

# Equity in experience and outcomes

Score: 2

2 - Evidence shows some shortfalls

## What people expect

I have care and support that enables me to live as I want to, seeing me as a unique person with skills, strengths and goals.

## The local authority commitment

We actively seek out and listen to information about people who are most likely to experience inequality in experience or outcomes. We tailor the care, support and treatment in response to this.

## Key findings for this quality statement

Understanding and reducing barriers to care and support and reducing inequalities

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The local authority was aware of challenges for people in accessing and experiencing services based on their large geography, areas of deprivation, and transitory and settled populations (such as students and full-time residents). The local authority worked with partner agencies, including health and the voluntary and community sector, to understand the communities within the county, such as through the Joint Strategic Needs Assessment and Assets (JSNAA) and the accompanying 'deep dives'. Staff recognised that there were significant inequalities in their rural and coastal communities, which was affecting healthy life expectancy. Some staff described a postcode lottery, that commissioned and voluntary and community services were more available on the East coast and less so in other places. Transport was often described as a challenge, though some improvements to support accessibility were available. Public health initiatives could see where they were reaching people from areas of deprivation. There were some examples of where the local authority had responded to information that indicated people were not experiencing the same quality of outcomes. For example, the implementation of the Enable service, which had been successfully supporting increasing number of people with a learning disability into employment. The Health Squad was a locality-based approach working in partnership with health and voluntary and community sector agencies to deliver support. This approach reduced barriers in access to services for people who traditionally would not have come forward for support, including people experiencing homelessness and substance misuse.

Other characteristics of people's experiences were not always used to understand themes and trends on a deeper level to target work with communities. There was limited understanding or focus on communities of interest and where people's identity characteristics intersected. For example, we heard that older people who were also LGBT+ did not have their needs met, especially those in more rural areas.

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In County Durham 96% of the population was white, with a small proportion of the population in other ethnic groups. Staff told us about some of the communities within the county, highlighting their local knowledge, such as about the Travelling and settled Gypsy and Roma communities. Staff also told us that it would be unlikely that the local authority could source culturally competent care specifically from the care market in the county. There was no strategic approach that built on this work and linked it into future planning. Speaking with staff who were closely linked to work with communities at risk of poor outcomes, indicated a clear understanding of the need of the local authority to recognise the changing demographic of people accessing services and respond. Leaders expressed confidence that their frontline services, based in their communities, understood those communities, and used a person-centred approach to understand and meet their needs. The local authority told us about some instances, such as for domestic abuse services and mental health services, where steps had been taken to commission specialist services in response to cultural needs. Training was available around equality, diversity, and inclusion, and there was specific local training, for example to support the Gypsy, Roma, and Traveller communities, which supported staff's knowledge and understanding.

The local authority had some regard to its Public Sector Equality Duty (Equality Act 2010) in the way it delivered its Care Act functions. It utilised equality impact assessments when considering significant changes to services. There was a lack of data collected systemically across all services and analysis made which affected the local authority's ability to understand and improve the outcomes for people who are more likely to have poor care. The local authority recognised it had further work to do on co-production and work was recognised as improving in the area. A strategy that connected equity of experience and co-production across governance systems would benefit the local authority to better understand people's experiences.

## Inclusion and accessibility arrangements

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One partner we spoke with was pleased the local authority had retained phone lines and customer services points to facilitate appropriate access for people who found the website difficult to navigate or who were unable to access it. Organisations told us that information was regularly provided in languages other than English. The local authority was aware and responsive to these issues. The interpreter service was available out of hours to support people flexibly.

Outreach services were in place through public health to support people who traditionally wouldn't have come forward for support. This included integrated services people who were homeless or had substance misuse issues for example. This changed over time to support other communities who were reluctant or unable to travel to services and was more accessible.

Social workers supporting people with hearing impairment were qualified to level 2 and 3 in British Sign Language (BSL) or BSL was their first language. An interpreter service was in place, including the use of Signlive, at all County Durham access points. Frontline staff teams told us that there was a shortage of BSL interpreters in the region and this was affecting some people's experience, especially for health appointments or for people in the criminal justice system. The sensory team used creative solutions, such as apps and websites, to communicate with people during appointments where this proved difficult.

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