INSTITUTE of HEALTH EQUITY

LUTON MARMOT TOWN: PROGRESS REPORT 1 YEAR ON

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FOREWORD

As an elected member of Luton Borough Council and the portfolio holder for Public Health, I understand deeply that health is not just a personal matter—it is a collective responsibility, a matter of social justice, and central to the prosperity and well-being of our entire town. While Luton has many strengths, we face serious and unacceptable health inequalities that affect far too many of our residents.

Across different wards in Luton, we witness stark disparities in health outcomes, with key factors like income, housing, education, and access to healthcare shaping these differences. The unfortunate reality is that in our town, where you live can significantly influence how long you live and how healthy you are.

Our vision for Luton 2040 is to create a town where everyone can thrive, where health is equitable, and no one is left to live in poverty. A critical part of this vision is our partnership with the Institute of Health Equity, as we work to make Luton the first Marmot Town. This collaboration is driving an ambitious, long-term plan to address the root causes of health inequality, guided by the principles of fairness and opportunity for all.

This report takes stock of the progress we've made so far, assessing the early impacts of our approach and drawing on insights from key partners and system leaders across the town. It also highlights advances in our priority areas of work and provides a framework to evaluate our impact in the years to come.

I urge all stakeholders to reflect carefully on the findings and recommendations in this report. By coming together with determination, compassion, and a shared sense of purpose, we can eliminate health inequalities and secure a healthier, fairer future for all of Luton's residents.

Councillor Khtija Malik

ACKNOWLEDGEMENTS

The report was drafted by Dr Ramyadevi Ravindrane and Lee Watson, Public Health Specialty Registrars on placement at Luton Borough Council, supervised by Sally Cartwright, Director of Public Health.

Thank you to all those who gave up time to be interviewed, participate in focus groups and attend the Marmot Event.

Thank you to Dr Jessica Allen, at the UCL Institute of Health Equity for supervision and input.

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EXECUTIVE SUMMARY

AIMS

This evaluation report has three main aims:

1. To understand the impact of the Luton Marmot report on system-wide efforts to tackle health inequalities through the social determinants of health (1).

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

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

This report is divided into four chapters; chapter one describes the qualitative evaluation work completed through interviews with system leaders across Luton, chapter two illustrates the early impact of the Marmot report; chapter three covers development of quantitative indicators for baseline and medium to long term monitoring of progress; chapter four provides a conclusion and recommendations to progress the Marmot Town approach further in Luton.

BACKGROUND

Luton Borough Council and system partners have been working with The University College London (UCL) Institute of Health Equity (IHE) to understand how best to tackle health inequalities within the town. IHE was established in 2011 and is led by Professor Sir Michael Marmot following the publishing of "Fair Society, Healthy Lives" (2). The Institute has led and collaborated on work to address the social determinants of health and improve health equity in the UK and internationally (3).

Luton is the first 'Marmot Town', joining the other 'Marmot Places' that are working with IHE to prioritise health equity and, in line with Luton's 2040 vision (4), make Luton a fairer place to live, work, grow up and grow old in.

After analyses and work in Luton alongside a series of multi-agency workshops with Luton partners, in September 2022 IHE published the report, Reducing Health Inequalities in Luton: A Marmot Town, which based on an assessment of data and local evidence made recommendations about how the town could most effectively tackle inequalities in health with a particular focus on social determinants of health.

The report findings and recommendations correspond with 8 principles:

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, exclusion, racism and their outcomes
8. Pursue environmental sustainability and health equity together

Recommendations were also made to strengthen the health equity system and partnerships in Luton, incorporating the various sectors which impact on health equity in Luton. Further recommendations were made for the different partner organisations that contribute towards health outcomes and the social determinants including the local authority, private sector organisations, Voluntary, Community, Faith, Social Enterprise (VCFSE), healthcare and education.

There are many programmes of work across Luton that address inequalities and align with the Marmot principles and recommendations. Some of these were in place before the publication of the report and some were established after. This work is being led by organisations across Luton including the council, VCFSE organisations, healthcare, education, other public services and the private sector. Along with the residents of Luton these organisations form the 'Health Equity System' as proposed in the report.

Luton has an established a town-wide 2040 vision which aims to make Luton a town built on fairness where no one lives in poverty. Within the 2040 vision are five key strategies for the Council: the population wellbeing; inclusive economy; net zero road map; child friendly town; fairness, resilience and social justice. It is envisaged that the Marmot report can provide an approach through which Luton can achieve its 2040 vision with a keen focus on reducing health inequalities.

The public health team within Luton Borough Council, which commissioned and led the process of becoming a Marmot town have now taken on an advocacy and coordination role for the Marmot town ambition. They bring the Marmot report findings and recommendations to the forefront of town-wide meetings and strategies and identify potential gaps in existing inequalities work or where interventions can be strengthened. The team have also actively supported development of the work through stakeholder engagement and embedding the findings into business as usual.

The council are taking a phased approach to the implementation of the report recommendations with the priority work streams for the first round of implementation outlined in the table below:

Table 1: Luton priority workstreams with aligned Marmot Principles

Work stream	Aligned Marmot Principles
Employment, skills and business	• Enabling children, young people and adults to maximise their capabilities and have control over their lives through education and life-long learning • 'Creating fair employment and good work for all'
Giving every child the best start in life	• Giving every child the best start in life' • 'Enabling children, young people and adults to maximise their capabilities and have control over their lives through education and life-long learning'
Pursing environmental sustainability	• 'Creating and developing healthy sustainable places and communities' • 'Pursuing environmental sustainability and health equity together'
Housing; warm spaces and communities	• 'Creating and developing healthy sustainable places and communities'

At the time of undertaking the evaluation, oversight of the work was provided by the Marmot Advisory Board whose members include leaders from the health equity system and the Institute of Health Equity. Reporting of Marmot related work now feeds into the Health Equity Town Partnership Board (previously known as Health Inequalities Board) which feeds into the Health and Wellbeing Board.

METHODS

The evaluation process started in March 2023 and completed in August 2023. Due to the short period of time since the Marmot review was published (September 2022), the collaborative approach required to achieve the recommendations, and the time it takes for measures of health inequality to change, a solely quantitative approach would not be an adequate reflection on the progress being made on health inequalities within Luton. Alongside this, it would not be possible to know that changes in these outcome measures were a result of the report and actions taken subsequent to its publication or due to the range of other factors such as the national political and financial context that has a powerful impact on the social determinants of health and health outcomes.

A mixed methods approach to evaluation enabled both qualitative and quantitative data to inform the evaluation. Qualitative data can give rich insight as well as identify priority areas for future change which have helped form the recommendations of this evaluation report. The qualitative element of the evaluation sought to identify how system leaders in Luton have engaged with the Marmot report since its publication.

Chapter one outlines the qualitative component of the evaluation, comprised of semi-structured interviews of system leaders across Luton in order to establish an understanding of views and perceptions of the impact of the report and to identify opportunities and barriers to implementation. A thematic analysis of the interview transcripts was undertaken. Key themes from the interviews were presented to a multiagency focus group to see if their views correlated with the findings from the interviews.

Chapter two aims to understand what actions have been taken and any impact on reducing health inequalities in the relatively short period since the publication of the Marmot report. This work has been aligned to four core work streams: employment, skills and business; giving every child the best start in life; pursing environmental sustainability and housing. For each workstream, logic models highlighted the inputs including the relevant Marmot recommendations, the activities aligned to those recommendations across a range of sectors in Luton and output and outcome measures.

Chapter three sets out locally relevant indicators and a baseline for future monitoring of progress in Luton, building on the suggestions provided within the Marmot report. Working alongside the Council business intelligence team a set of quantitative indicators were chosen that can monitor changes in inequalities across the eight Marmot principles. Working to define quantitative measures of progress enables the Health Equity System to understand progress made towards reducing health inequalities and tackling the social determinants of health in the future.

FINDINGS

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

It is too soon for the impact of this work to be seen in population health outcomes, however, there are several examples of projects and workplans that have emerged as a result of the report that are being monitored and are expected to have a positive impact on health inequalities.

This work is limited by the relatively short time period since the publishing of the Marmot report, however it sets out an approach to monitoring progress in the medium- long term. The work has been completed by two Public Health Registrars on placement at Luton Borough Council with supervision from Dr Jessica Allen at the Institute for Health Equity.

CONCLUSION

Luton has utilised its position as the first "Marmot Town" to strengthen partnerships and accelerate work to tackle health inequalities through a social determinants of health approach. However, there is an appetite amongst partners to move further and faster on the agenda. The recommendations of this report will support this.

RECOMMENDATIONS FOR THE FUTURE

The below summarises recommendations for Luton to support the realisation of the Marmot town ambitions. The implementation of these recommendations should involve the whole health equity system across Luton, led by the Health Equity Town Partnership Board.

Strengthening the health equity system

- Ensure system-wide clarity and strengthening of governance and accountability.
- Broaden the agenda of the Marmot steering group and other associated working groups to get more non-local authority and healthcare input.
- Ensure all stakeholders identify and understand their own levers of influence to tackle health inequalities, examples of this include the use of regulatory powers and advocacy for health equity.

Building capacity and sharing best practice

- Embed Marmot and health inequalities within workforce development across the system including developing skills for business case development for tackling health inequalities
- Ensure that we learn from best practice amongst Luton partners and from the national and international evidence base, whilst also sharing our own knowledge and learning.

Advocacy for Marmot principles

- Ensure Marmot principles influence resource allocation decisions across the system including ensuring that they are proportionate to need, starting with our anchor institutions.
- Develop our communications and engagement approach with stakeholders and members of the public, including the use of terms such as Marmot Town and Health Equity. Luton should celebrate success where existing work is making a difference and learn from what does and doesn't work.

A clear call to action

- Translate the Marmot principles, into a more specific and practical workplan with clear roles for organisations and teams.
- Develop a coherent workplan around the seventh Marmot principle; tackling discrimination and structural racism and its outcomes.

Measuring progress

- Establish a clear, agreed and well communicated monitoring framework, that aligns with the Luton Joint Strategic Needs Assessment and Luton 2040 monitoring. This framework will identify inequalities in outcomes between cohorts and track progress in improving outcomes in those most disadvantaged.
- Use of logic models may be a useful method to build on for future workstreams associated with Luton's Marmot Town ambitions.

CHAPTER 1

QUALITATIVE EVALUATION

AIMS

The aim of the qualitative element of this evaluation is to understand the impact of the Luton Marmot report on system-wide efforts to tackle health inequalities through the social determinants of health. In addition, through engagement with leadership across different sectors we aim to strengthen and broaden the health equity system through the process of evaluation, through stakeholder engagement and re-enforcement of priorities and direction of travel.

METHOD

We utilised semi-structured interviews to understand the views and perceptions of the impact of the Marmot report and associated actions amongst system leaders across Luton. Each interview was completed via MS Teams and used auto transcription. These transcriptions were reviewed, with any inaccuracies amended.

A two-stage thematic analysis (5, 6) of the interview transcripts was undertaken. An initial coding list was developed after review of each transcript by a single reviewer. This list was then shortened through identification of overlapping or similar categories after dual review by both interviewers. This more refined set of codes made up the final coding framework. Transcriptions were then reviewed for a second time against the final coding framework.

Key themes from the interviews were presented to a focus group with representation from healthcare, regional public health, VCFE sector and Luton Borough Council (LBC) to see if these correlated with the group's views. These themes were also presented at the Luton Marmot Stakeholder event in July 2023.

The findings from these conversations are grouped into categories associated to the coding framework.

Strengths of methodology

Interviews were recorded and transcribed. Transcripts were compared against recordings to ensure their accuracy. Two investigators reviewed and coded interview transcripts. This aimed to reduce bias in the coding process and increase reliability.

Interviewees from a range of organisations were invited and attended interviews. This gave a broad range of perspectives. Focus groups were used to share and gauge response to the initial findings and generate further learning.

Limitations of methodology

Although a range of individuals were invited there was limited representation from VCFSE sector among the interviewees.

There was a limited attendance at the focus groups so we were not able to generate as much additional learning as expected. Representatives at focus groups included: OHID, VCSE and Primary Care

It is worth noting that this work was established from the Luton Borough Council public health team, designed and delivered by Public Health Registrars in collaboration with the Public Health Team. Whilst public health is a broad discipline the data assimilation and interpretation may have been biased due to training and perspectives of the authors, although using two reviewers and authors aimed to mitigate this.

Sampling

The sample for selection to interview were based on an initial list of 38 stakeholders identified by the Luton Public Health Senior Leadership Team, 19 of which were shortlisted by the Director of Public Health for interview based on their roles and responsibilities with regards to health equity. One individual was invited but was not interviewed. Of those not shortlisted for interview 14 were invited to attend a focus group and four attended.

Table 2: Interviewees by sector representation

Interviewee Representative	Number
Health commissioner	4
Health provider	7
Local Authority	5
Voluntary Sector	2

DATA ANALYSIS

The table below shows the final coding framework and the number of times each topic was cited across the interviews.

Table 3: Coding framework

Topic	Number of times cited
Involvement in Marmot	15
Strategy	30
Inequalities work in Luton	48
Awareness	41
System Working	42
Opportunities	43
Barriers	35
Priorities	59

KEY FINDINGS

Awareness and understanding of the 'Marmot Town' and Marmot report

Interviewees expressed that they had experienced mixed levels of understanding about the Marmot report and what it means to be a 'Marmot Town' within their organisations. Some interviewees stated that there is an understanding of the approach at a high level, but not a granular knowledge of the principles or specific recommendations in the report. Others stated there was a good understanding of what health inequalities and inequalities in the social determinants are and understood the work taking place to tackle these. However, there wasn't necessarily an awareness of the Marmot name or label.

Interviewees suggested that more work was needed to simplify the message of what the Marmot Town approach is. In addition, more could be done to translate the Marmot principles, which some felt to be very broad, into something more specific and practical.

Several interviewees discussed the value of using Marmot as a label for this work on inequalities and whether this branding added gravitas and additional focus on health inequalities, or if it created confusion and additional barriers. It was suggested by some interviewees the usefulness of the Marmot branding would depend on the audience e.g. specialist versus non-specialist in public health and organisations versus member of the public.

> *"I think there's a usefulness in, you know, some of those early conversations with system leaders...you know, and giving it that kudos and weight. But going on to carry on branding it in that way possibly is actually a bit of a barrier and distraction for wider understanding."*
>
> **Senior leader in Luton Borough Council**

Several interviewees also questioned the need for the public to be aware of the label 'Marmot Town'. It was suggested that this may add to confusion over the town's priorities particularly as the Luton 2040 branding is very visible. If there is a push to make the public more aware of the Marmot Town approach, the label of 'Marmot Town' would need to be framed as a positive for the town rather than a marker of failure or additional need.

> *'If I were a Luton resident, I would sign up to being a Marmot Town if it showed that we have ambition and a sense of our own destiny and enough control and enough self-belief collectively to make a difference, but I wouldn't sign up to being a Marmot town ... if that meant I was labelled as being ineffective problem town that needed a lot of things doing to it,"*
>
> **Senior Integrated Care Board member**

The Marmot Town brand can open doors to engage with some stakeholders, but its use needs to be considered and should be appropriate to the audience. There is a need to simplify messages about health inequalities and have a greater focus on actions. When communicating with the public it is important to be action orientated, asset-based and focus on empowering the community to improve their health and wellbeing.

Strategic alignment

There were varying views on how well the Marmot report aligns with existing strategies being implemented in Luton. Some interviewees felt that Marmot, as an addition to the existing complex landscape of strategies, was confusing and potentially going to lead to duplication of work.

> *"I think for me what I find difficult is how the system sort of pulls everything in together and has different titles for it."*
>
> **Healthwatch representative**

However, others felt that the approach and recommendations proposed by the Marmot report complimented the work on inequalities taking place, providing an opportunity for collaboration across organisations and adding an extra focus on health inequalities and the social determinants of health.

The relationship between the Marmot report and the Luton 2040 vision was explicitly referenced by several interviewees. Some interviewees saw the Luton 2040 vision as the overarching aim whilst the Marmot report proposes a set of principles to achieve this. With some suggesting it is not viewed or used as a standalone strategy but rather an approach or tool.

Whilst most interviewees described health equity as being a core principle underlying their organisations strategies, there were differences in opinion on the level of influence some organisations, in particular healthcare settings, have over the social determinants of health.

There is consensus that to successfully reduce health inequalities in Luton strategic alignment and shared goals across organisations are needed. This would require a shared approach to tackling inequalities to be embedded within the culture, with support throughout all levels, of the organisation.

The Marmot report and recommendations provide a good opportunity for system working with many of the report's core principles aligning with the priorities of partners within the health equity system. There are examples of strong partnership working across Luton, but a particular challenge is the difference in the geographical footprint of the health care system and the Local Authority.

Existing Inequalities work in Luton

Several interviewees expressed that Luton had a strong focus on reducing health inequalities and inequalities in the social determinants of health prior to the Marmot report. Some of this work has taken place as part of the 2040 vision. It is also a part of the work being done to put in place recommendations from the Denny review across Bedford, Luton and Milton Keynes (BLMK).

However, there were also interviewees that gave examples of how the Marmot report has influenced work on inequalities. For example, data from the report has helped inform the development and delivery of the family hubs programme (7). The report is seen by some interviewees, particularly those from a health service background, as a tool to understand the population health needs of the town. This can support decision making around resource allocation, planning and service provision. The report has also been used by organisations across Luton to shape their strategies to ensure that they positively impact on health inequalities.

Figure 1. Case study outlining The Talk Listen Change Anchor Institutions Coaching Project led by Luton Borough Council in collaboration with system partners in Luton.

Talk Listen Change Anchor Institutions Coaching project

The project

The Talk Listen Change Anchor Institutions Coaching Project is an approach to tackling structural inequalities through Competency Coaching.

The project worked with Luton Anchor Institutions who provide health and wellbeing services to the residents of Luton.

This project took place over 12 months project, working with three Anchor Institutions between October 2022 and October 2023. The aim was to improve the experience of residents engaging with these services.

The Outcome

The coaching sessions and workshop involved Board Members, Psychological Wellbeing Therapists and Practitioners, frontline and outreach staff. Coaching sessions were a nuanced look at who the service users were or weren't, the barriers to service use and how to overcome these barriers.

An additional focus was placed on strategies to expand data collection, improving response to data collection push back, and action planning.

One organisation has created a new role to embed the learning.

How the project was carried out

Health services and organisations within Luton were asked to attend an online TLC event where the findings pertaining to anchor institutions was shared with participants. Following this workshop, attendees were asked to respond to an expression of interest to take part in a coaching pilot.

A total of three organisations expressed an interest: Disability Resource Centre (DRC), Luton and Dunstable Hospital Trust (LDH), and Total Wellbeing Luton (TWL). Each were allocated a place based on a first come, first service basis; size of organisation; different stages of engagement competency; self assessed comfortability with community; and equity of access. Public Health commissioned a provider Diverse CT to over-see, drive and deliver the project.

A partnership steering group was created chaired by the Local Government Association (LGA) which met six times over a year. Diverse CT undertook data reviews with each Anchor Institution, who were offered three bespoke coaching sessions and a peer-learning Workshop.

Our Steering Group was a multi-stakeholder partnership including: LGA Constultants, Senior Management leads from our Anchor Institutions; Luton Council teams including Public Health, Social Justice, Workforce Development, Healthwatch Luton and the Institute for Health Research at the University of Bedfordshire.

Anchor Institutions Coaching Steering Group

The learning

Setting up coaching sessions and ensuring the right participants were in attendance seemed to be more difficult in the large and medium sized organisations than it was for the smaller organisation in the given time frame.

Structural inequalities require developed horizon thinking and action planning to ensure that behaviour is changed in the long term.

The next steps

A report from the provider on the outcomes and outputs is being finalised.

Concurrently, as series of evaluation interviews with participants, including steering group members, have been conducted and led by the Local Government Association. These interviews are being collated and headlines will be published.

A companion piece to the work will include creating an Anchor Institutions Charter for shared learning with additional organisations.

Advocacy

Some interviewees spoke about the need to do more to publicise the work related to the Marmot Town approach and any early successes. Particularly, so that the residents of Luton are aware and have reassurance that the council and other organisations are taking actions to address inequalities. They emphasised that residents want to see more action being taken and evidence of change.

Levers for change

Understanding who has the power to make change was brought up by some interviewees. They expressed that it was important to understand who has the power to make what changes. Interestingly some interviewees working within health services did not feel that their organisation had much power to impact on the social determinants of health and that their role was more about equitable access to healthcare. However, others from health services saw their organisation as an anchor Institution and felt they could impact on the social determinants of health through various initiatives to ensure good quality work with fair pay for their staff and support their patients with accessing employment and financial support.

> *"Most of it is about the wider determinants of health and this is one of the ironies of the NHS in the sense that most of the things that really impact people's health are not things that are in the gift of the health service."*
>
> **Healthcare leader**

System Working and Partnerships

Almost all participants interviewed mentioned or referenced the importance of working in a multi-disciplinary way across the system to tackle health inequalities. Generally, Luton is considered to be a place where partnership working was strong before the Marmot report was developed. However, there were some key areas of focus for further improvement cited and an appetite to do more and go further to support more effective action on health equity.

Strong partnerships between the integrated care board (ICB) and the local authority exist with some examples of good practice. However, there is still a sense of being on a journey in partnership with the Local Authority, examples of good practice include primary care working with communities and VCFSE sector and other healthcare providers.

> *"... we are also trying to learn what it is the local authority does as it's day business and where we fit into that and where the point of the partnership is, what can we achieve together, which is greater than working as individual organisations."*
>
> **Integrated Care Board**

However, not everyone is clear on how multiagency working to improve health equity is being co-ordinated at a system level, who is leading the work or the interplay between the different geographical footprints of the health system and local authority.

Several interviewees emphasized the importance of a whole system approach to health equity. Where each individual team/organisation understood their role in tackling health inequalities in the town. There is an understanding amongst those interviewed that different teams and organisations are at different stages in that journey, and that there will need to be a variety of approaches to achieving this within each organisation. These organisations should be supported and encouraged by the wider system to find the appropriate model that works for them. A reflection from East London Foundation Trust (ELFT) representative, demonstrated some of this thinking; suggesting that a model that may work is a named person or champion in each directorate for health equity.

In a small number of interviews Marmot was seen as a "council" owned initiative rather than a broader system-owned approach. This perception may be due to the local authority being the convener of many different forums and action plans, without clarity on roles and responsibilities of others.

> *"How many different forums there are how many different action plans there are? How many different bits of paper?"*
>
> **Community Provider representative**

There is a strong view that we should learn from best practice and share learning from our experiences. One ICB representative interviewed expressed the potential for the local authority to lead in health inequalities work, with the opportunity for learning to be expanded to the wider Bedfordshire, Luton, Milton Keynes (BLMK) area. Luton Borough Council representatives stressed the need for us to make sure that we don't lose lessons learned from previous experiences, and that there was potential to share existing learning both within and beyond Luton.

Leadership and Accountability

Participants were keen to stress the importance of all partners being represented and the importance of local leadership. This includes systems leadership that challenges the status-quo and uses Marmot principles to guide resource allocation decisions.

Several interviewees mentioned the need for strong governance and accountability required for health inequalities work and particularly work on social determinants that ensures that everyone has a voice and clarity of roles. Some stakeholders suggested that figuring out how best to work with partners and across the system in a meaningful way is a challenge and that we must avoid people attending meetings without purpose or outcomes.

Opportunities

Many opportunities to take action to tackle health inequalities were identified by those interviewed through discussions. They ranged from very strategic opportunities through to some practical delivery elements.

Building on existing work

A large amount of work on health inequalities was taking place prior to the Marmot report, but there are already examples of how the report has strengthened these pieces of work. For example, the Inclusive Economy team within Luton Borough Council used the report to shape their employment and skills strategy. The report is a tool to understand the population and its needs and identify what future priorities should be.

Resource allocation

Some interviewees commented that our resource allocation doesn't yet fully represent our health equity ambitions and that benefits could be realized through reviewing this. There was also a view that we need to stop doing things that don't align to Marmot Principles, as a system, to free up resource.

> *"We've used budgets that available; you know it's been we've got a reasonably good culture internally for sharing resources and some of the resources that come through the COVID recovery funding but more broadly mental health funding from Public Health England has played into that as well."*
>
> **Luton Borough Council**

Emerging opportunities to ensure proportionate resource allocation that were cited included Family Hubs, Community Hubs, Citizens Fund and Fuller Neighborhoods examples of shared resources included Covid-19 recovery funding.

There is an appetite amongst a small number of those interviewed to test shared budgeting further through "transformative commissioning". This may have benefit for health equity where agreed outcomes may align across two or more organisations/teams. This may increase budget sizes and allow organisations to plan more long term. As a result, taking a prevention approach to interventions may be possible. A key component part to further work would be building an understanding of the key opportunities to do this, learning from other areas and evaluation of its impact.

> *"(We) can't just be skirting over the surface and it needs to be a whole system approach across a range of different themes and areas that that are knitted together... I would hope to see that flow into how we allocate resources over time."*
>
> **Luton Borough Council**

Evaluating Impact

A small number of participants mentioned the importance of evaluation of our interventions and scaling up what works. Areas of evaluation to focus on include health economics to understand benefit of prevention interventions vs reactive (eg. treatment) interventions.

Population Needs

Several interviewees mentioned the importance of understanding current and future population needs. There has been work started to try to forecast future needs in the town, however, it's important that these are communicated and understood across the system. It was mentioned that the recent Census gives us relatively current rich data, but that we potentially have a small window to make the most of it before it's perceived as out of date. Intelligence products such as the JSNA and Annual Public Health Report can support this.

Asset based approaches

There is a significant appetite in Luton to explore methods to empower communities as part of efforts to tackle health inequalities. Understanding our existing assets is seen as vital to the success of many programmes of work, these assets include people in the community. The workforce across the system is also considered a strong asset for tackling health inequalities in the future, recognizing the importance of ensuring sufficient knowledge and skills are built in the workforce.

> *"...clearly thinking that workforce and making sure that we've got skills and knowledge that's fit for the future is a big chunk of opportunity."*
>
> **Integrated Care Board**

The importance of considering Luton's economic growth was mentioned by a number of participants, with particular relevance to the cost-of-living crisis. Therefore it is important that work to tackle health equity is underpinned by an understanding of its potential impact on economic growth, for example improving health equity amongst the working age population is likely to have a positive impact on economic growth.

Regulations

One interviewee noted that for social determinants of health, regulation can have a significant part to play, and that for areas that could be or are already regulated we should aim to act early and be proactive rather than waiting until statutory regulatory requirements are created. When we have to respond to statutory regulatory changes, it can create pressures to the regulatory organisations/teams as well as generally being too little, too late for the resident.

Different organisations across Luton have varying levers to affect change on the social determinants of health. Understanding the roles of each organisation and ensuring there is a shared set of aims and outcomes and ownership of this work is crucial to success.

Barriers

Concerns around duplication

It is felt that there is, and continues to be, high risk of duplication of work across teams and organisations. This is despite significant efforts to notice and address duplication.

> *"I think we touched on it, but we need to streamline process. We've got to have one conversation, one approach, the whole system."*
>
> **Luton Borough Council**

> *"I still feel there's duplication in the system."*
>
> **Community Provider Representative**

Tensions between individual versus population focused approaches

Some organisations are traditionally more focused on the individual rather than a population level approach. As a result, interventions to increase health equity can be more challenging to implement as they may not align with the organisations strategic priorities. This can require a significant shift in the culture of an organisation It was noted by interviewees that this can take time to occur.

"...Culture and behavior change takes time"

NHS Provider Representative

Change management

Change resistance and fatigue were mentioned several times in interviews. Taking action to reduce health inequalities will require many organisations to change the fundamental ways in which they work, so this resistance can impede progress. However, it was noted that the Marmot report and associated work are helping to highlight the importance of prioritizing work to increase health equity and the roles of various organisations (e.g. private enterprise and acute healthcare settings) in doing so.

Some interviewees expressed that there is insufficient capacity to make change, particularly in front line services. Prioritising longer term and prevention work when there are immediate demands on staff time is a major challenge.

"... you know, it's been quite hard a winter clinically so staff do get pulled into and everyone gets pulled into winter pressures and this winter in particular"

NHS Provider Representative

Lack of capacity

Knowledge and capacity to develop compelling business cases for change were mentioned as a limiting factor for those in more strategic roles.

The lack of relevant data can pose a significant challenge in identifying inequalities. For example, aggregated data for a whole group can mask inequalities within the group. There were also concerns raised about the lack of up to date data and lack of awareness of the range of available data.

"There are still schools whose data suggest that they're doing fine, so outcomes, exam results fine. But then when you look at disadvantaged children, there's a big gap and they're performing below."

Luton Borough Council Representative

"We don't know and we certainly don't have very dynamic data."

Luton Borough Council Representative

Power

Some of those interviewed felt that at the local level there are relatively few levers of influence to enact the structural changes needed to reduce health inequalities in Luton. This can be frustrating for those who want to drive change. This was particularly evident amongst LBC representatives who cited the lack of statutory levers to facilitate engagement with academy schools and private landlords.

Lack of consensus on system priorities

There were few clear consensus priority areas for the next 12 months amongst interviewees, those who suggested priorities often noted specific areas of work that they were already focused on. One key area, cited multiple times was the current lack of clarity on actions around discrimination and structural racism which was seen as a priority.

Public engagement

Some interviewees suggested that there was a lack of public engagement and a lack of public voice in the current decision-making processes - which should be addressed as a priority. There was an acknowledgement that this is difficult to do, with particular challenges with identifying independent community organisations and residents from harder to reach communities.

"Yes, you have community organisations there, but they're not the independent community groups, they're charities or the people that want to be sat around the table and be involved."

Healthwatch Representative

CONCLUSIONS

The findings from interviews with system leaders across the Luton Health Equity System have demonstrated significant commitment to health inequalities and identified areas of progress and good practice. For example, ELFT's work to ensure suppliers pay the Real Living Wage set by the Living Wage Foundation (based on the cost of living). Considering the relatively short timeframe since the publication of the Luton Marmot Report this is encouraging progress. There were a number of barriers and challenges identified to improving the Marmot approach in Luton. The lack of clarity around governance and accountability, and the lack of consensus around priorities suggests that there may be some benefit in focusing on these as a system.

The themes from interviewees suggested that there is a continued need to build awareness of the Marmot report and principles across Luton, both within organisations that are already engaged and with new organisations. One mechanism to support this that came out through interviews is to try to encourage engagement through practical actions that individuals, teams and organisations can make to improve health equity.

Those interviewed identified the importance of clear governance and accountability, with clear roles and responsibilities for various organisations across the health equity system. The system should be activated to support organisational change in order to address health inequalities. For example, organisations that are traditionally focussed on individuals rather than population level outcomes. It is important that organisations within the health equity system share knowledge, experience and expertise on embedding health equity into business as usual. There is ongoing work taking place in Luton engaging and supporting a range of organisations to achieve this.

As noted by several interviewees, the power to bring about structural change often feels out of reach of the local system and in particular individual organisations within that system. However, a collaborative, system approach will strengthen local action and help identify levers for change. Work to identify priorities and action plans should continue to take place despite these challenges to ensure that when 'policy window' opportunities arise e.g. a change in central government policy, a timely response can be made to maximise the impact on health equity.

Involving the public in a helpful and meaningful way was important to those interviewed. Currently there is a lack of consensus on how to engage with the public and what level of understanding of the Marmot Town brand they need to know. A starting point may be to promote the good work on health equity already being undertaken by organisations within the town. This may help with building trust and confidence between the public and organisations such as the local authority, facilitating future engagement work.

Finally, there was a clear message to ensure that we embed evaluation into everything we do, in a proportionate way to ensure that we understand the impact of the interventions we deliver and commission as a system. In addition to using public health data to understand current and future inequalities and need in the borough.

EAST LONDON FOUNDATION TRUST CASE STUDY

East London NHS Foundation Trust worked in partnership with the UCL Institute of Health Equity to develop a "Marmot NHS Trust" approach to taking action on the underlying social causes of ill health. The commitment started in 2022 and is ongoing (figure 2).

The Trust is testing how an NHS organisation can implement the Marmot principles to help reduce health inequalities through its work. As part of its "Marmot Trust" approach, ELFT made improving population health a strategic priority and integrated the Marmot principles into its five-year strategy for 2021-26.

Some practical ways in which ELFT has taken action on the social determinants of health have included:

- Piloting the provision of welfare and financial advice in a specialist children's clinical service, identifying and addressing over £300,000 in unclaimed benefits for 66 families so far in the pilot (interim findings)
- Developing a training offer for employers in Luton to advocate for good quality work (i.e. better pay and conditions)
- Facilitating access to employment at the Trust for its service users and local people facing barriers to the labour market with over 150 service users recruited by ELFT over the past two years.

  Including a mandatory requirement in all new contracts for suppliers to pay their staff at least the Real Living Wage (set by the Living Wage Foundation based on the cost of living), as well as supporting existing suppliers to do so, with the aim of having 100% of suppliers compliant by 2025. 77% of the 600+ suppliers pay the Real Living Wage, compared to 22% three years ago.

This work has been taken forward in partnership with local authorities in areas ELFT provides services. In terms of teams within ELFT, it's been led by the Executive alongside ownership by different teams across the organisation and close working with quality improvement and the people participation directorate.

The work came about following a presentation Professor Sir Michael Marmot gave to the ELFT executive board which led to a decision to test out becoming a Marmot Trust. It comes from an understanding that the NHS has an important role to play in reducing health inequalities in addition to how important taking an evidence based, preventative approach to health improvement is to helping sustain the NHS. This makes ELFT the first Marmot NHS Trust.

The ELFT Marmot approach has been taken forward using existing resource in terms of staff teams, skills within the quality improvement team but also with some additional financial support. For example, the testing of the impact of providing welfare advice in a healthcare setting is being part funded by the ELFT charity, supporting the work to be evaluated by University College London.

Going forward ELFT are committed to continuing to learn and test what it means to be a Marmot Trust, and embed the learning across their organisation. Their advice to other Trusts thinking of taking a similar approach is to look at how Marmot principles can be integrated into their organisational strategy so that it becomes a reference point for everyone in the organisation. Do not worry about starting in just one area as its impacts can then lead to action across many different areas of the organisation.

Figure 2. Case study outlining The East London Foundation Trust Marmot Trust activity

East London NHS Foundation Trust: A Marmot Trust

The Ambition

ELFT is working with the UCL Institute of Health Equity to become the first NHS 'Marmot Trust'

ELFT's 'Marmot Trust' programme aims to test the boundaries of what an NHS organisation can and should do to tackle the underlying social causes of ill heath for our service users, and other members of the communities they serve.

The Projects

1. Quality improvement project on inclusive recruitment in Luton ELFT linked with Luton Borough Council's employability programme, which supports vulnerable participants to apply for healthcare support worker vacancies at ELFT and recruited two people between August – December 2022
2. Addressing financial exclusion among homeless people. Lack of access to bank accounts is a key barrier to employment (and receipt of benefits) for homeless people. ELFT has signed up as a partner charity with HSBC's No Fixed Address (NFA) service to enable our homeless teams to facilitate access to bank accounts for patients
3. Development of a mental health training offer for employers: ELFT worked in partnership with Luton Borough Council and Total Wellbeing Luton to develop and roll out a mental health training offer to support the recruitment and retention of employees with mental health conditions. The training offer includes recommendations for crating good quality work, as a key determinant of mental health in the workplace from the Marmot team.

The Priorities

In Luton ELFT had 3 priorities:

1. Promote access to employment and apprenticeships at ELFT for service users and other disadvantaged groups
2. Monitor and increase the number of service, and other with lived experience of mental health conditions in good employment
3. Engage with the wider community in Luton, specifically with employers to advocate for good quality work and mentally healthy workplaces, and with young people to raise aspiration and promote entry to healthcare careers

The learning

- ELFT have integrated the Marmot Principles into their 5-year Trust Strategy.
- The Marmot Trust approach has brough a stronger focus on place based partnerships working
- The QI approach has optimised project delivery
- Involving service users is a key strength at ELFT that has benefitted the work

"We have been taking action on the social determinants of health, with a focus on employment and income. Our impact to date includes tripling the percentage of suppliers paying the Real Living Wage, increasing pay for cleaners and porters and providing employment for more than 100 service users."

East London NHS Foundation Trust Representative

CHAPTER 2

EVALUATION OF EARLY IMPACT

INTRODUCTION

An important aim of this evaluation is to understand what actions are being taken as a result of recommendations within the Marmot report. Many of the indicators of inequalities may take several years to change and it will not be possible to know to what, if any, extent this is a result of actions taken in light of the report and what impact other external factors such as the economic and political context have had. Understanding the activities being undertaken against the Marmot recommendations will help, in the short term, identify areas where more focus may be required to achieve the Marmot Town aspirations.

METHODS

Due to the breadth of the Marmot report's recommendations a phased approach to implementation is being taken. The priority workstreams for the first round of implementation are: employment, skills and business; giving every child the best start in life; pursing environmental sustainability and housing.

For each of these priorities a 'workstream lead' was identified. Each lead was interviewed to help identify work taking place that corresponds to the Marmot recommendations that are relevant to that work stream. This was not limited to work starting after the publication of the report. The rationale behind this was to ensure we had a full picture of the areas where there were significant activity and where there may be gaps. Although this may not be able to demonstrate the impact of the report in the same way, it is practically more helpful for future priority setting and work planning.

It is important to note that the leads identified were all working within Luton Borough Council as the council is taking on a coordination and facilitation role in implementation. However, leads were not limited to discuss only council led work.

A logic model (8) was constructed for each workstream (Appendix C). The logic models show the relationship between inputs (including the relevant Marmot report recommendations), activities aligned to the work stream, suggested output and outcome measures. Logic models help to demonstrate the mechanism by which interventions are intended to achieve change in outcome. For complex public health interventions with numerous components and when the outcome of interest can be affected by many factors it can be hard to evidence how an intervention can lead to a certain outcome. The logic model shows the relationship between each activity within the intervention and the expected change in outputs (e.g. service activity), outcomes (medium to long term changes in health) and impacts (longer terms cultural or societal change). For each output and outcome, indicators to measure each output and outcome can be suggested and these can be monitored over time to see if the intervention is working as expected. Where it is not achieving the results anticipated the logic model can be used to do a process evaluation. This means looking at the intervention to see if the activities are taking place as intended and if not, why and the effect of this.

In July 2023 the Marmot Stakeholder event included four workstream focused workshops (Housing, Employment and Skills, Net Zero and Children and Young People), in these workshops the draft logic models were used as a basis to discuss activities, opportunities and barriers. As a result of these workshops the logic models were further refined.

Alongside findings linked to each of the priorities there were additional opportunities that were identified by partners in Luton to use the Marmot report to influence their organisational plans and interventions. These findings demonstrate the reach of the report and importance of engaging organisation and enabling them to shape their own responses in addition to broader partnership working to tackle health inequalities.

FINDINGS

Housing

The Luton Borough Council public health and social housing teams are working together through the Healthy Estates Strategy. This aims to improve health for over 7,500 social housing tenants. These individuals are likely to be at higher risk of poorer health outcomes due to other social determinants of health. There is also a strong focus amongst broader housing teams in the local authority to tackle health inequalities through projects and policies to support good quality housing to enable good health and wellbeing. This work feeds into a broader housing strategy for the town, published in 2022 (9).

Discussions at the Marmot event identified that Luton's ambitions for the numbers of new homes were not sufficient to achieve the desired reduction in temporary accommodation and homelessness. To address these concerns discussions with neighbouring boroughs around new housing provision are required. There is also a need to identify vacant properties for potential purchase. Alongside this it is important to forecast the impact of the right to buy scheme and future population growth.

Further required activities were identified around linking together and building understanding across services (e.g. Total wellbeing Luton, Social Prescribing and Housing) and consideration of the impact of frailty and palliative care on housing needs.

Business, Employment and Skills

There are many activities already taking place in this workstream. A key area of work is increasing employment skills. The Council's Employment Skills strategy (10) was developed taking the Marmot principles into consideration and is a year into its implementation. This strategy aims to increase skills among groups that face the most barriers to employment for example women from ethnic minority backgrounds and young people leaving care.

Other organisations across Luton are also doing large pieces of work on employment skills and inclusive recruitment. Examples include ELFT, a Marmot Trust, who have implemented an inclusive recruitment scheme to support service users into employment within the trust (11).

Work to embed a health equity approach is also being undertaken by The South East Midlands Local Enterprise Partnership (SEMLEP) who run various employment and recruitment learning events. They are looking into better data collection around ethnicity to help identify inequalities in uptake of these events. SEMLEP have been engaged in the Marmot Town approach and attended Marmot business and employment working group meetings led by the council's public health team.

The Marmot event identified several actions for partners to undertake immediately, which were primarily around communicating existing offers and considering their own organisational role in tackling health inequalities.

Net Zero

There are several programmes of work focusing on behaviour change, infrastructure and built environment, and sustainable procurement and business practices for net zero. At the Marmot stakeholder event participants stressed that better infrastructure is needed to support active travel e.g. cycle routes as well as the need to have more green/communal spaces. There is an acknowledgement that there are lots that individuals and organisations can do to "go green" e.g. changing to electric vehicles but that cost is a significant barrier to change.

Children and Young People

This area of work is the broadest and therefore probably least mature of the four priority workstreams. At the Marmot event stakeholders suggested that engagement with the community and mapping community assets is an important activity. Resources in this area of work are stretched which may be a barrier to change. There is much that the VCFSE sector can contribute around delivery and that physical places for young people and support for early years is important.

The outputs from each of the logic models are listed below, these are short-medium term measures that can be used to understand progress within the four priority workstreams.

Table 3. Output indicator list for each workstream

Work-stream	Output measure
Housing	% Council homes meeting EPC band C (100% by 2025)
	Increased tenant engagement in social housing tenants
	Improved partnerships with NHS, social care, criminal justice system, housing associations and others
	Introduction of selective licensing scheme
	HMO licensing to cover all appropriate properties by 2025
	Increase the number of Council-led new homes
	Increase the number of affordable homes delivered
Business and Employment	Increase the number of organisations undertaking MHFA / total wellbeing training
	Increase the number of people accessing employment skills training
	Increase the number of people registering with Connect2Luton
	Increase the number of apprenticeships arranged via brokerage scheme
	Increase the number of people enrolling on Passport to Entrepreneurship programme
	Increase the number of businesses accessing SEMLEP business support
	Increase number of people of no fixed abode assisted to open bank accounts through programme with HSBC
Children and Young People	Increase the number of people accessing the Family Hub service
	Increase the proportion of schools with a mental health first aider
	Increase the proportion of schools using the Mental Health First Aid toolkit
	Increase the number of Mental Health Advocates and Youth Ambassadors
	Increase the number of people engaging through alumni networks
	Increase the number of people accessing SEMLEP careers hub
	Outcome of RACE Charter Mark
Net Zero	% Council homes meeting EPC band C (100% by 2025)
	Increased number of programmes to reduce emissions from healthcare?
	Increase number of businesses taking actions to reduce carbon footprint
	Increased number of social value activities from procurements focused on net zero

The latest version of the logic models can be seen in Appendix C.

Through discussions with system partners we discovered several examples where organisation had taken the Luton Marmot report and used the content to inform improvements to within their area of focus. An example of this is Active Luton, Community Wellbeing Trust in the town. Active Luton's mission is to make a positive impact on the health and wellbeing of Luton's community; inspiring, motivating and offering opportunities for people of all ages, abilities and backgrounds to learn and take action to improve their life chances. They provide a wide range of programmes, activities and facilities, enabling residents to participate in physical activity, improve their health and wellbeing, enhance their education and skills. The below figure (figure 3) illustrates how Active Luton used the Marmot principles to inform their strategy development, published in 2023 (12).

Through discussions with system partners we discovered several examples where organisation had taken the Luton Marmot report and used the content to inform improvements to within their area of focus. An example of this is Active Luton, community wellbeing trust in the town. Active Luton's mission is to make a positive impact on the health and wellbeing of Luton's community; inspiring, motivating and offering opportunities for people of all ages, abilities and backgrounds to learn and take action to improve their life chances. They provide a wide range of programmes, activities and facilities, enabling residents to participate in physical activity, improve their health and wellbeing, enhance their education and skills.

Figure 3. Case study: How Active Luton used the Marmot principles to inform their 2023-2028 strategy.

Marmot principles incorporated into the Active Luton Strategy 2023-2028

The Active Luton Mission is to make a positive impact on the health and wellbeing of our community, inspiring, motivating and offering opportunities for people of all ages, backgrounds and abilities to learn and take action to improve their life chances.

Their aim is to offer services that are: Affordable, Accessible, Inclusive

When developing the The Active Luton strategy they ensured that it aligned with both Luton 2040 and the Marmot Principles.

Luton 2040, 'A Place to Thrive':

- Make Luton a healthy, fair and sustainable town
- A place where everyone can thrive
- A place where no-one has to live in poverty

Marmot Principles:

- Enable all children, young people and adults to maximise their capabilities and have control over their lives
- Ensure a healthy standard of living for all, create and develop healthy and sustainable places and communities
- Strengthen the role and impact of ill health prevention

Strategic Priorities:

- Supporting children in our communities to get the best start in life
- Supporting the wellbeing of our community
- Developing skills and lifelong learning
- Developing further as a great place to work
- Strengthening financial viability and sustainability
- Conducting our business in an environmentally sustainable manner

CONCLUSION

This assessment of early impact of the report has identified several key pieces of work that are driving change that should impact on health inequalities. These range from specific Marmot related action plans within organisations (eg. ELFT), through to using Marmot principles to guide strategy development (eg. Active Luton), a range of actions across all sectors will be required to achieve progress across all 8 Marmot principles.

The engagement with partners through the Marmot stakeholder event provided a further opportunity to identify additional actions and the measures listed above will provide short to medium term measures to understand the impact of these workstreams. Use of logic models may be a useful method for future workstreams associated with Luton's Marmot Town ambitions as they help visualise and communicate the inputs, theory of change and how they align to desired outcomes/outputs.

The primary drivers of these four workstreams are the local authority, there may be value in widening the engagement amongst other system partners in Luton. Maintaining momentum and celebrating progress within these workstreams may help with wider engagement and ensuring that the workstreams realise their potential to improve health outcomes and reduce health inequalities.

CHAPTER 3

BASELINE AND LONG-TERM MONITORING OF IMPACT

AIMS

The aim of this chapter is to develop a set of measures to illustrate early impact and set out an approach for future outcome measurement. The indicators are structured around the eight Marmot principles. These measures will be used to understand the current position for Luton and monitor progress towards our ambitions for health equity in the town. The indicators will be owned by the health equity system to strengthen partnerships around common outcomes.

METHOD

The Marmot report used data to determine the extent of inequalities in health in Luton. Specifically, inequalities in life expectancy, a range of physical and mental health outcomes and the impacts of COVID-19 on health.

There were further assessment of data on inequalities in the social determinants of health, which correspond to the 8 Marmot principles:

1. Giving every child the best start in life
2. Enabling children, young people and adults to maximise their capabilities and have control over their lives through education and life-long learning
3. Creating fair employment and good work for all
4. Ensuring a healthy standard of living for all
5. Creating and developing health sustainable places and communities
6. Strengthening the role and impact of ill health prevention
7. Tackling discrimination, exclusion, racism and their outcomes
8. Pursuing environmental sustainability and health equity together

Not every data item in the original Marmot report are appropriate for annual monitoring of the extent of inequalities in health and the social determinants of health in Luton, either because of the frequency with which the data is collected or the time it will take for changes to be seen. In addition, having a large set of indicators may lead to the impact of key indicators being lost and therefore not demonstrate meaningfully whether the progress on inequalities in health and social determinants of health was being made. The proposed indicator set builds on the initial indicators set out in the Luton Marmot report, with further development in collaboration with the Business Intelligence team within Luton Borough Council and was informed by the 2040 evaluation data plan and the previous Luton Joint Strategic Needs Assessment (JSNA).

The reporting of these indicators will ultimately be incorporated into the council JSNA to form a part of the population wellbeing strategy metrics which are both key elements of 2040 monitoring and delivery. There is also a plan for indicators to have a breakdown by characteristics such as age, sex, ethnicity and geography where this data is available to enable monitoring of the gap between the best performing cohort and the worst (the inequality gap). This data will then be reviewed by the Health Equity Town Partnership Board on an annual basis to understand progress by the system and support future decision making.

Currently within the suggested indicators there is not an agreed measure for principle 7 “Tackling discrimination, exclusion, racism and their outcomes”. The ward level data is currently not available to compare “best” and “worst” due to ward boundary changes.

BASELINE INDICATORS

The below table shows suggested indicators for understanding health inequalities in Luton and monitoring improvements over time.

Table 4. Outcome indicator list for each Marmot principle.

	R= worse than England average A= similar to England average G= better than England average N/a = data not available		2021/22									2022/23								
				JSNA 2021/22 (Baseline Measure)				JSNA 2021/22					JSNA 2022/23 (Baseline Measure)				JSNA 2022/23 (Description)			
	Measure description	**Source**	**Date of measure**	**Luton**	**England**	**Region**	**NN**	**Comparison to national**	**Comparison to region**	**Comparison to Nearest Neighbour**	**Trend**	**Date of measure**	**Luton**	**England**	**Region**	**NN**	**Comparison to national**	**Comparison to region**	**Comparison to Nearest Neighbour**	**Trend**
Overarching	N/a = data not available	Office for National Statistics (ONS), taken from OHID Fingertips tool	2018-20	78.1	79.4	80.2	Rank 3rd of 16	R	R	G	Comparable	2018-20	78.1	79.4	80.2	Rank 6th of 16	R	R	A	Comparable
	Life expectancy, Female (Years)	Office for National Statistics (ONS), taken from OHID Fingertips tool	2018-20	82.4	83.1	83.8	Rank 2nd of 16	R	R	G	Comparable	2018-20	82.4	83.1	83.8	Rank 5th of 16	R	R	A	Comparable
	Healthy life expectancy, Male (Years)	Office for National Statistics (ONS), taken from OHID Fingertips tool	2017-19	57.4	63.2	64.2	Rank 16th of 16	R	R	R	Significantly worse	2018-20	59.2	63.1	64.6	Rank 12th of 16	R	R	A	Comparable
	Healthy life expectancy, Female (Years)	Office for National Statistics (ONS), taken from OHID Fingertips tool	2017-19	60.2	63.5	64.4	Ranked 6th of 16	R	R	A	Comparable	2018-20	60	63.9	65	Rank 9th of 16	R	R	A	Comparable
1	Percentage children achieving a good level of development at 2-2.5 years	OHID using interim reporting of health visiting metrics, taken from OHID Fingertips tool	N/a	N/a	N/a	N/a	N/a	N/a	N/a	N/a	N/a	2021/22	85.40%	81.10%	85.40%	Rank 1st of 5	G	A	G	Comparable
	Percentage children achieving a good level of development at the end of Early Years	Department for Education (DfE), EYFS Profile	N/a	N/a	N/a	N/a	N/a	N/a	N/a	N/a	N/a	2021/22	56.60%	65.20%	56.60%	Rank 6th of 6	R	R	R	N/a
	Infant mortality rate (deaths under 1 year rate per 1000 live births)	Office for National Statistics (ONS), taken from OHID Fingertips tool	2018-20	5.2	3.9	3.4	Rank 2nd of 16	A	R	A	Comparable	2019-21	5.7	3.9	3.4	Rank 4th of 6	R	R	A	Comparable

	Percentage of 5 year olds with experience of visually obvious dental decay	Dental Public Health Epidemiology Programme for England: oral health survey of five-year-old children (Biennial publication – latest report 2019)	2018/19	36.80%	23.40%	19.00%	Rank 4th of 5	R	R	A	Comparable	2018/19	36.80%	23.40%	19%	Rank 5th of 6	R	R	R	Comparable
2	Child Poverty (after housing costs)	Department for Work and Pensions, HMRC, End Child Poverty	N/a	N/a	N/a	N/a	N/a	N/a	N/a	N/a	N/a	2022	39.10%	30.80%	23.60%	Rank 9th of 16	R	R	A	Comparable
	Average Progress 8 score**	Local Authority Information Tool (LAIT)	N/a	N/a	N/a	N/a	N/a	N/a	N/a	N/a	N/a	2022	0.05	0	-0.01	0.1	A	G	A	N/a
	Average Attainment 8 score**	Local Authority Information Tool (LAIT)	N/a	N/a	N/a	N/a	N/a	N/a	N/a	N/a	N/a	2022	46%	47.20%	49.10%	48.80%	A	R	R	Comparable
	Proportion of Luton children attending good or outstanding schools	Local Authority Information Tool (LAIT)	N/a	N/a	N/a	N/a	N/a	N/a	N/a	N/a	N/a	2023	89.50%	88%	-	86.70%	G	N/a	G	Significantly improving
	Proportion of care leavers (aged 18-24) who are NEET	Local Authority Information Tool (LAIT)	N/a	N/a	N/a	N/a	N/a	N/a	N/a	N/a	N/a	2023	40%	38%	40%	37.90%	A	A	A	Comparable
	Hospital admissions for self-harm for young people aged 10-24 (rate per 100,000 16-24 year olds)	Hospital Episode Statistics (HES), OHID Fingertips tool	N/a	N/a	N/a	N/a	N/a	N/a	N/a	N/a	N/a	2021/22	352.4	427.3	383.5	Rank 6th of 6	G	A	R	N/a
	Proportion of children that are overweight or obese (At year 6)	OHID, using National Child Measurement Programme, NHS Digital	2020	27.00%	21.00%	19.10%	Rank 3rd of 5	R	R	A	Comparable	2021/22	43.60%	37.80%	35.40%	Rank 6th of 6	R	R	R	Comparable
3	Minimum Income Standard (Luton adapted model – destitution)	Modelled by Business Intelligence, Luton Borough Council	N/a	N/a	N/a	N/a	N/a	N/a	N/a	N/a	N/a	2023	10.5% households	-	-	-	N/a	N/a	N/a	N/a
	Unemployment claimant count(% working age residents)	Office for National Statistics	N/a	N/a	N/a	N/a	N/a	N/a	N/a	N/a	N/a	2023	5.70%	3.90%	3.00%	Rank 7th of 16	R	R	A	Significantly improving
	% of residents in higher-level ccupation (Level4, Level2 and No Formal Qualifications)	Labour Force Survey, Office for National Statistics	N/a	N/a	N/a	N/a	N/a	N/a	N/a	N/a	N/a	2022	35.60%	51.00%	50.60%	Rank 16th of 16	R	R	R	N/a
	% of employees below the living wage	Business Intelligence, Luton Borough Council	N/a	N/a	N/a	N/a	N/a	N/a	N/a	N/a	N/a	2022	30.00%	-	26%	38% (Leicester)	N/a	R	G	Significantly worse

4	Proportion of children in workless households	Office for National Statistics	N/a	N/a	N/a	N/a	N/a	N/a	N/a	N/a	N/a	2021	11.10%	9.90%	7.70%	Rank 10th of 16	R	R	A	Comparable
	Percentage of households in fuel poverty	Department for Business, Energy and Industrial Strategy	N/a	N/a	N/a	N/a	N/a	N/a	N/a	N/a	N/a	2021	16.70%	13.10%	12.30%	Rank 11th of 16	R	R	A	Comparable
5	Households in temporary accommodation (per 1000 households)	Department for Levelling Up, Housing and Communities (2023)	N/a	N/a	N/a	N/a	N/a	N/a	N/a	N/a	N/a	2022/23	13.9	4.1	2.2	Rank 16th of 16	R	R	R	Comparable
6	Smoking prevalence(% adults 18+)	Annual Population Survey (APS), taken from OHID Fingertips tool	2019	16.80%	13.90%	13.70%	Rank 12th of 16	R	R	A	Comparable	2021	14.10%	13.00%	12.90%	Rank 8th of 16	A	A	A	Comparable
	Adult obesity rate(% adults 18+)	Sport England Active Lives Survey, taken from OHID Fingertips tool	2019/20	7.70%	62.80%	62.30%	Rank 12th of 16	R	R	A	Significantly worse	2020/21	67.50%	63.50%	64.00%	Rank 10th of 16	A	A	A	Comparable
	Percentage of loneliness in population (often/ always, some of the time, occasionally, hardly ever, never)	Sport England Active Lives Adult Survey, taken from OHID Fingertips tool	N/a	N/a	N/a	N/a	N/a	N/a	N/a	N/a	N/a	2019/20	27.20%	22.30%	21.00%	Rank 14th of 16	R	R	R	N/a
	Under 75 mortality rate from cardiovascular diseases considered preventable (DSR per 100,000)	Office for Health Improvement and Disparities (based on ONS source data) taken from OHID Fingertips tool	2020	39.9	29.2	24.3	Rank 5th of 16	R	R	A	Comparable	2021/22	37.1	30.2	25.1	Rank 6th of 16	A	R	A	N/a
7	TBC	TBC	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
8	Cycling / walking for travel (3-5 times / week)	Department for Transport (based on the Active Lives Adult Survey, Sport England)	N/a	N/a	N/a	N/a	N/a	N/a	N/a	N/a	N/a	2021/22	58.90%	71.20%	71.90%	Rank 13th of 16	R	R	R	Significantly worse
	Air Quality Annual Status Report (ASR)	Access Healthly Assets Hazards (AHAH)	N/a	N/a	N/a	N/a	N/a	N/a	N/a	N/a	N/a	2022	0.89	0.3	-	0.91 (Leicester)	A	N/a	A	N/a

The Business Intelligence team is currently developing a JNSA Overview product that will focus on Marmot Principles. This document will be published in 2024 as the updated ward boundaries for Luton have not yet been reflected in data available in the Public Health Outcomes Framework. This report will focus on the above indicators to provide a baseline set of measures as well as identifying recommendations for future developments in this data set to provide actionable insight for the health equity system.

CONCLUSION

The indicators set out in this chapter demonstrate how inequalities can be monitored and measured within the town in the medium to long term. It is important that these measures are regularly reviewed for appropriateness as new datasets emerge.

There is a need to sense check these measures across the Health Equity System and to consider potential measures for Marmot principle 7 alongside efforts to develop an agreed workplan towards this area, as identified through the qualitative evaluation.

CHAPTER 4

CONCLUSIONS AND RECOMMENDATIONS

A STRONGER HEALTH EQUITY SYSTEM

There has been progress in Luton on work that aims to tackle health inequalities, this has been enhanced through the development of the Luton Marmot Report and through governance structures to support with the implementation of its recommendations. These governance structures refined over the duration of the evaluation culminating in the Health Equity Town Partnership Board. These have helped develop a stronger health equity system that broadens the engagement and scope of organisations and teams to understand and deliver their contributions towards reducing health inequalities in the town. This was evidenced by discussions with system leaders who were interviewed as part of the qualitative research.

Luton 2040 has provided a large scale strategic refocus for the town, the ambitions align well with Marmot principles and system leaders feel that the two pieces of work are complimentary. There are many strategies and action plans within the Luton system that have relevance to reducing health inequalities which is a positive for the town. However, there is a risk that these create confusion for stakeholders. It is important that all stakeholders understand the role they can and are playing in tackling health inequalities. This requires on going engagement and sharing of good practice, maintaining and building upon the momentum for this work. Communication should be targeted to different stakeholders. For example, communications aimed at the general public should take an assets-based approach with a focus on empowering the community to improve their health and wellbeing. Whilst communications for businesses may want to focus on the economic co-benefits of a healthy workforce.

CLEAR GOVERNANCE AND ACCOUNTABILITY

Work on tackling health inequalities through social determinants of health is complex, with responsibilities sitting with a wide range of organisations. There is a need to recognise this with an approach that respects stakeholder's autonomy whilst providing some clarity of governance structures and associated accountability. Current governance structures have good engagement from local authority and healthcare organisations. However there is a lack of representation from the private sector, the VCFSE sector and members of the public within the membership of these boards. There is a clear need to engage with these sectors in a meaningful and long term way. Ideally this will be delivered through existing forums to ensure sustainability, reduce duplication and reduce additional burden on already stretched organisations.

BUILDING CAPACITY

Embedding Marmot principles and health inequalities knowledge and understanding across the Luton workforce will improve identification of inequalities and improve the system's response to tackle them. There may be value in seeking to do this in non-traditional sectors and organisations that can impact on health inequalities, but are currently less aware as part of their "business as usual". Through a workforce focused approach, Marmot and health inequalities can be embedded further across the system.

TACKLING RACISM, DISCRIMINATION AND THEIR OUTCOMES AS A PRIORITY AREA FOR DEVELOPMENT

A response to the seventh Marmot principle; tackle racism, discrimination and their outcomes, seems to be the least well developed in Luton. Development of a coherent work plan across stakeholders is crucial. Working closely with the local community to identify priorities and develop an action plan is important. The Fairness Task Force, facilitated by the social justice team within the council is making some progress in this area as well as grassroots work undertaken by the VCFSE sector. This should be a priority for development. A method for measuring progress should also be developed for this area.

RESOURCE ALLOCATION

To tackle health inequalities, Marmot principles should influence resource allocation decisions across the Health Equity System, starting in anchor institutions, such as the Council, healthcare providers and large businesses. These organisations longevity in Luton makes the business case for tackling health inequalities greater as they will most likely benefit from the long term improvements. Where this happens, we should evaluate the impact, spread learning and celebrate success and good practice.

RECOMMENDATIONS FOR THE FUTURE

The below summarises recommendations to support the realisation of the Marmot town ambitions. These recommendations are for the whole Luton Health Equity System, the local authority (and more specifically the public health team) should have a facilitative, convening role across the whole programme whilst also ensuring that the public health grant is utilised in the most effective way to tackle health inequalities across the Borough.

Strengthening the health equity system

- Ensure system-wide clarity and strengthening of governance and accountability.
- Broaden the agenda of the Marmot steering group and other associated working groups to get more non-local authority and healthcare input.
- Ensure all stakeholders identify and understand their own levers of influence to tackle health inequalities, examples of this include the use of regulatory powers and advocacy for health equity.

Building capacity and sharing best practice

- Embed Marmot and health inequalities within workforce development across the system including developing skills for business case development for tackling health inequalities
- Ensure that we learn from best practice amongst Luton partners and from national and international evidence base, whilst also sharing our own knowledge and learning.

Advocacy for Marmot Principles

- Ensure Marmot principles influence resource allocation decisions across the system to ensure that they are proportionate to need, starting with our anchor institutions.
- Develop our communications and engagement approach with stakeholders and members of the public, including the use of terms such as Marmot Town, Health Equity etc. Luton should celebrate success where existing work is making a difference and learn from what does and doesn't work.

A clear call to action

- Translate the Marmot principles, into a more specific and practical workplan with clear roles for organisations and teams.
- Develop a coherent workplan around the seventh Marmot principle; tackling discrimination and structural racism and its outcomes.

Measuring progress

- Establish a clear, agreed and well communicated monitoring framework, that aligns with the Luton Joint Strategic Needs Assessment and Luton 2040 monitoring. This framework will identify inequalities in outcomes between cohorts and track progress in improving outcomes in those most disadvantaged.
- Use of logic models may be a useful method to build on for future workstreams associated with Luton's Marmot Town ambitions.

A proposed framework for monitoring progress against the recommendations made in this report (Appendix D) was developed by the public health team in Luton Borough Council. For each recommendation a suggestion for 'what good looks like' is made alongside progress against the recommendations so far.

CHAPTER 5
APPENDICES

APPENDIX A. SEMI-STRUCTURED INTERVIEW GUIDE

Semi-structured interview guide

Aim of the interview

To understand the interviewee's (and their organisation) views of the Luton Marmot work so far, understand the reach of the report in influencing practice and identify priority areas for the next 2 years.

Duration

30mins

Questions

1. **How much engagement have you had with the Marmot work in Luton so far?**

   Probe: Are you aware of the Luton Marmot report? Has the marmot work been raised in any meetings that you attend?

2. **What is your understanding of the Marmot approach and it's relevance to your work in Luton?**

   Probe: What work on social determinants of health and/or health inequalities is going on in your work area?

3. **What areas of your work do you feel contribute to the Marmot ambitions?**

   Probe: What work on social determinants of health and/or health inequalities are your organisation delivering? This could be in the form of direct delivery, funding (including in kind eg. Building use) or enabling.

4. **Do you feel that your team/organisation have a good understanding of Marmot and their contribution towards it's outcomes?**

   Probe: Is there anything that could be done to improve your team/organisations understanding of Marmot?

5. **What do you feel are the priority areas should be for the next 24 months?**

   Probe: Are there any opportunities within your organisation or anything you can think that other parts of the system could do to reduce health inequalities and/or improve the social determinants of health?

Iteration

The guide may change as interviews progress if new areas emerge through initial interviews

APPENDIX B. CODING FRAMEWORK

Initial coding framework:

Input to the report
Involved in development of the report
Aligned timeframes
Joined up development timelines Focus on employment
Also financial exclusion (topic)
Involved in implementation of recommendations
Implementation methods (QI)
Implementation of partnership working
Ways to “hardwire” Marmot / PH into orgs (implementation)
Capacity to deliver
Project examples
Examples of specific pieces of work
Governance within ELFT
Strategic alignment
Good strategic alignment with 2040
Aligning strategies
Organisational priorities
Simplify the message
Lots of potentially conflicting language/topics/projects
Varying helpfulness (Marmot brand) depending on who you talk to
Communications
Marmot mountains (communications)
Staff knowledge
Patient/public engagement
Anchor, org strategy and Marmot co-existing
Workforce hearing it from multiple sources
Domains or determinants an easier sell than cohorts eg. CYP
Bottom up meets top down
Physical and mental health together
Collaboration with others
Joining together financial and wellbeing info/clinical care
Support to employment
Sustainability of job roles etc
Relationships with PH
Be more explicit in what it is?
Reducing the gap
Agency over their place- link to democratic representation/engagement
Activity prior to marmot
Awareness of inequalities and social determinants but not necessarily “MARMOT”
Broken window theory
Damp, mould, fire safety
Co design opportunity
Proactive response pre-regulation
Resource challenges
Data challenge- we don’t know who/where
Difficult to set performance targets
Temporary accommodation doesn’t necessarily = bad for health

Children in temporary accommodation more nuanced
Census data opportunity
Connecting child friendly town and marmot
Links btw housing and health providers
Fuller Neighbourhood opportunity?
Business case development
Marmot not stand alone piece of work, part of whole approach to health inequalities
Using Marmot report to inform organisations work within children and young people health service development
Being an Anchor institution; providing good quality employment to the local populations
Not branded as Marmot but work around inequalities and 2040
Marmot report as a source of data
Resource prioritisation
Alignment of Marmot principles and organisations priorities
How to implement Marmot principles when organisations patch is greater than just Luton
Marmot approach in Luton influencing other areas
Marmot principles incorporated into strategy
Marmot not stand alone strategy
Added value of Marmot report is understanding the data
Understanding of health inequalities varies across the organisation
Understanding the population and inequalities
This is the key opportunity the Marmot report brings Alignment of priorities and investment is a key enabler
Alignment of priorities and investment is a key enabler
Multiple partners – can lead to healthy challenge
Challenge around report
Timing/alignment
Alignment of priorities
Culture and behaviour change takes time
No significant tension between areas within BLMK in regards to how money is spent/'levelling up'
Important to debate priorities
Branding may be helpful
Working on health inequalities just not calling it Marmot
Confusion of Marmot branding
Focus on children over next 24 months
Importance of accessible services
Needs focussed healthcare
Little engagement with anything labelled as Marmot
2040 is the overarching vision
Marmot label not used but principles are
Marmot principles are part of the work but label not being used
Marmot embedded in work but not necessarily understood at a more granular level
ICB vs placement level
ICB see Marmot as something for Luton, the benefits/impacts on wider BLMK patch have not been explored
Young people don't feel they can achieve careers they want by staying in Luton
Need for local training offer
Ensuring population have right skills to match local industry, training offers
Priority: access to healthcare
Priority: isolation among older population
Priority: sense of community connection and belonging
Priority: training and education
Priority: raising aspirations among young people
Priority over next 24 months: equity of access to healthcare that is equitable and quality of care that is equitable

Systematic racism
Changing models of care to suit the population
CYP and mental health
Health services, elective recovery
People who don't have a voice
Alignment between the ICB strategic aims and Marmot principles
Is it necessary for people to be aware of the Marmot label?
System working between NHS and local authority
Use of Marmot branding, could be helpful, could create barriers
2040 vision
Marmot needs to be considered a positive rather than negative label for the town and needs resident buy in
Early involvement in developing report
Part of launch of the report
Involvement possibly not carried through to the implementation work
Influencing education settings to prioritise CYP from deprived backgrounds, also looking at ethnicity
Marmot not explicitly referenced in implementation work
Work needed on translating broad Marmot principles into something more meaningful and granular
Schools already doing work to tackle inequality – Marmot wouldn't necessarily change anything
Marmot not spoken about in schools
Education team understand link between raising education and improving life chances, don't necessarily think about the link to improved health outcomes and don't talk about Marmot
Marmot principles and education strategy align
Know a little that Marmot town work is happening but specifically their teams role in it
Possible confusion with child friendly town
Priorities: vulnerable and disadvantaged CYP
Opportunity: celebrating success
Opportunity: sharing good practice
Barriers: way data is used, total or average scores vs disaggregating by subgroup
Barriers: schools that are less under influence of LA
Priorities: continuing to focus on disadvantaged children and look at those from certain ethnic backgrounds
Priority: implementing charter mark accreditation
Priority: recognising the successes of schools
Engagement with developing the report
Less involvement in own organisation in terms of addressing health inequalities
Executive level understanding and agreement on addressing health inequalities
Lack of influence over social determinants of health
Access to care
Agree with Marmot approach
Marmot approach is a Luton council thing
Hospitals involved in service design to meet needs of population
Senior levels there's a better understanding of what Luton is trying to achieve with tackling health inequalities
Not necessarily direct links between Marmot and Luton and Dunstable
Not in the gift of the NHS to tackle the wider determinants
Link between council planning and policy and impact on health services as a result of the social determinants of health
L&D is a significant employer – role in
Role of L&D as an anchor institution
Alignment of priorities – mutual benefit – employment for population and new staff for organisation
Alignment of priorities – mutual benefit – employment for population and new staff for organisation
Challenge of taking practical steps forward
Culturally appropriate healthcare services
Determining the priorities for action

L&D not yet in a position to take on leading role in addressing inequalities
Challenge of identifying practical steps to achieve change, NHS overwhelmed
Challenge in navigating healthcare system
Priority over next 2 years – waiting list for services
Bedfordshire footprint not just Luton
Involvement in development
Involvement in receiving and using the report
Pre-existing work that relates to Marmot
Organisations involved in implementation
Type of work
Aligned work
Areas of work based on findings of Marmot report
Wider determinants of health
Areas of work based on findings of Marmot report
Increasing focus on wider determinants of health
Areas of work based on findings of Marmot report
Increasing focus on wider determinants of health
Mental and physical health
Stage of work implementation
Areas of work based on findings of Marmot report
Increasing focus on wider determinants of health
Impact of Marmot report on new programmes of work
Pre-exisiting priorities continuing to be a focus even if potentially not a focus within the Marmot report
Impact of the Marmot report on organisations strategic priorities
Focus on wider determinants of health
Identifies priority subgroups of population
Priority groups - Frequent attenders to healthcare settings
Mental Health - Target population – younger adults
Clinical pathways
Access to care for younger adults
Focus on the wider determinants of health
Focus area of work
Stage of development of work
Scale at which organisations plans interventions
Cross organisation working
Access to care
Healthcare and clinical pathways
Understanding of Marmot
Understanding of Marmot at different levels of the organisation
The value of explaining Marmot report/approach
Barriers to tackling wider determinants and health inequalities
Level of understanding of Marmot report and Marmot work
Opportunities that Marmot Report brings to tackling inequalities
Better understanding of health inequalities and inequalities in the social determinants of health
Barriers to addressing inequalities
How to address barriers
Complexity of addressing wider determinants of health
Health service changes to address health inequalities
Difficulty in discussing sensitive issues with patients who are attending for other reasons
Priorities over next 2 years
Health service configuration

Involvement with marmot report development
2040 is the overarching strategy, Marmot fits within this
Example of work done to reduce health inequalities
Marmot and employment
Local procurement as an example of implementing Marmot principles
Primary care engagement with Marmot work
GPs are starting to understand the wider determinants of health
More work that could be done with acute hospitals
Difficulty in identifying target audience
Cost benefit of prevention interventions
Marmot brings opportunity to bring prosperity to the town and have people stay living and working here
Opportunities of Marmot: system working
Opportunities of Marmot: increasing workforce in Luton
Opportunities of Marmot: spending locally, local procurement, economic development
Opportunities of Marmot: strengthening local economy
Local skills and training offers
Barriers: negative reputation of Luton
Local assets
Barriers: fear, crime
Key issues: homelessness
Key priority: child friendly town
Key priority: crime
Priority: young people, young people from disadvantaged backgrounds
Need to simplify the message and all the different strategy names
Building workforce in Luton is a priority
Involved in development of Marmot
More action needed
Challenge in pulling all strategies/approaches to health inequalities together
Lots of different names/labels leads to confusion
Little change has taken place over last several years
More action needed
Importance of hearing about the things being done and positive impacts
Key issues in access to care and quality of care for certain subgroups of population
Quick wins
Publicizing quick wins
Role of healthcare
Role of healthcare not clear
Wider determinants as well as health
Appears like lack of coordination of work from the outside
Can't see change happening despite people talking about wanting to see change over last few years
Structural racism in health and social care system
Need for translating service in healthcare
Understanding what's in your power to change
People need to see the change and benefits to get on board
Alignment of strategic aims and priorities
Need to get people's voice heard
Public don't know what Marmot is, confusion
Lack of public voice in the big engagement events
Public confusion over what Marmot is
Need alignment between all the different strategies and approaches

Understanding of Marmot doesn't necessarily filter down organisations
Same people attending events/participating in engagement, might not be representative
Challenge is getting people on board with the Marmot vision and for them to believe real change is taking place
Confusion over strategic vision of Luton – 2040 vs Marmot
Contracting process is a barrier – smaller voluntary organisations don't have the capacity to employ bid writers therefore don't' get funding
Smaller VCSE organisations don't understand or have capacity to engage with strategic priorities of town
Principles very broad and can be interpreted differently; might not be in power of council to implement them
Absence of key partners at meetings
Principles tricky to understand
Partnership working is a big opportunity
Translation of healthcare comms
Primary care access is a priority
Value alignment
Strategy & timing
Strategic alignment
2040
2040 synergy Positive
Lack of knowledge/understanding beyond PH
Methods of dissemination within organisation
Staff knowledge- know the principles not the name
Providers as conduits eg. Commissioned by multiple parts of council or with wider relationships
Active Luton can get engagement with 80-90 CSE orgs- ? invite to event?
Shaping the agenda for everyone to contribute
? Who is/should be driving the agenda
Governance
More in-depth understanding of each principle
? Event idea?
Stopping doing things that don't align
Duplication in system
Lot of different forums/ action plans etc – do we need so many? Risk of being bogged down
Governance area for improvement
Children as a key area of focus
Skills/employment
Generational worklessness
Raise aspirations
Marmot well understood, more than 2040
NHS engagement
Language
Co-production
Leaders
Fairness task force
Citizens forum/vcs
Grass routes funding/participatory engagement
Shared resources
Need to test shared budgeting further, transformative commissioning
Whole system change across many themes
Resource allocation
Fuller neighbourhood model
Currently piecemeal- needs to be more coherent
Maximising assets (people and buildings and relationships)

Marmot itself not well known... principles probably are (we haven't tested that though)
Matching grass routes and system ambitions and ways of working
Unknown value of Marmot as a brand
Marmot brand potentially barrier/distraction
VCS commissioning
? awareness of all principles
Domain 7 important for Luton
Empowered communities
Democratic engagement (I actually drove this discussion topic though!)
Avoid duplication but ensure connection and collaboration
Align with 2040 and underpin but don't reproduce
Learn from previous collaboration efforts
Assets (staff) knowledge & expertise
accountability
Relationships between orgs / leaders /communities
Community engagement
Collaboration between orgs
Scale up good practice
Allocation of resources
Allocation of resources
brand / communication alignment
primary care transformation
community infrastructure for prevention
Alignment between projects
Targeting effectively
Working together in practice
Tactical & Strategic opportunities
Strategic alignment
Bottom up
SME's
Anchors
Promotion
Politicians
Community engagement
Timeline- how quickly can we reasonably achieve this?
Leverage to influence
Social value
Timeline
skills improvement priority
data priority
anchor priorities
some focused initiatives
NHS population health
Integrated Care Systems opportunities
Partnership development
Strategic alignment
Children having a strong start
Growing economy
Sustainability
health inequalities
relationships

Luton as an Early implementer
Initiatives with CVS
Diabetes management
Screening
employment conditions
health and wellbeing hub
Neighbourhood working
Denny review
Primary care intervention regardless of where you live
PCNs & variation in PCN working
Multidisciplinary healthcare
Culture change in clinicians
Mixed understanding of social determinants and health inequalities
Community engagement/development
Provides a framework
Label frames the conversation
Re-focusing resources
Strategic alignment
Need to map existing complementary and tangential work
Place making/ planning
Population growth forecasting
Preventing population churn
Case studies available

Table 5. Final coding framework from qualitative analysis

Involvement in Marmot
Strategy
Inequalities work in Luton
Awareness
System Working
Opportunities
Barriers
Priorities

APPENDIX C. LOGIC MODELS

Figure 1. Logic model Business and Employment Skills

Hypothesis: Increasing the availability of good quality work and the employability of the local population to take on these jobs will improve health outcomes.

Assumptions: Target groups will take up employments skills training
Work places will implement recommendations
There will be economic growth and therefore more high quality jobs available to local people

INPUTS

- Marmot report recommendations
- Staff
- Time
- Funding
- Business and employment skills strategy

ACTIVITIES

- ELFT/Total wellbeing Luton - workplace wellbeing offer
- Mental health First Aid training
- Connect 2 Luton
- Passport to employment
- Destination digital'
- Apprenticeship brokerage scheme
- UoB's 'Passport to Entrepreneurship' programme under Pathways to Recovery
- Careers hub .
- Schools' careers and employment skills offer
- SEMLEP employment skills
- Luton Adult Learning family learning programmes
- ELFT inclusive recruitment QI project
- SEMLEP business support
- Good business charter
- Luton 2040 pledges for businesses

OUTPUTS

- Number of organisations that take up the MHFA/total wellbeing training
- Number of people accessing employment skills training
- Number of people registering with/seeking employment via
- Connect 2 Luton
- Number of people enrolling on Passport to Entrepreneurship programme
- Number of apprenticeships arranged via brokerage scheme
- Number of businesses accessing SEMLEP business support

OUTCOMES

- Luton employment rate
- % of Luton based jobs paying the
- Real Living Wage
- % of residents in higher-level occupations (Level4, Level2 and No Formal Qualifications)
- Proportion of highly skilled workforce (% with NVQ level 4,3,2,1 and no formal qualifications)
- Minimum Income Standard (Luton adapted model)

Context: The Marmot report for Luton was published in September 2022.

Implementation of the report recommendations is being led by LBC but in close collaboration with system partners. There are 4 priority work streams for the first stage of implementation: business and employment skills; housing and warm spaces; children and young people, net zero. Implementation of the recommendations aligns with the 2040 vision and several strategies within the council.

Barriers: No formal governance structure for implementation or evaluation.

Maybe unclear how the Marmot report fits with the 2040 vision and other exisiting strategies

may be seen as additional work in an already pressured system

Will be challenging to determine what change is due to Marmot.

Outcomes and impacts may not be seen for a long period of time and momentum to continue with implementation may be lost.

Figure 2. Logic model Children and Young People

Hypothesis: Health outcomes are influenced by social determinants in early years and childhood. Improve education and living standards during these times has a positive impact on health outcomes.

Assumptions: Intervention being undertaken have causal link to improved health outcomes among children and young people.
Interventions can be sustained over long enough period to have effect.
The interventions reach the target population.

INPUTS

Marmot report recommendations

Staff

Time

Funding

ACTIVITIES

Early years alliance

Healthier together Bedfordshire, Luton and Milton Keynes

ELFT

Family partnership services

Luton and Dunstable Maternity voices

Council early years team

Family hubs

Transition advisors

Mental health tool kit for schools.

Best practice shared via education conference in 2022

Mental health advocates, youth Ambassadors.

Total wellbeing Luton

Virtual school

School alumni networks

Energise holiday activity food camps

Mental health first aiders in all schools.

Trauma healing collective

Active Luton

SEMLEP careers hub

Flying start

CCS

RACE Charter Mark accreditation

OUTPUTS

Number of people accessing family hub service

Number of schools with a mental health first aider

number of schools using mental health first aid toolkit

outcome of RACE charter mark

Number of mental health advocates and youth ambassadors

Number of

Number of people engaging through alumni networks

Number of people accessing SEMLEP careers hub

OUTCOMES

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

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

Proportion of Luton children attending good or outstanding schools

Dental decay in 5-year olds

Households in temporary accommodation per (1000 households)

Percentage children achieving a good level of development at 2-2.5 years (in all five areas of development).*

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

Stage (Reception)

Average Attainment 8 score**

Average Progress 8 score**

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

Rate of repeat youth offending

Young persons' mental health

Child Poverty (after housing costs)

Child Mortality

Context: The Marmot report for Luton was published in September 2022. Implementation of the report recommendations is being led by LBC but in close collaboration with system partners. There are 4 priority work streams for the first stage of implementation: business and employment skills; housing and warm spaces; children and young people, net zero. Implementation of the recommendations aligns with the 2040 vision and several strategies within the council.

Barriers: No formal governance structure for implementation or evaluation. Maybe unclear how the Marmot report fits with the 2040 vision and other existing strategies may be seen as additional work in an already pressured system Will be challenging to determine what change is due to Marmot. Outcomes and impacts may not be seen for a long period of time and momentum to continue with implementation may be lost.

Figure 3. Logic model Net Zero

Hypothesis: Creating and developing sustainable places and communities in Luton can improve health equity simultaneously

Assumptions:

INPUTS	ACTIVITIES	OUTPUTS	OUTCOMES
Marmot report recommendations	Resident Engagement	All Council homes to meet EPC Band C by 2025	Increased Proportion of homes rated EPC Band C or above
Staff	Cycling and walking infrastructure plan	Reduced emissions from healthcare	Increased proportion of people walking or cycling for travel
Time	School streets	Individual businesses taking actions to reduce carbon footprint	Increased access to green space for residents
Funding	Sustainable public transport	Increased social value from procurements	Improved air quality
Luton Local Plan 2011-2031	Improving the built environment through the Local Plan		Reduced net carbon emissions from businesses, organisations and households
Net Zero Road Map	Road map to net zero		Reduced net carbon emissions from businesses, organisations and households
ICB Green Plan	Resilient communities - working with the Environmental Agency		
	Sustainable housing		
	Sustainable procurement		
	Business engagement		

Context: The Marmot report for Luton was published in September 2022. Implementation of the report recommendations is being led by LBC but in close collaboration with system partners. There are 4 priority work streams for the first stage of implementation: business and employment skills; housing and warm spaces; children and young people, net zero.

Barriers: No clear formal governance structure for implementation or evaluation. Maybe unclear how the Marmot report fits with the 2040 vision and other exisiting strategies Resource and capacity to deliver Will be challenging to determine what change is due to Marmot. Outcomes and impacts may not be seen for a long period of time and momentum to continue with implementation may be lost.

Figure 4. Logic model Housing

Hypothesis: Improving availability, accessibility and quality of all housing in Luton can improve health and wellbeing in line with a proportionate universalism approach.

Assumptions: Improving social housing and their immediate environment will have benefits for residents' health and wellbeing. Private sector landlords will engage with licencing approaches Those living in the worst housing conditions are not transient in nature so improving housing will have long term impact.

INPUTS

- Marmot report recommendations
- Staff
- Time
- Funding
- Luton Housing Strategy
- Luton Local Plan 2011-2031

ACTIVITIES

- Resident Engagement
- Projects eg. Greening
- Total wellbeing Luton - wellbeing offer
- Policy development eg. smokefree
- New selective licencing scheme
- HMO licencing
- Landlord Engagement
- Improving our Housing Association partnerships
- Improving integration with health and social care
- Refurbishment of sheltered housing schemes
- New Build Council Housing Design Brief
- Improving the build environment through the Local Plan
- Support activities for children and young people in and leaving care

OUTPUTS

- Council homes to meet EPC Band C by 2025
- We will grow our tenant engagement and meet all expectations of the Social Housing Regulator on consumer regulation.
- Partnerships with health & housing associations, social care, criminal justice system and others to support housing solutions
- Selective licensing to cover all appropriate properties by 2025.
- HMO licensing to cover all appropriate properties by 2025.
- HMO licensing to cover all appropriate properties by 2025.
- Number of affordable homes delivered
- Number of council-led homes 2022-27

OUTCOMES

- Housing affordability ratio
- Number of rough sleepers
- Percentage of households in fuel poverty

Context: The Marmot report for Luton was published in September 2022. Implementation of the report recommendations is being led by LBC but in close collaboration with system partners. There are 4 priority work streams for the first stage of implementation: business and employment skills; housing and warm spaces; children and young people, net zero. The Luton Housing Strategy was published in 2022 and included several elements aiming to improve health through housing. Early Review of Luton Local Plan starting in 23/24 may provide opportunities to improve the policy environment for future house delivery.

Barriers: No clear formal governance structure for implementation or evaluation. Maybe unclear how the Marmot report fits with the 2040 vision and other existing strategies. Resource and capacity to deliver. Will be challenging to determine what change is due to Marmot. Outcomes and impacts may not be seen for a long period of time and momentum to continue with implementation may be lost.

APPENDIX D. A PROPOSED FRAMEWORK FOR MONITORING PROGRESS AGAINST THE RECOMMENDATIONS MADE IN THIS REPORT.

This table lists the recommendations made in this report and provides an suggestion of 'what good looks like' for the Health Equity System of Luton. It also shows progress against each recommendation. It was drafted by the Public Health Team at Luton Borough Council in collaboration with system partners.

Recommendation	What does good look like?	What are we doing currently?
Ensure system-wide clarity and strengthening of governance and accountability.	Proportionate governance with clear alignment from frontline to strategic leadership. This should be well communicated across the Luton system.	Streamlined the governance of Marmot Town, the Health Equity Town Partnership Board directly reporting to HWB Revised Terms of Reference communication of governance
Broaden the agenda of the Marmot steering group and other associated working groups to get more non-Local Authority and Healthcare input.	Seek opportunities to broaden engagement with others who can have an impact on health equity, including learning from other areas/examples of good practice.	2 x events 1 x Lunch and Learn VCSFE Exploring additional business engagement with economic development partners
Ensure all stakeholders identify and understand their own levers of influence to tackle health inequalities, examples of this include the use of regulatory powers and advocacy for health equity.	Ensure that there is an appropriate level of understanding across stakeholders, offer training and advice where needed.	2 x events Development of training programme focused on neighbourhoods Encouraging sign up to health equity network
Embed Marmot and health inequalities within workforce development across the system including developing skills for business case development for tackling health inequalities	Ensure that health inequalities knowledge and skills are embedded into all workforce development plans, starting with the anchor institutions.	Development of training programme focused on neighbourhoods
Develop a coherent workplan around the seventh Marmot principle; tackling discrimination and structural racism and its outcomes.	Co-produced priorities with community, with clear deliverables and system of reporting/accountability in place	Engagement with Social Justice Team to influence future social justice system workplans
Develop our communications and engagement approach with stakeholders and members of the public, including the use of terms such as Marmot Town, Health Equity etc. Luton should celebrate success where existing work is making a difference and learn from what does and doesn't work.	Forward plan of communications and engagement that uses audience appropriate language and methods.	Quarterly Newsletter in development (1st edition Autumn 2023). 2x events (including 1 year on celebration event) EOE Public Health Conference presentation LGA case study

Ensure Marmot principles influence resource allocation decisions across the system to ensure that they are proportionate to need, starting with our anchor institutions.	Understand what the baseline looks like (current £ invested in health equity), seek to lever further resources to tackle health inequalities. Use levers such as Health and Wellbeing board/ Luton at Place board.	
Establish a clear, agreed and well communicated monitoring framework, that aligns with the Luton Joint Strategic Needs Assessment and Luton 2040 monitoring. This framework will identify inequalities in outcomes between cohorts and track progress in improving outcomes in those most disadvantaged.	Align intelligence products to focus on health inequalities.	Developing our baseline and future monitoring to align with 2040 and JSNA
Use of logic models may be a useful method to build on for future workstreams associated with Luton's Marmot Town ambitions.	Train workforce and raise profile/ importance of using logic models to develop theories of change. These ensure that there is a clear line of sight between activity, output and outcome (including health equity).	Developing logic models across the CYP workplan
Translate the Marmot principles, into a more specific and practical workplan with clear roles for organisations and teams.	A clear high level workplan to enable understanding of current activity across the system. This should be updated quarterly and should communicate risks and issues as well as successes.	Workplan in development
Ensure that we learn from best practice amongst Luton partners and from national and international evidence base, whilst also sharing our own knowledge and learning.	Ensure that logic models and other tools orientate work to put sufficient focus on evaluation, both outcome and process. This should be shared across the system to support learning.	2x events (including call for presentations of projects) EOE Public Health Conference presentation LGA case study

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