

# 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

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The local authority had a good understanding of the changing demographics that had taken place in the area in the last few years and the impact that this had on requests for support and services. There was good partnership working with Public Health with regard to the predictions for further demographic changes over the forthcoming years. This had influenced strategies for the provision of services, such as the 15 Year Vision for Adult Social Care.

Strategies, such as the Hertfordshire Health and Wellbeing Strategy (2022-2026) reflected the partnership working with health and the VCFSE sector in relation to identifying those most at risk of inequalities and to have plans in place to address these. The local authority commissioned Healthwatch to carry out research to better understand how the support and information service was working. Healthwatch were confident that the local authority listened and took action following their feedback.

As part of the long-term plan to address inequalities, the local authority introduced their Equity, Equality, Diversity and Inclusion programme for culturally competent care, Shaping our Services in 2023. This strategy had been rolled out across the local authority and frontline staff confirmed that they had attended workshops to better understand the purpose of the strategy.

The Director of Adult Social Services was passionate about the need to identify those at risk of inequalities in health and social care and then to take action to address this. This was reflected in our discussions with frontline staff also. One member of staff told us diversity was a much bigger conversation that it had ever been before and that it was celebrated within the local authority.

Frontline staff had a very good understanding of the communities in which they were working and who the people or groups were who were at risk of inequality of service in those areas. They told us about a range of work taking place, for example, a project supporting carers from the South East Asia region, as well as work taking place to ensure that the views of the Gypsy and Roma community were heard with regard to their needs.

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Clear learning had taken place from reviews to identify where action was needed to address inequalities. For example, learning from work with people with a learning disability and the outcomes of Learning Disability Mortality Reviews (LeDeR) had led to the development of a Frailty and Learning Disability risk framework to identify people with a learning disability who are particular risk from additional health issues. The pilot of this framework had recently been evaluated and was being implemented across the county. Frontline staff told us that they found this really helpful in identifying risks in people where risks around frailty were not immediately obvious.

The focus on involving people with lived experience in co-production in the eight different co-production boards provided additional opportunities to identify groups and communities who may be at risk of inequalities in health and social care. The local authority had a commitment to engage with specific groups to encourage their involvement in the co-production boards.

Whilst there were many strategies in place which talked of people at risk of inequalities in with regard to health and social care there lacked one overall strategy which linked all of those together and clearly identified the work taking place with different groups and communities. Not all senior staff were entirely clear about what the priorities were in terms of the equality strategy.

The local authority had regard to its Public Sector Equality Duty (Equality Act 2010) in the way it delivered its Care Act functions. This formed the basis of all strategies with regard to equity of provision of services.

## Inclusion and accessibility arrangements

Frontline staff told us that they were able to access interpreters when needed and for the written word to be translated to ensure that communication was effective. This was confirmed from our discussions with the VCFSE although we were told that there was currently a shortage of British Sign Language interpreters. There were plans in place to address this and to provide suitable alternatives for people in the interim period.

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The local authority website, and that of partner organisations, had the availability of translating information into other languages as well as altering the view to enable options for people in terms of accessibility.

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