



IIA Review – Information Sheet

IIA Title	Non-Residential Charging Policy Social Care 2025-2026
Responsible Person/Head of Service	Laura Kerr General Manager Planning and Performance
Sign Off Date of IIA	April 2025
Review Date	August 2025

This paper summaries the concerns raised as part of the light touch review of the changes to Transport Charges in August 2025. It should be considered alongside the full IIA completed on Non-Residential Social Care Charging in April 2025.

1. Responses to the identified **positive and negative impacts** in the IIA report/associated with the change. Please include data/evidence if you have it.
 - Of the 5 people who replied (19 were asked ranging from HSCP staff, unpaid carer, advocacy worker and Councillor)
 - 4 were in agreement of the change and did not consider it would impact on equalities.
 - 1 person responded that they did not agree to the change and felt it was only being implemented to improve administration and in some cases would result in a 400% increase in the charge to the individual. This would disappointingly impact those on low incomes.

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2. Is there anyone else that should be contacted to discuss the equality impacts since the decision/interim decision/change? These can be other EL HSCP staff members, partners, third sector organisations or individuals.

- No response

3. What are your views on the potential impacts you expect to see in the below time periods?

	6 months	1 year	3-5 years
Positive	Streamline the charging process, which would improve the process for both recipient and hscp.	The HSCP would receive income to support the cost of delivering transport.	
Negative	<p>People who receive transport would have to contribute financially towards their transport costs.</p> <p>People may fall into financial hardship if they have an additional charge. (note appeals panel to mitigate the impact)</p> <p>Flat rate charge will not be financially assessed in the first instance.</p>		

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Supporting Good Decisions

Integrated Impact Assessment (IIA) Form

Title of Policy/ Proposal	Non-Residential Charging Policy Social Care 2025-2026
IIA Date	10 th March 2025
Facilitator	Kate Thornback, Equalities and Engagement Officer, East Lothian Health and Social Care Partnership
Lead officer	Laura Kerr, General Manager – Strategic Planning, East Lothian Health and Social Care Partnership
Sign off by Head of Service	Laura Kerr, General Manager – Strategic Planning, East Lothian Health and Social Care Partnership

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Summary of Equality Impacts - *The impacts identified are a reflection of the experiences and knowledge within the room when the assessment was completed. Impacts outside of those identified may exist or arise over time.*

Protected Characteristic Groups: Disability (physical, mental and learning) and age (adults under 65 years) in relation to people eligible for non-residential charges as part of their care packages. Sex and age indirectly due to a disproportionate number of women (especially women in older age groups) in caring roles. It should be noted that there could also be impacts experienced by young carers, including children undertake the role of carer. Race and ethnicity – indirectly through the lower levels of English language proficiency overall that local populations. People whose main or only language is BSL if they did not have arrangements in place to ensure their communication needs were met e.g. a BSL user that had recently become responsible as a carer for a friend or family member.

Other Groups: Carers/young carers.

Key Findings

- It was recognised there was potential for people receiving notice of the proposed changes to feel anxiety about them for a variety of reasons and that efforts should be made to reassure the community through effective communication to meet the needs of everyone.
- It was recognised that unpaid carers experience a variety of competing pressures related to their role. The group recognised the importance of communicating with this group sensitively and signposting them to available support within and outside of the HSCP e.g. third sector organisations.
- Most identified negative impacts were anticipated to apply to very small numbers of people but in potentially serious ways. The **application of full charges** and the **application of sleepover rates** were considered the changes which could create the most significant negative impacts (IIA Report – Section 4). Early communication with the service users and their carers was considered key to mitigating these potential impacts.
- The **percentage uplift proposal** was not expected to impact service users in significant negative ways and effect low numbers overall.

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- Whether non-residential charging plays a role in perpetuating financial (and as a result, potentially social and health) inequalities was discussed.
- A number of metrics (already being collected) were suggested as effective ways to monitor the impact of the changes over time.

Recommendations:

- Supportive communication materials could be created to accompany financial assessment forms with the aim of reducing anxiety and improving service user and carer clarity on **eligibility, processes for appeal and practical timelines** between notifications and funds being due for payment.
- Policy Leads could benefit from reading the outcomes of the recent Transport Policy draft IIA and considering the cumulative impact of the two policies on people with protected characteristics and people experiencing income, social and health inequalities/disadvantages.

How we will monitor equality impacts:

- We will record and discuss appeal rates twice per year.
- The rates at which people 'drop out' of associated parts of care packages and activities will be monitored and discussed twice per year e.g. Day Centre services, sleepover care.
- We will listen to the voices of carers and services users via their comments to our professional teams and through carers associations (Carers Of East Lothian (COEL), MILAN, Young Carers) and independent advocacy organisations.

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What actions will be undertaken?

Actions	Responsible Person	Action due date	Review date
<p>The specified aspects for monitoring will be communicated with the people holding the information and expectations set about reporting dates.</p> <p>A space to discuss these metrics and comments and what they say about the equality impacts of these changes should be scheduled twice per year. The results of discussions should be escalated to senior committees where necessary.</p>	Laura Kerr/Isobel Nisbet	May 2025	October 2025 and April 2026
<p>Policy Leads should work with communications and equality professionals, independent advocacy and carers organisations to produce materials (online and physical) that will assist service users and carers to understand what the changes mean in practice and their options.</p>	Isobel Nisbet	May 2025	October 2025, April 2026.

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IIA

1. What is this IIA about and what might/will change as a result of this proposal?

This impact assessment intends to consider the impact of the following changes proposed to the 25-26 Non- residential Charging Policy.

1. The removal of transport from the day centre charge. This will mean all transport is charged for at a flat rate (not financially assessed) for any journey that is paid for by ELHSCP as part of a person assessed need and subsequent support plan.
2. The application of a full charge if a financial assessment is not returned with 4 weeks or issue AND no attempt or communication to the Council with regards to the assessment.
3. The application of a sleepover rate.
4. The % uplift applied to each rate as agreed by East Lothian Council in February 2025.

2. Briefly describe public involvement in this proposal (past, ongoing and planned).

The policy is developed by the non-residential charging group which has the following members

1. Social Work management and Council Officers
2. Financial Officers of the Council
3. Advocacy
4. Councillor
5. Carer Representative

Note we have been unable to secure a service user rep.

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3. Is the proposal considered strategic under the Fairer Scotland Duty?

Yes

4. Which impacts were identified and which groups will they affect? Please include suggested mitigations for negative impacts and actions to maximise positive impacts.

Equality, Health and Wellbeing and Human Rights	Affected populations
Positive	
<p>Negative <u>Potential barriers created by the transport flat rate proposal on service user decision to participate in activities</u> – The impacts of the flat rate charge were discussed in relation to the potential for some service users/carers response to be that the person should no longer attend the service e.g. Day Centre service. If this decision was made, it could negatively effect:</p> <ul style="list-style-type: none"> • The service user’s wellbeing. • The carer’s wellbeing and opportunities (to work, to rest, to socialise) if the result was them spending more time caring/not receiving the incidental respite the service user attending activities gives them. 	<p>Age (people under 65 years, young carers), disability (people with physical, mental and learning disabilities), sex (indirectly, due to carers being disproportionately women).</p> <p>Other groups: Carers, people on very low incomes, people that struggle to engage with bureaucracy.</p>

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Equality, Health and Wellbeing and Human Rights	Affected populations
<p><u>Mitigation</u> - It was noted that there were other ways for service users to received funding for transport via mobility benefit. It was also noted that service users/their carers had a right to appeal the charge. Highlighting these opportunities alongside the announcement of the flat rate charge application could assist service users/carers to avoid the decision to stop attending activities.</p> <p><u>Application of full charges for people that reach eligibility thresholds and have not communicated with the HSCP during the 4-week appeal period</u> – This group of people was noted to be small. Anonymised data shown by one of the participants indicated the number of people that would currently be affected was under 10 people. The reasons that people would become eligible for full charges was discussed in depth. The key reason was being assessed as ineligible for subsidised charges due to having savings over £16 000. To be eligible for many types of social subsidy, a person must have savings less than £16 000, people with higher saving being expected to use their own funds.</p> <p>The group discussed their concerns that if a person had accrued over £16 000 of savings from their care package funds that the funds were not being used to their potential to support their quality of life, comfort and health. This could negatively impact the outcomes and wellbeing of the person and carer also. The reasons why service users</p>	<p>People requiring care packages (people with physical, mental and learning disabilities and long-term conditions). Additionally, people that communicate with BSL may encounter an initial barrier to understanding letters if they do not understand written English at a comprehensive level.</p> <p>Race/ethnicity – indirectly, via a potential lack of English language proficiency leading to reduced ability to understand the letters received. Some ethnicities may also be impacted by cultural attitudes to spending and saving that could make them more likely to retain funds as savings and become eligible for full charges.</p> <p>Carers via impacts to household budgets and the potential creation of additional responsibilities and pressures.</p> <p>People that struggle or encounter barriers to engaging with bureaucracy e.g. people without fluent English language skills, people that communicate with BSL, people that experience anxiety speaking to figures that perceive as authority, people who experience feelings of being stigmatised when engaging with perceived authority figures including the HSCP.</p> <p>People with spending and saving behaviours that might prevent them from choosing to spend funds on their support/wellbeing.</p>

Equality, Health and Wellbeing and Human Rights	Affected populations
<p>or the people that manage their finances on their behalf might not be spending the benefit is complex and specific to the person.</p> <p><u>Mitigation</u> – The letters that would be sent to service users/carers to notify that they had reached eligibility for full charges were discussed. It was noted that these letters invite people to engage with the HSCP to discuss their situation and that this is one of the key messages intended for the letter. It was noted that one of the key drivers of this change was to incentivise people to engage with the HSCP on their care and package of financial support to ensure they were receiving the maximum positive life impacts from it.</p> <p>The timelines from receiving the letter to invoices being due for payment was discussed and estimated at approximately 8 weeks in the case of no communication being received from the service users or their representatives.</p> <p>Mitigations could include:</p> <ul style="list-style-type: none"> • Communications received alongside initial notification letters (and online) signposting users towards HSCP and independent advocacy support and alternative formats/languages that could reduce the likelihood of people that struggle to engage with the HSCP from making contact. • Communications being clear that people whose savings drop below £16 000 are eligible for reassessment. 	

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Equality, Health and Wellbeing and Human Rights	Affected populations
<ul style="list-style-type: none"> • Communications outlining approximately timelines between notification and payments due. • An invitation to engage accompanying the invoice (already standard). • Additional training to Social Work staff on the expectations the HSCP has of service users to engage with their care and financial support package. This should assist Social Workers to support their clients to engage positively with the process. <p><u>Application of sleepover rates</u> – It was noted that this change was affect a very small number of people, mostly the same people that were eligible for full charges (the most significant increases related to 9 clients who are currently on a ‘full charge’ basis).</p> <p>Mitigations – All mitigations noted for ‘application of full charges’ also apply for the changes to the application of sleepover rates. People eligible to pay sleepover rates should receive good communication on their options for support and appeal.</p> <p>Rates of reductions in requests for sleepover care related to this charge should be monitored to gauge impact over time. Carer and independent advocacy organisations should be asked to comment on any trends there are seeing with client support that relate to this charge.</p>	<p>All groups noted for ‘application of full charges’.</p>

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Socio-Economic	Affected populations
Positive	
<p>Negative <u>The role of non-residential charging in contributing to financial, social and health inequalities</u> – The group discussed whether charging some of the most vulnerable in society for services related to their care was contributing to perpetuating inequalities (financial, social and health). <u>Mitigation</u> – It was noted that the policy follows the overarching COSLA Charging Policy, is undertaken within legal regulations and is applied as fairly as possible to reduce negative impacts for the most vulnerable in society and prevent worsening outcomes.</p>	<p>People requiring care packages (people with physical, mental and learning disabilities and long-term conditions). Carers via impacts to household budgets and the potential creation of additional responsibilities.</p>

5. Is any part of this policy/ service to be carried out wholly or partly by contractors? If so, how will equality, human rights (including children’s rights) be addressed?

No.



- 6. Consider how you will communicate information about this policy/ service change to children and young people, those affected by sensory impairment, speech impairment, low level literacy or numeracy, learning difficulties or English as a foreign language? Please provide a summary of how the changes will be communicated and to which groups.**

Policy Leads will work with communication and equality professionals and with carer and independent advocacy organisations to determine the best ways and formats to present messages to service users and carers. Alternative formats will be available by request to suit the need of everyone.

- 7. Additional Information and Evidence Required?**

No at this time but drop out and appeal rates will be monitored twice yearly over the course of the changes application.

- 8. Are there any negative impacts in section 6 for which there are no identified mitigating actions?**

No.



Appendix

Participants of the IIA

Name/Role	Job Title
Laura Kerr (Lead Officer)	General Manager
Kate Thornback (Facilitator)	Engagement and Equalities Officer, East Lothian HSCP
Shannon Leslie(HSCP)	Service Manager - Adult Social Work, East Lothian HSCP
Claire Fleck	Finance Officer – Social Care
Gareth Davies	Finance Manager- Social Care
Keith McDonald	Team Leader - Financial Inclusion (Revenues, Council Resources)
Andrew Murray	Advocacy
Jess Wade	Carers Of East Lothian
Alison Thackray	Telecare Supervisor (Social Care/ EL HSCP)
Suzanne McLeod	Finance Supervisor – Social Care
Matt Conlon	Interim Principal Account (Finance Service)
Rob Kerr (Notetaker)	Personal Assistant to Operations Manager, East Lothian HSCP

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Evidence	Available – detail source	What does the evidence tell you about different individuals and groups who may be affected by your proposal?
		Over the same period there was a 15.7% increase in number of people with a health problem or disability. The number of carers in East Lothian was 13,147
Data on service uptake/access, if applicable	(e.g Contract monitoring data from current provider, service use data, any particular groups (especially protected characteristic groups) that use the service).	273 people receive a chargeable service of which 180 are charged for those services. These are for services that are financially assessed. Currently no one is charged for their transport
Data on socio-economic disadvantage e.g. low income, low wealth, material deprivation, area deprivation.	East Lothian HSCP JSNA June 2023 East Lothian Council www.gov.scot/publications/carers-strategic-policy-statement-draft-consultation/	<p>East Lothian has 8 data zones within the 20% most deprived areas in Scotland.</p> <p>Our population has grown at a higher rate in areas of higher deprivation, specifically within the 1st quintile (most deprived) to the 3rd quintile while the population has decreased in areas of lowest deprivation (4th and 5th quintiles).</p>

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Evidence	Available – detail source	What does the evidence tell you about different individuals and groups who may be affected by your proposal?
	State of Caring survey Carers UK	<p>Carers are finding it increasingly difficult to afford day to day living costs, with the worry and anxiety of this affecting their mental health and well-being. 28% are cutting back on essentials like food and heating.</p>
Data on equality outcomes	East Lothian Data on equality	<p>East Lothian is growing: East Lothian’s population increased from 99,717 in 2011 to 112,300 in 2022 (12.6%). Our % increase in population between 2001 and 2022 was over three times higher than the % increase in Scottish population, 7.4% (source) Health inequality: in the most affluent areas, people live longer in good health, compared to those living in deprived areas. For almost all conditions, there is a gradient of progressively poorer health with rising levels of deprivation. East Lothian consists of 6 wards and 132</p>

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Evidence	Available – detail source	What does the evidence tell you about different individuals and groups who may be affected by your proposal?
		<p>data zones, of which 8 are in the 20% most deprived in Scotland (source)</p> <p>We face a challenging financial climate: IJB's face extremely difficult decisions due to the current financial landscape. In setting a balanced budget for 2024/25, savings in excess of £10 million need to be delivered. The current financial climate has resulted in increased financial pressures across the public sector, with the rate of inflation and the costs of goods and services significantly impacting daily operational delivery of services (source)</p> <p>Unmet need and access to services: there is currently substantial unmet need in the community which, in turn, is leading to pressure on carers and community services as well as bed-based care (including acute</p>

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Evidence	Available – detail source	What does the evidence tell you about different individuals and groups who may be affected by your proposal?
		hospitals) as frail older people are admitted in the absence of other support. This has led to increased levels of delayed discharges and longer lengths of stay, adding to the demands on Health and Social Care services (source)
Research/literature/evidence	<p>(This could include studies, national reports (e.g. Is Scotland Fairer?), public health spotlights etc)</p> <p>Independent Review of Adult Social Care in Scotland</p> <p>National Health and Wellbeing Outcomes Framework</p>	<p>Since the introduction of the Community Care & Health (Scotland) Act 2002, COSLA has produced annual guidance which defines a set of principles to underpin the development of local charging policies for social care support for people at home. The Guidance is subject to ongoing revision as appropriate, on an annual basis or as policy develops. It is managed by the COSLA Charging Guidance Working Group. The ELHSCP policy follow the COSLA guidance to ensure we are</p>

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Evidence	Available – detail source	What does the evidence tell you about different individuals and groups who may be affected by your proposal?
	<p>East Lothian IJB Strategic Plan</p> <p>East Lothian Dementia Strategy</p> <p>East Lothian Carers Strategy</p>	<p>adhering to best practice when applying Social Care Charges. In coming to a view about the quantum of resource to be raised through charges, it is important ELHSCP and ELC continue to consider the cost associated with different policy options. For example, a decision to completely eliminate charges would deliver maximum relief to those who would otherwise have been charged but will restrict the quality or range of social care support that might have been provided to the general population in need of social care. On the other hand, a charging regime that focuses solely on raising additional income could place at risk the overall well-being of those who are asked to pay the charges and their families and carers. This can, in turn, place an additional burden on other public sector services such as health</p>

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Evidence	Available – detail source	What does the evidence tell you about different individuals and groups who may be affected by your proposal?
		<p>services, social work and the police. This point is considered whilst developing and implanting charges.</p> <p>ELHSCP charges for Non-Residential Care and Support adheres to all current legislation. In developing this guidance, we promote a human rights-based approach, drawing on the PANEL principles PANEL principles.</p> <p>The evidence tells us that people want person-centred care that is flexible and responds to people’s changing needs. It shows us that people wish to remain part of their communities and to be involved in those communities. This proposal has the potential to affect this in that it impinges on supports that help people to remain independent at home (community alarm, frozen meals), affordability of meaningful</p>

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Evidence	Available – detail source	What does the evidence tell you about different individuals and groups who may be affected by your proposal?
		activities that support people to achieve personal outcomes (learning disability resources) and may have an impact on carers financially and in terms of temporary respite if resource provision becomes unaffordable, particularly where the increases are flat-rate and not means-tested.
Public/patient/client experience information	(Feedback from engagement)	Although there are complaints, most are resolved early in the statutory complaints procedure with very few requiring oversight from the SPSO. As well as complaints, there is a significant number of compliments for the quality of care for service-users and their carers and families, mainly to do with sensitivity, quality of support and commitment to person-centred care. Care Opinion feedback in relation to East Lothian tends to centre on health services. There is personal feedback given at the appeals panel, where

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Evidence	Available – detail source	What does the evidence tell you about different individuals and groups who may be affected by your proposal?
		individuals provide information to show how they are being put into financial hardship. This allows information on the charging policy to be developed.
Evidence of inclusive engagement of people who use the service and involvement findings	(Describe your engagement activities, which questions you asked and to whom. How did you try to include people with different communication needs and other physical requirements?)	<p>Through the appeals process where people are supported by advocacy or social work staff. Also via the Non residential charging group.</p> <p>However, given the technical nature of this policy particularly around the financial assessment stage, it has not proved possible to find a service user rep who wishes to be involved in the policy development.</p>
Evidence of unmet need		
Good practice guidelines	https://www.cosla.gov.uk/_data/assets/pdf_file/0025/56833/COSLA-Social-Care-Charging-Guidance-2025-26-2.pdf	The guidance provides a framework for Councils to adopt whilst allowing for local accountability and discretion, and at the same time encourages Councils to adopt best

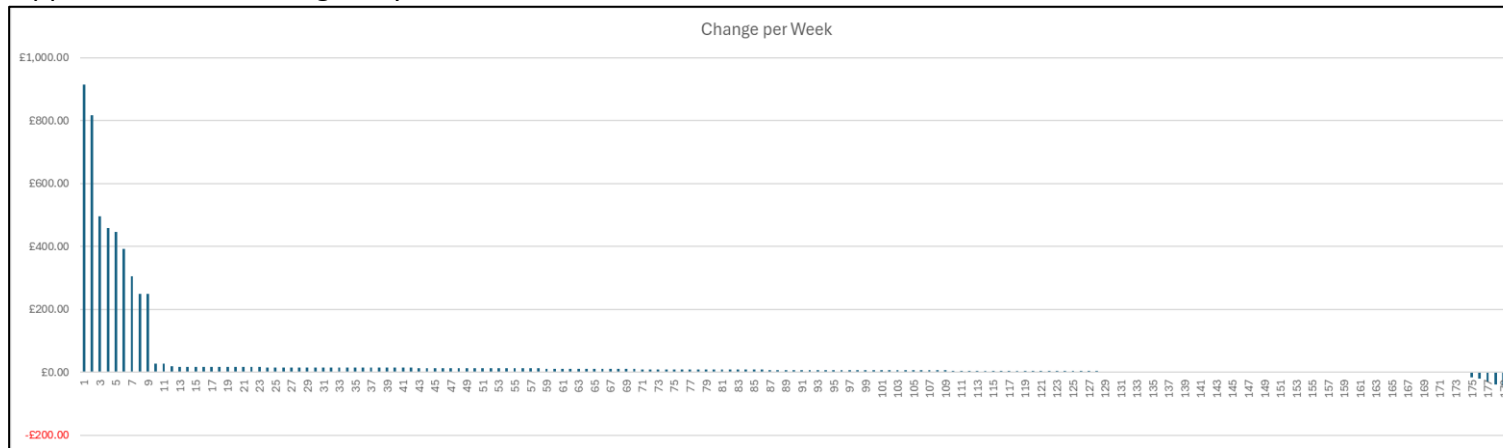
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Evidence	Available – detail source	What does the evidence tell you about different individuals and groups who may be affected by your proposal?
		practice in the development of their policies
Carbon emissions generated/reduced data		
Risk from cumulative impacts		
Other (please specify)		

Application of Full Charges, By Individual



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