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Social Transport Collaborative Solutions.

Developing a Social/Community Transport infrastructure for Change Funded projects and associated activity around Reshaping Care for Older People (RCOP).

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1. Introduction

“Transport services for health and social care are fragmented and there is a lack of leadership, ownership and monitoring of the services provided. The Scottish Government, Regional Transport Partnerships, councils, NHS boards and the ambulance service are not working together effectively to deliver transport for health and social care or making best use of available resources.” (Audit Scotland 2011 p. 4)

With an aging population, transport for vulnerable groups is a major concern for the Scottish Government, and it continues to be examined at the highest levels in Scotland. Of particular focus is the need to better co-ordinate and optimise the wide range of transport services provided by public, private and third sector organisations. This is reflected in The Scottish Parliament Infrastructure and Capital Investment Committee’s report on Community Transport, and its recommendations to the Scottish Government were the subject of a debate in the Chamber of the Scottish Parliament on 30th October 2013.

Against this background, the project investigated how to improve transport services which help older people access health and social care in Aberdeen. The availability of transport services, and whether older people are eligible to use them has been identified as a key issue by the third sector and the project has an opportunity to address this challenge. The project is funded by the Change Fund¹ and overseen by the Aberdeen Social Transport Working Group, comprising ACVO TSI (Aberdeen’s Third Sector Interface), Robert Gordon University (RGU), Nestrans², Scottish Care, Aberdeen City Council, Buchan Dial-a-Community Bus, British Red Cross, Royal Voluntary Service (formerly WRVS) and Co-wheels. The Social Transport Steering Group has responsibility for the management and monitoring of the project and consists of ACVO TSI, Robert Gordon University and Nestrans. Following the inception of the project, a new Programme Manager was appointed to the Health and Transport Action Plan (HTAP)³ and has subsequently joined the Aberdeen Social Transport

¹ “The Scottish Government established the Change Fund for older people’s services to enable health, social care, housing, Independent and Third sector Partners to implement local plans for making better use of their combined resources to improve outcomes for older people.” (Joint Improvement Team 2011 p. 1) This four year fund (2011-2015) has an allocation of £300 million.

² The Regional Transport Partnership for Aberdeen City and Shire.

³ Within the North East of Scotland, Nestrans commissioned a study into transport and health in 2007 which focused on three key themes: Active Travel, Transport and Public Health and Access to Healthcare. This study resulted in the development of the Health and Transport Action Plan (HTAP) (a revised version of this strategic document has just been launched).

Working Group and the Social Transport Steering Group.

As part of the project, a team at Robert Gordon University has conducted research to provide an evidence base upon which to plan and direct future transport improvements. This research aimed to investigate the extent to which the current provision of transport services for health and social care are meeting the needs of older people within Aberdeen City and to make recommendations about how to address unmet demand.

The project gathered both quantitative and qualitative data from a range of participants: transport providers and associated organisations; third sector organisations either having a specific role with older people or working more generally in the sector; private care bodies; and other academics. Many of these contacts led to further useful sources of information throughout Scotland and the UK, and identified notable transport projects as far afield as Canada and Australia.

Project Leads

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Nestrans – Rab Dickson, Transport Strategy Manager

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2. Background

Transport for older people is a concern for governments across the UK.

The Department for Transport (DfT) identified the following key benefits experienced by older people from local public transport provision:

- Access to public services and amenities
- Access to healthcare services
- Improved health
- Reduced social and economic exclusion
- Improved mental health and psychological benefits (indirect benefits)

(DfT 2013 p. 21)

There are a range of transport services available to older people. These include:

- Registered bus and coach services provided by commercial bus companies (and often subsidised by local authorities). Over 60s travel on these services for free courtesy of the concessionary fare scheme. These services meet the journey making needs of the majority of older people, but not all.
- Services provided by the social care arm of local authorities.
- Transport provided by health care trusts, particularly for accessing hospital treatment.
- Transport support provided by the third sector including voluntary organisations and charities such as the Royal Voluntary Service (formerly WRVS) and the British Red Cross.
- Community transport provided through:
 - Section 19 permits which allow **organisations to hire or operate vehicles** for the benefit of their members (or for people whom the organisation exists to help) on a not for profit basis. However, these organisation focused services are not available to the general public.
 - Section 22 permits which allow **community bus operators** to operate services which are open to the public and which are justified as concerning the social and welfare needs of one or more communities. Again, these are not for profit and tend to rely on vehicles owned by a community group.

An operating model which is common to most of these services is Demand Responsive Transport (DRT) or dial-a-ride, “an advanced, user-oriented form of public transport characterised by flexible routing and scheduling of small/medium vehicles operating in shared-ride mode between pick-up and drop-off locations according to passengers needs” (EU Project Penelope 2002). DRT is popular with passengers (particularly older people) but can be expensive to subsidise, with start up support of over £50 per passenger journey not uncommon.

The popularity of DRT with passengers highlights the importance in combating social exclusion and the social interaction facilitated by access to transport is also crucial. For older people, the rapport with drivers is a huge part of community transport, e.g. the strapline for Dundee Community Cars Scheme is “*More than just a lift*”. Measuring this social added value is not straight forward and the question for community groups and organisations seeking funding for transport is how to convey the time and social added value.

Community and other forms of transport for older people have a vital role in facilitating access to health provision and social activities. Furthermore, it can enable older people to maintain their independence and improve their quality of life.

Examples of new DRT approaches

- Car Plus (<http://www.carplus.org.uk/>)
A UK based not for profit, environmental transport NGO.
- RouteMatch Software (<http://routematch.com/>)
A US supplier offering a complete passenger transportation technology solution on one platform.
- TransitCare (<http://www.transitcare.com.au/>)
An Australian not for profit organisation providing community transport and support services to eligible clients in the Brisbane South and Logan areas. The organisation works hard to meet diverse needs and *facilitate the transport and associated support services for the frail, elderly, and people with disabilities*. TransitCare has worked with the USA provider of scheduling software, RouteMatch, to adapt their software for Australian conditions. The software has been designed to connect with public transport schedules too which allows for the possibility of scheduling community transport to coincide with the arrival and departure of the closest bus or train.

Although there are a range of transport resources available to older people in Scotland, Scotland's National Transport Strategy (2006) highlighted a lack of integration and optimisation across these services. Combined with eligibility constraints, it has meant that some vulnerable groups have access to duplicated services while others have access to none. In addition, there are often gaps, both geographically and in terms of days of the week and times of the day which mean that many – particularly elderly – people cannot make important trips at times which suit them.

The Audit Scotland Report (published in 2011) and the survey carried out by WVRS in 2013 both highlight that little progress has been made in better coordinating services provided by different operators and that cuts to services subsidised by local authorities (due to budgetary squeezes) were exacerbating the problem. (BBC 2013)

Even more recently, an ongoing campaign by Age Scotland has been examining barriers to accessing services and barriers to getting out and about. The second element of the campaign is specifically about transport and is entitled *Still Waiting*. The *Still Waiting* Campaign highlights the lack of access for some older people to suitable public transport and “aims to ensure alternative community transport services are available to meet their needs” (Age Scotland 2014b).

“Joint working across the public sector and with voluntary and private providers is crucial for the successful and sustainable development of transport for health and social care. Improved joint planning could lead to more efficient services.” (Audit Scotland 2011 p. 4)

Within the North East of Scotland, Nestrans commissioned a study into transport and health in 2007 which focused on three key themes: Active Travel, Transport and Public Health and Access to Healthcare. This study resulted in the development of the Health and Transport Action Plan (HTAP). Within the HTAP it was highlighted that

“Transport issues are reported to be the biggest single reason why people miss, turn down or choose not to seek medical help. People unable to access healthcare are more likely to suffer ill-health and rely on acute care later.”
(Nestrans and NHS Grampian 2008 p. 2)

3. Research Approach

The research team commenced the project with a desktop analysis of secondary sources, including academic journals, national and local government reports, transport industry reports and third sector resources. This established several lists of organisations to be contacted to further the research.

Face to face interviews were conducted with a range of participants: transport providers and associated organisations; third sector organisations either having a specific role with older people or working more generally in the sector; private care bodies; and other academics. They provided many personal insights into whether the current provision of social transport is meeting the access and mobility needs of older people within Aberdeen and identified duplication and/or gaps in terms of services and/or eligibility. The responses gathered from the in-depth interviews were analysed and these are detailed in section 4.

3.1 Transport providers and associated organisations

The primary list is of transport providers for older people operating either within or into Aberdeen City.

- **Aberdeen City Council:** The Local Authority utilises the in-house passenger transport fleet to provide Demand Responsive Transport in the form of a Dial-a-bus service.
- **British Red Cross:** Offers transport support for medical needs.
- **Buchan Dial-a-Community Bus:** A Buchan based social enterprise with a focus on reducing social exclusion via the provision of high quality community transport delivery and support services.
- **Co-wheels:** A car club with 18 vehicles in Aberdeen city, including a 7 seater car and a Wheelchair Accessible Vehicle (WAV). This WAV is used by a great deal of families with wheelchair-bound relatives, including those in care homes.
- **First Aberdeen:** A bus company operator in Aberdeen.
- **Royal Voluntary Service (formerly WRVS):** A Social Transport service which provides a personalised transport and Good Neighbours support service to reduce isolation and loneliness, improving health and wellbeing by RVS volunteers using their own cars. Service users are charged on a per mile basis with no charge for the volunteer's time.

- **Scottish Ambulance Service:** The Scottish Ambulance Service provides a Patient Transport Service to patients who need support to reach their healthcare appointment, or for their admission to and discharge from hospital, due to their medical/clinical needs.
- **Stagecoach Bluebird:** Operates local bus services.

A secondary list comprised transport providers operating outside of Aberdeen and other organisations with an interest in transport.

- Aberdeenshire Council
- Community Transport Association UK (CTA)
- Dundee Community Cars Scheme
- Journeycall
- MMM Group
- Nestrans
- The Transport to Healthcare Information Centre (THInC)

3.2 Third Sector organisations

Third Sector organisations with an interest and expertise in older people and transport issues interviewed include:

- Age Scotland
- The ALLIANCE
- British Red Cross
- Buchan Dial-a-Community Bus
- A range of Change Funded projects in Aberdeen City
- Council for Voluntary Services Aberdeenshire
- Co-wheels
- NHS healthcare providers
- Royal Voluntary Service (formerly WRVS)
- Voluntary Action Lochaber
- Voluntary Action Scotland

As part of the research, as many of the groups and individuals who submitted requests for Change Fund money as possible were interviewed, to build a complete picture of what the transport needs in Aberdeen are.

3.3 Private care bodies

Initial research into the private care sector focused on two bodies providing care to older people in Aberdeen.

- Carewatch, who offer care for older people in their own homes
- Scottish Care, representing the private care home industry

4. Results: Aberdeen City

The following sections describe the results obtained from the research conducted by the team based on the approach outlined in the previous section.

4.1 Transport providers and associated organisations

Barriers

Qualitative evidence gathered during interviews highlighted the following barriers:

- **Mobility and suitability of vehicles**
 - Reliability of vehicles in community transport fleets, in particular a significant proportion of vehicles are either in need of repair or unable to pass safety checks.
- **Permits and licences**
 - Around 90% of community transport operations are not eligible to offer free travel in Scotland using the National Entitlement Card available to all Scottish residents aged 60 or over because they operate under a Section 19 permit and are therefore not registered bus services (Community Transport Association UK 2012).
 - Some vehicles operating in the community transport sector require the driver to hold a D1(101) entitlement on their driving licence. This was given automatically to drivers passing their car test until 1997, but those who pass after that date must undergo a second test which requires compulsory training to be undertaken at significant cost. (Community Transport Association UK 2014)
 - D1 licence training takes place in only a few locations in Scotland so many volunteer drivers face lengthy journeys and additional expense in order to gain the licence.
- **Location**
 - New groups or initiatives being set up for older people's activities can experience issues around having secured a venue for their group or class but they have no transport and the venue is not ideal for transport links.
- **Sustainability**

- Some community transport schemes feel unable to have a huge advertising push as they are concerned about being unable to meet demand. Groups noted that *“you could create more supply and it would be used”*.
- **Volunteer drivers**
 - There is a lot of pressure on these volunteer drivers because they are used so regularly and more volunteers are needed.
- **Cost**
 - The location of volunteer drivers can have an impact on cost in some instances, where the driver is reimbursed on a mileage basis and their journey does not start locally to where the client is collected (although it should be noted that there are alternative ways of operating that spread the entire cost across all journeys, and thus spread the costs between all clients, rather than on a specific one affecting individual clients).
- **Staffing**
 - Community transport schemes require drivers, but they also need volunteers or paid staff with skills in: establishing booking systems; administration for managing day to day bookings; and marketing/communications.

One local authority community transport representative stated that they had offered community transport groups the facility to use a travel dispatch centre at the local authority headquarters to handle the booking of transport for all community transport groups, but the groups were keen to retain control themselves and none of the groups had taken up the offer. Community transport groups cite an in-depth knowledge and expertise of their particular service as reason for keeping booking in-house rather than utilising a referral system which also takes bookings. Groups are sometimes able to manipulate the transport schedule and make possible what, on paper, does not look manageable, and it is this expertise in individual services that some community transport groups believe would be lost with a referral and booking system. Two issues that have been raised to counter the use of community transport groups are:

- That sustainability is dependent on the enthusiasm and commitment of relatively small numbers of volunteers (Scottish Parliament 2013 p. 15) and paid staff (p. 27); and
- That there is a risk that while some parts of the community benefit, social exclusion of others may be reinforced or even newly created (Gray et al. 2006 p.95).

4.1.1 THInC

Aberdeen City Council in collaboration with Aberdeenshire Council, Moray Council, Nestrans, NHS Grampian and Scottish Ambulance Service have carried out work through the Health Transport Action Plan (HTAP) and this group have also formed a sub-committee whose remit is “Access to Healthcare”. The Access to Healthcare sub-committee has introduced a Transport to Healthcare Information Centre (THInC). THInC is funded by the parties named above. The Highlands and Islands Transport Partnership (HITRANS), the statutory regional transport partnership covering Eilean Siar (Western Isles), Orkney, Highland, Moray and most of the Argyll and Bute area, also provided some funding although they have not become part of the service. The service had a staggered start and went fully live across Grampian in June 2013.

The fundamental aim of the service is to allow patients who require transport to healthcare to call a single number for THInC, who will then advise them of the available options and provide them with the relevant contact details; THInC do not book transport. Patients are advised of the service in the letter that they receive for their healthcare appointment.

Example of call received by THInC

A patient in the Sheddocksley area of Aberdeen has to travel to ARI on Monday, Wednesday and Friday each week for dialysis. He has to be there between 07:15 and 08:00, but the Scottish Ambulance Service cannot transport him as they do not start patient transport until 08:30. He has been using the Red Cross but they are now changing to provide out of town service on those day. THInC suggested contacting RVS, and also that a taxi may be an option, and to contact the General Office at ARI about claiming the cost back.

Despite recent campaigns to raise awareness THInC is still receiving a low volume of calls. This poses the question: why aren't people using the service? An evaluation of THInC will be published in September and will examine whether the service has helped people to attend healthcare appointments.

4.2 Third Sector

Barriers

Qualitative evidence gathered during interviews highlighted the following barriers:

- **Suitability of available transport (both public and private)**

- Mobility problems mean that some clients are limited by which transport services they can use.
- **Lack of awareness**
 - A lack of awareness around what transport options are available. Clients do not know where to go for the information.
- **Confidence/fear**
 - For many older people, particularly those with dementia, it can be frightening using public transport or taxis.
 - Clients are happy to pay for a service, but can be fearful and would like one which is dedicated to older people. In particular they would like to see a service which would involve the same driver(s) and allow them to develop a relationship with the driver(s).
 - Confidence is an issue and many users are concerned about asking for help.
- **Location**
 - New groups setting up can experience issues around having secured a venue but they have no transport.
 - Many venues for health and social care are not next to a bus stop so clients have to walk from the nearest bus stop. When looking for a venue the considerations of parking and public transport are vital.
- **Infrequent or limited services**
 - Services are too restrictive in terms of time of day, day of week and capacity.
 - Residents/co-ordinators in care homes want to get out and can't.
 - Reliant on getting a space on the community transport bus which is a limited service and often clients are unable to get a space as the buses fill up incredibly quickly.
- **Cost**
 - Various Change Fund projects and NHS groups run in socially deprived areas of Aberdeen and anecdotally it is noted that transport costs can be significantly prohibitive for older people attending these groups.
 - Availability and maintenance cost of minibuses
 - Core transport issues for Third Sector Interfaces are: pressure on community transport through a lack of investment; and ageing vehicles wearing out and not being replaced (again with lack of funding being the main issue). In November 2013 the Scottish Government

announced a one-off £1 million community minibus fund to help community transport operators buy new vehicles to expand their services or replace older vehicles and as a result a total of 29 community transport organisations will receive funding. It is worth noting that 130 applications for funding totalling £4.1 million were received (Age Scotland 2014a).

- There are groups in Aberdeen who would like a minibus but are concerned about how to maintain it; in particular the ongoing costs are viewed as a barrier by these groups.

One recurrent desire expressed by interviewees was for a referral system that goes beyond what THInC currently provides and includes the booking process. Voluntary Action Lochaber is a Third Sector Interface (TSI) working across Lochaber who have recently implemented a new transport advice and bookings service. Launched in June 2014, the Lochaber Transport Advice and Bookings Service (LTABS) is a pilot project which “aims to seek a more joined-up approach to the provision of transport in the area - primarily for people attending health and social care appointments and to encourage social inclusion activities” (The Highland Council 2014). LTABS, funded by the Scottish Government Health and Social Care Directorate, The Highland Council and HITRANS, is staffed by local people who know the area and is open Monday to Friday, from 9am until 5pm. It is currently too early to determine the success of the pilot, but the outcomes will be used in “consideration of whether a sustainable transport co-ordination, planning and provision service can be provided in the wider Highlands” (The Highland Council 2014). While this type of referral system has many advantages it is important to consider the potential reluctance of providers to utilise such a system (as evidenced by discussions with a local authority community transport representative, see Section 3.1).

4.3 Private care bodies

Carewatch advised that they knew of no transport issues for the older people receiving their care so no further action was taken. Consultation with Scottish Care enabled a list of private care homes and contact details to be established which allowed research in this sector to be conducted.

Qualitative evidence gathered during interviews with a number of staff at private care bodies highlighted the following issues around transport:

- More consideration should be given to care at home, for example, a shopping trip might be better for fostering well being than handing over a list of items to be bought by a carer.
- Visitor access to care homes is seen to be a problem and the transport needs of visitors as well as residents should be considered. Some visitors are having to making lengthy and complicated journeys to spend just an hour with a loved one, leading to greater isolation for residents.

Both these points relate to social exclusion and isolation. The social remit of transport can end up being overlooked in favour of the health remit, but both are essential.

4.3.1 Care home questionnaire

To understand the transport needs of older people in Aberdeen City, how those needs are currently met, and what gaps exist, the research gathered some basic information from care homes in the Private Sector. With the assistance of an Independent Sector Development Officer, the research team contacted care homes in Aberdeen to gather responses to a short questionnaire. The research team provided a brief overview of the research and an introduction to Aberdeen City care homes was facilitated via email. The questionnaire (see Appendix) was designed to gather basic quantitative data and care home managers were given the option of responding by email or by telephone. The areas the questionnaire covered were: number of residents and numbers undertaking travel; type of transport used; transport owned by the care home and its use; numbers travelling to hospital or other healthcare appointments and transport arrangements; need for travel to be escorted.

As of December 2013, the total number of care home beds in Aberdeen City was 1,401. The research team contacted 28 care homes in Aberdeen, who had a total of 1,328 care home beds. The response rate to the questionnaire was relatively low and six care homes answered on behalf of 276 residents.

Excluding ambulance travel, 90.2% residents were able to travel away from the care homes. Care homes were asked of the residents who could travel away from the care home (excluding by ambulance), how many actually did travel away from the care home. This question was not answered of behalf of 20.7% of residents. Of the answers received, 61.5%

of residents who were able to travel away from the care homes did actually travel away from the care home. In all instances the care homes indicated that an escort was required for resident travel.

In relation to the types of transport used, none of the residents were able to use public transport. Five of the care homes indicated that their residents used taxis and one of these care homes noted that the taxis used were mostly Wheelchair Accessible Vehicles (WAV). Some anecdotal evidence exists that overcharging for taxi use by disabled passengers is widespread across the UK (Disability News Service 2014), although no evidence has been found to indicate that this has ever been shown to be an issue in Aberdeen. Residents at the six care homes used friends or relatives for travel away from the care home; however, one care home noted that this was a rare occurrence. Residents at three care homes did not use community transport, one care home indicated that their residents occasionally used community transport and the remaining two care homes stated that their residents did use community transport. In terms of other transport used, the care homes listed the following as the other options utilised: home buses; staff cars; friends group cars; and mobility cars.

Four care homes had their own transport for residents. Of these four, three care homes had their own minibus (one of which had wheelchair access) and the other care home had a seven seater vehicle with access for one wheelchair. All care home transport was driven by staff at the care homes. Use of the care home transport varied between care homes and ranged from irregular to every day if required.

Care homes were asked if transport was provided for residents travelling to a hospital appointment or if the care home had to arrange it. One care home did not answer on behalf of their residents. Responses for the remaining five care homes included:

- Arranged by home unless emergency
- Home arranges taxi
- Patient Transport Service or taxi
- Both hospital and home
- Depends on the resident. Hospital transport is arranged if it is a resident who can't manage in the car, though it is usually quicker for the home to do it.

4.4 Specific issues relating to the NHS

During the interviews specific issues regarding the current provision of transport services for health and social care for older people within Aberdeen City and the NHS and GP surgeries were identified. These issues included:

- **THInC are receiving erroneous calls**
 - Issues with patients calling the service when they are supposed to contact the Scottish Ambulance Service (at least in part due to the unclear layout of transport information in patient letters).
- **Reduction in Scottish Ambulance Service Patient Transport Service (PTS)**
 - The Scottish Ambulance Service have expressed a desire to reduce PTS and concentrate more on emergency transport – who then provides the PTS and who pays for it?
- **Public transport to Aberdeen Royal Infirmary (ARI) and other locations**
 - Patients travelling into Aberdeen may arrive in the city centre with no clear idea of how to get to their intended destination.
- **Getting around at ARI**
 - The bus drops off at one location but patients may not know or be able to get to the part of the hospital that they need to be at. This can also be a problem at places like Woodend where the bus drops off at the end of a long drive.
- **NHS taxi use**
 - Records do not differentiate between patient use of taxis paid for by the NHS and other use, for example by NHS staff. Neither do they differentiate between different departments within the NHS. This means there is no information on how much patient taxi use is costing the NHS, or how much different departments are spending on taxis. The lack of coding for different use makes it difficult to gauge any future benefit or cost saving.
- **Transport to GP surgeries**
 - Older people are not even accessing the most basic of health services, i.e., a trip to their local GP, due to either a lack of transport available to them or a lack of knowledge of the community transport options available to them.
 - Very few Practice Managers at GP surgeries are aware of what to do to support patients regarding transport needs or what solutions might be available for them to develop.
- **Payment for transport to NHS clinics**

- There are issues around who is responsible for funding transport to NHS clinics; this includes clinics staffed by the NHS on NHS premises and other locations around Aberdeen City.

There is a responsibility by the NHS when planning services to deal with the transport implications for patients, although it is understood that many NHS Boards do not have a Transport Planning Officer. The patient transport provided by the health board is increasingly shifting the focus towards emergency transport rather than getting people to routine health care appointments.

5. Summary of findings

A brief summary of the findings reveals the following key issues:

- Vehicles: availability, cost of maintenance and replacement, suitability for individuals and groups
- Drivers and other staff: retention, recruitment, distribution, licensing
- Awareness: older people and third sector organisations unaware of existing public and community transport options
- Confidence: older people lack confidence when considering access to transport
- Service: unequal provision across the city, inconvenient timing
- Cost: individuals find meeting transport costs difficult, third sector resources finite and allocation decisions have to be made that may de-prioritise transport
- Referrals: THInC service not widely known, no system currently in place for actually booking travel, possible reluctance of operators to relinquish their own processes in place of a system that they consider may not meet the needs of their clients
- Flexibility: existing transport operations may not be flexible enough to meet needs of potential users, healthcare and well-being providers are constrained in the location and timing of their offerings which may make access difficult

The project has identified several gaps that can be addressed by the fund in the immediate or short term:

- The shortage of volunteers (drivers and escorts) is being tackled through collaboration between the project and HTAP to create the Grampian Volunteer Transport Award
<http://www.aberdeenshire.gov.uk/news/release.asp?newsID=3693>
- Agreement has been reached with Co-wheels to match fund the purchase of a further three Wheelchair Adapted Vehicles which will expand the ability of self-drive hire for older people and will assist third sector organisations that require WAVs for their clients. As a result of the project, Aberdeenshire Voluntary Action (AVA), Aberdeenshire's Third Sector Interface, are developing a similar relationship with Co-wheels and discussions for the resourcing of vehicles in Aberdeenshire are taking place.

6. Funding community transport schemes/ Social Transport Templates

Included within the project was a Transport Funding Pot, which was to fulfil requests made for Change Fund transport assistance from groups in Aberdeen. This Transport Funding Pot was to be administered via a fair and equitable system to solve critical needs within the length of the project but also to be administered in parallel with efforts to identify new corporate funding models. A Social Transport Template was developed and distributed to groups in Aberdeen (covering Third, Public and Private Sectors and the NHS). The templates sought to identify where transport barriers and difficulties were impinging on the delivery of services. The templates were submitted to ACVO TSI, who logged them and passed them over to the RGU research team for analysis and further follow up data collection. Meetings were held with the majority of projects who submitted templates and this allowed for further assessment of the extent to which existing services are meeting the access and mobility needs of older people within Aberdeen and to capture the scale and nature of unmet demand within Aberdeen City.

A detailed summary of transport requirements was provided to the Aberdeen Social Transport Working Group (set up by ACVO TSI and Aberdeen City Council) and members of the working group were invited to tender for the contracts. These transport provider proposals were then reviewed by the Social Transport Steering Group who made recommendations on how to solve the critical transport needs identified in Aberdeen City. Criteria for the assessment of community transport schemes was employed during the review process (see Figure 1). The grouping of templates for consideration by the Aberdeen Social Transport Working Group and then review by the Social Transport Steering Group was undertaken based on date of receipt and this will be a process that will continue throughout the life of the project.

- Q1 •Does the journey start or end in Aberdeen?
- Q2 •Is the scheme Change Fund eligible?
- Q3 •Will the community transport benefit older people in Aberdeen?
- Q4 •Is there an obvious gap in transport availability?
- Q5 •Will the funding of the community transport scheme result in change?
- Q6 •Will the community transport scheme provide value for money?
- Q7 •Will it enhance our ability to employ evidence-based decision making?

Figure 1: Criteria for assessment of community transport schemes

Following the meeting by the Social Transport Steering Group these recommendations were taken back to the applicants for Change Fund transport assistance. The recommendations for the best transport solutions were discussed with those who applied for transport assistance, and in instances where there was more than one potential transport provider, the ultimate decision was left to the individual group or project. It was felt that this was a crucial element of the process, as groups may already have existing relationships with transport providers and choose to continue to build their relationship and that of the clients with the provider, or the group may have had a difficult experience with a particular provider previously and may not wish to renew contact with the provider. At this time, solutions to the critical transport needs identified from existing and emerging Change Fund projects and other local groups are being implemented.

7. Recommendations

As part of this Change Fund funded project, a Social Transport Development Officer has been appointed who will work closely with the Social Transport Steering Group to develop a strategy, based on the recommendations in this report, to address the unmet demand in Aberdeen City. A process for funding community transport schemes has been established and will be led by the Social Transport Development Officer with the continued support of the Social Transport Steering Group. A seven step process for funding community transport schemes is shown in Figure 2.

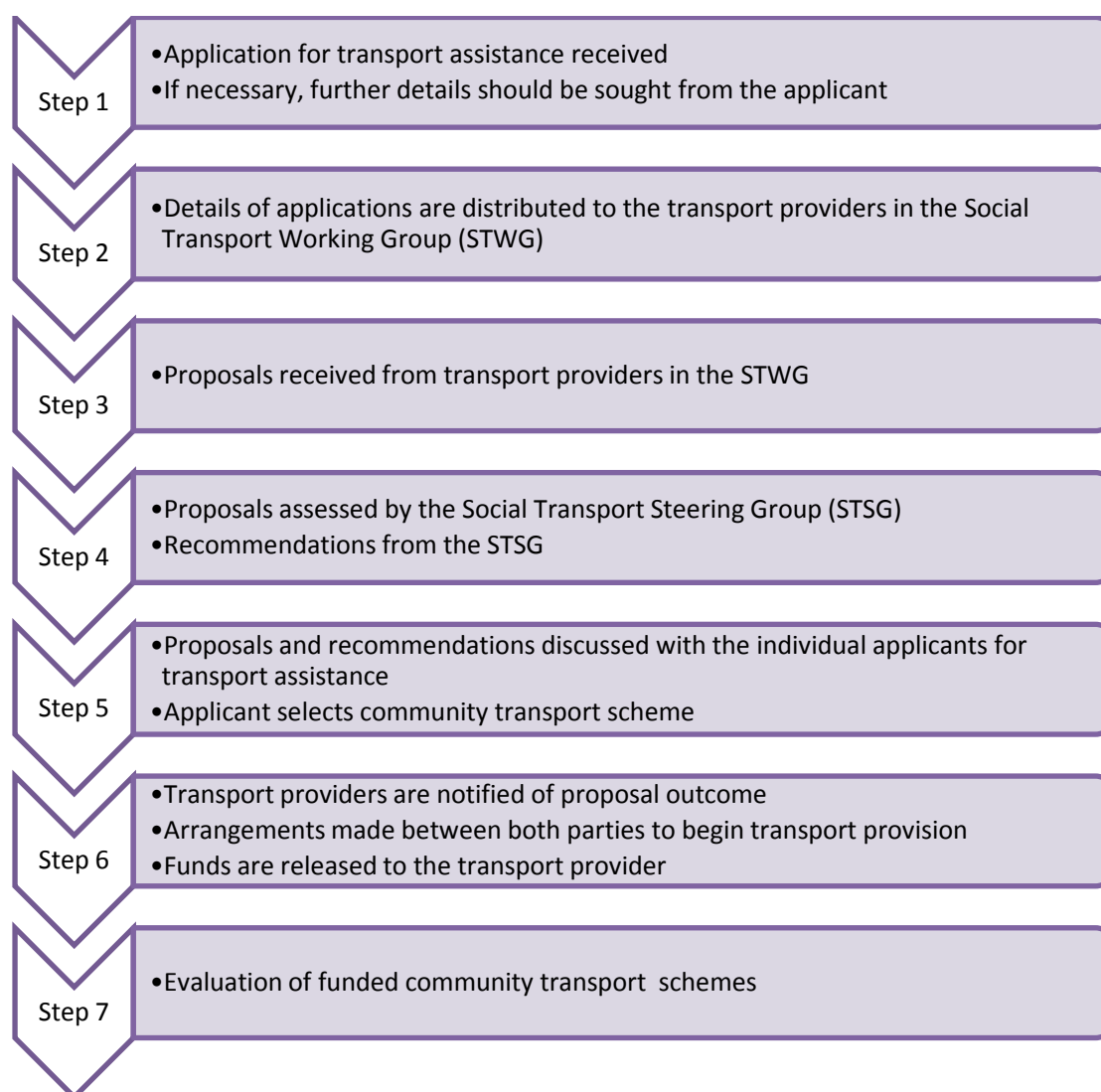


Figure 2: Process for funding community transport schemes

Monitoring arrangements will need to be established to evaluate the funded community transport schemes and ensure that the schemes add value. It is recommended to develop case studies of the funded schemes. Evaluation of the schemes might consist of:

- calculation of the cost per passenger mile; and
- a short questionnaire.

All funded schemes will be required to demonstrate that they provide good value for money.

Once the service is up and running, community transport providers and client organisations will need to supply feedback. Feedback will include:

- What is needed to make it have more of an impact?
- Combination of value for money and social value
- Community empowerment

The Social Transport Development Officer is working with the RGU team and the Social Transport Working Group (STWG) to establish feedback mechanisms for community transport providers, groups/projects who applied for the transport assistance and users of the transport.

An evaluation of the THInC project is due in September 2014 and it is hoped that this will contribute towards building the picture of social transport for older people in Aberdeen.

Co-wheels Case Study

During interviews with transport providers and third sector organisations it was apparent that there are groups with volunteers who can drive, but don't have a car. Could Co-wheels be a solution for those volunteers and groups? Below is a case study of a potential funding approach for the individual use of Co-wheels vehicles. The development of this funding approach was prompted by a specific query from a Change Fund project (Group A). As a result of the development of this case study and the meetings of the Social Transport Steering Group, two organisations have been approved to have their Co-wheels membership costs paid for from the project's Transport Funding Pot.

Funding of individual use of Co-wheels

Group A have clients who have carers (or access to Group A volunteers) who can drive them but have no vehicle themselves, or no suitable one (e.g. wheelchair accessible).

The proposal is that in these instances Co-wheels vehicles will be used, without the requirement for a driver from a transport provider such as RVS, with some funding from the Change Fund.

Issues to be considered include:

Will the Change Fund pay for just the vehicle hire, or for a Co-wheels membership too?

- In some cases the client may have several different carers who could drive, standard Co-wheels joining fees would be £25 for first member and £15 for additional drivers, or £12 if Group A joins as an organisation.
- If drivers are Accord Card holders (free to obtain for anyone living in Aberdeen City) then Co-wheels membership is free, and gives a £20 driving credit, so this may be a way to reduce costs and any call on Change Fund resources.
- However, will Co-wheels consider extending the free membership part, if not the driving credit, to third sector organisations and their drivers?

It is likely that at least some of the journeys required will be one-off rather than regular, so there needs to be a quick acceptance process.

- It is suggested that either ACVO TSI (as Change Fund budget holder) or the Social Transport Working Group assess requests from third sector organisations (such as Group A) to operate the scheme, then once approved the organisation themselves will decide which of their clients can take part (which would need to include is the client 55 or over, and either do they live in Aberdeen or is their journey into Aberdeen), and make the booking direct with Co-wheels, who will subsequently invoice the Change Fund.
- This will be supplemented by a regular submission from the third sector organisation to ACVO TSI, listing the bookings they have made in order for that to be reconciled with the Co-wheels invoice.
- There will be a limit placed on the amount claimed, and if that is exceeded in a period then the organisation's use of the facility will be reviewed by ACVO TSI.
- ACVO TSI may want to randomly audit use of the Co-wheels vehicles, in which case third sector organisations should be required to keep details of who has requested use, who the driver was, and the purpose of the journey.

In addition to implementing the research recommendations, the Social Transport Development Officer will:

- scope and establish a new co-production partnership model for funding health and social care transport; and
- engage with the corporate sector and statutory bodies to see what resources can be levered, both nationally and locally.

Figure 3 outlines the recommended process for engagement with the corporate sector.



Figure 3: Engagement with the corporate sector

This project has established a pot for transport schemes (supported by the Change Fund) and a mechanism for awarding and administering grants and for appraising the performance of the schemes funded. However, this is merely one element in trying to optimise transport resources for older people and to plug important gaps in provision. In addition, this study has found that there is a widespread lack of knowledge among older people about what (community) transport options are available locally.

In order to make the most of the transport assets that do exist in Aberdeen city it is vital that target audiences are aware of the services which are available. The question is how to get the information out there so that it reaches the target audience? This report recommends that:

- linkages with complementary initiatives such as THInC should be exploited and strengthened.
- Throughout the research, groups and bodies with an interest and expertise in older people repeatedly stated that one number which clients could ring for transport assistance would be useful. The establishment of a single point of referral would make a significant contribution to cross-sectoral working and multi-agency support in Aberdeen, as shown by the example of the Cash In Your Pocket Partnership (www.ciyp.co.uk).
- It is further recommended to establish contacts with Voluntary Action Lochaber to get feedback on the progress of LTABS and assess its suitability for use as a model for Aberdeen.
- It is noted, however, that such services require resourcing and require a significant volume of calls to justify their existence.

Although the over 60s are eligible for free or subsidised travel through the concessionary fare scheme, there are also advantages to smaller, more localised community schemes that can build up relationships with users. These smaller services offer incredible benefits socially as older people often view them as more personalised contact and can be more inclined to ask for what they need when they have built up that relationship with the providers. During the research, confidence was identified as a barrier to older people accessing transport and smaller, more localised community transport schemes - which allow users to build up relationships with the providers - could help to build confidence.

The Social Care (Self-directed Support) (Scotland) Act 2013 came into force in April 2014, “...empowering people to decide how much ongoing control and responsibility they want over their own support arrangements” (Self-Directed Support in Scotland, n.d.). This happened after this research was carried out, but it is recommended that the project should investigate the provisions of the Act and the ability to use Self-directed Support to fund individual transport needs.

There are groups in Aberdeen who would like a minibus but are concerned about how to maintain it; in particular the ongoing costs are viewed as a barrier by these groups. This raises questions about what support there is for groups to have their own transport and what information is available on funding for maintaining a bus. If ownership of a minibus is

too much of a burden and not a viable option for a group, perhaps the lease or hire of minibuses could be an alternative. Could there be a pool of minibuses that groups could access? It is recommended that this is explored further by the Social Transport Development Officer, maybe in conjunction with Co-wheels.

8. Concluding Remarks

The opening quote from Audit Scotland illustrates their desire for improved collaborative working by different stakeholders to address transport issues affecting the delivery of health and social care for older people. These issues underlie many of the findings of this report; for example, the NHS issues described show failings in all three aspects: leadership, ownership and monitoring.

From its inception the Social Transport Working Group made clear its intention to foster cross-sector working:

“The working group is for the Local Authority and partners to work together in the planning of social care services and transport provision, to enhance accessibility to services and to encourage active participation and improve quality of life for those who require assisted travel.” (STWG 2013)

“Working together” has been a constant theme during the research conducted for this report and it is hoped that the relationships established to date, and those that will continue to be built during the lifetime of the project, will enable the aims of the project to be met. While the project cannot be expected to provide a solution to every problem, it should be seen as offering a small step in the right direction, focusing on small, local schemes that will fill small, local gaps in transport provision that have been identified by voluntary and health care organisations who are themselves working in the local area.

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Appendix

Private Care Homes transport questionnaire

Care Home: _____
 Person responding: _____
 Telephone number: _____
 Date sent: _____
 Date returned: _____

No.	Question	Response
1	How many residents does the home have?	
2	Other than by ambulance, how many of those residents are able to travel away from the home?	
3	And how many actually do travel away from the home?	
4	Do they need an escort when away from the home (carer, relative, volunteer)?	
5	Do they use any of the following:	
5a	Public transport (most likely to be bus)?	
5b	Taxi?	
5c	Friends or relatives?	
5d	Community transport?	
5e	Any other?	
6	When travelling to a hospital appointment is transport provided or does the home have to arrange it sometimes?	
7	What is the split between hospital and other travel?	
8	Does the home have its own transport for residents?	
9	If so, what type of transport is that?	
10	When is it used (every day, week days, weekends, daytime, evenings, irregularly, etc.)?	
11	Who drives it (staff, volunteers, others)?	
12	Is there any use not related to the home or its residents?	