

# 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

Nottingham is a city with 42% ethnic diversity. Staff told us how they supported people to access services that were suitable for their individual needs. For example, one person used a direct payment to purchase their own care with carers who spoke Punjabi. Services were provided to people who self-funded their care and some people employed personal assistants to do the things that were important to them, such as taking them to church or the mosque.

Some staff told us they felt there were inequalities in terms of access to services for some people. For example, the Whole Life Disability team's criteria were that people needed to have a diagnosis of a learning disability since childhood. However, people coming from another country may not be able to show evidence of this easily. Feedback from the local authority's senior staff was that people were able to be referred to the same internal and external services equally, and if they were not able to provide evidence of a diagnosis, then a pragmatic decision would be taken based on their needs.

There was a lack of availability of interpreters as there was such a diverse range of languages spoken. Staff gave examples of families that could be applying for accommodation where English was not their first language, and it would be very difficult for them to fill in application forms, which disadvantaged them. Feedback from the local authority's senior staff was that drop-in sessions were offered for people to receive support to complete application forms. For some older people who could not access online services, it could also be difficult to get paper versions of forms. Senior staff acknowledged there was an amount of digital poverty where not everyone can make digital referrals and steps were being taken to improve this.

Where gaps were identified in the provision of accessible information for languages, cultural needs, sensory needs and easy read formats, some staff told us they had found or developed their own resources to fill these gaps themselves. For example, there had been an issue when supporting one person in relation to a forced marriage, and staff had to change the resources available themselves to be culturally appropriate.

One community group had worked closely with the local authority in relation to supporting people with disabilities. However, they felt engagement with the local authority could be improved and accessibility of services for people was currently lacking, for example for people with sensory needs. Feedback from some staff also confirmed this.

Another community group told us they felt there was a gap in the cultural competency and consistency of social workers and more training in this area would be beneficial. They were aware of some training that had taken place, but felt this could be wider. They told us they felt there had been inequality in commissioning for organisations supporting people from ethnic minority groups in the past. However, they acknowledged there had been changes in commissioning and they were now able to have open conversations, where they could not before.

Senior staff told us about the improvements planned or underway including an Equality Diversity and Inclusion Strategy 2020-2023, which documented the local authority's vision and commitment to tackle discrimination and promote diversity. They told us they were approaching the national issue of racial health equality in several ways, for example using tools to better help them identify racial health inequalities. The local authority commissioning strategy included plans of how to improve getting people's voice in planning of services to have a focus on equality and equity behind every commissioning decision.

Planned improvements included a sign language contract to encompass a broader range of languages starting in December 2023. Video conferencing and video signing were due to be available from the end of the year. The Nottingham 'Ask Lion' health and social care community directory website was being improved and they were in discussion with a neighbouring local authority about working together to bring information onto this related to the whole local system.

Staff told us about some specialist posts within teams with staff working with Women's aid, street outreach and prostitution outreach workers. Health and wellbeing community champions who were volunteers from local communities were employed to share health information and look at barriers/differences in communities and to feed back the findings.

A new specialist SMD (severe multiple disadvantage) social worker role was now based within the duty team as part of the 'Changing Futures' wider programme. SMD is when a person experiences 3 or more sources of disadvantage, for example mental health issues, homelessness or contact with the criminal justice system. This role had a specialist knowledge about the specific support these vulnerable people required. Staff gave us positive feedback about this role giving them better links with the homelessness team and someone they could go to for advice.

Day services provided by the local authority supported people within different communities in Nottingham. For example, at the Indian centre, staff told us about how, at times, they could help people to talk about their experiences at home, how things might be changing within their own families, and support them to adapt. Working with people in this way could then prevent issues arising in the future. One staff member told us food was the link to breaking down barriers in communities and by selling food at the Indian Centre to the local community, it enabled people to mix. Another day service, 'Open Door' was a mental health drop-in service, which meant people could get help straight away from staff, such as with assessments or advice. Positive feedback was received from people about this service.

Further work was needed to engage unpaid carers from different communities. Voluntary sector partners told us in some cultures people did not always see themselves as 'carers' and therefore did not get support or engage with services.

The local authority had carried out some staff training in relation to Healthwatch's national report on Health and Social Care Experiences of the LGBTQ+ (lesbian, gay, bisexual, transgender and queer (or questioning)) Community 2022, to ensure staff were aware of these findings and recommendations. Healthwatch is the consumer champion for health and care and exists to ensure the voices of people who use services are listened and responded to, leading to improvements in service provision and commissioning.

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