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About Healthwatch Luton

Healthwatch Luton is the independent local consumer champion bringing together people’s views and experiences to improve health and social care in Luton

Local Healthwatch was created under the Health and Social Care Act 2012 and our role is outlined in the following activities:

1. promoting and supporting the involvement of local people in the commissioning, the provision and scrutiny of local care services;

2. enabling local people to monitor the standard of provision of local care services and whether and how local care services could and ought to be improved;

3. obtaining the views of local people regarding their needs for, and experiences of, local care services and importantly to make these views known;

4. making reports and recommendations about how local care services could or ought to be improved. These should be directed to commissioners and providers of care services, and people responsible for managing or scrutinising local care services and shared with Healthwatch England;

5. providing advice and information about access to services so choices can be made about local care services;

6. formulating views on the standard of provision and whether and how the local care services could and ought to be improved; and sharing these views with Healthwatch England;

7. making recommendations to Healthwatch England to advise the Care Quality Commission to conduct special reviews or investigations (or, where the circumstances justify doing so, making such recommendations direct to the CQC); and to make recommendations to Healthwatch England to publish reports about particular issues;

8. providing Healthwatch England with the intelligence and insight it needs to enable it to perform effectively.
Having spent the last 7 months either bed or housebound, I am acutely aware of just how important having an organisation like Healthwatch Luton is, to be the voice in the room of people who are often unheard and rarely seen or engaged with.

I am incredibly proud of our volunteer champions, board, staff and members in ensuring we deliver high quality work, but take the trouble to check, challenge and champion for local people to improve services, help shape new ones and provide insight in to people’s experiences.

The continued support of our partners, Luton Irish Forum and the wider health and social care system in Luton is vital, we are invited to meetings where we can be that voice and use evidence gathered to help the conversation.

There are challenges ahead, and while we have achieved a lot this year, we have had some difficult conversations with services that are not always easy.

Our volunteer champions are dedicated and go the extra mile, from representing us at meetings, to manning the information stand and gathering people’s views. We could not do the work we do without them so thank you.

While we have completed some large research projects, for me the standout work has been the way in which we have supported people, provided opportunities for people to find out things, been out and about in the community and been in the room where decisions are made trying hard to make a difference.

Thinking ahead, I look forward to leading Healthwatch Luton in developing our three year business plan, strengthening the board and ensuring our priorities are met, but above all never losing sight of championing people who are rarely heard and need a voice.

Beth Gregson
Chair, Healthwatch Luton
Key activity
Key Activity

“I am very grateful to Healthwatch Luton for their support and perseverance. I am not sure what would have happened without their involvement and influence”

Case study: listening to and including the patient’s family...
We were contacted by a distressed family who were in desperate need for help as they felt as though no one was listening/or wanted to listen to their concerns or experiences. The patient’s husband and daughter told us that the mental health service was focusing on the patient’s memory and the family felt as though no one was taking action to try and address the patient’s increasing aggression, hallucinations, change in personality and confusion.

We contacted the Patient Advice Liaison Service (PALS) at the mental health trust to share the concerns raised. The PALS Team looked into this immediately and provided a detailed response to the concerns and explained that the patient has a 30 minute appointment scheduled with the Older Persons Team in 3 weeks times. The daughter then provided feedback to the PALS Team from her perspective and we were then contacted by the Medical Secretary for the Older Persons Team (on behalf of the Consultant) who cancelled the next meeting and scheduled a home visit instead. This ensured that the Consultant had enough time and an opportunity to listen to the family and take all information into account when planning the right care and treatment for the patient.

The family now feel as though their thoughts and feelings have been taken into account and the patient also appears to be more engaged in their care and treatment.

Case study: confusion around medical waste disposal...
Luton Clinical Commissioning Group (LCCG) changed the way patients manage the collection and safe disposal of methotrexate injections (used for rheumatoid arthritis). Patients would visit the Luton and Dunstable Hospital (L&D) to collect medication and return the sharps box (safe storage of medicines waste), however LCCG changed this arrangement and requested patients collect their medication from their GP surgery. Patients would continue to return the sharps box to the L&D however this changed in July 2014. Patients returning their sharps box to the L&D were told that the hospital would no longer accept waste from medicine that has not been issued by the hospital.

Patients were not informed of this change and LCCG did not provide any immediate advice or instructions to assist patients in the safe disposal of their medicines waste. We spoke to a patient who contacted 10 different organisations/bodies to try and find out how they could safely dispose of their sharps box. After several weeks, LCCG reached an agreement for GP surgeries to accept the sharps box, albeit on a temporary basis.

In March 2015, LCCG reached an agreement for the local authority to collect methotrexate sharps waste from patient’s homes on a quarterly basis and a Luton and Bedfordshire procurement process is planned to identify a longer term contract provider.
Case study: support for parents with a disabled child...

We spoke to a family at a local community centre, the family consists of Mum, Dad and two boys aged 3 and 4½. The younger child underwent an operation to remove an enlarged blood vessel in his head when he was just 3 months old, unfortunately this resulted in brain damage which has affected the whole of one side of his body.

Dad works part time to help out with his care and Mum is the main carer, but because of this they are struggling financially. Mum is finding it extremely difficult in managing all the care needs of her disabled son, she has to attend physiotherapy, hand therapy and the orthopaedic clinic with her son at least three times a week. Mum feels that her eldest son is missing out on the attention that he deserves and says she never has the chance to spend quality time with him.

We signposted this family to the Luton Irish Forum Welfare Team who contacted Social Services to see what support they could give (perhaps a sitting service so Mum could spend some quality time with her eldest child, or perhaps access to a carers support group).

The council stated that the family would require a professional organisation to complete the necessary paperwork which would then be discussed at a Common Assessment Framework (CAF) Meeting. However this professional organisation would then be expected to attend a monthly CAF meeting where the case would be discussed.

We expressed our concerns with this as it does not seem like the most accessible and straightforward way for families to get assessed and receive the support they require for good health and wellbeing.

Shortly after expressing our concerns, we were contacted by the Council’s Children and Disabilities Team who explained that an assessment could and would be carried out. Assurances were also made that steps would be taken to ensure all staff provide accurate and consistent information about the services that can be offered and the referral/assessment process.

This family has now been allocated an outreach worker, 2 hours respite a week and a referral to a child health and development centre.
Mental health and NHS community services:

We continued our work to support Luton Clinical Commissioning Group (LCCG) with the selection of a new provider for mental health and NHS community services.

We hosted a workshop to help LCCG select and train local people to participate in bid scoring and panel interviewing. This workshop resulted in the successful creation of a patient involvement panel, which included a variety of people with different backgrounds, knowledge and experience.

We worked closely with LCCG to ensure the scoring from the patient involvement panel was weighted and influenced the overall bidder score and final decision on the preferred providers.

Pharmacy repeat prescription ordering service:

In May 2014 Healthwatch Luton was made aware of changes to the Managed Pharmacy Repeat Prescription Service (MPRPS). Patients could order prescriptions via their pharmacy without having to go to their GP surgery. This would help patients who struggle with accessing their GP surgery.

Luton Clinical Commissioning Group (LCCG) held an internal committee meeting and decided to stop this service. It was estimated that this would affect over 80,000 patients.

After the intervention of Healthwatch Luton, this issue was brought to the attention of the Health and Social Care Review Group (HSCRG), a group that falls under Luton Borough Council’s Overview and Scrutiny Committee. The HSCRG worked with Healthwatch Luton, the Local Pharmaceutical Committee and LCCG to explore how this issue could be resolved.

After months of discussions, the HSCRG agreed with Healthwatch Luton and recommended that the current system should not be stopped and additional safety processes should be developed.

Unfortunately, LCCG decided not to follow this recommendation and instead opted to stop the service. We have campaigned to ensure LCCG take the necessary steps to support vulnerable patients in particular, and communicate this change in service clearly and effectively with the local population.
Our volunteer champions:

Our volunteers are at the centre of everything that we do.

We have over 400 volunteers/members registered with us and make every effort to ensure our volunteers are representative of the local community:

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 18</td>
<td>13%</td>
</tr>
<tr>
<td>18-25</td>
<td>27%</td>
</tr>
<tr>
<td>26-40</td>
<td>14%</td>
</tr>
<tr>
<td>41-65</td>
<td>20%</td>
</tr>
<tr>
<td>65+</td>
<td>11%</td>
</tr>
<tr>
<td>Not recorded</td>
<td>15%</td>
</tr>
</tbody>
</table>

Our volunteers have spent a significant amount of time championing the needs of patients and the general public in many areas across health and social care:

- Better Together Programme
- Dementia Friendly Community Core Group
- Diabetes Service Pathways
- Equality Delivery System Steering Group
- Health and Wellbeing Board
- Health Inequalities Board
- Joint Strategic Needs Assessment Steering Group
- Learning Disability Partnership Board
- Luton and Dunstable Hospital Patient and Public Participation Group
- Mental Health Strategic Implementation Group
- NHS Prescribing Committee Bedfordshire and Luton
- Nursing and Midwifery Council’s Patient and Public Engagement Forum
- Older Person’s Partnership Board
- Overview and Scrutiny Committee
- Stroke and Complex Elderly Care Pathways
**Our young inspectors programme:**

In 2014/15 Healthwatch Luton recruited and trained twelve young people from local colleges and university to become part of the “Young Inspectors Programme”. The purpose of this group is to assess health and social care services from the eyes of young people as their needs differ from other service users.

The group began to work on the existing Department of Health document “Quality Criteria for young people friendly health services” published in April 2011, also referred to as the “You’re welcome” initiative. The document listed the following quality criteria:

1. Accessibility
2. Publicity
3. Confidentiality and consent
4. Environment
5. Staff training, skills, attitudes and values
6. Joined-up working
7. Young people’s involvement in monitoring and evaluating patient experience
8. Health issues for young people

The Young Inspectors group decided to create a toolkit to assess the above criteria. They created three different assessment tools:

1. A questionnaire to be used to interview Service Providers
2. An “Enter and View” observation tool to assess the service
3. A service user questionnaire

To pilot the toolkit, the Young Inspectors decided to assess the local sexual health service for young people, Brook Luton. They held a formal interview with staff from Brook Luton and asked a total of 70 questions. The interview identified areas of the service that could be improved and also provided an excellent overview of the services offered. This initial interview created the foundations for the Brook Luton review.

The work from the Young Inspectors Group will be used to assess other services and will empower young people to put forward recommendations around how services should be delivered and designed for them.

“Working with Healthwatch Luton has been a good experience and has enabled me to effectively work in a team to ensure services in Luton are up to the best standards and that patients views are put across to services”. Jerry, HWL Young Inspector
Our young inspectors programme (2):

“Volunteering with Healthwatch Luton has been a fun and beneficial experience. Participating in inspections and observations has provided me with skills and experiences that are transferable into employment and academic work”. Imama, HWL Young Inspector

“Volunteering at Healthwatch Luton has not only opened my eyes to our health system but has also made me understand the simple things we take for granted such as a lift or even a ramp”. Millicent, HWL Young Inspector

“Volunteering at Healthwatch Luton has been a very pleasant experience and I am glad I joined. I’ve learnt a lot in regards to how health services are run and feel like I’ve made a difference for under 25 services”
Maisha, HWL Young Inspector

“Since joining and volunteering at Healthwatch Luton I have gained many skills that I could use in the future. Overall it has been an interesting and fun experience”
Amy, HWL Young Inspector
A review of domiciliary home care services in Luton: What did people tell us?

We completed 25 in-depth questionnaires and our key findings include:

The majority of people rated their overall satisfaction of the care and treatment received from their home care provider between 7-10 out of 10.

We asked people to rate specific areas of home care services and we found the majority of people rated personal aspects of care as good or excellent. 15 out of 20 people (75%) rated the quality of washing and dressing as good or excellent. 9 out of 15 people (60%) rated the quality of assistance for toileting as good or excellent, and 10 out of 16 people (63%) rated the quality of food and drink services as good or excellent. 8 out of 12 people (67%) rated the quality of assistance provided for getting in and out of bed as good or excellent, 7 out of 10 people (70%) rated the quality of assistance for getting around the home as good or excellent, and 10 out of 13 (77%) rated the quality of assistance provided for taking and managing medication as good or excellent.

We asked people if they felt they had a good relationship with their social worker. 9 out of 22 people (41%) said ‘no’, and reasons provided were mainly centred around the point that people no longer have an assigned social worker.

We asked people if their care plan had been reviewed in the past 12 months. 19 people were able to answer this question and 6 people (32%) said that their care plan needed to be reviewed. One person said their care plan was last reviewed 3 years ago and another person said their care plan was last reviewed 2 years ago.

22 out of 25 people (88%) said carers treat them with dignity and respect, and 22 out of 25 people also said all carers are kind and caring.

23 out of 25 people (92%) said their health and social care needs are being met.
A review of domiciliary home care services in Luton: What did people tell us?

10 people (40%) said carers are not normally on time

20 people said something negative

We asked people if carers are normally on time. 15 people said ‘yes’ and 10 people said ‘no’. Of the 15 people who answered ‘yes’, 10 people included a negative comment about carers normally visiting on time. In total, 20 out of 25 people (80%) had something negative to say about carers visiting on time.

We asked a total of 50 questions about people’s experience and opinion of health and social care services and we also received a total of 252 comments from the 25 people surveyed.

136 comments (54%) were found to be negative (highlighting poor practice and/or dissatisfied feelings about a particular aspect of health and social care services). Out of the 136 negative comments, we found 86 to be specifically about communication.

63% of all negative comments received were about problems with communication
A review of domiciliary home care services in Luton: What did people tell us?

We asked people to list 3 areas of care which are most important to them:

<table>
<thead>
<tr>
<th>Most important area of care</th>
<th>Total number of people</th>
</tr>
</thead>
<tbody>
<tr>
<td>Timely keeping of carers</td>
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<tr>
<td>Consistency of care</td>
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</tr>
<tr>
<td>Medication</td>
<td>8</td>
</tr>
<tr>
<td>Washing and dressing</td>
<td>6</td>
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<tr>
<td>Dignity and respect</td>
<td>5</td>
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<tr>
<td>Quality of care</td>
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<tr>
<td>Understanding needs</td>
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</table>

The 7 areas of care listed above account for 72% of the total responses received.

12 people (48%) told us their home care provider did not offer them the opportunity to provide feedback.

One person said “they mentioned a survey but we never received it. We would like to give feedback.”

One person said “yes they did however my feedback went straight back to the carers which caused me problems.”

We asked people to share either a good or bad experience they have had with their home care provider. 13 out of 21 people (62%) decided to share a bad experience...
A review of domiciliary home care services in Luton: What can be done to improve the current system?

We have produced a report which includes several recommendations to improve the experience for people accessing social care.

Our recommendations include:
- A named social worker for an individual accessing adult social care services.
- Review the system in place to record and monitor care planning.
- Care plans to be reviewed promptly after a person has been transferred from temporary home care to ongoing care.
- Monitor and improve the timings of visits from carer/care assistant.
- Establish an effective system to inform a person when a carer/care assistant is unable to arrive at the scheduled time.
- All homecare providers to distribute a customer satisfaction survey at least once a year.
- Develop a system to ensure people accessing adult social care services receive regular information on how to access support services, information and advice available to them, in appropriate formats.
- Homecare providers to review and refresh their communication policy and procedures, in consultation with people who use their services.
- Appropriate bodies to monitor and assess the quality of communication methods in place for homecare providers in Luton.

We will now focus on working closely with organisations to support the work required for service improvements.

A review of outpatient services at the Luton and Dunstable Hospital: Why did we conduct this review?

We asked local people to help us identify our priority work areas, and our work programme is shaped by the issues and trends we pick up.

What did we do?
Staff and volunteers visited outpatient clinics and recorded their locations, approximate patient numbers at each clinic and considered the practicalities around conducting unannounced visits to specific outpatient departments during clinic times. The working group determined that the following clinics would be assessed:

1. Cardiology
2. Dermatology
3. Diabetes
4. Ear, Nose and Throat
5. Eye
6. Gastroenterology
7. Orthodontics
8. Zone C (General Outpatients)

We completed 8 unannounced enter and view visits to the departments listed above

We completed 270 patient surveys

We issued 186 recommendations
What did people tell us?

Almost 9 in 10 rated the nurses and consultants as good or excellent

37% waited over 6 weeks for their hospital appointment

66% of appointments were not on time

85% would recommend the hospital outpatient service to their friends and family

79% of patients scored the service as either good or excellent

68% of patients surveyed stated they wanted a choice when booking their appointment

69% of patients surveyed stated they were not offered a choice when booking their appointment

37% of patients stated that it took over 6 weeks for an appointment at the hospital. 66% of patients told us that they waited for more than 15 minutes after their appointment time at the outpatient clinic. 24% of those patients waited for more than 45 minutes after their appointment time.
A review of outpatient services at the Luton and Dunstable Hospital: What is the impact and outcome of this work?

The Luton and Dunstable Hospital has committed to the following:

- To review the hospital communication to patients around appointment cancellations x 8
- To work with the local GP clusters and Luton CCG to make further use of “choose and book” x 8
- To implement electronic patient check in kiosks across outpatient departments x 8
- To create weekend and evening appointments x 3
- To consider installing an automated door for Zone D
- Move hand sanitisers to more prominent positions x 2
- To make tissues available in the waiting area x 4
- To introduce a new patient call out system x 2
- Make available toys/books for children x 6
- Review the positions of the patient boards in the clinic areas x 3

Create new labels for the patient boards so that abbreviations are not used x 7

To ensure the patient box in a prominent location by including it into the clinic opening checklist x 8

Review fire exit signs x 5

Implement signs informing patients of their right to confidentiality x 8

Add signs informing patients that water is available x 6

Improve signs for toilets x 4

Signs informing patients about the interpretation service x 8

Signs to promote the availability of a hearing loop x 8

Implement information in clinic areas informing patients who to speak to for advice x 8

Signs to inform patients information is available in different languages x 8

To review the signs for consultation rooms x 2

186 recommendations issued across 8 hospital outpatient departments

117 recommendations (63%) responded to in a positive way
Our Signposting Log

Many of us do not know where to go if we have a problem or concern to raise.

We provided information and advice to 143 people and signposted to:

- Community Organisations x 40
- Complaint Teams x 56
- Local Service Providers x 76
- National Bodies x 16

We signposted 143 people to 188 local and national services and departments.
Our Key Priorities for the year ahead

- Visits to Care Homes
- Publish our Hospital Inpatient report
- Review Maternity Services

Assess the complexities of the system, including complaints and crisis support.
Table heading showing statement of activities for the year ending 31 March 2015

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## Balance sheet as at 31 March 2015

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<tbody>
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<td>Tangible assets</td>
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<td><strong>Current Assets</strong></td>
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<td>Debtors</td>
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<tr>
<td>Cash at bank and in hand</td>
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<td>6406</td>
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<td><strong>Total current assets</strong></td>
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<tr>
<td>Creditors (amounts falling due within one year)</td>
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<td><strong>Net current assets</strong></td>
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<td><strong>Total assets less current liabilities</strong></td>
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<td>Provisions for liabilities and charges</td>
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<td><strong>Total charity funds</strong></td>
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</table>

### Notes
Details of incoming resources used are given in the notes to the financial statements within the full set of accounts, available from Healthwatch Luton on request.
Share your views and experiences with us today

Visit [www.healthwatchluton.co.uk](http://www.healthwatchluton.co.uk) Call 01582 817 060

*Message us on facebook @ healthwatch.luton tweet us @hwluton*

Sign up and Become a Healthwatch Luton Member. *Register as an individual or organisation: Visit [http://www.healthwatchluton.co.uk/content/join-us](http://www.healthwatchluton.co.uk/content/join-us)*
Healthwatch Trade mark

Healthwatch Luton has been using the Healthwatch trade mark and has the necessary licence agreement in place to use the Healthwatch trade mark in our work.
Please contact us to request this report in an alternative format.

Healthwatch Luton is hosted by Luton Irish Forum