



COVID-19 briefing: community focus

Produced by the Information and Intelligence team on behalf of
Public Health

15 May 2020



In Memoriam

This briefing is data heavy, but amongst the numbers there are so many personal tragedies from COVID-19. Here are just some of the Luton people that have died:

Lesley Ward, a council colleague working in the adult social care team, who died in April

Mary Agyeiwaa Agyapong aged 28, a nurse at Luton & Dunstable Hospital died on Sunday April 12th, her baby daughter was successfully delivered by caesarean

Brothers **Olume Ivowi** aged 46 and **Isi Ivowi** aged 38 died within nine days of each other

Syed Hussain, who passed away in April

Along with the others who have died, all are greatly missed by friends, family and the communities in which they lived and worked

What this briefing includes

This briefing has been produced by Luton's Information and Intelligence team. The aim is to provide information relating to COVID-19 cases and deaths in the context of the Luton community. Detail may be subject to change as new information comes to light. The nature of the crisis means that, nationally and locally, we are dealing with information that is complex and uncertain.

The briefing includes:

Analysis of hospital and settings data relating to cases and deaths and covering the following:

- deaths for 2020 compared to deaths in earlier years
- changes over time
- age
- sex
- ethnicity
- disproportionality
- geography – including MOSAIC analysis

Notes:

Background slide



Slides marked in the top right hand corner with a **red letter B** contain details about some of the data challenges and methods where we felt this was useful context. Not everyone will want this level of detail, so the B marking stands for '**Background slide**' and means the slide **can be skipped without losing the thread of the briefing**.

There is a lot of detail on some of the slides, but **the key findings on slide 4** and the **titles on each slide capture what is most important**.

There are a number of links throughout this briefing. These contain source information and further details – **view the briefing as a slide show to access these links**.

At various points throughout the briefing, **we have used the age group 50+ to determine rates**. This is because this is the age where COVID-19 related cases in Luton begin to become notable (81 per cent of cases and 96 per cent of deaths are aged 50+). Using the age 50+ group therefore gives a more realistic picture than comparing to the all age Luton population.

Key findings

In addition to registered COVID-19 deaths in Luton, other deaths in April far exceeded normal levels, but there are clear signs that these are **now returning to normal** for the time of year.

The age profile for deaths in Luton **is younger when compared to England**. This is likely to be due to interrelated population factors such as **poorer health, lower life expectancy and higher levels of deprivation**.

As nationally, **Luton men are more likely to be hospitalised for COVID-19 and death rates for hospitalised men are higher than for women**. Men are over-represented in deaths across all of the older age groups, particularly the **60-79 age group**.

Ethnicity is a risk factor, but by no means the only one. National data shows that - at a population level - there are higher rates of COVID-19 in areas with high rates of Black and Minority Ethnic (BME) populations. However the higher risk may be caused by other factors such as **population density or household overcrowding, or a number of other interrelated factors**.

Luton also has a notable proportion of households that are likely to consist of different generations of the same family (**intergenerational families**), but this is likely to bring protection in the form of care for elderly / vulnerable relatives, as well as risk in the form of increased social contact.

National and local data does show that **BME communities are more affected, although the experience is not the same for all ethnic groups**. National data shows men and women of Black ethnicity are 1.9 times more likely to die than people of White ethnicity, and that the increased risk for Pakistani / Bangladeshi men is 1.8 and Pakistani / Bangladeshi women 1.6.

There are higher proportions of cases and deaths in Luton BME populations than would be expected given the population proportions, but numbers for most groups are actually quite small so it is hard to draw firm conclusions. One group that does seem to be at increased risk in Luton is **people of Pakistani ethnicity, aged 65+**.

National analysis has shown higher death rates for specific types of workers, and **some of these occupations are over-represented by people from BME communities**. Groups noted are:

- men who work as **security guards, taxi drivers / chauffeurs, bus / coach drivers, chefs and retail workers**
- men and women working in **social care**, but not healthcare workers such as doctors or nurses.

Discharge rates are highest in **Biscot** ward, followed by **Dallow**, High Town, Icknield, Challney and Crawley – although rates in some of these wards may be inflated due to the **presence of care homes**. Death rates are also highest in **Biscot** ward, followed by Icknield, Barnfield, High Town and Challney.

Mosaic analysis shows that **older and poorer Luton households** are most affected, along with **settled multi-cultural extended families with some older members**. Mosaic also shows that **email and post** are the most effective ways to communicate.



Headline figures (12 May 2020)

National figures:

- 225,462 confirmed cases of COVID-19
- 32,692 deaths registered where COVID-19 was recorded on the death certificate
- an overall death rate of **14.5** per cent of confirmed cases of COVID-19
- a case rate of **246.4 per 100,000 people**

[coronavirus data, gov.uk](https://coronavirus.data.gov.uk)

Luton figures:

- **665** confirmed cases of COVID-19
- **254** deaths registered where COVID-19 was recorded on the death certificate (this includes at least **56*** deaths at the Luton and Dunstable (L&D) hospital of non-Luton residents)
- **121** COVID-19 deaths of Luton residents at the L&D hospital
- an overall death rate of between **18.2 per cent** (based on 121 hospital deaths) and **38.2 percent** (based on 254 register office deaths)
- a case rate of **310.6 per 100,000 people** - higher than the national average

* The discharge data for 01 February to 30 April shows 56 deaths at the L&D hospital of people who do not have a Luton postcode

'Counting' challenges

Challenges include:

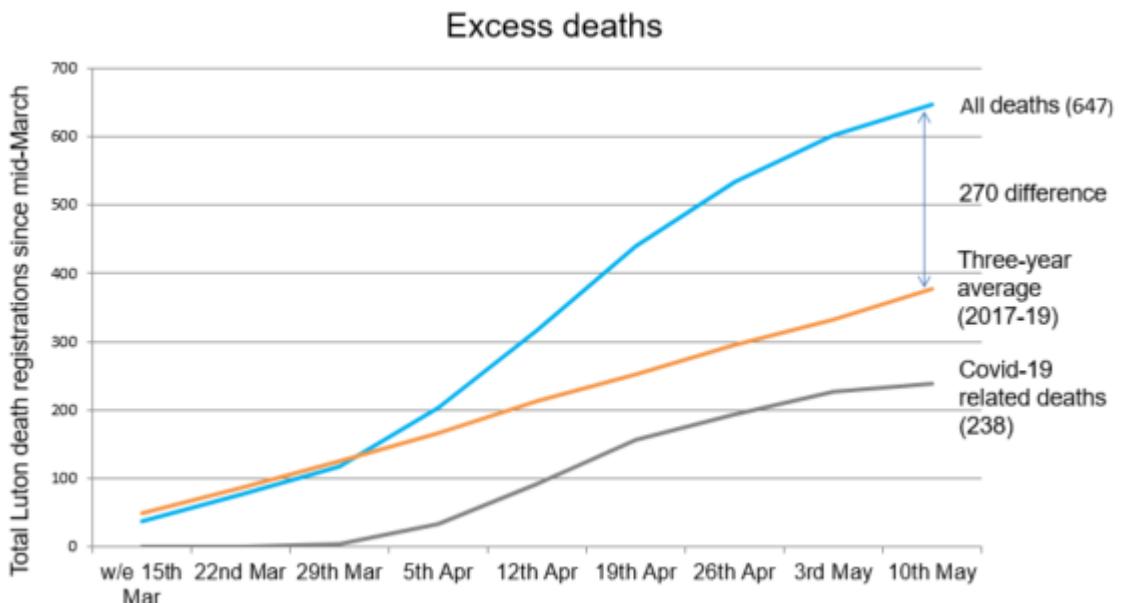
All of the deaths registered in Luton include people who died at the L&D hospital – the hospital discharge data shows that only 68 per cent of the deaths are of people with Luton addresses.

Until recently, very few people were tested for Covid-19 therefore many will have died of the virus but it will not have been recorded on the death certificate. In Luton, for example, there were a number of deaths of people at Castletroy care home in April. Some of these died in hospital and had tested positive for COVID-19, but the deaths that happened in the home were not COVID-19 confirmed, therefore this was not recorded on the death report.

Under-reporting in community deaths is a feature. Only four out of all the Luton people who died at home and in care homes had COVID-19 on their death report. Although not all of these deaths will have been COVID-19 related, we know this figure is going to be higher.

Evidence suggests the number of people who have died nationally because of Covid-19 is much higher than the figures announced daily.

Locally, this could mean a 13 per cent (n=32) increase in COVID-19 deaths compared to that recorded. This is calculated as the difference between all deaths (n=647) and the three year average (n=377) minus the deaths that have been recorded as COVID-19 (n=238).



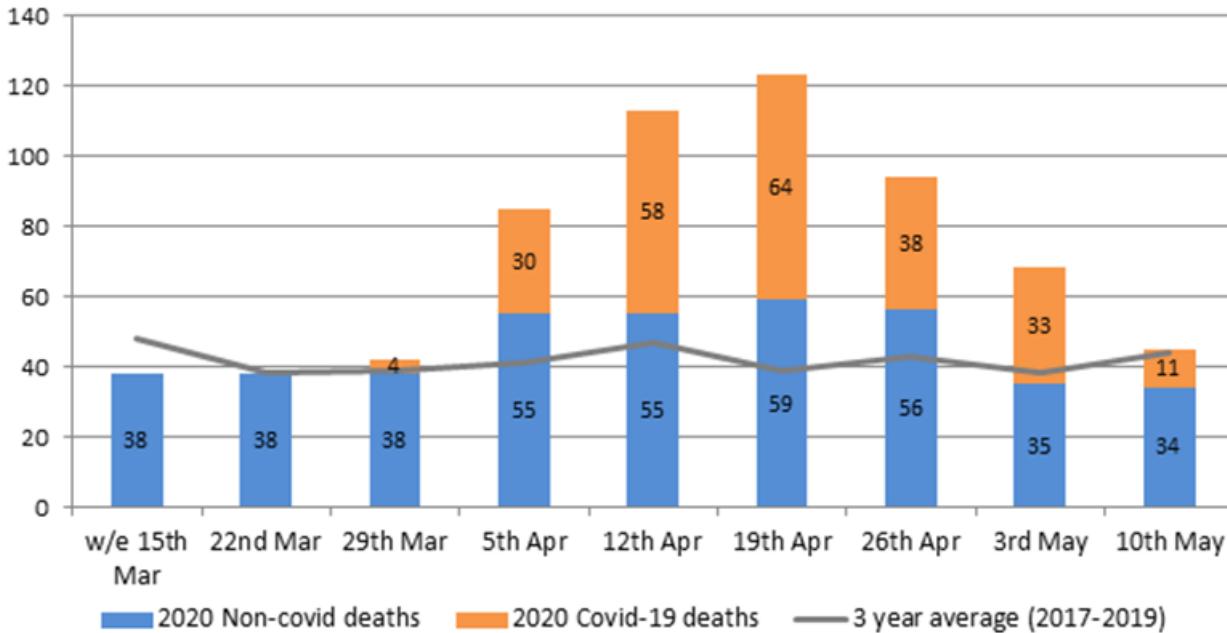
"Every day the Department for Health and Social Care (DHSC) reports on the number of coronavirus deaths that have been reported to it across the UK. It only includes deaths of people who test positive for coronavirus but it's a poor measure of the overall death toll because it misses people who never had a test. When testing was largely limited to hospitals in the UK, those daily figures were missing most deaths in the community".

BBC.co.uk

Luton

Deaths peaked in mid April, and are now returning to more normal levels

Registered weekly deaths compared to a three year average



The chart shows all Luton deaths that were registered in 2020, broken down as COVID-19 and non-COVID-19:

- the grey line represents the average total deaths in the same period from 2017 to 2019
- deaths in previous years and the non-COVID-19 deaths in 2020 stayed below 60 per week
- since the outbreak of COVID-19, deaths have far exceeded normal levels and at the peak, reached 123 in just one week

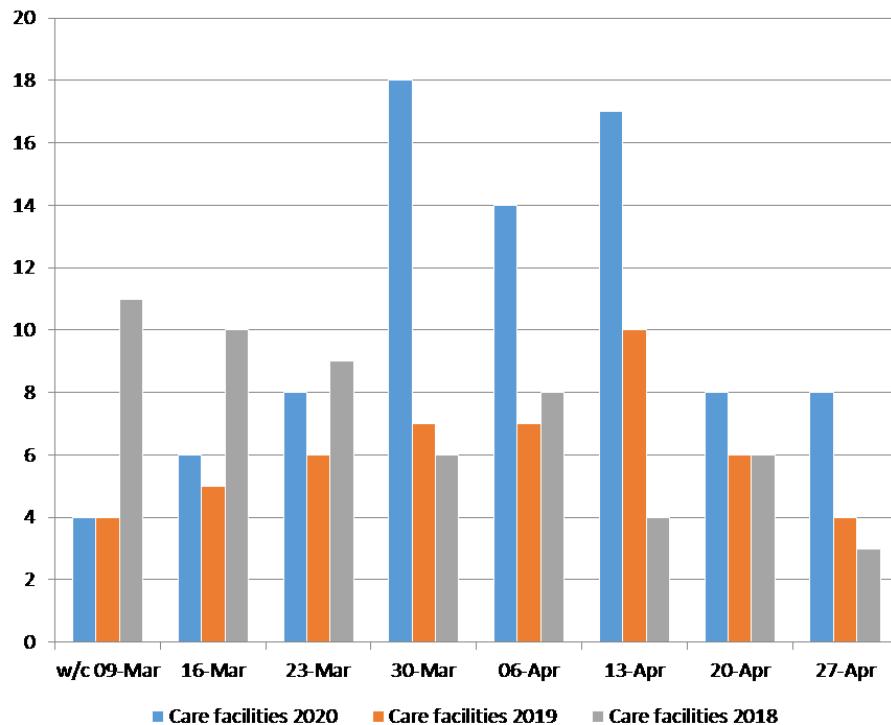
The figures peaked in mid April, when there were 42 COVID-19 deaths in a three day period. Deaths are now returning to more normal levels.

We now know exact figures for COVID-19 deaths at the L&D hospital, but not in other settings. The slide that follows explores the excess deaths by residential addresses and care homes.

Deaths in care facilities and the community show different patterns, but excess deaths are evident in 2020

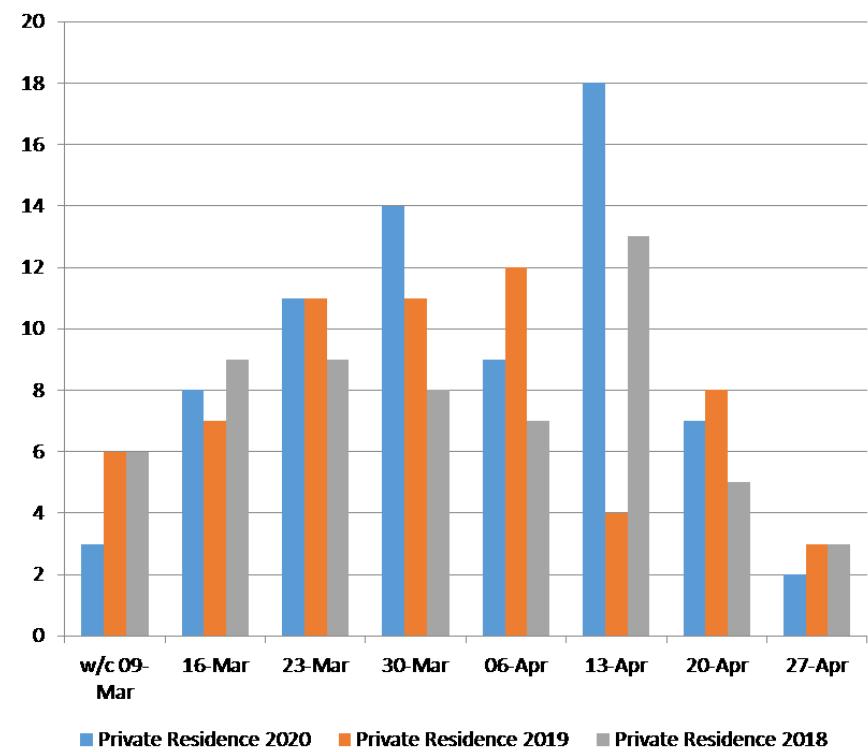
The mortality data we have is based on deaths of known COVID-19 cases who have been hospitalised, but we know that there will have been deaths in the community and in care facilities. The chart shows 'excess' deaths in care facilities compared to earlier years. The blue bars represent deaths registered in 2020.

Registered deaths in care facilities



Since 30th March, deaths in care facilities have greatly increased and are much higher than either of the previous two years

Registered deaths at private residence



Deaths in private residences are subject to some fluctuation

The peaks occur later than the care home peaks, but this could be due to delays in registering

It is likely that most people who became ill at home would have been hospitalised

Discharge data from the L&D

The rest of this briefing is mainly based on data from the Luton and Dunstable (L&D) hospital and only includes people who tested positive for COVID-19 who:

- have been hospitalised and then discharged
- have sadly died while at the L&D

It is important to keep in mind when we are referring to cases in this dataset, we are referring to **discharged cases only (deaths are also counted as discharges)**; the actual confirmed case numbers in Luton may be higher and untested cases will be higher still.

Despite these caveats, data suggests that 83 per cent of COVID-19 deaths nationally have occurred in hospitals ([gov.uk](#)). We are therefore confident that the data includes enough information for us to build an intelligence picture that helps to understand the characteristics of people in Luton who are most affected by COVID-19.

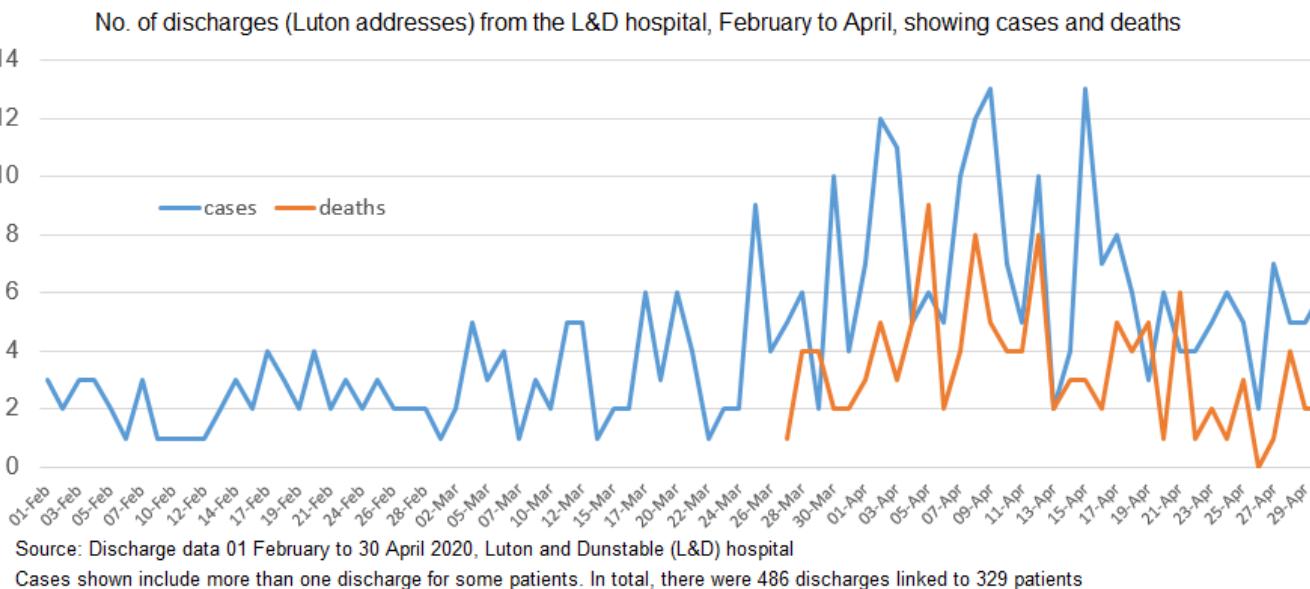
We have used the L&D data to highlight any disproportionality and, specifically, to provide a clearer understanding of ethnicity in Luton in relation to COVID-19 cases and deaths.

Hospital cases and deaths over time (based on discharges)

We have used hospital discharge data the period 01 February to 30 April to explore trends in COVID-19 cases and deaths in Luton. While the trend is similar to England, rates in Luton are high when compared nationally. The latest information shows a case rate of 310.6 per 100,000 in Luton compared to 246.4 nationally.

The data shows:

- there were 329 patients with a Luton address who were discharged from the L&D after testing positive for COVID-19
- of these, 37 per cent (n=121) resulted in death of the person
- slow build up during February and most of March
- recorded discharges began to rise on 25th March with nine COVID-19 discharges, peaking at 13 on 9th and 15th April
- the first recorded Luton death from COVID-19 was 21st March, with one death
- deaths peaked on 5th April with 9 deaths
- the most recent data that is available shows six discharges and two deaths recorded on 30th April



The chart shows the progression of the discharged cases and deaths over time.

The following should be noted:

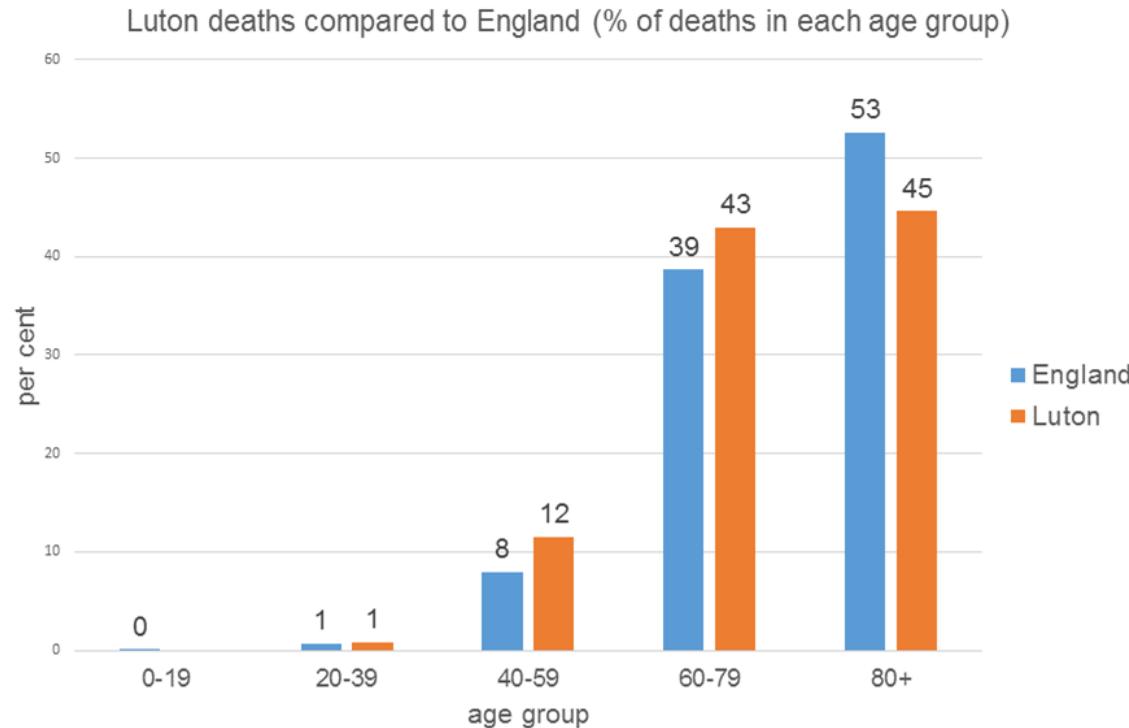
There will be individuals with COVID-19 who have been admitted to hospital, but not yet discharged who will not be included in the data so this analysis is not based on all cases of identified COVID-19 in Luton

Only the more serious cases of COVID-19 will be admitted to hospital so this does not represent the true scale of cases in Luton

Luton shows a slightly different age profile for deaths when compared with England

Compared to England, Luton has smaller proportions of deaths from COVID-19 in the older age groups and slightly more in the younger ones.

This is likely to be due to our different population makeup, with a younger age profile, poorer health, lower life expectancy and higher levels of deprivation being just some of the interrelated factors affecting COVID-19 deaths in Luton.



[NHS England, Daily deaths](#)

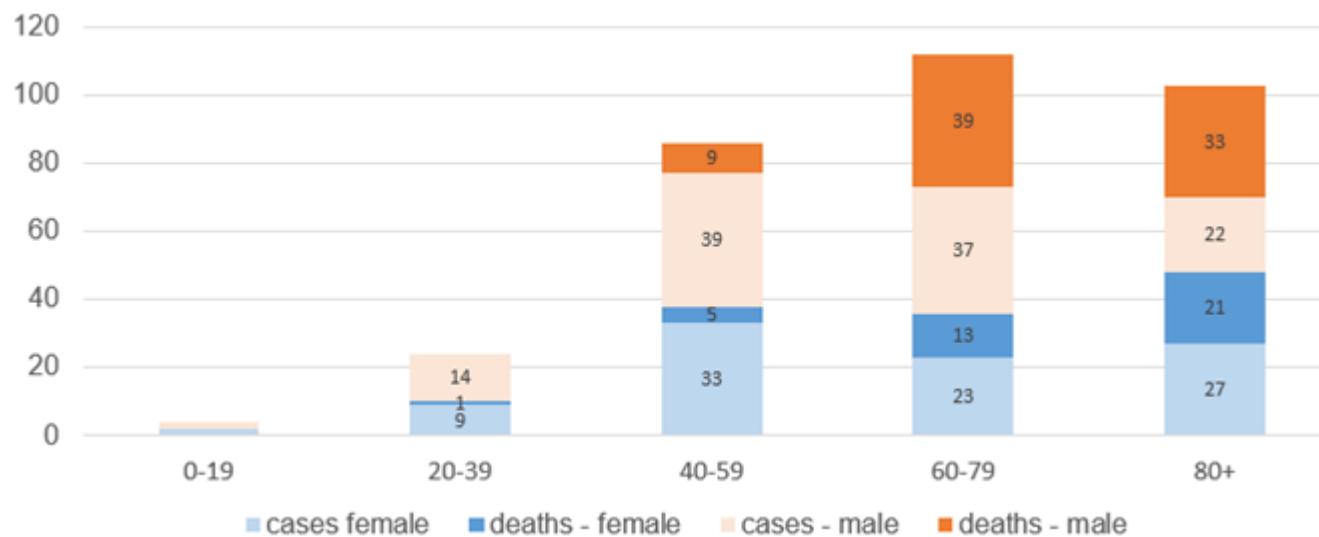
Men are more likely to be hospitalised for COVID-19, and death rates are higher for men

As nationally, Luton men are more likely to be hospitalised than Luton women across most age groups. Men account for 59 per cent of COVID-19 positive discharges and death rates for men who have tested positive are higher than for women.

The disparity between men and women appears greater in Luton when compared nationally ([NHS England, Daily deaths](#)), but this may be because the rates are based on different ways of counting the cases. Men account for 67 per cent of Luton deaths compared to 62 per cent of national deaths.

The death rate (as a proportion of all discharges) for men is 42 per cent, compared to 30 per cent for women.

Discharges from the L&D (Luton addresses), showing number of cases and deaths by age group and sex



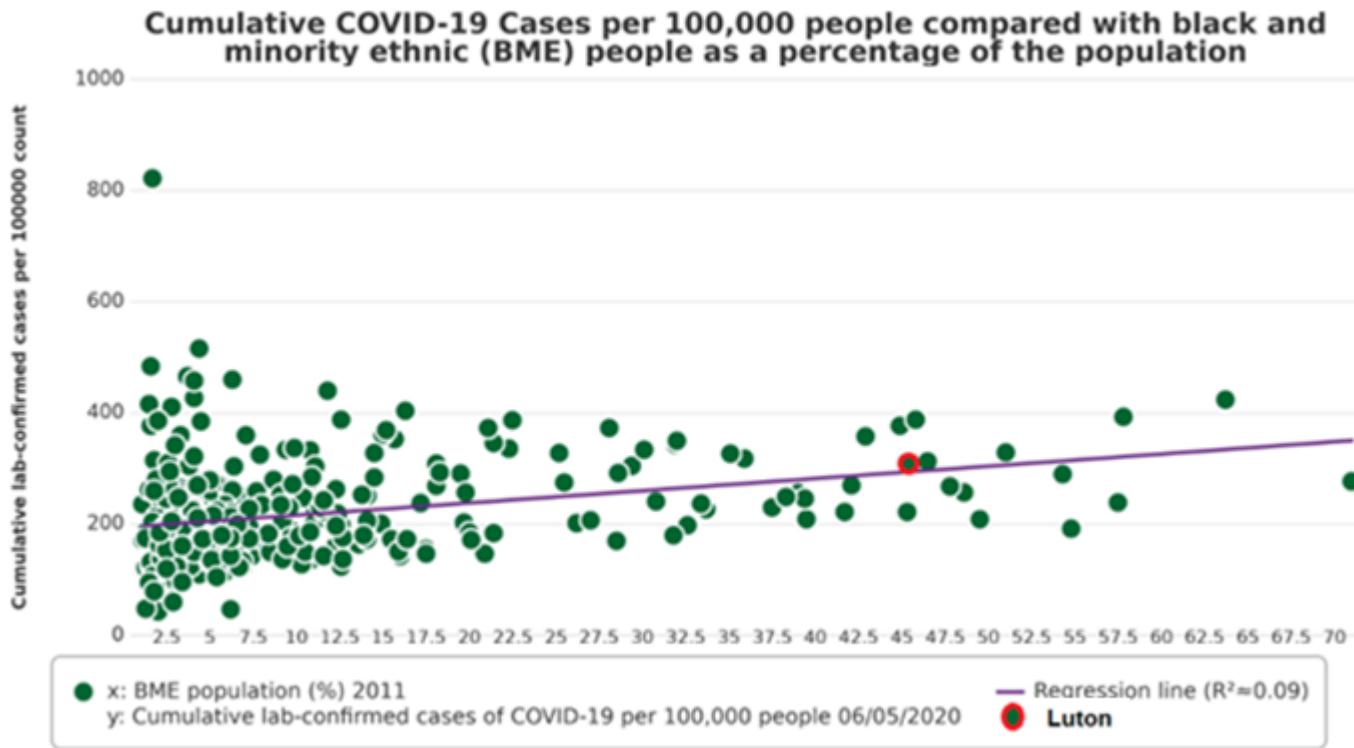
The chart shows that Luton men are more affected across all age groups, but particularly the 60-79 age group

Source: Source: Discharge data 01 February to 30 April 2020, Luton and Dunstable (L&D) hospital

Ethnicity is a risk factor, but not the only one

Ethnicity appears to be a notable COVID-19 risk factor at a population level. The chart, which is based on national data, shows that local authority areas with high Black and Minority Ethnic (BME) populations also have high rates of COVID-19 cases. Luton, marked in red shows as one of these areas. Luton also has higher rates of overcrowded households, dense populations and people who travel to work by train. All these factors are higher in areas with high rates of COVID-19.

Luton also has a notable proportion of households that are likely to consist of different generations of the same family (intergenerational families), but this is likely to bring protection in the form of care for elderly / vulnerable relatives as well as risk in the form of increased social contact.



These relationships between areas with high BME populations and high COVID-19 rates is statistically significant, but correlation does not imply causation.

It would be hard to determine whether ethnicity or another factor is more likely to explain the disparity.

Luton

Name: Black and minority ethnic (BME) population (%), Office for National Statistics

Name: Cumulative lab-confirmed cases of COVID-19 per 100,000 people, Calculated by LG Inform

Powered by LG Inform

BME communities are more affected, with variation by place and other factors that are yet to be properly understood

Nationally, the White British ethnic group accounts for 82 per cent of the cases ([PHE](#)) and for 79 percent of the deaths ([NHS England](#))

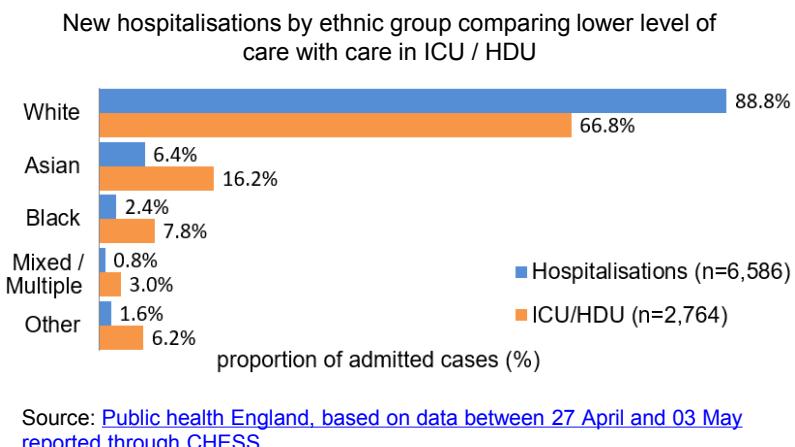
However, national data suggests that when people from BME populations contract the virus, the risk of COVID-19 related death is higher. PHE have shown that:

- people of Black ethnicity are 1.9 times more likely to die than those of White ethnicity
- males of Bangladeshi and Pakistani ethnicity are 1.8 times more likely to have a COVID-19-related death than males of White ethnicity
- females of Bangladeshi and Pakistani ethnicity are 1.6 times more likely to have a COVID-19-related death than females of White ethnicity

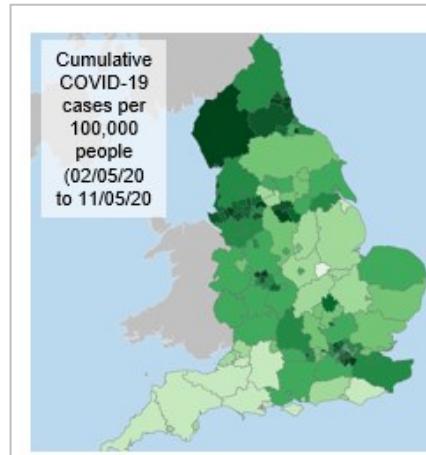
PHE show that some of these differences can be explained by socio-economic disadvantage and other circumstances, but that not all of the difference can be explained in this way ([PHE](#))

Other national data shows that people from BME populations who contract the virus are more likely to become seriously ill (see chart on left hand side below).

It is important to bear in mind geographic variation when considering these findings (see map below).



People from BME populations are more likely to be hospitalised in an intensive care unit (ICU) or high dependency unit (HDU) compared to the White British population suggesting they are more likely to become critically ill.



Cases are not evenly distributed geographically. Case rates by local authority areas are largely concentrated in urban areas, where it is likely that there are also concentrations of people from BME communities

Source: [LG Inform](#)

There are challenges to understanding the population makeup

In order to assess whether some Luton communities are more likely to contract and be hospitalised for COVID-19, we need to know the case rate by ethnicity. We also need to know what the normal Luton population looks like in terms of ethnic makeup.

There are challenges to understanding the normal ethnic makeup because the data we have (2011 census data) is nearly 10 years old and our population has changed notably during this time. Additionally, COVID-19 mainly affects the older population, and we know that this population is much more likely to be White British.

To try to address these challenges and ensure we are comparing with a more accurate representation of the older population, we have produced ethnicity estimates for the over 50 population in Luton.

We did this by taking the proportions of 'ethnicity by age group' that were known at the time of the 2011 census. We then shifted these proportions forward by 10 years to estimate the current population in the older age groups. The method assumes that the general ethnic makeup will have remained the same between 2011 and 2020 and we know that this will work better for some groups than for others.

Taking the White British population as an example, this shows an overall rate of 45 per cent, an estimated age 50+ rate of 60 per cent and an estimated age 85+ rate of 69 per cent of the Luton population. Even using these estimates, which show more realistic proportions by age group there is less ethnic diversity among the older age groups.

Luton age 50+ population by age and ethnicity 2011 Census

Ethnic group	Census - all age groups		Estimates of ethnicity by age group																	
			All 50+		Age 50 to 54		Age 55 to 69		Age 60 to 64		Age 65 to 69		Age 70 to 74		Age 75 to 79		Age 80 to 84		Age 85 and over	
	count	%	count	%	count	%	count	%	count	%	count	%	count	%	count	%	count	%	count	%
White British	90,530	45	44,312	60	6,803	49	7,720	57	6,572	59	5,502	59	5,740	69	4,536	69	3,959	65	3,480	69
White Other	20,549	10	7,095	10	1,116	8	1,166	9	970	9	902	10	873	10	772	12	731	12	565	11
Mixed / Multiple	8,281	4	983	1	284	2	285	2	150	1	81	1	56	1	52	1	43	1	32	1
Indian	10,625	5	3,721	5	627	5	546	4	684	6	641	7	448	5	308	5	270	4	197	4
Pakistani	29,353	14	5,885	8	1,648	12	944	7	964	9	907	10	498	6	304	5	362	6	258	5
Bangladeshi	13,606	7	2,501	3	777	6	453	3	367	3	282	3	176	2	118	2	208	3	120	2
Asian Other	7,368	4	1,693	2	458	3	308	2	267	2	243	3	162	2	109	2	84	1	62	1
African	9,169	5	2,294	3	898	7	650	5	351	3	196	2	99	1	47	1	39	1	14	0
Caribbean	8,177	4	4,087	6	783	6	1,064	8	704	6	434	5	228	3	251	4	353	6	270	5
Black Other	2,563	1	669	1	209	2	245	2	106	1	38	0	24	0	19	0	10	0	18	0
Arab	1,646	1	234	0	107	1	54	0	38	0	10	0	7	0	5	0	12	0	1	0
Other	1,334	1	374	1	86	1	103	1	52	0	31	0	35	0	21	0	31	1	15	0
Total	203,201	100	73,848	100	13,796	100	13,538	100	11,225	100	9,267	100	8,346	100	6,542	100	6,102	100	5,032	100

There is some evidence of disproportionate affects on BME communities in Luton, particularly Pakistani people, although numbers are small

Luton population proportions by ethnic group	COVID-19 hospital deaths	COVID-19 hospital discharges	Census 2011 - all ages	Est. 50+ population (based on 2011 Census)
White British	56%	45%	45%	60%
BME (non-White British)	44%	55%	55%	40%
Asian	26%	28%	30%	19%
Pakistani	15%	17%	14%	8%
Other / not known	7%	11%	4%	1%
Black	7%	10%	10%	10%
White Other	3%	7%	10%	10%

Source: Discharge data 01 February to 30 April 2020, Luton and Dunstable (L&D) hospital; ONS Crown Copyright Reserved [from Nomis on 5 May 2020] Percentages may not sum to 100 due rounding

The Pakistani ethnic group is the only BME group that does not have very small numbers, and therefore it has been included in the table. This group has 56 discharges and 18 deaths. Cases for people of Pakistani ethnicity represent 17 per cent of all cases. The deaths for this group represent 15 per cent of all deaths.

The first table to the right shows the differences between the figures for the Pakistani ethnic group (cases and deaths). The differences for both are statistically significant.

The second table shows cases and deaths in the White British population in comparison to the estimated age 50+ population for this group, as this group appeared to be under represented. The difference is only statistically significant for cases, not deaths.

Death rates by ethnicity	%	Comparison	
		Lower CI	Upper CI
Luton	36.8	31.7	42.1
Unspecified	22.9	12.1	39.0
Black	28.1	15.6	45.4
White Other	17.4	7.0	37.1
Asian	34.8	25.8	44.9
White British	46.3	38.4	54.3

Source: Discharge data 01 February to 30 April 2020, Luton and Dunstable (L&D) hospital

The table to the left is ordered by deaths and compares the proportions within each ethnic group across a range of populations.

It shows higher proportions of COVID-19 cases and deaths in BME communities when compared to the estimated age 50+ population who are most affected by the virus, but not when compared to the all age 2011 Census population.

Some of the numbers involved are very small, so it is not possible to look at them by specific ethnic groups. These proportions should be considered with caution.

Cases / deaths compared to est 50+ population - Pakistani	%	Lower CI	Upper CI
Est 50+ population	8.0	7.8	8.2
Cases	17.0	13.3	21.5
Death	14.9	9.6	22.3
Cases / deaths compared to est 50+ population - W / British	%	Lower CI	Upper CI
Est 50+ population	60.0	59.7	60.4
Cases	44.7	39.4	50.1
Death	56.2	47.3	64.7

Source: Discharge data 01 February to 30 April 2020, Luton and Dunstable

The final table shows the proportion of deaths within each ethnic group to provide a death rate, which is shown as a percentage of the hospital cases. The table also shows the statistical tests that have been applied and these show there is no statistically significant difference between the different ethnic groups for the hospital mortality rate. However, the White British hospital mortality rate is highest and this may be due to a higher elderly population in this group.

References on this slide to 'cases' are discharged cases only

Some of the reasons that BME communities may be at increased risk

There are many interrelated factors that may put BME communities at increased risk. The diagram highlights some of these factors, including the fundamental structural inequality that underpins health.

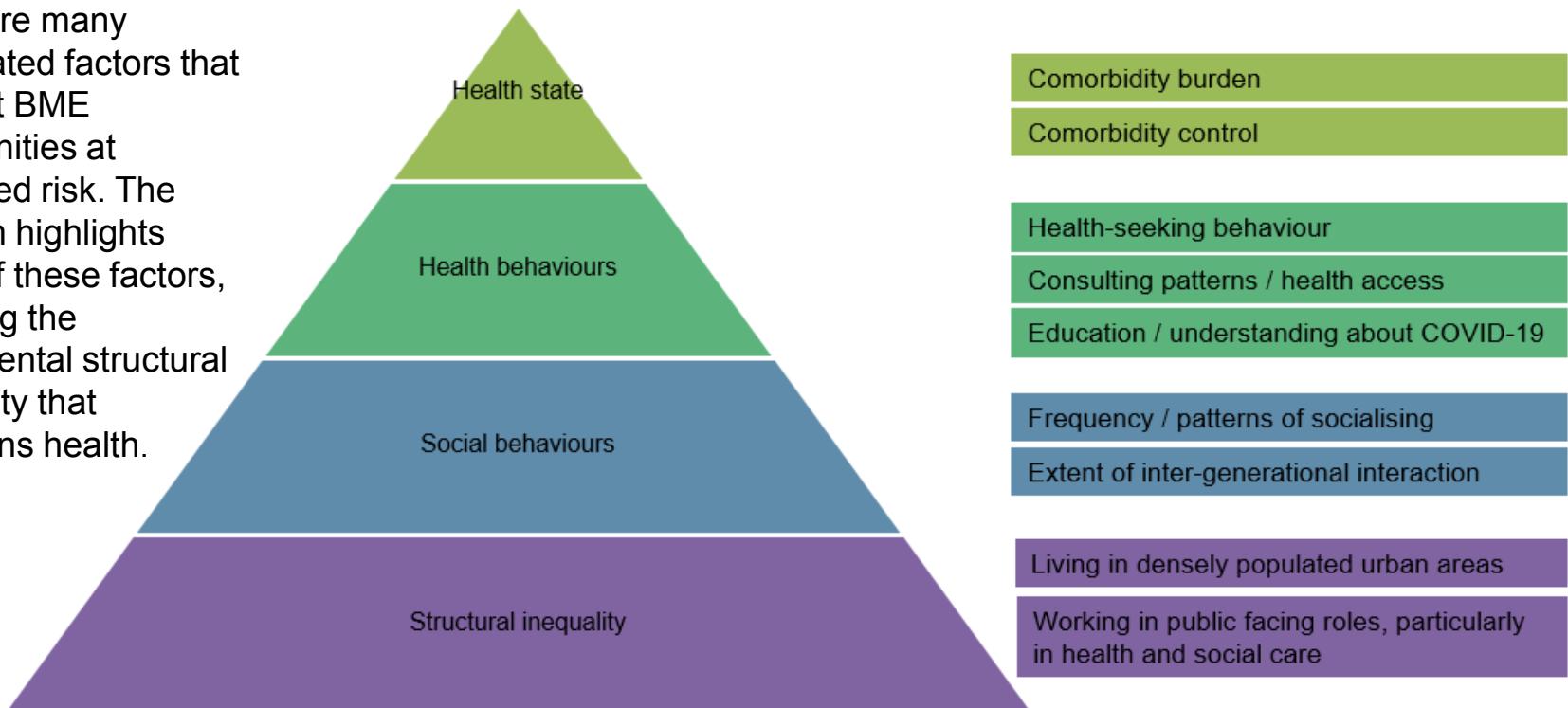


Diagram adapted from a model in the Lancet, April 2020 showing some of the reasons that BME communities may be at increased risk of acquisition, disease severity and poor outcomes in COVID-19

[Ethnicity and COVID-19: an urgent public health research priority, The Lancet, April 21 2020](#)

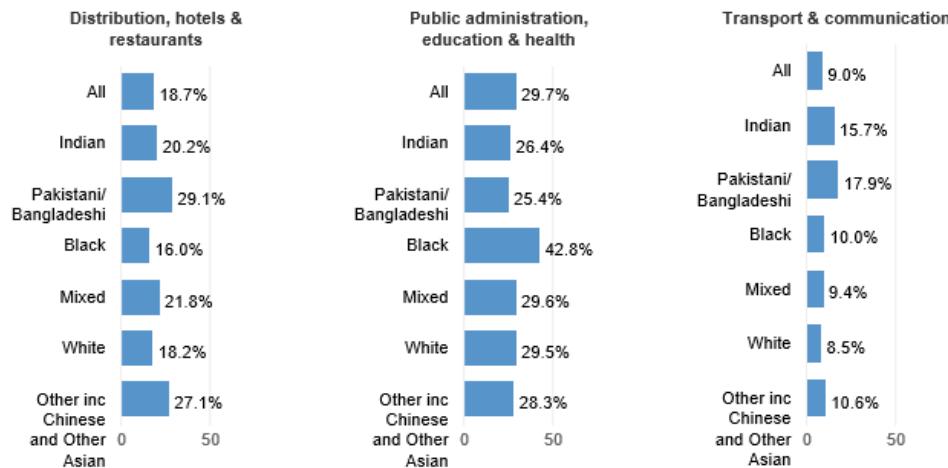
Social behaviours may bring both risk and protection. For example social behaviour, such as intergenerational contact is seen as a risk factor due to the potential for exposure to COVID-19, but is likely to also be a health and wellbeing strength for a community as vulnerable elderly people are perhaps more likely to be looked after during lockdown.

Nationally employment varies by ethnicity, and is likely to affect rates

National analysis shows that people of Pakistani / Bangladeshi ethnicity are most likely to be employed in the distribution, hotels and restaurants sector – 29 per cent of people recorded as Pakistani or Bangladeshi are employed in this sector

This analysis also shows that people of Black ethnicity are particularly likely to be employed in the public administration, education and health sector - 43 per cent of people recorded as Black ethnicity are employed in this sector

[GOV.UK, based on data from the Annual Population Survey \(2017\);](#)



The diagram shows the three sectors most likely to have employees with public facing roles.

Some of these public facing roles may be at higher risk, but it is important to consider the positive effects of lockdown for people working in restaurants and some retail employment.

While the information on this slide is helpful for understanding some ethnic groups, it obscures part of the picture due to 'White' being used as a group instead of White British and White Other.

The table below shows the totals by ethnicity of the population working in the three sectors likely to have public facing roles and suggests that people of Pakistani, Bangladeshi or Black ethnic groups are most likely to work in these roles.

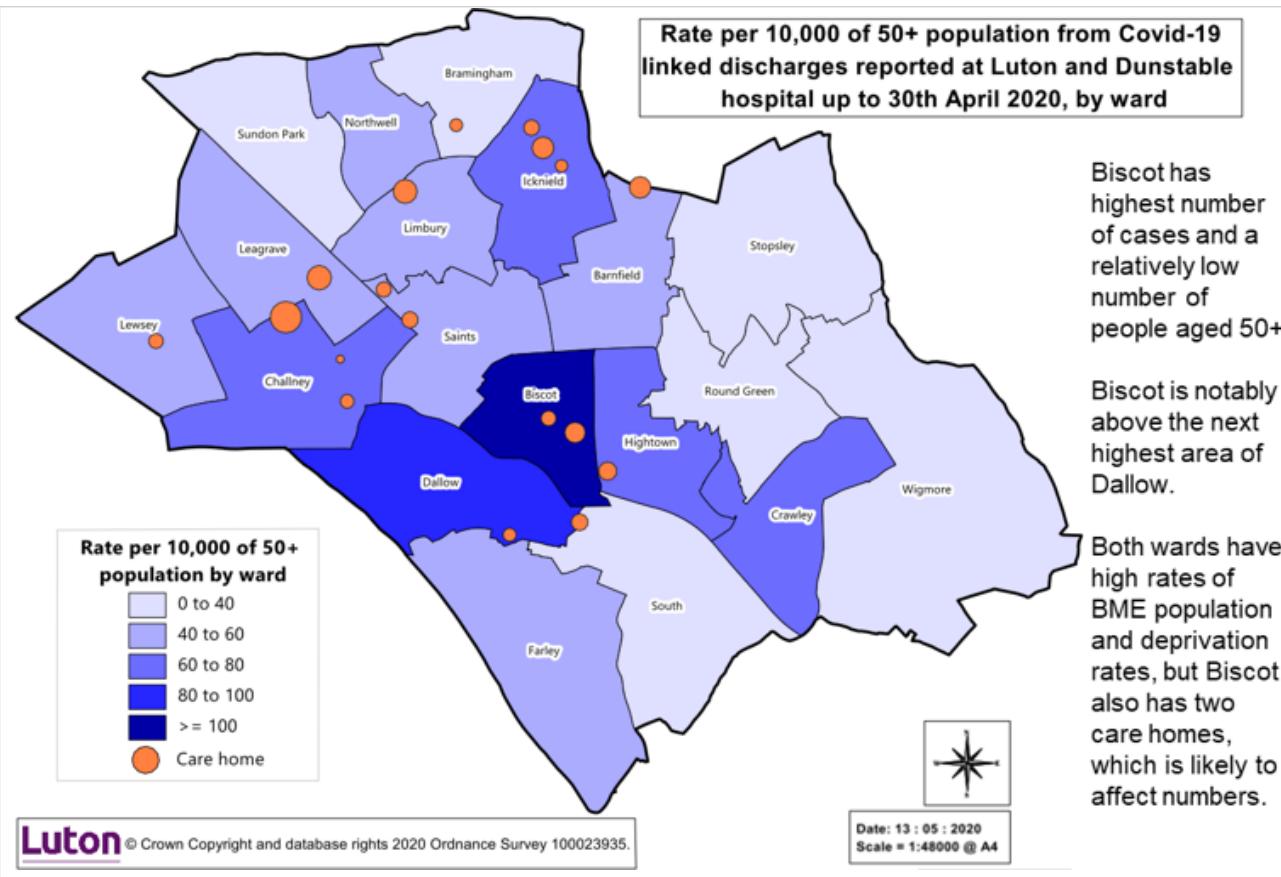
	All	Indian	Pakistani & Bangladeshi	Black	Mixed	White	Other
Likely public-facing employment (Distribution, hotels and restaurants, Public administration, education & health, Transport & communication)	57%	62%	70%	69%	61%	56%	66%

National analysis ([ONS: Workforce impact](#)) shows men working in the lowest skilled occupations have highest death rates.

The report specifically notes:

- men who work as security guards, taxi drivers / chauffeurs, bus and coach drivers, chefs and retail workers
- men and women working in social care, but not healthcare workers such as doctors or nurses

Biscot and Dallow have highest COVID-19 rates, but rates are likely to be influenced by location of care homes in some Luton wards



This map shows the rate of unique COVID-19 cases from the L&D hospital to the 30th April. This includes deaths and those discharged to elsewhere.

The rate is calculated as the total number of deaths in each ward divided by the population aged 50 and over for each ward, shown as a rate per 10,000.

The age of 50 has been chosen because this is the age where COVID-19 related cases in Luton begin to become notable.

The location of care and nursing homes are shown by the orange circles – the size reflects the capacity of the home.

The largest offers nearly 150 beds, the smallest has fewer than 20 (both in Challney).

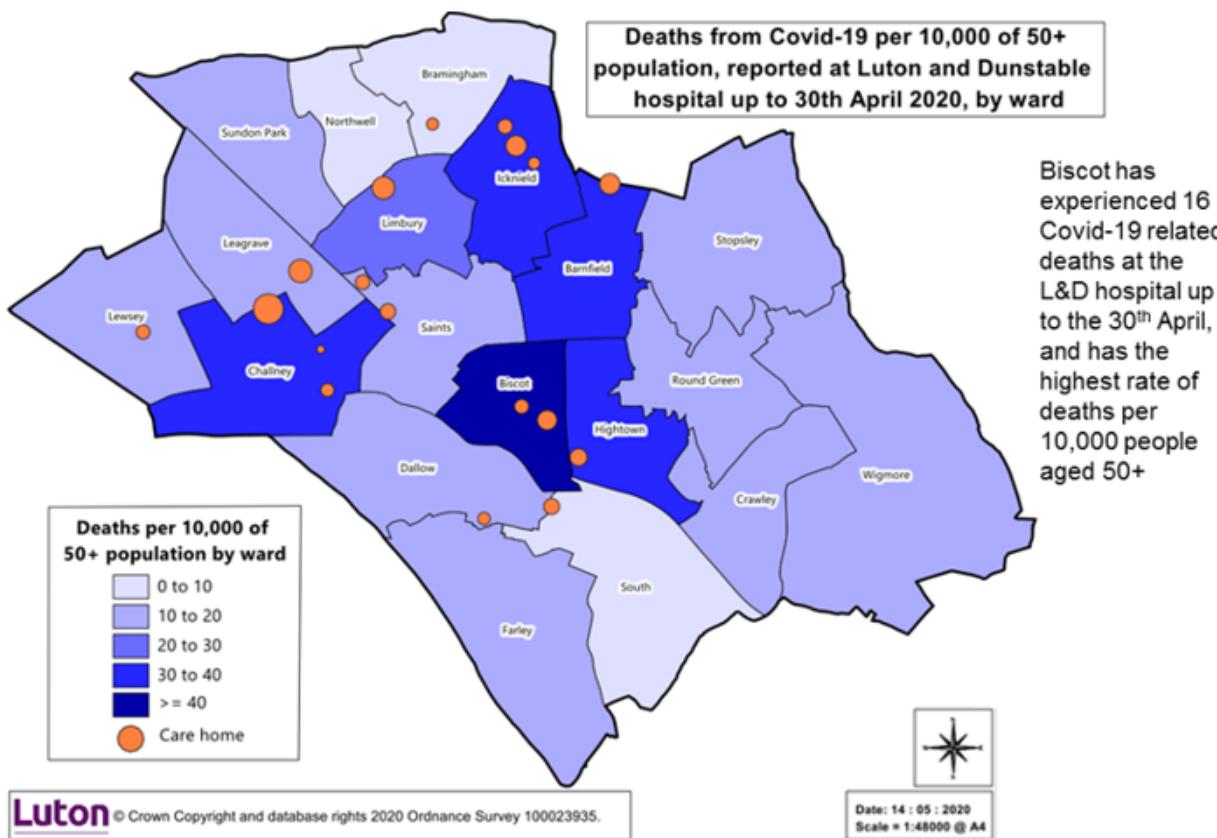
Biscot case rate: 113 per 10,000 people aged 50+ (highest)

Dallow case rate: 92 per 10,000 10,000 people aged 50+ (second highest)

High Town, Icknield, Challney and Crawley all have rates above the Luton average (**54 cases per 10,000**). Icknield and Challney both have several care homes within their boundaries, which may contribute to their higher rates

Lower rates are found on the edge of the town – with **Stopsley** (20 per 10,000) having the lowest rate

Biscot has the highest rate of COVID-19 deaths, and again rates appear to be influenced by location of care homes in some Luton wards



This map shows the rate of COVID-19 related deaths from the L&D hospital up to the 30th April.

The map works uses the same processes as the map on the previous slide.

Please note that this is based upon a total of just 121 deaths – therefore numbers for some of the wards are low. Please use this map with caution.

Biscot death rate: 51 per 10,000 people aged 50+ (highest)

Icknield (39 deaths per 10,000 people aged 50+), Barnfield (36), High Town and Challney (both 31) have the next highest rates. These all have care homes within their boundaries, which may contribute to their higher rates.

Dallow had the second highest rate of COVID-19 cases, but doesn't appear as one of the highest for rates of deaths.

Crawley shows a similar pattern. These wards both have a low ratio of COVID-19 deaths relative to the number of cases.

By contrast, **Barnfield** shows the opposite trend with one of the higher rates of deaths, but near to the Luton average for the rate of all COVID-19 cases.

How can Mosaic help?

Mosaic Public Sector is an Experian-produced public sector classification system used by the council, which allows us to generalise about populations living in Luton which means that we can use it to understand a bit more about the populations who are more affected by COVID-19 and how best to communicate with them.

Mosaic segments our population into 15 different classification groups (listed below) which allow us to understand the characteristics, behaviours, trends and preferences of our population. Broadly speaking, these range from well off individuals in Group A to poorer people living in more deprived areas in Group O.

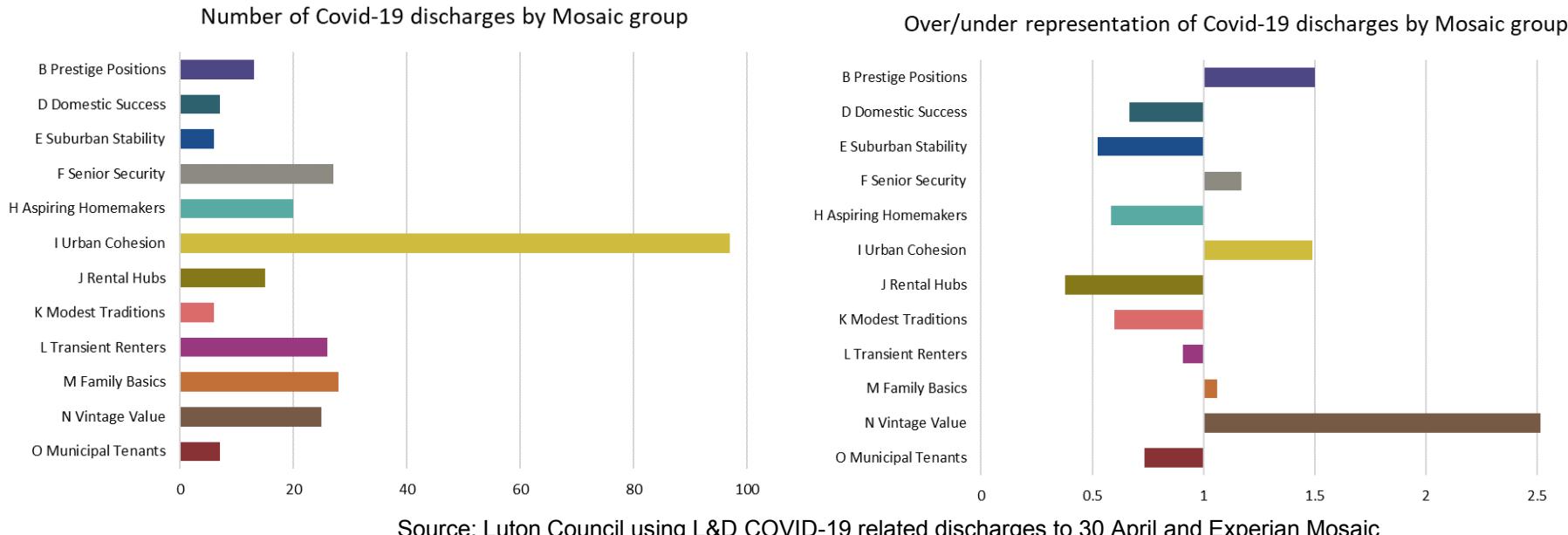
Mosaic uses over 400 data elements. As well as Experian data and other market research, Mosaic is linked to a number of specific public sector data sources from criminal justice, education, the environment and health, as well as central and local government.

A	Country Living	Well-off owners in rural locations enjoying the benefits of country life
B	Prestige Positions	Established families in large detached homes living upmarket lifestyles
C	City Prosperity	High status city dwellers living in central locations and pursuing careers with high rewards
D	Domestic Success	Thriving families who are busy bringing up children and following careers
E	Suburban Stability	Mature suburban owners living settled lives in mid-range housing
F	Senior Security	Elderly people with assets who are enjoying a comfortable retirement
G	Rural Reality	Householders living in less expensive homes in village communities
H	Aspiring Homemakers	Younger households settling down in housing priced within their means
I	Urban Cohesion	Residents of settled urban communities with a strong sense of identity
J	Rental Hubs	Educated young people privately renting in urban neighbourhoods
K	Modest Traditions	Mature homeowners of value homes enjoying stable lifestyles
L	Transient Renters	Single people renting low cost homes for the short term
M	Family Basics	Families with limited resources who budget to make ends meet
N	Vintage Value	Elderly people with limited pension income, mostly living alone
O	Municipal Tenants	Urban residents renting high density housing from social landlords

Older, poorer and multicultural Luton households are most affected

The charts show the Mosaic breakdown of the COVID-19 related discharges, excluding those suspected to reside in nursing or care homes as Mosaic details are not available for these. In total, 277 unique cases are matched. The chart on the left shows numbers and the chart on the right shows over or under representation of the groups, and key findings are pulled out in the table below.

- **Group I (Urban Cohesion)** is highlighted due to high numbers and some over representation
- **Group N (Vintage Value)** is highlighted due to very high over representation, even though this is based on lower numbers
- In general, the Mosaic breakdown suggests older and poorer Luton households are most affected



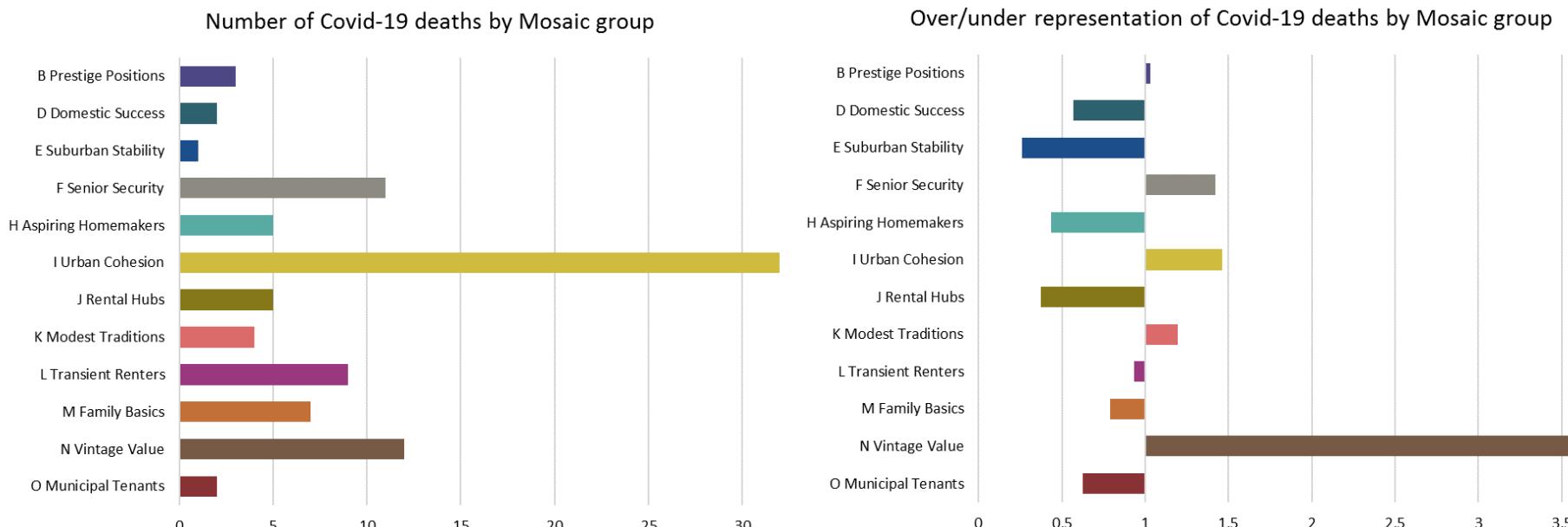
Source: Luton Council using L&D COVID-19 related discharges to 30 April and Experian Mosaic

Mosaic group	Count	% of discharges	% of Luton households	Comments
Urban Cohesion (I)	97	35.0%	23.5%	Highest for cases in terms of numbers and is over represented. Group I are multicultural, living in suburban locations and consist of settled extended families with some older people.
Vintage Value (N)	25	9.0%	3.6%	Lower numbers (fifth most in total), but very over represented. This group tend to be elderly, living alone on low incomes in small houses or flats and requiring considerable support.
Senior Security (F)	27	9.7%	8.3%	Third highest in numbers and slightly over represented. This group has an elderly demographic, but they tend to live in nice homes and have additional pensions above the state pension.
Family Basics (M)	28	10.1 %	9.5%	Second highest in number, very slightly over represented. Families with children - limited resources and squeezed incomes. Likely to be living in low cost homes, most likely being socially rented.
Transient Renter (L)	26	9.4%	10.3%	Fourth highest in numbers and very slightly underrepresented. Singles and sharers living in low cost privately rented housing – likely to be lower income and have low length of residence.
Prestige positions (B)	13	4.7%	3.1%	Low in number, but well over represented. This group is a surprise given that they tend to be well off families in spacious homes. However they are overrepresented in the 61 to 75 age group, which is vulnerable to COVID-19.

The Mosaic picture is broadly similar for COVID-19 related deaths

The same charts are repeated to show the Mosaic breakdown of the COVID-19 related deaths, excluding those suspected to reside in nursing or care homes as Mosaic details are not available for these. 93 deaths are matched in total.

- **Group I (Urban Cohesion)** is again highlighted due to high numbers and some over representation
- **Group N (Vintage Value)** is again highlighted due to high over representation, even though this is based on lower numbers
- **Group F (Senior Security)** is highlighted as being over represented
- In general, the Mosaic breakdown suggests older Luton households are even more affected for deaths
- Please note that some of the groups have very low numbers, so please interpret these with care



Source: Luton Council using L&D COVID-19 related discharges to 30 April and Experian Mosaic

Mosaic group	Count	% of deaths	% of Luton households	Comments
Urban Cohesion (I)	32	34.4%	23.5%	Highest for deaths in terms of numbers and is over represented. Group I are multicultural, living in suburban locations and consist of settled extended families with some older people.
Vintage Value (N)	12	12.9%	3.6%	Second highest in numbers, but very over represented – even more so than for all cases. This group tend to be elderly, living alone on low incomes in small houses or flats and requiring considerable support.
Senior Security (F)	11	11.8%	8.3%	Third highest in numbers and more over represented than for all cases. This group has an elderly demographic, but they tend to live in nice homes and have additional pensions above the state pension.
Prestige positions (B)	3	3.2%	3.1%	Low in number, but now just about even for its representation. Of its total of 13 cases there have been three deaths. This group tend to consist of well off families in spacious homes. They are slightly overrepresented in the 61 to 75 age group.



Mosaic also tells us the best ways to reach communities - email, followed by post, are most effective for all groups

Group I - Urban Cohesion: This group tend to adopt new technologies quickly and have high levels of mobile phone ownership. However, email and post remain the most effective channel to engage with these households, but they are also more receptive than average to landline calls, mobile calls and to SMS messages. These households are regular users of social media with levels similar to the UK average.

Group N - Vintage Value: Email and post are the most effective ways to engage with these households. This group are mostly reluctant to adopt new technologies and therefore less likely to have access to smartphones and engage with SMS messages, although may be willing to speak on landline calls. Fewer than half of these households are regular users of social media.

Group F - Senior Security: Email and post are the most effective ways to engage with these households. This group are reluctant to adopt new technologies and therefore are much less likely to have access to smartphones and engage with mobile calls or SMS messages, but landline calls may be a more effective way to communicate. Approximately one third of these households are regular users of social media.



Next steps / contacts

The Information and Intelligence Team will continue to analyse the health, social and economic impact of COVID-19 on Luton communities.

The impact of COVID-19 on Luton communities will be addressed through the Health and Wellbeing Board Strategy and Luton 2040. Actions will be developed in line with national and local findings and will be responsive to community feedback.

There is going to be a special Health and Wellbeing board in early June. Residents / organisations are encouraged to contribute feedback and questions on any health and wellbeing concern related to Covid 19 and the current crisis.

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