

# 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

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The local authority was working to understand its local population profile, and demographics to better understand how it could reach all communities. Oxfordshire County Council had an Equality, Diversity, and Inclusion plan for June 2024, which highlighted areas of action for children's and adult social care, and demonstrated the local authority was on an improvement journey. There were examples of positive projects, and of person-centred delivery designed to improve outcomes in the community. However, equality and diversity had not been embedded throughout adult social care. More improvements were needed to ensure decisions were data-driven and evidenced-based. Staff acknowledged the need to better use equality diversity and inclusion data to drive improvements and make changes and this was an area that the local authority had started to focus on.

The local authority was aware of health inequalities in the county and acknowledged Oxfordshire was a fairly healthy and affluent county. However, the local authority understood the differing needs of people who lived in the 10 wards identified which fell into the 20 percent most socioeconomically deprived in England. Oxfordshire's most deprived neighbourhoods had a life expectancy that was over 10 years shorter than people in more affluent areas. The local authority's approach to joint commissioning with health was based on the life course approach and designed to begin to tackle inequalities and implement system improvements across health and social care.

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Senior leaders acknowledged they had more work to do to address inequalities. It was recognised the next stage was to look at how to tackle inequalities collectively as a system and implement a plan. The VCS partners supported this and expressed that Oxfordshire experiences inequalities that were masked by the affluence of areas with lower levels of deprivation. People supported by adult social care who lived in more rural parts of the county faced barriers and inequalities and the local authority was aware of this. The local authority had developed several community profiles to better understand the needs of people living within more deprived parts of the county. The information was being used to support work being done to reach people who may be in under-served communities. The local authority had identified a number of areas for continuous improvement in relation to equality, diversity and inclusion which were yet to be started. This included future plans to co-design and implement approaches to equality, diversity and inclusion with those with lived experience including seldom heard groups. The local authority also had plans to improve data in areas including ethnicity and religion as it was identified there was a lack of data to ensure community needs were understood.

Partners understood that people who lived in more rural parts of the county may be more likely to face loneliness and isolation which was more prevalent for people living in these areas. Data used by the local authority and its partners showed around 35% of people aged 75 or over were living alone. Limited local transport provision had prevented some people from being able to take part in social activities, which in turn had increased isolation. Partners described how this problem was more significant for people living in villages and rural parts of the county unable to access services. There were significant challenges with the provision of transport for people with physical disabilities and sensory impairments, specifically people who used a wheelchair. People using services and carers said they relied on the volunteer driver scheme which was described as patchy and inadequate to meet people's needs. It was recognised that the local authority had identified some areas of improvement and funding to target under-served communities.

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Senior leaders acknowledged the need to provide care and support to under-served communities. The authority was now focused on this area of development. Examples were provided of the shortage of sites suitable for the Gypsy Roma and Traveller community to live in, highlighting that a local plan was now in place to address the issue.

Staff told us that they considered protected characteristics when care and support was provided. Staff told us that culture and religious preferences were duly considered to provide bespoke and responsive support to people who drew on care and support. An example was provided of finding a specific supported living placement out of the area because the accommodation was able to support the individual's religious beliefs.

There were clear areas of improvement for the local authority to ensure there was a consistent embedded approach to equality, diversity, and inclusion across adult social care. There was a clear reliance on the VCS to work with under-served groups. However, senior leaders acknowledged there was not always equal provision of the VCS across the county for people to access.

Oxfordshire County Council had signed a covenant with the Armed Forces in 2011; this was renewed with civilian and military partners in 2018. The covenant aimed to encourage partnership work with charities, local authorities, businesses, communities, and individuals to work together with the military to offer support to service personnel and their families as well as reservists and veterans. There were 4 veterans clubs in Oxfordshire, one actively supported Carterton camp. The club aimed to provide support and access to other services such as housing. The local authority acknowledged the different needs of this community, and processes were in place to meet the base commander and attend meetings to support the authority to analyse the needs of this community.

The Health and Wellbeing strategy had recently been renewed with a focus on seldom heard-heard groups and diverse communities to support identifying people at risk of poorer health outcomes.

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Partners told us they now believed that the Lesbian, Gay, Bisexual, Transgender, Queer, Intersex (LGBTQIA+) community in Oxfordshire was the third largest in the UK. Census 2021 data shows that 4% of Oxfordshire residents aged 16 and over identified with various non-heterosexual orientations, ranking the county 37th out of 175 authorities. A recent survey undertaken by a service found that 50% of respondents were in relationships with features of domestic abuse. Partners felt the local authority did not provide or commission services to adequately support domestic abuse for LGBTQIA+ people. Research produced by the JSNA Women's and Equalities Committee in Oxfordshire found that LGBTQIA+ people felt they were expected to fit into systems that assumed they were straight and cisgender. It was unclear what future support had been identified for LGBTQIA+ people in Oxfordshire. The local authority acknowledged that information on sexual orientation was not routinely collected, and they were working to ensure all protected characteristics were recorded in systems to have a better understanding of people who use adult social care services.

The local authority undertook work with the VCS. However, partners felt more engagement was needed to better understand the needs of the community. It was felt local authority needed to communicate much more, not just to individuals but also to wider communities. The positive initiatives were recognised but people did not always know about them across diverse communities. It was felt Oxfordshire was diverse but there was a focus on Oxford City, which was not helpful to rural communities and communities such as the large African-Caribbean community.

There were pockets of good practice such as the grants provided to VCS partners and work that had started to review the assets of the voluntary sector. However, the authority needed to get better at looking more broadly.

The local authority was using information gathered on equality diversity and inclusion to plan the commissioning of services such as community hubs. There was an equality, diversity, steering group that reviewed how data collated could be used for service improvements, but the authority had plans to use the data to fully understand the needs of seldom herd groups.

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## Inclusion and accessibility arrangements

Inclusion and accessibility arrangements were considered by the local authority. However, there remained areas that needed further development such as digital inclusion and access to service provision in all areas.

The local authority had commissioned an interpretation service. This included phone and in-person translation, written translation, British Sign Language interpretation, and interpretation for people who were blind or visually impaired. The local authority recommissioned interpretation services to ensure language would not be a barrier to accessing services. People's individual needs and characteristics were considered when providing care and support, to provide inclusive and accessible options for people.

Although BSL interpretation was made available and accessible from multiple sources, additional resources had been secured to invest in interpreters, which helped support people who were profoundly deaf and whose first language was British Sign Language. They had identified that the group of people faced barriers to accessible communication with the local authority. The local authority had a digital inclusion strategy. Oxfordshire had recognised the barriers to digital access and had ensured there was a digital offer across Oxfordshire Libraries that delivered digital resources, such as free access to Wi-Fi and computers, with trained staff to support people to get online. Partners told us digitalisation had caused a barrier for some elderly people to access the same resources as others in the community. The local authority had identified this as an area for improvement.

The local authority produced an easy read document for homeless people to signpost them to services. There was a directory of around 2000 services available to people, including information on local voluntary and community-based organisations. It was available in both a physical handbook which could be posted to people, as well as an online website.

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The local authority commissioned a service to provide support to unpaid carers living in Oxfordshire. Contact methods included access to a language line translation service which enabled a translator to be added to calls with unpaid carers to enable communication in over 200 languages.

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