

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 understood its local population profile and demographics but recognised that there was more to do to improve both understanding and action. At the time of our assessment, there was a large majority white British population. Leaders and staff consistently told us they were aware the area had many ethnic minority communities such as people from, Hong Kong, Nepal, Ukraine as well as a large Hindu community. They understood that the population was increasing and becoming more diverse and was set to increase further, with an increasingly aging population.

We heard that using Public Health data, staff from both health and the local authority worked together in identifying and discussing inequalities within Bracknell Forest and how these could be addressed. A senior analyst was tasked with interpreting data sourced from Adult Social Care, NHS and the census, to identify inequalities so work could take place to look at addressing gaps in the system and improving outcomes for people.

Partners told us public health assessments identified geographical pockets of inequalities and deprivation and changing demographics. They described public health as a key asset in collectively addressing population needs.

Bracknell Forest had an Equality scheme for the period 2022- 2025, called “All of Us”. This expressed 5 equality objectives. These were ‘inclusive in all we do’, ‘accessible for all’, ‘accountable and fair’, ‘a diverse and inclusive workforce’ and ‘recovering from the COVID 19 pandemic’, which acknowledged the increased inequalities and disproportionate impact of the pandemic on some people and communities. The scheme had a governance framework to monitor and report progress on delivery. Progress was regularly reported to the corporate management team. Each equality objective was underpinned by annual priority actions to achieve the 3-year strategy. Equality actions identified within the Equalities Scheme were incorporated within directorate service plans and were monitored quarterly. The 2022-23 annual Equalities Monitoring Report found that some improvements such as the introduction of the Target Operating Model, had brought together all points of access so people experienced a more consistent approach, and skilled professionals understood people’s individual needs and preferences sooner, and could signpost more quickly to the right source of support. They also noted however that some people experienced a language barrier when accessing help, and that they needed to engage earlier with people with disabilities in transition from children’s to adults’ services to improve access. The local authority told us phase two of the new Target Operating model would address these issues.

All strategies and plans reflected the equality objectives. For example, the All-Age Integrated Carers strategy and implementation plan outlined the under representation of ethnic minority groups accessing services and the plans to address this. The “Thriving Communities” strand of the Corporate Plan 2023-27 “Growing Together, Shaping Tomorrow” looked at understanding and targeting key communities with the most need.

The local authority incorporated consideration of Equality, Diversity, and Inclusion in every provider audit, and were able to demonstrate that they were monitoring these and using them for contract management.

The local authority proactively engaged with some individuals and groups to understand and address the specific risks and issues experienced by those who experienced inequalities. They worked with individuals on the Learning Disability and Autism Partnership Board. The sole aim of the Board was to enable the voices of people with learning disabilities and/or autism to be heard and involve them in decisions which would affect them and their parents/carers in Bracknell.

The local authority sought feedback from the community about equity. There were very few complaints from people with protected characteristics. Following analysis of complaints and feedback received, the local authority had reflected and amended forms to target different communities. They intended to use this to gather more information to understand the experiences of more diverse communities, within the population.

We heard that the local authority held 'Pop up' World Cafes within communities. Local authority officers and voluntary groups attended the cafes where people shared their experiences of adult social care and accessed information and support. Feedback was used to influence plans and look at impact and outcomes. These were open opportunities, but might be inaccessible if people were working, or did not know about them, due to language or digital barriers.

Staff told us they gathered feedback following a dementia forum held in April 2023. They heard that communication, being easy to contact, access to specialist services worked well. Some areas for improvement which required addressing included inconsistent access to dementia services within Bracknell Forest, increase in reviews/contact, improved joint working between organisations. An action plan had been implemented to address these areas and drive improvements.

The local authority had regard to its Public Sector Equality Duty (Equality Act 2010) in the way it delivered its Care Act functions; there were equality objectives and a coproduced and adequately resourced strategy to reduce inequalities and to improve the experiences and outcomes for people who were more likely to have poor care.

The Community Team for People with Learning Disabilities, the Community Team for People with Autistic Spectrum Disorder, and the Transitions team shared knowledge to support criminal justice staff and public sector workers. This meant they were more able to make reasonable adjustments in the way that they worked with vulnerable people, which provided equitable access to services and improve the experience of people with a learning disability and/or autism. These included understanding around communication, sensory processing, comprehension, and social functioning.

The same teams were awarded funds to support 14-25 years olds with an independence skill shop. These were run by a youth worker to support people to gain skills with activities of daily living for example, money management, cooking, travel and other key skills to increase independence. These measures would support better health and wellbeing outcomes for this cohort of people, who would otherwise be disadvantaged. The local authority had also commissioned an employment charity to support people with a learning Disability and/or Autism with employment opportunities.

An audit of 5 young people to consider safe systems and pathways at the point of transition, and the experience of one young person we spoke to, highlighted some inequity of experience for those people not currently known to formal services, or where their support needs were below the threshold for eligibility under the Care Act. Insufficient understanding and application of the mental capacity act, by professionals had also contributed to poorer outcomes. People who lacked mental capacity, or whose mental capacity was in doubt were therefore potentially at risk of inequitable experience.

Local authority staff who performed Care Act duties had a good understanding of cultural diversity within the area and how to engage appropriately. They received training and there were Equality Allies to provide support if staff were personally or professionally uncomfortable or had questions about something related to this subject.

Inclusion and accessibility arrangements

A partner organisation told us access to information for the older community was difficult due to being held primarily online. Leaders reported work being undertaken to address the barrier which digitalisation brings. This included officers from Public Health taking large portable laptops to public places, providing training for people to use these, and increase knowledge and understanding to access the local authority through the digital platform. Leaflets dropped through residents' doors and placed in public places advertised these events. The local authority told us however that information, advice, and access to an assessment was also directly available to people through telephone contact or attending the Hub office in person, as well as through events such as the Happiness Hub and Over 35's social group which were accessible to all and advertised locally.

The local authority told us there was easy access to translators, interpreters and sensory teams to assist with effective communication when conducting assessments and reviews, including use of British Sign language. We also heard how technology was used to support flexible service delivery for example, magnification software and virtual consultations. However, staff also told us the assessment suite for aids, equipment and assistive technology was not accessible to people living with dementia or people with learning disabilities.

A partner organisation acknowledged that they had not heard feedback from other groups around access to information in preferred languages being an issue, although the local authority had acknowledged that it was an issue which they needed to address.

A public event with the Hong Kongese community was an example of engaging seldom-heard communities and providing local service information.

Bracknell Forest set reducing inequalities as a key priority in their approach to commissioning services for adults. All Strategic Procurement Plans (SPP) included a comprehensive needs assessment and Equality Impact Assessments. We saw examples of this in the Supported Living Framework Tender and the Home from Hospital Service tender. In both cases, the proposed services were likely to have a positive impact on one or more protected characteristic. For example, the introduction of the Adult Supported Living Framework for adults 18 years + was expected to have a positive impact on older people with learning disabilities and autism as the Framework specification will include how providers are required to support people as they aged. The Home from Hospital service aimed to provide support which would give Carers a better experience by improving support to the people they cared for on discharge from hospital.
