

Equity in experience and outcomes

Score 3

3 - Evidence shows a good 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 had a robust understanding of its local population profile and demographics from reviewing their data hub. They were able to use this online Joint Strategic Needs Assessment (JSNA) to consider the prevalence of different need, health conditions, or protected characteristics across the community. The Health and Wellbeing Strategy 2023-26, agreed with health partners, used the nationally recognised CORE20 PLUS 5 Framework. It identified inequalities, listed demographics, and projected growth. 8% of people live in the most deprived parts of Hounslow. These areas also had a lower life expectancy than the England average and often high levels of fuel poverty.

The local authority's Equality, Diversity, and Inclusion Strategy "A Fairer, more Equal Hounslow" had been developed from work originally instigated in 2020 and was coproduced with 1800 people including both community groups and individuals. An example of this was a community event, 'health in the park', where communities provided feedback, and other information, to a report. This was used to develop deeper understanding of inequalities within the community, which led to further discussions on what to prioritise. The feedback highlighted how people faced many challenges that required the local authority to think differently about how they tackle inequalities. This was embedded in the way Hounslow delivers its wider Adult Social Care Strategy, and was organised under three pillars – groups, localities, and employers.

The local authority worked to pay due regard to its Public Sector Equality Duty (Equality Act 2010) in the way it delivers its Care Act functions. Leaders told us they consulted with community groups and forums to seek out what people are asking for and commissioners made sure they responded to requests made. Examples of this included increasing the range of services for older people, and developing a bespoke service which was more accessible for blind people via a two-year grant to the Royal National Institute of Blind People.

They commissioned a voluntary sector group who had many members, to engage with people with learning disabilities and autistic people and bring their perspective to shape commissioning practice. Both parties spoke positively about the effectiveness of this partnership. A partner organisation told us Hounslow had 'adequate' focus and provision within the borough to meet most shared needs of people with learning disabilities.

Hounslow had identified where people are experiencing worse outcomes; for example, they noted they had more proportionately people who needed to be admitted to hospital following a fall than people living elsewhere. They identified there was a correlation between where people lived in the borough and the rate of falls and were using data to better understand the determinants of health and wellbeing which are driving these poorer outcomes.

Hounslow used their Joint Strategic Needs Assessment data hub to identify that there were 30 neighbourhoods where deprivation in respect of multiple aspects of life – such as unemployment, poor housing, levels of crime, poor health and disability impacted more on people. They were determined to tackle long standing intergenerational issues that had a geographic element. They had identified 30 smaller localities within Hounslow, which were experiencing deprivation, and had ambitious plans to target resources to address inequalities. They were working to level up the opportunities through targeted preventative interventions in a locality to reinforce the place agenda.

One such area was Cranford, where there was an established Traveller site. Hounslow Council recognised this was a population who had poorer access to and outcomes from statutory services. To build connections, and seek to identify and address barriers, they were using existing links between the council's Events team and the community. They had also approached the Northwest London Integrated Academy to explore the concerns of the Traveller community regarding accessing Adult Social Care. This was a proactive organisation representative of the community. An Engagement Manager had been appointed to work through the co-production and co-design of a plan to make Adult Social Care services more accessible for this part of the population of Hounslow.

Hounslow had acknowledged members of the LGBTQ+ community did not always feel they had a voice or feel represented. They had facilitated the development of a public forum, with whom to engage for co production and feedback in relation to adult social care services and other council matters.

Some carers felt the council should do more to promote and enable support groups and engage better with them.

Local authority staff involved in carrying out Care Act duties had a good understanding of the cultural diversity within the area and how to engage appropriately. Staff told us about using language services, and video calls to support engagement, and the importance of knowing local demographics. They were used to having care plans translated into other languages or prepared in other formats and spoke of enabling people who used Makaton to communicate with them and be effectively supported by care staff.

The workforce was as diverse as the community it serves, and the importance of supporting all people to achieve good outcomes was a clear focus for all the staff we spoke with.

Inclusion and accessibility arrangements

The local authority had good sign language interpretation services and had recently improved provision for translation services (particularly important as Hounslow has a population with 188 different languages) to ensure there were no language barriers to assessment.

In services that the authority commissions, accessibility for all was built in. For example, one voluntary partner told us they were commissioned by Hounslow to provide information, advice and support to people living with a neurological disease. To ensure that everyone can access their services, they used a translation service 'Languages Everything' which provides help face to face and over the telephone, and had booklets and letters translated into 9 or 10 languages.

Another partner told us they were commissioned to provide a Home from Hospital team, as part of discharge arrangements for people with very low-level support needs. They provided staff from a range of cultures and communities to ensure the support they provide meets people's equality needs, in relation to the culture of the area or where English is not their first language.

When a user group for adults with learning disabilities and autistic people gave feedback to the local authority about the inaccessibility of their documentation, they were commissioned to work with them to create easy read versions. The work was so successful it led to work for other council departments, and the NHS both locally and nationally.
