

NEW FOREST COMMUNITY TRANSPORT REVIEW

1. INTRODUCTION

1.1 In accordance with the Cabinet's decision made on 7 December 2005 (newforest.gov.uk/committeedocs/cab/CDM01258.pdf) the review has been undertaken in order to assess if additional support can be provided by NFDC to Community Transport in rural areas not served by registered bus services.

1.2 The review was being undertaken jointly by the key partners:

- New Forest District Council (NFDC)
- Hampshire County Council (HCC)
- Community First New Forest (CFNF)
- Hampshire Voluntary Care Groups Advisory Service (CGAS)
- Representatives of local Care Groups (CG)

1.3 A report on this review is attached as Appendix A.

1.4 The Economy and Planning Review Panel considered a report on the review on 20 September, minute 17 refers newforest.gov.uk/committeedocs/eprp/CDM02052.pdf . They endorsed the conclusions set out below.

2. CONCLUSIONS

The report reaches conclusions on a number of issues raised during the review:

Issue: Transport to gain access to services should not be restricted by a persons inability to pay.

Conclusion

(i) This principle is readily accepted by NFDC. No further action required.

Issue: The level of community transport provision depends where people live. In general, those living in urban areas tend to be better served than those living in rural areas but the need to access local services etc. is important for everyone.

Conclusions

(ii) The non statutory voucher scheme should continue to include taxis.

(iii) Further work should be undertaken to establish the extent of those areas where CGs cannot offer medical and/or shopping related journeys (see also below).

Issue: Those over 60 without access to registered bus services (e.g. Wilts & Dorset, Solent Blue, CANGO etc) are effectively discriminated against. This is because disabled people and anyone of 60 gets free bus travel whilst those who rely on CT have to pay.

Conclusion

- (iv) Details of the heralded national free travel scheme are awaited with interest but not expected in the near future. No action to be taken at this time.**

Issue: NFDC has amended its non statutory voucher scheme to exclude those aged 80 or over unless they are disabled or have mobility difficulties or are on means-tested benefit which has contributed to the perception of discrimination. Some doctors have complained about the extra work associated with assessing if residents meet the voucher scheme's disability criteria.

Conclusions

- (v) To address this concern NFDC has amended its voucher scheme to include all those recorded as Call & Go and CG users who are aged 80 or over because they have a personal mobility problem.**
- (vi) NFDC should continue to allow Call & Go and taxi users to participate in the Council's voucher scheme.**
- (vii) It has been agreed that for 2006/7 and 2007/8 (then subject to review, see below) the £10,000 referred to above shall be used to:**
- (a) Meet CFNF's increased costs for operating Call & Go services due having to use more paid drivers. Cost to NFDC £1,500 (HCC also paying an extra £1,500)- No further action required.**
 - (b) Assist CG users are aged 80 or over to meet those with high transport costs associated with multiple medical related journeys (details of how the available £8,500 will be allocated to the CGs are set out in Appendix 1 of the report attached at Appendix A) - No further action required.**
 - (c) NFDC will consider using any residue of the £10,000 to assist CGs meet additional costs associated with providing expanded or improved services linked to medical and shopping journeys.**
- (viii) When details of the national scheme due to be introduced on 1 April 2008 become known NFDC should review both the "hardship" fund arrangements referred to in vii(b) above and consider possible joint funding with HCC to meet the costs associated with vii(c) above if not funded through the national scheme.**

Issue: CFNF have not been able to recruit enough volunteers to allow Call & Go services to continue (CGs do not have this problem perhaps because the arrangements are more flexible for their volunteers). This has been overcome by using some paid drivers but, as a consequence, NCF are looking for increased contributions from HCC & NFDC (£1,500 each). CFNF believe that the current mix of volunteer and paid drivers will enable the current Call & Go services to operate for the next few years.

Conclusion

(ix) Conclusion vii (a) above refers. No further action required.

Issue: CGs are worried about the sums that have to be paid by some users for frequent journeys that are both long and unavoidable (users costs for Call & Go trips vary much less). There is an increasing tendency for those needing medical treatment to have to find their own way to receive treatment a long way from their homes. Health Service providers are increasingly only doing the legal minimum as regards transport for treatment so they can focus resources on providing care/treatment. Whilst this is understandable CGs believe that some users may be deterred from going for regular treatment due to the cost of getting there. Test Valley Borough Council are giving much greater support to Care Schemes

Conclusions

(x) NFDC, HCC, CG Advisory Service, CFNF & Primary Care Trust officers should discuss the issue of health-related community transport journeys to clarify the situation regarding hospital car schemes and report back (any additional information will be reported to the meeting).

(xi) The travel "hardship" fund as set out in (vii)(b) above will address some of the CGs concerns. No further action required at this time.

Other Related Proposals Identified in NFDC's Community Strategy

Issue: The District Council's – the Community Strategy "All Together" Action Plan (2006/06) includes the following action:

Expand young persons concessionary fares (YPCF) scheme to include a wider age range.

Conclusion

(xii) NFDC should expand its YPCF scheme to include 17 year old people who permanently live in the District during 2006/7.

Issue: What else could be done to improve CT in rural areas not served by buses?

Conclusions:

(xiii) The next stage of this review will be to identify the extent of the areas where there is not CT or Call & Go provision for both medical and essential shopping related journeys for all residents. The Co-ordinator from the Hampshire Voluntary Care Groups Advisory Service, with assistance from CFNF, has agreed to prepare a plan showing the extent of existing coverage.

(xiv) The District is very fortunate in having CFNF to manage and deliver Call & Go services and Local CGs to deliver an effect CT service. NFDC have been able to meet most of their initial concerns. However the current statutory concessionary fares scheme does not assist CT users and NFDC should press

for the national scheme due to be introduced on 1 April 2008 to include free travel for CT users. NFDC should, in conjunction with HCC and the PCT, review the level of financial support given to CT providers and users once details of the national scheme are known.

- (xv) HCC should consider the implications for CT providers due to the loss of any bus services in the District and HCC should be asked to meet any resulting additional costs incurred by CT providers.***
- (xvi) The aim of this review was to assess if additional support can be provided by NFDC to Community Transport in rural areas not served by registered bus services. The report clearly demonstrates that additional financial support could be usefully provided. A further report is required to set out the options in more detail once the information on CG coverage in the District and the PCT's patent transport scheme is available. The focus should be on supporting CT providers as necessary to ensure that all residents can access CT services as the need arises when and there is no practical alternative.***

3. FINANCIAL IMPLICATIONS

- 3.1 The current arrangements recently agreed with CT providers as referred to in conclusions (v) and (vii) above can be contained within existing budgets.
- 3.2 It is estimated that, based on recent years' expenditure the cost of raising the upper age limit of the young persons concessionary fares to include 17 year olds can be contained within existing budgets provided that promotion of the concession is focused on HCC Youth Service and Connexions clients (the current situation).

4. ENVIRONMENTAL IMPLICATIONS

- 4.1 Expanding the concessionary fares scheme for young people will encourage some young people to use public transport. Given the need to reduce dependence on the private car when there are realistic alternatives available, this will, in a modest way, be beneficial.
- 4.2 There are no other significant environments implications.

5. CRIME AND DISORDER IMPLICATIONS

- 5.1 Expanding the concessionary fares scheme for young people will give young people the opportunity to travel more. This may divert a few from anti-social activities.
- 5.2 There are no other significant crime and disorder implications.

6. PORTFOLIO HOLDER COMMENTS

- 6.1 The Portfolio Holder supports the recommendation in the report.

7. RECOMMENDATION

It is recommended that the Cabinet:

- (i) Accepts the conclusions of the recent Community Transport Review as set out above.
- (ii) Agrees to the expansion of the Young Persons' Concessionary Fares Scheme to include 17 year old people, provided they permanently live in the District, with effect from 1 January 2007.

For further information please contact: Background Papers

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Published papers

New Forest Community Transport Review 2006

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1. Introduction

- 1.1 Community Transport (CT) services play an important role in enhancing accessibility and social inclusion and so will play a key part in helping to achieve the District and County Councils’ transport objectives. The introduction of the statutory free bus travel scheme and revisions to the District Council’s non statutory scheme has prompted a review of CT within the District ([link to details of current schemes - nfdc.gov.uk/index.cfm?articleid=5557](http://nfdc.gov.uk/index.cfm?articleid=5557)). The review is being undertaken jointly by the key partners:
 - New Forest District Council (NFDC)
 - Hampshire County Council (HCC)
 - Community First New Forest (CFNF)
 - Hampshire Voluntary Care Groups Advisory Service (CGAS)
 - Representatives of local Care Groups (CG)
- 1.2 In accordance with the Cabinet’s decision made on 7 December 2005 (newforest.gov.uk/committeedocs/cab/CDM01258.pdf) the aim of this review is **to assess if additional support can be provided by NFDC to Community Transport in rural areas not served by registered bus services**. The review will also enable current CT provision to be assessed against our shared transport priorities to ensure that CT services are sustained and improved by NFDC and its partners to meet the needs of the NFDC residents, especially those who are isolated or disadvantaged in other ways.
- 1.3 Conventional bus services meet the needs of many people who do not have access to a private car but there is a substantial minority who need a more specialised or individual service, for example people with disabilities or people who live in the more remote rural areas, but who still need access to retail, health, training, employment, leisure and social activities. Community transport and other flexible or ‘demand-responsive’ transport services help to meet their needs.
- 1.4 HCC are reviewing bus services, including ‘demand-responsive’ transport services like CANGO. It is expected that against a background of constrained budgets and public transport costs rising much faster than inflation it will not be possible for HCC to continue to support all the existing non-commercial bus services they presently do. Also Government pilot funding of some CANGO services will run out in the near future. Therefore existing CANGO services are likely to be withdrawn and replaced by more limited “taxi share” services. Against this background CT will be increasingly important.

2. Overview

- 2.1 The definition of CT is quite broad. It generally means transport provided by the voluntary and community sector but not necessarily using volunteers. Some schemes employ paid staff. CT includes some modes of Demand-Responsive Transport (DRT) such as Call & Go. CANGO services are a form of DRT but are not considered as CT for the purposes of this review.
- 2.2 **Care schemes** – volunteer members of the 15 CGs in the District (list of CGs attached as Appendix 2) use their own cars to provide transport, often to hospital, healthcare appointments or other “medical” related journeys. Some but not all CGs also provide transport for essential shopping whilst the other only assist with “medical” related journeys. Some CGs would like to be able to provide both medical and shopping-related journeys but do not have the resources to be able to – constraints include shortage of volunteers and costs of accommodation/administrative support. Bookings are made through individual CGs. They provide approximately 19,000 passenger journeys a year using nearly 500 volunteers. The annual cost of providing these services is approximately £110,000 (of which approximately £20,000 in vouchers/tokens) and these are mainly met by users’ contributions (contribution based on length of journey and suggested contribution of approximately 40p per mile. Grants are given HCC (total of £2,111 given to two CGs in 2005/06) and £8,500 has been offered by NFDC. Most CGs have adopted a standard code of practice. Some CGs would like to be able to provided both medical and shopping related journeys but do not have the resources to be able to – constraints include shortage of volunteers and costs of accommodation and/or administrative support. It appears that the current level of service provision does not meet the demand but further work is planned to form a firm conclusion; see below.
- 2.3 **Minibus schemes** – where community groups such as Age Concern or the Scouts, own or use a minibus to provide transport for groups of people. Schemes operated independently of NFDC.
- 2.4 **Group hire minibus schemes** – where an organisation such as a Council of Voluntary Service owns a pool of minibuses that are available for hire to local community groups. Minibus brokerage scheme operated by CFNF with financial support from HCC towards purchasing new minibuses when required. Scheme seeks to ensure organisation makes best use of available minibuses rather than several organisations owning under-used minibuses, some of which were funded from local authority funds. Linked to this is the MiDAS training scheme. HCC and NFDC contribute towards the NCFE Transport Workers post that is responsible for delivering schemes like these.
- 2.5 **Wheels to Work scheme** – Innovative scheme initiated by NFDC so young people can gain access to employment opportunities. Operated by CFNF using 10 mopeds. Annual costs of approximately £11,700 met are met from users (£2,500), Other income (£600) and joint funding by NFDC (£4,300), HCC (£4,300). Their current level of provision seems reasonably matched to the current demand. Similar schemes likely to be rolled out across Hampshire by HCC probably operated by CFNF.

- 2.6 **Call and Go** – a DRT service that has is “subsuming” Dial-a-Ride services in the area. Aimed at older and disabled people and those who do not have their own transport or a suitable bus service. Generally is booked in advance and only runs on particular days serving certain areas. Operated by CFNF using 4 minibuses and a mix of volunteer and paid drivers. Difficulties in recruiting volunteers for this service has necessitated paid drivers being used on 60% of routes. This has resulted in increased costs which now need to be met to maintain current level of service. Annual costs of approximately £54,000 met from users (£13,500 of which approximately £5,000 in vouchers/tokens) and grants from NFDC (£19,500), HCC (£19,500) and others (£1,500). Average cost per trip is £4.00.
- 2.7 **Calshot Travel Links** – The Calshot Local Youth Link Scheme is aimed at providing trips for social, recreational purposes or to make visits to places of interest for young people who live in the settlement of Calshot to promote a healthier community and reduce social exclusion. The focus is on 10-16 year olds but this is flexible. The scheme is currently operated by Hampshire County Youth Service. The annual budget is approximately £5,000.
- 2.8 **Taxis** - a form of DRT. They make a valuable contribution to meeting the transports needs of some people. As they take part in NFDC’s non statutory concessionary fares “voucher” scheme they will be considered as part of this review. In 2005/6 £100,000 of vouchers/tokens on taxis (four times more than on Care Schemes and Call & Go together). The current taxi fares are set out in Appendix 3.
- 2.9 **Taxi Share Schemes** using taxis or private hire cars. Booked in advance by passengers. HCC are considering the possibility of introducing these to replace existing CANGO services.

3. Policy Context

- 3.1 Clearly the approach to community transport needs to reflect the priorities of the key partners. Improving accessibility is one of the main shared priorities
- 3.2 NFDC supports the policy in HCC’s Local Transport Plan (‘LTP2’) which sets out the overall strategy for transport in the area - *To improve accessibility in Hampshire by offering travel opportunities which are not available through conventional services for groups and individuals that enable people, regardless of age, access to retail, health, training, employment, leisure and social activities*
- 3.3 NFDC’s Corporate Plan 2003-2007 includes the following transport aim: *To work with our partners to improve transport because good access to schools, jobs and community facilities is vital for a healthy community and a successful local economy.* One of the key priority issues in the Plan is to *Improve accessibility to local services etc.*
- 3.4 The District Council’s – the Community Strategy “All Together” Action Plan (2006/06) includes the following action point:

Develop proposals and secure funding for additional Community Transport to ensure that those who are unable to use bus and rail services have access to essential local services such as health, education & food shopping.

3.5 HCC have identified the following aim in a recent report:

“to promote a vibrant, innovative community transport and DRT sector, offering a range of transport services that respond to local needs, enhance social inclusion and offer value for money”.

HCC’s report also referred to a number of key principles including:

- To ensure that the role of community transport and DRT within the overall mix of passenger transport services is clearly recognised and complements that of conventional bus and train services
- To ensure that the provision of community transport and DRT more closely matches the needs of local communities and enhances social inclusion
- To provide the community transport sector with a sound basis for future service development.

4. Accessibility and “Accession”

- 4.1 Improving accessibility is a priority for NFDC and key objective of HCC’s Local Transport Plan. This reflects the Government’s wish that inadequate transport should not lead to the social exclusion of groups of people. It is important to realise that transport is not an end in itself. It is a means of reaching the facilities and services we need: access to employment, education, shops and healthcare, for example. In this District these facilities are not often within walking distance so for most people transport will be needed to access some or all.
- 4.2 Whilst car ownership in the District is high, from the 2001 census 86% of District households have access to a private car, many households do not. To try to measure access and highlight problem areas the Government sponsored the development of a computer software package called “Accession”. This can produce accessibility scores and highlight where there needs to be an improvement in accessibility. Not surprisingly many parts of the District have a low “accessibility” score.
- 4.3 A government-sponsored accessibility model has been adopted by local transport authorities to help in the preparation of local transport plans. The *Accession* model has been used by Hampshire County Council to determine the level of accessibility to certain key facilities for every inhabited location in the county. The following table shows the results for this District in terms of the percentage of the population falling within accessibility thresholds chosen by HCC based on those recommended by Government for each facility.

PERCENTAGE OF POPULATION ABLE TO REACH THE FOLLOWING WITHOUT A CAR IN THE GIVEN TIME (T)	Time (T) (minutes)		New Forest District Percentage able to reach facility within high/medium time		Hampshire Percentage able to reach facility within high/medium time		Ranking of New Forest District within county (1-11) 1 = best Jt = Joint ranking	
	High	Med	High%	Med%	High%	Med%		
Primary school	15	30	86	95	91	97	Jt 8-9	Jt 8-9
Secondary school	20	40	71	93	80	96	8	Jt8-11
F E college	30	60	87	96	79	96	5	7
Hospital (A & E)	30	60	6	77	31	91	9	11
G P surgery	15	30	79	94	84	96	Jt 7-8	Jt 7-8
(Major) employment	20	40	45	75	71	93	11	11
Retail centre	15	30	45	86	40	86	3	8
Food supermarket	15	30	70	93	84	95	11	7

- 4.4 The figures relating to Hospital (A & E) will need to be recalculated when the new Lymington Hospital opens. All figures will need recalculating to take account of improved services along the Totton/Waterside corridor and when the non-commercial services currently operated by Wilts & Dorset are re-tendered by HCC.

5. Key Issues & Concerns Raised by Partners

- 5.1 Transport to gain access to services should not be restricted by a person's inability to pay.

Comment

This is a key principle implied in HCC's and NFDC's health and transport related policies.

Conclusion

(i) This principle is readily accepted by NFDC. No further action required.

- 5.2 The level of community transport provision depends where people live. In general, those living in urban areas tend to be better served than those living in rural areas but the need to access local services etc is important for everyone.

Comment

Accepted as generally true. Call & Go Services focus, but not exclusively, on the more built up parts of the District. CGs are more widespread but do not cover all the District. Taxis have the potential for covering the remaining areas so are important however they are expensive. The current non statutory voucher scheme (summary of previous and current scheme set out in Appendix 4) is therefore important to people who do not have access to a private car and live in these remaining areas. Many, but not all CGs, cover both medical and shopping related journeys. Some parts of the District are not covered by any form of CT.

Conclusions

- (ii) The non statutory voucher scheme should continue to include taxis.**
- (iii) Further work should be undertaken to establish the extent of those areas where CGs cannot offer medical and/or shopping related journeys (see also Section 6 below).**

5.3 Those over 60 without access to registered bus services (e.g. Wilts & Dorset, Solent Blue, CANGO etc) are effectively discriminated against. This is because disabled people and anyone of 60 gets free bus travel whilst those who rely on CT have to pay.

Comment

This perception is understandable and, whilst not of the District Council's making, is regrettable. It is as a result of the way the Government framed its statutory concessionary fares scheme to exclude CT. Government has acknowledged some shortcomings with the present arrangements and has announced that a national scheme will be introduced on 1 April 2008. This may result in benefits for CT users but this is no means certain.

Conclusions

- (iv) Details of the heralded national free travel scheme are awaited with interest but not expected in the near future. No action to be taken at this time.**

5.4 NFDC has amended its non statutory voucher scheme to exclude those aged 80 or over unless they are disabled or have mobility difficulties or are on means-tested benefit which has contributed to the perception of discrimination. Some doctors have complained about the extra work associated with assessing if residents meet the voucher scheme's disability criteria.

Comment

The changes to the vouchers scheme (formally a tokens based scheme) were made to direct limited resources towards those in real need. It is acknowledged that a significant proportion of CT users are aged 80 or over. It is also accepted that those who use CT do so because of real transport difficulties, many relating to disability. The additional work created for doctors is regretted and this had been addressed - see conclusion (v) below.

It was agreed that Call & Go and taxi users should continue to participate in the Council's voucher scheme as not all residents live in areas where either Call & Go or CGs provide services for essential shopping trips.

NFDC, when making the changes to the tokens/voucher scheme, acknowledged the impact on CT users who no longer receive vouchers solely because they are aged 80 or over. As an interim measure NFDC has made £10,000 available to assist CT. In response to suggestions from a number of CG's representatives and CFNF, NFDC officers have amended its voucher scheme to include all those recorded as Call & Go and CG users because they have personal mobility problems. The peak period for issuing vouchers is May/June and it is apparent that the cost of issuing vouchers to these Call & Go and CG users can be met from the current allocation

(£301,360). As a result all of the additional £10,000 will be available to provide further support to CT users and/or providers.

As well as agreeing that NFDC amend its voucher scheme as above some CG representatives also suggested they receive a cash grant to assist those aged 80 or over with high transport costs (please see 5.6 below). This age limit could be reduced to say 60 years in future years but that should be the subject of further discussion once details of the national scheme due to be introduced on 1 April 2008 become known.

It was also noted that some CGs had incurred additional costs in order to cater for increased demand for trips (e.g. New Milton had out grown their former office accommodation and had higher office accommodation costs only part of which had been met by HCC grants. CFNF had also increased costs as a result of having to use more paid drivers (5.5 below refers). These are on-going costs that need to be met if the current level of service is to be maintained. Ensuring the continuation of these well used services that provide medical related journeys and allowing essential shopping trips was regarded as a high priority.

Conclusions

- (v) To address this concern NFDC has amended its voucher scheme to include all those recorded as Call & Go and CG users who are aged 80 or over because they have a personal mobility problem.**
- (vi) NFDC should continue to allow Call & Go and taxi users to participate in the Council's voucher scheme.**
- (vii) It has been agreed that for 2006/7 and 2007/8 (then subject to review, see below) the £10,000 referred to above shall be used to:**
 - (a) Meet CFNF's increased costs for operating Call & Go services due having to use more paid drivers. Cost to NFDC £1,500 (HCC also paying an extra £1,500)- No further action required..**
 - (b) Assist CG users are aged 80 or over to meet those with high transport costs associated with multiple medical related journeys (Details of how the available £8,500 will be allocated to the CGs are set out in Appendix 1) - No further action required.**
 - (c) NFDC will consider using any residue of the £10,000 to assist CGs meet additional costs associated with providing expanded or improved services linked to medical and shopping journeys.**
- (viii) When details of the national scheme due to be introduced on 1 April 2008 become known NFDC should review both the "hardship" fund arrangements referred to in vii(b) above and consider possible joint funding with HCC to meet the costs associated with vii(c) above if not funded through the national scheme.**

- 5.5 CFNF have not been able to recruit enough volunteers to allow Call & Go services to continue (CGs do not have this problem perhaps because the arrangements are more flexible for their volunteers). This has been overcome by using some paid drivers but, as a consequence, NFDC are looking for increased contributions from HCC & NFDC (£1,500 each). CFNF believe that the current mix of volunteer and paid drivers will enable the current Call & Go services to operate for the next few years.

Comment

CFNF's concerns are acknowledged and HCC and NFDC have agreed to contribute as requested.

Conclusion

(ix) No further action required.

- 5.6 CGs are worried about the sums that have to be paid by some users for long, unavoidable frequent journeys (users costs for Call & Go trips vary much less). There is an increasing tendency for those needing medical treatment to have to find their own way to receive treatment a long way from their homes. Health Service providers are increasingly only doing the legal minimum as regards transport for treatment so they can focus resources on providing care/treatment. Whilst this is understandable CGs believe that some users may be deterred from going for regular treatment due to the cost of getting there. Test Valley Borough Council are giving much greater support to Care Schemes

Comment

The CG's concerns are acknowledged. There is a need to engage with the health sector as many community transport journeys are health-related. Whilst there could be a case for funding from health agencies it is felt unlikely that they will be willing to do more than they are legally required to do. There may be a case for some sort of hardship fund to meet exceptional travel needs or cap the costs for the longest journeys for those receiving medical treatment. CGs are felt best placed to assess individual cases. The current financial support given by Test Valley Borough Council to care schemes (allows users to travel free) is generous. Not all Test Valley CGs have taken up the offer, perhaps because they have reservations about providing a free service. NFDC officers would be cautious about recommending such an "open ended" financial commitment at this time and would suggest a more targeted approach would be a better overall use of NFDC's resources.

Conclusions

- (x) NFDC, HCC, CG Advisory Service, CFNF & Primary Care Trust officers should discuss the issue of health-related community transport journeys to clarify the situation regarding hospital car schemes and report back.**
- (xi) The travel "hardship" fund as set out in (vii)(b) above will address some of the CGs concerns. No further action required at this time.**

6 Other Related Proposals Identified in NFDC's Community Strategy

6.1 Young persons concessionary fares scheme

The District Council's – the Community Strategy "All Together" Action Plan (2006/06) includes the following action:

Expand young persons concessionary fares (YPCF) scheme to include a wider age range.

Details of the existing scheme can be found at nfdc.gov.uk/index.cfm?articleid=58 .

Part way through 2005/6 the scheme was expanded to cover the whole of the District on the understanding that promotion of the scheme would be targeted at those in greatest need. On this basis Hampshire Youth Service and Connexions were encouraged to promote the expanded scheme but wider promotion was not sought or encouraged. As a result the cost of the expanded scheme operated in 2005/6 was contained within existing budgets. It is felt that the current budget would, if the same approach to promotion was taken, allow the scheme to be expanded to include 17 year old young residents. Those who have reached their 14 birthday but not their 18 birthday would qualify under this suggested new arrangement. Given the scheme promotes independent travel, it is suggested that raising the upper age limit is more beneficial than lowering the lower age limit. There may be safety issues associated with younger people travelling on public transport on their own. From a wider transport perspective encouraging young people to use public transport may, in a small way, help reduce congestion, 6th form/college parking problems and, as younger drivers are an "at risk" group, assist road safety.

It is estimated that the cost of implementing the following conclusions can be met from existing budgets provided that promotion of the concession is focused on HCC Youth Service and Connexions clients (the current situation). When more widespread publicity was given to the scheme some years ago there was a considerable increase in vouchers issue many of which were not used.

Conclusion

(xii) NFDC should expand its YPCF scheme to include 17 year old people who permanently live in the District during 2006/7.

7. Discussion of the Objectives of this Review

- 7.1 As indicated above the aim of this review is to assess if additional support can be provided by NFDC to Community Transport in rural areas not served by registered bus services. A number of issues have been identified by partners and these are dealt with above. Also, there are a number of NFDC Corporate Action plan points to be implemented. That poses the question *What else could be done to improve CT in rural areas not served by buses?*
- 7.2 Having regard for the points made above there appear to be two fundamental issues:
- Are CT services available to all those who need them?
 - Are CT services affordable to those who need them?
- 7.3 The "accession" maps show that parts of the District are not accessible unless residents have access to a private car, taxi or CT services. High car ownership fortunately means that a high proportion of residents do not have to rely on taxis or CT services. Taxis are unaffordable to those on low incomes. Therefore the availability of CT is important to most of those who do not have access to a private car or registered bus services.

- 7.4 CT in one form or another covers the more built up parts of the District. However even in these areas demand can exceed provision. A small proportion of residents are not served by any form of CT. Even where CT exists it may only cover medical related journeys. A reasonable aspiration would be for both medical and essential shopping related journeys for all residents who did not have a viable alternative to CT journeys.
- 7.5 Generally fares for Call and Go are affordable - partly due to relative short journey distances, the availability of vouchers/tokens and because the service is not that frequent so the opportunities to use Call & Go are limited.
- 7.6 Generally the cost of a CG journey is affordable. However this is not the case for longer regular journeys (e.g. travel to a distant out patients' clinic for several sessions). Fortunately such journeys are not that common and the "hardship" fund will be used to address this issue (see above).
- 7.7 The fact that those CT users aged 80 or over are, unless disabled or on benefit, will now receive vouchers means that they have not be disadvantaged by the introduction of the new voucher scheme. Consideration could be given to giving vouchers to all CT users irrespective of their age with the initial focus being on CT users aged 60 -79 (80+ can already receive vouchers). However a national scheme is due to be introduced on 1 April 2008 and this may cover such aspirations.
- 7.8 CGs and Call & Go service providers will very likely be put under additional pressure to meet additional demand. Referring to a recent presentation by HCC at the May 2006 NF Transport Forum, it is likely that there will be fewer non commercial bus services, no CANGOs (although shared taxis may be an alternative). HCC currently identify potential savings to their budgets if their preferred option (Option 5) is implemented. Also demographic changes resulting in a higher proportion of people not being able to drive for medical reasons etc. This will put additional pressure on CT services. At least some of the CGs will need additional funding if they are to meet this increased demand.
- 7.9 Any additional Call & Go services are unlikely to be provided using volunteers. Assuming fare income will cover about 30% of costs the other funds will be needed to cover the remaining 70%, currently HCC and NFDC share these costs.
- 7.10 As regards CGs it is hoped that it will continue to be able to recruit volunteer drivers as vacancies arise. Recruiting those CG volunteers who need to commit to fixed hours, taking bookings etc may be more of a problem (some CGs already have paid "office" employees). Also, if the scale of individual CG operations expand, their office accommodation will become inadequate. New Milton CG is already experiencing financial difficulties due to these two issues.
- 7.11 There is likely to be a loss of non commercial bus services in the western and central parts of the District (currently operated by Wilts and Dorset). It may not be possible for CGs to recruit sufficiently to expand CG provision to meet any addition demand this creates. However the extent of additional demand for CT will not be known until HCC decide what non commercial services to support (HCC will not decide until after they receive tenders back from the bus companies). It is hoped that the number of passengers affected will not be too great as it is the poorly used services that are most at risk. HCC are planning to replace the existing CANGOs with shared taxis .

Conclusions:

- (xiii) The next stage of this review will be to identify the extent of the areas where there is not CG or Call & Go provision for both medical and essential shopping related journeys for all residents. The Co-ordinator from the Hampshire Voluntary Care Groups Advisory Service, with assistance from CFNF, has agreed to prepare a plan showing the extent of existing coverage.***
- (xiv) The District is very fortunate in having CFNF to manage and deliver Call & Go services and Local CGs to deliver an effect CT service. NFDC have been able to meet most of their initial concerns. However the current statutory concessionary fares scheme does not assist CT users and NFDC should press for the national scheme due to be introduced on 1 April 2008 to include free travel for CT users. NFDC should, in conjunction with HCC and the PCT, review the level of financial support given to CT providers and users once details of the national scheme are known.***
- (xv) HCC should consider the implications for CT providers due to the loss of any bus services in the District and HCC should be asked to meet any resulting additional costs incurred by CT providers.***
- (xvi) The aim of this review was to assess if additional support can be provided by NFDC to Community Transport in rural areas not served by registered bus services. The report clearly demonstrates that additional financial support could be usefully provided. A further report is required to set out the options in more detail once the information on CG coverage in the District and the PCT's patent transport scheme is available. The focus should be on supporting CT providers as necessary to ensure that all residents can access CT services as the need arises when and there is no practical alternative.***

8. Financial Implications

- 8.1 The current arrangements recently agreed with CT providers as referred to in conclusions (v) and (vii) above can be contained within existing budgets.
- 8.2 It is estimated that, based on recent years' expenditure the cost of raising the upper age limit of the young person's concessionary fares to include 17 year olds can be contained within existing budgets provided that promotion of the concession is focused on HCC Youth Service and Connexions clients (the current situation).

ARRANGEMENTS FOR ALLOCATIONS OF FUNDS TO CARE GROUPS TO ASSIST THOSE WITH HIGH TRANSPORT COSTS ASSOCIATED WITH MULTIPLE MEDICAL RELATED JOURNEYS

1. NFDC will allocate funds at the beginning of the financial year (1 April) subject to the information set out in 2 below being received.
2. The funds given to the 5 larger CGs shall be used by CG to meet all or part of the costs of individual CG users who the CG is satisfied has high transport costs associated with multiple medical related journeys. These CGs shall allocate funds during the year on the basis that no further allocations will be made by NFDC although a small reserve fund will be available to deal with exceptional cases.
3. With one month of the end of the financial year the 5 larger CGs shall provide the following information relating to assistance with journeys using funds allocated by NFDC as set out in 2 above :
 - 3.1 Name of CG client
 - 3.2 Journey Destination
 - 3.3 Reason for Journey
 - 3.4 Cost met from funds allocated by NFDC
 - 3.5 Amount of funds allocated by NFDC spent on multiple medical related journeys during financial year.

The under spend for each CG shall be difference between the CG's allocation as set out in the table below and the sum referred to in 3.5 above (overspends will not be taken account of).

4. For the 5 larger CGs the sum allocated for the next financial year shall be the allocation set out in the table below less any under spend (as defined above) the CG has.
5. The smaller CG shall be allocated £200 a year on request to offset either their running costs or assist their clients at the CG's discretion. So as not to burden smaller CGs with additional administration NFDC does not want information on how this money was spent. However CGs will be expected to include this contribution in their financial accounts.

CAR GROUPS (CG)	ALLOCATION	TOTAL
NEW MILTON CG	£1,500	£1,500
4 OTHER LARGER CGs	£1,000 each	£4,000
10 SMALLER CGs	£200 each	£2,000
RESERVE FUND	UP TO £1,000	£1,000

6. Any overall under spend will be used to assist CGs who are having difficulty in meeting operating costs (currently New Milton CG would be assisted in this way).
7. Representatives from CG, CFNF, HCC & NFDC should meet during the first part of the financial year to review the arrangements for the allocation of funds.

CARE GROUPS IN NFDC AREA

<u>Larger Groups (5):</u>	<u>Number of Journeys 2005/06</u>
Fawley and District Voluntary Care Group	2,500
Hythe & District Voluntary Car Scheme	4,394
New Milton Neighbourcare	6,200
Milford on Sea Community Care Group	2,171
Lymington Voluntary Care Group	1,500
<u>Smaller Care Groups (10):</u>	
Bransgore Community Care Group	150
Brockenhurst Care Group	209
Burley Good Neighbours	145
Hordle Voluntary Care Group	550
Lyndhurst Neighbourcare	146
Ringwood Goodneighbours (Approx new group)	100
Sway Welfare Aid Group	147
Totton Communicare	340
Two Bridges Care Group (Fordingbridge area)	168
Western Downland Care Group	190
TOTAL FOR ALL CARE GROUPS	18,910

NEW FOREST DISTRICT COUNCIL

LOCAL GOVERNMENT (MISCELLANEOUS PROVISIONS) ACT 1976
HACKNEY CARRIAGE FARES**Maximum Charges effective from 2 November 2004 (inc. VAT, where appropriate)****Tariff 1 (Normal day time rate between 0700 and 2300 hours)**

For the first 1150 yards (1051 meters) or part thereof	£1.90
For each subsequent 182 yards (166 meters) of part thereof	£0.20
For each 54 seconds waiting time or part thereof	£0.20
Equivalent cost of a one mile (or 1609 metre) journey with no extras or waiting time added is:	£2.57

Tariff 2 (Between 2300 and 0700 hours and on all public holidays**with the exception of those days covered by Tariff 3)**

For the first 1150 yards (1051 meters) or part thereof	£2.40
For each subsequent 182 yards (166 meters) or part thereof	£0.30
For each 81 seconds waiting time or part thereof	£0.30
Equivalent cost of a one mile (or 1609 metre) journey with no extras or waiting time added is:	£3.41

**Tariff 3 (Between 1800 on 24 December and 0700 on 27 December
and between 1800 on 31 December and 0700 on 2 January)**

For the first 1150 yards (1051 meters) or part thereof	£3.20
For each subsequent 182 yards (166 meters) or part thereof	£0.40
For each 108 seconds waiting time or part thereof	£0.40
Equivalent cost of a one mile (or 1609 metre) journey with no extras or waiting time added is:	£4.54

Note: A request from the Hackney Carriage Association is likely to be submitted to increase taxi fares.

CONCESSIONARY TRAVEL FOR THOSE AGED 60 OR OVER AND DISABLED: SUMMARY OF POLICIES

STATUTORY REQUIREMENT NOW	STATUTORY REQUIREMENT FROM 1 APRIL 2006
To provide half-fare off-peak travel on Registered local bus services within our area.	To provide free off-peak travel on Registered local bus services within our area.
CURRENT POLICY	PROPOSED POLICY
To provide a Farepass that allows for half-fare all day travel on registered local bus services countywide .	To provide a Farepass that allows for free all day travel on registered local bus services countywide and on Hythe ferry .

DISCRETIONARY SCHEME POLICY NOW	DISCRETIONARY SCHEME PROPOSED POLICY 1 APRIL 2006
To give those aged 80 or over, the disabled and those aged 60 or over who qualify for housing or council tax benefit the option of having £40 travel tokens, instead of the Farepass.	To give the disabled and those aged 60 or over who qualify for housing or council tax benefit, the option of having £40 travel vouchers (not tokens), instead of the Farepass. (i.e. those aged 80 or over who are not on benefits will only qualify for the Farepass)
Tokens can be used on Ferries, Dial-a-ride services; luncheon club mini buses and taxis registered by the council, as well as registered local bus services. They can also be exchanged for a senior citizen's railcard.	Vouchers to be used as tokens are currently used, except they will not be redeemable on registered local bus services N.B. This is a holding policy pending further internal review.

FINANCIAL IMPLICATIONS 2005/06	FINANCIAL IMPLICATIONS 2006/07
Cost of Fare passes: £255,782 Cost of tokens: £384,840 Total Cost of concessions: £640,622	Cost of Fare passes: £774,042 Cost of tokens: £301,360 Total Cost of concessions: £1,075,402 It is anticipated that the additional costs will be covered by increased revenue support grant. If grant exceeds additional costs, some additional funds may be earmarked for community transport.