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

The local authority undertook work to understand their communities and demographics, but not all this work was embedded or achieving the vision of the local authority. We heard positive examples of work the local authority was undertaking to help people to overcome barriers to care. Staff told us about work which was focused on improving engagement and empowering underrepresented communities to align health and social care services with community needs.

Health partners, staff and leaders described how health inequalities were a focus across the system. The local authority and health partners had used public health data to identify strategic priorities and address them through a Health Inequalities framework. The framework identified actions and interventions for key stakeholders to address health inequalities. For example, targeting support around awareness of cancer or diabetes towards communities or groups who faced health inequalities within these areas. The local authority and partners had established a Gloucestershire Race Collective which was a group who built bridges between ethnic minority groups and institutions to improve outcomes and reduce inequalities.

We heard positive feedback from people about work undertaken to improve the experiences of people from different minority ethnic backgrounds and faiths when using mental health services, in response to findings that people from black and minority ethnic backgrounds were more likely to be detained under the Mental Health Act. The local authority and partners had commissioned research to understand what barriers prevented people from black and minority ethnic communities accessing mental health services at an earlier stage to respond to this area of health inequality.

However, we heard from community partners that recent work to engage minority ethnic communities was at an early stage and there was no tangible change that these communities had seen yet. One partner said there were minority ethnic communities they worked with who would be fearful of being contacted by a social worker. They were not aware of any work to reach out to these communities to understand their concerns about accessing services. This showed the work had not yet reached the people or communities the local authority intended it to.

The local authority responded to emerging issues or concerns to promote equality and remove barriers. Staff told us about work the local authority had undertaken in response to feedback from community groups that Asian women had difficulty accessing services. Specific focus groups were set up to gather feedback from this group to inform the local authority's strategies and ultimately improve services. Staff told us this resulted in improved services in areas they were concerned about, such as wellbeing conversation events and diabetes awareness projects. However, we also heard from community partners that work to engage people from the local Asian community in developing new provision had not led to any significant changes in response to their feedback. Another community partner said people from minority backgrounds had been asked to attend repeated co-production sessions but did not hear any feedback about what had been done with the information they had shared at previous meetings.

Partners said the local authority's approach to co-production was often to reach groups through religious organisations and this sometimes excluded people from minority ethnic backgrounds who did not belong to a particular faith. The local authority acknowledged that improvements to co-production work was an area of recent focus and some of the impacts of this work had not yet been realised.

There was a strong focus on equality and diversity amongst staff, with leaders demonstrating a commitment to supporting staff and creating an inclusive environment. There were a variety of staff equality networks and initiatives to support staff from different backgrounds, such as staff from black and minority ethnic backgrounds. Feedback about this was positive whilst leaders acknowledged a desire to do more to increase representation of staff from minority ethnic backgrounds in leadership roles.

Staff and people spoke positively about the local authority's response to recent racially charged incidents, with examples of how the local authority had worked with people and staff from minority ethnic backgrounds to understand their experiences and to help them feel safer within their communities. Some of this was recent and instigated by the civil disorder, but there was longer standing work in place staff told us about. For example, work had been undertaken in the community to build a better rapport with people from the Pakistani, Bangladeshi and eastern European communities, which were known about through work the local authority had undertaken to understand their population and to identify barriers and health inequalities.

The local authority had developed an inclusive directory in 'You're Welcome Gloucestershire'. This website listed a wide range of activities and information for people with accessibility needs, ranging from practical activities and social groups as well as identifying venues and places where people could find autism-friendly and dementia-friendly spaces and activities. It contained activities to meet the needs of intersectional groups, like people with a disability who identified themselves as lesbian, gay, bisexual, transgender or queer (LGBTQ).

We heard positive feedback from community partners and people about some recent initiatives. For example, the creation of a social group for older people who identified as LGBTQ. There were initiatives across the partnership promoting inclusion for the LGBTQ community which was brought together by an LGBTQ partnership board. We heard positive feedback from people about how they felt more included and less stigmatised within their community than they had historically.

Public health data was used to understand demographics. There was a Joint Strategic Needs Assessment (JSNA) which included information about demographics and areas where people were or may face inequalities. The local authority's Director of Public Health published an annual public health report which provided a 'deep dive' into particular areas of need. The local authority's 2020 public health annual report was themed around health inequalities and had been used to inform some of the initiatives we heard about during our assessment.

The 2022 public health annual report looked at the importance of social connections and social capital, and showcased work such as warm spaces and work with organisations within the county to promote health and wellbeing. We saw how this was consistent with approaches in adult social care, such as the enablement teams who assisted people with accessing community support, or the 'know your patch' networks which aimed to connect people to both statutory and voluntary community resources.

Adult social care data was undergoing improvement work so it would be able to provide further insights. The local authority recognised that they needed to improve its use of data in adult social care to better understand their performance in relation to people from minority communities and seldom heard groups. A 2022/23 adult social care diversity report identified a need to improve the way protected characteristics were recorded and how data was used to understand people's experiences and identify any barriers they might face. For example, to improve how data could tell the local authority about if any particular group faced barriers to access or received different outcomes to other communities in areas such as waiting times, access or eligibility decisions.

Work had taken place to start to address this. Recent improvements through the adult social care data strategy provided staff and leaders with more detail of people's adult social care journey, including recent work to improve the 'feedback loop' and hear more from people about their experience. Auditing now also focused on improving how information about people's backgrounds and protected characteristics was captured by staff.

Much of this work was recent and had not fully embedded by the time of this assessment. There were gaps in the local authority's understanding of people's experiences through data and engagement which meant the local authority's ability to measure how much progress had been made against the public sector equality duty (PSED) under the Equality Act 2010 was limited. The PSED states public authorities, 'must consider, and keep reviewing how they are promoting equality in decision-making, internal and external policies [and] the services they provide'. Work was underway to improve data so the local authority could better understand the experiences of people accessing their Care Act functions. Enhanced use of data would improve the local authority's ability to consider and keep reviewing how they promote equality through the services they provided.

Inclusion and accessibility arrangements

The local authority had systems in place to provide information in inclusive and accessible formats, but we heard multiple examples of people not receiving important information in formats that were accessible to them. Staff told us about gaps in information available to people who did not speak English, if they were unable to access information online.

We heard about gaps in the local authority's accessible information offer from leaders, staff, partners and people. Staff described how information about setting up a direct payment was not available in easy read format, despite a significant proportion of these being used by people with a learning disability. We also heard examples of people who required information in large print being repeatedly sent information in regular print that they could not read due to a visual impairment. The local authority was aware of a need to improve its information and advice and its accessible information policy was under review.

The local authority had a translator service which frontline staff could call upon when visiting people and carrying out assessments. We heard that this service was timely and effective for staff to call upon when required.