



What are people telling us during COVID-19?

Key messages from our evidence – Quarter Report

June 2020 – Luton Residents experiences

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OUTLINE

“It was like events were happening faster than I can fully comprehend them.”

This report outlines the thematic experiences of nearly 300 Luton residents between **February 2020 – June 2020** during the pandemic, highlighting what worked well and what did not for Luton residents and professionals.

As the pandemic hit the UK and lockdown began– many contacts made to Healthwatch Luton in the first three weeks focused around general signposting, asking for information and advice, and general concerns around communications and service provision.

As the months moved on, in April and May there were less ‘critical’ requests and concerns, and more worries around continued services, confusion around communications and support, and concerns of understanding how to manage conditions or family members.

Nearly 300 people gave feedback into this report. It would be a **recommendation** for this report to be reviewed at the Health and Wellbeing Board, and other local system Boards – for the system to review Luton resident’s views and ensure people’s accounts can help shape the way services are amended, planned and improved going forward.

For detailed information on resident’s responses – please refer to Healthwatch Luton’s monthly reports (<https://www.healthwatchluton.co.uk/reports-hidden/reports/>,) to view people’s individual concerns and responses.

Healthwatch Luton are aware the health and care system worked tirelessly and exceptionally during the pandemic – ensuring many residents in Luton were supported. We know of m

any structures (cells) used to integrate care and health, to mobilise resources and to work across the system to ensure people were supported. This report is only a reflection of the views of people in Luton who have contacted Healthwatch Luton. Healthwatch Luton ask for this report to be reviewed to understand the Luton resident experience during this time.



healthwatch
Luton

How are you doing?

Let us know how you are feeling about COVID-19: What works well, what doesn't and how do you think it could be improved?

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 Twitter: @hwluton

 Facebook: HealthwatchLuton

 Instagram: healthwatchluton

 Survey monkey: <https://www.surveymonkey.co.uk/r/77B7C3T>

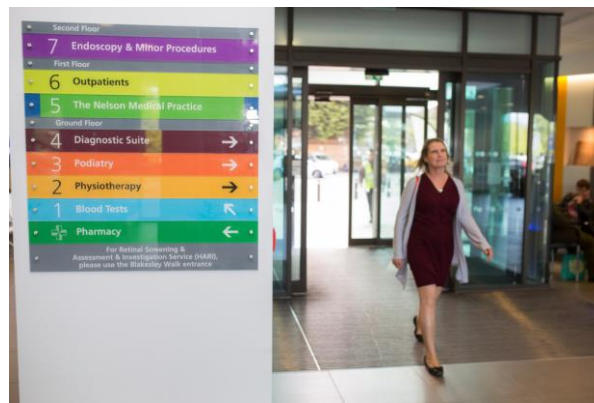
Source Details

Healthwatch Luton have nearly 300 experiences from Luton residents and professionals that have been captured since February 18th – June 1st 2020. This report highlights the overarching themes from this feedback.

We have gathered nearly 100 feedbacks from our ‘How are you doing’ campaign, asking professionals and residents their views on how health and care services are working during the pandemic.

We have over 100 feedbacks from the Healthwatch England survey and those who have contacted Healthwatch Luton independently via email or phone.

The remainder feedbacks are from anecdotal feedback, case studies from volunteers or Luton residents, interviews, and voluntary sector engagements or people contacting us via social media, website or Forums attended. It also includes non-COVID related feedback.



“There was huge innovation to set up ideas, to try to support people. This should be thoroughly commended.”

Those disproportionately affected by COVID 19

Healthwatch Luton have surmised that those who are disproportionately affected by COVID 19, both ethnically, financially, in age or otherwise have been the hardest to gather the views of during the pandemic. Without our usual targeted engagement process, the main views in this report are from working aged British Lutonians, and not entirely representative of the Luton population, not including those who are non-English, or from other backgrounds other than White British. Our aim for June – September and ongoing is to focus on those people who have been disproportionately affected by the pandemic to gather their views on how health and care services have run. For those of different background, ethnicity, poverty, or marginalized age groups, their feedback has been mainly more negative than the White British English-speaking feedback we have received.

Key messages Overview

Communications

Many organisations were able to provide communications out quickly and adeptly to the public on service offering, highlighting their availability and capacity to support people in Luton. Whilst in the first few weeks more people wanted information, advice and signposting, many people felt they had 'been informed and understood how they could get the information they needed'.

However, there were many concerns around the 'discrepancy in communications' from many organisations during the onset of the pandemic. There was an almost 'information overload' as many services, providers and commissioners attempted to inform the public, on many platforms, on where to go for information and advice and support.

Some of this was incorrect, not centralised and sometimes contradictory – resulting in many people feeling the communications was 'confusing' and sometimes 'overwhelming'.

It should be commended how many organisations could mobilize themselves to provide the public with many forms and options of being able to contact open services, but with no strategic oversight to communications going out to the public (even differently timed communications between the local authority and NHS through CCG, Hospital, Primary Care etc.) the public reported feeling 'disorientated' and on many occasions, reported being passed 'from pillar to post' to find the 'correct' service that could manage their queries.

Communications nationally from both the Government, and then communications from the NHS – was 'sometimes contradictory', and also initiated a lot of the 'local resident confusion' of what was exactly happening, how they could be supported, and where to go for care. Some of this lingered over the months of the pandemic – particularly highlighted in April around volunteering (both from local authority support and the NHS Good Sam App) but also around the most vulnerable residents through the 'shielding' communications.

Many residents reported referring to local and 'organic' organisations, such as local 'mutual aid' updates on social media, or referring to local organisations for advice, rather than being confused between national communications.

There was a distinct lack of local 'Luton' communications from residents who spoke to us, and it was felt that some non-English speaking communities, or those who had English as a second language (and who tended to rely on their children or families for updated communications with their health and care journey) struggled exceptionally in the first few weeks of the pandemic – attempting to understand what was happening, and how they should behave or use the system.

Recommend: To look at local connected and joined up communications from both NHS and Local Authorities – to approach the residents, to which local voluntary sector organisations can support.

'The will and generosity of people both materially and emotionally has been fantastic.'

System Response

In the first few weeks many organisations worked exceptionally hard to inform either their clients or cohorts, or the public on how to access services.

There was however a distinct confusion around ‘who to turn too’ in the first month of the pandemic for Luton residents and for some professionals. The effects of the ‘crisis’ hit most people within the first few days, with what felt like ‘little national leadership’ but with an overriding sense of ‘siloed working’ locally.

Many people reported feeling ‘confused’ and ‘unsure’ of how to continue either their own care, family care or how to approach the NHS when it was felt people ‘did not want to over-burden the system’. It was reported that many professionals felt that prior to the pandemic there was a lot of ‘outward facing strategic thinking both locally and regionally’ – and in the first few weeks of the pandemic they were told ‘to just get on with their role / work’.

The disparity between the national guidance and local connections was felt quite hard during the first few weeks of the pandemic. Local systems reverted to internal focus on attempting to support the most vulnerable residents, and Healthwatch Luton found themselves repeating how to connect and watched many different sectors and organisations work in silo, not connected and often in a repetitive way.

This was highlighted more with the local authority attempting to support the most vulnerable people in Luton, mixed with the confusion of the Good Sam NHS App – recruiting the same volunteers for the same roles. This in turn created a lot of confusion for local vulnerable people who were unsure a) what their role was if they had attempted to support both volunteering roles for the NHS and Local Authority and b) what and who would support them – the NHS or Local Authority if they had requested support. In some instances, this resulted in some vulnerable people being over supplied with support from both organisations, and in some instances, people being missing out on any support.

The command and control structure of both the local authorities and the NHS teams meant that whilst we are in month 4 of the pandemic, the feedback is generally increasing to be more positive of how people are experiencing life, the overriding concern is that both structures spent some time with competing aims, and similar approaches, leaving people confused as to who they should turn to for support – and who was available to give them support.

Whilst both the local authorities and NHS were remarkable in their way, without much national guidance, to be able to supply support locally to residents, it could be suggested to review how local systems work locally or regionally going forward, and to internally contest the command and control structures which led to lack of integration of communication and sometimes support.

Recommend: System wide discussions on preparing for or addressing the lack of joined up, integrated approach as a local and regional system – leading to resident confusion.

“I became so confused as to who was doing what, it made me quite nervous.”

Access to services (and digital transformation)

Overall, the ability for the health and care services to continue to run during this pandemic should be highly commended. A lot of residents (particularly in March) felt an overwhelming level of support, particularly for health workers, which was displayed in the feedback we received. Along side this overwhelming support, came the feedback of ‘not wanting to bother them as they work so hard’ comments, as well as people feeling ‘they have enough to be getting on with.’ The system nationally has felt a reflection of these views, and primary care and Acute Trust A&E attendance has fallen, and a wide approach to inform the general public that the ‘NHS is still open’. However, according to those who have shared their experiences, many people have many reasons to not be engaging with the system as they did before:

“Because it was there, and because it was free – it was easy to revert to. The pandemic has made me deal with issues more as a family and apparently medical care hasn’t been needed for half of the issues we have dealt with.”

There has also been an acknowledgement of confusion around accessing services, and whether certain services were open for different needs.

“I will wait to hear and leave for a bit longer.’

The confusion remains even in our June feedback which highlights some resident’s reluctance to interface with health and care services.

‘Initially we were told, do not overburden the NHS. Then weeks later they are saying – we are open for business. But then I still can’t get a face to face appointment. I don’t really know what to do.’

The options of digital or telephone consultations, both from GP’s and consultations from hospital has generally been positive, however there are still some concerns from those in Luton who would prefer face to face appointments, but have an over-riding concern of attending any health service during the pandemic. This is linked to those unable / unwilling / to engage with digital interface, and the concern of ‘elderly’ or ‘those in poverty’ unable to engage with the new transforming digital system remains a concern. Consultations from hospital outpatient appointments has generally been experienced as ‘positive’ although mainly people it only works for them ‘in the short term.’

Recommend: Whilst digital has been highly useful to continue some interactions and consultations, for those who have more anxiety related reasons for not attending, it would be helpful to consult and engage with these residents to limit their anxieties further. This should be done at a place level to understand the concerns of Luton residents. It would also be helpful to assess the non-use of digital residents’ views and how they can be contacted, and to address the financial inequalities and digital inequalities that may affect people’s engagement with health services.



Key messages by Issues

Mental Health - General

There is a national awareness of people's general mental health in the community being acknowledged during this pandemic. For both professionals and residents of Luton, mental health concerns have been acknowledged more, and have been raised in our feedback more freely than ever before.

Initially these concerns were mainly around anxiety, concern for family members and general confusion and concern in the initial stages of the pandemic. Throughout May and June this has developed more into 'fatigue' and 'anxiety around lockdown easement' which has produced more feedback on people's general mental health states, even with undiagnosed or previously known members of the public.

"I have never been more aware of my own mental health, than I have been during this pandemic. It is like a rollercoaster, some days I am fine, and others, it all just feels so overwhelming"

There appears to be many competing themes influencing the general mental health of people, including but not limited to:

- Confusion over messaging from professionals (NHS); shielding and anxiety
 - Not being able to see friends and family; and confusion and frustrations of lockdown easement choices made by the Government

- A sense of not being able to contribute and help; with some feeling ‘useless’ and ‘part of the problem if you are not part of the solution’
- Concerns about ongoing health conditions not being supported.
- Concerns of information overload; internet exposure to conflicting data and information creating a sense of anxiety

Mental Health – Provision

Healthwatch Luton were completing their end of year mental health report on inpatient care for people in Luton when the pandemic hit. Since lockdown, Healthwatch Luton have heard from a few patients who were discharged from inpatient care, or who were being supported in the community – on how they were experiencing care in the community.

We have been contacted by a few inpatient patients who have struggled to feel supported out in the community – feeling that ‘everyone is just so busy, I feel like such a strain if I ask for help’. There are some serious concerns over the last few months which have resulted in us working cross-agency and involving service providers, as well as potential safeguarding concerns, but this has been from limited sources.

Most people highlighted positive responses – with feeling phone call interactions with their coordinators was ‘beneficial’ and felt ‘mainly supported’. However, there have also been people who have contacted us informing us that ‘no one has been in touch for weeks’ and ‘I feel like I have just been left to get on with it all’.

Confidence in the Health and Care Service

Many people have informed us of many reasons why they lack confidence in attending ongoing appointments or seeking health and care support. Mainly this themes around ‘they have not and still do not have the test and trace program up and running, so how can you know who has it and when?’

There is an over-arching anxiety in the feedback of expectations of ‘the normal appointment system is still not in place, so until then, things cannot be safe.’

People who do not have English as a first language have also informed us that without things explained in their language in detail, inter-generational understanding of accessing services and safety is somewhat a confusing element in seeking help.

Hospital care (discharge and access)

We have received a few feedbacks regarding discharge at the hospital, and limited information on care continuity, and rapid discharge. We have also had feedback on people’s concerns on attending hospital care – either in outpatients, scans or bloods. This has mainly been around lack of communications on safety at the hospital, around people feeling ‘like they don’t want to be there’ and for one patient, ‘because I just think my condition is a priority right now.’

Some people have told us they feel confident in attending the hospital, as ‘they have done it really well, my children and I felt really safe’ but there is also some feedback on ‘feeling anxious about being out and about at all, let alone there’. Some of the feedback seems stemmed from national media claims of hospitals not being able to be ‘clean’ and one patient mentioned ‘I have no confidence they know who has it so how can you say there is no chance.’

Deaf residents

We have been in touch with one family who have struggled with being deaf or hard of hearing and attending appointments. Without being able to take ‘support’ or carers into appointments, one hard of hearing gentleman has continuously found it difficult to understand health workers whilst wearing PPE and is campaigning for health worker to use ‘see-through’ masks.

This is highlighted further in the Healthwatch network and a national approach is being addressed on how people who are deaf, and cannot attend appointments with carers, or who don’t have support with them, can be supported more with accessing services.

Dental

We have limited feedback from residents on dental care, but the themes from those who have been in touch and shared their experiences outline ‘not knowing where to go’, and leaving some quite serious concerns ‘until they are in a better place to deal with my teeth’. There was confusion of messaging on what dental care could be provided, and where residents could access urgent, and non-urgent care – which then resulted in people needing urgent care.

111

Most of the feedback on the 111 service (from February – April) was mainly positive, although many people felt it was a ‘laborious’ process to get ‘through all the pandemic info’. In June we have noticed a more negative feedback response to 111, including people feeling like they need ‘more than just COVID advice now’.

Cancer Care

Two residents contacted Healthwatch Luton who had had their cancer treatment affected by the pandemic. One person’s cancer care was completely stopped in the first week (March) and contacted us asking who to contact to understand why – and when it would resume. His main concern was around the effects of not having the treatment and for how long.

Another person contacted us unsure of how to carry on their cancer treatment, which was located locally and nationally, and who felt ‘the communications on this has been awful.’

General cancer care for continuation of care as been mainly positive in those who have spoken to Healthwatch Luton.



Complaints

NHS complaints were paused during the pandemic, meaning many people could still make a complaint, but the facility to investigate and support the complaint was not available for many health services. Whilst this was generally understood, and Healthwatch Luton found a significant decline in negative feedback, particular in the month of March and April, when there was a national rise in support for NHS and caring staff. Toward the end of April and through May, there was a distinct increase in negative feedback, and queries of complaint progression.

Both professionals and residents made comments on how 'having no where to go' made experiences of treatment and care and dignity and respect difficult to capture, hold and support during the pandemic. Whilst NHS Complaints is now un-paused, and there is an increase in a 'backlog' of complaints, it would be recommended to address this concern which was a national directive.

GP access

The majority of the feedback on GP access has been positive and has highlighted people's preference of using 'digital' and non-face-face appointments. It should be noted however, the feedback is only of those who have used the online appointment process, and so is only reflective of those views. We have no feedback from patients who have not been able to access an appointment, who cannot use the digital process or those who have struggled with the online process.

Care Homes

We have limited feedback from Luton residents on care homes, although what we have is positive for the care of their family members. Main themes around lack of communication on discharge from hospital in to care homes, and in the first few weeks of the pandemic, feedback themed around contact and visiting hours.

Ongoing conditions

We received a few feedbacks of residents having concerns of their ongoing conditions; that were affected by COVID-19 operations of health and care systems. Some people had planned surgeries, planned consultations and planned scans or bloods which were either changed, altered, cancelled or postponed.

Many people understood the need for this – and in particular in February March and April, people's feedback reflected this understanding, and expectation of their care being on hold. We received a few feedbacks on cancer care treatment being delayed, but this was resolved, and most others were around continuation of care being disrupted. By the end of April, May and June we have received more experiences of people feeling concerned and 'worried' about their conditions, and the understanding of when their care will continue.

Non-COVID Feedback

Throughout this period we have continued to gather general feedback from the public regarding various health and care services, which have been separate from the COVID-19 concerns. Whilst these feedbacks are important, mainly the feedback we have received has had some connection to the pandemic in some form. Our general feedback reports (monthly) are available on line.

Key messages from different Perspectives

Patients and Families of COVID 19 patients

Generally, the feedback from families or carers with people who have had COVID 19 have been supportive of the wider health and care system. Most have struggled with some changes in how communication is provided, and some have felt there has been a lack of support.

One family contacted us regarding their child's mental health and felt they were unsupported on how to care for their children's mental health, when they are unknown to mental health services, or how to navigate services. They were signposted to the vast range of available options to them in Luton, and found these useful, but were not aware of these otherwise. They suggested 'using Facebook promotion to the general public' on some of the services available, as 'unless you are already known (by the services), you really don't know where to go.'

Some family members felt more communications should be provided on the ongoing effects of COVID 19, both mentally and physically and some people felt that the communication to the public should be more 'hard hitting'.

We have received some feedback from families who have had family members admitted to hospital with COVID-19, and a feeling of lack of communication for the family whilst they were admitted. The Luton and Dunstable Hospital have responded to these claims, and were one of the first hospitals to set up communication systems to family members who had been admitted to the hospital who could have updates to their families during the stay.

Some of the feedback has highlighted that families were not aware of the full condition or 'state' of their family members until discharge, and others who have told us that the discharge information did not reflect their knowledge of their family members condition.

Healthwatch England will be implementing a network approach to hospital discharge that Healthwatch Luton will be contributing to over the summer months.

One lady we spoke to whose husband was admitted felt 'lost' and 'unable to reach out to anyone' as she still had to work and look after her two children. After her husband was discharged from hospital, she was made aware on the discharge papers her husband had 'been treated for sepsis for the last week' which she had been given no information about. Three weeks after her husband's discharge, she said 'I don't think people realise this isn't a 'get up and go' end to this illness. His body is destroyed, his kidneys seem destroyed, he is still struggling to breath 3 weeks on'. Whilst she is now being supported, and her husband is receiving ongoing care, she felt that more information should be provided to people on the on-going effects of COVID-19 on some patients.

Carers

We have heard from a few families who have struggled to support their family members during this pandemic as a carer.

Some carers have felt totally frustrated in not being able to attend appointments, either at the hospital or other outpatient settings, and not been able to be present during these appointments to support their family members or friends. This also translates into post-hospital visits, or in being able to attend appointments and leading to not understanding updates on their family members care, outcomes, and progression of care.

We have one instance of a father who called on behalf of his son, who was struggling to support his adult son with his son's mental health, and felt there was limited support available for people who had un-diagnosed conditions, but who as a family member 'became an instant carer overnight without understand what to do'. Whilst being made aware of carer support groups in Luton, he has found them useful and supportive, but still claims 'it is hard to address that you are a carer, as well as a family member.'

Professional Views

Many professionals spoke to Healthwatch Luton in the first few weeks of the pandemic, anonymously, with both personal and professional concerns of how the system was reacting, both nationally and locally. There were national issues around procurement of PPE – resulting in local concerns particularly for frontline staff in care homes, voluntary and community organisations, and whilst this has been remedied, this took longer than expected and would be an area to focus on for a local response going forward.

One professional contacted us privately asking to remain anonymous, due to worrying about repercussions of sharing her views. She explained how she felt she was ‘suddenly being asked to put her staff in positions she would never have accepted weeks before’ and that ‘there is no one to complain to’.

Another professional informed us they felt ‘lost, and there is a complete lack of leadership’ which they felt meant quite a lot of local structures then struggled to ascertain their role. They stated, ‘it seems everyone is doing the same thing in their siloed working, where has all the integration gone?’



Another professional contacted us early in the pandemic (March) stating she felt uncomfortable with now ‘suddenly being qualified, but in no way ready to do what I have to do’. She also stated, when signposted, that the structures in place were not available for her to ‘report’ or ‘complain’. She stated she knew she ‘had to do what she could to support this situation, but it just feels wrong.’

Voluntary Sector

The voluntary sector organisations were the first to remain in touch with and keep Healthwatch Luton informed throughout the pandemic. Links with organisations such as VCS, Voluntary Action and the local community groups and the local authority meant support was provided almost instantaneously for most people we heard from.

Reports from the voluntary sector comprised of highlighting ‘confusion’ around the Health and Care systems, and in the first few weeks it was difficult in Luton to understand which component (health or care) was leading the infrastructure and design around supporting people in Luton. Many voluntary organisations stated – ‘they are doing the same thing, trying to contact the same people at the same time, and it’s becoming confusing’.



This became even more confused when the local authority were organising local support, which intermittently was confused with national support. The same during the time of the launch of the NHS App, Good Sam, - which at the time was conflicting messages and using the same people as those people organised by the local authority.

“I signed up to both local support and NHS app, as I didn’t know which one was better. I then became very confused as to who I should use for what service and it all became a bit stressful.”

Key messages per month during Pandemic

February

The main feedback to Healthwatch Luton in February was:

- People views of there being changes to services; understanding these changes and a perceived concern of ‘what is coming’
- Most of our feedback in this month was providing information, advice and signposting particularly toward the end of the month, on how people could continue their care

- The first few feedback related to COVID-19 in February were mainly around confusion and whether their care would continue.

March

- In March there was a distinct increase in positive feedback on both the NHS and the local authority responses to residents
- The feedback included more confusion around people's personal care, or families care that were being placed on hold or moved, but most people had a sense of understanding the need for this. Mental Health was increased this month as a theme of feedback
- There were some feedbacks on dignity and respect, in particular around one death of a family member, and the family feeling they were not given the right support to grieve.
- People's main feedback was on 'treatment and care' during this period, with people feeling they did not want to 'burden on system'

April

- In April we received feedback on treatment and care, of people feeling 'if it is not COVID, it seems no one is interested' although we also received overwhelming feedback on people also feeling positive and supportive of the system, in particular to health and care workers
- In April there was more mention in the feedback of complaints – and whilst not wanting to make complaints, toward the end of the month people felt they didn't want to be negative, but also wanted to understand if their treatment and care was acceptable.
- April highlighted at least two feedbacks on people's financial concerns

May

- Hospital Discharge started to increase in our feedback, with people's effects of rapid discharge. Many people felt confused about their discharging process and 'not a part of the decision making process'
- Family Communications increased mainly around when a family member went into hospital, but also around what support was being provided to family members when they were not together
- May highlighted the first feedback on people's confidence on the testing process, how it was working, and how people felt assured it was being conducted

June

- In June we received feedback on accessing services, both positive and negative around GP's and other services
- Mental Health of general population mentioned, along with increased anxiety and confusion
- General service feedback is more negative this month, highlighting issues around support in schools, SENCO, issues with the 111 service and stroke services at the hospital

WHAT WORKED WELL

Overall Luton should be proud of their systematic response to the pandemic. There is no doubt that everyone within the system did above and beyond, with many health and care workers of all bands working harder than ever to understand, ascertain and react to the situation.

Overall, the support provided the Luton residents was phenomenal and whilst there are always areas to learn from, it was particularly evident in the feedback we received that the system had worked tremendously hard to ensure people were supported, in spite of confusion from national and local communications.

WHAT DID NOT WORK AS WELL

It is apparent both from professionals and residents that there felt a distinct lack of integration – initially – within the system. Whilst structures were set up and various bodies enabled more integrating working, some people felt they were contacted by both health and care separately, without the two bodies knowing they were contacting the same people.

There was a confusion over communications, and whilst both health and care systems work in higher structures than the 'local' view – some residents found they were waiting for NHS advice – but wanted to hear from more local health systems. Many people were confused between the Gov advice, Public Health advice and the NHS advice, and most wanted more 'Luton' advice.

WHAT COULD BE IMPROVED

Moving forward, it would be good to use residents' views to help shape service delivery. Using Healthwatch across Bedfordshire, or BLMK, would help shape how to potential prepare and plan for another pandemic.

It is imperative that the local system works together, and at a wider level to ensure there is a joined-up approach in planning and communicating to the public.

With there being a new Local approach to managing the pandemic, there will hopefully be more of a joined up, local response to communicating to the public, which would improve the Luton resident response to information provided to them.

WHAT DID HEALTHWATCH LUTON DO?

For each individual feedback, Healthwatch Luton have provided information, advice, and guidance, as per our role. We have informed and asked for consent where needed to escalate concerns and have continued to inform providers and commissioners directly where concerns have needed to be highlighted.

We have raised thematic issues with providers directly – and reviewed each feedback provision as per our Review process. We will continue to do this ongoing.

We have highlighted these themes in monthly reports, which we have sent to commissioners, and providers, as well as Healthwatch England. We have produced Brief Summary Provider Reports per providers as normal.

We have reacted to the pandemic by adapting our models of engagement and produced our How are you doing? Campaign, which will amend as per the needs of the system, or requests from Healthwatch England.

We will highlight our thematic reports to the Health and Wellbeing Board, Overview and Scrutiny Board, Health Inequalities Board and relevant commissioners, to ensure residents views are adopted within planning processes for either adapting or amending service delivery ongoing.

We will continue to produce monthly reports, providers reports and quarterly thematic reports to highlight patient and public views, to help shape service provision.

Feedback Demographics

Due to Luton residents being able to contact Healthwatch Luton anonymously, we do not have full demographic details of the 300 people who have feedback to us over the last 3-4 months. However, from those who have provided details (26%), they are as below:

- Most of the feedback is from women (79%)
- Most people who gave feedback were between 50-59 years old (34%), with over 74% of respondents being between 30-59 years of age. Only 5% responded who were between 19-29 years old (with no respondents under 18), and (24%) were between 60-70+ years of age.
- Most were white British (60%) but we also had feedback from Black British, 'mixed race', Indian, Bangladeshi, Roma, Black Caribbean, 'Asian' respondents.

Healthwatch Luton will be focusing on those disproportionately affected by COVID 19 in the next quarter - ensuring their views are more proportionately represented in our reporting.

END.