



## Community Transport Strategy for Cheshire - draft for consultation

Richard Armitage  
16th April 2007

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A Community Transport Strategy for Cheshire Consultation Seminar (16 April 2007)

## Introduction

- ◆ Developments elsewhere
- ◆ CT Strategy for Cheshire: outline
- ◆ Consultation process

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## Financial support reduced

- ◆ 'Alphabet soup' grants ceased:
  - ❖ UBC £5m+ to CT 2001/03=£1.7m p.a.
  - ❖ RBC £13m to CT 1998/03=£2.1m p.a.
  - ❖ RTPF £29m to CT 2001/06=£5.4m p.a.
  - ❖ PTG £1.8m to CT 2001/06 =£0.4m p.a.
  - ❖ Total Annual Loss = £9.6m
  - ❖ New! BSOG for s19 = £5m (some to LAs)
  - ❖ Net Loss = £4.6m p.a.
- N.B. BSOG unavailable to car schemes, W2W, Shopmobility, and most group travel

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## Inflationary trends in passenger transport

- ◆ 6.9% increase in costs in 2006
  - ❖ Source: www.cpt-uk.org
  - ❖ Drivers' earnings
  - ❖ Insurance
    - Typical minibus annual premium: 2000 - £600; 2006 - £1,200
    - = up 12.5% p.a. (& more ahead)
  - ❖ Energy costs (premises, fuel)

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## Cost base



### ◆ Vehicles

- ❖ Higher proportion are accessible
- ❖ Higher specification
- ❖ Move towards low floor & DPTAC
- ❖ More expensive vehicles + smaller average capacity
- ❖ Significantly greater unit cost per passenger

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## CT operators responding



### ◆ Wigan CT

- ❖ GMPTE £85k p.a. contract for DRT Hindley Local Link ([www.wiganct.org.uk](http://www.wiganct.org.uk))
- ❖ Wigan Council SEN contract
- ❖ WCT Social Enterprise Ltd. (training)

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## Case Study: CT Calderdale

**2002: chiropody run to Brighthouse Health Centre**

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## Case Study: CT Calderdale

- ◆ **2006: Plunkett Foundation pays for external support, looking at Practice-based Commissioning**
- ◆ **2006: Primary Care Trust makes 3-year funding commitment**
- ◆ **Sustainable? Not quite there...**
  - ❖ No £ from Acute Trust (Podiatry Dept.)
  - ❖ GP-led developments not happening

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### Community Transport Calderdale

**Patient Transport to Primary Healthcare** Spring 2006

**We're right up your street!**

Reliable patient transport to clinics and GP surgeries can make a big difference for healthcare providers and patients alike.

- Home care reduced
- Treatment enhanced
- Monitoring of long-term conditions improved
- Patient access to advice and specialist services
- DHA reduced.

Successful deployment of patient transport helps you to reach various targets:

- GPs achieve higher levels on Quality Outcomes Framework
- FCH meet health improvement frameworks
- Health inequalities reduced
- Fewer patients attend to acute services
- Fewer patients attend A&E

The benefits of cost-effective patient transport are:

- Savings in staff time
- Savings in staff travel expenses
- More patients treated within the same budget
- Higher quality healthcare delivered.

Community Transport Calderdale is already running successful patient transport in Calderdale. See the case study website!

### Community Transport Calderdale

#### Calderdale on the move

EVERY WEEK Community Transport Calderdale provides a high standard of community and care services. The service is currently meeting 90% of demand. These include: District Nurses, GPs, the Cancer Centre, Mental Health Services, Home Care Services and Independent Living.

For many of CTCC's passengers, the car would often be an important part of their independence. Many are unable to travel because of ill health and geographical isolation. The information they gain through regular contact with other members of the community often has health and professional benefits in improving their mental well-being.

Members from the local community share their own ideas to provide alternative transport for a wide range of people. In 2005, over 700 signs were made to mark from health care facilities. The involvement of local people in this service ensures a high standard of community and care services.

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## Case Study: North Yorkshire

- ◆ **2004: NY County Council adopts CT Strategy - November 2006**
  - ❖ Envisages a few larger CTs, with the role of supporting smaller providers
  - ❖ Becoming sustainable over time by using social enterprise principles
  - ❖ Winning contracts for public services
  - ❖ [www.ratransport.co.uk](http://www.ratransport.co.uk) for proceedings

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- ◆ **2005: Harrogate District CT bids for investment, with partners:**
  - ❖ Bentham CT (near Lancaster)
  - ❖ RYECAT (based in Malton)
- ◆ **2006: £1.1m Futurebuilders England award, mostly loan and lease guarantee**

Futurebuilders England helping voluntary and community organisations deliver better public services

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INTEGRATED TRANSPORT CENTRE  
Bentham Street  
Harrogate

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Harrogate

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Bentham Street  
Harrogate



**Large(r)  
helping the  
small(er)**



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## CT Strategy for Cheshire

### ◆ Outline:

- ❖ Supply of CT services: modernisation
- ❖ Non-transport policy links
  - Local Area Agreement
  - Third Sector Strategy
- ❖ Demand for CT services:
  - More of the same
  - New avenues to be opened up

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## Supply of CT services

- ◆ Existing provision needs to be modernised
- ◆ Structural changes required
- ◆ Support for changes available:
  - ❖ Cheshire Community Council
  - ❖ Cheshire & Warrington Social Enterprise Partnership
  - ❖ RATC and TAS Partnership

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## CT change options (1)

- ◆ No structural change?
- ◆ Still has major implications:
  - ❖ New service agreement with significant performance improvements
  - ❖ Lower overhead per passenger trip through growth in activity levels
  - ❖ Would need to tender for contracts
  - ❖ Each DAR with own trading company?

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## CT change options (2)

- ◆ Mergers:
  - ❖ Would bring in economies of scale
  - ❖ Would no longer require a generalist as Manager at each base
  - ❖ But each DAR could have Manager if specialised in key areas of work?
  - ❖ Boards would need strengthening
  - ❖ Worthwhile if dynamic revitalised CT sector is created

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## CT change options (3)

- ◆ Countywide CT
  - ❖ Umbrella concept
  - ❖ Capture social enterprise principles and current best practice
  - ❖ Main countywide interface with local government funders

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## CT change options (3)

### ◆ Countywide CT

- ❖ Geography suggests depots still required around county
- ❖ Distributed model of delivery?
- ❖ Service agreements with each local CT or DAR provider
- ❖ Ability to tender for larger contracts, in fair competition with private sector

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## CT change options: process

### ◆ Independent organisations

- ❖ Talk about this at board level
- ❖ Talk about this at county level
- ❖ Focus on benefits for the passengers

### ◆ Realistic pace of change

- ❖ Negotiate with funders ASAP

### ◆ Seek out support and advice

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## Funders change options

### ◆ Positive developments

- ❖ District Council role acknowledged
- ❖ New service specifications
- ❖ Effective CT could have bigger role in the local transport mix

### ◆ Difficult choices

- ❖ Tender all services through OJEU
- ❖ Review fleet management function in relation to provision of CT vehicles

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## Consultation process

### ◆ RATC and TAS will

- ❖ Meet each DAR/CT Board
- ❖ Facilitate joint discussions, if asked
- ❖ Prepare further business analysis to enable sound decision-making
- ❖ Work further on non-transport policy links and new areas of demand for CT services

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## Timetable

### ◆ County level discussion

- ❖ June 2007: County Council Panel meeting
- ❖ October 2007: conclusions
- ❖ Local Government Review: changes?
- ❖ Local Area Agreement

### ◆ Discuss it all today!

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