Total Transport Pilot Fund Application Form

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Guidance on the Application Process and this application form are available at:

www.dft.gov.uk/

Applications must be emailed to buses@dft.gsi.gov.uk by **Wednesday 11 February 2015**.

If you have any questions about the bidding process, please contact **Steve Blackmore** on 020 7944 3339 or by email: steve.blackmore@dft.gsi.gov.uk

1. Project Summary

Applicant Information

Local transport authority names:

North East Lincolnshire Council

Senior Responsible Owner name and position:

Angela Blake, Director of Economy and Growth, North East Lincolnshire Council

Cathy Kennedy, Chief Executive, North East Lincolnshire Clinical Commissioning Group

Lance Gardner, Chief Executive, CarePlus Group

Bid Manager name and position:

Martin Lear, Principal Transport Officer

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2. Overview

2.1. Project name:

'Northern Lincolnshire Total Transport Partnership'

2.2. The Geographical Area:

This proposal involves North East Lincolnshire Council and North East Lincolnshire Clinical Commissioning Group working together with the North Lincolnshire CCG with whom they share the commissioning of non-emergency patient transport in the area. The 327 sq mile North Lincolnshire area lies on the south side of the Humber estuary and consists mainly of agricultural land. Population totals 167,000. North East Lincolnshire has a similar population but within 74.1 sq miles with Grimsby as the main centre. The PTS catchment area for the two Clinical Commissioning Groups goes beyond local authority boundaries and is highly rural in nature, as shown in the maps in Annex 1.

2.3. Description of the types of transport provision covered by the bid:

This is a cross-sector project that will provide benefits to a wide range of passenger types, those seeking healthcare, jobseekers, those in education, employment, older and disabled people via the following transport services and operators'. Local strands of work so far have involved:

- Non-emergency patient transport (PTS) now provided for by local Clinical Commissioning Groups
- Additional transport for primary care patients (not eligible for PTS)
- Staff and visitor transport commissioned by the major hospitals and other healthcare providers
- Social care transport provided by CarePlus and the St. Andrew's Hospice
- Local bus services, supported socially necessary bus services and commercial services organised through our North East Lincolnshire Bus Quality Partnership, including a particular focus on demand-responsive (DRT) services and the dial-a-ride (CT) services
- Home to school transport provided by the local authority and Further Education establishments, including accessible minibus, coach and taxi provision.

2.4. Description of Proposal:

This proposal is to develop a cross-agency Passenger Transport Partnership in the area that will:

- Provide the framework for shared information and policy development
- Work towards harmonising quality and safety standards and eligibility criteria
- Identify opportunities for service coordination and where possible co-ordinate commissioning of these services, including, in particular the non-emergency patient transport contract for the area
- Provide a framework for sharing resources and expertise between partners to avoid duplication and reduce costs
- Jointly identify and research transport needs in the area, review service provision accordingly
- Establish a co-ordinated approach to demand management in respect of particular groups of services concerned with accessible and caring transport
- Establish a single information point in respect of different agencies' passenger transport offerings, with a view to more effective signposting and publicity
- Examine and appraise options, and then the feasibility of establishing a cross-agency Transport Joint Commissioning Unit

2.5. Total DfT funding sought (£m) £0.297

Partnership Project Management	£58,000
Partnership Establishment (inc overheads)	£52,000
Internal staffing assistance	£60,000
Professional external support and peak time assistance	£45,000
ICT development (primarily harmonising communications)	£30,000
Marketing and publicity (single point of contact)	£10,000
Surveying	£7,000
Short-term support for the pilot initiatives	£35,000

3. Progress on integration to Date and Further Scope to Integrate Services

3.1 Progress to date in integrating public road passenger transport services

North East Lincolnshire Council's Phone n Ride demand responsive bus service, established in 2005 through successful DfT Urban and Rural Challenge Fund bids offering accessibility for residents who do not have access to traditional public transport. The current minibus service primarily serves North East Lincolnshire but has responded to requests for service across local authority boundaries, supplying passenger journeys to Keelby, Brocklesby and North and South Killingholme. This service model and its resources, including bespoke booking software, will be an option for transport solutions across the project area.

'Healthy Lives, Healthy Futures' is a review of health and care services across Northern Lincolnshire, led by both North East Lincolnshire and North Lincolnshire Clinical Commissioning Groups in partnership with local health and care organisations. They have set up a Transport Working Group with partner organisations to look at current transport provision; understand what all the issues are and what needs to be done differently to support patients accessing services outside of their community.

The North East Lincolnshire 'Transport Accessibility Planning Partnership' has integrated transport between the NHS trust and Care Plus Group. For example, efficiencies have been delivered by the NHS by working in partnership with Care Plus Group by introducing staff shuttle buses between the hospitals on an hourly basis, which has been successful in reducing grey fleet mileage and could be utilised to serve a wider passenger demand.

Care Plus Group is a Community Benefit Society - one of a number of social enterprises established locally as spin-offs from traditional statutory services; in this case it is responsible for providing a range of adult health and social care services in the area. It has recently undertaken a review of transport needs which concluded that co-ordinated commissioning of accessible and caring transport is the way to achieving greater integration of provision for users. CarePlus is interested to understand whether a cross-sector, stand-alone community transport enterprise could play a role in future integration from the delivery side.

3.2 Further scope to integrate services

The development phase will include undertaking a more detailed review of the overlapping networks, followed by feasibility (business case, functional and administrative) studies aimed at testing new models for joined-up commissioning of transport across public sector boundaries, with the aim of achieving efficiencies in spending and providing better services to passengers.

The work so far has shown some of the practical barriers to organisations coming together for the benefit of the passengers. We work at different speeds and within different timeframes, contract or service renewal dates do not coincide, we don't share identical priorities or objectives and our reporting responsibilities vary enormously. What this has told us is that we have to develop a genuine cross-cutting partnership to take this forward.

Consequently, it is envisaged that the process of moving towards greater integration will involve at least four phases:

- Information gathering, developing shared understanding and then shared objectives
- Initial, pragmatic, bilateral, co-operation initiatives. Examples already identified include:
    - The Hospital shuttle buses to become 'public' and linked in with the DRT service in some way
    - Making the transport management and scheduling software used for some Council commissioned services more widely available to other operators
    - Co-ordination of the various voluntary car schemes
- Establishment of a co-ordinated approach to demand management, eligibility triage and signposting – in essence, a 'one stop shop'
- Enablement of joint commissioning

This project is aimed at delivering the first three of these, whilst laying the groundwork for the final phase. We do not underestimate how challenging this will be at a time of financial constraints, when many agencies will find it difficult to commit a budget contribution for the length of time required to make the project work.

3.3. Why the integration described in section 3.2 is a priority

North East Lincolnshire Council and their Partners face significant financial challenges, and this is already affecting our ability to deliver necessary transport services to our local population. We recognise that, in principle, sharing our resources should make us more resilient and enable us to remodel services, across agencies, so as to make them more efficient, better focused across a wide range of passengers and, crucially, more cost-effective. Without this, the 'gaps' between the respective agencies' services will continue to grow and this will have a particularly sharp impact on older and disabled people, particularly those living in more isolated areas. In the longer term, this is likely to lead to a greater need for acute intervention by agencies, as people lose their independence, and this will add to budget problems of the agencies involved. More importantly, the quality of life for many of our residents will be significantly worsened.

This funding will enable us to overcome the inertia barriers that we, like most other cross-agency transport projects, have faced. It gives us the opportunity to harmonise our processes so as to create a coherent passenger transport offer to service users. It will also enable us, by sharing resources, to deliver efficiency savings that will mitigate the underlying loss of financial support.

A particular opportunity for this project arises because the non-emergency Patient Transport Service contract for the area is due for renewal in 2016, and preparation work needs to start straight away. The current arrangements are inflexible and difficult to understand for users, leaving a number of gaps (facilities not served, times not available, passengers in need but not eligible). The potential exists for the PTS service to be redesigned, in conjunction with the alternative services such as DRT and community transport, so that the gaps are eliminated and, crucially, that there is a single-point of contact for those needing a health or care related transport service which will ensure that there is a solution available for everyone and that they are signposted to it. Whilst this sounds simple, moving away from long-standing delivery models contains a number of risks, and a lot of development work is required to think these through and identify an approach that provides each party with enough security. If we do not undertake this work, it is likely that the simple (and management-time-effective) approach of renewing the PTS contract on more or less similar terms to those which apply now, will be followed, and we will lose the opportunity for integration for another 4 to 7 years.

4. Description of Proposal

Proposal

Section 3.1 above shows that the changing needs in our area, particularly relating to access to care, health and education, have stimulated a number of smaller-scale transport initiatives within or between combinations of partners. These have not been as productive as they could have been because they have not included the full range of transport commissioners and other stakeholders. For example, recent consideration of health centre restructuring and relocation has not included consideration of the feasibility of redesigning the DRT service so as to facilitate access. This issue has been recognised by the Council, the CCGs and CarePlus which are all committed to this project, and has been discussed with a wide variety of other partners, such as Grimsby Institute (FE College) and St. Andrew's Hospice, which both operate transport and which support the concept of co-ordination.

What we want to do is to establish a cross-agency Passenger Transport Partnership that will start by facilitating exchange of information and resources between partners, but which, by delivering practical improvements, will become successful and trusted enough so that partners commit to implementing their functions and responsibilities through the Partnership, rather than on continue to operate on a unilateral basis.

None of the partners have the capacity to undertake this at the moment. Indeed, the Council itself does not have an Integrated Transport Unit, because home to school transport is dealt with in a different department from public transport, and adult social care transport is outsourced along with

the delivery of care services, to CarePlus. So arrangements in our area are probably more fragmented than in most other authorities, but in addition the impact of service outsourcing in care and health means that there are more bodies involved than usually applies elsewhere.

We will therefore use the Total Transport funding to pay for the set-up costs of a Partnership; this will require staffing, establishment overheads, marketing and publicity, external technical support and some costs required to facilitate pilot service initiatives.

Start-up Phase – March to May 2015

We will start by specifying the role for and then recruiting a Manager for the Partnership, on an initial 18 months basis. The location for this post has yet to be agreed between the Partners, but it is likely that the Council will take the lead, not least because of the implications of the absence of an Integrated Transport Unit to cover all Council-supported services.

We will follow this with an envisioning workshop to energise the partners, agree shared objectives, communication and reporting arrangements, governance, and re-confirm their formal commitment to the Partnership with a 'launch'. This workshop will be externally facilitated by people with experience of co-ordination elsewhere as well as the process of partnership development. Preparation work for the workshop will include creating a baseline of services currently in place, identifying key issues such as:

- Who is responsible – structurally and the relevant individuals
- The duties they are attempting to meet
- Current and forecast budgets
- Current approach to delivery
- Key timing points such as contract lengths, scheduled reviews

Following the workshop, the Manager will develop and produce an initial Workplan for agreement by the Partnership. This will reflect a combination of resource availability (including Partner contributions) and pragmatic opportunities. It is felt particularly important to demonstrate that the Partnership can 'make a difference' by tackling some immediate and shorter term initiatives straight away. We envisage that the Workplan will have a number of Workstreams, including some or all of:

- Recommissioning of the non-emergency Patient Transport Service and the relationship with CT and DRT
- The future role for CarePlus transport given different agencies' needs
- The Hospital Shuttles and whether they could be registered as public bus services
- Co-ordination potential between home to school, home to college and public bus services
- The role of volunteers, including voluntary car services, and the opportunity for a shared recruitment and support initiative
- Standards harmonisation, including frontline staff training
- The potential role of ICT and how this could be delivered across partners
- Research into unmet need for transport
- Development of a 'one-stop-shop' single point of contact for accessible and caring transport

Each Workstream will have a 'SMART' component setting down the specific deliverables, the resources required and the timetable involved. During this period, a start will be made on a website that will provide a public face for the Partnership but also allow for information sharing and discussion in a 'closed' section of the site.

Development Phase – June to December 2015

During this phase, each of the chosen Workstreams within the Workplan will be pursued, using both internal and external staffing resources, as required. We will introduce quarterly Partnership Meetings at which progress can be reported upon, but some of the Workstreams will have more frequent reporting meetings, not least probably the two most critical pieces of work dealing with:

- The PTS contract
- Establishing the single point of contact function

Recommissioning the non-emergency patient transport service will require some quite extensive research into the changing nature of transport needs for access to healthcare, including relocation of some acute functions and the transfer of some of these from acute to primary care sites. A major issue for consideration is communication arrangements between the different parts of the NHS, the provider and third parties. There are significant overlaps with CT and DRT. It is possible that needs will best be met by a number of separate contracts for different levels of care / medical support, which will overcome the barriers that have prevented integration of conventional PTS services. These could either be coordinated through the Partnership or a prime contractor.

There is a clear overlap here with the establishment of a single point of contact. That location would ideally be where the triage for PTS eligibility takes place. The detailed instructions (in effect an 'expert system') regarding eligibility will need to be developed, but the context would be radically different from normal in that a) alternatives to PTS would be available for those not eligible, and b) the potential to charge for such 'social' PTS services would be introduced ('medical' services would still be free). This suggests that the single point of contact would need to undertake the booking function – this, of course, would need to be reflected in the contract specification developed above. But it would be important that this also becomes the single point of contact for the DRT services and ideally both the dial-a-ride and the non-regular requirements of CarePlus and other agencies. None of this can be taken for granted and we believe that significant business modelling will be required to persuade the wider group to participate.

The new PTS service needs to be able to start in early 2016, and the booking function would need to be ready in advance, with all the handover arrangements worked through by then. We are very aware that this means that these two Workstreams will be working under a very tight timetable – perhaps only two months – before moving into specification and procurement. Nevertheless, this will be worthwhile to realise the opportunity to influence a potential 7 year contract of such significance.

Whilst the other Workstreams may start in May 2015, there will be an opportunity to put more resource into progressing them from July onwards.

Extension Phase – January 2016 onwards

Assuming that the Partnership can contribute to a redesigned PTS contract, there would be an immediate task of overseeing the implementation of the new arrangements, particularly the single point of contact function.

On the basis that the Partnership will have delivered some tangible results during 2015 and therefore obtained the trust of partners as a delivery model, the intention is to use this as the basis for considering the options for a Total Transport Centre that would be a cross-agency Transport Joint Commissioning Unit. This would require a significant commitment from partners involved as it requires them to:

- Harmonise some policies and standards
- Enter into a contract or SLA with such a Centre
- Transfer resources
- Make governance commitments

We recognise that this will require some quite significant Options Appraisal before such commitments might be likely to be forthcoming and have therefore allowed for a focus in the first 6 months of 2016 for this part of the project. Nevertheless, we anticipate that financial pressure on each of the agencies involved will require them to consider new ways of working that may provide for resource efficiencies and that this would make such a Joint Unit attractive.

We anticipate that the Options Appraisal will include the development of one or more Business Plans. These would need to include financing the continuing work of the Partnership after this kick-start Total Transport funding from the DfT runs out. In essence, the Total Transport Centre would need to be funded by recharges under the SLAs and their ability to pay for the added value the Centre would create would reflect the savings that the Centre would be able to deliver.

Provide some details around your proposed timescales for delivery of the integrated model

These are set out in the Phasing above:

- Start-up Phase – March to May 2015
- Development Phase – June to December 2015
- Extension Phase – January 2016 onwards

In addition, we anticipate regular reporting to DfT as to progress and also participation in any events that DfT may organise to share experiences amongst Total Transport projects.

What benefits are expected to result from the integration of those services? Please set out why you think the total transport model will prove beneficial for your area

High Level Service Outcomes Anticipated;

- Increased accessibility
- Improving independent living options for people in need of care
- Supporting peoples' ability to live in the community for an extended time, with the support of transport options, (as an alternative to residential care options)
- Using transport to provide leverage for improving social care
- Improving the customer centric approach to transport and care standards
- Providing a catalyst for challenge and innovative thinking in the future of all aspects of transport services
- Improving sustainable transport
- Economies of scale, service efficiencies, income generation and cost savings
- Improving the commissioning, procurement and contract management of operational transport services and vehicles

Customer Benefits;

- One-stop shop service to deal with user needs and requests for transport
- Creation of comprehensive accessible transport information service
- Personalised agenda issues addressed by guaranteed quality and price through procurement expertise
- Guaranteed quality of transport experience for clients;
    - Personnel to be customer centred and aware of the needs of clients and their carers
    - Comprehensive service coverage
    - Introduction of common standards
    - High level of care
    - Punctuality and reliability realising that clients want to reach a destination in a given time by a stated time
- Easier and streamlined booking for service management wishing to arrange transport for their clients
- Creation of users forum to facilitate opportunities to influence quality and character of service their clients

Financial Efficiencies;

- Sharing of vehicle resources across partners, Phone n Ride, Dial a Ride, NHS, non-emergency vehicles and planning routes holistically
- Contract management reviewing, negotiating and establishing joint partner contracts
- Reduction in premises related expenditure
- Fewer management overheads
- Potential to generate income from NHS and schools by providing non-emergency transport services for the former and passenger transport services for the latter.
- Reduction in prices from the market through aggregation of tenders.
- Possible shared and joint procurement of future transport services including procurement of vehicles.
- The possibility of a longer term wider role for all transport aspects of a local authority's business – possibly covering pool cars and grey fleet.

It is planned that the Detailed Business Case, to be completed in Phase One of this project, will work up savings estimates in more detail. At this point it is envisaged that savings will accrue from a number of sources:-

- More competitive market prices from suppliers, in return for larger scale business opportunities;
- Operational efficiencies, e.g. route planning efficiencies, reducing average mileage driven per pupil carried;
    - Reduction in management and administrative costs for managing contracts through the Total Transport Centre;
    - Additional income from increased capacity usage of vehicles (though partnership approaches with the supplier and others in the public sector or using vehicle downtime to deliver services to schools etc.);
- Efficiencies from future additional services and increased professionalism in the approach;
- Time savings for front line and operational staff, through much quicker and more streamlined ordering procedures for transport for their clients;

What monitoring and evaluation will be carried out to understand the success of the new approach? Provide detail around the budget set aside for monitoring and evaluation, and provide details around the methodology to be used to carry out this work.

The proposed in house budget will allow for monitoring of a basket of performance indicators covering different operational, service quality and financial aspects of performance. For example, one of the most useful financial performance indicators for passenger transport service provision is average cost per person mile.

Regular monitoring of these figures and benchmarking with other comparable local authorities (alongside quality and other performance indicators) is an important activity. This not only demonstrates to Partners the level of service being achieved but also assists in identifying opportunities for service improvements and potential savings.

Performance indicators will be developed around the following themes and outcomes;

Availability: the passenger transport network should be within easy reach of where people live and take them to and from the places they want to go at times and frequencies that fit patterns of social and working life.

Accessibity: vehicles and information should maximise use for all without difficulty.

Affordability: people should not be 'priced out' of using passenger transport because of high fares and should be able to easily find the right service and ticket option.

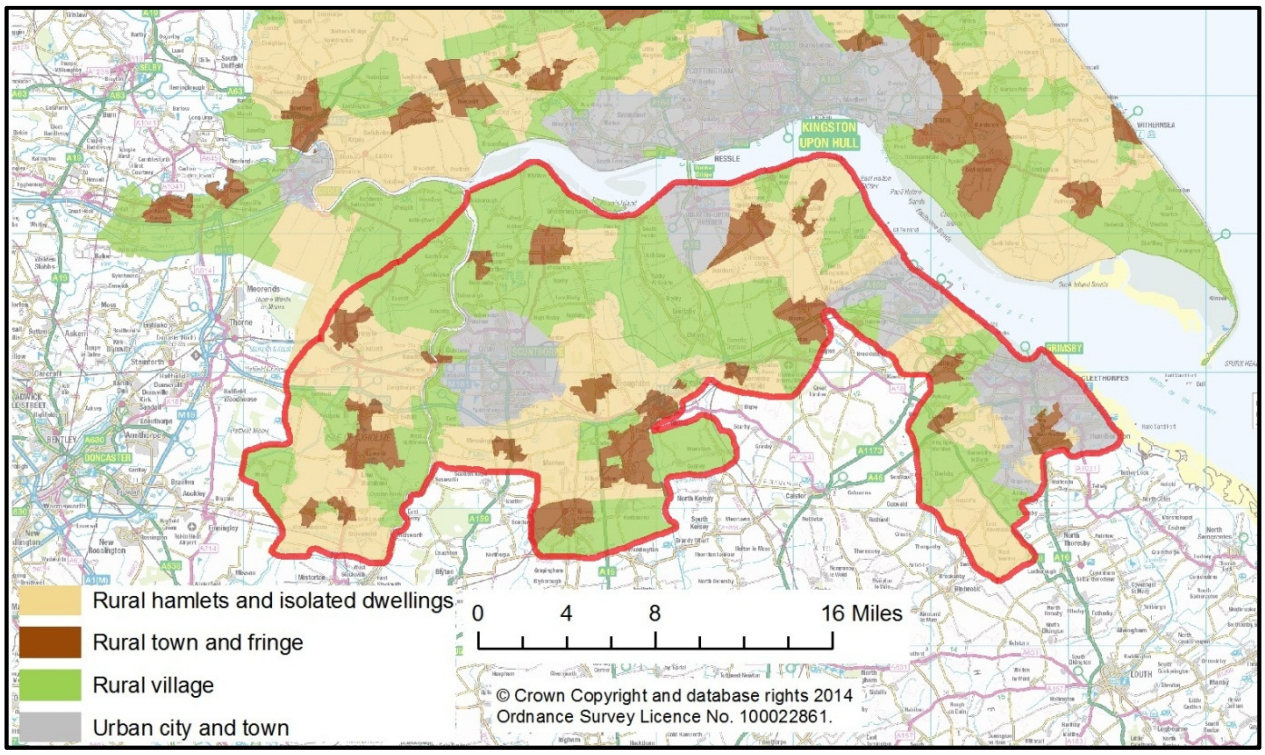
Acceptability: people should feel that passenger transport is something that meets their needs and is comfortable, safe and convenient.

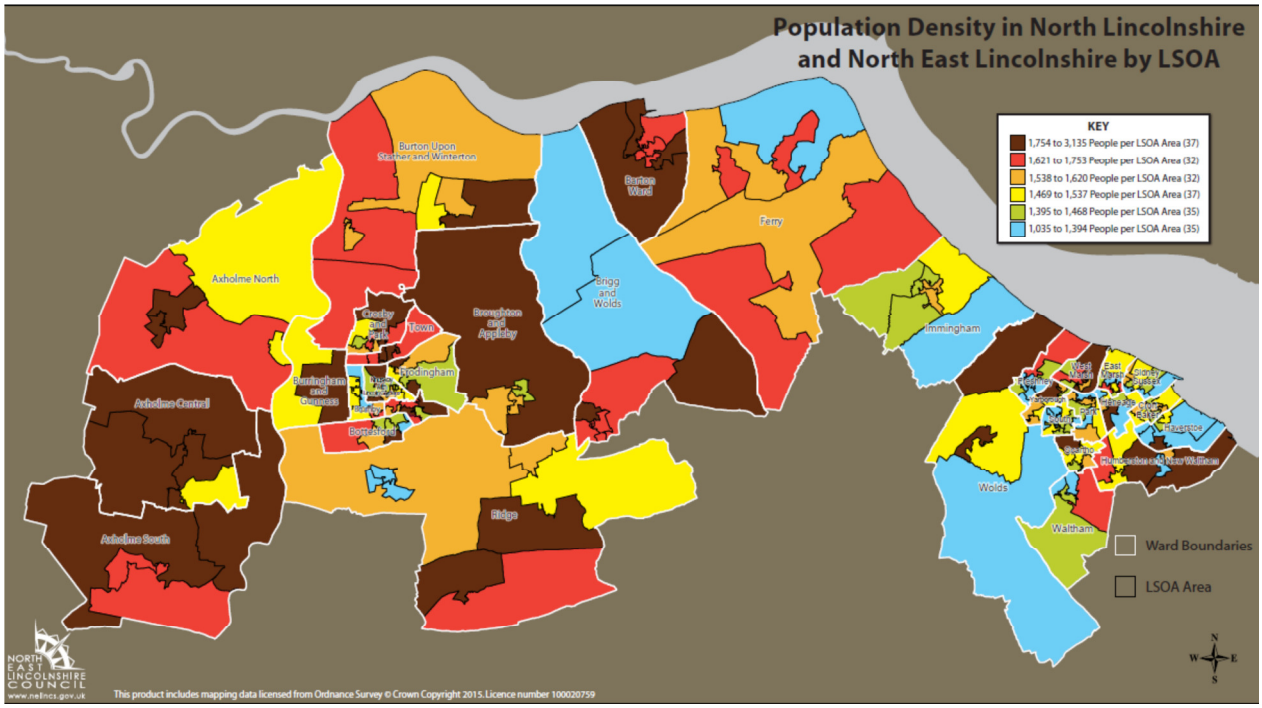
Possible indicators could be:

- Reduction in missed NHS appointments
- Time taken to transfer discharge patients from hospital to home (freeing up beds)
- Cost per mile of operation
- Cost per passenger
- Average loading as a percentage of capacity
- Customer satisfaction
- % of denied journeys requested
- Passenger numbers
- Accessibility monitoring utilising existing Accession mapping system
- Cost savings enabled

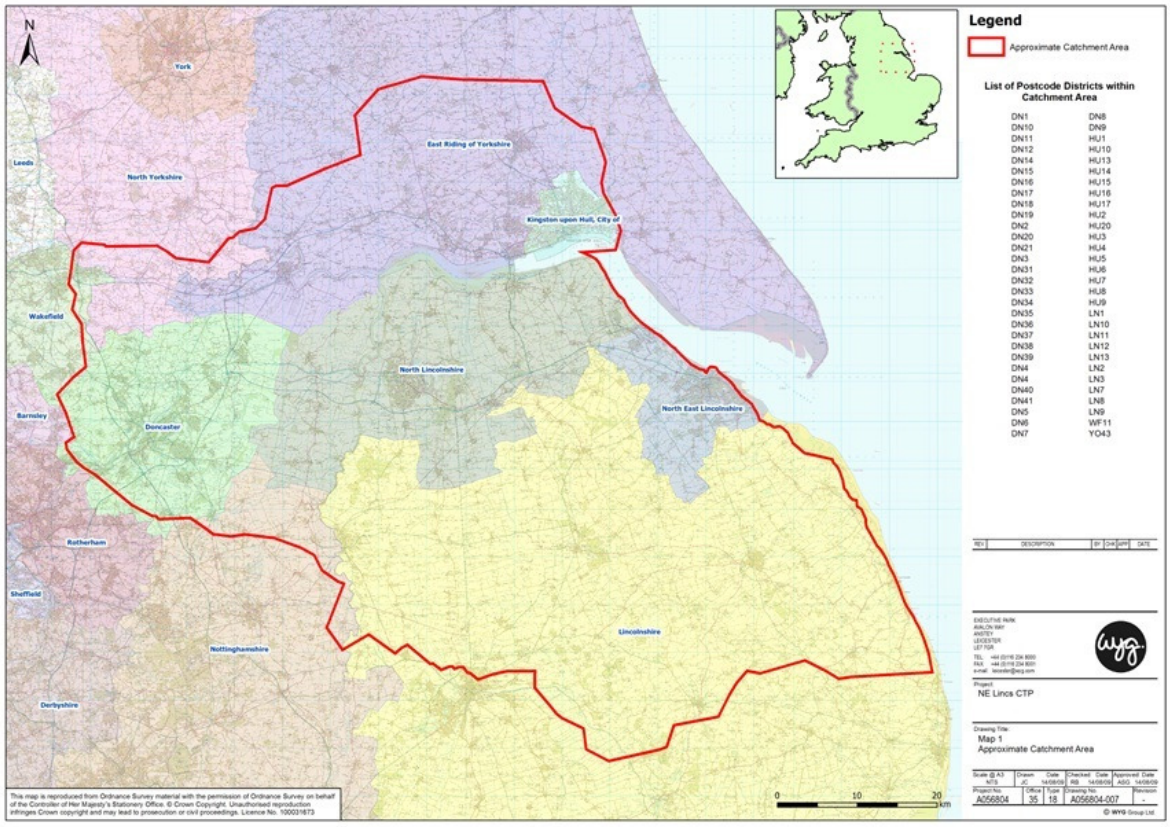
Annex 1 - Rural Map of Northern Lincolnshire

(North and North East Lincolnshire Authorities border in red)





Map showing the non-emergency PTS catchment area



2011 Urban – rural classification to match the above