

Equity in experience and outcomes

Indicative score:

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

Birmingham is an extremely diverse city with 51.4% of its population identifying as ethnic minorities. This, and the nationally recognised inequalities of experience and outcome faced by people from ethnic minority communities, is the context in which the local authority is seeking to improve equality, diversity, and inclusion.

The local authority told us that addressing these challenges is a long-term endeavour for themselves and their partners in the Integrated Care Partnership. Feedback from staff and leaders indicated that the local authority was committed to equity in experience and outcomes as a priority. The local authority used data and intelligence to consider how different protected characteristics might affect people in combination (this is known as intersectionality) to inform their approach. Commissioning was delegated to community groups to develop community assets for under-represented groups.

Neighbourhood Network schemes, each led by a single voluntary sector organisation, were specifically tasked with identifying gaps in service provision, and worked with groups and people to submit bids for services to fill these gaps. The local authority provided access to interpreters for people using other languages, including British Sign Language. They also made use of technology solutions such as video calls, to make services accessible.

There are a number of culturally specific provisions across Birmingham, but feedback from minority groups indicated that people wanting culturally appropriate care that reflected their preferences felt that the market was not developed enough to meet those needs, particularly around residential support. Local authority leaders told us this issue would be explored further to ensure people had meaningful choices as part of their ongoing work on equality, diversity, and inclusion. A positive example of this were the plans to carry out research into the reasons for the high proportion of people from Black African, Caribbean, and Black British backgrounds who used direct payments.

The local authority recognised the need to address inequalities in opportunity, experience, and outcomes that people could face. The local authority's strategy to address these is called Everyone's Battle, Everyone's Business (EBEB). Equality, diversity, and inclusion was a golden thread through the work of the Adult Social Care directorate and was further supported by having a dedicated senior manager co-ordinating work, and the Adult Social Care equality, diversity, and inclusion action plan. The local authority had a refreshed EBEB Equality Action Plan with 5 objectives: understanding the diverse community, inclusive leadership, involving and enabling diverse communities, delivering responsive services, and encouraging and building a skilled and diverse workforce which reflected the community.

The intentions of these documents fed through to other frameworks including the Integrated Quality Assurance Framework for regulated care providers. There was a robust governance framework to monitor progress of the implementation of this plan. At the time of our assessment there was no data regarding the impact of these interventions to make Birmingham a more equitable city, but the local authority, together with the Birmingham and Solihull Integrated Care System had stated their intention to measure and assess this.

There were multiple schemes to target the needs of vulnerable groups in terms of ensuring equity of experience, such as the Home for Ukraine and City of Sanctuary initiatives. The Connected Communities work had developed community facilities and groups for under-represented or dispersed communities, initially targeting 3 priority areas: LGBTQ+ communities, deaf communities, and Gypsy, Roma, and Traveller communities.

© Care Quality Commission