



**Community
Transport
Association**

Transport for Outcomes

Commissioning for Transport with Care



Transport for Care

A commissioning guide

1. The provision of transport, its adequacy and its ability to meet the needs and aspirations of the elderly and disabled feature in every discussion on services and support with service users and their carers, in both rural and urban settings.
2. The adequacy of transport services to meet the expectations of service users to use services including universal services, to meet people and to participate in wider activity in the community is a major concern in local communities.
3. The adequate provision of transport services makes a profound impact on the lives of older and disabled people, family carers and parents and children, when provided at the right times, with the right supports, in personalised service provision and which also reflects the outcomes which are recognised as essential to health and wellbeing, shown in the table below.

Quality of life	Process	Change
<ul style="list-style-type: none"> • Feeling safe • Having things to do • Seeing people • Staying well • Life as you want • Dealing with stigma 	<ul style="list-style-type: none"> • Listened to • Choice • Treated as an individual • Reliability 	<ul style="list-style-type: none"> • Improved confidence and skill • Improved mobility

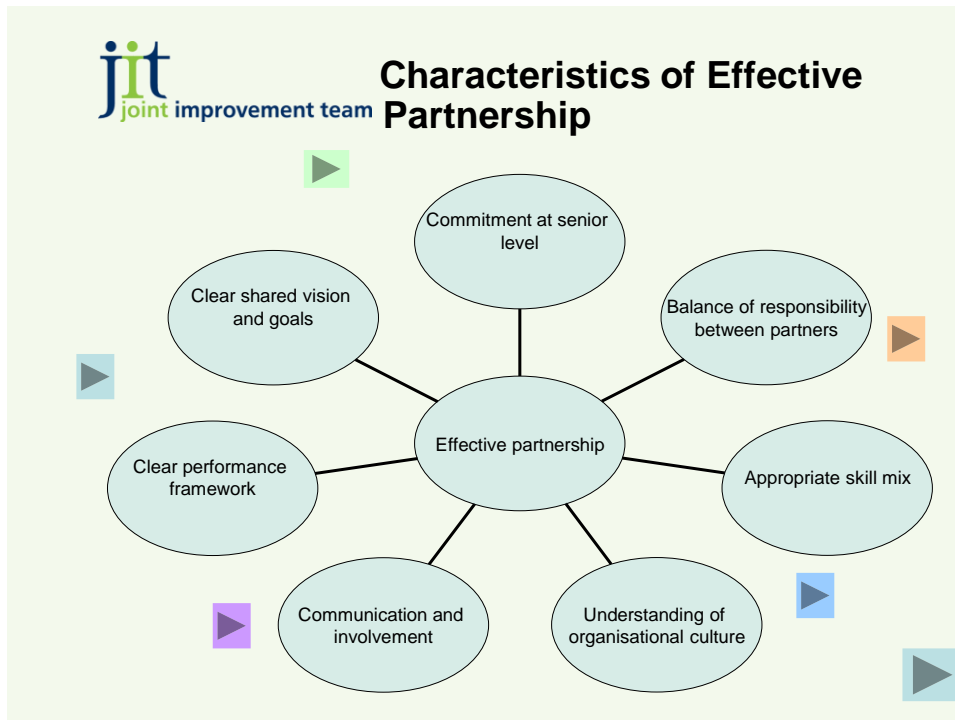
4. One of the central messages which emerged from the Joseph Rowntree Foundation report "That Little Bit of Help" was that older people really valued support which enabled them to live in their own homes – for example, help with cleaning, DIY, gardening, care of pets, chiropody, transport and befriending. Older people, without appropriate support, were being increasingly isolated in their own homes and just as disempowered as if living in the worst examples of institutional care. Themes that older people considered important were:
 - comfortable and secure homes
 - an adequate income
 - *safe neighbourhoods*
 - *the ability to get out and about*
 - *friendships*
 - *learning and leisure*
 - *keeping active and healthy*
 - good, relevant information

5. There are a number of key areas of health and social care non-emergency transport provision where, with partners in public transport authorities and community transport, services can be improved and costs reduced through a joint approach by commissioning efficient use of vehicles and staff.

6. The Joint Improvement Team with partners in the Scottish Ambulance Service, Local Authorities, Community Transport and Voluntary Sector providers, and the Strathclyde Partnership for Transport has conducted pilots which demonstrate good outcomes for service users, and have also shown cost efficiencies and impact on provision which will impact on the green agenda.

7. Effective cross-cutting partnerships, reflecting the increasingly close working of front-line children's services, adult care services and health services, offer the opportunity for an integrated approach to the provision of transport. Partners can assess jointly the transport services that need to be provided and, through standardising procurement procedures, the best way to meet this need. The nature of demand for transport to meet health, education and social care requirements is changing. On the one hand, hospital based health facilities are becoming concentrated in larger units, while supportive facilities for health and social care are becoming more dispersed into smaller, community-based units.

Characteristics of Effective Partnership



8. There is also greater opportunity for choice in care and support provision. This has fundamental implications for patient, service user and carer access, especially as front-line delivery of adult care services and health services are, increasingly, working towards closer integration.

9. In this context, the integration of transport services providing access to these front-line services is becoming more essential. In addition, government policies on social inclusion and accessibility require extensions of the general public transport network. All these factors have major implications for the way in which the whole range of passenger transport networks operate. This greater and more dispersed demand requires broader, more flexible operational networks, and diversification of the mix of vehicles to be used in terms of size, and user and provider characteristics. This is an important issue for transport providers, whether commercial operators in the private sector, community or voluntary organisations in the third sector or direct fleet operators in the public sector in addressing diversification and dispersal demand in an efficient way, partnership development and integrated transport operation offer major opportunities.

10. Policy Context

- a. The National Outcomes – smarter and greener, are also likely beneficiaries of improved transport coordination in planning (less emissions, fewer journeys, and efficiencies).
- b. The new National Community Care Outcomes of improved health, improved wellbeing, improved social inclusion, and improved independence, all require a key focus on transport to make these aspirations real for large numbers of service users.
- c. The changing pattern of health care to community settings, called Shifting the Balance of Care, has not been reflected in changes to assisted transport policy and resources. The shift in care has brought more dispersed locations as well as a greater variety of settings.
- d. The shift to caring and supporting people in their own home has increased the number of people who require transport assistance who are living in non institutional settings and who make use of community based facilities for day care and hospital, community treatment and rehabilitation, and social care and support, as well as trying to improve use of universal services (leisure and culture, sport, arts, lifelong learning and so on). These factors combined have changed the nature and extent of demand for patient and service user transport services.
- e. The Governments Disability Equality Strategy has progressed similar themes on independent living and social inclusion opportunities.
- f. The Scottish Government's National Transport Strategy was launched in December 2006 and outlines the need to improve high quality Demand Responsive Transport (DRT) to enhance access to health and education.
- g. In relation to DRT the National Transport Strategy states:
 - *"We intend to increase funding for DRT beyond the current pilots to enable an expansion of the flexible service available. However, we do not believe that funding is the most significant barrier. The real difference lies in having these services designed and delivered at the very local level.*
 - *We recognise that currently there is a fragmented service provision at a local level. We need to ensure that at the local and regional level these services work together in the most efficient way possible. This requires improved co-ordination*

between these various services and the removal of current barriers which prevent more efficient integration.

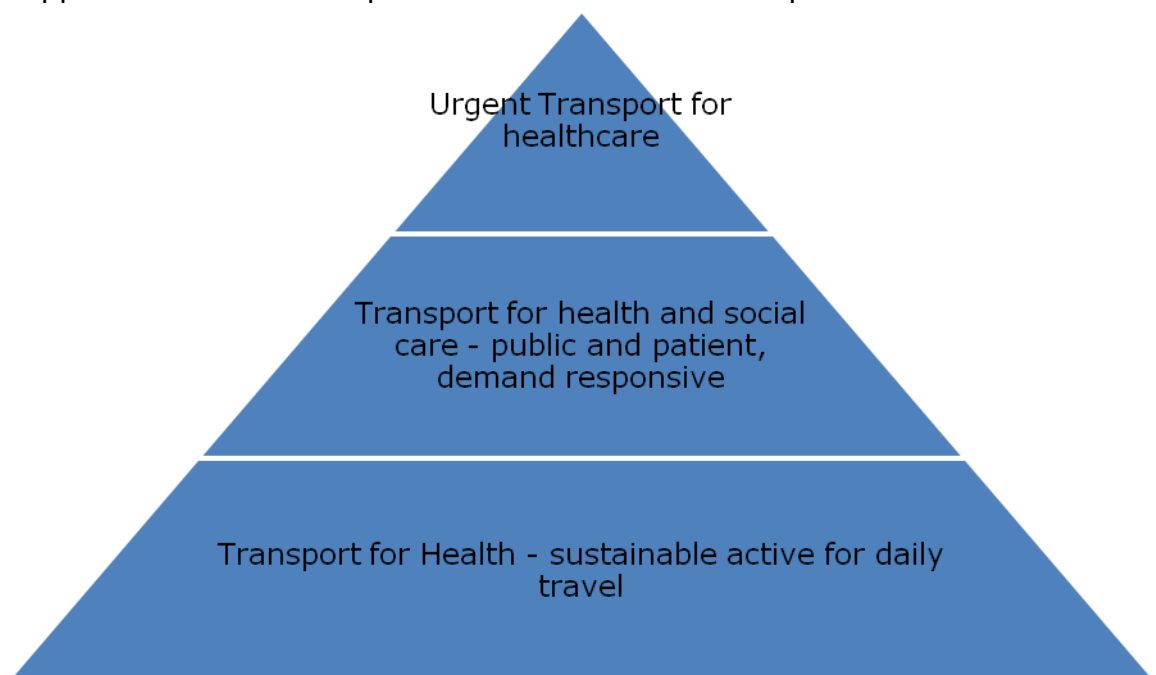
- *We would like to see Regional Transport Partnerships, Local Authorities and Health Boards working together to address these issues with a view to maximising the contribution of the investment being made in transport services across a region, including social work transport, local authority subsidised bus services, non-emergency patient transport and community transport.”*
- h. Work arising from the 'Talking Points' research and activity in partnerships on outcomes for service users also details the improved confidence, improved skills and improved mobility desired as outcomes by service users.
- i. The changing demography recognised in the Reshaping Care agenda clearly indicates the need to address local and networked transport systems and services to meet the need for health care related services, for social care services, and to meet the Changing Lives and personalisation agenda. The challenge for inclusive services, which enable access and opportunity, control and choice, for all citizens but especially for those with disability, financial exclusion, or needs which require special responses.
- j. The financial challenges currently faced across sectors is shared in local transport services, and the recent work on shared services has suggested ways forward in the West of Scotland, with particular opportunity through shared fleets, servicing, and routing and planning services, and the reduction of duplication and waste could make significant reinvestment opportunities. A small pilot in the Transport with Care programme which the Joint Improvement Team ran with three partnerships has demonstrated outcomes in this area.

11. National activity in both Scotland and England has shown that best practise in transport design should include

- Partnership buy in – Scottish Ambulance Service, Local Authorities, Passenger Transport Authorities, Third Sector and Community Transport
- Good quality information and audit of needs on transport provision
- Links to other strategies, and procedures (e.g. care management, community planning)
- Integrated IT Booking Systems
- Recognising under-utilisation in current provision, down time in vehicle usage
- Leadership, and partnership approaches

- Clarity of organisational purpose, integrated practice opportunities and funding relationships between partners
- DRT is a transport mode that can bridge the connections between the more conventional modes in the same way as an integrated ticketing system facilitates the ease of travel between modes.

12. In addition to the potential savings and or Investment opportunities which integrated approaches offer through a 'Tiered' Approach to provision – health and social care – demand responsive – linking to public fixed route, and the ability to route transport requests with shorter trips and coordination, and the identification of capacity in current provision all offer improved outcomes for service users. This approach has been adapted in the Healthcare Transport Framework.



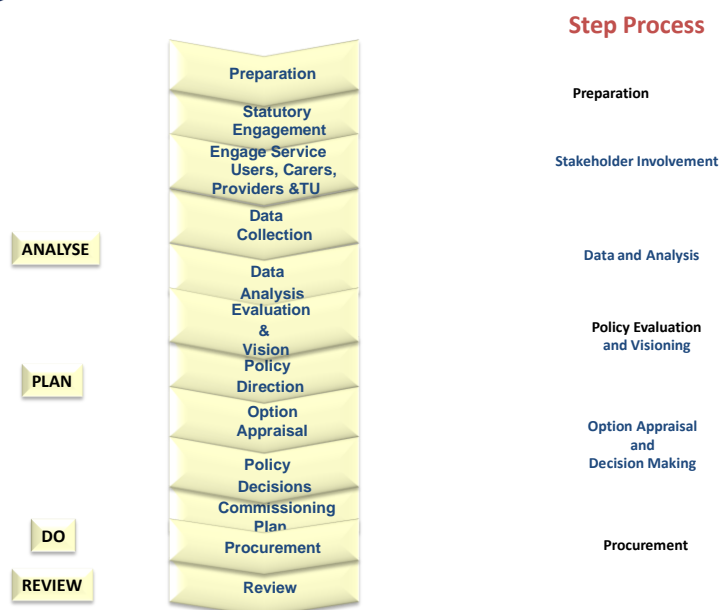
The provision of safe, sustainable, reliable, and economically efficient integrated local transport provision which focuses on the health and well being agenda, and the opportunities for choice and control over involvement in universal activities in local communities will provide valuable assistance to the Reshaping Older People's Care agenda.

13. Commissioning Guidance.

14. Experience from the three pilots supported by the Joint Improvement Team, the Scottish Ambulance Service, local Councils in Perth and Kinross, Dumfries and Galloway, and the City of Glasgow, working with Passenger Transport Authority Partners and Community Transport Providers have shown huge potential to transform the nature of services through sharing best practice, shared and integrating services, and partnership working. The pilots worked in different ways and in differing contexts – rural and urban, and required different approaches. The results demonstrated that significant progress with good outcomes could be made, alongside releasing capacity within existing systems. The Joint Improvement Team online Commissioning Tool offers a framework for activity.



Joint Improvement Team– Online Redesign System



15. The challenges to commissioning good integrated service are comprised of a number of shared factors across agencies

- Good Information
- Call centre approach, tiered and linked services, appropriate technology
- Eligibility and 'traditional' and competitive responsibilities
- Budget and 'savings', charging
- Resource management
- Vehicle design, flexibility
- Scheme simplicity, route flexibility

- Operator support – from private, community and public sectors
- Staff buy in, cultures and collaboration, service and appointment planning in agencies
- Health, safety and risk
- Drivers and support (escorts)
- Some legal issues (section 19 etc)
- User mix/carer anxiety and information
- Political support
- Relationship to 'distant' acute facilities.

16. **Partnership Board.** There is an early need for a partnership approach to be established, best served by a project Board, representative of the partners, the local authority, the Scottish Ambulance Service, the Regional Transport Authority, Community Transport Operators, voluntary sector providers, and where possible user and carer/patient representation.

17. **Information on Demand and electronic booking systems.** The three pilots have each demonstrated the need for good information on

- current demand,
- trip detail, destinations,
- special needs of passengers,
- time of journey.

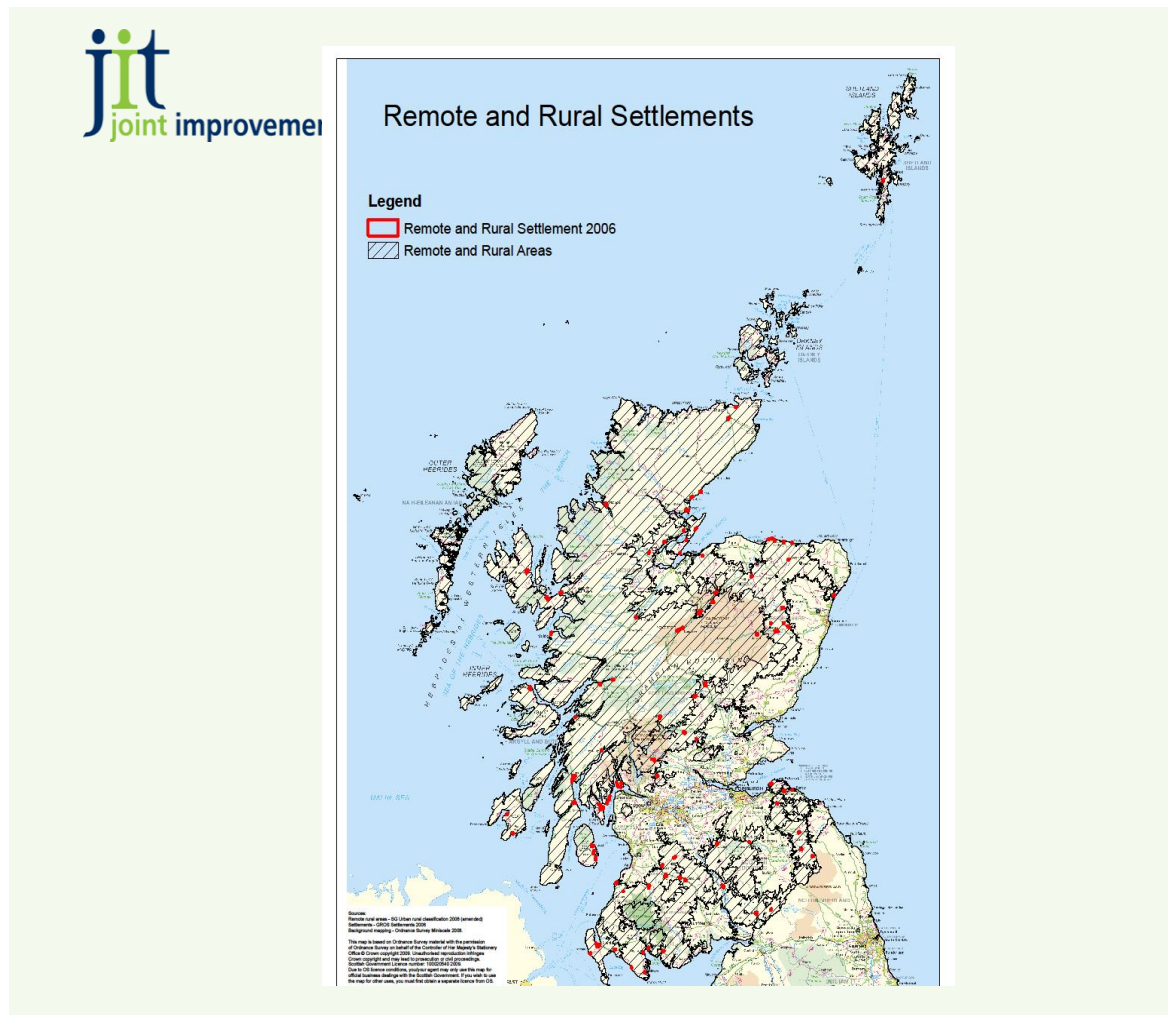
Normally the SAS will have good electronic records of day to day activity, based on their CLERIC transport management system, backed by good information from schedulers. Local authorities will have different systems (most likely Trapeze), but are unlikely to use a scheduling package, and may have multiple systems in different sectors (social work, education, housing, etc.). PTA's may have electronic systems for demand responsive transport and will have some understanding of local capacity and demand issues. Community Transport and voluntary sectors will have softer but detailed understanding of local needs. Information on taxi usage is likely to be held on multiple systems. The Transport with Care pilots were able to show that integrated booking systems could be managed across different electronic data systems.

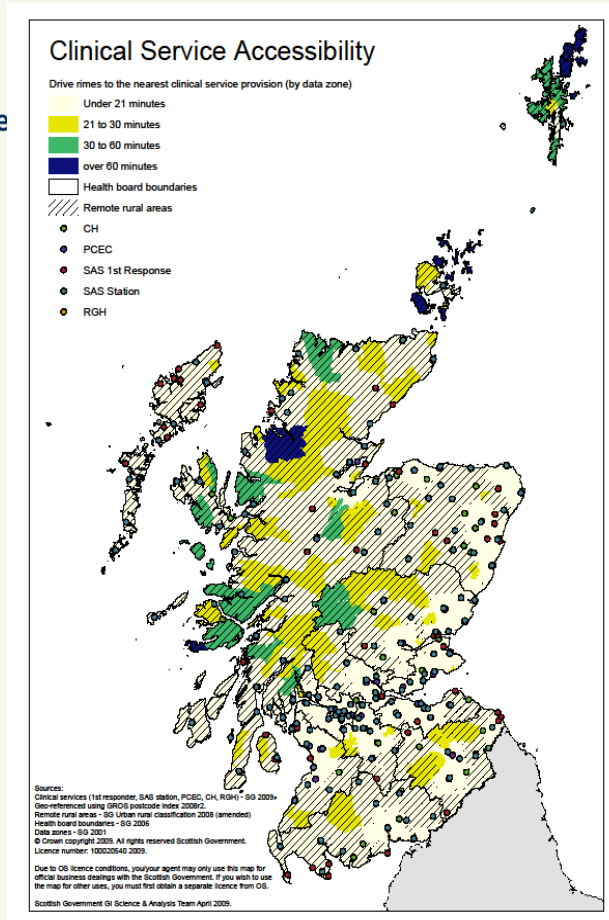
18. **Information on vehicles.** There is a need to understand

- current vehicle usage
- capacity
- disability access
- wheelchair provision and security
- an inventory of vehicles and their appropriateness for shared activity
- accessibility
- seat configuration

- location,
- operating hours.

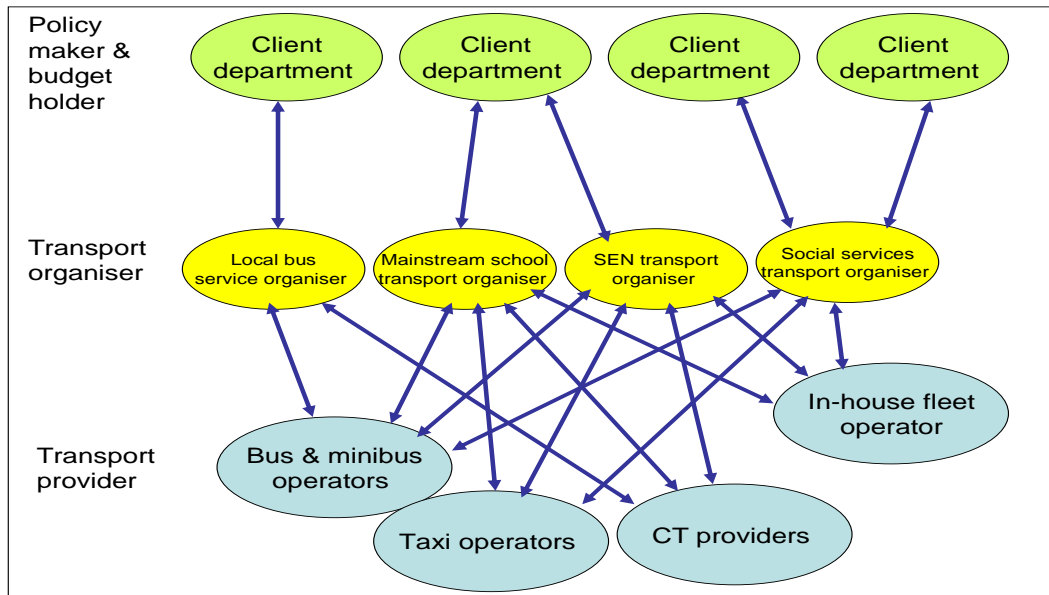
19. Information on key locations. A local understanding of key destinations in addition to the main shopping and commercial centres, such as day hospitals, day centres and sports, arts, health centre is helpful to map opportunities for inclusion. It may be possible to plan and structure transport requirements on localities, both rural and urban, or to locate around specific facilities, hospitals, health centres, day facilities. Work carried out in the health service has identified the nature of rurality and on clinical service accessibility, as shown below.



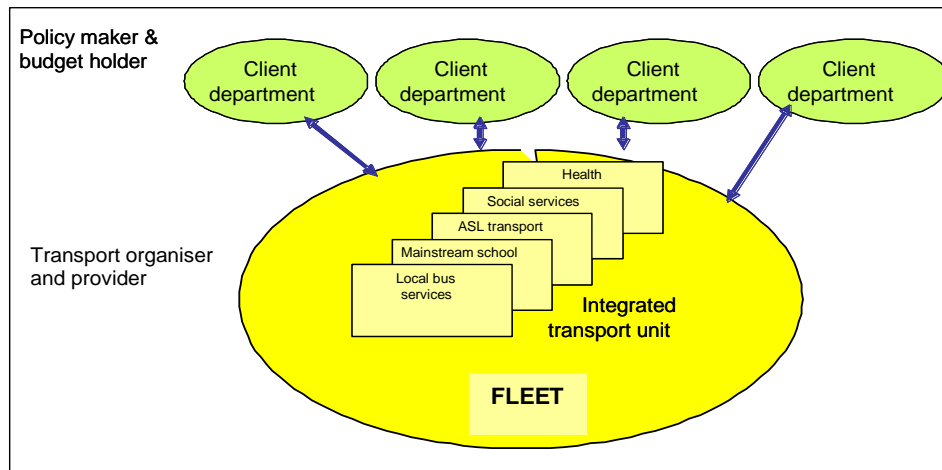


20. **Brokerage/Integration.** The potential outcomes of a good integrated strategy will provide the following outcomes:
- Potential Savings/Investment opportunities
 - 'Tiered' Approach to provision – health –demand responsive – public fixed route
 - Ability to route and link transport requests
 - Shorter trips and coordination, links with fixed routes to main centres
 - Identification of capacity, vehicles, markets, technology

The introduction of brokerage and coordination of transport planning will allow the above opportunities for common standards in needs assessment, deployment, and vehicle usage. The diagram below illustrates the complexity of the likely local arrangements in any partnership.



The diagram below suggests an alternative model through which transport requests can be routed to provide consistency and efficiency gains. Advice on providing an integrated transport unit is provided in the document Integrated Transport Units; (<http://www.nwce.gov.uk/project.php?id=34>).



21. **Legal, contractual, and financial relationships.** These issues all require consideration, and leadership attention to work through the issues which are raised. Appendix 2 provides the framework produced by the Glasgow Partnership for illustration purposes.
22. **Eligibility.** Partnerships will need to consider their approach to eligibility, and to wider community care eligibility frameworks and statutory duties. Issues of passenger mix on shared vehicles, the need for escort/assistant help, service user, patient and carer needs and expectations. Consideration of the use of disability benefit use

will also be required – the use of DLA Mobility component, access to motability schemes, and concessionary travel availability. Issues for Dial a Bus (Demand Responsive Transport), community transport providers are especially sensitive and require consideration. Advice on eligibility is contained in a Department of Health document

www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyandGuidance/DH_078373; and the Scottish Ambulance service, and some local authorities will have developed frameworks of eligibility.

1. **Appendix 1 :Good Practice Examples:**

National Concessionary Travel Scheme

By directly addressing the cost of transport by providing free local bus travel for elderly and disabled people the Scheme, combined with the increasing availability of accessible vehicles on these services, is a major contributor to allowing older people to maintain an independent life style. So long as there are fixed route services or registered Demand Responsive Transport (DRT) services (e.g. Dial a Bus, door to door services) to meet the needs of older people there are significant benefits and the policy is strongly supported by older people, meeting many of the outcomes above.

Traveline hospital visiting link is an integration or information example from Strathclyde Partnership for Transport Authority (SPT) and national government. It addresses improving information and is adapted to the needs of older people by always including a bus option and is intended to be a “nudge” to use public transport rather than a car.

Coalfields Community Transport working with Strathclyde Partnership for Transport in Cumnock area to support DRT locally while SPT provides door to door link to major towns and Stagecoach provide accessible fixed route vehicles.

SPT and NHS Greater Glasgow and Clyde support **hospital evening visiting services** to ensure access to patients improving their likelihood of earlier release. Local Community Transport Providers are partners to this initiative.

Glasgow City Council and SPT working to provide access to clubs and activities for voluntary groups through **use of SPT scheduling and procurement skills** when the costs were too high for the City to support clearly shows the benefits of IT and joint working.

Buchan DACT with support from Aberdeenshire CTI operates the usual CT shoppers and DRT service but also in cooperation with local GP surgery patient transport services and volunteer drivers.

Perth and Kinross Council and the Scottish Ambulance Service redesigned services in the Blairgowrie area to share booking and vehicles to ensure efficiency and outcomes for users, patients and services.

Transport with Care Initiative. The Joint Improvement Team, Scottish Ambulance Service, a number of local authority and health partners, Strathclyde Partnership for Transport and Community Transport Providers have carried out a number of activities across Scotland modelling the impact of a shared services approach to provision of transport. These comprised mainly three pilots in Glasgow, Perth and Kinross, and Dumfries and Galloway, where proposals and initiatives were developed to demonstrate the potential from shared booking systems, eligibility, vehicle usage to provide improved outcomes for passengers, efficiencies from shared activity, and the potential to meet local demands on a partnership and integrated basis. The findings from these reports are available from the Joint Improvement Team. www.jitscotland.gov.uk

In England work on integrated transport is described in the report Resource Guide for Local Authorities – **Transport Solutions for Older People** and a further report **Providing Transport in Partnership – a guide for health agencies and local authorities** is available.

Appendix 2 Legal Considerations Framework, Glasgow

Glasgow City Council, the Scottish Ambulance Service, the NHS, Strathclyde Partnership for Transport and Community Transport Glasgow all provide demand responsive transport services. Currently, each provider serves the social care, medical, educational and social needs of different groups of people using their own approaches which have developed over the years. Each provider takes a different approach to deciding who should be eligible to use its transport services, how these services will be provided and what fare, if any, will be charged. Some of these differences are due to the different legislation under which each party acts and some are a result of custom and practice which has evolved over time. The purpose of this note is to clarify the legal powers and constraints under which each provider currently operates and to examine the scope for rationalising service provision. The following table

lists different aspects for each of the provider organisations and the following few paragraphs aim to summarise the main points.

Each of the provider organisations operate under different statutes. For example, SPT's primary enabling legislation is the Transport Act of 1968 whereas SAS operates under the NHS Act 1947. All providers are, however, governed by the Working Time Directive in respect of drivers' hours.

The way transport services are procured and delivered varies amongst the providers, with SPT contracting with bus companies to run Dial-a-Bus(DaB) services, GCC and SAS operating their own vehicle fleets, albeit supplemented by taxi contracts and volunteer services respectively and CT operating on a non-profit basis. None of the providers possess a PSV operator's licence. All of the providers have some form of quality control regime in place with the SAS having particularly demanding requirements in relation to infection control procedures. The SAS also procure some voluntary aid societies such as the British Red Cross Society.

Each of the providers caters for the different requirements of their client groups and applies different eligibility criteria. There are particular restrictions to protect the safety of children who cannot be transported with adults unless they have been screened by Disclosure Scotland and some pupils and patients transported by GCC and SAS have very special support requirements or behavioural problems which demand specialised, escorted transport. It is envisaged that such cases would still require to travel "solo" in the future.

Only SPT and CT charge fares on their services. GCC and SAS do not. If GCC or SAS were to start carrying DaB passengers then they would require to obtain a PSV Operators Licence. Also if CT were to charge a fare that more than covered their costs then they too would require an operator's licence. If GCC were to use its fleet of buses to support SAS operations then they would not need an operator's licence but would need to introduce infection control procedures to the fleet. If GCC were to utilise its bus fleet to carry some more education and social care clients who are presently served by taxi, then no changes would be required.

Overall, there are opportunities to better utilise existing vehicle fleets but some changes would be required to existing working practices, operators' licences may need to be procured and it must be recognised that some clients will of necessity require specialist, one-off support and that their needs cannot be diluted.

Glasgow Integrated DRT feasibility study - Legal Constraints

Aspect	SPT DaB/DRT	GCC Education	GCC SW	Ambulance Service	Community Transport
Enabling legislation – permits, mandatory or permissive?	SPT statutory powers to enter into contracts for provision of transport services in Transport Act of 1968 and subsequent legislation, principally 1985, 2001, and 2005 Transport Acts.	Education Act 1996 Section 509 SEN Code of Practice	GCC Social Inclusion Policy	NHS Act 1947 & amendments.	Section 19 and 22 Permits
Legislation covering drivers' hours, licensing, etc.	Yes Drivers hour's requirements must be adhered to without exception. Observations taken as part of monitoring regime and inspection of Operational Records	Drivers Hours Working Time Directive Road Traffic Act Drivers must be over the age of 21 and should have passed their test before 01/01/97 otherwise they will have to obtain D1 on their	Drivers Hours Working Time Directive Road Traffic Act Drivers must be over the age of 21 and should have passed their test before 01/01/97 otherwise they will	Driver requirements C1 & D1 licence entitlement · Drivers Hours Working Time Directive Road Traffic Act	Drivers must be over the age of 21 and should have passed their test before 01/01/97 otherwise they will have to obtain D1 on their licence.

Aspect	SPT DaB/DRT	GCC Education	GCC SW	Ambulance Service	Community Transport
		licence.	have to obtain D1 on their licence.		
Contractual framework – in house or external supplier, gross or net cost contracts?	All DaB services provided by commercial bus operators under contract to SPT.	Internal Bus Fleet External Taxi Contract	Internal Bus Fleet External Taxi Contract	Internal fleet. Volunteer Car Drivers.	Under Section 19 non-profit making organisations can make a charge to passengers for providing transport services without the need to obtain a PSV O Licence. The majority of CT Operators transport Groups but CTG are currently delivering contracts for NHS Greater Glasgow & Clyde through Service Level Agreements Under Section 22 CT operators can carry the general public whereas Section 19

Aspect	SPT DaB/DRT	GCC Education	GCC SW	Ambulance Service	Community Transport
					services can only be used by members of the CT groups. The key change in the law was that drivers can now be paid under Section 22. if the CT operator registers routes then they can participate in the concessionary fare scheme
Any quality of service monitoring regime in place?	Engineering Inspections both pre arranged and unannounced, Customer Care Inspections. Inspections re operational performance.	6 Week Vehicle Inspections FTA Random Vehicle Inspections VOSA Random Inspections	6 Week Vehicle Inspections FTA Random Vehicle Inspections VOSA Random Inspections	All vehicles constructed to CEN Ambulance Standards. Safety checks on 6 weekly cycle. Quality standards agreed with SE for Patient's Journey, sampled on regular basis against SE targets.	Under Section 19 Permit drivers should be MiDAS trained, those who use the services have to register for the service and the vehicles should have a yearly MOT and should have 6-10 weekly

Aspect	SPT DaB/DRT	GCC Education	GCC SW	Ambulance Service	Community Transport
				Vehicles are governed by Infection Control protocols and must be cleaned as per HSE & Infection Control guidelines. Satisfaction surveys carried out with service users annually.	inspection checks. CTA are soon to introduce a Quality Mark for the community transport sector. This would look at governance, the maintenance regime for vehicles, the management of the organisation, administration, etc. CTA are seeking the seal of approval for this from VOSA and the Charity Commission
Any restrictions wrt eligible groups – only children, adults, patients, elderly, disabled people; can	Access restricted to entitled users only. Details of eligibility criteria attached. NB Cannot be used to attend hospital appointment	Drivers/ Escorts:- Enhanced Disclosure Scotland Children Only, no adult mix Travelling Times	Drivers/ Escorts:- Enhanced Disclosure Scotland Children Only, no adult mix Travelling Times	Palliative Care Patients transported on 1 2 1 basis. MRSA & other cross infection risks are subject to Infection Control	Senior Citizens, Disabled, Asylum Seekers, Job Seekers, Social Inclusion, Fear Factor and Carer/Children can be carried using

Aspect	SPT DaB/DRT	GCC Education	GCC SW	Ambulance Service	Community Transport
groups be mixed?	s.			protocols. Electric wheelchair users transported individually based on best practice & HSE guidance.	Section 19 Permits
Any restrictions wrt charging fares?	Fares to be charged are determined as part of the contracts between SPT and the operators. Operators receive payment from SPT, cash fares and reimbursement from Scottish Executive re carriage of concessionary entitled passengers. DaB services are registered with the TC and hence fares may be charged. Fares cannot be charged	Section 19 & 22 Permits, Hire & Reward Currently the Council are exempt from holding a operators licence as the services provided is for welfare transport, Where it can be seen that the Councils are receiving payment for services VOSA would see this as Hire & Reward requiring the Council to operate under an	Section 19 & 22 Permits, Hire & Reward Currently the Council are exempt from holding a operators licence as the services provided is for welfare transport, Where it can be seen that the Councils are receiving payment for services VOSA	Provision cannot be charged for if authorised by a Doctor, Dentist or Practising Midwife under the regulations laid down in the 1947 Act. THE SAS are permitted to undertake Private Hire work in supplying services to private patients & non-NHS agencies.	Set fares or contributions can be charged at a level to recover the costs of running the vehicle, including an allowance for vehicle depreciation and drivers' wages. However fares must not be set at a level which would produce a regular surplus or income over expenditure because that would be a profit-making operation

Aspect	SPT DaB/DRT	GCC Education	GCC SW	Ambulance Service	Community Transport
	on non-registered services.	operators licence.	would see this as Hire & Reward requiring the Council to operate under an operators licence.		
Are explanatory guidelines available from provider?	Attached	Children to school:- Best Practice Guidelines Audit Commissions, Service Level Agreements		Various materials available for authorising bodies & patients, ranging from leaflets through to DVDs.	VOSA has a set of guidelines on Section 19 and 22 Permits.
What legislative or guideline changes would be required so that provider could serve other client groups?	Many changes would be required to SPT policies re access entitlement and geographical range of operation. If fares were to be charged, we would need to look at sources of funding in detail. If fares were	Possible Operations Licence Section 19 & 22 Permits Hire & Reward	Possible Operations Licence Section 19 & 22 Permits Hire & Reward	The service would be required to provide services to clients not requested under the Terms of the 1947 Act.	There would be not legislative or guideline changes that I can see at the moment that would prevent the CT sector from serving other client groups.

Aspect	SPT DaB/DRT	GCC Education	GCC SW	Ambulance Service	Community Transport
	not to be charged, we would need to consider if policy complied with Competition legislation.				

Appendix 3 Links:

1. Demand Responsive Transport <http://www.drtbody.co.uk/>
2. Good Practice Guide to Demand Responsive Transport <http://www.ceg.ncl.ac.uk/info/pdf/goodpracticeguide.pdf>
3. Review of Demand Responsive Transport <http://www.scotland.gov.uk/Publications/2006/05/18112606/0>
4. Demand Responsive Transport: http://en.wikipedia.org/wiki/Demand_responsive_transport
5. ICMA Price and Cost Model for DRT June 2010
6. Remote and Rural Working Group. Transport.

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