



Department
for Transport

Total Transport: feasibility report & pilot review

Moving Britain Ahead

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Introduction

- 1 In spring 2015, the Department for Transport (DfT) held a competition to allocate funds for pilot schemes based on the principles of Total Transport. The competition aimed to test the feasibility of the Total Transport concept. The ideas behind Total Transport have been around for many years but have remained primarily a theoretical paper exercise until now.
- 2 Total Transport is about finding ways of commissioning public sector funded transport so that passengers get a better service with less duplication of resources. This can include services like non-emergency patient transport, adult social care transport and home to school transport. These are all similar, provided in the same geographical area and often carrying the same passengers at different times.
- 3 DfT allocated £7.6m to 37 separate schemes run by 36 local authorities in England to pilot Total Transport solutions in their areas. These pilots were focussed on rural areas. As some pilots had not been completed by the end of the 2016/17 financial year, the Department agreed that authorities that had not fully spent their funding by that point could use it to support the pilots in the 2017/18 financial year. Funding for 20 of the pilots was therefore carried forward.
- 4 This report considers the progress made and results achieved by these pilots. Although not every pilot scheme is covered in detail within the report, it is considered representative of the issues and outcomes experienced, based on the information available. The information contained is considered to be accurate to April 2017, which was the date for submitting reports. Figures contained within the report and the views expressed are those provided by the participants and have not been independently verified.

Executive summary

- 1 DfT allocated £7.6m to 37 separate schemes run by 36 local authorities in England to test the feasibility of Total Transport solutions in their areas. These pilots were focussed on rural areas and are listed in **Annex A**.
- 2 A number of key themes emerged from the pilots:
 - Tackling integration involves a degree of local knowledge;
 - While some approaches may be transferable, there is no easy 'one size fits all' solution;
 - Constructive local engagement is important and it can take time to find the right person to engage with in each organisation;
 - There is more to do to unlock the opportunities for integration between transport provision in the health sector and local authorities;
 - Financial savings are difficult to assess as many participants did not have access to reliable 'before' data, although some savings do appear to have been achieved;
 - While the actual savings achieved so far may be considered relatively low, the process has led to improved services in some areas at similar cost, and uncovered potential savings and benefits for the longer term;
 - The benefits of Total Transport are a mix of short, medium and long term. Some of the bigger savings will take time to be delivered and benefits from larger scale changes can take time to bed down;
 - Some of the delivery models proposed do not easily fit the existing legal framework of bus services, taxis and private hire vehicles and have required careful development to allow them to operate;
 - The process of bidding for funding acted as a stimulus to think about provision in a different way and gave the successful local authorities the resource to look at new ways of working that they would not have had the space to do under 'business as usual'.

1. What is Total Transport?

- 1.1 Total Transport involves integrating transport services that are currently commissioned by different central and local government agencies and provided by different operators. This allows existing resources to be allocated and co-ordinated more efficiently, resulting in services to passengers that are more effective at meeting their needs.
- 1.2 Around £2 billion per year of public funding for transport services is provided by a number of agencies, largely local authorities. However, these services are often commissioned and provided by separate organisations. For example:
 - **Non-emergency patient transport** (£150m per annum) – provided by the NHS to individual local Clinical Commissioning Groups (CCGs);
 - **Bus Service Operators Grant** (£250m per annum) – currently provided by DfT to bus operators, local authorities and community transport organisations on the basis of fuel usage;
 - **Local bus services support** (£278m per annum) – provided by the Department for Communities and Local Government (DCLG) for local authority support of socially necessary bus services;
 - **Home to school transport** (£1bn per annum) – provided to local authorities by DCLG.
- 1.3 Total Transport is an attempt to synergise these disparate transport planning and procurement processes through cross-sector working. This can:
 - Avoid duplication of commissioned services
 - Allow networks to be designed so they complement each other
 - Reduce administrative overheads by centralising commissioning
 - Enable the skills of professional staff (e.g. network schedulers) to be deployed across all the services
 - Achieve overall cost efficiencies.
- 1.4 Local authorities have a budgetary interest in
 - Tendered and supported local bus services
 - Community transport
 - Travel concessions for older and disabled people, and in some cases, students and scholars
 - School and college transport provision
 - Social care transport

- Rail development
- Management of their own vehicle fleets.

1.5 However, much of the attention around Total Transport schemes has focused on involving the NHS. Many participants regarded the NHS as representing the biggest prize for better integration. However, this has also proved to be the most difficult aspect to unlock.

2. The pilots

The bidding process

- 2.1 On 14 January 2015, DfT launched a £4m bidding round for local authorities in England wanting to pilot Total Transport solutions in their areas. When bidding closed on 11 February 2015, 42 bids had been received. The available funding was increased to £8m.
- 2.2 The bidding round aimed to pilot new and better ways of delivering joined-up local transport in rural and isolated areas. It funded a range of feasibility studies and other groundwork as well as a number of pilot projects to test the real-world scope for service integration in individual areas. The pilots were to run for a maximum of two years, with each scheme then submitting a report to DfT.
- 2.3 An assessment process was conducted based on the criteria set out in the bidding document. Insufficient funding was available to meet all bids and 5 bids were not funded. 37 were granted funding and these are set out in **Annex A**. It was acknowledged that the schemes would have varying results and that some may not come to fruition.

Participation

- 2.4 A full list of those whose bids were funded is set out in **Annex A**. The successful bidders were local authorities, plus the Association of Transport Co-ordinating Officers (ATCO - officials within English local authorities that plan and procure supported passenger road transport services). However, given that Total Transport is founded on the principles of partnership and co-operation, other organisations took part in the individual schemes. These included:
 - Neighbouring local authorities
 - Parish Councils
 - Clinical Commissioning Groups (CCGs)
 - Hospitals, health centres and GP surgeries
 - Community Transport providers
 - Non-emergency patient transport providers
 - Home-to-school transport providers
 - Adult social care transport providers
 - Bus operators
 - Consultants
 - Software companies

2.5 A key theme that emerged from the pilots is that, although there are some common issues, tackling integration involved a degree of local knowledge and that there was no 'one size fits all' solution. Most important was constructive local engagement. As this was not always easy to achieve, progress of the pilots was slow. It was noted that it takes some time to find the right person to engage with in each organisation. Overall, active participation varied widely among the 37 schemes.

Public participation

2.6 In **East Riding**, there was widespread local participation to inform development of the pilot scheme. All town and parish councils were invited to attend evening meetings across the county where the challenges were outlined. Parishes were invited to nominate a Parish Transport Champion to help carry out a locally focused transport needs assessment, feeding in to a proposal for a review of bus services. 78 of these Champions were recruited, each supported by officers and training, leading to 3300 survey responses identifying patterns of need. This Champions network ensured there was a local dialogue with users and an improved understanding between them and bus operators.

2.7 **Herefordshire** conducted a significant public consultation exercise on local bus services and community transport. This provided an insight into local people's priorities and provided evidence for more community involvement in developing transport solutions.

2.8 The Association of Transport Co-ordinating Officers (**ATCO**) produced a proposal which sought to emulate the successful Community Rail Partnership approach (CRP) for buses. The first modern CRP is generally acknowledged to be the Penistone Line Partnership, which was formed by a group of local people in 1993 to promote the use of the line. A 2015 report on the value on CRPs found that there are currently 3,200 rail volunteers in the sector, offering 250,000 hours of support worth £3.4 million. Overall, there was an average of 2.8% extra passenger growth on lines with a CRP compared to those without one. Four potential models for Community Bus Partnerships were identified: these included forming local user groups to promote services and work with service providers, local authority led partnerships similar to East Riding's approach, community groups operating or procuring services themselves, or bus operators involving the public in operation of services.

Health sector participation

2.9 Where the NHS has become involved, feedback suggests that this would not have occurred without the pilot schemes. Overall, the participation of Clinical Commissioning Groups (CCG) in the process has been lower than hoped and has depended on local factors and relationships.

2.10 **Northumberland** reported that it had proved difficult to identify the right people with whom to engage in the NHS, and that it was not easy to maintain engagement over time. Health sector participants approached transport matters from a different perspective to local authorities and had to take account of other NHS priorities. Northumberland's experience emphasises that Total Transport has no 'one size fits all' solution. Whereas some authorities found it more productive to seek high level strategic engagement at director level, Northumberland found they could achieve more of their short term aims by engaging locally with individual GP surgeries. However, the level of engagement was still low, with only 3 out of 70 potential GP surgeries participating.

2.11 **Derbyshire** reached the opposite conclusion, noting that turnover of staff within the health sector was quite frequent. They felt that forging high-level links between

county council directors and an opposite number in the CCG could have unlocked some barriers and provided impetus. Again, this suggests the most appropriate way of taking Total Transport forward will depend on local circumstances.

Community transport participation

- 2.12 Community transport providers have generally played an active role in the pilots. It is probable that community transport providers would have engaged with local authorities in any event, but the pilots enabled closer engagement and more formal structures to be put in place.
- 2.13 The feedback from the SEATS scheme (a joint pilot between **Surrey, East Sussex and West Sussex**) suggested that the existence of the pilot added as a 'nudge' to community transport operators to get involved with the county councils. They noted that there had been a tendency for community transport operators, being small scale, to focus on their existing client base and concentrate on their own businesses. They were felt to be 'risk averse'. SEATS introduced a 'Valuing Community Transport' commission which drew together community transport operators with the aim of providing a valuation of their services in a way that enabled external agencies to understand how community transport can play a part in their objectives.
- 2.14 In **West Berkshire**, a Community Transport Officer was appointed to support voluntary community transport providers in taking on more responsibility for their operations. This helped foster discussions between community transport operators to share knowledge, ideas and look at the potential of merged operations. This helped to sustain and develop the local Handybus minibus operations. Encouraged by the council, one Handybus operator obtained a section 22 permit to register two routes serving isolated villages.
- 2.15 **Dorset** County Council also involved community transport operators by introducing a Community Transport Officer as part of its Holistic Transport Review. This post aimed to maintain communications with operators and develop the community transport network. Dorset sought to expand this by consulting town and parish councils and community groups to develop their own community led solutions, some of which have subsequently been active in developing community transport schemes. This has led to community transport covering 90% of the county.

Benefits and outcomes

- 2.16 Total Transport can be regarded as something of a 'slow burn'. Some of the bigger savings will take time to be delivered and benefits from larger scale changes can take time to bed down. The outcomes should not be measured in purely budgetary terms. An important factor in determining success is the passenger experience. However, this can be difficult to measure and some aspects can be subjective.

Efficiencies

- 2.17 It is difficult to assess the financial savings generated by Total Transport as many participants did not have access to reliable 'before' data. However, the reports do indicate that some financial savings have been achieved. Total Transport was not intended simply to deliver financial savings, but to unlock a 'virtuous circle' whereby a better service could be delivered at lower or similar overall cost.
- 2.18 The benefits of Total Transport are a mix of short, medium and long term. 'Invest to save' schemes tended to deliver their benefits over the longer term and it is too early to determine how robust these will be. **Cheshire East** found there were a number of

'quick wins' that could be delivered in home-to-school transport, using the TRACER analytical tool that it had developed to inform the assessment of options. These 'quick wins' will continue to be delivered as part of its three year medium term strategy. The benefits were considered to be enhanced levels of independent travel for pupils, reduction in school gate traffic congestion enhancing safety, increased ridership for bus operators and lower expenditure on contracts.

- 2.19 **East Riding** reported that they had been able to achieve a £565k financial efficiency in the context of ongoing £4m support for bus services. While there was a 4% reduction in overall bus network capacity, this was replaced by remodelled services which matched residents' needs more closely and encompassed alternative forms of service delivery. They noted that the savings and practices from Total Transport take time to embed.
- 2.20 **Oxfordshire** worked together with the local CCG on ways of delivering non-emergency patient transport services (NEPTS). This work suggested that while there was scope for integration, it would be better to retain the existing contract with South Central Ambulance Service and for the county council's own fleet to work with them as a contract partner. However, Oxfordshire found that some of the routes they began operating were inefficient as 16 seat vehicles were being used to pick up one or two passengers. They 'invested to save' by using Total Transport project funding to buy two smaller accessible 8 seat vehicles that were more appropriate for the work.
- 2.21 Figures contained in the feasibility studies indicated that further potential savings were possible. **North Somerset** comprehensively reviewed transport provision in its area and savings emerged through six workstreams, set out in table 1 below. While most of the workstreams identified were cost neutral or sought to deliver savings, other schemes were on a 'spend to save' basis, partly resourced by the Total Transport pilot funding.
- 2.22 Although the individual sums of money involved were relatively modest, North Somerset were able to identify £600k of potential savings, with an initial medium term saving of £60k achieved for 2017/18. North Somerset intends to continue its Total Transport approach through a new Transport Commissioning Board which will also seek to cover social care transport. They felt that a longer term funding stream to support 'invest to save' schemes into their payback period would have been useful.
- 2.23 Under their new contract model, Dorset targeted a £1.5m saving from its public transport budget in 2017/18, with a further £800k saving coming from mainstream home to school transport. This is in addition to the £600k saving from the public transport budget in 2016/17. Dorset's work indicated potential for these savings to be maintained over the longer term.
- 2.24 Dorset noted some limits to the efficiencies that can be achieved from better utilisation of vehicles. Some operators were initially reluctant to open up school transport to the wider public because of the impact on how their service would need to be registered with the Traffic Commissioners, and a lack of knowledge about the validity of student passes on normal services. There was limited scope for integrating adult social care and special educational needs because of timing conflicts. Both types of destination required services at around 3.30pm.

| Spend | Description | Cost | |
|--|--|-------------|---------------|
| Transport Service Review | New 12 seater minibus to be used as part of a flexible fleet | £21.5k | |
| Transport procurement strategy | Set up cost for dynamic purchasing scheme | £1.5k | |
| Smart card ticketing | Back office systems for a 'smart scholar' ticketing scheme | £18k | |
| Independent travel training | Pilot to train up to 3 special education needs students using South Gloucestershire's established travel training scheme | £3.5k | |
| Workstream | Output | Year | Saving |
| 1. Service integration (internal restructure & review of transport service delivery) | Integrated Transport Unit | 2017/18 | £30k |
| | Transport staff review | 2017/18 | £15k |
| | | 2018/19 | £60k |
| | | 2019/20 | £50k |
| 2. Transport procurement strategy (creation of a dynamic purchasing system, formal partnership with the CCG, contract renewals) | Transport procurement review | 2018/19 | £20k |
| | | 2019/20 | £20k |
| | Transport contracts review | 2018/19 | £35k |
| | | 2019/20 | £35k |
| 3. Smart cards and technology | Booking & scheduling systems | 2017/18 | £2k |
| | Smart card ticketing | 2017/18 | £2k |
| | | 2018/19 | £3k |
| | | 2019/20 | £3k |
| 4. Charging opportunities (to increase income for the provision of non-statutory services) | Post 16 SEND transport review | 2017/18 | £7k |
| | | 2018/19 | £7k |
| | Vacant seats review | 2018/19 | £10k |
| 5. Policy and protocols (reducing unnecessary spend, including where appropriate for social care) | Policy & protocols review | 2018/19 | £10k |
| | | 2019/20 | £7k |
| 6. Behaviour change (nudge theory, independent travel training, 'spend to save' infrastructure schemes) | Nudge theory review | 2017/18 | £2k |
| | | 2018/19 | £10k |
| | | 2019/20 | £30k |
| | Independent travel training | 2017/18 | £2k |
| | | 2018/19 | £10k |
| | | 2019/20 | £10k |
| | Spend to save infrastructure | 2018/19 | £35k |
| | | 2019/20 | £85k |
| Continuation of Total Transport through new Transport Commissioning Board | Addition of social care transport | | £100k |

Table 1: North Somerset pilot financial spend and savings (figures supplied by North Somerset Council)

Health sector

- 2.25 Efficiencies from Total Transport do not only accrue to local authorities. Where health sector providers participate in Total Transport, they are able to realise these efficiencies. The outcomes from the pilots suggest that there are still substantial opportunities for joint working between CCGs and local authorities that has yet to be unlocked.
- 2.26 In **North Yorkshire**, the CCG took the opportunity provided by the Total Transport pilot to review its existing contract arrangements. By using its data to examine the contract, rather than reletting it on existing terms, it procured the service to a new and more appropriate specification. This re-specification enabled the CCG to save £200k per annum. The experience gained also allowed the CCG to challenge other contracts more robustly. A contract review process such as these needs to become part of 'business as usual' rather than just a one-off to ensure longer term benefits are delivered and provision remains appropriate.
- 2.27 **Nottinghamshire** found that engagement with the health sector required a time commitment to make it work effectively. They were able to demonstrate, through desktop studies and pilot projects, that there was potential for greater integration of transport services with the NHS. They conducted a feasibility study to establish the potential for integration between NEPTS, the community and voluntary sector and Nottinghamshire's own transport fleet. The existing NEPTS provider, Arriva Transport Solutions, provided data which was integrated with the county council's operational database for its own fleet. This indicated that the best option for integration involved using the internal county council fleet for adult social care trips and maintaining NEPTS to and from the major hospitals in Nottinghamshire. The study suggested that this limited integration could realise savings of around £375k per annum. A further benefit would be a potential reduction in CO2 emissions of 118 tonnes per year. Including other hospital facilities and utilising external special educational needs contracts could potentially realise annual savings of over £1.1m. An average annual saving of £216k was also indicated if the county council fleet carried some renal dialysis patients making trips to the dialysis facility.

Technology approach

- 2.28 Some participants chose to adopt approaches which resulted in new technological solutions. **Essex and Suffolk** sought to better match supply and demand for rural travel in all age groups by adopting a digital approach. It sought to maximise the use of existing transport capacity and to grow the numbers of passengers and suppliers using demand responsive services by supporting them through a digital platform aimed at giving users a better experience. Essex and Suffolk worked with a specialist in digital solutions to develop this app based approach.
- 2.29 **Northamptonshire** partnered with the Universities of Northampton and Hertfordshire to plot the origins and destinations of journeys made by residents within the county. This drew on data received from schools and universities, hospital and county council employees, major business parks and non-emergency patients. The data was analysed to look for synergies in how services can be delivered.

Organisational model

- 2.30 Some participants looked at restructuring and forming 'arm's length' companies as a way of encouraging more effective delivery. In **Lincolnshire**, setting up a so-called Teckel company to create an arms-length transport provider has increased capacity in the transport market. In some parts of the county, no bids were being received to operate services despite full tendering exercises. In **Northamptonshire**, a

Community Interest Company is being created to pool service provision as a social enterprise.

- 2.31 The Bus Services Act has been enacted since the Total Transport pilots commenced. Section 22 of the Act places limitations on the powers of local authorities to form companies for the purpose of providing local bus services. Authorities that are considering ways of establishing arms-length bodies to provide transport services should ensure that their model is compatible with the measures contained in the Act.

Effect on users

- 2.32 Some of the pilot areas achieved increased access to transport, often taking the form of more flexible demand responsive services rather than traditional bus services. In **North Lincolnshire**, two limited fixed bus services were replaced by a demand responsive service which was able to get closer to where people live (a benefit for those unable to get to the nearest fixed stop). Access to the new service was available from 7am to 7pm Monday to Saturday. The £312k annual cost of the one bus per area service was covered by consequential reductions in other subsidised services. Users benefited from access to a service over a wider area with a longer time period of operation compared to a traditional supported service. Some element of expectation management was required to make clear that the service was a flexible bus as opposed to an on-demand, fully flexible taxi.
- 2.33 One rough and ready metric is to look at the number of complaints received about the service. In **Devon**, there were fewer reported complaints from users of NEPTS. However, in some other areas, there was some negative feedback. In **Cambridgeshire**, some users of home to school transport experienced longer journey times because fewer individual routes were provided as part of a more efficient schedule. **Derbyshire** noted that where bus services were replaced by a demand responsive service, some users expressed concerns about the need to pre-book. However, this must be balanced against the limited nature of the bus service that had previously been available.
- 2.34 **Dorset** noted the reduction of traditional public transport routes had led to some perception of increased isolation for older people and those without access to a private car. There was also some risk of parental resistance to the idea of children on home to school services sharing with members of the public.
- 2.35 Another possible area of disbenefit concerns concessionary fares. Some of the services which have replaced traditional fixed bus routes under Total Transport (for example, section 19 community transport services) are not part of the English National Concessionary Travel Scheme (ENCTS). Their inclusion is at the discretion of the local authority. In **Cambridgeshire**, bus services with full pass validity were replaced by flexible minibuss services where a 50% fare discount was offered instead. This must be of course be looked at in the light of a service being provided which offers much greater availability. In **Dorset**, entitlement to concessionary fares on bus services before 9.30 am on Mondays to Fridays (which is over and above the statutory minimum in the ENCTS) was withdrawn. This was done to enable school services to be opened up to all passengers.
- 2.36 Overall, the effect on users from the Total Transport pilots can be regarded as generally positive, but more work on measuring and managing passenger satisfaction may be needed.

Barriers

2.37 The pilots found a number of barriers to participation in Total Transport. In many areas, it was difficult to engage with the health sector, not least because it was hard to find the right people with whom to engage. This is perhaps the single most significant barrier to the adoption of Total Transport.

Health sector

2.38 Overall, the health sector has different priorities to the local authorities that participated in the pilots. While the health sector is involved in providing transport for patients, it was frequently noted that transport is a lower order of priority and comparatively small in terms of NHS budgets.

2.39 In **Herefordshire**, while the health sector supported the initial bid, a number of staff changes led to the initial engagement being lost. Overall budget reductions and other priorities also diverted attention away from the pilot. This was a common issue. **South Yorkshire** felt that the way in which NEPTS contracts were tendered led to providers maintaining the status quo. The tendering process was felt to be complicated and a deterrent to smaller suppliers. South Yorkshire also cited uncertainties within the health sector as deterring participation, and noted that it was unclear what effect Personal Independent Payments would have on transport demand.

2.40 The experience of the Total Transport pilots underlines the need for close and transparent relationships between stakeholders. Combining and realigning budgets between organisations has, perhaps understandably, led to worries in some quarters that budgets from one area of spending were being used to support spending in another. Concerns of this nature are best addressed by organisations engaging closely to ensure that there are no misunderstandings about the aims and nature of the process, and setting up clear goals and structures.

Data sharing and availability

2.41 Data can help in delivering better outcomes for passengers. For example, knowing where journeys are being made, and for what purpose, is key information for deciding which services are needed. However, some of the pilot schemes expressed disappointment with the quality and quantity of data available to them. They also noted that sharing data with the NHS was not straightforward, not least because of the need to protect personal information in accordance with the Caldicott principles.

2.42 The Caldicott principles were developed in 1997 following a review of how patient information was handled across the NHS, extended to adult social care in 2000, and updated in 2013. Organisations follow the principles to ensure that information that can identify a patient is protected and only used when it is appropriate to do so, and use the principles as a test when deciding whether they need to use information that could identify an individual.

2.43 **Bath and North East Somerset** approached the NHS seeking information about the reasons for missed appointments and the length of time patients have to wait to be collected for their journey home. However, this information was not collected as there was no immediately apparent purpose for doing so. Moreover, healthcare areas and agencies do not necessarily coincide with local authority areas making it difficult to align data.

2.44 The reason for appointments being missed is not always well understood and as such, it is not known whether ability to access an appointment is a major factor -

hospitals may overbook to cater for this wastage. The travel issues encountered by patients at the lower level were also not well known on the whole. **Kent** suggested adding the ability to record the reason for a patient cancelling when the NHS collects data about 'did not attends'. They also felt it would help to collect data about the reasons why a patient has not left hospital when they should have been able to, and recording whether this was transport-related. Kent felt that this would allow a rough figure to be determined comparing the cost of an overnight stay with the cost of transport. They also thought the National GP Patient Survey could be enhanced by collecting data about transport to and from appointments, and that the NHS Adult Inpatient Survey could be improved to make it easier to state whether a discharge delay was transport related.

- 2.45 For home to school transport provision, **Cambridgeshire** found that it was able to achieve more efficient outcomes through the use of real loading data. Instead of allocating one seat per eligible pupil, based on the assumption that 100% of pupils travel each day, Cambridgeshire used data generated by smartcards replacing traditional printed tickets issued to pupils to determine the necessary level of provision. To ensure no pupils were left behind, a "sweeper minibus" was contracted for the first three weeks of operation to counter any overloading and allow adjustments to be made if necessary.
- 2.46 It may be appropriate to look at setting up a structure for sharing NHS data, within appropriate boundaries and with safeguards. One way of approaching this could be to develop centrally a data sharing agreement template for use by CCGs and local authorities which conformed with the Caldicott principles.

Driver co-operation and availability

- 2.47 Some pilots experienced problems with the participation and availability of drivers. In **Lincolnshire**, some drivers were uncomfortable at needing to leave the vehicle, as many patients had to be transported to and from specific wards or units. To address this, care had to be taken to ensure that the hospital passenger was the first and last passenger on the vehicle. In **Oxfordshire**, it was originally intended to utilise 50 fleet vehicles to deliver NEPTS for low risk patient types. However, this did not prove possible as around 50% of staff were on part time contracts and unavailable during the 10am to 2pm trial period.
- 2.48 **North Somerset** reported that most bus operators tried to maximise their use of vehicles and preferred contracts which offered a full time job for the vehicle and driver: Bakers Dolphin were unable to continue with operating school contracts when their off-peak contracts were not renewed.

Restructuring and reorganisation

- 2.49 The effect and timing of reorganisations were also felt to be a barrier to participation. Where organisations underwent upheaval as part of budget reductions or general restructuring, it led to involvement in the Total Transport pilots being put on hold as energies had to be directed elsewhere. In **Leicestershire**, the pilot project was suspended as it conflicted with a review of the savings needed to meet the council's targets. **East Riding** found that the progress of its scheme was slowed as the NEPTS contract for the area came up for tender during development.
- 2.50 However, reorganisation could provide an opportunity to embed Total Transport principles in an organisation. This could take the form of aligning contract expiry periods, setting up more efficient joint procurement units or re-letting contracts on a joint basis. Reorganisations may also release staff to take part in Total Transport based efficiency work.

3. Lessons learned

- 3.1 While the actual savings achieved so far from Total Transport may be considered relatively low, the process has led to improved services in some areas at similar cost, and uncovered potential savings and benefits for the longer term. It is likely to prove easier to maintain the progress made by the pilots where Total Transport principles have become embedded in the organisation as 'business as usual'.
- 3.2 The process of bidding for funding acted as a stimulus to think about provision in a different way. Without the pilot scheme and the incentive of funding, it seems unlikely that local authorities would have stepped back to take an integrated look at provision in quite the same way. The funding provided for the pilots gave the successful local authorities the resource to look at new ways of working that they would not have had the administrative resources to do under 'business as usual'. The pilots exposed some limitations in how local authorities and other organisations are able to interact, but also illuminated some ways of tackling this which can be taken forward by others. They also uncovered areas for central Government to examine further.
- 3.3 While not every project was successful in achieving its aims, and some were yet to reach completion, there has been enough progress to allow us to suggest some overall findings.

1. Engagement is essential

- 3.4 There is no 'one size fits all' and the specific local circumstances need to be understood. Working across local authority boundaries can help with delivering services and reducing overheads. For example, **North Somerset** used the special educational needs travel training developed by South Gloucestershire while **North Lincolnshire** worked with Lincolnshire to deliver demand responsive transport.
- 3.5 The final product needs to be acceptable to its customers. Widescale consultation with users can deliver a better outcome, identify potential issues, and ensure that changes are accepted. **East Riding**'s consultation was commended by Transport Focus. As part of this approach, local knowledge is essential.
- 3.6 More work is needed to involve the NHS in Total Transport and unlock the substantial opportunities for joint working which remain untapped. Some areas found that the different ways in which NHS bodies and local authorities work acted as a barrier to integration. One untested suggestion for remedying this was to embed local authority transport professionals in CCGs. Another proposal was to devolve responsibility for non-emergency health sector transport to local authorities.
- 3.7 Efforts so far have concentrated on persuading organisations to take part in the pilots through engagement at the local level. It may be that some degree of coercion might be appropriate to encourage organisations to participate that have so far declined to do so.
- 3.8 Total Transport is likely to work best where close relationships exist between local transport providers. It requires a degree of trust between the participants and setting aside institutional self-regard in the interest of the passenger. In some cases,

progress on implementing Total Transport was slowed by changes in personnel which required inter-organisational relationships to be re-established.

- 3.9 **North Somerset** noted that there were potential benefits in co-location. The CCG for their area was situated in the same offices as the county council, which made engagement easier. While this is not something that could occur everywhere, the Government's Estates Strategy includes the creation of Government hubs across the country for civil servants and the public sector. This could provide an opportunity for more co-location and closer interaction.

2. Project funding is a catalyst but there are things that can be done without it

- 3.10 The Total Transport pilot funding provided a catalyst for areas to look afresh at how transport services (including NEPTS and school transport) are provided in their areas. Although funding is not a prerequisite in itself for adopting the principles of Total Transport, the pilots did allow local authorities the opportunity to use staff and resources without it impacting on their business as usual activities. For example, in **Kent**, consultants were engaged to write a lengthy feasibility study into how Total Transport could be taken forward within the county.
- 3.11 Although one of the findings of the pilots was that solutions should be tailored in accordance with local knowledge, solutions are transferable between areas and there are aspects that can be incorporated into 'business as usual'. For example, the use of volunteer 'champions' by **East Riding** to determine local transport needs could be rolled out further. The use of real loading data for home to school transport as practised by **Cambridgeshire** could be transferred to other areas. Community transport providers could come together through a steering group to see how they can develop their services and share knowledge, as happened in **Surrey, East Sussex and West Sussex**.
- 3.12 The ability to adopt solutions will be tempered by the phase of the contract cycle that individual bodies find themselves at. Where reorganisations are taking place and contracts are being re-let, the opportunity exists to embed Total Transport principles in the new structures. More far-reaching measures are likely to depend on participants being willing to take part in an 'invest to save' approach. It is acknowledged that this may require a willingness to accept a degree of risk.

3. Bus Services Act measures could help

- 3.13 The Government is in the process of rolling out the measures provided for in the Bus Services Act 2017. The Act, and its associated regulations, will make it easier for bus operators and local authorities to work in partnership.
- 3.14 The Act makes provision for regulations to be made ensuring that open data is made available about bus services, so that passengers have access to reliable and accurate information about services. The development of app based journey planners expected to result from this should help raise awareness of alternative journey options. As data will be open, it should be easier to use this to develop local journey solutions such as that proposed by **Essex and Suffolk**.

4. Role for DfT in considering how legislative framework can allow new models of transport to be delivered

- 3.15 Some of the delivery models proposed do not easily fit the existing legal framework of bus services, taxis and private hire vehicles (PHV) and have required careful development to allow them to operate. For example, **Essex and Suffolk** engaged with the Traffic Commissioner on the implementation of their pilot.

- 3.16 The licensing frameworks for bus, taxi and PHV each have specific requirements such as the need for training, the need for operator licensing, or limits on driver hours. These varying requirements have impinged on the ability to deliver truly flexible Total Transport services. Some local authorities, such as **Cambridgeshire**, cited specific vehicle licensing requirements as being restrictive. Restrictions on the use of Section 19 and 22 community transport permits were also cited.
- 3.17 These matters are unlikely to be easily resolvable in the short term, given the wide implications of changes for areas such as operator licensing and eligibility for concessionary travel schemes. There are wider ongoing issues around the use of community transport permits, and new guidance on the issue and use of these will follow a public consultation in 2018.
- 3.18 The Department maintains a close eye on such matters, given the emergence of new Mobility as a Service (MaaS) models of transport that blur traditional demarcation lines between licensing regimes. For the immediate future, it is inevitable that Total Transport schemes will need to operate within existing legal frameworks. Those considering innovative proposals are recommended to ensure that the Traffic Commissioner for their area is content with the intended approach.

Annex A: List and description of pilot schemes

| Bidder | Scheme | Funding Allocated | Type of services covered |
|--|---|--------------------------|---|
| Association of Transport Co-ordinating Officers (ATCO) | Rural Feeder Services | £18,000 | Rural services across England |
| Bath and North East Somerset | Chew Valley Total Transport Pilot | £60,000 | Home to school, community transport, local buses, non-emergency transport services |
| Cambridgeshire | Cambridgeshire Total Transport | £460,000 | All transport modes including non-emergency transport services |
| Cheshire East | TRICE | £453,144 | Home to school, local supported buses, non-emergency patient transport |
| Cornwall | Cornwall Integrated Total Transport | £281,000 | Healthcare transport (hospital and local doctor provided) |
| Derbyshire | Total Transport Derbyshire | £164,900 | Largely non-emergency patient transport services |
| Devon | Devon Integrated Transport Solutions | £300,000 | Covers all road transport modes |
| Dorset | Dorset Total Transport | £180,000 | Adult and children's specialist transport, school transport, public bus services including park and ride, and commissioned community transport services. Also draws in cross border services, college transport and non-emergency patient transport |
| Durham | Total Transport review in rural and South and West Durham | £50,000 | Post-16 educational needs and healthcare transport |
| East Riding of Yorkshire | Co-ordinated Total Transport | £100,000 | Community transport, non-emergency hospital, adult social care, tendered services etc. |
| East Sussex | Integrated transport for East Sussex | £100,000 | Adult social care and children's transport |
| East & West Sussex, Brighton & Surrey (Combined bid) | SEATS | £490,000 | Tendered services in rural areas, home to school transport (including special educational needs), adult day services, non-emergency patient transport and community transport |

| Bidder | Scheme | Funding Allocated | Type of services covered |
|-------------------------|--|--------------------------|---|
| Gloucestershire | Building Better Transport | £350,000 | Hospital, social care, community transport, special educational needs and school services |
| Herefordshire | Herefordshire on the Move | £100,000 | Initially special educational needs and social care, then health |
| Kent | Kent Karrier Plus | £102,000 | Off peak dial-a-ride, special educational needs and transport for disabled people, possible integration with non-emergency patient transport and local bus services |
| Leicestershire | Smart Community Mobility | £75,000 | Private motoring, walking and cycling, private sector bus, coach and taxi provision, NHS non-emergency services, education and social service transport |
| Norfolk | Delivering Total Transport in Norfolk | £300,000 | Non-emergency patient transport services and all other modes |
| North East Lincolnshire | North Lincolnshire Total Transport Partnership | £297,000 | Non-emergency patient transport, additional transport for primary care patients, staff and visitor transport, social care transport, local bus services, supported demand responsive transport, community transport, home to school transport |
| North Lincolnshire | North Lincolnshire Integrated Transport Solution | £200,000 | Particular focus on NHS services but services broad (special educational needs, supported bus services, adult social care, community transport etc.) |
| North Somerset | North Somerset Total Transport | £120,000 | All local services |
| North Yorkshire | Vale of York Patient Transport | £120,097 | Non-emergency patient transport services |
| Northamptonshire | Total Place Integrated Transport Solution | £750,000 | Special educational needs, adult social care, university student transport, demand responsive transport, non-emergency healthcare transport and community transport |
| Northumberland | Northumberland Travel Response | £250,000 | Non-emergency patient transport, community transport, special educational needs, home to school, tendered, taxi services etc. |
| Nottinghamshire | Total TITAN | £300,000 | Local bus, school transport, social care, non-emergency patient transport, community transport, college transport |
| Oxfordshire | Integrated Hub | £100,000 | Non-emergency patient transport |

| Bidder | Scheme | Funding Allocated | Type of services covered |
|----------------------------------|---|--------------------------|--|
| Rutland | Rutland County Council Transport Review Project | £100,000 | Education, healthcare and community transport (potentially non-emergency patient transport through CCG) |
| Somerset | Total Transport in Somerset | £305,000 | Mainly health, social care and education, but possibly also jobseekers and those travelling to work |
| South Gloucestershire | South Gloucestershire Transport to Health | £150,000 | Primarily covers community transport and passenger transport services although proposal capable of extending to other transport types if feasible |
| South Yorkshire | South Yorkshire Total Transport Pilot Project | £170,000 | Local bus services, community transport and dial-a-ride, group travel, shopper bus, non-emergency patient transport services, respite transport, home to school, special educational needs, looked after children's transport and adult social care. |
| Staffordshire | Moorlands Connect Plus | £70,000 | Demand responsive, home to school, community transport (largely for healthcare), social care transport and youth service transport |
| Staffordshire | Wellbeing Project | £60,000 | Healthcare transport - including community/ voluntary transport, local buses, social care transport, CCG and demand responsive South Staffordshire Connect |
| Suffolk (lead) with Essex | Essex/Suffolk Integrated Transport Project | £190,000 | All services within the pilot areas |
| Transport for Greater Manchester | Oldham Shared Transport | £81,000 | Saddleworth wards of Greater Manchester |
| Warwickshire | Rural Access to Healthcare | £119,150 | Non-emergency patient transport |
| West Berkshire | Connecting Communities | £196,000 | All services within the pilot areas |
| Worcestershire | Total Transport Worcs | £85,000 | All services within the pilot areas |

Annex B: Continuation of pilot schemes

While there was no obligation to continue with pilot schemes beyond the end of the funding period, the majority indicated as part of the reporting process that they planned to take elements forward using their own existing resources. This is set out in the table below.

The information in this table is correct to the official end date of the pilots.

| | |
|-----------------|--|
| Cambridgeshire | Transformation bid funding (combined with remnant of original DfT grant) will fund existing project team in 2017/18 plus two new roles to support county wide roll out of phase 1. Will continue to support phase 2 of pilot. |
| Cheshire East | Taking forward review of Home to School transport provision based on principles developed during the pilot |
| Derbyshire | Will use existing staffing resources within Integrated Transport Group to maintain the initiatives from the pilot (Derbyshire Connect, scheduling software and area based reviews) |
| Devon | 4 year agreement in place with the NHS. Will continue to look for opportunities for further integration. |
| Dorset | Embarked upon joint Integrated Transport Programme to deliver recommendations for integrating health transport with LTAs. 'One school, one operator' contracts have been let for 7 years. Community transport support officer employed & Dorset Travel restructured so that transport development officers are responsible for all transport in an area. |
| East Riding | Will continue to push for opportunities to integrate NEPTS into internal operational service delivery. Will continue to consider procuring common booking system with rest of Total Transport Northern Group which continues to meet. |
| Gloucestershire | Implementing Online Portal approach, with continued engagement with stakeholders and providers. Will use own resources to maximise use and develop a plan for 'future thinking' |
| Herefordshire | Restructuring Integrated Transport Team to implement more efficient practices. Seeking additional staff resource in order to support new initiatives. |
| Kent | Project Manager will continue to develop feasibility study into a business case, with a view to seeking further funding |
| Leicestershire | Review of support for wider public transport offer needed. Work so far will assist with potential future solutions. |
| Lincolnshire | Will seek transition funding to integrate further council DRT and NEPT. |
| North Somerset | Integrated Transport Unit will take forward 13 identified projects on a 'spend to save' or cost neutral basis. |

| | |
|-------------------------------------|---|
| North Yorkshire | Will continue engagement with CCG to understand their needs |
| Northamptonshire | Alongside University of Northampton, will jointly support and lead Community Interest Company through its governance structure. |
| Northumberland | Getabout scheme will be supported for further 2 years. Postgraduate support from Newcastle University Digital Civics initiative will explore digital marketplace with rural residents. One Council developments taken forward on an 'invest to save' basis. |
| Nottinghamshire | Will review Public Health integration and set up a Transport Partnership Board/Working Group with the NHS. Roll out approach to other day care centres and disseminate pilot results as best practice, including for college transport. Will consider becoming an ITT training provider. Will continue working with healthcare partners on securing further funding and try to integrate transport into advice provided by receptionist staff. Will investigate systems which support all specialist provision (including NHS transport) when considering IT back office systems. |
| Oxfordshire | Incorporation of Oxfordshire County Council fleet in NEPTS as 'business as usual' |
| Rutland | Will consider introducing elements of the feasibility study funded from existing resources (such as adopting bus policy and developing in house fleet). |
| South Gloucestershire | Will look for opportunities to bid for funding to allow enhanced CT co-ordination to be taken forward. |
| South Yorkshire | Continuing to explore and working to address outstanding issues acting as a barrier to delivery of the pilot. |
| Suffolk | Investing staff time and further £75k in user engagement and app development. Committed to further testing of the app. |
| Surrey, East Sussex and West Sussex | Discussions ongoing for more detailed collaborations |
| Transport for Greater Manchester | Will reuse resources from an existing DRT scheme to provide a shuttle service |
| Warwickshire | Will reuse materials from volunteer recruitment campaign during Volunteers Week in June. Will continue with one-stop shop service as can be maintained with limited additional resource. |

Annex C: Case studies

Devon County Council

- 1 Devon County Council's (DCC) pilot aimed to extend their fully integrated approach to transport, as applied to their own services, across other public sector agencies in the county. Devon faced pressure on its budget and was looking to reduce its annual public transport budget by £1.7m over two financial years, from an overall passenger transport budget of £5.2m in 2016/17.
- 2 The Total Transport pilot project aimed to create a single centre in Devon – a 'one stop shop' – for assessing passenger eligibility and allocation to appropriate transport, tendering for transport provision, assessment of the safety and compliance of transport used across DCC, all areas of the NHS in Devon, and other participating organisations.
- 3 Access to non-emergency patient transport is assessed through the Devon Patient Transport Advice Service (PTAS), a single telephone number for people to ring to access the service. PTAS is available from 7am to 6pm Mondays to Fridays, but the transport itself covers all hours, with specific out of hours arrangements in place for accidents and emergencies and GPs. PTAS also provides coverage for the Rapid Intervention Centre covering the whole of Devon.
- 4 Alongside DCC, the following bodies were actively engaged in developing and delivering the pilot project.
 - North East & West (NEW) Devon Clinical Commissioning Group
 - Royal Devon and Exeter Foundation NHS Trust
 - North Devon Healthcare Foundation Trust
 - Devon Partnership Trust
 - South Devon and Torbay Clinical Commissioning Group
- 5 NEW Devon CCG has regular contact with delivery staff in PTAS to discuss and resolve issues that arise on a day to day basis. PTAS has been able to raise a range of long standing issues with the CCG, which have required decisions on policy and standards of working. The CCG took on these issues and agreed to changed ways of working. As the main provider of patient transport services in Devon, First Care Ambulance has worked closely with DCC to enable delivery of the service.
- 6 DCC introduced a new Dynamic Purchasing System (DPS) and used this when tendering routes, in an effort to achieve greater efficiency in transport and finance.

There are three areas in the new Operational Model:

- Non-Emergency Booking Service – managing the eligibility service
- Car and Out of Area Ambulance Transport – procuring the transport
- PTS Provider Contract – Non Emergency Ambulance Transport

- 7 DCC provides the non-emergency booking service and facilitates car and out of area ambulance transport through NHS partners who make use of the DCC DPS. Non-emergency patient transport is, for the first time, managed alongside DCC's transport responsibilities, such as education, social care, and socially necessary services.
- 8 While DCC had engaged with the health sector for a number of years, the funding and focus given by the Total Transport project provided the opportunity to develop things further. This background of working with the NHS helped to establish the collaborative relationships with the CCG necessary for the pilot to flourish. By having individuals within the NHS and DCC who work together well, it has helped to break down barriers to delivery. Devon attributes much of its success to engagement and proactive staff, and noted that the pilot allowed some longstanding members of staff to work in new areas and develop their careers.
- 9 There is a four year agreement in place with the NHS to continue this way of working, committing the NHS to cover the costs of delivery and transport arrangements. Devon will continue to look for opportunities for further integration between the county council, the NHS and other partners during the lifetime of the contract.

Barriers in Devon

- 10 Although Devon has achieved a fruitful partnership with the NHS, there remain some areas where this could be improved. CCGs have a number of key performance indicator requirements to meet, and the purpose of these was not always clear from a local authority perspective. There were also information governance issues that needed to be met and these could take some time to resolve, while the quality of data could be variable.
- 11 Devon had some concerns that they could be regarded as a contractor rather than a partner where clear and strong relationships had not been fully established. Because of competing priorities, transport needs were sometimes considered later in the process than was ideal. Furthermore, the time taken to develop appropriate systems for health sector transport meant that the pilot was not able to address some of the other areas it had initially identified, such as access to employment.

Benefits in Devon

- 12 Overall, the pilot has enabled a more joined up approach to transport management both internally and externally, and developed a closer link between provision and eligibility. It has been mutually beneficial to transport operators and the tendering bodies. Operators are now able to bid for work that was not previously available through DCC, and DCC, Torbay Council and the NHS have access to a wider pool of suppliers.
- 13 Integrating transport between the NHS and the local authority has shown that many NHS patients are also clients of DCC and that transport is only one element that could be better joined up. The pilot has led to better communication with hospitals and units, including mental health teams. This has helped to improve understanding of what transport is needed and what can be delivered. Patients have received transport that is more appropriate to their needs at a lower cost, rather than automatically providing, for example, a two person ambulance crew.
- 14 Complaints about transport through Patient Advice and Liaison Services have reduced. The PTAS can challenge whether a transport request is appropriate and, being part of a wider transport service within DCC, can offer alternatives for ineligible patients such as public transport or the voluntary and community sector. This has reduced system misuse.

- 15 It has proved difficult to quantify the financial benefits from the pilot as the quality and quantity of existing data was variable. Devon found that it was better to simply start managing the network, rather than trying to work from the information available. However, savings have been achieved on individual networks and by challenging previous arrangements around provision and eligibility. More broadly, this suggests that Total Transport requires participants to accept a certain level of risk when establishing a scheme, as the existing position may not be clear. Overall, there is an objective to get transport considered as part of the decision making process rather than as an afterthought.

Lincolnshire County Council

- 16 Lincolnshire County Council's project, TotalConnect, focuses on integrating the organisation and delivery of demand responsive transport services through the development of a "one stop shop" approach. This covers demand-responsive local bus services, non-emergency patient transport services (NEPTS), community transport, home to school and adult social care transport.
- 17 The initial feasibility studies aimed to identify the degree of potential integration by looking at the associated benefits, costs and implementation issues. The second phase aimed to carry out a TotalConnect pilot scheme in selected areas which could then potentially be scaled up to a countywide scheme if successful.

NHS Integration

- 18 The feasibility study sought to determine the extent of any overlap in the journeys being undertaken by Lincolnshire's DRT service (CallConnect) and NSL (who were providing NEPTS on behalf of NHS Lincolnshire). Analysis showed potential for integrating the two services. In the Louth area, the NEPTS provider could have provided 37% of the journeys undertaken by CallConnect. In Boston, there was potential for nearly 50% of NEPT journeys to be delivered by CallConnect and a similar proportion of CallConnect journeys which could be carried out by NSL's vehicles. The analysis suggested 53 of 104 patient journeys (51%) examined could be carried out on CallConnect services, indicating significant duplication of journeys, leading to inefficiencies in transport provision.
- 19 CallConnect services were used to undertake a number of ad hoc journeys within a target area on the east coast. Although this trial was short-lived due to NSL's exit from the Lincolnshire NEPTS market, those journeys which were booked to CallConnect services were successfully undertaken. A follow up survey of passengers and drivers/operators indicated that, while passengers did not raise issues, some drivers felt it was not something they would want to do regularly. The biggest issue to resolve was the need for the driver to leave the vehicle, as many patients had to be transported to and from specific wards or units. To alleviate this, care had to be taken to ensure that the hospital passenger was the first and last passenger on the vehicle.
- 20 Lincolnshire's Passenger Transport Unit encouraged the Arden and Greater East Midlands Commissioning Support Unit (CSU) to ensure that the new contract specification for providing of NEPTS would allow full integration with LCC transport. However, at this point, the CSU preferred to maintain the current model which sees the NEPTS provider performing all entitlement, scheduling and delivery functions. LCC plans to continue working with the CSU with a view to splitting the next contract into its component elements.

- 21 The feasibility work demonstrated that it is possible to carry patients not requiring assistance on CallConnect services. However, the changes to the NEPTS provider meant it was not possible to test in the pilot period whether they could carry out demand responsive bus passenger journeys.
- 22 During the pilot, it was found that a sizeable proportion (16.3%) of non-emergency patient journeys were for patients registered with CallConnect and actively using the service for other journey purposes. As they were therefore able to travel independently, questions arose as to whether they should have been eligible for non-emergency patient transport.

Voluntary sector transport

- 23 A feasibility study looked at creating a Voluntary Sector Hub. The existing model was felt to duplicate volunteer resource co-ordinators within health and the community transport schemes, while failing to integrate the demands from these sectors. All NHS integration stakeholders were approached, accompanied by extensive engagement with the county's 20 community and voluntary car schemes. Engagement was undertaken through the Lincolnshire Community Transport Forum, as well as with individual schemes.
- 24 The study found that a hub could be financially viable, provided the NEPT provider made use of it for organising a significant proportion of its journeys for patients classified as being able to walk to and from the vehicle with or without some assistance, and patients using wheelchairs and requiring limited assistance. The main benefits were considered to be improved ability to deal with journey requests and payment for journeys undertaken reducing community transport providers' reliance on direct funding support from the county council. However, some of the voluntary schemes were wary of losing their individual identities and a hub would need to be mindful of this.
- 25 Membership of the hub would provide additional work for schemes and individuals with spare resource. Developing a portal arrangement whereby this spare resource could be registered and commissions offered, accepted and completion recorded could provide a central focus and permit easier financial reconciliation and payment. As a first move towards better integration, software was made available to schemes to replace, what in many cases, was a paper based system.

Information technology development

- 26 The feasibility study sought to discover the software requirements for local authorities proposing to operate a Total Transport model by reviewing existing software and through soft-market testing, establishing whether a suitable package was currently available. The project indicated a shared demand with other authorities for an integrated software solution, and that there did not appear to be an available suite of software that could deliver all of the requirements of public sector integrated transport.
- 27 The review of existing software indicated a lack of cooperation and coordination between organisations commissioning and procuring transport, and that there was an opportunity for software to manage transport in an integrated manner. An integrated IT solution was thought to have the potential to provide administrative savings by reducing the amount of manual data input and exporting and importing of data between systems along with more comprehensive financial reporting. Further savings could also be realised through journey integration, route and vehicle optimisation. Any software development involving personal data would need to comply with data protection legislation and the Caldicott Principles for health related data.

- 28 The possibility of a modular solution from more than one supplier was investigated to allow local authorities to choose the elements which they require. However, the work concluded that there is not currently an 'off-the-shelf' product available with the functionality required.

Market development and moderation

- 29 Lincolnshire County Council identified a number of difficulties in catering for the transport needs of residents in some parts of the county. They found that there was a lack of capacity in the market (particularly in south Lincolnshire) as there were few suppliers. The pilot looked at whether there were additional methods of commissioning and procuring transport which might help create additional competition in the market. Increasing the level of competition in the transport market leads to financial efficiencies.
- 30 Evidence from tender batches highlighted the need to grow the activity levels of existing operators and the need to encourage new operators to participate in the Lincolnshire passenger transport market (particularly for specialist transport). The county council was unable to offer regularly the type of volume contract that encourages new entrants into a market. A detailed feasibility study was conducted which culminated in a full recast of the special education needs transport provision within the county. Tenders were based on a "One School, One Provider" model. These offered longer contract periods and smaller operators were encouraged to work together to submit bids.
- 31 Market analysis sought to identify areas where there were issues such as low capacity and high cost transport contracts and to determine what measures could be implemented to help develop or moderate the market. It identified that the transport market was failing in terms of capacity and, in one area in particular, in terms of competitively priced contracts. Despite significant market development work over recent years, operators were still exiting the market. Lincolnshire was receiving little interest in tenders and experiencing significant price rises.
- 32 Although LCC attracted some new entrants to the market and used new approaches to procurement to give greater contract security, it found it necessary to intervene in the market following the loss of a significant player and little appetite from other operators to pick up the affected tendered routes.
- 33 The PTU carried out a feasibility study to determine the financial viability of establishing an in house fleet to deliver passenger transport services as an alternative to tendering the services to private operators. The results of the cost comparison indicated that savings could be achieved by using an in-house/arms-length fleet.
- 34 In April 2016, LCC's Executive Committee approved the establishment of a 'Teckal company' wholly owned by the council. This new company was called TransportConnect and primarily delivers services for the Council, including home-to-school transport, special educational needs transport, adult social care transport and the council's CallConnect demand responsive transport services. Its initial focus was to provide passenger transport services in south Lincolnshire but with flexibility to take on additional work if needed. This approach was taken before the Bus Services Act passed into law and any similar developments would need to take account of the new legal position.

Barriers in Lincolnshire

- 35 Lincolnshire encountered some common barriers in attempting integration.

- NEPTS was tendered as a complete service comprising assessment, planning and scheduling, and transportation. In order to create a 'one-stop shop', the service would need to be disaggregated into its component elements, allowing the removal of unnecessary duplication of functions such as scheduling and dispatch.
- Decisions around NEPTS procurement were led by personnel separate to the Total Transport project and therefore made with a more general procurement strategy in mind. Contract lengths essentially restrict the attempts at further integration that can be made over the next 5 years.
- NEPTS providers are faced with financial penalties if they fail to meet Service Level Agreements. To allow integration of NEPTS and council demand responsive transport services, financial and delivery risks would need to be accepted by the county council. These risks would also extend to community transport schemes, raising issues around who would bear any penalty.
- Transport matters in the NHS can sometimes be regarded as a lower priority with the role forming only one part of a hospital administrator's wider role. Access to meaningful address data for planning services was difficult.
- There was a lack of continuity of contacts after several key stakeholders' members of staff left during the course of the project. It took time to establish a rapport with replacements, to develop trust and buy in for service integration.
- Integration of DRT and non-emergency patient journeys would be eased if all journeys were on a single planning and scheduling system. Lincolnshire County Council, NEPTS providers and voluntary car schemes all had their own systems and procedures.
- Lincolnshire encountered limitations as a result of current passenger transport legislation. The legal frameworks around passenger transport do not readily lend themselves to a new 'hybrid' service potentially providing for multiple clients and multiple purposes (including local bus) in one. For example, there are restrictions around journey lengths, separate fares, BSOG and concessionary fares eligibility which could deter some authorities from pursuing shared services.