Equity in experience and outcomes

Score: 4

4 - Evidence shows an exceptional standard

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 centred equity at the heart of its adults' services which came through consistently throughout our assessment. They had employed a photographer 'Artist in Residence' to document and celebrate the lives of people using adult social care services, which led to a compassionate approach to people. We saw the work being used to personalise publications and strategies and the approach was consistent with their approach to understanding communities, empowering people and building on their strengths. Staff consistently spoke about people as individuals with hopes and aspirations and there were many examples of 'going the extra mile' for individual people. The use of family group conferencing (FGC) across all teams and disciplines, was innovative and supported excellent outcomes. We heard an example of a person who was homeless using FGC to link them into support networks and examples of young people being presented with a range of providers who could support them. Partners gave consistent feedback about the local authority's approach to working with communities in terms of equity and said they gave power back to communities. There had been a citizens assembly used to create the vision and plans for the local authority which had seen impact in the approaches used to support communities. The joint work between departments demonstrated this approach, as there were no barriers between services across the local authority and staff spoke with 'one voice'.

The level of challenge in the local authority was high in terms of meeting and preventing the escalation of people's needs across different communities and there were high levels of deprivation. The local authority was the fourth most expensive place to live in London, but had an Index of Multiple Deprivation (IMD) score of 5 reflecting the differences between communities, with a twenty-year difference in life expectancy between more deprived and less deprived areas. There were significant demands for temporary accommodation and leaders told us there was significant intergenerational unemployment. The local authority had high rates of loneliness, depression and severe mental illness and some of the highest presentations in England of street homelessness and those seeking asylum or refugee status. Because of the needs of the population there was a focus on supporting people with non-eligible care needs as a whole organisation and with partners. The strong links between departments and with partners meant they provided excellent homelessness support and mental health services. There were no waits for hostel accommodation.

The local authority understood its local population profile and demographics. It analysed equality data and used it to identify and reduce inequalities in people's care and support experiences and outcomes. Custom data sets had been used over the last two years, to establish the drivers for some of the challenges faced by people in the local authority, for example looking at loneliness in younger people and in those using home care services.

The ‘State of the Borough’ and other documents such as the Health and Wellbeing strategy and deep dive analyses following the Joint Strategic Needs Assessment refresh, showed an understanding of populations and an approach to finding smaller sub-sections of communities and an awareness of dynamic population changes. The Better Care Fund (2024) included a proposal to improve the health and social care outcomes for Bengali and Somali communities by addressing the inequalities they faced. Leaders described work in the area as ‘leaning into’ difficult conversations with communities and as the basis of the investment in early help and prevention. Following work with the local authority’s equality data group, local residents had been involved in co-producing a ‘local account’ of their experiences of ASC. There was a co-design group involving people with drug and alcohol services as experts by experience. Carers with diverse needs including LGBTQ+ carers had been involved in designing the carers action plan.

Actions had been taken for specific groups. The ASC race equality action plan update (June 2024) demonstrated work to address racial inequality in the workforce and in the population, which included an equalities data action group. A LGBTQ+ learning framework around LGBTQ+ people in later life had been rolled out and we heard about work being done to look at better supporting people in care settings and care networks. An ASC learning and development report (2023-24) involved a commitment to tackling inequalities for staff. VCSE partners said the diverse needs of the different communities in the local authority was understood and partly addressed by commissioning many, varied VCSE services. Leaders told us about examples of hyperlocal services in place for this purpose. Partners and people told us elected members were rooted in communities and provided a strong voice for them which improved the responsiveness of staff and leaders. In advance of the integrated pilot in the East neighbourhood team, there had been a ‘discovery’ project undertaken to learn which communities would most benefit from the approach and identified those at risk from poor outcomes. By taking an asset-based approach to commissioning the VCSE sector, the local authority was able to reach into different communities and respond to their different needs.

The local authority had regard to its Public Sector Equality Duty (Equality Act 2010) in the way it delivered its Care Act functions. Local authority staff involved in carrying out Care Act duties had an excellent understanding of cultural diversity within the area and how to engage appropriately. We found the culture of listening and sharing power with people and communities came from the top of the local authority and was evident throughout the teams we spoke with and the documentation we saw. There was also lots of challenge and accountability around equity and the approach to people, in the governance and scrutiny system. Partners said the local authority did support 'hard to reach' or underserved communities and worked with partners to identify them. Some partners gave excellent feedback on the way the local authority understood its very challenging and complex population.

Inclusion and accessibility arrangements

There were appropriate inclusion and accessibility arrangements in place so that people could engage with the local authority in ways that worked for them. For example, the accessibility and inclusion of five specific groups had been identified as priority work areas. These were people with learning disabilities, people with sensory loss, people facing multiple disadvantages, autistic adults and people with interpretation requirements. We saw this in action in the specialised financial assessments team who ensured different communication needs were respected. Some partners said there were issues around accessibility and communication methods for people, including for people who had hearing difficulties, or for those whose first language was not English. An interpretation telephone service guide was provided to staff and staff said they felt able to access interpreters. Staff consistently described measures to capture communication preferences.

The needs of autistic people had been considered and staff said the autism lead had conducted a number of sessions with them to improve their practice. A person told us about positive action being taken with them to communicate with their service effectively and their use of an advocate. We heard from partners that advocacy services were consistently provided to people from diverse and seldom heard groups. We saw evidence of people being supported in a person-centred way, including with their sensory disabilities and access needs. There was a range of training provided on the provision of accessible information including talking mats training, converting documents into easy read formats and British Sign Language training. Staff said managers and leaders were very supportive in recommending them to access training, including cultural awareness training.
