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

Local authority leaders understood the demographic profile of the area, and they had insight into inequalities and barriers to social care experienced by people in the borough. For example, there was a recognition of the disparity in life expectancy of people living in different neighbourhoods in the borough. There was also awareness of the issues affecting specific groups who were at risk of not having their health and social care need met at an early stage. There was a clear, ongoing, and multi-agency ambition to better understand and tackle these issues, which was set out in several strategic plans and partnerships, including the 'A Fairer Stockton-on-Tees' strategic framework for tackling inequalities 2021-2031', Team Stockton and the refreshed Health and Well-Being Strategy.

The local authority identified solutions to address inequalities in the borough based on peoples' protected characteristics as identified in the Equality Act 2010. In 2024, the local authority introduced Equality and Poverty Impact Assessments (EPIAs) to identify, understand, and mitigate barriers to accessing care and support. This tool was subsequently used across three decision making processes to ensure people with protected characteristics were supported. The introduction and rapid implementation of the EPIA highlighted the local authority's commitment to reducing inequalities in the borough.

Additionally, local authority action plans focused on inequalities faced by specific communities and groups in Stockton-on-Tees, such as Ukrainian and Afghan refugees, traveller Gypsy Roma and traveller communities, and people who identified as LGBTQ+. However, leaders told us the responsibility for actions to target these groups sat with services outside adult social care, such as Housing and Public Health, and it was the role of the Strategic Planning team to provide analysis of this area. As such, actions at an adult social care directorate level were high level and, at the time of our assessment, it was difficult to identify progress against work being done with specific groups.

Leaders told us about community initiatives that supported people facing poorer outcomes due to health inequalities, such as a 'Here to Help' Hub which provided guidance and support, and a project that enabled people to buy groceries at lower prices called 'The Bread and Butter Thing'. While the local authority was aware of how this work was benefitting the community, some partners were concerned that the local authority was duplicating work that was already ongoing in the other parts of the system such as the voluntary and community sector (VCS), including work being undertaken by the Making It Real Board (the local authority's co-production function). This suggested more work was needed to align all these initiatives into a wider, joint strategy that would efficiently target and address systemic health inequalities across the borough.

Programmes such as the local authority's 'A Fairer Stockton-on-Tees' framework, focused on the borough's most deprived neighbourhoods and outlined the local authority's intention to work closely with local communities and make use of publicly available data with evidence-based research to target its work on inequalities. The local authority was beginning to use data to inform strategic decision making to reduce inequalities in peoples' experiences and outcomes of care but there was more to do to develop this capability. For example, work had been done through the 'Fairer Stockton on Tees' framework to implement a volunteer-led transport service which was accessible to people regardless of their eligibility under the Care Act 2014 and aimed to reduce barriers people faced to accessing support and employment. However, VCS partners told us transport links and cost were an ongoing barrier to people. Staff, leaders, and partners were aware more work was needed to address inequalities, and there was an ambition to make better use of demographic data to understand if this work was having a positive impact.

Local authority staff involved in carrying out Care Act duties did not always have a strong understanding of cultural diversity within the population, with some unable to demonstrate knowledge of the community profile of the borough. For example, some staff did not recognise that there were seldom, or unheard communities in the borough. However, other staff gave examples of how they supported and effectively engaged with people taking account of protected characteristics, such as those with sensory needs when they had been supported by translation services. We were told about monthly auditing of Care Act assessments and care plans focusing on the recognition of cultural diversity and ensuring they promoted a diverse provision of care.

Internal staff equality, diversity and inclusion networks had been expanded, and staff and people involved with co-production said recruitment practices were evolving to attract a more diverse workforce to the local authority. Additionally, the local authority demonstrated a commitment towards workforce diversity by signing up to the Workforce Race Equality Standard (WRES) in October 2024.

Inclusion and accessibility arrangements

The local authority was reactive to providing accessible options for people when they were aware of their barriers to care and support.

There were inclusion and accessibility arrangements in place so people could engage with the local authority in ways that worked for them, for example British Sign Language or interpreting services. A contracted translation provider for the local authority offered in person, telephone, video, written, and braille translation services and that access to these services was timely.

Staff told us ‘easy read’ versions of resources such as guidance on direct payments were available for people, as well as information in different languages. One person we spoke with told us the local authority had accommodated their preferred methods of engagement, which had helped them to build trust and rapport and enabled them to be fully involved in decisions about their care.