

# Equality Analysis

<b>Directorate</b>	<b>Adult Social Care and Health Directorate</b>
<b>Title of proposed change</b>	<b>Adult Social Care and Health Directorate, 2024 – 2027 Medium Term Financial Strategy</b>
<b>Author</b>	<b>Richard Eyre</b>

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## 1. PROPOSED CHANGE

Directorate	Adult Social Care and Health Directorate
Title of proposed change	Adult Social Care and Health Directorate, 2024 – 2027 Medium Term Financial Strategy
Author	Richard Eyre

### 1.1. Purpose of proposed change

“The Council will need to continue to reduce spending for years to come. That will mean extremely difficult decisions about the services we continue to provide to residents and businesses. **Ultimately the Council has to spend less and, in so doing, will be able to do less. My** overarching priority must be to deliver a wholesale transformation of the Council’s way of working, so that we balance the budget and change how services are run.” **Croydon Mayor.**

#### SUMMARY

This equality impact assessment sets out the principles and approach the Adult Social Care and Health Directorate will take in developing and implementing the core requirements of its 2024 – 2027 statutory delivery, transformation plans and Medium Term Financial Strategy (MTFS).

It will be a living document. Updated at relevant points to ensure evidence and impact considerations are captured and inform decisions. Where there is substantial service or policy change identified through the diagnostic (described below), specific equality impact assessments will be initiated at the design phase. It includes an expectation of proportionate co-production/engagement with residents, carers, staff and partners.

It is a sub-set of the overarching Croydon Council MTFS; with key objectives on statutory delivery against the Care Act and other relevant legislation; the Croydon Health and Care Plan, the South West London Integrated Care System Strategy; the Mayor’s Business plan (and sub-strategies such as the Adult Social Care and Health Strategy), and the delegations and commitments within Council’s Constitution.

Statutory and transformational delivery by the Directorate during 2024 – 2027, support delivery of key outcomes in the Mayor’s Business Plan:

- **The Council balances its books, listens to residents and delivers good sustainable services.**
- **People can lead healthier and independent lives for longer.**

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### CONTEXT

**2021–2024:** During this period the Council issued three S114 Notices due to financial challenges, and has been on an improvement journey, with a government appointed Improvement and Assurance Panel. A key report at the time, the Report in Public Interest (RIPI), set out the following recommendations for the Adult Social Care and Health Directorate.

- address the underlying causes of overspends in adults social care; and
- take effective action to manage both the demand and the resulting cost pressures.

In response, the Directorate developed an improvement plan and medium term financial strategy focussed on moving both activity and unit costs to the London average for 18-64 Disabilities, and the England averages for 65+ Older People. The key pillars delivering against these objectives has been review of packages of care, review of our contracts and a Strategic Managing Demand programme.

As of August 2023, £30m of budget savings have been validated and there has been substantial movement towards the unit and activity cost targets. In that same period the Directorate created a dedicated Principal Social Worker (PSW) position; in particular to focus on preparation for the Care Quality Commission Assurance programme. Further there have been no Judicial Reviews, Local Government Ombudsman reports or significant increase in complaints related to transformation and savings delivered.

**2024–2027:** As noted above, the Directorate is now developing an updated MTFS 24-27. This will need to both articulate and implement a new Directorate ‘target operating model’. It will (1) assure alignment to the Council’s overarching priorities set out in the Mayor’s Business plan, and (2) align the model to the Directorate’s strategic vision. Currently, the MTFS and transformation plan are split into three objectives:

- 1) Delivery of £5m of efficiency savings for 2024/25, from operational budgets.
- 2) Procure a strategic delivery partner to deliver a Directorate wide diagnostic. The key objective of the diagnostic is to identify opportunities to deliver a new Target Operating Model (TOM) and enhance our Strategic Managing Demand programme\*. This TOM must deliver improved resident and carer outcomes, enhanced ways of working for staff and providers and recurrent annualised financial benefits.
- 3) Design and implement the new Target Operating Model, structures, processes and ways of working; that work for all residents and staff; enabling delivery of our statutory duties and a sustainable budget.

\*Established in 2022, our Managing Demand Programme is informed by national benchmarking and performance against the adult social care outcomes framework ([ASCOP](#)), and based on research by the Institute for Public Care. The programme is exploring and delivering

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interventions to enable us to maximise independence and manage demand at every point of the pathway and for each client cohort – whilst also improving outcomes for the people we serve.

The programme has a number of key workstreams and projects, currently:

- **Prevention:** re-design of digital prevention architecture; work with VCS to develop community Information, Advice & Guidance (IAG) offer; Community Hubs.
- **Front Door:** re-design of pathways; integrated front door.
- **Reablement and enablement:** reablement and enablement as our default offer; technology-enabled care.
- **Hospital discharge:** developing a capacity and demand model to support hospital discharge and out-of-hospital care; intermediate care development (in conjunction with Frontrunner Programme).
- **Long-term care and support:** improved Direct Payments offer; Transitions Commissioning; Complex Care Pathway; implementation of cost models.

### DIRECTORATE PRIORITIES

Developed during the 2021-2024 MTFS, the Directorate priorities below will remain in place for the 2024-2027 MTFS.

- Develop our Resident Voice and fulfil all our statutory responsibilities ensuring that our adults are supported; and those at risk of abuse or neglect are safe.
- Deliver a balanced budget, achieving our savings targets, implementing managing demand principles and processes, strong commissioning, and market management; and moving activity and expenditure to the targets in our strategy.
- Ensure health and care integration is successful and proportionate, and that it aligns to the Council's objectives for its budgets and our residents.

### INDICATIVE AREAS OF FOCUS EXPECTED IN THE DIAGNOSTIC

The opportunities to be reviewed within the diagnostic are likely to include, the following areas, however this will remain open to negotiation with the Corporate Director Adult Social Care & Health.

- The assessment and reablement offer so that working age adults and older people can become more independent and receive a more consistent offer at the end of the assessment process.

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- Across older people / working age adults, of the residents who go onto a long-term package of care; how can individuals be systematically identified and initially referred to short-term packages maximising their independence.
- Across older people and working age adults there is the opportunity to reduce / step down inappropriate residential placements, which is anticipated to substantially enhance their independence.
- Opportunities for improving our provider market and commissioning new services.
- Opportunities with the Housing Directorate.
- Staff ways of working will be improved, reducing duplication and administrative tasks and enabling an increase in productivity and contact time with residents (including alignment with the What Good Looks Like digital framework).
- A legacy of skills transfer and development to encourage the delivery of this and future programmes.

### PRINCIPLES

The Directorate will continue to use relevant legislation frameworks, outlined in the principles below:

- Our adult social care services reflect the relevant legislation underpinning social care and health through the Care Act (2014).
- All packages are assessed or reviewed, proportionately, through a strengths based approach, considering safeguarding, to meet the needs of the individual and carers.
- Residents can access appropriate services provided in-house or commissioned by the Council, or delivered independently by the voluntary and community sector.
- Where people have the financial means to pay a contribution, or to pay for their care in full, this will be in line with the self-funding legislations outlined in the Care Act and wider National policy.
- Where there is substantial service or policy change identified through diagnostic, specific equality impact assessments will be initiated at the design phase. This will include an expectation of proportionate co-production/engagement with residents, carers, staff and partners.

The first four bullets have substantial implications for sustainably delivering against the 2024-2025 £5m efficiency target. In effect, the target will be achieved without changes to service provision, but through ensuring use of strengths based practice, community networks and technology.

### APPROACH

To deliver the required savings and transformation, we further aim to use the following mechanisms:

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- Access to good quality information and advice and support from the voluntary sector.
- Address increasing activity through a strong demand management programme including practice changes, improved information and advice for people in the community and improved front door practices.
- Reduce spend for people who need long term care through excellent brokerage and market management, ongoing successful business as usual review and progression teams who step people down through their care pathway
- Provide creative solutions for people to manage well; and a new commissioning plan, focusing on contract spend reductions, good alternatives to care provision and support from market leaders.
- Reducing the numbers of people in institutional care settings and supporting people to arrange their own care and have this at home and improved independent living.
- System leadership across South West London Integrated Care System and the One Croydon Place Partnership, with the NHS and voluntary sector.
- Remodel growth annually against the national and London average comparisons.
- Make best use of the upgraded client system, to combine client and financial systems data to improve spend and forecasting accuracy
- Moving practice to an asset based approach, building on people's strengths and what they can do for themselves and connecting in with their family, friends, and community.

### **WORKING WITH OUR RESIDENTS AND CARERS**

The Directorate had a long-standing relationship with the Croydon Adult Social Services User Panel (CASSUP). Over time, and exacerbated by the pandemic, representation from people using services on this group dwindled, and in agreement with the remaining CASSUP members in 2022 we worked with the National Development Team for Inclusion (NDTi) to bring people with lived experience and their carers together to explore how we could develop our future approach to co-production.

Our now established but still forming Resident Voices group is meeting regularly and being supported and council officers to develop their terms of reference and ways of working.

Resident Voices complements our existing Partnership Boards and Local Community Partnerships, as shown in the diagram below, and with some additional explanatory notes provided on the key groups.

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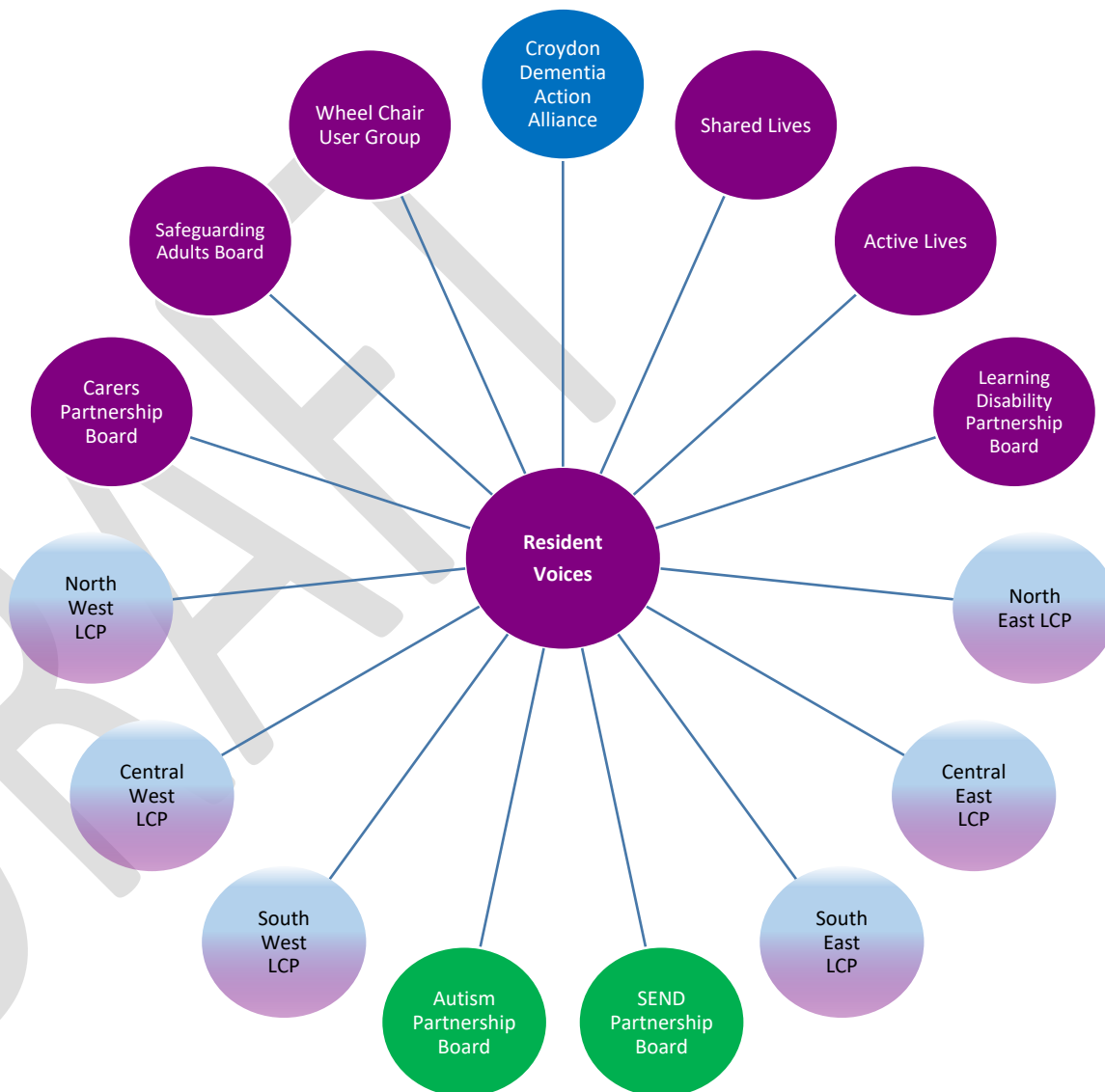
**Resident Voices:** core group of residents with lived experience, supporting and challenging delivery of the Adult Social Care and Health Strategy, and the Croydon Health and Care Plan. The group has a standing membership on our Managing Demand Programme, the Health and Social Care Scrutiny Committee and Health and Wellbeing Board.

**Local Community Partnerships (LCP):** The six LCPs are co-supported by Council and health partner resources, alongside Croydon Voluntary Action. Each has independent chairs, and have developed localised commissioning plans, with funding available.

**Partnership Boards:** The Boards are primarily subject matter expert led, with advocacy agencies supporting residents / resident voice on the each Board.

**Active Lives:** Co-producing service improvements with our residents who use our directly provided sessional based day services.

**Shared Lives:** Co-producing service improvements with our residents who live in a Shared Lives placement.



■ Directorate supported 
 ■ Healthy Communities Together 
 ■ Other Council supported 
 ■ Health

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### ADDITIONAL SERVICE BASED GOVERNANCE AND ASSURANCE

To enable scrutiny and assurance for the changes we make, the following governance mechanisms are in place to receive escalations, progress updates and assurance reports as and when required through internal and external governance.

When relevant, key notes and decisions will be updated within the tables below.

#### Croydon Council Cabinet / Full Council

Date	Key discussion points	Lead	Notes / actions / decisions
27.09.23	Equality impact assessment will support Directorate's element of the Council Transformation paper.	TBC	TBC

#### Croydon Council Star Chamber

Date	Key discussion points	Lead	Notes / actions / decisions
10.07.23	Strategic Delivery Partner: scope and implementation critical path.	R Eyre	Assurance provided on approach risks and opportunities. Sign off confirmed to proceed.

#### Croydon Council Corporate Management Team

Date	Key discussion points	Lead	Notes / actions / decisions
06.06.23	Strategic Delivery Partner: scope and implementation critical path.	R Eyre	Assurance provided on approach risks and opportunities. CMT sign off confirmed to proceed.

#### Adult Social Care and Health – Directorate Management Team

Date	Key discussion points	Lead	Notes / actions / decisions



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### Adult Social Care and Health – Senior Management Team

Date	Key discussion points	Lead	Notes / actions / decisions
22.06.23	Strategic Delivery Partner: scope and implementation critical path.	R Eyre	Assurance provided on approach risks and opportunities to Heads of Service on resource implications.

### Croydon Council - Transformation Internal Control Board

Date	Key discussion points	Lead	Notes / actions / decisions
06.06.23	Strategic Delivery Partner: scope and implementation critical path.	R Eyre	Assurance provided on approach risks and opportunities. Board approved internal resource and diagnostic funding.

### Adult Social Care and Health – Improvement Board

Date	Key discussion points	Lead	Notes / actions / decisions
22.06.23	Strategic Delivery Partner: scope and implementation critical path.	R Eyre	Assurance provided to independent chair and strategic partners.

### Resident Voices groups (various, see model above)

Date	Key discussion points	Lead	Notes / actions / decisions

### Croydon Health and Wellbeing Board

Date	Key discussion points	Lead	Notes / actions / decisions

### Croydon Health and Social Care Scrutiny sub-committee

Date	Key discussion points	Lead	Notes / actions / decisions

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Croydon Health and Care Board			
Date	Key discussion points	Lead	Notes / actions / decisions

(edited R Eyre – 10 August 2023).

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## 2. IMPACT OF THE PROPOSED CHANGE

### 2.1. Deciding whether the potential impact is positive or negative

Protected characteristic group(s)	Positive impact	Negative impact	Source of evidence
Age	<p>The transformation and Medium Term Financial Strategy being developed for 2024-2027; will enable the Council and Directorate to provide a sustainable service to residents 18+, that fulfils all our statutory responsibilities ensuring that our adults are supported; and those at risk of abuse or neglect are safe.</p> <p>We will continue to work within the legislative and funding frameworks noted above, and based on the Principles set out above.</p>	<p>None specifically identified. However, where there is substantial service or policy change identified through the diagnostic, specific equality impact assessments will be initiated at the design phase to ensure impacts are fully mapped, mitigations identified, and to enable evidence based decisions.</p> <p>It will include an expectation of proportionate co-production / engagement with residents, carers, staff and partners.</p>	<p><b>CROYDON IN FIGURES</b></p> <p><b>Population:</b> Croydon has the largest population in London (390,800), based on 2021 Census.</p> <p>52% female and 48% male.</p> <p><b>Age:</b> Croydon has the most 0-19s in London (97,925), most 20-64s in London (239,761) and 3rd most over-65s out of 32 London boroughs (53,114). Projected growth between 2022 – 2041 is 7.9%.</p>
Disability	<p>The transformation and Medium Term Financial Strategy being developed for 2024-2027; will enable the Council and Directorate to provide a sustainable service to residents in Croydon with a disability, that fulfil all our statutory responsibilities ensuring that our adults are supported; and those at risk of abuse or neglect are safe.</p>	<p>None specifically identified. However, where there is substantial service or policy change identified through the diagnostic, specific equality impact assessments will be initiated at the design phase to ensure impacts are fully mapped, mitigations identified, and to enable evidence based decisions.</p>	<p><b>Ethnic group:</b> Croydon’s population based on 20231 Census data is: 48% White; 23% Black, Black British, Black Welsh, Caribbean or African; 17% Asian, Asian British or Asian Welsh; 8% Mixed or Multiple ethnic groups; 4% Other ethnic group.</p>

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	We will continue to work within the legislative and funding frameworks noted above, and based on the Principles set out above.	It will include an expectation of proportionate co-production / engagement with residents, carers, staff and partners.	<p><b>Disability:</b></p> <p><b>Working age adults 18-64 receiving Long Term Care</b></p> <ul style="list-style-type: none"> <li>In 2021/22 there were 2,325 18-64 year olds accessing long term care in Croydon at one point in the year. This is 940 per 100,000 18-64 year olds and is the 5<sup>th</sup> highest in London.</li> <li>Indicative data for 2022/23 suggests there were 2,265 18-64 year olds accessing long term care in Croydon at one point in the year. This is 916 per 100,000 18-64 year olds and is the 9<sup>th</sup> highest in London if compared to the 21/22 data for other LAs.</li> </ul> <p><b>Working age adults 18-64 accessing nursing of residential long term care</b></p> <ul style="list-style-type: none"> <li>As at March 2022 there were 425 18-64 year olds accessing nursing or residential long term care in Croydon. This is 177.7 per 100,000 18-64 year olds and is the highest in London.</li> </ul>
<b>Gender</b>	<p>Within the directorate, disability and age are the protected characteristics by which care and support assessment / plan / review decisions are written and agreed.</p> <p>However, as part of the strengths based assessment model, a residents gender, and any impacts on the care and support plan would be picked up in the assessment / review.</p> <p>An example being, the resident might need a gender specific carer or personal assistant.</p> <p>There may be challenges in terms of enough personal assistants (PA) from a particular ethnic origin. The Council has a commissioned service, Independent Lives, who are in place to recruit and train personal assistants.</p>	None specifically identified.	
<b>Gender Reassignment</b>	None specifically identified. Though this is a protected characteristic of someone the directorate could support, it would not directly impact on the care and support plan provided, or a review of the plan.	None specifically identified. Though this is a protected characteristic of someone the directorate could support, it would not directly impact on the care and support plan provided, or a review of the plan.	
<b>Marriage or Civil Partnership</b>	None specifically identified. Though this is a protected characteristic of someone the	None specifically identified. Though this is a protected characteristic of someone the	

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	<p>directorate could support, it would not directly impact on the care and support plan provided, or a review of the plan.</p>	<p>directorate could support, it would not directly impact on the care and support plan provided, or a review of the plan.</p>	<ul style="list-style-type: none"> <li>Indicative data for 2022/23 suggests there were 406 18-64 year olds accessing long term care in Croydon. This is 173.5 per 100,000 18-64 year olds and is still the highest in London if compared to the 21/22 data for other LAs.</li> </ul> <p><b>Older Adult 65+ receiving Long Term Care</b></p> <ul style="list-style-type: none"> <li>In 2021/22 there were 3,600 65+ year olds accessing long term care in Croydon at one point in the year. This is 6,783 per 100,000 65+ year olds and is the 16<sup>th</sup> highest in London.</li> <li>Indicative data for 2022/23 suggests there were 3,092 65+ year olds accessing long term care in Croydon at one point in the year.</li> </ul> <p>This is 5,826 per 100,000 65+ year olds and is the 22<sup>nd</sup> highest in London if compared to the 21/22 data for other LAs.</p>
Religion or belief	<p>None specifically identified. Though this is a protected characteristic of someone the directorate could support, it would not directly impact on the care and support plan provided, or a review of the plan.</p>	<p>None specifically identified. Though this is a protected characteristic of someone the directorate could support, it would not directly impact on the care and support plan provided, or a review of the plan.</p>	
Race	<p>None specifically identified. Though this is a protected characteristic of someone the directorate could support, it would not directly impact on the care and support plan provided, or a review of the plan.</p> <p>However, the Principal Social Worker for England and Principal Social Worker network; have identified an opportunity for a national enhanced level of training related to Unconscious Bias in social work decision making. The Directorate will remain close to developments in this area and how it can be implemented.</p>	<p>None specifically identified. Though this is a protected characteristic of someone the directorate could support, it would not directly impact on the care and support plan provided, or a review of the plan.</p> <p>However, the Principal Social Worker for England and Principal Social Worker network; have identified an opportunity for a national enhanced level of training related to Unconscious Bias in social work decision making. The Directorate will remain close to developments in this area and how it can be implemented.</p>	
Sexual Orientation	<p>None specifically identified. Though this is a protected characteristic of someone the directorate could support, it would not directly impact on the care and support plan provided, or a review of the plan.</p>	<p>None specifically identified. Though this is a protected characteristic of someone the directorate could support, it would not directly impact on the care and support plan provided, or a review of the plan.</p>	
Pregnancy or Maternity	<p>None specifically identified. Though this is a protected characteristic of someone the</p>	<p>None specifically identified. Though this is a protected characteristic of someone the</p>	

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	<p>directorate could support, it would not directly impact on the care and support plan provided, or a review of the plan.</p>	<p>directorate could support, it would not directly impact on the care and support plan provided, or a review of the plan.</p>	<p><b>Older Adult 65+ accessing nursing of residential long term care</b></p> <ul style="list-style-type: none"> <li>As at March 2022 were 690 65+ year olds accessing nursing or residential long term care in Croydon at one point in the year. This is 1276.6 per 100,000 65+ year olds and is the 11th highest in London.</li> <li>Indicative data for 2022/23 suggests there were 772 65+ year olds accessing long term care in Croydon.  This is 1456.1 per 100,000 18-64 year olds and is the 6th highest in London if compared to the 21/22 data for other LAs</li> </ul>
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### 2.2. Additional information needed to determine impact of proposed change

Additional information needed and or Consultation Findings	Information source	Date for completion
<b>Diagnostic</b> – The diagnostic will gather evidence from our staff, residents, carers and partners to inform proposals on the Resident revised Operating Model.	Diagnostic report.	Circa February 2024
<b>Resident Voices</b> – our refreshed resident voices model continues to support development of the Strategic Managing Demand programme and wider improvement work, including social work practice and commissioning of new models of care and services.	See model above.  There are feedback mechanisms in place to support information sharing from groups to inform decisions and service improvement.	Ongoing.

### 2.3. Impact scores

PROTECTED GROUP	LIKELIHOOD OF IMPACT SCORE	SEVERITY OF IMPACT SCORE	EQUALITY IMPACT SCORE
Age	3	3	9
Disability	3	3	9
Gender	1	1	1
Gender reassignment	1	1	1
Marriage / Civil Partnership	1	1	1
Race	1	1	1
Religion or belief	1	1	1
Sexual Orientation	1	1	1
Pregnancy or Maternity	1	1	1

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### 3. STATUTORY DUTIES

#### 3.1. Public Sector Duties

Public Sector Duties	Adverse impact	Non-adverse impact
Advancing equality of opportunity between people who belong to protected groups	-	X
Eliminating unlawful discrimination, harassment and victimisation	-	X
Fostering good relations between people who belong to protected characteristic groups	-	X



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### 4. ACTION PLAN TO MITIGATE NEGATIVE IMPACTS OF PROPOSED CHANGE

Protected characteristic	Negative impact	Mitigating action(s)	Action owner	Date for completion
Age	None specifically identified.  However please note the mitigation.	Delivery of the work identified within the impact assessment will be owned by the Directorate Management Team.  There is a firm commitment that all potential changes occurring as a result of the diagnostic and new operating model will require detailed equality impact assessments to support decision making / recommendations.	Corporate Director Adult Social Care & Health	Ongoing throughout the 2024-27 medium term financial strategy period.  Note the governance mechanisms described above will be key for describing what evidence and decisions have been taken related to any proposed changes.
Disability				
Race	The Principal Social Worker for England and Principal Social Worker network; have identified an opportunity for a national enhanced level of training related to Unconscious Bias in social work decision making.	The Directorate will remain close to developments in this area, the national training offer being developed and how it can be implemented in Croydon.	Principal Social Worker	To be determined, as this requires further national work to be developed. This paper will be updated as the national direction is published.
Sex (gender)	None specifically identified.	None specifically identified.	N/a.	N/a.
Gender reassignment	None specifically identified.	None specifically identified.	N/a.	N/a.

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Sexual orientation	None specifically identified.	None specifically identified.	N/a.	N/a.
Religion or belief	None specifically identified.	None specifically identified.	N/a.	N/a.
Pregnancy or maternity	None specifically identified.	None specifically identified.	N/a.	N/a.
Marriage/civil partnership	None specifically identified.	None specifically identified.	N/a.	N/a.

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### 5. DECISION ON THE PROPOSED CHANGE

Decision	Definition	Conclusion Mark 'X' below
<p><b>No major change</b></p>	<p>This is a strategic and overarching impact assessment. It sets out the principles and approach the Adult Social Care and Health Directorate will take in developing and implementing the core requirements of its 2024 – 2027 statutory delivery, transformation plans and Medium Term Financial Strategy (MTFS).</p> <p>It will be a living document. Updated at relevant points to ensure evidence and impact considerations are captured and inform decisions. Where there is substantial service or policy change identified through diagnostic, specific equality impact assessments will be initiated at the design phase. This will include an expectation of proportionate co-production/engagement with residents, carers, staff and partners.</p> <p>At present, the evidence has not identified specific potential for discrimination and we have taken all opportunities to advance equality and foster good relations, subject to continuing monitoring and review.</p> <p>There is a firm commitment that all potential changes occurring as a result of the diagnostic and new operating model will require detailed equality impact assessments to support decision making / recommendations.</p> <p>Note the governance mechanisms described above will be key for describing what evidence and decisions have been taken related to any proposed changes.</p>	<p><b>X</b></p>
<p><b>Adjust the proposed change</b></p>	<p>We will take steps to lessen the impact of the proposed change should it adversely impact the Council's ability to meet any of the Public Sector Duties set out under section 4 above, remove barriers or better promote equality. We are going to take action to ensure these opportunities are realised.</p>	<p>-</p>

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<p><b>Continue the proposed change</b></p>	<p>We will adopt or continue with the change, despite potential for adverse impact or opportunities to lessen the impact of discrimination, harassment or victimisation and better advance equality and foster good relations between groups through the change. However, we are not planning to implement them as we are satisfied that our project will not lead to unlawful discrimination and there are justifiable reasons to continue as planned.</p>	<p>-</p>
<p><b>Stop or amend the proposed change</b></p>	<p>Our change would have adverse effects on one or more protected groups that are not justified and cannot be mitigated. Our proposed change must be stopped or amended.</p>	<p>-</p>
<p><b>Will this decision be considered at a scheduled meeting?</b></p>	<p><b>Yes.</b></p>	<p><b>Meeting title:</b> Croydon Council Cabinet</p> <p><b>Date:</b> 27 September 2023</p> <p>Note also, the governance mechanisms described above will be key for describing what evidence and decisions have been taken related to any proposed changes.</p>

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### 6. SIGN-OFF

Officers that must approve this decision	
<b>Equalities Lead</b>	<b>Name:</b> Naseer Ahmad <b>Position:</b> Interim Senior Equalities Officer <b>Date:</b> 29/08/2023
<b>Director</b>	<b>Name</b> Annette McPartland <b>Position</b> Corporate Director Adult Social Care & Health <b>Date</b> 29/08/2023

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