

The Highland Council

**Highland Council
9 May 2013**

Agenda Item	
Report No	

Community Transport: Parliamentary Inquiry

Report by Director of Transport, Environmental and Community Services

Summary

This report invites Members to homologate the Council's response to a call for views on community transport issued by the Scottish Parliament's Infrastructure and Capital Investment Committee.

1. Background

- 1.1. The Highland Council has the largest and most sparsely populated rural area in Scotland, making it difficult to provide a comprehensive public transport network.
- 1.2. Public transport services are infrequent over much of our area, and Community Transport provides a flexible and economic service to many people who do not have access to conventional transport.
- 1.3. In remote areas, journeys which would normally be thought of as local, can be long and people in Tongue for example, have to travel to Thurso (43 miles) to visit an optician or dentist.
- 1.4. Longer journeys often become very inconvenient without a car. From north-west Sutherland it is not possible to make a day return trip to the nearest general hospital (Raigmore Hospital in Inverness - 100 miles each way) by public transport. A Community Transport connection in the late afternoon from the railhead at Lairg would make this possible, in an area where population sparsity and volume of demand cannot support a scheduled service.
- 1.5. Community Transport Groups across Highland provide community transport or related services including car schemes, minibus hire, driver training, advice, and transport forums.
- 1.6. The Council recognises the importance of community transport and provides financial support (£417k) for 23 Community Transport Groups across the Highlands.

2. Parliamentary Enquiry

- 2.1. The Scottish Parliament's Infrastructure and Capital Investment Committee

opened an Inquiry into Community Transport on 11 March with a call for written views on key issues for the sector, to be submitted before 19 April 2013.

2.2. The remit of the enquiry is:

“How people are travelling in their communities, outside of commercial public transport systems, is the focus for this Infrastructure and Capital Investment inquiry. The Committee wants to look at whether community transport services are able to better meet the needs of the people they serve.

More than 80% of people who use community transport are elderly and/or people with disabilities and with the older population ever increasing, the Committee knows how important community transport is to people’s lives.

2.3. The title of the inquiry is:

“How can community transport systems be improved?”

2.4. The Committee was already aware of certain key themes:

- A lack of a strategic approach to community transport and the impact which a lack of transport has on people’s lives
- The growing demand for community transport provision
- A lack of a co-ordinated approach with NHS bodies and community transport providers
- Eligibility criteria for non-emergency patient transport and the cost to NHS of taxi use
- Replacing community transport vehicles and funding planning
- Access to concessionary fares schemes

3. Council’s Response

3.1. The Council’s written response to the Scottish Parliament’s Infrastructure and Capital Investment Committee, which was prepared in consultation with the Chair of TEC Services, is attached at **Appendix A**.

4. Next steps

4.1. After receiving written views, the Committee will hold oral evidence sessions with stakeholders on 1 May, 15 May and 29 May, with the aim of producing a report in June.

5. Implications

5.1. There are no resource implications arising directly from this report, however the outcome of the Parliamentary Inquiry may result in the Council reviewing its current arrangements in relation to Community Transport.

5.2. There are no legal implications arising directly from this report.

- 5.3. There may be Equalities implications depending upon the outcomes from the Parliamentary Inquiry. The groups identified as regular users of community transport are often the Elderly or Disabled and changes to Community Transport could adversely impact upon them.
- 5.4. There are no climate change implications arising directly from this report.
- 5.5. There are no risk implications arising directly from this report.

6. Recommendation

- 6.1. Members are invited to homologate the Council's written response to the Scottish Parliament's Infrastructure and Capital Investment Committee, as contained at **Appendix A**.

Designation: Director of Transport, Environmental and Community Services

Date: 26 April 2013

Author: David Summers

Parliamentary Inquiry: How can community transport systems be improved?

Highland Council's Written Response

Background

The Highland Council has the largest and most sparsely populated rural area in Scotland, making it difficult to provide a comprehensive public transport network. Services are infrequent over much of our area. Community Transport provides a flexible, economic service to many people who are not reached by conventional transport, and its coverage could be usefully increased, given the right operating conditions. Fixed route buses, commercial sector demand-responsive transport and Community Transport all complement each other and at a national or regional level should be given equal strategic importance. All modes of transport are vital but unconventional transport is particularly significant in rural and remote areas.

In remote areas, journeys can be long even for needs which would normally be thought of as local. People in Tongue, for example, have to go to Lairg (38 miles) or Thurso (43 miles) for an optician or dentist. Longer journeys often become very inconvenient without a car. From north-west Sutherland it is not possible to make a day return trip to the nearest general hospital (Raigmore Hospital in Inverness - 100 miles each way) by public transport. A Community Transport connection in the late afternoon from the railhead at Lairg would make this possible, where population sparsity and volume of demand do not justify a scheduled service. Lairg Community Council have raised the same issue on behalf of people living in the rural areas closer to Lairg. Other remote areas have similar needs for connections with main corridors.

Thus, for many essential journeys in Highland, Community Transport is the only means of transport for local residents who are elderly, infirm or with limited or no access to a car, and is therefore vital to their wellbeing.

Although growing numerically, the Highland population is ageing, particularly in the rural areas. 26.6% of our residents are aged over 60 compared with 23.3% in Scotland as a whole; in the north and west the proportion is higher. Many current car scheme drivers are reaching an age where they are becoming customers of their car scheme. Fewer younger drivers are able to volunteer their time which is a threat to the continuation of such schemes.

Community Transport operations in the Highlands generally fall into two categories: Group hire which provides journeys for groups to specific activities such as lunch clubs, social events or shopping, and Car schemes where volunteers provide individual transport for local residents.

Highland provides grant funding to 22 groups which deliver journeys through car schemes or group travel using a minibus and one group provides subsidised taxis. This funding is granted as the groups provide a cost effective service which would not otherwise exist, and complements the often limited public transport in these

areas. The Council also provides advice on funding and operations, to assist groups in operating safely, legally and sustainably. With additional funding we could support further training programmes, as we previously did with European “LEADER” funding which has now ended.

Issues and Priorities

Highland fully agrees with the issues already identified by the Committee. We would comment on two of them:

- *A lack of a strategic approach to community transport and the impact which a lack of transport has on people’s lives*
An essential feature of community transport is that it grows from roots in local communities. It is necessarily varied and will reflect both the needs and the interests of the community. It cannot be successfully imposed from the centre. Therefore a strategic approach must be an enabling one, addressing issues such as stability of funding and legal/regulatory issues (e.g. licensing), rather than creating a template or expected model of service provision.
- *A lack of a co-ordinated approach with NHS bodies and community transport providers*
The Audit Scotland report of 2011 made many specific recommendations. Progress in implementing these has been limited. Notwithstanding any successful local initiatives, a co-ordinated approach at Government level is required to ensure that NHS and other public sector bodies are taking steps to implement a co-ordinated approach within their remit, that they are supportive of the community transport sector, and that they are aware both of what can and what cannot reasonably be expected of community transport providers.

We would also propose further issues and priorities which are listed below.

Quantification of added value

While it is widely acknowledged that community transport provides significant value to users, such as:

- door to door transport for elderly, less mobile or infirm users
- improved social, health and general wellbeing of users due to participating in community life
- assistance with shopping and the collection of items such as prescriptions
- connection to a transport hub for onward journey

and to funders and public bodies, such as:

- cost-effective provision in extremely remote and sparsely populated areas
- enabling people to maintain an active and therefore healthier lifestyle
- enabling older people to live at home rather than going into residential care
- enabling people to take up employment

little quantifiable evidence exists of these benefits.

A HITRANS study “Value of Community Transport: Economic Analysis” in 2011 http://www.hitrans.org.uk/Documents/Value_of_Community_Transport_Economic_Analysis.pdf evaluated five specific projects in the HITRANS area and found a wide range of benefits. An extract from the report, summarising the key benefits, is

appended to this paper. There is a need to build on this study to give a broader picture. We believe that the cost to the public sector and to society in general of **not** providing community transport is greater than the cost of providing it, but this requires further research.

Local medical practitioners have noted that there is less medical intervention with those people who make use of community transport than those who do not. Often they also have a relationship with the community transport group such that the drivers may suggest to the health professionals that there has been a change in circumstances and a visit may be beneficial for the passenger's wellbeing, leading perhaps to provision of some domestic care. While this aspect is dependent on local relationships, most health professionals recognise this is helping to reduce admissions to hospital and care homes and that early intervention enabled by Community Transport gives a net saving.

Furthermore, the improved social interaction generally which Community Transport enables is recognised as giving health benefits. Health and Social Care staff recognise that the customers who use the community transport provision are less prone to falls, trips and accidents resulting in immobilisation in hospital.

Finance

Stability of funding is critical to enable to invest in new vehicles or enter into lease arrangements, to employ staff and to develop their services in a planned way. The North-West Community Bus is an example of this: despite having a sound business case they decided against acquiring a second bus because they couldn't have confidence in the company as a going concern for the duration of the repayment period. Constraints on Council funding have made it difficult in recent years for us to provide this stability.

Ability to invest in vehicles will improve mobility and therefore social inclusion for people with disabilities. Many minibuses currently in use are old and do not have modern standards of accessibility.

Identification of the social value of community transport may open up new sources of funding from organisations, particularly in the health sector, which are benefitting from CT provision. It is interesting to note that the Scottish Ambulance Service's figures show that they are carrying around 1.5 million fewer than five years ago but they still receive the same level of funding from the Scottish Government.

There is a financial burden on people wishing to travel from a west coast location to an appointment at Raigmore Hospital. At a typical charge of 35p per mile for a car scheme, a return journey from a location such as Applecross this would cost the passenger as much as £70 if they were not eligible for Scottish Ambulance Patient Transport Service transport. SAS criteria specifically exclude remoteness and isolation.

An increasing number of groups are operating registered services using Section 22 permits. These can provide a useful income but in some cases may require "kick-start" funding or ongoing revenue support. Others operate on an unsubsidised basis.

Many of these depend on the Scotland-wide Free Bus Travel Scheme for their viability, and the financial cap and future pressures on this scheme could put these services at risk.

Some community car schemes charge rates in excess of the Inland Revenue threshold of 45p per mile which is automatically accepted as non-profit-making. This reflects the overall cost of service provision but may bring their operations into scope of what would be considered to be taxi or private hire work and therefore subject to licensing. With the long journeys required in the Highlands, it is easy for volunteer drivers to reach the 10,000 mile threshold where the tax-free reimbursement drops to 25p per mile. This is a disincentive to continue volunteering.

Integration

Highland has instances of good practice in integrating community transport into the wider transport scene. For example:

- Helmsdale Community Transport work with Stagecoach to provide a feeder service into a commercial main route bus service, to the mutual benefit of providers and passengers.
- A pilot for integrated transport provision between the Council and the NHS is being prepared in Lochaber, which will include co-ordinated booking of journeys and vehicle sharing. Community transport operators will be among the key providers in this pilot.

Further examples of integration should be encouraged.

The future operation of Community Transport services depend on a number of factors:

- Continued recruitment of volunteer drivers for Community Car schemes.
- Availability of volunteer drivers with a D1 licence to drive for voluntary groups and organisations.
- Weight of minibuses remaining within and not exceeding the weight limit (4.25t) for car drivers with pre-1997 licences.
- Single vehicle type approval will limit the models of minibus available.
- Continuing to receive grant funding or contracts where appropriate.

Key issues, in addition to those already identified by the Committee, are summarised in the table below, along with some proposals for specific actions.

Improvements or support

Issue / action	Comment	Responsibility
Quantification of added value	To better understand the benefits of community transport and costs avoided in wider society	Scottish Government RTPs Councils Other public bodies
Stability of funding – 5-year agreements	To allow groups to plan for their future. Annual funding precludes them from being able to lease vehicles, offer staff any length of contract of employment and develop a plan for building their business.	Councils
Developing Section 22 community bus services – Kick-start funding or contractual arrangements	These would transport fare paying passengers and be included in the national concessionary travel scheme. There is a risk of increased pressure on the scheme budget.	Scottish Government Councils
Creation of a vehicle replacement fund	To reduce operational costs and help passenger comfort and safety. The funding of vehicles could be conditional on wider community availability. Northern Ireland has a model for community vehicle provision by Government.	Scottish Government
Requirement for Health sector and Social Care to implement Audit Scotland recommendations, to commission transport to appropriate standards and to co-operate with other agencies	Would enable CT groups to bid for Health or Social Care contracts and support shared and efficient use of vehicles. SAS have often proved resistant to integration or have seen CT as a catch-all for less attractive work.	Scottish Government
Continued/		

Issue / action	Comment	Responsibility
<p>Ageing volunteer drivers – incentives to recruit younger drivers such as:</p> <ul style="list-style-type: none"> • Increasing Inland Revenue-approved mileage rates • Promoting Youth Achievement Awards through Youth Scotland 	<p>A significant number of volunteer drivers are reaching an age where they no longer feel competent to drive and actually begin to use the services of the car scheme.</p> <p>Reduced expenses after 10,000 miles restricts volunteering.</p>	<p>UK Government</p> <p>Scottish Government</p>
<p>Reducing number of drivers with D1 entitlement – support to fund and fast-track training</p>	<p>The training to achieve a D1 licence by test is time consuming, requires dedication and is costly both in terms of personal time commitment and the financial commitment which is around £1000 for training and test. Support would not only provide volunteers but also improve community skill sets and personal employability.</p>	<p>Support from Scottish Government</p> <p>(Licencing is UK Government)</p>

APPENDIX: EXTRACT FROM REPORT BY DHC FOR HITRANS ON THE VALUE OF COMMUNITY TRANSPORT

5.0 Overview of Evaluation

5.1 The case study evaluations are reported in Annexes D to H. Each is analysed within the same standard framework using the approach summarised in Table 3.1. This Chapter summarises the results and compares the benefits within the case study schemes.

5.2 Table 5.1 summarises the key components of value identified in each CT scheme.

Table 5.1 – Key Components of Value

Case Study CT Project	Key Measurable Components of Value
Argyll Red Cross	<ul style="list-style-type: none"> • Savings on taxi services (or contracted bus services) by public authorities is approximately £270,000 • Value of volunteering input is around £27,000 • Value to local retail economy is around £9,000 • Value to local leisure and recreation economy is around £9,000 • £160k of value of travel time benefits result from the CT operation • Savings of £34,000 in carer costs
Morvern Community Transport	<ul style="list-style-type: none"> • Savings on commercial minibus hire are approximately £11k • Community cohesion is enhanced by activities of 37 groups • Volunteering input by 12 individuals • Value of travel time induced by the CT is over £500k per annum
Orkney Dial a Bus	<ul style="list-style-type: none"> • Savings on taxi services (or contracted bus services) by public authorities at least £160k • Transport co-ordination and booking management costs at least £10k • Savings on taxi services by users of £18k • Savings on emissions from transport at least 14 tonnes of CO₂ • £23k value of travel time benefits directly resulting from the CT operation
Speyside Community Car Scheme	<ul style="list-style-type: none"> • Savings on Patient Transport by the NHS of between £15 and £120k • Savings on taxi services by users at least £6k • Transport business growth £25k • £42k value of travel time benefits directly resulting from the CT operation
Tagsa Uibhst	<ul style="list-style-type: none"> • Savings on taxi services (or contracted bus services) by public authorities at least £60k • Transport co-ordination and booking management costs of at least £10k or additional transport costs of over £100k • Savings on taxi services by users at least £10k • Savings on emissions from transport at least 4 tonnes of CO₂ • Transport business growth £10k • £250k value of travel time benefits directly resulting from the CT operation

5.3 The total costs of these five CT projects to the Councils is less than £250k per year, the additional public funding which would be required if these CTs were not supported would be at least £500k. The derivation of these headline figures is shown in Annexes D to H and the results are summarised below.