

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

Northumberland has a good understanding of its population, geography, socio-economic inequalities and culture, all of which has driven its approach to the delivery of adult social care. The understanding is consistent from the senior leadership team and strategic partners, through to front line teams directly delivering services to people.

Northumberland is a Marmot local authority and partnered with the Institute for Health Equity with a plan to tackle inequalities across several factors to improve the health disparities, lives and experiences of people who live in the county over time. Tackling Inequalities is a key strategic objective and has significantly influenced the approach to how the local authority delivers its work with adult social care as a key partner. However, its impact is still in early stages.

The Local Authority had set equality objectives as part of its duty under the Equality Act (2010) and reported annually on progress made against those objectives. An inequalities working group had been established to meet monthly to discuss how the experiences of people could be improved in the context of their intersectional characteristics through which they may have experienced systemic or specific inequalities.

Northumberland's understanding of equality, equity, and what protected characteristics (in the context of the Equality Act 2010) were beyond race and ethnicity, and how it played out locally, needed improving. The council used the 'SWIFT' system to collect some but not all protected characteristic data and there was an awareness of the need to improve data collection which was being driven by the Director of Public Health in their role as lead for equity work in Northumberland. This extended beyond direct data collection by social care staff and included commissioning arrangements. Senior leaders told us improving data collection would help the local authority to identify, meet and respond to intersectional needs. For example, it was noted there was no uptake of the sensory interest team from 'other ethnic groups', indicating there was a need to raise awareness of the sensory support services provided within these groups.

The most deprived in Northumberland was in Croft and Cowpen wards in Blyth. Blyth was also the most ethnically diverse part of the county with an eastern European community and Northumberland was able to demonstrate a good understanding of the areas where people were at risk of health and social care inequalities in relation to accessing services and outcomes. The local authority had plans in place to tackle this and to involve more people in local areas through mechanisms such as the place standard tool which will help the local authority through conversations with local people to assess and improve the social and physical environment.

The local authority worked with the VCS to engage communities to provide early and responsive care and support, enabling independence choice and control where possible. Northumberland had links with local groups and networks supporting diversity within communities including religious diversity, humanist organisations, and membership of the Northeast Regional Faith Network.

VCS partners said that the Local Authority was aware of the challenges in the county and worked to address the systematic challenges. For example, work to and improve Gypsy Roma and Traveller community to access adult social care services, and supporting people who hoard to address hoarding and its associated behaviours following referrals from the fire service.

Partners told us that the county had significant areas of hidden deprivation. Rural and coastal areas might appear to be wealthy, but homes were older and needed a lot of energy to be heated. This meant the rise in the cost-of-living could lead to older people experiencing hardship. Poor transport links in these areas meant access to work and education were restricted. Poverty, poor infrastructure, unemployment, and farming communities with seasonal work patterns also adversely impacted on people's lives. The local authority had deployed a member of staff who engaged in forums with groups in different localities to not only know what communities looked like, but also to get a deeper understanding of their population. This led to the local authority identifying key groups undertaking work to address specific health and social care inequalities.

The local authority was able to demonstrate work undertaken in HMP Northumberland with vulnerable people in prisons. This involved working closely with 6 regional prisons, attending local delivery boards, introducing training and helping people in prison to access support, as well as assessing them to check eligibility to care and support through the Care Act. This not only helped to ensure the best quality of care within and beyond the prisons but also helped to identify people at risk of having unmet needs.

Northumberland staff were proud of their work supporting people to remain in their own home to enable them to have culturally competent and responsive care. An example was shared where changes and adaptations to property needs and the use of a direct payment enabled, cultural heritage and expression to be preserved whilst meeting the care and support needs of a person they were supporting.

People using services felt there were shortfalls with the sensory offer as there was limited provision for adults with hearing impairment. Consequently, people with sensory needs felt isolated from their community. People with recent sensory loss stated they needed better links with psychology services and more consultation with people using services. Some partners felt there was a disadvantage in Northumberland for working aged people with sensory disabilities. For example, some felt that there were no activities, no support networks, and no social groups where people with recent sensory loss could meet each other.

Inclusion and accessibility arrangements

One call, Northumberland's front door to local authority services, knew how to access information in different formats for people. Accessible Information Guidelines and translation services were in place for different languages, in-person and through telephone services, including for British Sign Language. Staff were given guidance on how they should use translation and interpretation services with access to video interpreting services, when working with people who may need them in Northumberland. Text relay was in place for people who used minicom or text phone, and a specialist number was in place for people with speech impediments. Translation services for documents were also available for staff and expectations for the provision of large print and braille documents was also stated. However, we saw examples of information on equipment and adaptations which did not indicate to people they could request the information in another language.

The Complaints Annual Report 2022-2023 highlighted the local authority complaints service recognised, where appropriate, the use of an advocate to support a complainant. Advocacy is not a right under the regulations for adult social care complaints. However, the Complaints Service could access advocacy for adult social care complaints from local providers as necessary, with the agreement of the complainant. This enabled reasonable adjustments meaning people who were less able to advocate for themselves were still able to access a remedy where they had a complaint and provided the local authority with the opportunity to improve services for different protected groups who may be unfairly marginalised in their ability to access the complaints processes.

The local authority identified assessment processes for autistic people as an area for improvement. The council had initiated a pilot with a small group of social workers who worked with autistic people to review the assessment process.

Partners highlighted where information was not available in every language, and where there were only digital forms of information, accessibility was an issue as some people were excluded from having access to services. An internal assurance visit highlighted some frontline staff did not always know how to access interpreters and information in other formats. It was also identified ethnicity was not always being recorded and this was below target. Actions were in place to support improvements in these areas.

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