

REPORT TO MARR AREA COMMITTEE - 14 JUNE 2016

ASSISTED TRANSPORT POLICY

1 Recommendations:

- 1.1 **Area Committee is recommended to note the content of the attached report and provide comment for the Aberdeenshire Integrated Joint Board**

2. Discussion

- 2.1 The attached report was presented to the Integrated Joint Board (IJB) on the 11 May 2016. It was the recommendation of IJB that this report be taken to all Area Committees for information and to provide an opportunity for the Area Committee to contribute comments.
- 2.2 The Head of Finance and Monitoring Officer within Business Services have been consulted in the preparation of this report and their comments have been incorporated into the report.

3. Equalities, Staffing and Financial Implications

- 3.1 Equalities, staffing and financial implications in respect of the report is noted at point 5 in the attached report.

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Chief Officer
Aberdeenshire Health and Social Care Partnership

Report prepared by Valerie Milne, Social work Manager
Date 16th May 2016

REPORT TO THE INTEGRATED JOINT BOARD 11 MAY 2016**Assisted Transport Policy****1 Recommendations**

The IJB is recommended to:

- 1.1 Consider and comment on the implementation of a new transport policy for health and social care services**
- 1.2 Seek the views of the Council Area Committees on the new transport policy**
- 1.3 Ask the Chief Officer to provide a final report on the new transport policy for the meeting of the IJB on 31 August 2016**

2 Current Situation – Access to and Payment for Transport

- 2.1 The ability of clients to access health and social care by appropriate means of transport is an essential component of their treatment or care pathway. Some services have traditionally incorporated a transport element to support clients to access these services. Examples include social interaction (for example a day centre), obtaining employment or accessing training, getting to health or social care appointments and respite provision. Existing arrangements within adult social work have grown organically which has led to inconsistencies across the service.
- 2.2 In 2012 interim guidance was issued which sets out Social Work's policy for services user transport. This provides staff with a guide which aims to reduce the culture of dependence on the council for transport to care provision. The guidance is intended to ensure Care Managers explore all alternative transport options with services users and their families to maximise independence, and minimise cost to the Council, avoiding 'double funding' of transport where possible.
- 2.3 Prior to the introduction of Self Directed Support (SDS), where people accessed Social Work services it was accepted that such arrangements would include the provision of transport and that there would be no charge for that transport.

The introduction of SDS has given service users the ability to take control of their individual budget with which they purchase services. They will have an individual support plan which will detail the outcomes that have been agreed and sets out how these will be achieved. Where this plan identifies a need for support with transport to access services this will be funded from their personal budget. For these clients the purchase of a social work service would not automatically include an element for transport to access that service.

- 2.4 Currently the provision of transport to access services may not consider any other support the individual may already receive regarding transport; for example anyone who is in receipt of mobility allowance or individuals who are eligible for membership of the Aberdeenshire TaxiCard scheme. The use of TaxiCards would incur a possible cost transfer to Infrastructure Services and reduced mobility to individuals as there are limits on the number of discounted trips (currently a half fare concession with a capped discount of £5, for a maximum of 104 return trips/year)

3 Current Situation – Procurement of Transport

- 3.1 Where it is agreed that a client requires support with transport there are significant differences in the cost of transport depending upon the type of transport procured.
- 3.2 In 2007 a Kaizen sought to transfer the management of in-house operated vehicles from Social Work to the Public Transport Unit (PTU) in order to reduce costs and improve coordination. A further project to transfer responsibility for the procurement and management of contracted-in Social Work transport commenced in 2012, and was completed in 2014, following an Area-by-Area review of service provision.
- 3.3 Historically many day services had access to council minibuses and these have continued to be used to transport clients. Where this is not deemed best value clients are allocated taxi/private hire car services. Other clients access transport that has been put on by other services or clients may use local community transport. This approach has led to inconsistencies and is unlikely to be sustainable in the long term.
- 3.4 In addition to regular planned transport for taking clients to and from services there are also requirements for one-off trips or emergencies. Traditionally where a bus has transported clients to and from a day centre the centre would then use that same vehicle and it's driver for other activities such as a day trip for clients. In some instances, more productive vehicle utilisation may be achieved through procurement of alternative transport to cover such inter-peak trips and, in turn, different use of the in-house vehicle.
- 3.5 In practical terms the capacity for local communities or the voluntary sector such as RVS, to assist with transport will vary significantly from place to place. In Aberdeenshire there are approximately ten volunteer car schemes and approximately ten community transport groups who actively hire out minibuses to local community groups. The majority of groups operate within very localised areas, and some parts of Aberdeenshire has no community transport. The main factors limiting the growth of community transport are the lack of funding and the shortage of volunteers.
- 3.6 With regards to demand for transport currently there are 947 service users accessing transport provision. Of these 45 are wheelchair users. These figures fluctuate on a daily/weekly basis but were correct as at 17/02/16.

With regards to the number of contracts for transport there are 146 contracts with private operators as detailed below in 3.4. Additionally there are 32 in-

house services providing regular transport for services users to and from services. These figures do not include any one-off/irregular (inter-peak) or emergency trips.

- 3.7 The financial impact of providing transport to access services is considerable, the table below shows the total cost of social work transport contracts as at July 2015. This data includes services operated by taxis and private hire cars but does not include the cost of operating council owned transport.

Contract type	Total daily cost (£)	Daily average passengers	Unit cost (£)
Adult Day Care	499.40	30	16.65
Care Management	998.54	42	23.77
Elderly Day Centre	326.65	58	5.63
Learning Disabilities	1,052.21	47	22.39
Mental Health Care	43.98	9	4.89
Visual Impairment	67.39	1	67.39
Totals	2,988.16	187	15.98

Source: PTU

- 3.8 The estimated 2015/16 out-turn figure for adult social work transport procured by the PTU amounts to £1,574,000 (comprising £782,000 for contracted in services and £792,000 for in-house operations).
- 3.9 The cost of escorts in adult services is around £6.5K per month. The total cost recorded on the system has been reducing, from £112,667 in 2013-14 down to a predicted £87,465 in 2015/16.

4 Creation of Transport Policy

- 4.1 The creation of a transport policy would continue the work of the interim guidance issued in 2012 and ensure that arrangements for transport are fair and equitable. The policy must be applicable across all care groups in order to ensure consistency across the service. The policy must consider both the eligibility for assistance with transport and also the procedure for procuring transport where it is appropriate.
- 4.2 The policy should support the work that the Community Planning Partnership and Public Transport Unit are doing to implement the Grampian Health and Transport Action Plan. This document states the vision for access to health and social care as;
- ***For everyone in the region to be able to access the health and social care they need and if transport is required for this to be appropriate, convenient and affordable***
 - ***For the environmental impacts of journeys to be minimised***

In respect of this the transport policy should ensure that where required people receive the support they need to access services. Any transport costs should be affordable for the individual so as not to restrict access and if support is required to arrange transport then this should be provided in a coordinated and planned manner. Services should be arranged locally where possible to reduce travel and therefore the environmental impact of journeys.

- 4.3 The charging policy for 2016/17 was agreed by the Social Work and Housing Committee of Aberdeenshire Council on 17th December 2015. The policy, which was implemented in April 2016 states 'Public Transport Unit (PTU) is responsible for sourcing transport where a client has opted for council arranged services. Going forward close partnership working with the PTU should ensure best value is achieved.
- 4.4 Appendix 2 further details the principles of where and how assistance could be provided with regards to transport. These include;
- Health – policy should support individual health and consider the environmental impact on public health of any transport decisions
 - Equality – any policy must ensure that people with protected characteristics are not disadvantaged in regards to accessing services
 - Promoting Independence – ensuring that where possible service users are supported and encouraged to do as much as they can themselves
 - Affordability – the financial impact of decisions around transport must be considered in relation to each individual's personal circumstances
 - Suitability – highlight the particular circumstances where an individual would receive assistance with transport to ensure provision is fair and equitable
- 4.5 The Chief Officer, along with the Chief Finance Officer and the Legal Monitoring Officer within Business Services of the Council have been consulted in the preparation of this report and their comments have been incorporated within the report.
- 4.6 Future transport strategy should fit with the philosophy and principles of the IJB strategic plan. The plan states that 'health and social care staff will promote and maintain a person's independence as much as possible, with the starting point being an assessment of what they are able to do for themselves'.

This philosophy will encourage people to take responsibility for organising their own transport where possible, which should have a positive effect on achieving Outcome 9 of the Strategic Plan which is that 'Resources are used effectively and efficiently in the provision of health and social care services.' With growing numbers of older people it is important that resources are focused on those who are most at risk.

- 4.7 There are a number of priorities in the strategic plan which link directly to this policy namely;
- Reducing health inequalities – any policy should ensure that people are supported to manage their health and are not disadvantaged through an inability to travel to appointments or to receive support.
 - Involving and engaging with communities – where appropriate policy should promote the use of community transport which may help reduce the reliance on statutory provision. Making better use of the third sector and building community capacity may improve the availability of local services which would then reduce the need to travel.
 - Involving people as partners in their care; listening and responding to them – transport solutions should be tailored to individual circumstances

and people should be encouraged to remain as independent as possible.

- 4.8 The IDEA Project and Modernisation of Day Care services are both focused on ensuring that services support people to reach their potential. The principles of these services are based around maximising community capacity and where possible reducing reliance on statutory services. Transport policy must mirror this philosophy.

Moving forward a transport policy should work across services to ensure the best use of resources. Where possible services can share transport in a planned manner. It may be valuable to explore links with the Scottish Ambulance Service, Education and local community transport. The Health and Transport Action Plan (HTAP) will be central in supporting the facilitation of this.

5 Equalities, Staffing and Financial Implications

- 5.1 Since this report does not make any recommendations with regards to service provision there is no need for an equality impact assessment. An equalities impact assessment would be required in line with development of a policy.
- 5.2 There is potential that going forward any changes to procurement of transport could affect demand for in-house provision. There are potential staffing implications regarding minibus drivers in terms of contracted hours, potential redundancy and/or driver recruitment and retention. Any implications for staff will be handled in accordance with Council policies and procedures for council staff, or if NHS staff, NHS policies and procedures.
- 5.3 It is expected that the implementation of a policy would increase efficiencies and reduce the financial costs of providing transport. Until policy decisions have been made it would not be possible to estimate these savings.

Adam Coldwells
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Aberdeenshire Health and Social Care Partnership

Report prepared by Alison Davidson SDO and Laura Buchan SDO
Date 20th April 2016

APPENDIX 1. POLICY STATEMENT

The Aberdeenshire Health and Social Care Partnership's vision is 'Building on a person's abilities, we will deliver high quality person centred care to enhance their independence and wellbeing in their own communities'. This policy aims to help people to achieve that vision. It relates to the national outcomes for health and wellbeing, particularly:

- Outcome 1: People are able to look after and improve their own health and live in good health for longer
- Outcome 2: people including those with disabilities or long term conditions or who are frail are able to live independently at home or in a homely setting in their community
- Outcome 4: Health and social care services are centred on helping to improve the quality of life of people who use those services
- Outcome 5: health and social care services contribute to reducing health inequalities
- Outcome 7: people who use health and social care services are safe from harm
- Outcome 9: resources are used effectively and efficiently in the provision of health and social care services

The policy seeks to apply these outcomes in order to promote independence and social inclusion and to reduce reliance on transport that is arranged and paid for by the Partnership.

For this to be successful, the Health and Social Care Partnership will support the further development of accessible transport options that are available to all residents, and will work towards this along with Community Planning partners and the PTU and in the development of locality plans.

APPENDIX 2. SCOPE OF POLICY

This policy applies to everyone who is eligible to receive a social care service from the Aberdeenshire Health and Social Care Partnership

Principles underpinning the policy

Health

- The Health and Social Care Partnership wants to encourage people to be physically active. Walking even short distances can help people to feel better mentally and physically.
- Any policy for procurement of transport should consider the public health impacts of the transport system

Equality

- Transport will be provided it is not possible for the person to use public transport, e.g. where public transport is not available or where peoples physical abilities mean they are unable to access available public transport without assistance
- People who are unable to access public transport without assistance should be provided with support to travel so that they are not disadvantaged

Promoting Independence

- Any transport that is arranged must support the person to be as independent as possible
- Assistance with transport must support the person to make the best use of their abilities and local resources and to make their full contribution to the life of their community
- Any service that the HSCP arranges should be as local to the service user as possible. Transport should not be provided to take the person to a resource further away if there is a reasonable alternative closer to where the person lives

Affordability

- People who are in receipt of a mobility benefit must use this to pay for transport. Where this is not sufficient and the cost would cause financial hardship for the person, the cost will be included in the person's support plan
- An assessment of need and subsequent package of support should take into account the travel and transport arrangements that can be made and the affordability of any transport. This should happen whatever SDS option is chosen
- TaxiCards should be obtained and used, where the person is eligible for one*
- If the person owns a Motability vehicle, this should be available for the person to use to access community services
- Any request for help with transport will be underpinned by a comprehensive assessment of need and will take into account the efficient and sustainable use of public resources. The support plan will detail any requirement for transport and the specific eligibility criteria that apply

Suitability

Assistance with travel or transport including financial assistance with the cost of transport should only be considered after all the other options have been explored. For a request to be considered, all the following (1-6) must apply:

1. The person is attending a resource or facility for which there is no suitable more local alternative
2. The distance is too great for the person to walk independently or with help
3. The person does not have their own transport
4. There is no public transport available or the person cannot use public transport has difficulty accessing public transport unassisted
5. There is no assistance with transport available from family or friends
6. The cost of transport is greater than the mobility benefit that the person receives and the additional cost would cause financial hardship

Or

1. The person is subject to conditions laid down in the Mental Health Care and Treatment (Scotland) Act 2003 and is therefore entitled to assistance with travel.

Escorts

- Where a person is eligible to be accompanied by an escort to ensure their personal safety, this will be included in their self-directed support plan