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 understood its local population profile and demographics. It analysed equality data on social care users and used it to identify and reduce inequalities in people's care and support experiences and outcomes. As part of the local authority's commitment to driving their 'Fairer Westminster' vision, they had been working with people, unpaid carers and partners to collate data and explore new ways of working that addressed inequalities and targeted the places and people who needed support. The Local Account Group was representative of the local communities as it was local people feeding back on services and included people from seldom heard groups.

The local authority identified that 1 in 20 residents had identified themselves as being LGBTQ+ and the local authority recognised that the insight of health outcomes for LGBTQ+ people was limited. Therefore, to help identify and reduce inequalities they used the national data to understand how LGBTQ+ residents might be impacted in accessing services. In our discussion with senior leaders, they noted that national data on LGBTQ+ people had limited insights about the local LGBTQ+ population. They wanted to prepare a locally focussed LGBTQ+ JSNA with more information about LGBTQ+ residents' experiences, health outcomes and needs. They used other councils' work to inform this. The insights from this were planned to inform the procurement of sexual health services and to ensure the new Community Hubs programme could meet the needs of all people, including older gay men.

Local authority leaders told us they were determined to work with partners to close the gap in health inequalities between the North and South of the Borough. Public health was actively promoting the use of data to inform strategic actions to tackle geographical inequalities. However, when we asked some local authority leaders about what equalities data had been collected to understand whether people from all demographic groups were accessing adult social care, they were unclear as to how data was used to inform strategy and the plans aimed at reducing inequalities.

The local authority had been working with the 'Black and Minority Ethnic' (BAME) forum to understand the impact of language, as 5% of the population did not speak English. Subsequently, they focused on ensuring the interpreting services had been meeting people's needs and people had not felt disadvantaged due to the language needs.

Partners spoke positively about the local authority's '#2035' project, which had been set up to address life expectancy disparities, wider determinates of health and reduce the health inequalities. This project had allowed for funding to the Voluntary and Community Sector (VCS) through the Public Health team. Senior leaders also told us about the Healthy Community Fund, which provided targeted funding to reduce health inequalities. Another community initiative was the Community Health Workers Project which was in partnership with the NHS. Senior leaders felt there was a good understanding of social and economic inequalities between different groups and parts of the Borough.

Staff told us the ongoing work around #2035 had made a positive difference to the workforce and the community. Staff provided an example of attending 'Changemaker' training around justice, inequalities, and co-production and shared the training had a positive impact with the local authority's internal teams. The #2035 project led to increased engagement and co-production with the people that subsequently lead to the development of access to easy read information and further discussions in improving outcomes.

The local authority had made steps towards reducing inequalities in their workforce as well as in the care workforce market, through removing gender and ethnicity pay gaps. The local authority used data insight from the Homecare Transformation Programme and increased carers pay by £1.50 per hour, which was above the London Living Wage. They also re-organised the homecare neighbourhoods into smaller areas which reduced travel time between care calls. Partners told us about the work by the local authority leaders around championing the pay and gender gap was welcomed. Partners felt able to talk about social justice and had productive conversations with the local authority.

Frontline teams shared an example of a Community Hub where services provided were meeting the needs of the diverse community. The Community Hub was led by people and offered activities for Arabic speaking groups and worked in collaboration with the local Mosque.

The local authority had regard to its Public Sector Equality Duty (Equality Act 2010) in the way it delivered its Care Act functions. The Health and Wellbeing Strategy 2023-2033 was designed at reducing health inequalities and was overseen by the Joint Health and Wellbeing Board. This strategy was set out as a vision to achieve good health and wellbeing outcomes in the Borough which was equitable for all. This strategy was co-produced with partners, providers, unpaid carers and people living in more deprived areas of the Borough focusing on prevention and early intervention. People and partners confirmed their involvement in the co-production and development of strategies.

Another example of proactive engagement with people and unpaid carers to address inequalities had been the introduction of The Carers Strategy 2023-2028. The aim was to understand and address isolation and depression particularly for unpaid carers from seldom heard groups. A provider told us the local authority had supported the development of a project called 'Carers Found,' which had helped to identify seldom heard groups, where unpaid carers had been providing low level care and not identifying themselves as unpaid carers.

Senior leaders highlighted there was a strong commitment to tackling inequalities at a corporate and senior level in the local authority. However, one senior leader reported that they were unclear what this meant for adult social care around what specific issues had been addressed and how the impact of the work was being tracked and monitored, in particularly how the voice of seldom heard groups was used to inform strategy, service development and co-production.

Partners shared there was a big focus across Westminster around addressing health inequalities and this was firmly at the heart of priorities. Partners told us the local authority had been engaging with several community organisations to hear people's voices from seldom heard communities. For example, the local authority had reached out to South Asian communities to encourage more people from under-represented groups to access adult social care. In contrast, partners told us about the relationships between adult social care and local Black and Ethnic Minority communities needed to be strengthened.

Local authority staff involved in carrying out Care Act duties had a good understanding of cultural diversity within the area and how to engage appropriately. Senior leaders shared the learning and development offer had included mandatory equality, diversity and inclusion training. The training available varied from anti-racist practice in social work, deaf blind awareness training to gender diversity awareness training. This application of knowledge to practice was shared by one person we spoke with, who told us their cultural needs had been taken into consideration as part of their care package as they were supported to attend church weekly.

Staff told us the local authority had made good use of the cultural diversity of the workforce. For example, a social worker who had good knowledge of four languages had been given the opportunity to work with people where they could apply their skills.

There had been a commitment to ensure the workforce was highly diverse and representative of the communities. They told us the local authority senior management team was made up of 57% of staff from ethnic minority group backgrounds. Staff also told us the local authority had seen equality and diversity as a priority and felt that there was a good representation of the diverse community within the local authority. Staff described a "tangible" sense of diversity was a strength. A long-standing member of staff shared that the current diverse representation was positive for staff and the community.

Inclusion and accessibility arrangements

The local authority had a dedicated website for adult social care called 'People First'. This provided accessible information on services available. The local authority's leaflets were available in community languages and adapted for people with different sensory needs.

The local authority used an external interpretation and translation service, which supported 250 languages and offered various ways of support. Frontline teams told us they used the translation service to meet the needs of seldom heard groups. Staff shared they worked with health colleagues, for example Speech and Language therapists, when carrying out mental capacity assessments. Staff provided an example of supporting a person who had experienced a stroke and they had used a 'talking mat exercise' to support communication.

An example of the local authority making appropriate inclusion and accessibility arrangements to enable people to engage was through the 'Staying Safe Project'. The project was led by the local authority and partners which was set up to reach out to seldom heard groups. The idea was to explore the views and experiences around neglect from a cultural perspective and how to break down barriers for them. It was highlighted through engagement that the word "safeguarding" was not easy to translate into many languages and as a concept there were different cultural perspectives on safety and abuse, consequently this led to many communities unable to raise safeguarding concerns. The project created a competent safeguarding design to empower partners and people to have better understanding of safeguarding processes and services. Training was delivered to partners in a language of choice.

The local authority had a Sensory Impairment Team, which was co-located within the social care teams. The Deaf and Hard of Hearing officer had delivered regular drop-in sessions in the Community Centre which had been facilitated by people. Frontline teams told us they booked British Sign Language interpreters who had previously worked with people to support communication needs. If they needed access to certain dialects not usually available, such as American Sign Language, they overcame this by proactively connecting with ASL interpreters in America, who supported them to carry out the person's assessment.

A partner told us the local authority had taken steps to make information and meetings more accessible for autistic people and people with learning disabilities. For example, easy read information was made available prior to attending meetings. A partner gave positive feedback in relation to the local authority taking steps to make information and connectivity more accessible for people following feedback from the community. For example, the local authority funded the distribution of 'sim cards' for the community to access digital information.
