



**London Councils**

**A Future Door to Door  
Strategy for London**

**Final Report**

**September 2009**

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## EXECUTIVE SUMMARY

- a) Transport is seen as the single biggest challenge facing disabled people in achieving more independence. However, there is no cohesive 'vision' or medium to long-term plan for door-to-door and assisted transport services across London.
- b) London Councils is wishing to identify a high-level strategy for door-to-door services, particularly those that are funded by London Boroughs, including Taxicard. The strategy is to set out a vision and overarching approach with Boroughs at the centre, supported by Transport for London and other partners.
- c) The aim is to provide effective, efficient, value for money and high-quality door-to-door services that meet the needs of users, and which can be provided within current funding.
- d) This report is the first step in developing that strategy, placing Boroughs at the centre, with TfL providing funding support.
- e) Door-to-door transport in London is currently provided through a range of services. Statutory and non-statutory transport, including Adult Services and Children SEN transport, Taxicard, Dial-a-Ride, Capital Call, Plusbus, Community Transport and NHS Patient Transport Services require substantial levels of funding. Value for money needs to be demonstrated, with services focused on those in most need.
- f) The strategy has to build on the 'personalisation' agenda, recognising that there are increasing numbers of people who wish to exercise personal choice in the services they use, including transport.
- g) Central government is encouraging local authorities to take up opportunities for joint procurement with neighbouring Boroughs or sub-regionally and this approach can deliver significant financial savings in service provision.
- h) Section 3 of the report summarises the stakeholder discussions held with a number of London Boroughs, key partners and user groups. The output from these discussions has fed into the core strategy.
- i) The following services are reviewed In Section 4: -
  - Taxicard
  - Capital Call
  - Dial-a-ride
  - NHS Patient Transport Services
  - Newham door2door
  - Adult Day Care and Children SEN transport
  - Community Transport, including PlusBusOther assisted transport services are also considered: -
  - Freedom Pass
  - Blue Badge

- Travel Training
  - Scooter schemes
- j) These services are diverse, delivered through different governance, different management with different budget holders and with varying levels of resource. There are variations both within, and between, services in terms of eligibility, entitlement and in trip costs. This makes door-to-door services confusing to the user and integration complex.
- k) There is duplication of both service provision, leading to artificial competition and a duplication of supporting facilities. Rationalisation and simplification could deliver substantial efficiency savings, able to be re-invested in improved services.
- l) London Councils, Transport for London and the NHS began work in 2009 on exploring the potential for a pilot to see if greater co-operation between the various door-to-door services can be achieved. Work is at an early stage and baseline data is currently being collected.
- m) Section 5 of the report considers a number of Best Practice examples to identify alternative approaches to service delivery, partnering arrangements, alternative funding mechanisms and transferable options.
- n) These include: -
- Commission for Accessible Transport pilots
  - Integrated Transport Units
  - Routeforward
  - Herts Travellink
- o) In Section 6 a forward strategy is developed, considering: -
- Service users
  - Governance and management structure, whether regional, sub-regional or locally based
  - Restructuring door-to-door transport services
  - Funding
  - Change process
  - Supporting arrangements
- p) The recommended strategy is summarised as: -
- An overarching vision of Boroughs at the 'centre' of door-to-door transport, supported by TfL funding
  - Taxicard to remain as a stand-alone premium service
  - TfL to consider whether Capital Call resources would be better used within Taxicard and the next Taxicard contract scoped to enhance service provision in areas where there are still problems
  - TfL to consider it is appropriate for TfL, as a strategic transport authority, to continue to operate Dial-a-ride and whether it should be transformed into Borough bus-based services, managed and operated either by Borough or sub-regionally
  - Statutory Adult and Children's transport supply side to be integrated with Borough non-statutory services, through the Integrated Transport Unit concept

- Boroughs to develop their own bus-based schemes to meet local needs, through the Integrated Transport Unit concept
- Boroughs develop their own supply-side operations with PCT PTS

q) The following arrangements are proposed to support the strategy: -

- Formal agreement between TfL and Boroughs setting customer satisfaction standards, quality standards, eligibility criteria etc
- TfL Taxicard contribution to be redistributed more equitably
- TfL Taxicard and Dial-a-ride funding assigned to Boroughs through formula funding LIP-style process, broadened to cover delivery of a wider range of door-to-door services
- Phased programme of change managed by a Project Board
- Borough-specific or sub-regional Integrated Transport Units, potentially out-sourced
- Centralised procurement agency
- Efficiency savings to fund Travel Training, travel buddy, scooter programmes
- Individual travel budgets
- Single call centre
- Single assessment process

r) Section 8 lists the short term and medium to long-term steps needed to deliver this strategy.



## 1. INTRODUCTION

- 1.1 London Councils is wishing to identify a high-level strategy for door-to-door services, particularly those that are funded by London Boroughs, including Taxicard. The strategy is to set out a vision and overarching approach with Boroughs at the centre, supported by Transport for London and other partners.
- 1.2 Door-to-door transport for those in London with mobility impairments and those with special needs is provided through a range of services, including Taxicard, Dial-a-Ride and Capital Call as well as borough-specific services, such as Special Educational Needs and Social Services Transport.
- 1.3 Each of these services has its own eligibility criteria, trip entitlements, budgets and administrative processes. There is no clear or co-ordinated vision, aims or objectives that link service provision, and there is a lack of a consistency leading to a user perception of a 'postcode lottery'.
- 1.4 As part of ongoing discussions with TfL, London Councils proposes to establish a strategy centred on how the Boroughs envisage the future provision of these services. This is particularly important when TfL has recently capped its funding for Taxicard and Dial-a-ride and is reviewing Capital Call.
- 1.5 The demand for these services, the restrictions that will be imposed by funding constraints and the upcoming renewal of the Taxicard contract mean there is a time-limited opportunity to consider a reconfiguration that has commitment from the Boroughs, TfL and other stakeholders.

### STUDY OBJECTIVES

- 1.6 A medium to long-term strategy that builds on best practice and sets out how services could be delivered at a local and a strategic level. The aim of the strategy is to provide relevant, focused, effective, efficient and high quality door-to-door services that meet the needs of users, and which can be provided within current funding.

### METHODOLOGY

- 1.7 The following work modules were undertaken: -
- A strategic review to identify policy drivers and their impact, including the personalisation agenda; to review relevant reports and associated papers, expenditure and budget trends
  - Stakeholder engagement to assess issues and challenges, service provision, administrative processes, operational processes and issues, staffing and resources, performance management, future needs and potential solutions
  - A review of door-to-door service governance and management,

delivery structure, operational processes, utilisation, resources, scheme eligibility, entitlement, application processes, user data and trip data, local policies and demographic trends, budgets, costings and financial trends, service quality issues

- A review of Best Practice with a focus on alternative approaches to service delivery and funding, partnering arrangements
- Option analysis considering user needs, governance, strategic and local roles and responsibilities, budget and budget management, partnership working, potential for integration, service management, administration and operation, alternative approaches to procurement, implementation timescales and phasing, change process
- Identification of a preferred option

## **STUDY OUTPUT**

- 1.8 The above work modules are drawn together in this report, describing the work undertaken, the findings, analysis and recommendations.

## 2. STRATEGIC REVIEW

- Transport is seen as the single biggest challenge facing disabled people in achieving more independence.
- Over 1m of London's residents have mobility problems.
- There is an increasingly elderly population and there are increasing levels of disability.
- 28% of the over-60 age group have a disability or health problem affecting their ability to travel.
- The number of adults and older people with a moderate or severe level of disability in Newham is predicted to grow by 28% over the next 10 years.
- There is no cohesive 'vision' or medium to long-term strategy that incorporates all door-to-door and assisted transport services across London.
- The London Assembly Transport Committee has expressed concern in its response to the *Mayors Statement of Intent* that *'care should be taken to ensure schemes to improve accessibility are not the first to go when funding is constrained.'*
- A more holistic and integrated governance, management and delivery could deliver important benefits to users and providers, whilst generating significant savings.
- There are increasing numbers of people who wish to exercise choice in the services they use, including transport.
- Personalisation in the provision of transport services, whether for adults or children, can only take place meaningfully at a local authority level where a holistic assessment of an individual's needs can be undertaken and matched to available local services.
- The roll out of individual budgets for transport can have a significant effect on fleet utilisation and therefore the viability of traditional contracted bus and mini-bus services.
- TfL has capped its funding towards both Taxicard and Dial-a-ride from 2009/10. A structure and process needs to be established that can manage future costs and the demand for services.
- The London Council Taxicard contract is due for renewal in October 2010. It is considered unlikely that any new arrangements could be agreed and fully scoped into a contract in time for award in October and it is recommended that the one-year extension should be utilised so that the new arrangements can be 'future proofed' against longer-term service development.

- 2.1.1 In 2007, Help the Aged published a report '*Social Inclusion and Older People: A call for action*'. The report identifies that a common theme relating to isolation and exclusion was that of access to transport and the impact poor mobility had on quality of life. Difficulties in using mainstream public transport are shown to contribute to isolation and reduced choices. Help the Aged calls for '*further efforts to fund and organise flexible community transport for mobility-impaired, non-car owners.....*'
- 2.1.2 The Cabinet Office Strategy Unit Report '*Improving the Life Chances of Disabled People*' 2005 recommends that the Department for Transport should encourage local authorities to play a strategic role to ensure that disabled people do not experience barriers at any stage of the journeys they need to make.
- 2.1.3 Transport is seen as being the single biggest challenge facing disabled people in achieving more independence. Comprehensive and improved information about accessible transport services is an essential part of the mix necessary to improve social inclusion.

## DEMOGRAPHICS

- 2.2.1 Nationally, 17% of the population have a long-term illness, of which half report mobility problems; a pattern which reflected across London means over 1m residents have mobility problems. Those with mobility difficulties are known to make one-third fewer trips, impacting on their quality of life and ability to access local services, with 15% making no trips in a week compared to 3% of people without mobility difficulties. The London Area Transport Survey identifies that 28% of the over-60 age group have a disability or health problem affecting their ability to travel.
- 2.2.2 The significant demographic variations across London have led to Boroughs having different priorities for assisted transport schemes, developed in different ways and with varying budget provision. This, in turn, has led to local eligibility criteria being established and to a range of entitlements in terms of trips; whether trips per annum, trips per month or trip banding.
- 2.2.3 The population of London is predicted to increase and there will be an increasingly elderly population. GLA data shows that the overall population in London will rise by over 700,000 between 2006 and 2016. An overall increase of nearly 52,000 in those aged 65 and above is predicted for the same period, the highest % growth of all age bands. There are significant variations across Boroughs; Croydon, for example, has a predicted growth of 7,000 residents in that age bracket. There is no predictive GLA data specific to disability but the examples below support the position that there will be an increase in demand for assisted transport services across London and door-to-door transport services will come under increasing pressure. Budgetary constraints make the need to maximise service efficiencies essential.

- 2.2.4 The population in Newham will increase by 20%, or 52,000 people, over the next eight years, with those aged over 65 increasing by 8% by 2018. The adult population with a limiting long-term condition is predicted to increase by 23% over the next 10 years, and for older people there is an estimated increase of 10%. The current estimate of adults and older people with a moderate or severe level of disability in Newham is 28,212 and is predicted to grow by 28% over the next 10 years. Demand forecasting shows that there may be an increase of 1,130 people meeting the eligibility criteria of critical and substantial needs by 2018. The high 'churn' of around 20% of residents moving in, out of or around the borough in any one year makes it more difficult to give continuity of care and to plan targeted interventions.
- 2.2.5 In Sutton there is an increasing demand for services from both the young and elderly population as a result of new affordable housing and regeneration projects. SEN transport is already increasing and there are increasing levels of disability.

## POLICY

- 2.3.1 Some relevant national policy statements are detailed in Appendix A. However, there is currently no cohesive 'vision' or medium to long-term strategy that incorporates all door-to-door and assisted transport services across London, their governance, funding and management. There is therefore no overarching framework within which individual services and their providers can operate and develop and deliver value for money.
- 2.3.2 The Mayor of London's Older People Strategy 'Valuing older people' 2006, makes the following reference to door to door transport.

*'9.26 Some older people with severe mobility impairments may be unable to use public transport to make the journeys that they need. TfL and the London boroughs provide door to door services, through Dial-a-Ride, Taxicard and Capital Call. Alternative transport provision of this kind can be a lifeline for older people by providing vital links with goods and services.*

*9.27 While these schemes provide a valuable service, concerns have been expressed about their efficiency, flexibility, reliability and distribution across London. There are also concerns about the level of information on these services - many older people do not know about them.*

*9.28 In September 2005, the TfL board endorsed a new strategy for door to door transport. This strategy advocates a single, integrated door to door service with a single contact point for users, using a range of vehicles from Dial-a-Ride, Taxicard and Capital Call and a common approach to user eligibility and entitlement. It is expected that the proposed new arrangements will offer customers a simpler, more efficient and effective service.'*

2.3.3 The Mayor's Transport Strategy 2001 and the Accessibility Action Plan annex contain a series of policies and proposals relating to door-to-door transport. These will be superseded by the new transport strategy, for which the Mayor has recently published a *Statement of Intent*.

Paragraph 49 of the Statement says *'In terms of the accessibility of transport services, ... much more therefore remains to be achieved.'* Paragraph 51 goes on to state *'Poor transport is often a significant barrier in such situations, for example in restricting access to jobs, services, education and training opportunities, and social networks. Better transport can break these spirals of decline by improving accessibility and raising aspirations.'*

2.3.4 The London Assembly Transport Committee has expressed concern in its response to the *Statement of Intent*.

*'Investment to improve access to the transport network for passengers with mobility impairments has been cut, mainly as a result of the severe cost pressure on London Underground. Hard choices clearly need to be made but the apparent difficulty of meeting aspirations to improve transport for disabled passengers is concerning. While we understand that other spending areas are also at risk, care should be taken to ensure schemes to improve accessibility are not the first to go when funding is constrained.'*

2.3.5 The work programme of the GLA Transport Committee includes, in early 2010, a consideration of the interactions between the different door-to-door services and options for improved co-ordination, with possible ways forward tested with users.

2.3.6 It remains to be seen whether the new Mayor will consider new integrated options and take a more inclusive approach to the governance and delivery of door-to-door services.

2.3.7 Any restructuring of service provision needs to recognise that mainstream public transport is now more accessible, and that alternative approaches such as travel training and travel buddies can be appropriate solutions for some clients rather than traditional door-to-door services.

## FUNDING

- 2.4.1 Door-to-door and assisted transport services in London are funded through a variety of mechanisms, as summarised in the Table below. It can be seen that substantial sums are involved in providing both statutory and non-statutory transport services. Some of the budgets shown here are broad estimates due to the difficulties in obtaining robust data across London.

<b>LONDON BOROUGH</b>		
	Taxicard	£5.96m
S	Adult Services transport	£100m
S	Children's Services SEN transport	£103m
	Community Transport and Plusbus	£8m
S	Freedom Pass	£244m
S	Blue Badge	Not known
	Scooter schemes (some privately run)	Not known
<b>TRANSPORT FOR LONDON</b>		
	Dial-a-ride	£30.5*m
	Taxicard	£10.68m
	Capital Call	£0.35m
<b>NATIONAL HEALTH SERVICE</b>		
S	Patient Transport Services	£30m

### Door-to-door expenditure 2008/09

S = statutory service

\* - 2009/10 estimate

- 2.4.2 This funding is under constant pressure to ensure value for money whilst maintaining services that meets user needs. As is discussed later in this report, the fragmented nature of transport management and provision makes it difficult to deliver Best Value and focus services on those who need them most. A more holistic and integrated governance, management and delivery could deliver important benefits to users and providers, whilst delivering significant savings.
- 2.4.3 TfL, in its latest Business Plan, recognises that it must demonstrate delivery of value for money in light of reducing revenue income from the fare box. The Business Plan states *'We have also made good progress in strengthening our work with key partners, particularly London's 33 boroughs. This includes introducing much greater flexibility into TfL funding of local transport projects.'*

*'Funding of door-to-door services has significantly increased over the past few years, delivering a number of enhancements. These included*

*increasing eligibility for Dial-a-Ride, scrapping fares and making improvements to Taxicard. As a consequence, there has been a significant unconstrained increase in demand, which is not sustainable in the long term. Discussions between TfL and London Councils are ongoing regarding resolving these issues and developing future options.'*

- 2.4.4 Transport service budgets are discussed in Section 4, but one of the drivers behind developing a medium to long-term strategy is the decision by TfL to cap its funding towards Taxicard and Dial-a-ride from 2009/10. With continued growth in trip-making there is the need to proactively manage the budget, rather than react to short term pressures purely from a financial perspective. Taxicard cannot continue in its present format beyond the short term; doing nothing is not an option. The terms and standards set out in the agreement reached by Boroughs with the Mayor in 2001 can be revisited and a new regime put in place that manages costs.

## PERSONALISATION

- 2.5.1 There are increasing numbers of people who wish to exercise choice in the services they use, including transport. The terminology of 'personalisation' and 'individual budgets' has rapidly entered the vocabulary of social care. The evolution of the concept of self-directed support can be traced in part to the growth of campaigning user-led organisations which have lobbied for the right to exercise choice and control over the nature of the support they want.
- 2.5.2 National policy such as the *Health Bill* currently passing through parliament and the White Paper *Our Health, Our Care, Our Say* aim to give patients greater control over the healthcare services they receive through the use of personal budgets, and specifically state that transport is integral to the provision of social care and health services. Care packages will change as a result, and arrangements similar to those used for Direct Payments will become the norm in the next few years.
- 2.5.3 *Putting People First, 2007*, set out the vision which will place personalisation at the heart of a community-based support system 'focused on the health and wellbeing of the local population'. *'In the future, we want people to have maximum choice, control and power over the support services they receive.'*
- 2.5.4 As part of the *Every Child Matters* agenda, DCSF and DfT *Transport Guidance* identified the following key messages:
- Joint planning between children's trusts and transport planners from an early stage
  - Reviewing and revising existing arrangements across a number of policy areas to provide a holistic approach to young people's transport needs
  - The importance of a single over-arching strategy to flexibly harness

the range of transport within the existing local authority fleet

- 2.5.5 The introduction of 'Patient Choice' within the NHS is changing the pattern of Patient Transport Service provision across London. Patients are increasingly being given a choice of hospital for treatment, and at present this is being backed up with the offer of separately funded transport independent of eligibility considerations.
- 2.5.6 Personalisation in the provision of transport services, whether for adults or children, can only take place meaningfully at a local authority level where a holistic assessment of an individual's needs can be undertaken and matched to the supply side.
- 2.5.7 The current framework of FACS eligibility for access to social care provides a system of prioritisation between low, moderate, substantial and critical needs. Those who meet FACS criteria should have an overall budget that includes a travel element, which can include a budget allocation outside of the criteria. For those who don't meet FACS criteria it may be appropriate to identify a specific travel budget.
- 2.5.8 Personalisation is identified as a key priority for many Boroughs and individual budgets are the preferred choice for some ethnic communities.
- 2.5.9 However, the roll out of individual budgets for transport can have a significant effect on fleet utilisation and therefore the viability of traditional contracted bus and mini-bus services. A pay-per-journey allocation can be less efficient in the less densely developed Boroughs where services will need to be maintained on longer routes with lower levels of utilisation.
- 2.5.10 Utilisation rates can be further exacerbated by Travel Training programmes that, whilst cost-effective solutions, can have a similar impact on traditional transport services in the short term.

## **PROCUREMENT**

- 2.6.1 Central government is encouraging local authorities to take up opportunities for joint procurement with neighbouring Boroughs or sub-regionally. This approach can contribute to delivering value for money and would assist those Boroughs who have fewer resources to devote to the procurement and commissioning of transport and supporting services.



### 3. STAKEHOLDER ENGAGEMENT

During the course of this review, discussions have been held with a time-limited number of stakeholders, key partners and user groups. The purpose of this consultation was to establish:

- Current levels of service integration
- Views on whether current door-to-door arrangements work?
- Issues and challenges
- What stakeholders would ideally like to see?
- What change process should take place to reach the preferred arrangements?
- The impact of the personalisation agenda, including a consideration of travel budgets and a charging regime
- What elements of these future arrangements should be at a local level and what should be pan-London?

3.1.1 The organisations consulted as part of this review are listed below.

#### London Boroughs

- Barking and Dagenham
- Camden
- Croydon
- Havering
- Kensington and Chelsea
- Newham
- Richmond
- Sutton

#### Other organisations

- Computer Cab
- Community Transport Association
- Transport for All
- Transport for London

3.1.2 In responding to consultation on the Mayors 'Way to Go' document some disability representative organisations and others asked for a completion of the review of door-to-door transport services. One group recommended a consolidation of Dial-a-Ride, Capital Call and Taxicard.

3.1.3 eo consulting ltd would like to thank all those who took the time to engage in this consultation and provide information, advice and opinion.

## TRANSPORT FOR ALL

- 3.2.1 Transport for All (TfA) would like to see services simplified and the supply-side better integrated, particularly Dial-a-ride, Community Transport, Taxicard and Capital Call - the services should be more joined up. TfA believes it needs local knowledge based on an understanding of local need for this to be effective and therefore services should be operated at the Borough level set within a pan-London framework.
- 3.2.2 TfA recognises that London has a wide range of door-to-door options and is therefore better placed than many other locations. Whilst mainstream public transport has become more accessible there will always be a constituency of Londoners for whom door-to-door transport remains vital. It should be integral to the whole transport network, be properly funded and not a 'poor relation'.
- 3.2.3 TfA sees door-to-door transport coming under growing pressure as a result of increasing numbers of elderly and disabled residents.
- 3.2.4 In terms of the existing services, TfA considers Dial-a-ride as having problems with bookings and scheduling and, whilst remaining important to its users, it does not meet the needs of as many people as it should. This issue was highlighted by the GLA Transport Committee. It is regrettable that the budget has now been capped as the service needs more capacity and revenue to overcome these concerns. TfA believes Dial-a-ride has a lot to learn from Community Transport and should be more cost-effective and efficient.
- 3.2.5 Taxicard is liked by its members but is too variable across London and, as a result, there is post code lottery of trip allocations. The use of PHVs is on the whole welcome as it increases the supply of the service. However there are some concerns, including that in some cases the use of PHV removes the comprehensive door-to-door nature of Taxicard, and that not all vehicles are wheelchair accessible.
- 3.2.6 Capital Call can be a good supplement to Taxicard but is now regulated by a complex set of trip subsidy levels. There are problems as a result of recent cuts imposed by TfL and by the way the cuts were imposed. The account premium makes trips more expensive than otherwise would be the case and this reduces the usable value of the travel budget.
- 3.2.7 Patient Transport Services are deemed to be poor, based on the lowest common denominator of cost. There are no service standards and eligibility is variable across London.
- 3.2.8 TfA is concerned that the central government agenda to get more disabled people into employment is not being matched with appropriate transport provision. TfL has a duty to maintain the network with adequate funding and door-to-door services should not be the first to go when budgets are constrained.

- 3.2.9 TfA is supportive of the principles of personalisation in giving more independence and choice to users. It is keen to stress the important role that accessible transport plays in the lives of disabled and older Londoners in terms of maintaining healthy and active lives. TfA acknowledges that travel in London is expensive, and that there is only a finite 'pot' available to provide door-to-door transport –however this must be measured against the positive social impact accessible transport services have.
- 3.2.10 TfA would support the use of a single call centre for all door-to-door services, but this would need good local knowledge and expertise. TfA is supportive of having a single application process, but has concerns over the current use of Occupational Therapists and GPs, and would like to see a fairer assessment process together with inclusion for those with variable conditions.

### **COMMUNITY TRANSPORT ASSOCIATION**

- 3.3.1 The CTA was of the view that whilst Dial-a-ride was free at the point of use, it had very high trip costs. Taxicard is seen as a good scheme but with a variable supply and variable entitlement, and there are concerns over improper use for health-related trips. Borough-based Community Transport and community car schemes are also variable. The CTA is concerned at the unfulfilled proposals set out in the Mayor's Transport Strategy.
- 3.3.2 CTA identified the need for a more consistent approach from a user perspective, where clients want comfortable, reliable and affordable services. Services need to be looked at holistically, recognising that mainstream transport is now more accessible. Improved travel training and travel buddy programmes would encourage more people onto mainstream transport, allowing door-to-door resources to be focused on those who need them most. With the provisions set out in the Local Transport Act 2008 greater consideration should be given to an enhanced use of Section 22 buses permit services that generate reimbursement from Freedom Pass holders and can deliver multi-user journeys to common destinations, e.g. shopping centres.
- 3.3.3 Whilst welcoming user choice, CTA is of the view that there should be some degree of uniformity. Personalisation is considered as not being appropriate for all and some clients will need their Borough to recommend the most appropriate form of transport.
- 3.3.4 Any reallocation of funding should be set within strong guidance and ensure the funding stays within the door-to-door service and is not reallocated. Scheme entitlement and charging should be kept uniform pan-London. A central call centre would be of benefit to users as it would simplify booking procedures but would need complex data handling systems and well-trained staff.

## TRANSPORT FOR LONDON

- 3.4.1 Transport for London is reviewing current door-to-door arrangements across London so as to identify a deliverable long-term solution that is of the most benefit to users. TfL recognises the diversity of views and the need to ensure that a sustainable long-term strategy is put in place. Given the complexity of current arrangements, an appropriate timescale is, in their view, likely to be required for any change option, necessitating a phased implementation.
- 3.4.2 TfL is of the view that there are strategic aspects that should be maintained pan-London, such as the development of pan-London standards, which individual Boroughs can then supplement. Pilot projects can be used to identify the most appropriate solutions, for example the developing work with the NHS PCTs and London Councils described in para. 4.6.3.
- 3.4.3 TfL recognises that any changes to Taxicard are likely to mean that the agreement put in place in 2001 (see para. 2.4.4) will have to be reconsidered. With the TfL Taxicard budget now capped, TfL would support a more equitable distribution of its contribution to the Boroughs and would consider a partial formula-based redistribution with an element top-sliced and retained to cover potential overspend.
- 3.4.4 TfL recognises that, based on current growth predictions, Taxicard expenditure is likely to be less than the available overall budget until towards the end of 2010/11.

## LONDON BOROUGHS

3.5 Borough views are summarised in the following table.

<b>Service integration</b>
<ul style="list-style-type: none"> <li>• Some Boroughs have fully integrated Accessible Transport Service units with devolved budgets, commissioning responsibilities and client liaison</li> <li>• Some Boroughs services are split between the demand side and the supply side and delivered, typically by Transport Services for Adult and SEN operations, Customer Services for applications and assessment and Parking for Blue Badge</li> <li>• Some Boroughs maximise efficiencies through using other service fleets</li> <li>• Some Boroughs operate transport services in partnership with neighbouring authorities and/or the PCT</li> <li>• Some services suffer due to lack of internal integration</li> <li>• One Borough is reviewing all their supported transport schemes</li> <li>• Borough Community Transport and community car schemes are variable</li> </ul>
<b>Does the current door-to-door service structure work – issues and challenges</b>
<ul style="list-style-type: none"> <li>• Current services are confusing to users</li> <li>• Door-to-door transport funding pots are piecemeal, too discrete and guarded</li> <li>• Boroughs manage transport services in different ways</li> <li>• Borough transport does not work well –unused in downtime – lack of integration</li> <li>• Taxicard is a premium service and should not be operationally integrated with Dial-a-ride</li> <li>• Taxicard – not guaranteed and some concerns over standard of service</li> <li>• Taxicard – not enough black cabs, should be opened up further to PHVs</li> <li>• Taxicard contract works well and should be retained for economies of scale</li> <li>• Dial a Ride has a high cost, is inflexible and inefficient, and does not appear to have been substantially improved by the new call centre and scheduling software</li> <li>• Dial-a-ride has good vehicles, but they are empty and there are high refusals, rationed by first come first served, there are long journeys</li> <li>• Dial-a-ride is popular where taxi availability is limited</li> <li>• TfL Taxicard funding allocation is unfair</li> <li>• London Councils Taxicard administration fee should be banded</li> <li>• Adult and SEN are highly targeted services</li> <li>• Taxicard use for health trips is an issue for many Boroughs</li> <li>• PTS integration is difficult</li> <li>• Fare structure wrong, should be more closely aligned with bus fares</li> <li>• Issue of HRMCDLA as an automatic eligibility</li> </ul>

### What stakeholders would like to see?

- Put service user at forefront
- People are willing to pay
- More consistent approach needed from users perspective
- Incorporate transport into social care package
- Door-to-door services need to be looked at holistically
- Need integrated Mobility Unit to link up supply and demand sides
- TfL is best running pan-London cross boundary services such as bus and tube but Boroughs should manage local transport – ‘we know our clients’
- Some users don't like Dial-a-ride, don't mix with Taxicard operations
- Welcome option of absorbing DaR
- Get DaR and NHS services right and this will reduce pressure on Taxicard
- User wants comfort, reliability and affordable service
- TfL funding should be hypothecated to door-to-door and should have a reward element
- Any formula funding needs to be based on appropriate statistics – the term ‘disabled’ is misused
- There is a need for financial transparency
- Outer London Boroughs should be allowed to provide for trips outside GLA boundary to meet user needs
- Need trips to hospital, link services to PTS
- Need social trips to local shopping centres and markets
- Taxicard should not be available to Freedom Pass holders
- Need to talk to service centres about revising facility hours to suit vehicle availability – can only be done at a Borough level
- Each Borough needs a detailed local trip destination analysis to match supply side requirements to demand and maximise utilisation
- Use outsourced providers for call centre and administrative functions
- Top slice any funding to improve travel training schemes and set up mobility forum
- Would like to be able to reactivate local transport schemes that do not have sufficient revenue funding to be self-supporting
- Support for ITUs if shown to be cost effective and can be resourced

### Personalisation agenda

- All Boroughs were supportive of this policy
- Only offer empowerment to those who want it, some just want to be offered reliable, affordable services
- Work with carers for those who don't have capacity or want to determine transport for themselves
- Pay-per-journey is a problem for contracted services in less dense Boroughs as it impacts more on utilisation rates.
- One Borough felt allocation should remain trip based, not budget, as this will create budget problems with unused allocation and make it more difficult to prevent fraud and abuse

### What should be at a local level and what should be pan-London?

- Boroughs want to manage/co-ordinate door-to-door services outside of Taxicard
- Many Boroughs agreed with centralised procurement frameworks/e-procurement but they need to be flexible
- Set up a sub-regional hub for joint procurement of shared services, this will help less-resourced Boroughs
- Set up a London-wide mobility forum with Lead Member, senior officer and user representative. Set up Borough by Borough mobility forum
- Establish a Partnership Project Board for change process
- We have centralised procurement already through sub-regional partnership but framework can cause problems with inability to bring in new businesses or when framework companies go out of business; framework needs to have flexibility
- Keep user demand management local
- Pan-London approach to door-to-door operation is in the past, there is no 'one size fits all'
- Taxicard Computer Cab contract works well pan-London
- Prefer to consolidate Taxicard into Borough or a sub-regional group
- Cohesive policy is needed, as for Blue Badge
- Centralisation is good for supply side sourcing but not for users
- NHS PASA is a useful model
- Central call centre supported, but not by all, keep it simple and structured
- Central call centre would need complex data handling and well-trained staff
- Eligibility process should not be mixed with local service provision
- Eligibility to be uniform pan-London, but recognise this is difficult
- There should be standard base eligibility criteria with local add-ons
- There should be a single multi-service assessment process
- Use proper assessments, not GP endorsement
- Some Boroughs want to retain control over trip limits, eligibility criteria
- Need to link travel budgets to those who do or do not meet FACS criteria



## 4. SERVICE REVIEW

This section reviews the following schemes: -

- Taxicard
- Capital Call
- Dial-a-ride
- NHS Patient Transport Services
- Newham door2door
- Adult Day Care and Children SEN transport
- Community Transport, including PlusBus

Other assisted transport services are considered: -

- Freedom Pass
- Blue Badge
- Travel Training
- Scooter schemes

These services are diverse, and delivered through different governance and different budget holders, with varying levels of resource. There are variations both within, and between, services in terms of eligibility, entitlement and in trip costs. This makes door-to-door services confusing to the user and integration complex.

There is duplication of service provision leading to artificial competition and a duplication of supporting facilities. Rationalisation and simplification could deliver substantial efficiency savings, able to be re-invested in improved services.

4.1.1 This section reviews the range of door-to-door services currently provided in London in terms of: -

- Administration and management
- Application and Assessment processes
- Eligibility and Entitlement
- Fares
- Trip costs
- Service availability and quality

## TAXICARD

4.2.1 Taxicard is a London-wide door-to-door service for those with serious mobility problems who have difficulty in using public transport, using licensed taxis and private hire vehicles. There is no statutory requirement to provide a Taxicard scheme. Taxicard is financed by the London Boroughs with support from the Mayor, and is administered by London Councils. The scheme operates in 32 of the London Boroughs, with Westminster running its own, broadly similar, scheme. The taxi contract is operated by Computer Cab and expires in October 2010, although there is the potential for a one-year extension.

4.2.2 Eligibility is based on a number of automatic and discretionary criteria. Automatic eligibility is based on: -

- Higher Rate Mobility Component of Disability Living Allowance
- Registered as Severely Sight Impaired/Blind
- War Pension Mobility Supplement

Discretionary eligibility is based on the effect that an applicant's impairment has on their mobility. In practice, this is determined by different Boroughs in different ways; by an in-house assessment, by external independent assessors or by GP endorsement.

4.2.3 These alternative approaches to eligibility give rise to significant variability between Boroughs and, as far as GP endorsement is concerned, inconsistency, lack of transparency and inappropriate membership. To add to this variable approach there are currently three different styles of Taxicard application form, with eight Boroughs using the 'purple' form, 20 the old 'pink' form and five using their own form; each form requiring differing levels of information about mobility.

4.2.4 In 2001, an agreement was put in place between the Mayor and the Boroughs. Subject to certain conditions, the Mayor agreed to provide funding to meet scheme costs over and above Borough budgets. These conditions included:

- No user (as at 2001) to be worse off
- Automatic eligibility criteria of HRMCDLA, war pension and registered blind people
- Possession of Freedom Pass or Blue Badge will not affect eligibility
- No waiting lists
- Member contribution of £1.50
- No reduction in trip limits
- No charge for membership
- Maintenance of the Borough base budget

4.2.5 The above conditions have constrained Boroughs in unilaterally revising their own schemes, and because of initial variations in trip entitlement and

user charges it has been more difficult to promote the application of consistent standards and processes.

- 4.2.6 Taxicard has grown significantly in an unconstrained manner since this agreement, with trip growth at around 18% per year and membership growing from 50,504 in 2003/04 to 85,959 in July 2009. Current membership and number of trips in each Borough for 2008/09 is detailed in Appendix B.
- 4.2.7 The 2009/10 Taxicard budget is £18.8m (£12.7m from TfL and £6.1m from the boroughs). Until the current financial year, TfL had increased its financial commitment to match scheme growth with the Mayor's contribution rising from an initial £5m to the present cap of £12.7m. TfL's additional funding covers the cost of all additional boroughs' trips, distributed on an immediate need basis. Expenditure to date has always been lower than the combined Borough/TfL budget but future TfL increases will only match the inflation rate. Growth so far this year has been less than predicted such that the year-end outturn should be within the overall budget.
- 4.2.8 Trip costs for 2009/10 to date average £12.45 per trip, including member contribution and management fees, with an average member contribution of £2.30 per trip.
- 4.2.9 London Councils TEC has, in the past, considered a number of measures to contain costs, such as increasing the member charge and changing the trip subsidy level or trip limits.
- 4.2.10 Whilst Taxicard is seen by users and by Boroughs as a premier service, providing personal and accessible door-to-door transport, it is only as good as the availability of taxis within any given area. The level of membership and trip making in this table is partly a reflection of this variability. In some parts of London, the lack of taxis has led to the introduction of Capital Call as a supplementary service, as described later in this Section, although vehicle availability is generally recognised as having improved.
- 4.2.11 Whilst Taxicard is intended for social purposes, about 15% of trips are used to go to hospitals and clinics. Discussions with Health Authorities have so far not been able to resolve this issue but it is again a cause of concern to many Boroughs, as it is in effect cross-subsidising NHS PTS transport.
- 4.2.12 Appendix B shows the predicted level of expenditure for 2009/10. It can be seen that there are substantial variations between Boroughs and this is a cause for concern in many Boroughs, who see the distribution as inequitable. It should be noted that the Taxicard scheme in Barnet and Redbridge receives full funding from TfL alongside both Boroughs funding their own separate schemes (Barnet travel voucher scheme/Redbridge mobility card scheme).

## CAPITAL CALL

- 4.3.1 Capital Call was developed as a support to Taxicard in order to meet the differing levels of taxi availability geographically, and uses private hire vehicles. It is administered and funded separately by TfL using a further application form and a different model of entitlement, and currently costs approximately £350,000 p.a. to run. The scheme operates in 11 Boroughs; however the service is to be withdrawn from Kingston at the end of September 2009 and in Merton the service is under review. A cap has been introduced on the number of members able to use Capital Call.
- 4.3.2 Capital Call is available to registered Taxicard users, using the same eligibility criteria. Unlike Taxicard, with a capped number of subsidised trips, Capital Call allocates an annual travel budget to the value of £200 (apart from members in Kingston and Merton who receive a £100 budget). This can be used to subsidise a range of trips, with users paying the first £1.50 for each journey up to an £11.80 trip cost limit.
- 4.3.3 Members can stagecoach up to a maximum of 5 times. For example, members may take an individual journey up to the value of £59.00 but they will have to contribute £7.50 to the cost of this, with the remaining amount being taken from their budget. Stagecoaching is at variance with Taxicard and may be one of the reasons for its use.
- 4.3.3 Capital Call membership at July 2009 stood at 3,380, a significant reduction from 7,408 in December 2007. This may be a reflection of improved taxi availability geographically across areas previously less well served, both as a result of work by Computer Cab to expand Taxicard but also as a consequence of the current recession resulting in a lower demand for taxis in the financial centre.
- 4.3.4 The average trip cost, including membership contribution and administration, has reduced from £16.33 to £13.51 in 2009/10, compared to £12.45 currently for Taxicard.
- 4.3.5 Capital Call trip data is detailed in Appendix C.

## DIAL-A-RIDE

4.4.1 Dial-a-ride is a minibus and MPV door-to-door transport service for disabled people unable to use mainstream transport. It can be used for a variety of purposes and since January 2008 has been free at the point of use.

4.4.2 Dial-a-ride is funded by TfL and operates out of six sub-regional depots with a separate Management Control Centre based in Bermondsey. The scheme has a capped budget of £30.5m for 2009/10.

4.4.3 Eligibility is automatic for: -

- a current member of Taxicard
- Higher Rate Mobility Component Disability Living Allowance
- registered blind
- aged 85 or over
- Higher Rate Attendance Allowance
- War Pension Mobility Supplement

There are also discretionary criteria based on mobility impairment.

4.4.4 Approximately 1.4m trips are forecast for 2009/10, with the variations in trip distribution across London by Borough detailed in Appendix D. It is understood that 30% of Dial-a-ride trips are single-occupancy. Trips are limited in distance to a maximum of circa 5 miles but most trips are significantly shorter. There are a small number of trips for longer distances and a small number that involve pick ups or drop offs outside of London. Approximately 25% of trips involve a wheelchair or scooter user and 45% of users are aged 80 or over.

4.4.5 The combination of fixed costs and level of vehicle utilisation results in a forecast trip cost of £21.80 for 2009/10 (albeit a reduction from £25.66 in 2007/08), compared to an average Taxicard trip cost of £12.45. This may be partly a consequence of the sub-regional depot locations making it difficult to combine trips in a more efficient manner. Typically, an improved utilisation could make this a vehicle cost not a person trip cost.

4.4.6 In terms of resources there are: -

- 347 vehicles
- 456 drivers
- 531 staff (436 drivers and 95 call centre staff)

- 4.4.7 The service has come in for much criticism, with a joint letter from the Heads of Social Services expressing dissatisfaction at the impact on users in terms of response time, journey length and service quality with users expressing a preference for Taxicard. It is believed that the London Dial-a-ride scheme suffers from a number of problems: -
- A new booking system was introduced two years ago but is cause for complaint - when service demand is high it can be difficult to get through
  - There is no guaranteed service, impacting on its use as a travel option for fixed appointments, events etc
  - There are a high number of refusals where requests for trips are unable to be met by available resources and are rationed on a 'first come first served' basis
  - A high turnover of clients, with many abandoning the scheme after a few trips
  - Travel to hospital appointments and group trips are excluded
- 4.4.8 The performance statistics for the first quarter of 2009/10 show that: -
- 10% of journey requests were refused, continuing the pattern for 2008/09
  - 64% of calls were answered at first attempt
- 4.4.9 TfL has, however, begun a programme of improvements in the Dial-a-ride service and is beginning to see the benefits. These include: -
- Dial-a-ride has been free to use since January 2008
  - A new computerised booking system is reported to be delivering benefits
  - An ongoing programme of purpose-built fleet replacement of life-expired vehicles through to 2017/18, at an estimated cost of £27.6m with 85 vehicles due to be replaced in 2009/10
- 4.4.10 In order to address the high refusal rate, a 'consolidator' contract was put in place with Computer Cab, with effect from 2 September 2009, to manage a supply network on licensed operators. This requires Computer Cab to organise transport for those journeys that do not fit into the Dial-a-ride overnight scheduling that is designed to maximise vehicle utilisation. It remains to be seen what the impact of this 'consolidation' contract will be and what affect it has on the refusal rate, trip costs and the overall Dial-a-ride budget.

## NEWHAM door2door SCHEME

- 4.5.1 The Newham door2door scheme combines Taxicard and Dial-a-ride into a single supply-side service and was one of the four CAT pilot schemes initiated in 1999. Whilst there has been improved service quality and availability, the outcome of the pilot was mixed, with increased costs requiring early changes to the scheme. The scheme continues with funding support from TfL.
- 4.5.2 The Taxicard element of the scheme is projected to require a TfL contribution of over £1m to meet its overall costs. It is not possible to disaggregate the Dial-a-ride costs for Newham from the regional London Dial-a-ride cost. The additional resources required to duplicate booking and scheduling systems across both services are not known but must be taken into account in any evaluation.
- 4.5.3 As with the London scheme, the Dial-a-ride element is now free to users, with Taxicard users paying £1 for a meter charge of up to £22 for advance 'saver' bookings and £2 for a meter charge of up to £12.80 for spot trips. Last year Newham had the highest number of Taxicard trips of all the London Boroughs, at over 115,000, with the highest base cost per trip of nearly £12.73 compared to the current London average of £10.15.
- 4.5.4 The scheme has the highest level of trip entitlement in London at 46 trips per month. Trips are rationed through the use of up to 40 'saver' trips per month, which must be pre-booked and be within the Borough, and the remainder as 'standard' trips. The 'saver' trips are assigned to Dial-a-ride as far as resources permit and the remainder, together with 'standard' bookings, allocated by Computer Cab to taxis.
- 4.5.5 The Newham scheme currently averages over 14,000 taxi and bus trips per month. Over 70% of these are by taxi with the 9% overall year-on-year increase in trips being exclusively in taxi trips, and the number of bus trips actually falling. It is understood that it is the lack of vehicle resource that limits the potential for greater bus use in Newham door2door, although user preference must also be a factor.
- 4.5.6 The scheme is operated through two Service Level Agreements, which are viewed as working well. One provides for Dial-a-ride driver and vehicle availability and the second guarantees a resource to schedule trip requests onto Dial-a-ride vehicles.
- 4.5.7 Whilst the scheme does deliver additional travel benefits to its users, this comes at a price. The scheme is more resource-intensive than others, was particularly so during its initial implementation, and has a duplication of call centres and scheduling support with the additional communication that requires. The higher trip costs and high level of TfL contribution towards the Taxicard component mean that it could not be rolled out as a model across London within current budgetary constraints.

## NHS PATIENT TRANSPORT SERVICES

- 4.6.1 From April 2009, Primary Care Trusts have commissioning responsibilities for non-emergency patient transport services (PTS) across England. In London, the complexities of a PTS system that involves a mix of hospitals and PTS providers, with a high proportion of journeys traversing PCT boundaries, means that PCTs have been slow to engage. London PCTs commission Hospital Trusts to provide healthcare for their population and the Trusts contract with PTS providers to supply transport.
- 4.6.2 There appears to be increasing friction in some areas over how these services are financed and, if PCTs do start to become more actively involved, tensions over financial management and commissioning of PTS are likely to become more apparent. It is unlikely that foundation trusts will want to cede financial control of this aspect to PCTs unless there is a benefit achieved through commissioning services over a larger geographical area to achieve economies of scale.
- 4.6.3 There are 41 Hospital Trusts within London across the 31 PCTs, located at over 100 separate hospital sites, with each Hospital Trust having an internal transport unit or contracts for the provision of PTS. There are of the order of 90 separate PTS budget holders within Hospital Trusts for contracts ranging in value from under £50,000 to over £1 million per annum.
- 4.6.4 London Councils and TfL have begun exploring opportunities for a pilot door-to-door project with the Royal Free and UCL hospitals. Discussions with other hospitals are also likely. Whilst there will undoubtedly be lessons to be learnt from any pilot and examples of best practice, the variations in PTS described above make it unlikely that a 'one size fits all' solution will develop.
- 4.6.5 PTS in London is provided by the London Ambulance Service and a range of other providers, including taxi companies, private ambulance services and hospital transport. There is huge variation between these contracts in terms of patient volumes, quality standards and the application of eligibility criteria.
- 4.6.6 Because of the fragmented nature of PTS provision it is difficult to get good estimates of the overall patient journey volumes and contract costs. The journey workload per weekday is of the order of 6,500 patient journeys (3,500 patients). The average cost of a PTS patient journey is in the range £13 to £22, compared to the current Taxicard cost of £10.15 per trip.
- 4.6.7 At the moment 'Patient Choice' appears to have had little material affect.
- 4.6.8 A patient is eligible for NHS-funded PTS transport if a 'medical need' has been authorised by a 'doctor, dentist or midwife'. The important point is that mobility difficulties per se do not imply a 'medical need' for PTS

transport. This authorisation is typically made by the referring GP or the hospital department. The NHS Guidance states:

*'A clinical need for treatment does not imply a medical need for transport. Medical need for non-emergency transport must be determined by a doctor, dentist or midwife and will depend on the medical condition of the individual patient, the availability of private or public transport and the distance to be travelled. The principle which should apply is that each patient should be able to reach hospital in a reasonable time and in reasonable comfort, without detriment to their medical condition'.*

- 4.6.9 Previous research work has identified that approximately 15% of Taxicard trips are to hospitals for medical rather than social purposes. A proportion of these could be eligible for PTS transport based on the PTS 'medical need' criteria, and this unauthorised use of the Taxicard scheme is at an estimated cost of £1.6m per annum.
- 4.6.10 However, it is not just an issue of eligibility. The primary reason is that people's experience of PTS is that it is a poor quality, unreliable and inflexible service.
- 4.6.11 The combination of the variability in the eligibility criteria for PTS transport across London, the variability in eligibility criteria for Taxicard and the ability to, in practice, use Taxicard for trips for treatment and consultation means that there is a hugely complex array of standards being applied in determining appropriate transport provision. These variations mean that there can be no one pan-London solution but rather that integration should be developed at the common Borough/PCT level.

## ADULT AND CHILDREN'S SERVICES TRANSPORT

4.7.1 Local authorities have certain statutory duties to provide transport, as summarised below.

<p><b>Home-to-School Transport</b></p> <p>EDUCATION ACT 1996</p> <ul style="list-style-type: none"><li>• obligation to provide transport to facilitate attendance of pupils at schools and colleges</li></ul> <p><b>Social Services Transport</b></p> <p>CHRONICALLY SICK AND DISABLED PERSONS ACT 1970</p> <p>NATIONAL ASSISTANCE ACT 1948</p> <ul style="list-style-type: none"><li>• duty to provide any necessary transport to enable users to participate in services organised by the authority</li><li>• power to promote the welfare of defined categories of people, including provision of transport assistance</li></ul>
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4.7.2 Adult and SEN transport services are delivered locally by Boroughs in a variety of ways across London. Some are managed and operated by in-house units and fleets, some with out-sourced management units, some with out-sourced fleets, all using various vehicle procurement strategies. Some Adult and SEN services are integrated within a Borough to maximise utilisation and make best value use of process systems such as booking systems and vehicle tracking. Some Boroughs work in partnership with adjoining authorities and with local PCTs. There is however no consistent model across London. Recommended good practice, as described in section 5, is based on establishing Integrated Transport Units responsible for the integration, management and delivery of the day-to-day fleet operation.

4.7.3 Transport has traditionally been provided by fleets of minibuses and taxis at significant cost, estimated at £203m across London. Some services can be fragmented across different client groups and budget holders. Boroughs are under constant pressure to maximise service efficiencies and generate financial savings in these areas, whilst retaining sustainable service qualities and standards for users. Best value transport reviews are regularly undertaken to consider whether delivery could be improved; through better integration or through the use of alternative models to put in place robust contract and performance management, new financial structures and new procedures within a Council.

4.7.4 Historically, many services have been based on providing an inflexible and static number of vehicles per service centre, whereas a more flexible approach can generate substantial savings, often around 15% year-on-year.

- 4.7.5 Service managers have different views on a direct engagement in transport delivery. It is felt that this is, in part, a reflection of their frustrations with the current modus operandi and that a comprehensive structural solution could remove any need to engage on a day-to-day basis, freeing up their time to focus on core responsibilities. This is another argument for an overarching and responsive transport unit that acts as the central functional link between client services and transport delivery.
- 4.7.6 There are a number of key issues to be considered in developing Adult and Children's transport, and Boroughs need to be able to devise solutions pertinent to their own circumstances.
- Independent travel schemes will reduce the volume of traditional transport required. For example, in Newham it is predicted that only half the current number of Children Services clients will continue to always require a bus service
  - Falling SEN numbers won't necessarily reduce the number of routes due to parental choice over school
  - An increased use of Direct Payments is likely to increase the pressure for the provision of ad-hoc mid-day transport services for the adult population in day centres
  - The growth in independent travel budgets for clients with learning disabilities, together with the more ad-hoc nature of transport requirements will lead to different transport needs and a reduced demand for service from 'the centre'. Estimates indicate the need for only about one-third of the current level of drop-off and pick-up provision by 2010.
- 4.7.7 Consistent and reliable transport services are vital to the wellbeing of many clients; for example, there needs to be continuity of drivers and escorts, an understanding of the most appropriate route lengths and an understanding that vehicles should not be filled for clients with dementia. Many carers feel that they are best placed to understand their client transport needs and should be involved in allocating the most appropriate form of transport. A holistic consideration of these cross-service issues is needed, something that can only be done at the Borough level.
- 4.7.8 There are many opportunities to drive efficiency savings through working in partnership with neighbouring authorities or sub-regionally. Joint arrangements can cover issues such as vehicle procurement, servicing and maintenance, scheduling software and vehicle tracking systems.

## COMMUNITY TRANSPORT AND PLUSBUS

- 4.8.1 Community bus services are local services provided by organisations focused on the social and welfare needs of a community; they operate on a not-for-profit basis and use minibuses with 9-16 passenger seats. Community bus permits and their use are prescribed in the Community Bus Regulations 1986, although the Local Transport Act 2008 has amended Section 19 and 22 permit services. These organisations work with a large number of voluntary groups and provide a range of transport services for isolated and vulnerable people to local destinations, such as shopping centres and social activities.
- 4.8.2 London has 24 community transport organisations providing services across 30 of the London boroughs. Community transport is delivered in a variety of ways and there is no common approach; they are bespoke to meet local needs and provide access to local facilities. Some services are provided directly by the Boroughs, some are financially supported by Boroughs and some are run on a voluntary basis. They have a more open entitlement, and trip costs are cheaper than Dial-a-ride.
- 4.8.3 The Borough-run services are often branded as Plusbus and provide services to destinations within Borough boundaries, limiting use for those residing near Borough boundaries. Some schemes existed prior to London Dial-a-ride but they are seen to fill a gap in the demand side and, unlike Dial-a-ride, transport groups.
- 4.8.4 There is significant potential to develop Community Transport at the local level and to provide services that are designed to meet local needs, but care is needed to ensure services are not in 'competition' with Borough schemes. As an example, the Camden PlusBus scheme is a free service funded by the London Borough of Camden and operated by Camden Community Transport. It is a popular service and has been expanded using a Camden Social Services vehicle. In general, whilst some integration does take place, there are financial constraints that limit the potential for improving integration or broadening delivery. Some schemes have been withdrawn for financial reasons, even though they provided a valuable service. If funding were available, they could be reactivated.
- 4.8.5 There is potential to consider an expansion of Section 22 Community bus services. Permits issued under Section 22 are issued to groups who want to run a local bus service on a voluntary, non-profit basis. These groups are usually sponsored by their local authority where there is no other bus service for the community in question. They can carry the general public, and, if registered as a local bus service, can be used by Freedom Pass holders. This will enable the operator to be reimbursed to help meet operating costs. The Local Transport Act 2008 allows Section 22 vehicles to be driven by paid staff and to be larger than sixteen passenger seats.

## OTHER ASSISTED TRANSPORT SERVICES

### FREEDOM PASS

- 4.9.1 Freedom Pass is the brand name in London for the concessionary travel scheme. Entitlement to a Freedom Pass is on a statutory basis, as defined in the Concessionary Bus Travel Act 2007. Whereas the national scheme is restricted to local bus services only, the London Freedom Pass scheme provides significant local enhancements in terms of travel options.
- 4.9.2 The scheme allows free travel on buses, tube, national rail (London network), DLR and Tramlink, for older and disabled people who live in London boroughs. It grants free travel concessions after 9.00am to residents aged over 60, for 24-hours for disabled residents on almost all tube and bus services, and after 9.30 on national rail services. From January 2009, TfL has accepted older person passes for 24-hours on all TfL modes.
- 4.9.3 There are currently over a million passholders in London, as detailed in Appendix E. Of these, 126,947 are issued as Disabled Freedom Passes.
- 4.9.4 The scheme is operated by London Councils on behalf of the Boroughs at a cost of £257m in 2009/10. This is partly offset by a government grant as part of the new national bus pass concession through DCLG formula grant and a DfT specific grant. DfT is considering whether to change the distribution and this could result in a cut of approximately £50million to London, which would have to be met by Boroughs. This uncertainty over Freedom Pass funding is likely to make it more difficult for Boroughs to introduce changes to other assisted transport services in the short-term.
- 4.9.5 The net cost is divided between the London Boroughs on the basis of the number of journeys undertaken by members resident in each Borough. Boroughs use a mixture of national grant and local income, including council tax and surpluses from parking accounts, to pay for the Freedom Pass. Scheme costs are negotiated with transport operators and an agreement has been in place with TfL since 2003 to define and cap future TfL costs. Freedom Passes are valid for a fixed 2-year period, with the next reissue for April 2010.
- 4.9.6 The number of disabled passes, as a proportion of the total number on issue, will vary Borough by Borough, dependent largely on a combination of two factors: the level of deprivation in the Borough and the approach used to determine eligibility.
- 4.9.7 Eligibility is limited to the seven statutory Transport Act 2000 criteria listed below:
- 1) blind or partially sighted
  - 2) profoundly or severely deaf
  - 3) without speech

- 4) disability/injury which has substantial and long term effect on ability to walk
- 5) no arms/long term loss of use of arms
- 6) learning disability that is a state of arrested or incomplete development of mind which includes significant impairment of intelligence and social functioning
- 7) would be refused a driving licence because of physical fitness other than on grounds of persistent misuse of drugs or alcohol

4.9.8 Boroughs need to be able to 'assign' a disabled passholder to one of the above criteria. Some authorities continue to use GP endorsement, particularly for the fourth category above. However, as with the Blue Badge scheme described earlier, it is widely recognised that this does not provide for a fair and equitable means of establishing entitlement, with GPs looking to support their patient, having rarely carried out a mobility-related assessment.

## BLUE BADGE

4.10.1 The Blue Badge scheme is a statutory scheme operated by the London Boroughs and gives free and dedicated parking close to amenities for drivers and passengers with mobility-related disabilities, or who are blind. Blue Badge holders are able to park on yellow lines for up to three hours and are also exempt from the central London congestion charge. A pass is valid for a 3-year period whereupon passholders have to reapply.

4.10.2 There were 231,768 badges issued in London at March 2007, and this number has continued to grow, particularly those issued on a discretionary basis. There are significant variations between Boroughs in the number of passes on issue, as detailed in Appendix F. Whilst demographic differences will give rise to some variation, the principle reason is the different approaches taken by Boroughs to entitlement and enforcement.

4.10.3 Approximately one-third are issued based on automatic criteria, most being for those in receipt of Higher Rate Mobility Component of the Disability Living Allowance, and around two thirds on a discretionary basis. Current eligibility criteria includes '*a permanent and substantial disability, being unable to walk or having very considerable difficulty in walking*'. In the absence of a robust assessment process, this can lead to variable standards being applied in determining eligibility. Many authorities rely on GP endorsement in and it is well recognised that this gives rise to inappropriate award.

4.10.4 The Department for Transport has recently completed a strategic review of the Blue Badge Scheme. Whilst the government considered options for a regional scheme it recognised that responsibility for administering the scheme was best placed at the local authority level. As part of this review DfT guidance '*strongly recommends*' that non-automatic cases are assessed by independent health professionals in order to maintain a consistent and appropriate response and views the use of GP

endorsement as '*wholly unsatisfactory*'. The independent review recommends that local authorities should promote best practice through sharing the same independent professionals within a sub-region.

- 4.10.5 Resources are required in the administration and assessment of applications and renewals, and in enforcement measures. Costs are difficult to disaggregate as they tend to be subsumed within Borough customer service, accessible transport and/or parking enforcement teams.
- 4.10.6 Evidence from those Boroughs who have put in place a robust independent assessment model in place of GP endorsement shows a substantial reduction in the number of passes on issue. This allows the benefits to be legitimately used by those in most need.

### **TRAVEL TRAINING**

- 4.11.1 Travel Training and Travel Buddy schemes aim to develop the optimum ability to travel independently, particularly for those with a learning disability. Some clients will always require support but there are a substantial number who can benefit from these schemes and who, in their absence, would be directed to traditional adult and SEN transport.
- 4.11.2 Travel Training schemes that help users to utilise mainstream public transport will help to reduce pressures on traditional door-to-door services. A case can be made to demonstrate that costs are more than outweighed by the savings in providing traditional services. From best practice elsewhere Travel Training costs, on average, between £1,600 and £2,900 as a one-off cost but can save in excess of £3,000 per year (£4,280 over two years) in transport provision. There will be cases where the cost of Travel Training for a particular individual falls to Children's Services but does not generate immediate overall savings as the route still needs to be served for other users. Adult's Services reap the cross-sector benefit through reduced future transport provision. A more holistic approach to budget management is therefore needed.
- 4.11.3 Some Travel Training programmes are in place across London but it is again a variable position constrained by a lack of revenue funding. Those that are in place would like to be able to do more.

## SCOOTER MOBILITY SCHEMES

- 4.12.1 Shopmobility and scooter schemes are non-statutory services provided by Boroughs and the private and voluntary sectors. There is a wide recognition that scooter schemes are not just directed at providing improved access to shopping facilities, but contribute significantly to accessing a range of day-to-day services, improving people's quality of life and reducing social exclusion. They are a part of the transport mix on offer to the elderly and those with mobility impairment, delivering important benefits in terms of increased independence.
- 4.12.2 The London Plan Supplementary Planning Guidance '*Accessible London: achieving an inclusive environment*' 2004 states that '*The Mayor would like to see an increase in the number of Shopmobility schemes in London, and recommends that boroughs undertake an assessment of the feasibility of introducing these schemes in their areas*'.
- 4.12.3 In London there are now 21 shopmobility/scooter schemes, including those run directly by the Boroughs. Membership is open to both residents and visitors who have a temporary or permanent mobility or walking impairment, and eligibility is less rigorous than other transport services.
- 4.12.4 It is recognised that scooter schemes vary enormously, are reactive to the local situation and are run in many different ways. As with other assisted transport schemes, there is no 'one size fits all'.

## 5. BEST PRACTICE REVIEW

This section of the report considers a number of Best Practice examples of door-to-door transport and related services. The purpose of this review is to identify: -

- Alternative approaches to service delivery
- Partnering arrangements
- Alternative funding mechanisms
- Potential transferable options

The schemes considered include: -

- Commission for Accessible Transport pilots
- Integrated Transport Units
- Routeforward
- Herts Travellink

Each of the above offers valuable lessons and insights into a future structure and delivery of door-to-door transport in London.

5.1.1 The Audit Commission report *Going Places: taking people to and from education, social services and healthcare, 2001*, identified a number of 'actions' for local authorities. These include: -

**Improve efficiency.** Review the use of IT, route planning and scheduling and the use of taxis and hired-cars in order to release resources to fund improvements in quality

**Improve how the services are managed.** Clearly delineate transport roles, especially when transport is provided in-house in order to help ensure that client departments are setting and monitoring performance against quality standards.

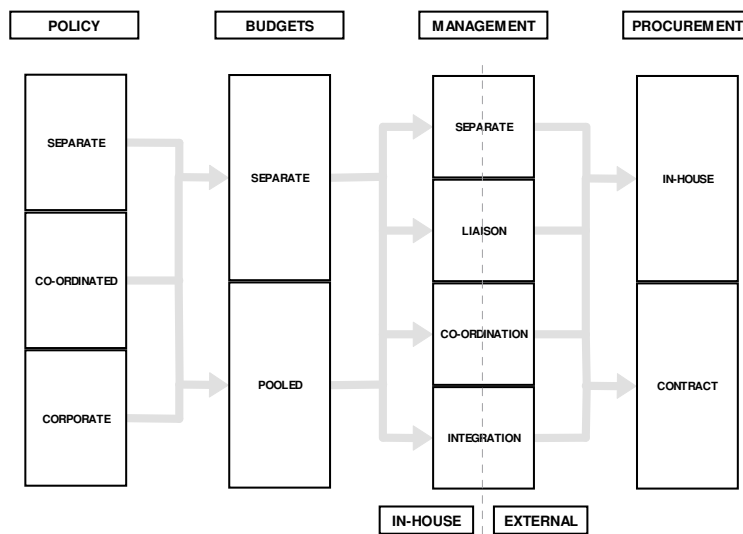
**Monitor performance more effectively.** Use contracts or service level agreements that encourage service providers to meet and exceed safety and quality standards in order to help ensure that safety and quality standards are met.

**Plan for change.** Review how transport requirements and funding need to change in response to the challenges ahead in order to ensure transport arrangements respond to increased joint commissioning of health and social care, to other changes in social care (such as individually designed care packages) and to changes in education (such as greater

specialisation by schools and a greater emphasis on after-school activities).

5.1.2 The last of these 'actions' is particularly relevant to the outcome of this review.

5.1.3 The Audit Commission identified four functional areas involved in transport co-ordination and this provides a useful model to understand the processes in the delivery of each service. These functional areas are linked by information flows and formal or informal contractual arrangements and agreements. The diagram below sets out the strategic and process options considered for each service under the headings of policy, budget, management and procurement.



*Audit Commission Functional Areas / Strategic Options*

5.1.4 It is useful to consider the menu of service delivery options in the context of this framework. At present each service has its own independent structure covering these functions, although some aspects may be shared. The degree to which the functional areas are integrated or co-ordinated within and across different services is one way of classifying the extent of transport co-ordination that exists. Different patterns are produced on the flow chart – a signature that represents the structure across London.

5.1.5 There are three basic options to be considered in terms of a future strategy:

- continue to address issues at a service level, with each contributing as best they can to 'corporate' aims and objectives within statutory and budgetary guidelines
- co-ordinate transport policy - review and harmonise eligibility criteria, priority groups, charging policies and targeting of resources to maximise benefits, establish common service quality standards
- adopt an integrated approach to policy and delivery

## COMMISSION FOR ACCESSIBLE TRANSPORT

- 5.2.1 In 1998, the Commission for Accessible Transport (CAT) put in place various proposals to test different methods of integrating and providing door-to-door transport services for people with disabilities. The lessons learnt from these pilot schemes continue to have relevance to any restructuring of current door-to-door transport. Four pilot schemes were established:
- Newham – combined Taxicard and Dial-a-Ride into a single service branded as door2door to test demand side integration
  - Lewisham – integrated Dial-a Ride and Borough transport fleets to test supply side integration
  - Havering – combined spare Borough education and social services transport capacity with Taxicard
  - Hackney – combined community transport and Borough transport for education and social services
- 5.2.2 The Newham door2door pilot and its current continuation are described in detail in Section 4.5. Whilst delivering additional travel benefits to its users the scheme: -
- Is more resource-intensive
  - Duplicates of systems and support
  - Has higher trip costs
  - Has a continuing low proportion of bus trips
  - Requires a disproportional high level of TfL Taxicard contribution
- 5.2.3 The Newham model was preferred by TfL, but for the reasons given above it is not considered a model that could be rolled out across London within current budgetary constraints.
- 5.2.4 The Lewisham pilot is seen as a significant success. It offered a clear picture of supply-side integration working in practice across Dial-a-ride, social services, education and health transport, with each retained as a discrete service. A single centre for booking and scheduling was created, able to make better use of combined vehicle and driver resources. A more efficient service was delivered through matching supply-side spare capacity in Borough vehicles with peak demand for Dial-a-ride services and using Dial-a-ride vehicles for home-to-school operations. The level of service to Dial-a-ride users, in terms of completed trips, rose substantially; there was an increase in booking and trip reliability and membership rose.
- 5.2.5 The Lewisham pilot delivered sustainable operational savings of about £55,000 p.a. but any roll-out would need to consider call centre arrangement costs and separate call centre from vehicle operations. The experience of users was generally positive. Manual scheduling processes were not combined so there was little demand-side integration, reducing potential benefits. Scheduling software should be able to overcome this constraint. It is understood, however, that the scheme is no longer active.

5.2.6 The pilots in Hackney and Havering achieved their objectives, but were limited in scope and could not be considered as providing a model for London, although they did illustrate the ability to combine use of the Council fleet vehicles and licensed PHVs with other forms of transport.

### INTEGRATED TRANSPORT UNIT

5.3.1 Whilst there are a number of variants in the preferred model for service provision, identified best practice is for local authorities to deliver transport services through an Integrated Transport Unit (ITU) that is also responsible for the management of the day-to-day operation of an in-house transport fleet. Best practice also recommends comprehensive integration that includes SEN and social services transport.

5.3.2 The North West Centre of Excellence considered this issue in a Good Practice Paper in 2006. The paper recognises the broadly similar options for transport procurement, the need for similar vehicles etc. The identified benefits include: -

- Better service planning
- More flexible service provision for users
- Better service levels
- Improved vehicle and driver utilisation
- Flexibility for discretionary trip allocation
- Better budget control
- Consistent policies and processes
- Strategic packaging of external contracts
- Single call centre

5.3.3 The establishment of an ITU requires resource, whether through restructuring and integrating existing disparate management and operational functions, or through the creation of a new service centre, depending upon the model in place at the time. It requires service centre clients and budget holders to recognise that efficiency savings can be driven through placing the delivery of co-ordinated transport services at the centre rather than seeing transport delivery as the costly consequence of remote policy and strategy decisions. Service Level Agreements can be used to define appropriate performance standards to protect client services. Any reconfiguration of door-to-door services in London should look to recreate the ITU model and provide adequate resource for its management.

5.3.4 The NWCE also published a report '*Providing Transport in Partnership*' with a key strategic recommendation that '*Local Authorities and NHS Agencies should recognize the benefits, especially in terms of financial savings, of an integrated approach to passenger transport planning procurement and provision, and should establish partnerships to facilitate this approach.*'

## ROUTEFORWARD

- 5.4.1 A good example of an Integrated Transport Unit is *Routeforward*, a programme for inclusive transport in Coventry. It is an umbrella branding that encompasses: -
- Co-ordination of Council transport services through an Integrated Transport Unit
  - Delivery of demand-responsive transport
  - Transport to health clinics
  - Subsidised pre-bookable car service
  - *Routedirect* service for disabled adults to access employment, training, education or voluntary activities
  - Partnership with Community Transport for access to employment
  - ON Route – an advocacy and support service to help those with mental health issues make the daily journey to work or training
  - Travel Bureau for DRT bookings, social care transport, home to school transport, ON Route and *Routedirect*, as well as public transport information to the public
  - Travel training
  - Travel buddy scheme
  - Neighbourhood Travel Planners for community feedback
- 5.4.2 A partnership has been established between the Council, transport operators, Centro (the transport executive), local interest groups and the University so as to develop a more integrated and comprehensive network of services. The scheme has enhanced financial and service quality monitoring and has resulted in the creation of new revenue streams with the ability to operate new services at minimal cost.
- 5.4.3 This required the reorganisation and integration of transport services within the Council, which has captured efficiencies in fleet allocation then used to develop the PCT service. Traditional social care transport continues to be delivered alongside the more innovative travel options. The ITU is able to deliver a joined up approach to needs assessment, monitoring and referral, and harness future saving through independent travel.
- 5.4.4 Access to health clinics for older people is through a contract with Coventry PCT using the Council vehicle fleet. Patient appointments are grouped by the clinics, with the health sector determining eligibility. This reduces the number of 'Did Not Attends' as well as addressing patient needs. Over 11,000 journeys to healthcare were undertaken in 2007.
- 5.4.5 A combination of pump-prime funding and Council budget was used to launch the Travel Bureau and travel training programme. The connection between the Travel Bureau and council transport and social care departments has enabled travel options to be tailored to support the specific needs of the individual.

5.4.6 This programme has contributed towards a broader agenda of local regeneration by removing barriers to local services.

5.4.7 Implementation of *Routeforward* faced a number of challenges:

- The need to forge strong partnerships
- Radical structural change was needed to integrate services
- Travel training and the Travel Bureau took time and determination to develop due to complexity of systems, so roll-out was phased
- Concept of an integrated and inclusive system is difficult for end users to understand and *Routeforward* means different things to different people
- Difficult to pin down cross-sector benefits and the impact on separate budget streams
- Double funding for travel training when parallel traditional transport still required

5.4.8 If Borough or sub-regional ITUs are to be established in London there are a number of lessons that can be learnt from *Routeforward*. The benefits for both service departments and users are evident from the approach they have taken.

### **HERTS TRAVELLINK**

5.5.1 The main aim of Herts Travellink is to co-ordinate information about available door-to-door transport services.

5.5.2 The service recognises that people rely on a wide range of transport providers, including non-emergency ambulances, taxis and dial-a-ride to get to hospitals, clinics, day-centres and schools and that this can often be confusing to users.

5.5.3 The Travellink Centre provides a single call centre and website to co-ordinate: -

- NHS patients, regardless of where they live, requesting PTS to a Hertfordshire health facility, including independent sector providers
- Hertfordshire registered patients requesting a non-emergency ambulance to a hospital outside of the county.
- Advice about alternative ways of getting to health facilities including public transport information, voluntary transport services etc.

5.5.4 Patients seeking non-emergency transport are assessed and an ambulance booked if medical need or mobility means that they cannot travel by any other means (including taxi, voluntary car service or Health Shuttle). If an applicant is not eligible they are given details of alternative transport schemes.

5.5.5 A full database of alternative transport schemes is maintained by the Travellink Centre.

- 5.5.6 The Travellink project is managed by Hertfordshire Integrated Transport Partnership on behalf of the funding partners, who set eligibility policy and deal with complaints/escalations.
- 5.5.7 The benefits identified in this scheme could be replicated in London through the provision of an enhanced call centre that provides advice, guidance and assistance to clients as well as a direct booking and scheduling function.
- 5.5.8 The Royal Borough of Kensington and Chelsea has been examining options to create a permanent facility for its 'Out and About' scooter loan scheme, focused on the creation of a more holistic mobility advice centre in the Exhibition Road area, open to both residents and the 11.5m visitors p.a. to the cultural area.
- 5.5.9 A Games Mobility Centre is being created for the 2012 Olympic Games and the expected 23,000 visitors a day with mobility difficulties. LOCOG is to provide a range of mobility services, including transfer facilities between the Centre and the venues, and within venues; for example through wheelchair and scooter loans, volunteer assistance and powered buggy transfers.
- 5.5.10 Both these projects may provide useful Best Practice lessons in harmonising the development of similar call/advice centres for door-to-door transport services in London.



## 6. DEVELOPING A FORWARD STRATEGY

### **A forward strategy is developed, based on a consideration of**

- Service users
- Governance and management structure
- Restructuring door-to-door transport services
- Funding
- Change process
- Supporting arrangements

### **The strategy is summarised as**

- An overarching vision of Boroughs at the 'centre' of door-to-door transport, supported by TfL funding
- Taxicard to remain as a stand-alone premium service
- TfL to consider whether Capital Call resources would be better used within Taxicard and the next Taxicard contract scoped to enhance service provision in areas where there are still problems
- TfL to consider whether it is appropriate for TfL, as a strategic transport authority, to operate Dial-a-ride and whether it should be transformed into bus-based services managed and operated either by Borough or sub-region
- Statutory Adult and Children's transport supply-side to be integrated with non-statutory Borough services through the Integrated Transport Unit concept
- Boroughs to develop their own bus-based schemes to meet local needs through Integrated Transport Unit concept
- Boroughs develop their own supply-side operations with PCT PTS

### **The following arrangements are proposed to support the strategy: -**

- Formal agreement between TfL and Boroughs setting customer satisfaction standards, quality standards, de-minimus eligibility criteria etc
- Taxicard TfL contribution to be redistributed more equitably
- TfL funding assigned to Boroughs through formula funding LIP-style process, broadened to a wider range of door-to-door services
- Phased programme of change managed by a Project Board
- Borough-specific or sub-regional Integrated Transport Units, potentially out-sourced
- Centralised procurement agency
- Efficiency savings to fund Travel Training, travel buddy, scooter programmes
- Individual travel budgets
- Single call centre
- Single assessment process

## KEY ISSUES

### SERVICE USERS

- 6.1.1 Door-to-door transport is vital to the quality of life of users and critical to their independence. Door-to-door users are often highly sensitive to change and need to know that service provision is consistent. A re-modelling of service provision should therefore seek to minimise any negative impacts of the change process itself. It is essential to be able to demonstrate that users will be no worse off either as a result of a restructuring, or during the change process itself. Change can be an emotive topic for both vulnerable users and their carers.
- 6.1.2 Services users want high quality, cost effective, reliable and adaptable services. Users want independence, choice, one multi-service assessment process and clarity of information through a single source. The diversity of present arrangements for door-to-door services does not meet these requirements.
- 6.1.3 The current arrangements restrict the ability to develop more independent forms of travel in line with central government legislation and recommendation, to the disbenefit of the well-being of users. This could be delivered through a more flexible approach. It needs to be recognised that there are in essence two distinct types of user – those who are want and are able to manage personal choice over their transport options and those who are less able to do so and need advice on the most appropriate travel available.
- 6.1.4 To achieve this, door-to-door transport should be integrated and simplified, based on properly resourced teams that can deliver services in partnership.
- 6.1.5 A holistic approach to the demand-side that includes transport within a social care context should be developed. This can only take place at Borough level, where there is access to care data and the needs of the individual can be properly considered.
- 6.1.6 The CAT pilots demonstrated that simpler co-ordinated services can stimulate demand. Any restructuring must be designed to manage these expectations by building in a coherent mechanism for rationing in the face of finite budgets.

## **GOVERNANCE AND MANAGEMENT STRUCTURE CENTRAL, REGIONAL OR LOCAL?**

- 6.2.1 The question, therefore, is who is best placed to meet those aims, whether a centralised pan-London organisation, a sub-regional partnership, the local Borough level, or a combination of these. What is best from a user perspective and what is the best delivery mechanism operationally? There is no 'one size fits all' structure that can be imposed on London's door-to-door transport services. The significant variations in demographics outlined in section 2.2 mean a strategy must be flexible enough to allow for decision-making that reflects local user need.
- 6.2.2 The strategy should be not just a more holistic approach to door-to-door services, or even broader assisted transport options, but must consider transport within a social care context.
- 6.2.3 TfL has a general duty to meet transport need across London but not for statutory transport; TfL does not have a holistic care responsibility and cannot therefore integrate transport into a care package. Borough Adult Service and Children SEN transport and NHS PTS transport are statutory and highly targeted. The statutory provision of transport services must be the starting point in determining the most appropriate governance and management framework. The discretionary Taxicard, Dial-a-ride and Community Transport services can then be built into this framework, in a way which delivers the best synergies.
- 6.2.4 The principle of subsidiarity, where matters are handled by the least centralised competent authority, is relevant and puts service management and operation closest to the user. A strategic organisation should only be responsible for those matters that have commonality pan-London and cannot otherwise be delivered in an integrated manner. TfL should therefore consider whether it is the most appropriate organisation to be delivering local door-to-door services.
- 6.2.5 A medium to long-term strategy is needed that informs short-term decisions. The devil is often in the detail and a successful approach is as dependent upon a careful consideration of the detailed processes as the overarching strategy.
- 6.2.6 Service managers could work in a spirit of partnership within the current framework to deliver improvements to elements of door-to-door transport. However, experience tells us the variations across London make this problematic and unlikely to be able to contribute to a coherent approach within the time-limited opportunity available. A new structure is needed in order to deliver effective change.
- 6.2.7 Any restructuring should build on mainstream public transport being more accessible. Alternative approaches such as travel training and travel buddies can be appropriate solutions for some clients, reducing pressure on traditional door-to-door services.

## RESTRUCTURING DOOR-TO-DOOR TRANSPORT SERVICES

6.3.1 Door-to-door transport services in London are currently diverse and fragmented with different budget holders, different application processes, entitlements, call centres and booking processes. Integration and co-ordination to match the peaks and troughs in demand is piecemeal. This diversity is inefficient and a waste of resource.

6.3.2 The table below summarises data from section 5 and compares predicted budgets, trip costs and volumes across the key services. This shows the trip costs for Dial-a-ride compared to other services.

	Total cost p.a.	Members at July 2009	No of trips p.a.	Gross cost per trip <sup>(1)</sup>	Net cost per trip
<b>Taxicard</b>	£18.66m	85,959	1,639,405 <sup>(2)</sup>	£12.45	£10.15
<b>Capital Call</b>	£0.35m	3,380	38,932	£13.51	£7.52
<b>Dial-a-ride</b>	£30.5m	50,500	1,400,000	£21.60	£21.60
<b>Newham d2d</b>	£1.08m <sup>(3)</sup>	5,032	162,333	£15.03 <sup>(4)</sup>	£12.73 <sup>(4)</sup>
<b>NHS PTS<sup>(5)</sup></b>	£30m	-	1,700,000	£13-22	£13-22

### Door-to-door service comparative predictions for 2009/10

(1) Gross cost includes member cost and administration

(2) 2008/09 actual

(3) Part of Taxicard cost shown above

(4) Taxicard element only, DaR element unknown

(5) Estimated figures only

6.3.3 Taxicard is seen by both Boroughs and users as the premium service, the travel option of choice, and one that should not be 'diluted' through mixing with bus-based solutions, remaining rather as a stand-alone service within the broader door-to-door offer. There is no need, or desire, to disaggregate the service down to each Borough, given the economies of scale currently provided. That is not to say that there is not scope for improvement in Taxicard and potential to drive down costs further, but that it should remain as a distinct service and performance improvements encapsulated in the new contract.

6.3.4 Capital Call is a service that has a reducing demand, as evidenced in section 4.3. Whilst an adjunct to Taxicard, the different entitlement model in Capital Call is confusing to users. Taxicard has improved taxi and PHV vehicle availability over the last few years and it would be a logical step for TfL to consider whether Capital Call resources would be better used within Taxicard and scoped into the next Taxicard contract. The Taxicard scheme has developed since the inception of Capital Call and it would be appropriate to identify the current areas of need and to include a specific focus on developing services in those areas, rather than just replicate the Capital Call Boroughs as locations for enhancement.

- 6.3.5 The current TfL funding for Capital Call of approximately £0.35m could be added to the Taxicard 'pot' and redistributed, either as part of the overall Taxicard redistribution or ring-fenced to delivering improvements to those Boroughs that still have service provision problems. Savings would be generated through the removal of the Capital Call booking system and back office administration.
- 6.3.6 Dial-a-ride, as described earlier, is a service where trip costs are considerably higher than Taxicard and other door-to-door transport, and where it is structurally difficult to deliver sufficient service quality improvements to refusal rates, the first-come first-served booking and allocation system, to journey length and single occupancy rates.
- 6.3.7 There are operational supply-side synergies between Dial-a-ride, Borough Plusbus schemes and Community Transport at a local level. TfL should consider whether, as a strategic authority, it best placed to manage and operate Dial-a-ride, or whether the assets and funding should be integrated into Borough bus-based provision, both statutory and non-statutory. Fleet utilisation could be improved, systems simplified and duplication of back office administration systems and support removed.
- 6.3.8 There is the potential to better match the peaks and troughs in service demand and this would result in a general 'uplift' in provision of door-to-door bus transport across London. It would allow the development of additional bus-based services to meet local need, for example to shopping centres, markets and hospitals.
- 6.3.9 TfL could continue to provide funding support set within a service level agreement that defines service quality, customer satisfaction, charging policy, any implications for mainstream bus etc.
- 6.3.10 The Lewisham pilot demonstrated that integrating the supply-side of Dial-a-ride and Borough fleets can deliver operational savings. Any development of this approach should be take account of the evaluation that took place at that time and build on the lessons learnt.
- 6.3.11 It remains to be seen what impact the new Dial-a-ride 'consolidation' contract will have on refusal rates and trip costs, but it will only be enhancing Dial-a-ride as an isolated service outside of other potential integrated cross-service benefits.
- 6.3.12 The statutory provision of Adult and SEN transport services has to be a core consideration in determining the most appropriate framework. These services are delivered locally by Boroughs in a variety of ways, some integrated within a Borough, and some in partnership with adjoining authorities where there are cross-boundary service demands. Whilst highly targeted, there is potential for improved supply-side efficiency through integration with Borough bus schemes, Community Transport and PTS, focused on optimising utilisation against the peaks and troughs of each service.

- 6.3.13 The current structure of London PTS, as described in section 4.6, means there is huge variation in delivery that could again not be taken into account into any top-down process. Integration will need to be bespoke to the local area. There are important PTS quality and eligibility issues for users that need to be addressed in any service integration, but lessons can be learnt from pilot projects. Again, integration of the supply-side is better at the Borough level where the boundaries with PCTs are concomitant. Efficiencies can be driven through supply-side integration to match local demand.
- 6.3.14 As identified in section 5.4, services can be developed at the local level to provide access to health clinics through PCT contracts using the Council vehicle fleet.
- 6.3.15 A phased approach to implementation is essential given the scale of restructuring described above, the resources available to manage that change and the need to minimise the impact of change on users.

## CHANGE PROCESS

- 6.4.1 As detailed in para. 6.1.1, users will be concerned by any change process and it needs to be demonstrated that they will be no worse off either during the change process itself or in the restructured strategy. Change will need to be proactively managed and communicated to ensure a smooth transition, but there is limited resource available able to be dedicated to this process. Time should also be taken to get the process right for the longer term.
- 6.4.2 Key to any successful change process will be establishing effective partnerships that build a working relationship focused on implementing the optimum solution. There needs to be a positive mindset to that process centred on the benefits for users.
- 6.4.3 It is recommended that a Project Board is established with representatives from London Councils, Transport for London and Transport for All, with a remit to oversee and manage this process, its timetable for implementation and to disseminate information. The Board should include representatives from the Boroughs, either at a Borough-specific level or, if sub-regional partnerships are seen as the optimum way forward, then at the sub-regional level. The Board should also include representatives relevant to the services under consideration at any one time, whether Taxicard, Capital Call or Dial-a-ride. Decisions will ultimately need to be ratified by London Councils TEC, by Boroughs and by TfL.
- 6.4.4 As previously discussed, changes to one form of door-to-door transport will impact on other door-to-door services. The Project Board needs to retain an overview as part of its brief and ensure ongoing communication with delivery agencies and users.
- 6.4.5 The Board should be responsible for establishing the Heads of Terms for the restructuring of door-to-door, a more equitable redistribution model for the TfL Taxicard contribution, and at the appropriate time for Dial-a-ride funding to be assigned to the Boroughs. The Board will need to oversee the scope of the next Taxicard contract if Capital Call resources are to be used within Taxicard.
- 6.4.6 The Board should also put in place procedures to define consistent minimum service quality standards pan-London, customer satisfaction standards, de-minimus eligibility criteria and to establish commonality in application processes.
- 6.4.7 The Board should establish a central procurement agency responsible for putting in place framework contracts and overseeing the delivery of an integrated call centre and booking system.
- 6.4.8 Some aspects may require sub-groups dedicated to specific tasks and some aspects, such as the procurement agency, may require specialist out-sourced support.

## SUPPORTING ARRANGEMENTS

### FUNDING

- 6.5.1 Door-to-door transport by its nature will always have a higher unit cost than other forms of public transport. This creates an added pressure to demonstrate value for money.
- 6.5.2 The capping of TfL funding support for Taxicard and Dial-a-ride, the pressures to identify Borough savings, together with predicted demographics mean that the available budget has to be managed more efficiently, fairly and equitably; maintaining the status quo is not an option.
- 6.5.3 As detailed in para. 4.9.4, DfT is considering whether to change the current Freedom Pass funding distribution and this could result in a cut of approximately £50million across London to be met by Boroughs. Changes to other funding mechanisms should not therefore take place until such time as this issue is resolved.
- 6.5.4 Boroughs have expressed concerns over the distribution of TfL's Taxicard contribution. The opportunity should be used to develop a more equitable methodology, although further work is needed to devise the most appropriate redistribution. If the model were based on a formula determined by population or by levels of disability, however that might be defined, then there will inevitably be winners and losers and the timescale over which this could reasonably be introduced needs to be considered.
- 6.5.5 The recommended strategy would see the TfL Taxicard and Capital Call funding devolved to the Boroughs. This could be distributed through the Local Implementation Plan (LIP) process. The LIP work programmes are being restructured into five workstreams from 2010/11 and there is the potential to add a sixth specifically for door-to-door transport. LIP funding is currently a capital programme and discussions would be needed with TfL to enable the LIP to be used for revenue streams. If inappropriate, then a parallel process similar to the LIP could be established.
- 6.5.6 If TfL agrees to transform Dial-a-ride into a Borough bus-based scheme then funding could be allocated to either Boroughs or sub-regional partnerships. Again, there are different models that can be used to determine the financial implications. An initial redistribution based on current Borough trip levels (as detailed in Appendix D) would be the least disruptive and would reflect delivery patterns.
- 6.5.7 TfL can define a set of minimum service standards through a Service Level Agreement. However, it would not prevent Boroughs from choosing to offer enhanced standards, recognising any budgetary implications that this may have for themselves.

- 6.5.8 If TfL funding is allocated to support the delivery of a broader range of door-to-door services, rather than just Taxicard and Capital Call, then it will open up significant potential for the Boroughs to develop their own bespoke programmes and services directed at local need. This would also go a long way to help deliver the current Mayors Transport Strategy Policies and Proposals on door-to-door transport. However, the potential for inequalities must be closely monitored if this is to be successful.
- 6.5.9 The LIP programme requires Borough applications to be submitted by June each year, and a decision announced by the Mayor and TfL in November for the following financial year. Workstreams are being given a 3-year funding allocation, which will give Boroughs confidence to develop forward programmes and innovative projects. Some form of reward funding could be devised so as to benefit those delivering agreed outcomes. To retain service integrity TfL funding, whether through the LIP or not, should be hypothecated to door-to-door transport services.
- 6.5.10 This process would place budget risk at the Borough level and management structures such as ITUs will be needed to allow Boroughs to actively manage that risk.
- 6.5.11 Efficiency savings from the restructuring of door-to-door services and from centralised and joint procurement strategies can be used to fund: -
- Integrated Transport Units
  - Travel training, travel buddy and scooter programmes
  - Mobility Forum

Until those efficiency savings are in place, the TfL funding contribution could be top-sliced to pump-prime some or all of these programmes, and would be essential in the initial establishment of ITUs.

## **CENTRALISED PROCUREMENT**

- 6.6.1 Central government is promoting a joint procurement agenda. Boroughs recognise and would welcome the benefits of a centralised strategic procurement agency. Value for money can be obtained by moving away from independent sourcing to a more strategically focused approach. This will maximise value for all Boroughs and at the same time ensure the most cost-effective solutions are put in place and controlled. It would ensure common minimum standards are applied in terms of quality and service, and reduce the resources required within each Borough to manage procurement tender and award.
- 6.6.2 A body modelled on the NHS Purchasing and Supply Agency (PASA) could be put in place. This would be able to deliver supplier frameworks and e-supply processes for the strategic sourcing of the vehicle fleet, its leasing and maintenance, independent mobility assessments, common systems and communications such as scheduling and database software.

- 6.6.3 Strategic sourcing does require expertise and it may be appropriate to out-source elements of this service. Once established, the cost of running a centralised agency can be met from efficiency savings.

### **INTEGRATED TRANSPORT UNITS**

- 6.7.1 Effective integration, both from the supply-side and the demand-side, can only happen at a practical level through the use of properly resourced Integrated Transport Units, as described in sections 5.3, with the example of *Routeforward* in section 5.4.
- 6.7.2 Some Boroughs already have effective ITUs in place with a good level of resource and it would be appropriate to build on this within the Boroughs concerned. There are also a number of loose affiliations between Boroughs, in some cases including PTS, which could be developed into more formal agencies if backed with an appropriate level of resource. This could be via out-sourced support, as some Boroughs currently have in place for Adult and Children Service transport, or in-house where Boroughs have adequate resource.
- 6.7.3 Partnerships between neighbouring authorities will assist those currently less well resourced, for example in the shared use of vehicle tracking, scheduling software, user card systems and travel training schemes.
- 6.7.4 A multi-functional sub-regional or Borough-based ITU can then develop linked Travel Training, travel buddy and scooter programmes using self-financing efficiency savings.

### **INDIVIDUAL TRAVEL BUDGETS**

- 6.8.1 Personalisation is already taking place across a number of Borough services and, if door-to-door transport is to be fully integrated into social care programmes, then it needs to work within this strategic approach. This can only take place meaningfully at a Borough level where a holistic assessment of an individual's needs can be matched to the supply side.
- 6.8.2 All those Boroughs consulted in this review welcomed the use of individual travel budgets as part of the personalisation approach, giving users control over their travel options. Implementation will need further work to develop an overarching framework across London, within which each Borough can develop its own 'market' and charging regime.
- 6.8.3 Some Boroughs use travel budgets already, for example Richmond gives travel vouchers and Havering uses tokens for Community Transport. This places travel funding directly into the hands of the user based on real service payments. However, individual travel budgets are, in effect, an 'internalised' charging mechanism allowing each user to decide how to make best use of a capped allocation. It does not mean the use of vouchers, tokens or e-purses loaded onto smartcards, for example. A restructured door-to-door service may require smartcards in order to

minimise potential fraud, but that is a separate issue.

6.8.4 By using a simple cost model, each Borough will be able to assess and review previous travel demand patterns at a local level and proactively adapt its charging strategy periodically to match the available budget. This approach allows Boroughs to innovate, to develop and adapt local schemes to reflect demographic trends and budget pressures, and to reflect local political priorities.

6.8.5 The following aspects will need consideration within each Borough: -

- The need to align and manage the total of individual travel budget expenditure with the available overall budget
- The range of 'chargeable' transport services on offer
- Balancing available supply with the 'spread' of demand for each service through the pricing mechanism
- How each user accesses data on their individual budget, 'spend' remaining for the year etc
- Whether the travel 'budget' should be financially-based or trip-based
- Whether charges should be a fee per passenger, and not a marginal cost which could result in services being cross-subsidised
- Impact on fleet utilisation and viability of contracted services
- Integration with FACS criteria, where appropriate

6.8.6 A charging regime also needs to consider the relationship between the charge of each option to scheme members and the cost of mainstream public transport fares. It is understood that a Travel Budget study was undertaken by Imperial College as part of the Newham pilot and there may be useful analysis and modelling that would contribute to a further consideration of this approach.

6.8.7 Individual travel budgets have the potential to allow the impacts that changes in one assisted transport service will have on the delivery and operating costs of other services to be understood and managed. This makes it important to have integrated transport arrangements delivered in partnership at a local level.

## **CALL CENTRE OPERATIONS**

6.9.1 Users currently access the range of available services through a number of different call centres, each with their own booking, scheduling and back office support systems. A restructuring of door-to-door services opens up the potential to rationalise call centre operations and realise efficiency savings, whilst delivering important user benefits.

6.9.2 A single pan-London call centre can be developed from the current Taxicard call centre. From discussions with Computer Cab the system could be extended to include bus-based services, Adult and Children Services transport and Community Transport. Dispatch systems can be

linked to scheduling systems and tracking and management information provided to facilitate multi-occupancy journeys.

- 6.9.3 The journey exchange system can allocate bookings to the most appropriate provider, depending on booking type and the profile of the user. It is understood that this system could incorporate the complexities that would be involved with individual travel budgets and varying charging regimes across different Boroughs and different services.
- 6.9.4 The Herts Travelline in section 5.5 is a good example, particularly in terms of linkages to NHS PTS booking and allocation.

## **ELIGIBILITY AND ASSESSMENT**

- 6.10.1 Common eligibility standards and assessment processes are seen as critical by central government in delivering services transparently, fairly and equitably to those who need them most. For example, the recent DfT Blue Badge Reform Strategy states that the widespread practice of using an applicant's GP to verify an application is '*wholly unsatisfactory*' and it recommends the use of independent health professionals. There is a need to distinguish between defining 'disability' as a criteria and defining 'mobility', which can only be done through a formalised mobility assessment process.
- 6.10.2 It has to be recognised that whilst some moves have been made to standardise eligibility criteria, Boroughs do have different stances built up over a period of years, developed to suit local demographics and appropriate to local needs. Any attempt to define a single pan-London set of criteria at a detailed level is likely to be complex, time-consuming and difficult. There are ongoing debates over the use of HRMCDLA as an automatic criteria for many transport services and there are issues over mental health. These should not be allowed to become an obstacle to the goal of improved management of door-to-door services.
- 6.10.3 It should be possible to define a core set of criteria pan-London to which all Boroughs adhere, and which Boroughs can then enhance to suit local circumstances, recognising the implications that a more open set of criteria will have on their own transport service budgets.
- 6.10.4 There is the potential to move towards holistic multi-service assessments that encompass social care and transport. Not only would this have significant benefits for clients but a business case can be made to demonstrate financial saving to the Boroughs. As with other elements of door-to-door services, the assessment process can be outsourced through a centralised procurement agency on a sub-regional basis.

## TAXICARD CONTRACT

- 6.11.1 If TfL agrees to Capital Call resources being used within Taxicard then, as described in para. 6.3.4, the next Taxicard contract will need to incorporate measures to address the current areas of need.
- 6.11.2 The contract will need to be scoped to include the potential to enlarge the role of the call centre so as to incorporate additional transport services with more detailed and complex data-handling processes and the need for call centre operators to have good local knowledge.
- 6.11.3 These changes, together with any new performance management measures deemed necessary, will have to be built into tender documentation. This process will need to comply with the timetable required to comply with EU procurement regulations and to obtain approval at London Councils TEC Committee to the award of contract.
- 6.11.4 This combination of factors is likely to require the current contract to be granted a one-year extension, with renewal then taking place in October 2011.



## 7. SUMMARY OF RECOMMENDED STRATEGY

7.1.1 The strategy sets out a vision and overarching plan that places Boroughs at the centre of managing and operating door-to-door transport services, set within a holistic framework and supported by funding from Transport for London. The aim of the strategy is to deliver Best Value through enabling the provision of high quality, focused, effective and efficient door-to-door services designed to meet the needs of users.

7.1.2 The strategy is summarised as: -

- An overarching vision of Boroughs at the 'centre' of door-to-door transport, supported by TfL funding
- Taxicard to remain as a stand-alone premium service
- TfL to consider whether Capital Call resources would be better used within Taxicard and the next Taxicard contract scoped to enhance service provision in areas where there are still problems
- TfL to consider whether it is appropriate for TfL, as a strategic transport authority, to operate Dial-a-ride and whether it should be transformed into Borough bus-based services, managed and operated either by Borough or sub-region
- Statutory Adult and Children's transport supply-side to be integrated with non-statutory Borough services through the Integrated Transport Unit concept
- Boroughs to develop their own bus-based schemes to meet local needs through Integrated Transport Unit concept
- Boroughs develop their own supply-side operations with PCT PTS

7.1.3 The following arrangements are proposed to support the strategy: -

- Formal agreement between TfL and Boroughs setting customer satisfaction standards, quality standards, de-minimus eligibility criteria etc
- Taxicard TfL contribution to be redistributed more equitably
- TfL funding assigned to Boroughs through formula funding LIP-style process, broadened to cover delivery of wider door-to-door services
- Phased programme of change managed by a Project Board
- Borough-specific or sub-regional Integrated Transport Units, potentially out-sourced
- Centralised procurement agency
- Efficiency savings to fund Travel Training, travel buddy, scooter programmes
- Individual travel budgets
- Single call centre
- Single assessment process



## 8. NEXT STEPS

### SHORT TERM

- Core strategy to place Boroughs at the centre of managing and operating door-to-door transport services, set within a holistic framework and supported by funding from Transport for London to be agreed by Boroughs, London Councils and Transport for London
- Establish the Project Board, its membership, agree remit and communication strategy
- Agree methodology to redistribute the TfL Taxicard contribution beyond 2011/12
- Extend current Taxicard contract by one year
- TfL to consider whether Capital Call resources would be better used within Taxicard
- Integrate resultant service needs into new Taxicard contract
- Contract process for Taxicard contract, for award from October 2011
- Project Board to develop a phased programme
- Project Board to identify and establish any pilot projects and sub-group workstreams

### MEDIUM TO LONG-TERM

- Establish Borough-specific and/or sub-regional Integrated Transport Units, initially using pump-prime funding
- Formal agreement between TfL and Boroughs to assign current Dial-a-ride funding to Boroughs for a wider range of door-to-door services
- Formal agreement between TfL and Boroughs on quality standards, customer service standards, de-minimus eligibility criteria etc
- TfL to consider whether it is appropriate for TfL, as a strategic transport authority, to continue to operate Dial-a-ride
- Subject to above, formal agreement between TfL and Boroughs on allocation to Boroughs of current Dial-a-ride assets
- Subject to above, Dial-a-ride to be transformed into Borough bus-based services, managed and operated by Borough or sub-region
- Establish framework for Individual Travel budgets
- Set up a single call centre
- Boroughs and/or sub-regions to develop supply-side integration of Borough bus-based schemes and Community Transport
- Boroughs and/or sub-regions to develop supply-side integration of bus-based operations with Adult and Children's Services
- Boroughs to develop bus-based schemes to meet local needs
- Boroughs to develop supply-side operations with PCT PTS
- Boroughs to develop Travel Training, travel buddy programmes
- Boroughs to establish a single assessment process