

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

The local authority worked with stakeholders and used data from the Joint Strategic Needs Assessment (JSNA) to understand the current care and support needs of people and communities. Leaders told us that they needed to develop objectives regarding improving experiences and outcomes for people who were more likely to have poor experiences of care such as those from minority backgrounds. Action planning was being led by the Principal Social Worker (PSW) and senior operational leaders. They told us they planned to use qualitative data gathered from quality assurance processes to help them inform provision of culturally appropriate services for those with protected characteristics, and to address intersectionality issues moving forward.

At the point of assessment, the authority had not provided any information about groups of people in their area identified as being at risk of having unmet needs or poor outcomes because of their protected characteristics. Leaders told us that they are aware of shortfalls in their current data set for them to utilise to inform them of areas of risk and had plans to address this.

The 'Council Plan 2023-27' stated that a key aim was to be an inclusive borough where nobody was left behind. The local authority recognised the need to improve both their understanding, and the actions required to achieve this. At the time of our assessment, there was a large majority white British population, however the demographic of Wirral was changing, with the rate of change in the city region being faster than the national average and there had been a 154% increase from 2011 to 2021 of people who identified as black. Leaders and staff were able to identify ethnic minority communities such as people from Ukraine, Afghanistan and Syria. We were told about people from minority backgrounds accessing a multi-cultural centre in the community, however staff were not able to demonstrate how they reached into these communities to work with them to increase their cultural understanding of needs.

There were large health inequalities in Wirral, which were longstanding. Staff and leaders consistently referenced the 'east' and west' of the local authority area, with the west being considered an affluent area, and the east having high levels of deprivation. There was up to a 12.6 year difference in life expectancy between areas of deprivation and the rest of the borough. Wirral's "Equity for People and Place" 2021-26" plan stated their vision to create equity for people and place, and opportunities to secure the best possible future for their residents, communities and businesses. The plan did not specifically reference minority communities, or seldom heard voices, however we were told by partners that a new Council for Voluntary Services (CVS) had been set up by the local authority and it had invited 'Wirral Change' to take part. Wirral Change supported people from ethnic minority backgrounds and we found they were able to provide a voice for seldom heard communities.

Leaders told us their integrated health and social care offer needed further development. Although socio-economic determinants of health were the principal consideration, leaders recognised the impact that a well-designed health and care system played in addressing inequalities of people's access and outcomes from care. To support this, leaders told us that the Better Care Fund (BCF) and the Health and Care Plan for Wirral incorporated equality and health inequalities as core delivery priorities. Equality Impact assessments would be completed for all future commissions and would be included as part of reviews of existing service. The local authority expected all future commissions to have identified key metrics to monitor and measure their impact on inequalities. The local authority had undertaken equality impact assessments in October 2022 on its services and some of its strategies. Within the equality impact assessments, the local authority considered positive and negative impacts on people with protected characteristics, as well as any mitigating action needed to address potential negative impacts. One action from this was to ensure all information and materials would be made available in different languages and formats. Partners told us that easy-read formats were not always available and were sometimes asked by the local authority to create their own.

Partners told us that although there was a strong voluntary sector in Wirral, there was a gap in focus on communities of interest for example the needs of LGBTQ+ population with no specific voluntary organisation leading on or representing this work. Partners also highlighted a significant gap around addressing the issue of hoarding. We were told that staff often failed to recognise hoarding as a concern. The local authority had offered training sessions and held a development day attended by 120 health and social care staff. They had also commissioned scoping work with an independent specialist with plans to provide a multi-disciplinary team (MDT) approach to this.

The local authority had regard to its Public Sector Equality Duty (Equality Act 2010). There was a strategic approach to co-production to inform and underpin development of its strategies. In response to a '2023 All Age Disability Review', the local authority co-produced 'Wirral's All Age Disability Strategy 2024-2029' with people from across the local authority area including people with disabilities, their parents and carers, practitioners, commissioners, volunteers, and colleagues in health and social care. The strategy's vision was that people of all ages with disabilities would maximise their potential and be able to live a full and active life.

An 'inequality audit' had been carried out, and it was identified that people from black and ethnic minority (BAME) backgrounds were not accessing drug and alcohol services equally as other groups. Public health staff worked with multicultural organisations to understand the reasons behind this and then co-produced services. Insight work was undertaken with the community, and through this, barriers to accessing drugs and alcohol support were understood from different cultural perspectives. Reasons included not wanting to admit dependency due to stigma associated within different communities. As part of the work, community leaders delivered key messages to their communities and encouraged people to seek support.

Ukrainian and ethnic minority communities were identified as harder to reach communities in Wirral. The local authority had recently funded a well-attended event which took place in Birkenhead to develop links with different communities. Third sector organisations were invited and advertised and showcased the support they could offer. Partners asked the people attending for feedback about what is working and not working for them and fed this back to the local authority for consideration.

We found staff who performed Care Act duties understood cultural diversity within the area and took steps to engage appropriately. They received equality, diversity and inclusion training and were able to describe how to access interpreting services. A majority of staff spoke positively of their experience of engaging with interpreting services without delay, however this appeared to be a barrier for the out of hours team who struggled to access support with interpreting services overnight.

Inclusion and accessibility arrangements

There was mixed feedback about inclusion and accessibility arrangements. Partners reported experiencing issues around digital exclusion due to most information now being online, with some people not having the facility to access this. Staff reported mixed experiences of gaining access to British Sign Language (BSL) interpreters to support them in their Care Act duties, with some finding this problematic.

We heard about a person who had a hearing impairment struggling to engage with the local authority's financial assessment process. They told the local authority that they didn't understand the forms and requested a home visit due to their first language being British Sign Language (BSL). This was refused due to the process being form-based, and we were told nobody from the authority followed this up to ensure that the person understood the financial assessment process. The person then accessed support from a specialist support organisation locally, although they had not been signposted to it. In contrast to this we were told that the local authority had been consistently supportive to people with hearing loss, commissioning services to ensure people can stay connected with their culture and community, stay independent in their own homes and have access to mainstream services through deaf-led services.

There was a bespoke team to support visually impaired people, and people told us about their positive experience of the service in providing equipment and assistive technology. They had been happy with the offer available and the responsiveness of the team. There was no current team specialising in hearing impairment, and no current plans for one.

People said that difficulties were experienced by people whose first language was not English, with feedback stating they could not always access written information. Leaders acknowledged more work was needed to be more inclusive of those whose first language was not English.