EQIA Submission – ID Number
Section A

EQIA Title
Recommissioning of Homecare Services

Responsible Officer
Matthew Dix - CED SC

Approved by (Note: approval of this EqIA must be completed within the EqIA App)
Helen Gillivan – AH CD

Type of Activity

Service Change
No
Service Redesign
No
Project/Programme
No
Commissioning/Procurement
Commissioning/Procurement
Strategy/Policy
No
Details of other Service Activity
No

Accountability and Responsibility

Directorate
Adult Social Care and Health
Responsible Service
Adult Social Care and Health – Adults Commissioning
Responsible Head of Service
Helen Gillivan – AH CD
Responsible Director
Sarah Hammond - AH CDO

Aims and Objectives

Homecare and community support services support the Council in discharging its statutory duties under the Care Act 2014, by enabling people to receive appropriate care and support within their own homes and communities. These services play a critical role in promoting independence, improving quality of life, preventing the escalation of need and the requirement for more intensive interventions, reducing the risk of family and carer breakdown, and supporting timely discharge from hospital for individuals who are medically fit. They represent one of the least restrictive and most proportionate ways of meeting a person's assessed care and support needs, enabling people to continue to live within their own/family home.

This commissioning activity will deliver services which provide people with the right care and support to help them to either remain independent, or build their independence and live meaningful lives. This ambition aligns closely with the visions set out in Adult Social Care's strategy, Making a Difference Every Day 2022-2027 "making a positive difference every day, supporting you to live as full and safe a life as possible and make informed choices".

The current combined planned annual spend on services in scope for 2025/26 is £87m as follows:

a) £82m on Homecare for adults
b) £125k on care and support in Prisons

This planned spend is to meet the following demand for services across Kent is over 55,000 hours of Homecare per week delivered to over 4,500 Adults.

The current 'Care and Support in the Home' (CSiH) Service brought together several existing Services under one contract to form an 'umbrella' of interventions. These services are currently delivered through a closed service contract under the Care and Support in the Home (CSiH) contract.

Section B – Evidence

Do you have data related to the protected groups of the people impacted by this activity?

Yes

It is possible to get the data in a timely and cost effective way?

Yes

Is there national evidence/data that you can use?

Yes

Have you consulted with stakeholders?

Yes

Who have you involved, consulted and engaged with?

In March 2022 the first Kent Care Summit was held and around 500 people took part in discussions on the day or at follow up workshops. This will have included providers and people lived experience.

In July 2025, a market engagement session which brought together over 200 people including Providers and people with lived experience to discuss the upcoming recommissioning activity. The aim of this session was to understand what works well and what needs to be improved in the new contract. The session started with an overview of people with lived experience discussing how services feel for them and what they want in the future.

There have been 2 further market engagement sessions held for this activity. There is also a group of lived experience representatives who have shown an interest in supporting this activity as it progresses, particularly for the evaluation and determining the approach to contract management.

Feedback captured through existing forums such as the people's panel and local lived experience forums (established by KCC) will be utilised throughout this activity.

Has there been a previous Equality Analysis (EQIA) in the last 3 years?

No

Do you have evidence that can help you understand the potential impact of your activity?

Yes

Section C – Impact

Who may be impacted by the activity?

Service Users/clients

Service users/clients

Staff

Staff/Volunteers

Residents/Communities/Citizens

Residents/communities/citizens

Are there any positive impacts for all or any of the protected groups as a result of the activity that you are doing?

Yes

Details of Positive Impacts

The new contract will set out the need for all service providers to work to the Equality Act 2010. The individual assessment will support these cohorts of people by improving services and ensuring equitable access to services across the county. The specification will also include the expectations of the council as to

how the provider will meet individuals' needs.

Age:
The number and percentage of individuals in receipt of homecare, 01/07/2024.
(see attached document)

As per the chart/s above, the majority of people that draw on homecare services are over 65 years of age. According to KCC's population forecasting toolkit, the number of people in the KCC area aged 65 and over is due to increase by 45.4% from 2020 to 2040, from 322,800 to 469,400 people. We are still awaiting confirmation data regarding the future prevalence of need, though overall demand for services is predicted to rise over time.
The current contract has a closed framework with no option for the addition of new framework providers. During times of increased pressure on service capacity, waiting times for a package of care have risen. However, the addition of extra providers alone will not solve this. This recommissioning activity offers the opportunity to explore more flexible, resilient solutions to ensure available service capacity and to avoid unnecessary delays in sourcing packages of care.

Disability:
The data shows that most people drawing on a service will have a personal care requirement, a long term condition or a disability. A package of care delivered in their own home enables care and support to be delivered in the least restrictive manner. There will be a focus during this exercise on the development of outcome-focused KPIs to encourage and support this principle.

The number of individuals drawing on a homecare service by identified group, 01/07/2024.
(see attached document)

Gender identity/transgender
Definitive data was not available on the gender identity of people accessing homecare services. However, the Government Equalities Office published an LGBT Action Plan in 2018 focussing on how to improve the lives of lesbian, gay, bisexual and transgender people. This included a review of how LGBT people experience access to healthcare services. While many respondents to the survey said they had a positive experience accessing health and social care, the survey showed that large numbers of respondents had difficulty accessing health and social care services, and that some respondents feel their specific needs were ignored or not taken into account. Whilst there were no specific findings for homecare, services should consider the findings of the Government Equalities Office report and how its recommendations can be incorporated within their own delivery. Homecare will support this cohort of people by improving services and ensuring equitable access to people across the county.
In addition to the above, the specification would require the service provider to maintain a clear and robust complaints process. Individuals drawing on the service should be made aware of this at the first point of contact and the provider should report on complaints received as part of contract management.

Race
The Lancet published a research paper entitled 'Ethnicity and acute hospital admissions' which explained that 'health inequalities affecting minority ethnic people in the UK are well documented […] including access to and uptake of services, and quality and experience of care'.
Though the focus of this is on disparities in public health, health outcomes and experience of the health system, acute hospital admissions influence hospital discharges and the requirement for use of homecare services. This study also found that, for patients studied at four NHS hospitals in East London, people from a black or Asian background had on average shorter hospital stays (3.5 and 4.5 days respectively) compared

to people with white ethnicity (5.35 days) and are more likely to be discharged into their usual place of residence (95.6% Asian and 93.7% Black compared to 93.2% white).
However, the source of this data is geographically and numerically limited; data on the race of people accessing homecare services in the KCC area are as follows:

The findings in the Commission on Race and Ethnic Disparities 2021 explained that the 'word mistrust was repeated often as some witnesses from the police service, mental health, education and health services felt that the system was not on their side'. Additionally, in a study entitled 'Ethnic minority deaths and Covid-19: what are we to do?' The King's Fund identified that 'the greater challenge is to change cultures in which everyday discrimination goes unchallenged'.
Within the KCC area, the districts do not have consistent percentages of ethnic groups: Dover has 94.9% of people identifying as white, whereas Dartford (74.5%) and Gravesham (76.6%) are notably lower. In Dartford 10.5% of people identify as Black and 9.9% of people identify as Asian/Asian British, whereas neighbouring Gravesham has 6.5% and 11.2% respectively (figures from the 2021 census). As such, providers of this service should consider the recommendations of the Commission on Race and Ethnic Disparities and should consider the distinct context of the areas in which they operate.
The individual assessment will support this cohort of people by improving services and ensuring equitable access to services across the county. The specification will include the expectations of the council as to how the provider will meet the needs of this cohort.

Religion and Belief
The data available is inconclusive with a high number of people reported as not disclosing their religion. The individual assessment will support this cohort of people by improving services and ensuring equitable access to services across the county. The specification will include the expectations of the council as to how the provider will meet the needs of this cohort.

Sexual orientation
Sexual orientation of people in receipt of a homecare package, 01/07/2024
(see attached document)

Table 2: Sexual orientation from the 2021 census
Table 4: 2021 Sexual Orientation percentages Usual residents Aged 16 and over Straight or Heterosexual Gay or Lesbian Bisexual All other sexual orientations Not answered

England & Wales	100.0%	89.4%	1.5%	1.3%	0.3%	7.5%
South East	100.0%	89.8%	1.5%	1.3%	0.3%	7.0%
Kent	100.0%	90.6%	1.3%	1.1%	0.3%	6.7%

The 2021 census data shows that a high proportion of people selected to not submit their sexual orientation. Figures from the Office of National Statistics show that an estimated 2.7% of people in England identify as lesbian, gay or bisexual, with the South East having a slightly higher figure of 2.9% (this data is not available below regional level). The Government Equalities Office published an LGBT Action Plan in 2018 focussing on how to improve the lives of lesbian, gay, bisexual and transgender people. This included a review of how LGBT people experience access to health and social care services.
As is the case with Transgender/Gender Identity, services should consider the findings of the Government Equalities Office report and how its recommendations can be incorporated within their own delivery.
The individual assessment will support lesbian, gay, bisexual and transgender people by improving services and ensuring equitable access to services across the county.

Carer's responsibilities
Whilst homecare does not incorporate objectives specifically relating to people who have carer's responsibilities, the programme will have a positive impact on people with caring responsibilities by ensuring that the people they care for receive the right service which is appropriate to an individual's need.

The responsibility of assessing carers under the carers act sits with the operational teams.

An individual assessment of need will highlight how the service should support the individual in a manner appropriate to their needs which should take their protected characteristics into account.
In addition to the above, the specification for the newly commissioned service would require the service provider to maintain a clear and robust complaints procedure. The specification will require the service to notify individuals drawing on the service of this at the first point of contact.

Negative impacts and Mitigating Actions

19.Negative Impacts and Mitigating actions for Age

Are there negative impacts for age?

Yes

Details of negative impacts for Age

These services are for anyone over the age of 18 who has an assessed need in respect of care and support at home.

Mitigating Actions for Age

Anyone under the age of 18 will access services via Children's Social Care.

Responsible Officer for Mitigating Actions – Age

Director of Children's Social Care

20. Negative impacts and Mitigating actions for Disability

Are there negative impacts for Disability?

No

Details of Negative Impacts for Disability

Not Applicable

Mitigating actions for Disability

Not Applicable

Responsible Officer for Disability

Not Applicable

21. Negative Impacts and Mitigating actions for Sex

Are there negative impacts for Sex

No

Details of negative impacts for Sex

Not Applicable

Mitigating actions for Sex

Not Applicable

Responsible Officer for Sex

Not Applicable

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

Are there negative impacts for Gender identity/transgender

No

Negative impacts for Gender identity/transgender

Not Applicable

Mitigating actions for Gender identity/transgender

Not Applicable

Responsible Officer for mitigating actions for Gender identity/transgender

Not Applicable

23. Negative impacts and Mitigating actions for Race

Are there negative impacts for Race

No

Negative impacts for Race
Not Applicable
Mitigating actions for Race
Not Applicable
Responsible Officer for mitigating actions for Race
Not Applicable
24. Negative impacts and Mitigating actions for Religion and belief
Are there negative impacts for Religion and belief
No
Negative impacts for Religion and belief
Not Applicable
Mitigating actions for Religion and belief
Not Applicable
Responsible Officer for mitigating actions for Religion and Belief
Not Applicable
25. Negative impacts and Mitigating actions for Sexual Orientation
Are there negative impacts for Sexual Orientation
No
Negative impacts for Sexual Orientation
Not Applicable
Mitigating actions for Sexual Orientation
Not Applicable
Responsible Officer for mitigating actions for Sexual Orientation
Not Applicable
26. Negative impacts and Mitigating actions for Pregnancy and Maternity
Are there negative impacts for Pregnancy and Maternity
No
Negative impacts for Pregnancy and Maternity
Not Applicable
Mitigating actions for Pregnancy and Maternity
Not Applicable
Responsible Officer for mitigating actions for Pregnancy and Maternity
Not Applicable
27. Negative impacts and Mitigating actions for Marriage and Civil Partnerships
Are there negative impacts for Marriage and Civil Partnerships
No
Negative impacts for Marriage and Civil Partnerships
Not Applicable
Mitigating actions for Marriage and Civil Partnerships
Not Applicable
Responsible Officer for Marriage and Civil Partnerships
Not Applicable
28. Negative impacts and Mitigating actions for Carer's responsibilities
Are there negative impacts for Carer's responsibilities
No
Negative impacts for Carer's responsibilities
Not Applicable
Mitigating actions for Carer's responsibilities
Not Applicable
Responsible Officer for Carer's responsibilities

Not Applicable