plan to be developed during 2012/13

The plan will require:

- Stakeholder engagement and support
- Public involvement in service design and implementation
- An assessment of workforce development needs
- Development of service standards
- Changes to the way services are delivered.

How will the Health and Wellbeing board work?

Membership of the Board will be made up of key decision makers from the health services and the local authority, as well as community representation through the local Healthwatch. The Board will review its membership to ensure that all the key decision makers are included to enable the effective implementation of this strategy. The Board will also be responsible for overseeing the implementation of the strategy and for monitoring progress.

Fundamental tasks of the Board will be to:

- hold commissioners of services to account for their decisions
- commission in line with this strategy
- ensure that all opportunities are being taken to transform services which provide the best possible outcomes for the people of Luton.

How will we make things better?

Although there are a number of local NHS organisations and many social care providers including the Council's social services departments (covering adults and children) as well as public health prevention services and a wide range of 'early intervention' services, we all agree that we need to work together, designing and delivering our services in a way that puts Luton residents at the heart of our collaborative approach. The Children and Young People's Trust puts effective joint working at the heart of its plans to ensure that resources are used efficiently. By maximising and actively targeting available resources, promoting early intervention and continuing to develop and embed new models of joint working, children and young people will receive the services they need to improve their outcomes.

The programme that brings together the Luton Clinical Commissioning Group, the Luton and Dunstable hospital, the ambulance service, the mental health trust, community health services NHS England, GPs, the voluntary sector and the voice of patients, Healthwatch, is called *Better Together*. This programme is governed by a multi-agency board that in turn reports to the Health and Wellbeing board.

Better Care Fund

The transformation from separate organisations working with their own systems and processes to an integrated health and care economy will be helped by the creation of a pooled budget between the CCG and the Council, called the Better Care Fund (BCF). A BCF plan, agreed by the Health and Wellbeing board explains the use of this money and sets out the detailed integration and improvement intentions.

Ensuring change works

We will measure success through a range of indicators including total life expectancy, healthy life expectancy (set out later in this strategy) and the reduction in admissions to hospital.

We will model the new ways to identify what works, what needs changing and how any barriers can be overcome. Our plan is that money will be saved by reducing the number of hospital beds and used to fund the expanded home and community based services.

The Children and Young People's Trust Board will monitor the implementation of the Children and Young People's Plan (CYPP). The Trust Board's performance framework provides the key measures that will assist the Board in this task.

Improve quality and efficiency

Organisations will plan to make services safer, more effective, and more efficient by redesigning services and pathways with residents at the centre. Particular attention will be given to the needs of people at transition points through the life course, so that commissioners ensure that service providers work together to achieve good outcomes.

Address the wider social determinants of ill health

We will place greater emphasis on the underlying causes of health inequalities including early child development and education, employment and working conditions, housing, the environment and standards of living.

Shift and secure resources to focus more on prevention and early intervention

We will move resources from diagnosing and treating illness towards promoting health and wellbeing and maintaining independence throughout people's lives. This saves money, which is essential, but also ensures that the emphasis is on people enjoying good health for much longer than happens now. We will also try to secure additional resources to support prevention and early intervention.

Listen to the Public Voice

The Board also has the responsibility to ensure the engagement of the local community in improving health in the town. Organisations that are part of the Board will develop a range of ways to ensure public engagement. The Board will work with Healthwatch. The local Healthwatch will gather people's views (whether current users of services or not) on, and experiences of, the health and social care system. In this way, community views will have real influence with those who commission and provide services.

Healthwatch provides a direct route for the representation of local people, both as individuals and as members of community and voluntary organisations, to be involved in the shaping the future of health and social care.

Resources are tight, so not all public aspirations will be met, but the way priorities are being set will be clear and transparent and the public voice will be heard.

What will guide the way we work?

The way that organisations work will be transformed by this strategy, and the follow principles will support this change.

Ensuring services are based on local need and evidence of what works
The JSNA has enabled us to identify the key issues and how we need to respond to them. When we review the JSNA in future it will ensure that we focus on the major health challenges. We will learn about what works through collecting information on what has been shown to be effective and collaboration with other areas, helping us to identify best practice.
Involving patients and carers in shaping local services
Our plans will ensure that people who use our services are able to help design them, and we will use the experience and knowledge of patients and their carers to improve the services we provide. We will ensure that a variety of methods are used to involve people so that it is easy for them to take part.
Ensuring that while we provide universal services to everybody, we will also target help towards those families and communities most in need
Services to promote health and wellbeing are available to everybody. However, where particular groups or communities do not enjoy the same health outcomes, we will provide additional support.

Empowering individuals and supporting self-care - increasing individuals' ability to improve their own health and wellbeing.
There are many things that people can do to support their own health and wellbeing. We will ensure that, where possible, we will build on this activity to maximise the health benefits of communities working together to improve health and wellbeing.
Making it easier for people to access the right service in the right place at the right time
Health and wellbeing covers a wide range of services and we will look for ways to make it easier for people to access the services they need in the ways that are most appropriate for them.
Safeguarding vulnerable children, young people, adults and older people
The Health and Wellbeing Board will ensure safeguarding is included in needs analysis, in strategy development, in commissioning arrangements at both a strategic and operational level, within the public health agenda and it is embedded in integrated service arrangements.

The diagram on the next page shows how the different elements of the strategy fit together.

Health and Wellbeing Strategic Framework

OUR PRIORITY OUTCOME 1: EVERY CHILD AND YOUNG PERSON HAS A HEALTHY START IN LIFE

This priority focuses on ensuring that children and young people have the best opportunities early in life to enable them to become healthy adults. Evidence indicates that health in later life is strongly influenced by childhood experiences and by focusing attention at this stage of life should not only improve the child's health but also that of the whole family. Our four priorities are: Keeping children and young people safe and secure; improving children and young people's health and well-being; building strong and supportive families; raising the aspirations of children and young people to raise their attainment.

WHAT WE KNOW

- 28.4% (approximately 14,650) Luton children live in poverty.
- There are approximately 525 families in Luton having serious problems, including unemployment, family poverty and child absence from school (provisional data identified through the Government's Troubled Families programme).
- Luton's Infant Mortality rate for 2008-10 is the seventh highest nationally at 7.5 infant deaths per 1,000 live births, significantly higher than the England and Wales average of 4.5.
- The proportion of Low Birth Weight babies born in Luton is significantly higher than the national average (9.5% compared to 7.3% of all live births) in 2010.
- Obesity in Year R children in Luton (at 11.2%) is significantly higher than the England average (9.4%) and is higher than its statistical neighbours average of 11.0%; Obesity in Year 6 children in Luton (21.9%) is significantly higher than the England average (19.0 %) and in line with statistical neighbours. (2010/2011).
- The proportion of Luton's five-year-olds with tooth decay, missing and filled teeth is 44% compared with the England average of 31%.
- The prevalence of mental health disorders in Luton's children and young people is estimated to be 25% higher than the national average.
- Children in Local Authority care are particularly at risk of having poor emotional health and wellbeing.

OUR COMMISSIONING PRIORITIES	LINKS TO JSNA PRIORITIES
1.1 Implement Luton's Healthy Child Programme (0-19) through integrated working with partner agencies.	• Reducing childhood obesity • Reducing family poverty • Reducing infant mortality
1.2 Strengthen Luton's model of early intervention services to children, young people, their parents and carers across partner agencies, so needs are identified early and services can respond appropriately.	• Improving mental health • Reducing family poverty • Reducing obesity, smoking and alcohol related harm • Reducing the impact of domestic abuse
1.3 Develop services for families with multiple needs through joint working arrangements with adult services and with partner agencies.	• Improving outcomes for children in care • Reducing the impact of domestic abuse • Improving mental health • Reducing obesity, smoking and alcohol related harm • Reducing family poverty
1.4 Mitigate the impact of poverty on families' lives through the development of programmes of activity to address the needs of families on low income through sustainable models of partnership working.	• Reducing the impact of domestic abuse • Improving mental health • Reducing alcohol related harm • Improving outcomes for children in care • Reducing family poverty • Reducing infant mortality • Reducing childhood obesity

HOW WE WILL MEASURE SUCCESS	STRATEGIC LINKS
Infant Mortality Children in poverty Child development at 2 - 2.5 years Children achieving a good level of development at age 5 (%) Excess weight in 4 - 5 and 10 - 11 year olds Children achieving level 4 in both English and Mathematics (%) Young people not in employment, education or training (NEET) 16-19 years (%) Stability of children in care Children becoming subject to a Child Protection Plan for first time (%) Stability of placements of Looked After Children Adoption indicator	Anti-Bullying Strategy Children and Young People's Plan Children in Care Strategy (2013-15) Domestic Abuse Strategy (2012-15) Early Intervention Strategy Phase one (April 2011) Family Poverty Strategy (2011-2014) Healthy Weight Strategy (2009/10- 2013/14) Housing Strategy (2012-2015) Luton's Skills and Employability Strategy (2012-2017) Teenage Pregnancy Strategic Plan (annual) Tobacco Control Strategy (2011-2015)

OUR PRIORITY OUTCOME 2: REDUCED HEALTH INEQUALITIES WITHIN LUTON
This priority focuses on those communities, groups and individuals who have the worst health outcomes in Luton. We will prioritise prevention and early detection of cardio vascular disease (CVD), cancer, respiratory disease and diabetes – the conditions most strongly related to health inequalities. Currently the areas with the poorest health outcomes in Luton fall mainly within the wards of Biscot, Challney Dallow, Farley (men), High Town, Leagrave (women).Northwell and South.
WHAT WE KNOW
• The gap in life expectancy for males is mainly due to coronary heart disease (CHD) and stroke. For females the main diseases contributing to the gap are CHD, respiratory disease and cancer. • 59% of Luton residents are in the two most deprived national quintiles compared to 40% for England as a whole. • Around 25.2% of adults in Luton smoke increasing to 33.2% for people from routine and manual groups. • The black communities are over-represented in mental health admissions. • 3,906 incidents of domestic abuse were reported to the police in 2010/11 but an estimated 5,000-10,000 women will suffer domestic violence in any one year. • Gross Disposable Household Income (GDHI) per head in Luton is £12,332 - over £3,000 less than the national average of £15,545 and regional average of £15,939. • The gap between Luton's unemployment rate and the UK average has widened and there is large variation within Luton with the highest rates of unemployment in Biscot, Dallow, Farley, High Town, Northwell and South. • 7.6% of households are overcrowded, with around 1.4% of households being seriously overcrowded.

OUR COMMISSIONING PRIORITIES	LINKS TO JSNA PRIORITIES
2.1 Develop a model of integrated healthy lifestyle services.	• Reducing obesity, smoking and alcohol related harm. • Improving mental health
2.2 Prioritise the prevention and early detection of cardio-vascular disease (CVD) cancer and respiratory disease with increased intensity in areas of greatest need and specific focus on addressing the key risk factors of smoking, alcohol and obesity.	• Reducing obesity, smoking and alcohol related harm • Improving cancer survival rates • Reducing variation and improving outcomes in general practice
2.3 Strengthen integrated working across the wider determinants of health with a particular focus on improving housing conditions, supporting more people into employment and ensuring a healthy environment.	• Reducing family poverty • Reducing the impact of domestic abuse • Reducing obesity, smoking and alcohol related harm.
2.4 Strengthen community development by building on the strengths of a community (asset based approach) to increase social capital and empower individuals and communities to have greater control over their health and wellbeing.	• Reducing family poverty • Reducing the impact of domestic abuse • Reducing obesity, smoking and alcohol related harm • Improving mental health • Promoting independent living

OUR COMMISSIONING PRIORITIES	LINKS TO JSNA PRIORITIES
2.5 Develop models of working to promote positive mental wellbeing.	• Improving mental health • Promoting independent living • Reducing family poverty
2.6 Strengthen services to reduce the impact of domestic abuse.	• Reducing the impact of domestic abuse. • Improving mental health • Reducing obesity, smoking and alcohol related harm

HOW WILL WE MEASURE SUCCESS	STRATEGIC LINKS
Inequality in life expectancy at birth (M&F) Inequality in disability free life expectancy at birth (M&F) Smoking prevalence - adult (over 18s) Alcohol-related admissions to hospital Excess weight in adults Proportion of physically active and inactive adults Employment of people with mental illness Domestic abuse People in households receiving means tested benefits Inequality in percentage receiving means tested benefits Air quality Unemployment Income	Alcohol Strategy (2012-2015) Community Involvement Strategy Domestic Abuse Strategy (2012-2015) Drug Strategy (2011-2014) Empty Homes Strategy (2009 – 2014) Family Poverty Strategy (October 2011) Health Inequalities Strategy (2010-2026) Healthy Weight Strategy (2009/10-2013/14) Housing Strategy (2012-2015) Luton's Skills and Employability Strategy (2012-2017) Private Sector Renewal Strategy Tackling the Street Sex Trade (2013 – 2018)

	Tobacco Control Strategy (2011-2015)

OUR PRIORITY OUTCOME 3: HEALTHIER AND MORE INDEPENDENT ADULTS AND OLDER PEOPLE

This priority sets out our intention not only to extend life, but also to improve the quality of life (i.e. "adding years to life and life to years"). A focus on people with long term conditions (i.e. chronic health conditions such as diabetes or heart disease) and how they can be better supported to live independently will be a key aspect of this priority action. One of the key propositions underpinning our 'Better Together' health and social care integration programme is that a collaborative health and care economy will shift its strategic approach and resources towards more effective prevention and way from emergency and acute interventions.

WHAT WE KNOW

- There are estimated to be over 37,000 people currently living in Luton with some form of long term condition.
- The two main causes of death between 2008 and 2010 in Luton were circulatory diseases (including heart disease and stroke) and cancer making up 31% and 27% of all deaths in Luton respectively.
- Black and Minority Ethnic (BME) groups, representing 40.6% of Luton's population, are up to six times more likely to develop Type 2 diabetes than the White European population (having diabetes increases the risk of developing other cardiovascular disease).
- Projections indicate that type 2 diabetes will increase in prevalence by more than 70% by 2050, with increases of 30% for stroke and 20% for heart disease over the same period.
- There is considerable variation between General Practices in Luton in terms of access and also in overall health outcomes that patients achieve. This means that people with long term conditions may be managed more effectively in some practices than others, resulting in fewer avoidable hospital admissions and complications.
- There are an estimated 6,200 people in Luton with heart disease, Chronic Obstructive Pulmonary Disease (COPD) or diabetes who have not been diagnosed and are not having their condition managed by their GP.
- At least one in four people will experience a mental health problem at some point in their life and one in six adults has a

mental health problem at any one time.	
OUR COMMISSIONING PRIORITIES	**LINKS TO JSNA PRIORITIES**
3.1 Put in place systematic programmes to reduce the variability of General Practice in Luton to ensure that all members of the Luton population are able to easily access high quality and safe primary care.	• Reducing obesity, smoking and alcohol related harm • Reducing infant mortality • Improving mental health and services for people with dementia • Improving outcomes for people with learning disabilities and autism • Improving cancer survival rates • Promoting independent living • Reducing variation and improving outcomes in general practice
3.2 Ensure GPs take a risk based approach to identify all patients on their lists with long term conditions who are at increased risk of exacerbation or admission and take proactive steps to ensure these patients are supported to minimise unnecessary admissions to hospital or complications.	• Improving mental health and services for people with dementia • Promoting independent living • Reducing variation and improving outcomes in general practice

3.3 Drive forward the integration of health and social care services to improve health outcomes and seamless support to the individual by: • Agreeing outcomes that span both health, and social care • Developing and implementing care pathways across health and social care so that patients experience a seamless and personalised care package • Develop common systems and processes across partner organisations, including the pooling of budgets where appropriate, and the co-location of health and social care teams as part of the integrated care team approach.	• Improving mental health and services for people with dementia • Improving outcomes for people with learning disabilities • Promoting independent living
OUR COMMISSIONING PRIORITIES	**LINKS TO JSNA PRIORITIES**
3.4 Drive the development and delivery of tailored educational, training, communications and technological programmes and resources to empower everyone with a long term condition with the support they need to live a healthy and active life independently in their own homes for as long as possible.	• Improving mental health and services for people with dementia • Improving outcomes for people with learning disabilities • Promoting independent living
3.5 Implement an Improving Access to Psychological Therapies (IAPT) service to increase support for people with mental health services.	• Improving mental health • Promoting independent living
3.6 Develop a comprehensive range of prevention and early intervention services which maintain wellness.	• Improving outcomes for people with learning disabilities • Promoting independent living • Reducing obesity, smoking and alcohol related harm • Improving mental health

3.7	Complementary to the prevention initiatives, promoting independence will also be achieved by targeting housing-related support services with the same aim of enabling people to live without the need for acute and eligible services.	• Improving outcomes for people with learning disabilities • Promoting independent living

HOW WE WILL MEASURE SUCCESS	STRATEGIC LINKS
Life expectancy at 75 (males and females) Under 75 mortality rate from CVD Health related quality of life for older people Health related quality of life for people with long-term conditions Health related quality of life for carers Excess under 75 mortality rate in adults with serious mental illness One and five year survival from colorectal cancer One and five year survival from lung cancer Proportion of older people (65+) who were still at home 91 days after discharge into rehabilitation Number of people have been through re-ablement and have reduced or have no package of care after 6 weeks Delayed transfers of care from hospital, and those which are attributable to adult social care per 100,000 population	Autism Strategy (2011-2016) Carers' Strategy (2013) Dementia Strategy (2010-2015) Domestic Abuse Strategy (2012-2014) Housing Strategy (2011-2015) Learning Disability Commissioning Strategy (2008-2013) Prevention Strategy (2010-2012)

How did we identify the major health issues?

The Health and Wellbeing Board has led on the production of the Joint Strategic Needs Assessment (JSNA)[5]. The JSNA is seen as the key driver of local health improvement. It brings together a range of data which is used to provide a comprehensive analysis of current and future health and well-being needs for adults and children in Luton.

[5]The full JSNA can be found at http://www.luton.gov.uk/Council_government_and_democracy/Lists/LutonDocuments/PDF/Consultation/Reports/Final%20JSNA%202011.pdf

Through a process of data analysis and consultation with key stakeholders, service users and the public, twenty six different health and well-being issues were identified and these were then grouped together to form sixteen priorities. These priorities were split into two categories to reflect both recent achievement and plans for improvement.

Group 1 priorities are either new priorities or priorities where progress has been limited and refreshed plans are needed to achieve the level of improvement required.

Group 2 priorities are those areas where significant progress is still required, but where strategic plans and structures are already in place and are expected to deliver the level of improvement required.

In practice, there will be significant levels of overlap between these priorities, and progress in one area will often be expected to have a beneficial impact on another.

GROUP 1 PRIORITIES
Reducing family poverty
Reducing the impact of domestic abuse
Reducing obesity, smoking and alcohol related harm
Reducing infant mortality
Improving mental health and services for people with dementia
Improving outcomes for people with learning disabilities with a focus on autism

Improving cancer survival rates
Improving outcomes for Children in Care
Reducing variation and improving outcomes in general practice
Promoting independent living

GROUP 2 PRIORITIES
Improving services and outcomes for patients with diabetes and COPD
Improving children's dental health
Reducing the harm caused by the misuse of drugs
Improving the health of offenders
Improving the health of carers and young carers
Increasing physical activity
Improving performance of children by Key Stage 2

How will we implement the strategy?

This strategy is focused on the areas where we plan to make a significant difference. It does not include many of the routine, but very important, services that support health and social care. It shows how Luton will respond to the key health issues over the period 2012 – 2017, but it also takes into account how we will take a longer term view of the wider social determinants of health and strengthen our approach to the key issues. The organisations that commission services will use this strategy to influence the services they procure.

The strategy will be supported by a number of integrated action plans that will be developed in line with the priority outcomes. These will include high-level documents such as the Children and Young People's Plan, the Early Intervention Strategy and the Clinical Commissioning Group's three year Strategy as well as more specific plans including the Family Poverty Strategy, the Tobacco-Free Luton Strategy and the Healthy Weight Strategy.

Specific partnership delivery boards, reporting to the Health and Wellbeing Board, will be given the responsibility for driving forward the achievement of our priority outcomes (see diagram on p 27):

Every child and young person has a healthy start in life
The Children and Young People's Trust Board

Reduced health inequalities within Luton
The Health Inequalities Delivery Board

Healthier and more independent adults and older people
The Healthier and More Independent Adults Board

The chairs of the delivery boards are members of the Health and Wellbeing Board.

Having Democratic Accountability

The Statutory Health and Wellbeing Board is a committee of Luton Borough Council and can be given responsibility for delegated decisions. Elected Councillors will be able to hold the Board to account for its decisions through the Council's Overview and Scrutiny arrangements.

Health and Wellbeing governance and management structure

How will we know we have been successful?

An evaluation framework will be developed to assess the effectiveness of the Health and Wellbeing Strategy. It will set out the strategy evaluation process so that there is clarity for all stakeholders

The overall success of the strategy will be measured through improvements in life expectancy, disability free life expectancy and infant mortality. By 2017, we will have:

1. Increased life expectancy at birth and narrowed the inequality gap with England

2. Increased disability free life expectancy at age 65

3. Narrowed the gap in life expectancy at birth between the most and least deprived Lower Layer Super Output Areas

4. Reduced the Infant Mortality rate.

1. Increased life expectancy at birth and narrowed inequality gap with England

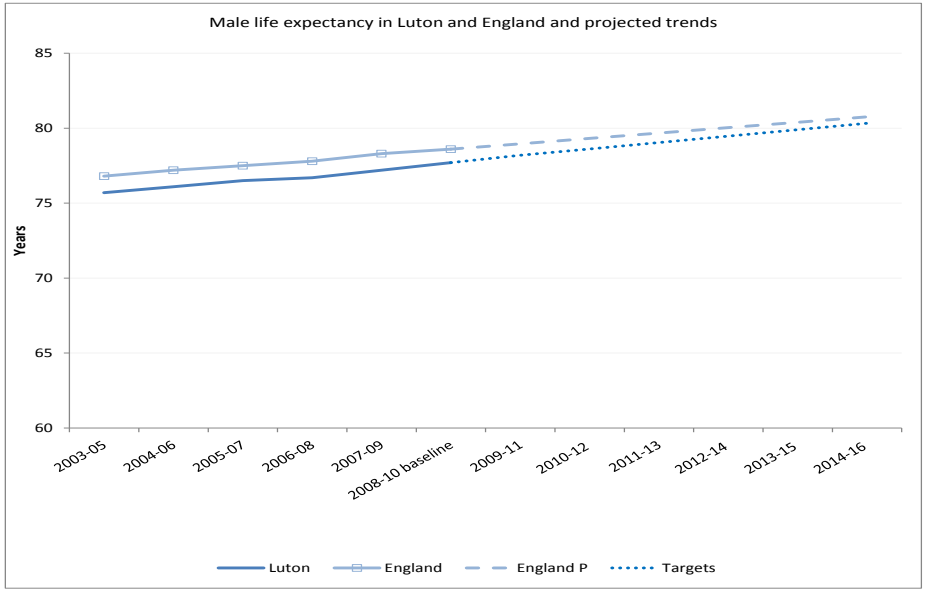
	Baseline	Targets					
Males	2008-2010 (11/12)*	2009-2011 (12/13)	2010-2012 (13/14)	2011-2013 (14/15)	2012-2014 (15/16)	2013-2015 (16/17)	2014-2016 (17/18)
Luton	77.7	78.2	78.6	79.0	79.5	79.9	80.3
England	78.6	79.0	79.3	79.7	80.0	80.4	80.8

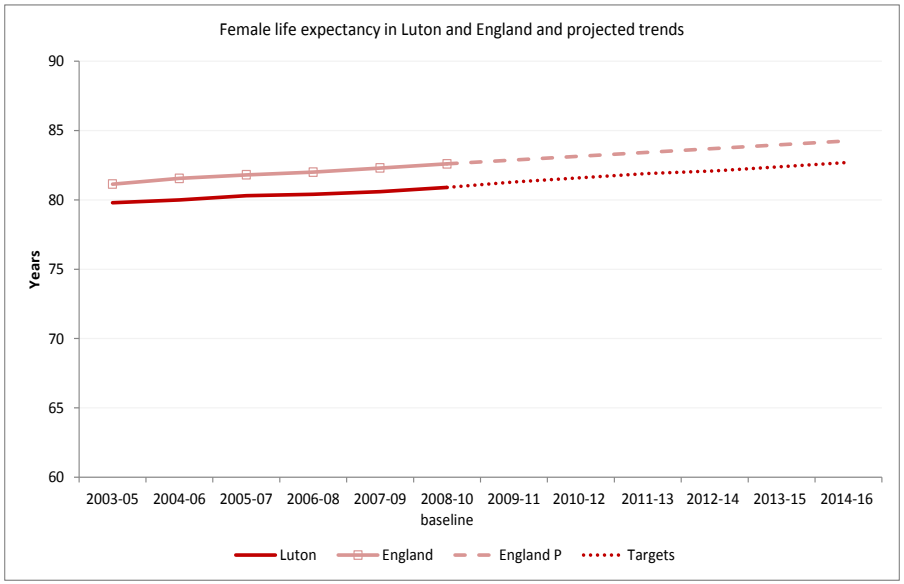
*Years in brackets relate to the year the data is reported

The male life expectancy trend and projections from 2001-2003 show a narrowing in the gap with England. The targets above show a trajectory which narrows this gap further than the current trend would predict.

	Baseline	Targets					
Females	2008-2010 (11/12)*	2009-2011 (12/13)	2010-2012 (13/14)	2011-2013 (14/15)	2012-2014 (15/16)	2013-2015 (16/17)	2014-2016 (17/18)
Luton	80.9	81.5	81.6	81.9	82.1	82.4	82.7
England	82.6	82.9	83.2	83.4	83.7	84.0	84.3

*Years in brackets relate to the year the data is reported



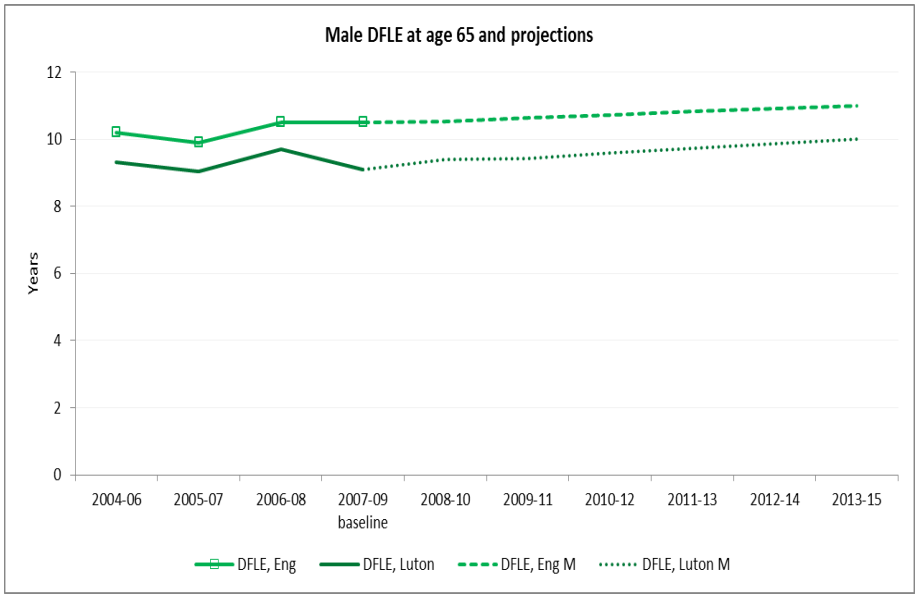


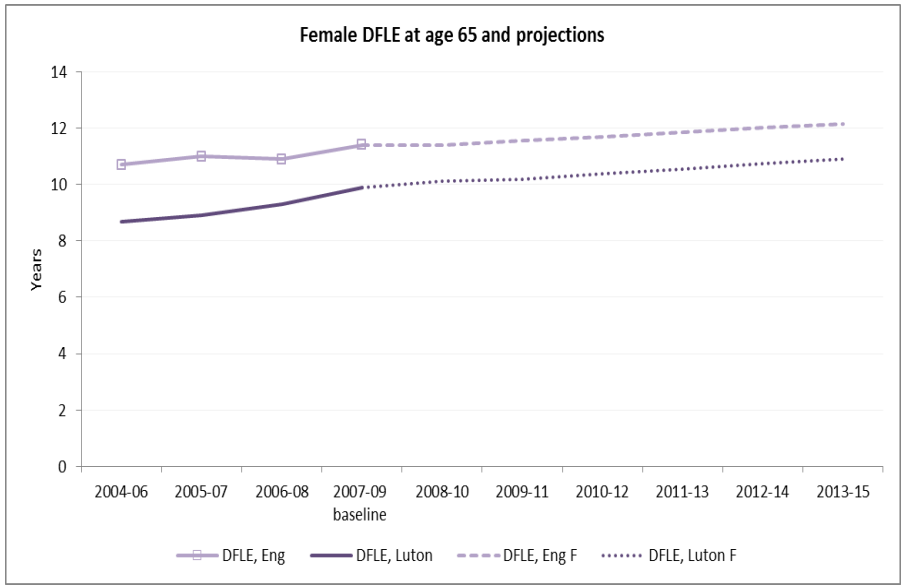
The female life expectancy trend and projections from 2001-2003 show a widening of the gap with England. However, the targets above show a slight narrowing in the gap with England.

2. Disability free life expectancy (DFLE) at age 65

	Baseline	Targets					
	2007-2009 (11/12)*	2008-2010 (12/13)	2009-2011 (13/14)	2010-2012 (14/15)	2011-2013 (15/16)	2012-2014 (16/17)	2013-2015 (17/18)
Males	9.1	9.4	9.5	9.6	9.7	9.9	10.0
Females	9.9	10.1	10.2	10.4	10.5	10.7	10.9

*Years in brackets relate to the year the data is reported



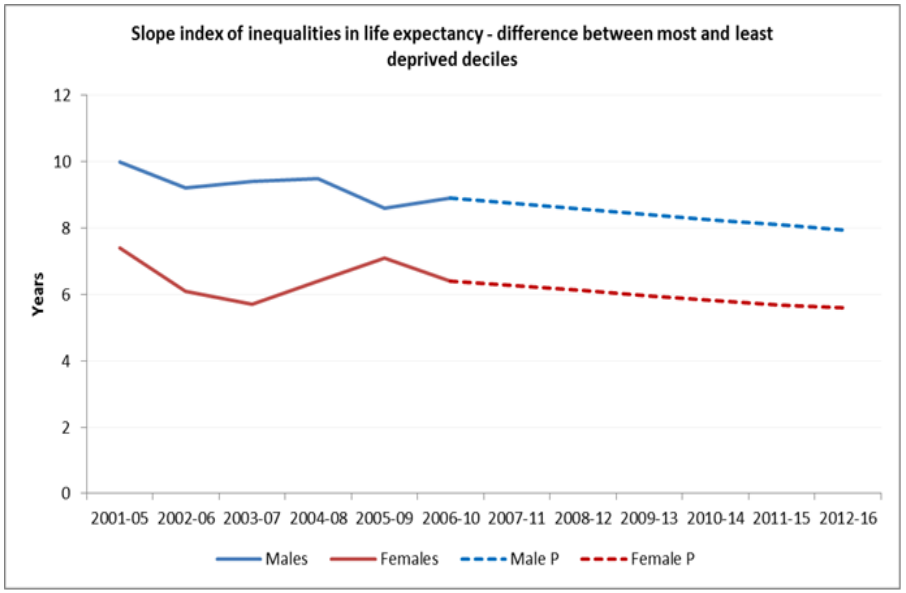


The projections above are based on estimates of DFLE for both males and females. National trend data is available for DFLE, however for Luton there is only two points of data (2006-2008 and 2007-2009) available. This makes it difficult to predict future trends and set targets. The targets have been estimated using Luton data for 2006-2008 to predict earlier years and 2007-2009 to predict future years with an adjustment made based on the national trend. The targets show a narrowing in the gap between Luton and England for both males and females.

3. Life expectancy gap between the most and least deprived areas in Luton

	Baseline	Targets					
	2006-2010 (11/12)*	2007-2011 (12/13)	2008-2012 (13/14)	2009-2013 (14/15)	2010-2014 (15/16)	2011-2015 (16/17)	2012-2016 (17/18)
Males	8.9	8.7	8.6	8.4	8.2	8.1	7.9
Females	6.4	6.3	6.1	6.0	5.8	5.7	5.6

*Years in brackets relate to the year the data is reported

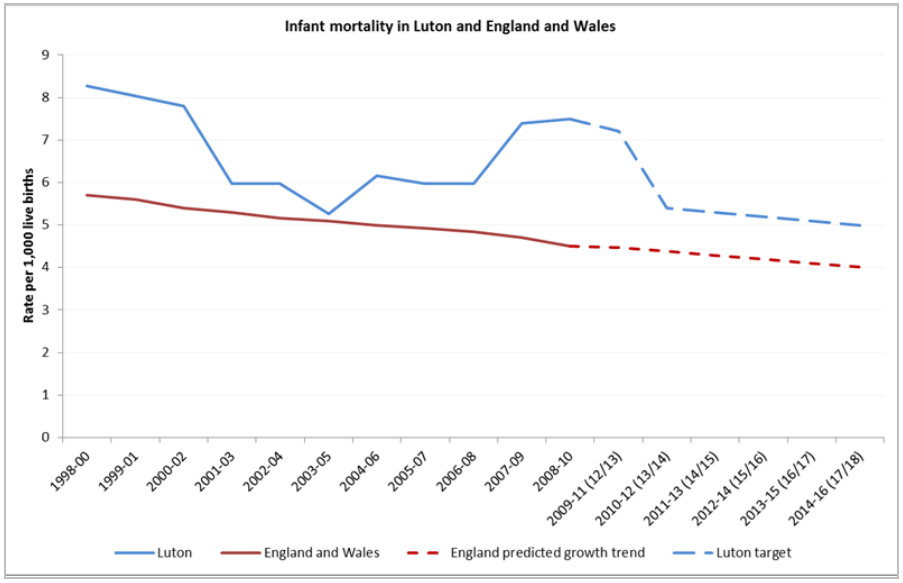


The current trend shows data has been variable with large fluctuations, particularly for females. This makes projections difficult. Maintaining the decreasing trend is considered a challenge and therefore targets have been set to continue the decreasing trend seen from 2001-2005 to 2006-2010.

4. Infant Mortality (rate / 1,000 live births)

	Baseline	Targets					
	2008-2010 (11/12)*	2009-2011 (12/13)	2010-2012 (13/14)	2011-2013 (14/15)	2012-2014 (15/16)	2013-2015 (16/17)	2014-2016 (17/18)
Luton	7.5	7.2	5.4	5.3	5.2	5.1	5
England and Wales	4.5	4.5	4.4	4.3	4.2	4.1	4.0

*Years in brackets relate to the year the data is reported



The current trend in infant mortality has large fluctuations. The increase in 2007-2009 is due to a larger number of infant deaths in 2009 which have subsequently decreased in following years. The target for 2009-2011 is based on current trend data and subsequent targets are based on a predicted decrease in infant deaths when 2009 data is no longer included in the pooled rate.