

Equity in experience and outcomes

Indicative score:

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

Data from the joint strategic needs assessment and public health was used to identify health inequalities, including areas of deprivation, age, and geography. For example, there were issues identified that were making it difficult for people living in rural communities to access home care, so the local authority had looked at models in other rural authorities and reviewed their framework to improve access. It was less clear however, how the areas of deprivation and health inequalities linked in with communities of people with protected equality characteristics. We had some feedback that there was a focus on older vulnerable people but not on other inequalities.

Local teams understood communities well and had local knowledge of hard-to-reach groups. This included social work teams and the early intervention and preventative support through the hubs. Teams told us that translation services were easy to access where necessary.

The teams were engaging with communities they had identified as being 'hard to reach' including some people from ethnic minority groups, LGBT+ groups and a public health project targeting cancer screening for Asian women. However, if there were communities not 'visible' to local teams and hubs, they may have been missed. These groups may require different interventions and allocation of resources for them to engage and benefit from adult social care services, both preventative support as well as people with eligible support needs. Feedback from partners was that more work was needed to engage those groups who found it more difficult to engage with adult social care services. For example, the local authority's equality impact assessment for the carers' strategy showed that support for carers was predominantly used by White British people. Partners also raised the issue of women-specific services. They felt that more women-only services would support access for some women from ethnic minority and faith groups who would otherwise not access mixed services. We received feedback that further work was needed by the local authority to develop its understanding around the needs of faith communities. This included developing more flexibility in its approach and building on the strengths in those communities to provide effective support and preventative work as it has in other communities. The local authority told us it had started work to strengthen relationships and understanding of faith communities, including the development of a faith covenant. The faith covenant included a set of principles to guide engagement between faith communities and the local authority and is due to be signed off later this year.

The 'Experts Together' tool was used effectively for co-production. People in the group with lived experience told us they felt listened to and respected, and they had been involved in developing strategies and staff training, conferences, for example in person-centred care and safeguarding, as well as supporting recruitment of both leaders and frontline staff. Voluntary sector partners had been involved in working with a range of people with lived experience, including involvement in co-production, which was working well for people with a learning disability. However, we had feedback that there was further work to do for other groups of people, for example autistic people or people with mental health difficulties. There was a feeling that a more flexible approach was required, for example in understanding the reasonable adjustments people might need to participate. The local authority had identified it needs to do more work around co-production with people who experience substance misuse and homelessness.

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