

## EQIA Submission Draft Working Template

If required, this template is for use prior to completing your EQIA Submission in the EQIA App. You can use it to understand what information is needed beforehand to complete an EQIA submission online, and also as a way to collaborate with others who may be involved with the EQIA. Note: You can upload this into the App when complete if it contains more detailed information than the App asks for and you wish to retain this detail.

### Section A

#### 1. Name of Activity (EQIA Title):

ASC 2026/27 Proposed Provider Fee Uplifts

#### 2. Directorate

Adult Social Care and Health

#### 3. Responsible Service/Division

Adults & Integrated Commissioning

### Accountability and Responsibility

#### 4. Officer completing EQIA

Note: This should be the name of the officer who will be submitting the EQIA onto the App.

#### 5. Head of Service

Note: This should be the Head of Service who will be approving your submitted EQIA.

Helen Gillivan

#### 6. Director of Service

Note: This should be the name of your responsible director.

Sarah Hammond

### The type of Activity you are undertaking

#### 7. What type of activity are you undertaking?

**Service Change** – *operational changes in the way we deliver the service to people.* Answer Yes/No

No

**Service Redesign** – *restructure, new operating model or changes to ways of working.* Answer Yes/No

No

**Project/Programme** – *includes limited delivery of change activity, including partnership projects, external funding projects and capital projects.* Answer Yes/No

No

**Commissioning/Procurement** – *means commissioning activity which requires commercial judgement.* Answer Yes/No

Yes

**Strategy /Policy** – *includes review, refresh or creating a new document.* Answer Yes/No

<b>No</b>
<b>Other</b> – Please add details of any other activity type here.
<b>No</b>
<p><b>8. Aims and Objectives and Equality Recommendations</b> – Note: You will be asked to give a brief description of the aims and objectives of your activity in this section of the App, along with the Equality recommendations. You may use this section to also add any context you feel may be required.</p> <p>The primary objective is to, consider the impact of, and if supported, approve, the proposed annual fee uplift for Adult Social Care commissioned services. This process involves careful consideration of various cost pressures currently affecting Adult Social Care providers. It also takes into account the employment costs faced by Individuals who directly employ personal assistants through Direct Payments. Another crucial factor is the level of resources allocated to Kent County Council by the Government, alongside other financial challenges faced by the service.</p> <p>The Care Act 2014 requires local authorities to ensure market sustainability and continuity of care. While the Act does not mandate automatic inflationary uplifts, decisions must be evidence-based and proportionate to maintain a diverse and sustainable market.</p> <p>National Benchmarking shows that Kent County Council pays higher than other local authorities as a result of above-inflation uplifts in some years and targeted interventions to support market stability.</p> <p>The 2025 average fee which KCC pays to external providers for residential care, excluding nursing, is £1,186.81 compared to a national average of £955.56. This represents an increase in Kent of 11.6% over the comparable figure for 2024 compared to a national average of 4.9%. This is on top of an increase in Kent of 20.2% between 2023 and 2024 compared to a national average of 8.5%. The fees for external providers, including nursing care, show similar increases with the fee level for 2025 increasing in Kent by 11.2% on 2024 (compared to a national average of 4.9%), on top of increases between 2023 and 2024 of 14.7% (compared to national average of 7.0%).</p> <p>While ASC remains a priority, national funding has not kept pace with the scale of demand and cost pressures facing local authorities, limiting the Council's ability to fully absorb inflationary increases. As a result, a targeted and differentiated approach to fee uplifts is required to reflect the specific service area, to ensure financial sustainability and the continued delivery of statutory duties.</p> <p>Contract terms vary across service areas; however, many Adult Social Care contracts include provision for an annual fee review which may take account of inflationary measures such as the Consumer Price Index (CPI), while compliance with section 5 duties to maintain market sustainability and choice also need to be ensured.</p> <p>Adult Social Care providers deliver essential support to individuals who are often vulnerable and are more likely to have protected characteristics. As the service is means-assessed, those accessing it are also disproportionately economically disadvantaged. It is therefore important that these factors are incorporated into the decision-making process when agreeing the annual uplift.</p>
<h2>Section B – Evidence</h2> <p><i>Note: For questions 9, 10 &amp; 11 at least one of these must be a 'Yes'. You can continue working on the EQIA in the App, but you will not be able to submit it for approval without this information.</i></p> <p><b>9. Do you have data related to the protected groups of the people impacted by this activity? Answer: Yes/No</b></p> <p>Yes</p> <p><b>10. Is it possible to get the data in a timely and cost effective way? Answer: Yes/No</b></p> <p>Yes</p>

**11. Is there national evidence/data that you can use? Answer: Yes/No**

Yes

**12. Have you consulted with Stakeholders?**

Answer: Yes/No

Stakeholders are those who have a stake or interest in your project which could be residents, service users, staff, members, statutory and other organisations, VCSE partners etc.

Yes

**13. Who have you involved, consulted and engaged with?**

Please give details in the box provided. This may be details of those you have already involved, consulted and engaged with or who you intend to do so with in the future. If the answer to question 12 is 'No', please explain why.

Consultation and engagement with specific providers and provider representative organisations, including the Kent Integrated Care Alliance (KICA) and the National Care Association (NCA).

National Benchmarking has also been completed.

**14. Has there been a previous equality analysis (EQIA) in the last 3 years? Answer: Yes/No**

Yes

**15. Do you have evidence/data that can help you understand the potential impact of your activity?**

Answer: Yes/No

Yes

**Uploading Evidence/Data/related information into the App**

*Note: At this point, you will be asked to upload the evidence/ data and related information that you feel should sit alongside the EQIA that can help understand the potential impact of your activity. Please ensure that you have this information to upload as the Equality analysis cannot be sent for approval without this.*

ASCH Demographics and Protected Characteristics - 9 January 2026 Power BI report

**Section C – Impact****16. Who may be impacted by the activity? Select all that apply.**

Service users/clients - Answer: Yes/No

Yes

Residents/Communities/Citizens - Answer: Yes/No

Yes

Staff/Volunteers - Answer: Yes/No

Yes

**17. Are there any positive impacts for all or any of the protected groups as a result of the activity that you are doing? Answer: Yes/No**

Yes

**18. Please give details of Positive Impacts**

The proposed fee uplifts for Adult Social Care providers are designed with a clear focus on safeguarding the wellbeing and outcomes of people who draw on care and support. By prioritising investment in care at home services and applying targeted uplifts to key areas such as supported living and residential care for working-age adults, the Council aims to ensure continuity and stability of care for individuals with varying and often complex needs. This approach helps to mitigate the risk of service disruption, which is particularly important for vulnerable groups who may be disproportionately affected by instability in the care market. The uplift in home care fees, in particular, supports people to remain independent in their own homes for longer, aligning with the Council's commitment to prevention, early intervention, and the promotion of independence.

Furthermore, by reflecting increases in employment costs, such as the National Living Wage, in provider payments, the Council supports the recruitment and retention of skilled care staff. This has a direct positive impact on the supported Individuals, as a stable and well-supported workforce is fundamental to delivering high-quality, consistent care. The flexibility built into the approach to direct payments also ensures that Individuals who arrange their own care can access additional support if their needs or costs change, promoting personalised care and empowering people to make choices that best suit their circumstances.

The Council's ongoing engagement with providers and commitment to monitoring market conditions further protects the Individuals by enabling timely interventions where there is a risk to continuity of care.

Overall, the fee uplift proposals are underpinned by statutory duties to promote market sustainability and continuity of care, as set out in the Care Act 2014. The approach is both evidence-based and proportionate, ensuring that limited public resources are directed where they will have the greatest positive impact for people who access Adult Social Care. By maintaining a diverse and sustainable care market, the Council helps to safeguard choice, quality, and equity for all Individuals who access Adult Social Care, while also ensuring that those with the greatest needs continue to receive the support necessary to live fulfilling and independent lives.

## Negative Impacts and Mitigating Actions

The questions in this section help to think through positive and negative impacts for people affected by your activity. Please use the Evidence you have referred to in Section B and explain the data as part of your answer.

### 19. Negative Impacts and Mitigating actions for Age

**a) Are there negative impacts for Age?** Answer: Yes/No  
(If yes, please also complete sections b, c, and d).

Yes

#### b) Details of Negative Impacts for Age

Older people represent the largest group of individuals supported by Adult Social Care and are therefore more likely than other groups to be affected by changes to fee uplifts and market conditions.

As of 9 January 2026.

- 19,781 of older people (aged 65 and over) were receiving Adult Social Care support, representing 55.7% of all Adult Social Care ;
- 19.3% of older people supported by the Council were receiving Care and Support in the Home services;
- 20.6% of older people were living in Older People's Residential or Nursing Care settings.

Older people typically access care through a combination of care at home, residential care, and nursing care, often moving between these services as needs change. The proposed approach for 2026/27 includes:

- a CPI-linked uplift for Care and Support in the Home services; and
- no general uplift for Older People's Residential and Nursing Care, linked to benchmarking information indicating KCC is paying more than national average.

This differentiated approach reflects the Council's commissioning strategy, financial constraints, and market conditions, and has been assessed for its potential impact on older people as a protected group.

The absence of a general uplift for Older People's Residential and Nursing Care may create indirect pressure on some providers and, if unmanaged, could affect market stability over time. This could disproportionately affect older people who require higher levels of care in regulated settings.

However, this decision has been taken in the context of:

- the Council being a comparatively high payer for older people's residential and nursing care when benchmarked nationally;
- a new Older People's Residential and Nursing Care contract being procured, with updated pricing to apply to new placements from Summer 2026; and
- the current contract has a six-monthly review of indicative prices for new placements, enabling the Council to respond to changing market conditions over time

### c) Mitigating Actions for Age

Section 5 of the Care Act 2014 requires the Council to have regard to the sustainability of the care and support market and to ensure continuity of care. The Council's duty is to maintain overall market sustainability and continuity of care, rather than guarantee the viability of individual providers or apply uniform uplifts.

The Council has mitigated potential adverse impacts on older people by:

- prioritising investment in Care and Support in the Home services, which directly benefits older people supported by the Council;
- applying a discretionary contractual CPI uplift to care at home, supporting workforce stability and capacity in a labour-intensive service;
- progressing a new residential and nursing care contract with updated pricing for future placements; and
- retaining the ability to respond to clear and evidenced risks to continuity of care through existing market oversight and continuity arrangements.

The Council has had due regard to the needs of older people as a protected characteristic and to its duties under section 5 of the Care Act 2014 in developing the **proposed** approach to fee uplifts for 2026/27. While the proposal includes no general uplift for Older People's Residential and Nursing Care, the overall package of measures - including targeted investment in care at home, ongoing market oversight, and continuity safeguards - is intended to support the Council in meeting its statutory responsibilities in a proportionate and lawful manner, should the decision be approved.

The Council has established arrangements to manage provider failure and market disruption and will continue to actively monitor the Older People's Residential and Nursing Care market. The Council has a team dedicated to arranging care. The Council's Locality team work proactively with providers to improve quality in care provision and will help identify issues and provide support to resolve them. Where risks to continuity of care for older people are identified, the Council will take proportionate action to ensure assessed needs continue to be met, in line with its statutory duties. Overall, the impact is largely indirect and arises from potential market-wide pressures rather than necessarily from the differential treatment of this group

This Equality Impact Assessment will be kept under review following any endorsement or approval of the decision and will be updated as implementation progresses and as market conditions evolve.

### d) Responsible Officer for Mitigating Actions - Age

Helen Gillivan

## 20. Negative Impacts and Mitigating actions for Disability

**a) Are there negative impacts for Disability?** Answer: Yes/No  
(If yes, please also complete sections b, c, and d).

Yes

### b) Details of Negative Impacts for Disability

Disabled people represent a significant proportion of adults receiving long-term care and support from the Council. This includes people with learning disabilities, physical disabilities, and long-term mental health conditions which meet the definition of disability under the Equality Act 2010, where such conditions have a substantial and long-term adverse effect on an individual's ability to carry out normal day-to-day activities. Many individuals supported through Adult Social Care require ongoing, specialist and highly personalised support to meet assessed needs, promote independence and support participation in community life.

- 19,988 adults with a learning disability, physical disability, or long-term mental health condition (some of whom are over 65) were receiving Adult Social Care support, representing 56.3% of all Adult Social Care people receiving care and support;
- 15.8% of disabled adults were supported through supported living services;

- 10.6% were supported through residential care for working age adults (Learning Disability, Physical Disability and Mental Health); and
- 5.4% accessed Everyday Life Activities (ELDA) services as part of their care and support arrangements.

The proposed approach for 2026/27 includes:

- a 2% uplift for Supported Living services (framework providers);
- a 2% uplift for Residential Care for Working Age Adults (Learning Disability, Physical Disability and Mental Health) (framework provider); and
- no general uplift for Everyday Life Activities (ELDA) services.

Supported living and residential care services are typically commissioned to meet ongoing eligible care and support needs for disabled people with higher or more complex levels of need. ELDA services, by contrast, are commissioned to provide flexible, preventative and enabling support, often alongside other services, to help people maintain independence and reduce escalation of need.

This differentiated approach ensures compliance with section 5 duties to maintain market sustainability and choice, and reflects variation in cost drivers across service types, and the Council's commissioning priorities, while maintaining a clear focus on meeting assessed needs, supporting independence and prevention, and ensuring continuity of care.

### **c) Mitigating Actions for Disability**

The Council has had due regard to its duties under the Care Act 2014, including:

- the duty under section 5 to have regard to the sustainability of the care and support market; and
- the duty to ensure that individuals' assessed eligible needs continue to be met.

These duties do not require the Council to guarantee the financial sustainability of individual providers or to apply uniform fee uplifts across all service types. Instead, they require the Council to take proportionate steps to maintain sufficient market capacity and continuity of care.

Potential impacts on disabled people are mitigated through:

- targeted uplifts for supported living and residential LD/PD/MH services;
- commissioning through framework arrangements to support quality, workforce standards and oversight;
- ongoing review of individual care packages to ensure support remains aligned to assessed need and outcomes;
- continued commissioning of ELDA services as part of wider care and support pathways; and
- active market oversight and continuity planning, with the ability to take proportionate action where there is clear and evidenced risk to continuity of care.

Where risks to continuity of care for disabled people are identified, the Council will take appropriate and proportionate action to ensure assessed needs continue to be met. This may include working with providers to stabilise provision, identifying alternative suitable support, or adjusting commissioning approaches where necessary. Any action taken will be evidence-based, time-limited, and focused on protecting individuals.

The Council has had due regard to the needs of disabled people as a protected characteristic, including individuals with long-term mental health conditions that meet the definition of disability under the Equality Act 2010, and to its duties under the Care Act 2014 in developing the **proposed** approach to fee uplifts for 2026/27.

While the proposal includes differentiated uplifts across supported living, residential care and ELDA services, this approach is intended to ensure market sustainability and that disabled people's assessed needs continue to be met.

The Council has an established process for managing provider failure. The council has a team dedicated to arranging care. Continuous engagement with the sector will be in place to try and ensure sufficient provision. Please see the Continuity Risk Monitoring Addendum.

The Council's Locality team work proactively with providers to improve quality in care provision and will help identify issues and provide support to resolve them.

This Equality Impact Assessment will be kept under review following any endorsement or approval of the proposals, and will be updated as implementation progresses and as market conditions evolve.

#### **d) Responsible Officer for Mitigating Actions - Disability**

Helen Gillivan

#### **21. Negative Impacts and Mitigating actions for Sex**

**a) Are there negative impacts for Sex?** Answer: Yes/No  
(If yes, please also complete sections b, c, and d).

Yes

#### **b) Details of Negative Impacts for Sex**

Of those supported by Adult Social Care, 56.9% are female.

The differentiated approach to uplift ensures compliance with section 5 duties to maintain market sustainability and choice, and reflects variation in cost drivers across service types, and the Council's commissioning priorities may disproportionately affect women as more women than men draw on care and support. Care providers may opt to withdraw from service delivery or decline new placements from the Council.

#### **c) Mitigating Actions for Sex**

The Council has an established process for managing provider failure. The Council has a team dedicated to arranging care. Continuous engagement with the sector will be in place to try and ensure sufficient provision. Please see the Continuity Risk Monitoring Addendum.

The Council's Locality team work proactively with providers to improve quality in care provision and will help identify issues and provide support to resolve them.

This Equality Impact Assessment will be kept under review following any endorsement or approval of the proposals, and will be updated as implementation progresses and as market conditions evolve.

#### **d) Responsible Officer for Mitigating Actions - Sex**

Helen Gillivan

#### **22. Negative Impacts and Mitigating actions for Gender identity/transgender**

**a) Are there negative impacts for Gender identity/transgender?** Answer: Yes/No  
(If yes, please also complete sections b, c, and d).

Yes

#### **b) Details of Negative Impacts for Gender identity/transgender**

0.2% of the Individuals accessing Adult Social Care services have not disclosed their identity. There is no recorded data for gender identity; impacts are therefore assessed by applying general equality principles and known risks for this group.

A decrease in the number of providers available to the Council may substantially impact our capacity to effectively address the unique needs of transgender individuals seeking Adult Social Care services. With fewer providers to choose from, there is an increased risk that individuals may not be matched with appropriately trained or sensitive care professionals who understand and can respond to the unique requirements related to gender identity. This could lead to gaps in care, reduced personalisation of support, and may inadvertently reinforce barriers to accessing safe and inclusive services for transgender people.

Therefore, it is essential for the Council to maintain a diverse and robust provider market to ensure our duty of care is upheld and the rights and wellbeing of transgender service users are fully respected and protected.

### **c) Mitigating actions for Gender identity/transgender**

As we recommission services, we will prioritise providers who can effectively support gay, lesbian, bisexual, and transgender people. This is central to ensure inclusive, sensitive, and personalised care for all, in line with the Council's duty of care and equality commitments. We will monitor current provision and escalate risks promptly, alongside recommissioning priorities.

The Council has an established process for managing provider failure. The Council has a team dedicated to arranging care. Continuous engagement with the sector will be in place to try and ensure sufficient provision. Please see the Continuity Risk Monitoring Addendum.

The Council's Locality team work proactively with providers to improve quality in care provision and will help identify issues and provide support to resolve them.

Overall, the impact is largely indirect and arises from potential market-wide pressures rather than necessarily from the differential treatment of this group

This Equality Impact Assessment will be kept under review following any endorsement or approval of the proposals, and will be updated as implementation progresses and as market conditions evolve. Immediate monitoring and escalation will occur if risks materialise, as set out in the addendum.

### **d) Responsible Officer for Mitigating Actions - Gender identity/transgender**

Helen Gillivan

### **23. Negative Impacts and Mitigating actions for Race**

**a) Are there negative impacts for Race? Answer: Yes/No**  
*(If yes, please also complete sections b, c, and d).*

Yes

### **b) Details of Negative Impacts for Race**

Of those receiving care and support, 1.7% are Asian/Asian British, 1.5% are Black, Black British Caribbean or African, 1% come from Mixed or Multiple ethnic groups, and 0.6% belong to other ethnic backgrounds. Ethnicity is unrecorded in 9.6% of cases.

If provider options decrease, it may undermine confidence that individuals from non-white ethnic backgrounds will have their needs met.

### **c) Mitigating Actions for Race**

The Council is committed to ensuring that the needs of individuals from various ethnic backgrounds are fully met, as stipulated within the contractual agreements and providers' CQC registration requirements. When contracts are re-commissioned, the Council will actively assess whether there are providers with a particular focus on serving specific communities, thus supporting tailored care provision.

To further mitigate any potential negative impacts, all Council staff involved in communications receive comprehensive training to ensure effective and appropriate interactions, including arranging translation services when required. This proactive approach helps to minimise any barriers, registering only a low level of negative impact.

The Council has an established process for managing provider failure. The Council has a team dedicated to arranging care. Where matching to cultural or linguistic needs is required, the Brokerage team will prioritise providers with relevant competencies. Continuous engagement with the sector will be in place to try and ensure sufficient provision. Please see the Continuity Risk Monitoring Addendum.

The Council's Locality team work proactively with providers to improve quality in care provision and will help identify issues and provide support to resolve them. Overall, the impact is largely indirect and arises from potential market-wide pressures rather than necessarily from the differential treatment of this group.

This Equality Impact Assessment will be kept under review following any endorsement or approval of the proposals, and will be updated as implementation progresses and as market conditions evolve. Immediate monitoring and escalation will occur if risks materialise, as set out in the addendum.

#### **d) Responsible Officer for Mitigating Actions – Race**

Helen Gillivan

#### **24. Negative Impacts and Mitigating actions for Religion and belief**

**a) Are there negative impacts for Religion and Belief?** Answer: Yes/No  
(If yes, please also complete sections b, c, and d).

Yes

#### **b) Details of Negative Impacts for Religion and belief**

For Individuals who are currently supported by Adult Social Care services, 66.9% are recorded as having a faith, 24.4% are recorded as having no religion, and 8.7% do not have their religion or belief status recorded.

Therefore, the majority of Individuals accessing Adult Social Care services may have specific faith-related needs or preferences that should be respected and accommodated wherever possible. If there is a reduction in the supply of care providers, and therefore limited options available, it may become more difficult for people to find providers who are able to meet the cultural, spiritual or religious requirements of faith groups. This could result in faith-based dietary preferences, religious observance, or the need for specific facilities or time for worship not being met, potentially impacting the wellbeing and dignity of Individuals.

In addition, reduced choice may also mean that individuals from minority faith groups experience greater barriers in accessing appropriate care, leading to feelings of exclusion or discrimination. It is therefore essential that the Council continues to monitor and address these risks, working closely with providers to ensure that the diversity of religious and belief needs within the community is recognised and supported.

#### **c) Mitigating Actions for Religion and belief**

The Council is committed to ensuring that the needs of Individuals from various religious backgrounds are fully met, as stipulated within the contractual agreements and providers' CQC registration requirements. When contracts are re-commissioned, the Council will actively assess whether there are providers with a particular focus on serving specific communities, thus supporting tailored care provision. The Council has an established process for managing provider failure. The Council has a team dedicated to arranging care. Continuous engagement with the sector will be in place to try and ensure sufficient provision. The Council's Locality team work proactively with providers to improve quality in care provision and will help identify issues and provide support to resolve them.

Overall, the impact is largely indirect and arises from potential market-wide pressures rather than necessarily from the differential treatment of this group.

This Equality Impact Assessment will be kept under review following any endorsement or approval of the proposals, and will be updated as implementation progresses and as market conditions evolve.

#### **d) Responsible Officer for Mitigating Actions - Religion and belief**

Helen Gillivan

#### **25. Negative Impacts and Mitigating actions for Sexual Orientation**

**a) Are there negative impacts for sexual orientation.** Answer:  
Yes/No (If yes, please also complete sections b, c, and d).

Yes

**b) Details of Negative Impacts for Sexual Orientation**

Of those accessing care and support services arranged by the Council, 0.7% are recorded as identifying as Gay or Lesbian, 0.3% as Bisexual, and 0.8% as Other. These figures are notably lower than the national average rates and this may reflect under-recording rather than actual population proportion.

Furthermore, in over 28% of cases, sexual orientation is either not recorded or is marked as 'prefer not to say.' This significant proportion suggests challenges not only with data collection processes but also with Individuals' confidence in sharing this information. The reluctance or refusal to disclose sexual orientation could reflect concerns about privacy, fear of discrimination, or a perception that Adult Social Care staff may not be fully equipped to recognise and respect the diverse identities of Individuals.

This under-recording potentially limits the Council's ability to ensure services are fully inclusive and responsive to the needs of all individuals, especially those from the LGBTQ+ community. It highlights the importance of ongoing staff training, clear communication about confidentiality, and the fostering of a culture where Individuals feel safe and respected when disclosing personal information. The Council is committed to reviewing and improving data collection. Addressing these issues will be critical in improving the accuracy of data, enhancing trust in the service, and ensuring that support is appropriately tailored to meet the diverse needs of all Individuals.

**c) Mitigating Actions for Sexual Orientation**

The Council is committed to ensuring that the needs of Individuals different sexual orientations are fully met, as stipulated within the contractual agreements and providers' CQC registration requirements. When contracts are re-commissioned, the Council will actively assess whether there are providers with a particular focus on serving specific communities, thus supporting tailored care provision.

The Council has an established process for managing provider failure. The Council has a team dedicated to arranging care. Continuous engagement with the sector will be in place to try and ensure sufficient provision. Please see the Continuity Risk Monitoring Addendum.

The Council's Locality team work proactively with providers to improve quality in care provision and will help identify issues and provide support to resolve them.

Overall, the impact is largely indirect and arises from potential market-wide pressures rather than necessarily from the differential treatment of this group.

This Equality Impact Assessment will be kept under review following any endorsement or approval of the proposals, and will be updated as implementation progresses and as market conditions evolve. Immediate monitoring and escalation will occur if risks materialise, as set out in the addendum.

**d) Responsible Officer for Mitigating Actions - Sexual Orientation**

Helen Gillivan

**26. Negative Impacts and Mitigating actions for Pregnancy and Maternity**

**a) Are there negative impacts for Pregnancy and Maternity? Answer: Yes/No**  
*(If yes, please also complete sections b, c, and d).*

No

**b) Details of Negative Impacts for Pregnancy and Maternity****c) Mitigating Actions for Pregnancy and Maternity****d) Responsible Officer for Mitigating Actions - Pregnancy and Maternity**

## 27. Negative Impacts and Mitigating actions for marriage and civil partnerships

**a) Are there negative impacts for Marriage and Civil Partnerships? Answer: Yes/No**  
*(If yes, please also complete sections b, c, and d).*

Yes

### b) Details of Negative Impacts for Marriage and Civil Partnerships

21.5% of people who draw on care and support are recorded as being married or in a registered civil partnership, with 69% identified as being in other marital or civil partnerships, and 9.4% for whom marital status is not recorded.

A reduction in the choice of care providers may have a significant impact on these individuals, particularly those who are married or in civil partnerships. Where provider options become limited, it may become increasingly difficult to accommodate couples who wish to remain together in the same care setting, for example, by providing joint placements or coordinating care arrangements that enable continued cohabitation. This could lead to emotional distress, disruption of established relationships, and a reduction in overall wellbeing for both partners.

Furthermore, the lack of flexibility in provider choice may result in couples being separated, either temporarily or permanently, due to differing care needs or the unavailability of suitable provision. Such outcomes would not only affect the individuals concerned, but could also have wider social and psychological consequences, undermining the principle of supporting family life and partnership within the care system.

### c) Mitigating Actions for Marriage and Civil Partnerships

The Council's aim is to enable individuals to live independently in their own homes, including options such as Extra Care Housing, which offers enhanced support for couples to stay together compared to traditional residential care. Through the Council's accommodation strategy, we are committed to broadening access to extra care and supported living arrangements, ensuring these services can benefit a greater number of people, including couples.

The Council has an established process for managing provider failure. The council has a team dedicated to arranging care. Continuous engagement with the sector will be in place to try and ensure sufficient provision. The Council's Locality team work proactively with providers to improve quality in care provision and will help identify issues and provide support to resolve them. Overall, the impact is largely indirect and arises from potential market-wide pressures rather than necessarily from the differential treatment of this group.

This Equality Impact Assessment will be kept under review following any endorsement or approval of the proposals and will be updated as implementation progresses and as market conditions evolve.

### d) Responsible Officer for Mitigating Actions - Marriage and Civil Partnerships

Helen Gillivan

## 28. Negative Impacts and Mitigating actions for Carer's responsibilities

**a) Are there negative impacts for Carer's responsibilities? Answer: Yes/No**  
*(If yes, please also complete sections b, c, and d).*

Yes

### b) Details of Negative Impacts for Carer's Responsibilities

The Care Act 2014 describes a carer as 'somebody who provides support or who looks after a family member, partner or friend who needs help because of their age, physical or mental illness, or disability. This would not include someone paid or employed to carry out that role, or someone who is a volunteer.'

People that are 'Cared for' in total are 2872 representing 8.1% of all Adult Social Care:

- 22.2% are receiving Direct payments;
- 18.2% of those cared for were receiving Care and Support in the Home services; and
- 12.8% of those cared for were receiving Supported Living services.

The proposed approach for 2026/27 includes a differentiated approach reflecting the Council's commissioning strategy, compliance with section 5 duties to maintain market sustainability and choice and market conditions, and has been assessed for its potential impact on carers as a protected group.

If there is a reduction in the supply of care providers, and therefore limited options available, it may result in carers being required to provide more care, thereby affecting their economic, social and emotional wellbeing.

### **c) Mitigating Actions for Carer's responsibilities**

The Council has had due regard to its duties under the Care Act 2014, including:

- the duty under section 5 to have regard to the sustainability of the care and support market; and
- the duty to ensure that individuals' assessed eligible needs continue to be met.

These duties do not require the Council to guarantee the financial sustainability of individual providers or to apply uniform fee uplifts across all service types. Instead, they require the Council to take proportionate steps to maintain sufficient market capacity and continuity of care

The Council has mitigated potential adverse impacts on carers by:

- prioritising investment in Care and Support in the Home services, which directly benefits the person the carer is caring for;
- retaining the ability to respond to clear and evidenced risks to continuity of care through existing market oversight and continuity arrangements;
- commissioning an improved offer for carers through the Kent Carers' Support Service. This service will provide carers with a break from caring and promote improved wellbeing.

Each person has a financial assessment to determine the cost of their care based on their individual circumstances. In addition, there are processes and procedures in place to support people who are experiencing financial hardship.

The Council has an established process for managing provider failure. The Council has a team dedicated to arranging care. Continuous engagement with the sector will be in place to try and ensure sufficient provision. Please see the Continuity Risk Monitoring Addendum.

The Council's Locality team work proactively with providers to improve quality in care provision and will help identify issues and provide support to resolve them. Overall, the impact is largely indirect and arises from potential market-wide pressures rather than necessarily from the differential treatment of this group.

This Equality Impact Assessment will be kept under review following any endorsement or approval of the proposals, and will be updated as implementation progresses and as market conditions evolve.

### **d) Responsible Officer for Mitigating Actions - Carer's Responsibilities**

Helen Gillivan

### **EQIA Addendum – Continuity Risk Monitoring and Escalation**

This addendum supplements the Equality Impact Assessment for the proposed 2026/27 Adult Social Care Provider Fee Uplift decision. It sets out objective triggers, key performance indicators (KPIs), and escalation actions to manage continuity risks in line with Section 5 Care Act 2014 duties. The framework ensures proactive monitoring and timely intervention to maintain market sustainability, diversity, and quality of care.

Risk Indicator	Trigger	Monitoring Frequency	Responsible Officer	Escalation Action
Provider failure notices (provider led or imposed by regulatory bodies)	Provider led – notification of closure. Imposed notice issued by regulatory bodies	Weekly	Senior Commissioners to escalate to Director for Adults and Integrated Commissioning	Activate service closure protocol ; notify CQC; secure alternative provision
Residential and Nursing care home placement refusals due to price	Increase in care homes not accepting new placements because of price.	Weekly	Arranging Support Manager to escalate to Commissioning Manager	Review fee sufficiency; escalate to Directors if trend persists
Homecare waiting list	Increase in homecare waiting list.	Weekly meeting between Arranging Support and Adult Commissioning to track this.	Arranging Support Manager to escalate to the Senior Commissioner	Consider purchasing outside the framework; report to Director for Adults and Integrated Commissioning
Delayed discharges attributable to provider capacity	Increase in discharge waiting list	Weekly	Hospital Discharge Team Manager to escalate to Commissioning Manager	Escalate to system resilience group; commission/purchase additional or alternative capacity
CQC quality downgrades (Good to Requires Improvement or Inadequate)	3 or more downgrades in a quarter linked to finance	Quarterly	Senior Commissioner	Alongside initiating provider support plan investigate any correlation between funding and quality; review contractual compliance; consider fee adjustment
Supported Living care package hand backs	Formal notice from providers	Come through direct when issued	Senior Commissioner	Consider alternative options both off and on framework. Report to Director for Adults and Integrated Commissioning

#### **Review Cycle and Reporting:**

This continuity risk monitoring and escalation addendum will be reviewed quarterly by the Adult Social Care Directorate Management Team. A summary report of risk indicators, actions taken, and outcomes will be completed. Urgent escalations will be reported within 5 working days of trigger activation.