Introduction

Age Scotland welcomes the opportunity to respond to the Scottish Parliament’s Infrastructure and Capital Investment Committee’s Inquiry into Community Transport. The Charity is strongly supportive of community transport and the capacity of service providers to deliver vital support to older and disabled people across the country.

On 25 February 2013, Age Scotland launched ‘Still Waiting’, our campaign to adjust the existing National Concessionary Travel (NCT) scheme to include community transport. The purpose of this campaign is to ensure that older people are supported to live in their own homes and communities for as long as possible. There is an increasing expectation, particularly at a time of constricting budgets, that people will be expected to receive health and social care services within the home. Whilst Age Scotland agrees this transformation of services towards being more responsive to individual needs and focuses on preventative support is desirable, there must also be an acknowledged of the risk that such an approach carries. Specifically, that older and disabled people could become prisoners within their own homes and communities, unable to get outdoors and remain socially and physically active.

Research has identified loneliness and social isolation as carrying a higher risk than lifelong smoking, with isolation linked to depression and a lack of social interaction associated with the onset of degenerative diseases such as Alzheimer’s. With nearly a fifth of older people not speaking to friends or family on a daily basis, Age Scotland believes that greater support is urgently needed to ensure that the positive work by successive administrations in the Scottish Parliament to improve the later lives of Scotland’s older people does not go to waste.

Age Scotland considers that simply being supported to exist is not enough – our older citizens deserve more; a better quality of life where their contribution to society is recognised and where they are encouraged and enabled to remain active members of their communities. The role of transport in this, and its capacity to be an enabler of our shared ambitions, has rarely been fully addressed. That is why we believe this inquiry and our ‘Still Waiting’ campaign are so important. At a time of ever dwindling budgets, services that reduce the strain on acute care are more vital than ever. Age Scotland strongly believes that improving access to demand responsive community transport will have a profoundly beneficial effect on the lives of some of our most vulnerable people.
Through this submission, we will present some of the findings highlighted in the research carried out for ‘Still Waiting’, but also to address some of the concerns we have identified during the course of our campaign. We believe the Committee’s inquiry presents a fantastic opportunity to develop the evidence base around how a strengthened and expanded community transport sector could play its part within an integrated and prevention-focussed health and social care service. This vision is not simply about asking for more money when the Government has less available – it is about identifying ways to support those with the greatest need; working smarter and more efficiently and, ultimately, designing services that we would hope to be available in all our futures.

In August 2012, Age Scotland commissioned a research report ‘Driving Change: The case for investing in community transport’, which sought to identify:

- The role of community transport in sustaining the health and wellbeing of older people
- The current and projected numbers of older people using community transport
- The estimated savings that could be achieved by adjusting the NCT scheme to community transport providers

We have included extracts from the report as part of our submission below, and the recommendations contained within the report are included as Annex 1, alongside additional proposals that appear throughout the submission. Age Scotland would welcome the opportunity to provide oral evidence to the Committee and would encourage the consideration of the broader research report and the booklet of case studies of service users’ experiences around transport provision in their areas.

**Still Waiting – key campaign objectives**

Age Scotland’s ‘Still Waiting’ campaign calls on the Scottish Government to adjust the NCT scheme so the bus pass can be used on Community Transport Services. While the free bus pass has been of immense benefit to many older people in Scotland, it is only of value where a suitable bus service is available. Where it is not, people, whether living on low income, having mobility difficulties or health conditions, and sometimes all of these, can experience severe isolation and loneliness. It is important to acknowledge that this problem is not exclusive to rural areas; a lack of transport options can also blight urban communities, particularly in winter when steeply rising pavements can become iced and dangerous.

Furthermore, across Scotland, there are worrying signs of commercial bus operators withdrawing from routes on the grounds of cost, cutting off even more older people. Community transport services, often run by local charities, are crucial for filling these gaps; from community mini-buses to door-to-door collection and drop off schemes. Despite this vital service, operators are vulnerable to dwindling funding, particularly while the Scottish Government and councils are under severe budgetary pressures.
By including Community Transport in the NCT scheme, we can encourage growth in these services. We’re also asking for full reimbursement to them of every fare, as community transport providers - unlike commercial operators who currently receive 60% reimbursement - are not able to cross-subsidise services from their profits.

Our research suggests this proposal would, at present, cost the Scottish Government around £11.2 million. However, in light of the current economic climate, Age Scotland was keen to identify a means whereby this proposal could be affordable as opposed to simply presenting a request for additional funding. Following careful consultation through a series of focus groups, we have suggested that the eligibility criteria for the existing NCT scheme (currently 60 years of age) should be redefined in line with changes to State Pension Age. Whilst we acknowledge this may be controversial, we believe that as a responsible charity, our lobbying activities should take into consideration the economic constraints faced by the public sector and include proposals which are costed and affordable.

Age Scotland believes that this change in eligibility would more than cover the cost of extending the NCT scheme to community transport operators. Indeed, in 2010, Audit Scotland estimated the savings that would be made through increasing the age of eligibility to 65 to be around £40 million annuallyiv. Further work is needed on this figure and we would welcome research that strengthened the case for investment. It is important to stress that, in discussions with our member groups, they have been largely supportive of our proposals to adjust NCT eligibility in recognition of the need to focus service provision on those most in need.

Critically, we must stress that Age Scotland has not proposed removing the NCT scheme card from those who have already received their card. Again, we address this below, along with the implications from broader concerns around individuals who would be affected by the changes we have suggested, including older women.

**Still Waiting – further research and issues identified**

Since the launch of Still Waiting in February, Age Scotland has been taking the message to parliamentarians and the general public with a view to securing support for our proposals. The response we have received has been hugely positive, with endorsements from representatives of each of main political parties in the Parliament. In addition, we have had the opportunity to speak directly with Scottish Government Ministers and leaders of the opposition parties about the details of our proposals. Broadly speaking, the parties have noted they are at least sympathetic to our campaign or, indeed, fully supportive.

While we are conscious of the current debate with regard to universalism, the Charity is keen to work with all parliamentarians to constructively approach this debate with the greatest focus on how we can ultimately deliver the best
support for those most in need. Later in the year, we will be inviting representatives from each party to join a round table discussion where we intend to review the outcomes of our campaign and any further research conducted.

As mentioned above, in discussion with individuals who stand to be affected by our proposals, it is clear that there is a risk that some women could be affected in ways which would merit an adjustment to the Charity’s initial proposal for a blanket change to age eligibility for the NCT scheme. Specifically, as a result of equalisation of the state pension age, thousands of women born between 1952 and 1954 could face a delay in receiving their pension. Without an effective phasing-in period for any amendment to eligibility of the NCT scheme, we are concerned that these women could be forced to bear a higher cost and therefore an issue which we are keen to address as part of the progression of our campaign. With that in mind, we would welcome discussion around how this might be achieved, the cost implications and the full number of individuals who stand to be affected.

We are keen to assist the Committee in identifying the most productive means by which additional research on community transport services might be better supported or, ideally, included within the NCT scheme. MSPs from all parties have commented that they would be keen to have greater certainty around the potential cost to the State from the adoption of our proposals. Driving Change presents an assessment of anticipated costs based on available data from community transport operators and average fares for all journeys made. We would appreciate the opportunity to engage with stakeholders or agencies that may be able to support the production of this data, and we would encourage the Committee to call for further clarity. Age Scotland believes that this would be a worthwhile means of providing certainty for the Government that the cost savings through a reduction of eligibility would pay for the extension of the NCT scheme to community transport operators.

Finally, another area in which Age Scotland’s Still Waiting campaign has been encouraged to obtain further detail is around the capacity of transport generally – and community transport services specifically – to achieve efficiencies in health and social care outcomes. We understand that both national and local government must be able to evidence decisions before markedly altering the delivery of services. In that sense, we are again keen to support the development of a clearer understanding of the impact and potential returns on investment in community transport services. We hope the Committee would concur that engaging with partners in the Health and Sport Committee, as well as other key stakeholders involved in health and social care integration and the reshaping care for older people agenda would be a sensible approach in this regard.

**Access to concessionary fares schemes**

It is important to appreciate the definitions around the varying schemes through which operators can be included within the NCT scheme. This, ultimately, helps to explain some of the issues that have led to a diversity of
provision across Scotland, which we address further below. One of the Scottish Government’s key responses to questions raised in Age Scotland’s campaign has been the assertion that community transport already falls within the NCT scheme under Section 22 permits. These are granted for non-profit groups that use unpaid volunteer drivers, to enable them to operate registered bus services for the public using a minibus, and community bus schemes use this permit. These services must run to a regular timetable and can be used by members of the general public, with passengers alighting in the same way as they would a commercial bus service at pre-determined, fixed stops.

In contrast, Section 19 permits can be issued to organisations concerned with education, religion, recreation, social welfare and other activities of community benefit, but only entitles them to carry a defined population (i.e. not the general public). The defined population can include those in a geographical area who do not have access to their own private transport, and dial-a-ride services use this permit.

What this means, however, is that those individuals who might only be able to access Section 19 community transport services would not be able to benefit from free travel under the NCT scheme. The Government has again stated in correspondence with Age Scotland, that individual local authorities are responsible for deciding priorities in their areas with regard to the extent and terms of local concessionary schemes. Clearly, in this respect, there is a risk of an inconsistent availability of services from one part of the country to another, another potential example of the ‘Post Code’ lotteries around provision and how this complements the integration agenda.

Age Scotland believes that funding for local authority support of community transport services should be ring-fenced, with clear national parameters, guidelines and targets to ensure that older and disabled people are able to access services that best enable them to remain active and independent within their own communities.

The lack of a strategic approach to community transport; The lack of a coordinated approach with NHS bodies and community transport providers

As noted above, there is a challenge around the existing agreement between the Scottish Government and local authorities, in which a lack of specific and measurable targets around provision has led to a wide degree of variance from one part of Scotland to another. From our research, this picture appears to be very much reflected across NHS bodies and is representative of an uncoordinated approach towards investment and provision nationally.

From the perspective of service users, fewer people living in rural Scotland rated access to a number of public services as ‘very’ or ‘fairly’ convenient compared to those living in urban areas or Scotland as a whole. Specifically, those aged 60 or over are less likely than all other age groups to find any of the services – including hospital outpatients, dentists, chemists/pharmacists, GP’s surgeries, and public transport – ‘very’ or ‘fairly’ convenient to access.
For example, under half (45%) of residents of remote rural areas and just over half (56%) of residents of accessible rural areas find accessing hospital outpatient department 'very' or 'fairly' convenient, compared to almost two thirds (64%) of residents of large urban areas and 61% nationally.

A similar pattern emerged in terms of access to public transport. Just over half (55%) of residents of remote rural areas and nearly two thirds (63%) of residents of accessible rural areas find public transport 'very' or 'fairly' convenient compared to 93% of residents of large urban areas and 85% of residents of Scotland as a whole.

Audit Scotland's 2011 Transport for Health and Social Care report states: "...from the information available we have identified that the public sector spent £93 million for health and social care (transport) in 2009/10, however this is likely to be a significant underestimate since the quality of data from NHS boards and councils is poor".

The report suggests that health boards, local authorities and the Strathclyde Partnership for Transport (SPT) spent at least £2.4 million on community transport for health and social care. However, this study looks at all spending on community transport, as opposed to just the spend for health and social care purposes, as was the case with the Audit Scotland study. When taking into account all spending, local authorities and NHS Boards across Scotland in fact spent at least £4.5 million on community transport in 2011/12, with health boards accounting for an estimated £431,257 and local authorities (and the SPT) an estimated £4,020,351.

Age Scotland’s research revealed the broadest divergence in provision across local authorities and NHS Bodies in Scotland, further evidence of which is available in Driving Change. However, as with other aspects of activities in this area, we would welcome greater clarity and certainty on this the details of provision and expenditure across Scotland.

<table>
<thead>
<tr>
<th>Spend on CT</th>
<th>Last Available Year of Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ayrshire &amp; Arran*</td>
<td>£- 2011/12</td>
</tr>
<tr>
<td>Borders**</td>
<td>£- 2011/12</td>
</tr>
<tr>
<td>Dumfries &amp; Galloway***</td>
<td>£- 2011/12</td>
</tr>
<tr>
<td>Fife</td>
<td>£5,854 2011/12</td>
</tr>
<tr>
<td>Forth Valley*</td>
<td>£0 2011/12</td>
</tr>
<tr>
<td>Grampian*</td>
<td>£0 2011/12</td>
</tr>
<tr>
<td>Greater Glasgow &amp; Clyde</td>
<td>£148,251 2011/12</td>
</tr>
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<td>Orkney</td>
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<tr>
<td></td>
<td>Amount</td>
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<tr>
<td>----------</td>
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</tr>
<tr>
<td>Shetland</td>
<td>£3,960</td>
</tr>
<tr>
<td>Tayside*</td>
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<tr>
<td>Western Isles</td>
<td>£5,000</td>
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<tr>
<td><strong>Total</strong></td>
<td><strong>£431,257</strong></td>
</tr>
</tbody>
</table>

* These boards reported zero spend on CT in the last financial year.
** NHS Borders does not fund individual voluntary community transport providers. In certain circumstances, voluntary driver organisations may be reimbursed for transport costs incurred in providing patient transport services. There is no hospital visitor transport service provided by the Board.
*** NHS Dumfries & Galloway acknowledges that it does fund CT in the area, but cannot provide a figure.

From spending within eight of the fourteen NHS Boards amounting to £431,257 (ranging from nil in five boards - Ayrshire & Arran, Dumfries & Galloway, Forth Valley, Grampian and Tayside - to £148,251 in NHS Greater Glasgow and Clyde), the average spend across each of the fourteen health boards equates to £30,804.

Examples of health board use of community transport include:
- NHS Highland: “On Skye there is the Older Adult transport scheme - this supports trips from the rural areas into Portree – so can facilitate access to health and social care services. West Ross has a community car scheme which again receives a small grant from the service and supports people to access hospital appointments but not to visit other people in hospital. We also have an arrangement with the Red Cross to support hospital to home travel and vice versa for patients.”
- NHS Shetland: “We commission a community transport service which transports Shetland patients from Sumburgh airport to various hospitals within NHS Grampian”.

**Spend on community transport by local authorities**

While data from local authorities is presented below, data from Edinburgh was not supplied and has therefore been extracted from Audit Scotland’s report on Transport of Health and Social Care. (This is likely to be an underestimate as Audit Scotland asked solely for spending on health and social care purposes). SPT provided data on the spend within East Ayrshire, East Renfrewshire, Glasgow, Inverclyde, North Ayrshire and Renfrewshire. Each of these local authority areas was contacted to identify if there was any additional spend, and this revealed that East Ayrshire makes an additional contribution within its own area (this has been added to the figure supplied by SPT).

It is also worth bearing in mind that, since the publication of Driving Change, some local authorities have sought to clarify their positions and, again in the interest of achieving the greatest degree of certainty around investment in each area across Scotland, Age Scotland would welcome the opportunity for a review of the details received as part of our initial investigations.
While the approximately £4.5m currently spent annually by health boards and local authorities on community transport is small in relation to the totality of the local government and NHS budgets, it nonetheless has produced evidence of substantial return on investment, such as improved quality of life and health and wellbeing outcomes. It further highlights the positive impact the sector has made and what it might be capable of achieving were a sufficiently co-ordinated approach taken towards the provision of services and funding across the country.

Local Authority spend on Community Transport per year

<table>
<thead>
<tr>
<th>Local Authority</th>
<th>Spend on CT</th>
<th>Last available year of data</th>
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<tr>
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<tr>
<td>Aberdeenshire</td>
<td>£369,249</td>
<td>2011/12</td>
</tr>
<tr>
<td>Angus**</td>
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<td>2011/12</td>
</tr>
<tr>
<td>Argyll &amp; Bute</td>
<td>£96,500</td>
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</tr>
<tr>
<td>Clackmannanshire***</td>
<td>£-</td>
<td>2011/12</td>
</tr>
<tr>
<td>Dumfries &amp; Galloway</td>
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<td>2011/12</td>
</tr>
<tr>
<td>Dundee*</td>
<td>£0</td>
<td>2011/12</td>
</tr>
<tr>
<td>East Ayrshire</td>
<td>£130,601</td>
<td>2011/12</td>
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<tr>
<td>East Dunbartonshire***</td>
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<td>2011/12</td>
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<tr>
<td>East Lothian</td>
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<tr>
<td>East Renfrewshire</td>
<td>£14,000</td>
<td>2011/12</td>
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<tr>
<td>Edinburgh****</td>
<td>£727,228</td>
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<td>Fife*</td>
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<tr>
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<td>Highland</td>
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<tr>
<td>Inverclyde</td>
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<td>Shetland****</td>
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<td>South Ayrshire******</td>
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<td>Stirling</td>
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<td>West Dunbartonshire*****</td>
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<tr>
<td>Total</td>
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</table>

*These councils reported that they do not fund CT services
Angus Council does not support directly any community transport services but highlights it operates a Taxicard Scheme for individuals who are unable to use buses - allowing travel at reduced fares.

No data available from Clackmannanshire and East Dunbartonshire Councils.

Edinburgh and West Dunbartonshire data from Audit Scotland Transport for Health and Social Care.

All transport in Shetland is organised & contracted by ZetTrans for Shetland Islands Council, which subsidises all services.

South Ayrshire reports that its funds go to SPT which distributes them to CT providers on its behalf - no data on this spend was provided.

West Dunbartonshire responded “We hold no records of any financial support to community transport providers in 2011/12”.

**Funding of services**

Through Age Scotland’s engagement with community transport providers, we are aware that the wide geographical areas they cover has led to a complex bureaucracy around applications for funding. This can be as a result of the need to submit applications across the range of local authority areas in which the providers operate. In addition, with the removal of three-year funding rounds, the necessity to invest greater amounts of time in compiling bids and applications removes resources that could be better allocated towards the delivery of front line services.

A more streamlined system, providing greater certainty for operators, their employees and volunteers, would ensure they could effectively plan across longer timeframes. With this in mind, Age Scotland would urge the Committee to investigate options for a more measured funding process both nationally and locally, one that seeks to genuinely minimise the administrative burden on already stretched local teams.

**The impact that a lack of transport has on people’s lives**

At first glance, older people may appear to benefit from a range of measures designed to support their use of transport, such as their eligibility for the NCT scheme. However, older people also encounter a range of barriers in accessing public transport, and community transport plays an important role in helping to overcome these barriers. For example:

- Commercial routes in rural areas may be infrequent, too far from people’s houses or non-existent
- Fear of crime and fear of falling prevent some older people from using public transport
- Those with disabilities and health issues may require specialist accessible vehicles
- Some people, for example those with mobility issues who may be unable to walk to the nearest bus stop or from the bus stop to their destination, could require “door–to–door” transport support.
In addition to helping overcome access barriers, community transport has a major role to play in providing opportunities for socialising with peers, thus helping to combat feelings of isolation. It brings health and well-being benefits and can facilitate direct access to public health and social services.

As part of our activities around Still Waiting, Age Scotland has developed a booklet containing a range of case studies that reflect some of the experiences of individuals across Scotland and the challenges they face as a result of a lack of meaningful transport options. We have included a copy of this booklet as part of our submission, as we feel these examples make clear the link between isolation and the capacity of services, where they are available, to have a profoundly positive effect on older people’s lives.

More generally, Age Scotland’s research showed that, while 87% of people aged 60 or over in Scotland have an NCT card, the proportion varies across urban and rural areas. In large urban areas, 91% of older people have an NCT scheme card compared to just over three quarters in rural areas (77% in remote rural areas and 78% in accessible rural areas).

Whilst the majority of older people have an NCT card, a significant proportion of them do not use it - particularly those living in rural Scotland. Almost half (47%) of those living in remote rural areas and 43% in accessible rural areas do not use their card, compared to almost a third (31%) across the whole of Scotland and just a fifth of those (22%) in large urban areas.

In remote rural areas, over two thirds (70%) of those aged 60 or over either do not have a NCT scheme card or do not use it (65% in accessible rural areas). In contrast, in large urban areas, less than one third (31%) of those aged 60 or over either do not have a pass or do not use it.

Age Scotland’s consideration of the provision of community transport services principally looked at how access to transport facilitates health and social care outcomes, for example, by facilitating access to health services (as reflected above in the section looking at co-ordinated approaches across Health Boards) and in sustaining the health and well-being of older people. While there is a paucity of research into the impact of community transport - and, by extension, the lack of it – we believe that much of the research on the impact of the NCT system is appropriate to this study, as it relates to supporting older and disabled people to remain active in their communities.

Qualitative Evidence - Increased physical activity

The 2011 Scottish Health Survey found the majority of older people in Scotland do not achieve the recommended daily amount of physical activity. It detailed that about a fifth (20%) of 65-74 year olds meet physical activity recommendations, while, amongst over 75s, only 11% of men and 7% of women reach recommended levels of activity.

Imperial College London identified the health benefits of the NCT scheme, and concluded:
“Older people in England with a free bus pass seem more likely to use active transport and buses, and to undertake regular walking than those without… 15 minutes of moderate daily exercise is linked to a 12 per cent lower risk of death in individuals 60 and over…. These findings suggest that public subsidies enabling free bus travel for older persons may confer significant population health benefits through increasing incidental physical activity levels…. Maintaining physical activity helps sustain mental wellbeing, mobility and muscle strength in older people. It also reduces their risk of cardiovascular disease, falls and fractures\(^{vi}\).

While this research considered the health benefits of the free bus pass (and therefore focused on public transport options), the central argument – that greater levels of bus use result in increased physical activity - is equally applicable to community-based transport services. Extension of community transport within the framework of the NCT scheme would facilitate greater activity levels by service users and, therefore, health benefits in line with the findings above.

In addition, qualitative evidence gathered during interviews points to community transport having an even greater impact in preventing falls. This is because community transport vehicles are particularly suitable for older people, with staff and volunteers uniquely trained in, and aware of, the specific support needs (physical, mental and emotional) of individual service users. This includes assistance in accessing vehicles, no requirement to stand while the vehicle is in motion to alert drivers to stop and certainty that the driver will stop the vehicle before passengers leave their seats to disembark. Age UK found that 800 older people fall on buses every day, and that the fear of falling is a major barrier to using public transport.\(^{vii}\)

**Reduction in malnutrition**

Malnutrition has a severe impact on the health of older people. It is linked to an inability to fight infection, depression, impaired wound-healing, reduced strength and fatigue. An economic evaluation of the Food Train – a project delivering food services in the community to older people in Scotland - notes that “malnutrition affects 10% of people over 65”\(^{viii}\).

Our partner charity in England, Age UK, produced a report in 2011 called 'Living on A Low Income', which found that, across the UK, “local shops in rural areas were considered to be very expensive and did not always sell the basic food times that people required. Participants also complained that in rural areas there was a limited range of shops, meaning that they had to travel if they wanted more choice”\(^{ix}\).

Community transport can play a role in reducing malnutrition in older people with low levels of income because it allows them to “shop around” and take advantage of cost savings available from various retailers. This is particularly important in rural areas, where access to shops may be limited if people do not have their own cars. While there is often a cost attached to use of the
community transport service when visiting retailers, this still compares favourably to the long-term costs of car ownership and the opportunities consumers have to compare prices between retailers.

**Improved quality of life**

Geoffrey Paul Andrew’s research paper ‘Just The Ticket’ explored the contribution and limitations of the NCT scheme in England to the quality of later life. In particular, he identified:

- Feelings of isolation, loneliness and depression can occur when mobility is lacking.
- Factors that make car use difficult, such as visual impairment and physical frailty, can often inhibit older people from using commercial buses.

However, encouragingly, the report also detailed:

- Mobility provides a feeling of independence and opportunities for social interaction and the NCT card allows holders to justify trips they could not otherwise have made if there had been a cost.
- Older card holders (those aged 85 or over) are more likely to report the pass improving their quality of life compared to younger pass holders, suggesting a free bus pass offers benefits above and beyond the simple ability to facilitate travel.

The benefits of the pass to the user identified in the report are numerous and often the actual journey was a secondary benefit compared to what it facilitated or helped avoid, such as feelings of isolation. This, however, is less pronounced in rural areas, where there are fewer services available and users cannot access regular bus services. While this research examines the English scheme, the same can reasonably be expected to apply in Scotland.

Furthermore, during the course of our interviews with Scottish community transport providers, a number of additional positive outcomes were identified, including, that it:

- Offers respite opportunities for carers, which helps them maintain support to partners or relatives so that they can remain living at home.
- Increases mobility and facilitates older people’s involvement in community affairs or participation in activities such as volunteering.
- Facilitates mobility and access to banking and legal services and (of particular importance for vulnerable older people) advice services.

**Quantitative evidence - Key quantitative findings:**

These findings, from ‘Just The Ticket’, were based on an on-board bus survey of 487 concessionary pass holders conducted in South West England in December 2009:

- 66% felt the cost of the journey was a preventative factor in travelling prior to having a pass.
- 74% agreed that having a free bus pass had improved their quality of life to some extent.
Older pass holders were found to be making more trips by bus than younger pass holders.

Pass holders’ main trip purposes were shopping (47%), social trips (26%), other (for reasons including escorting children, travelling for travel’s sake, tourist days out and voluntary work) (19%), work (5%), health-related appointments (3%) and education (1%).

Findings from the Review of the Scotland-wide free bus travel scheme for older and disabled people (2009)

Despite the poor uptake and limitations of the bus pass in rural areas, many of the key conclusions of the Scottish Government’s 2009 review of the NCT scheme complemented the findings from ‘Just The Ticket’.

- 85% agreed with the statement that the introduction of the NCT had enhanced their access to services including shopping, health and leisure activities.
- Older and disabled people agreed the introduction of the NCT scheme had allowed them to visit friends and families more, which in turn met the scheme’s social inclusion objectives.
- 54% used their card to access health services, suggesting health improvements may also be attributed to the NCT scheme.
- Respondents strongly agreed the scheme had helped them develop a more active lifestyle – including walking more.

The positive impact of the NCT in terms of improving health and wellbeing outcomes for Scotland’s older people is clearly demonstrable by the range of evidence, research and testimonies available. Where there are fewer commercial bus services (i.e. most typically in remote and rural areas), there is a marked reduction in the ability of older and disabled people to achieve the potential health outcomes.

Age Scotland has proposed that these outcomes suggest the effectiveness of community transport as enablers of positive health and social care outcomes and in contributing towards older people’s ability to remain active within their own communities. However, as mentioned at the start of this submission, we fully appreciate the need for greater detail and scrutiny of the impact of issues specifically within the remit of the Committee’s Inquiry. Therefore, we would welcome consideration by the Committee on the development of further research to expand the data available, which we are confident would broadly corroborate our findings.

The growing demand for community transport provision

The most comprehensive data on community transport in Scotland stems from Community Transport Association Scotland’s 'State of the Sector’ research, which produced the following estimates:

- 3.5 million passenger trips per year.
- 62% of service users are 60 or older.
- 16% of service users are disabled.
- 28,000 registered members of community transport operating organisations.
- Around 100,000 people benefit from community transport in Scotland annually.

**Data caveats**

Operators provided data on total passenger trips per year. This prevents examination of information at an individual level. For example, it is not possible to aggregate the number of journeys made per passenger, nor can journeys by varying transport modes be quantified (for example dial-a-ride journeys).

As community transport providers’ definitions of “60 or older” and “disabled” are not mutually exclusive, it is, therefore, likely that some of the disabled passengers were also over 60. On the basis that at least half of the UK’s disabled population are of a pensionable age, we have estimated that an additional 8% of passengers (half of the disabled passenger group) are 60 or older. Our working assumption is, as a consequence, established on the basis of 70% of all passengers being 60 or over.

**Projected community transport use by older people**

In the table below, two sets of projections are provided; one based on registered members of community transport providers (28,000) and another derived from CTA Scotland’s estimate of the total number of people who use community transport (100,000)

<table>
<thead>
<tr>
<th>Time period</th>
<th>% increase in older population aged 60 and older*</th>
<th>Model 1: (based on the current total of registered members = 28,000)</th>
<th>Model 2: (based on CTA Scotland’s estimated number of people benefiting from community transport = 100,000)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Users aged 60 or older (estimated 70% of total)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2013</td>
<td>1.48%</td>
<td>19,890</td>
<td>71,037</td>
</tr>
<tr>
<td>2014</td>
<td>1.54%</td>
<td>20,196</td>
<td>72,129</td>
</tr>
<tr>
<td>2015</td>
<td>1.55%</td>
<td>20,508</td>
<td>73,245</td>
</tr>
<tr>
<td>2016</td>
<td>1.69%</td>
<td>20,854</td>
<td>74,479</td>
</tr>
<tr>
<td>2017</td>
<td>1.79%</td>
<td>21,227</td>
<td>75,810</td>
</tr>
<tr>
<td>2018</td>
<td>1.88%</td>
<td>21,625</td>
<td>77,232</td>
</tr>
<tr>
<td>2019</td>
<td>1.94%</td>
<td>22,045</td>
<td>78,732</td>
</tr>
<tr>
<td>2020</td>
<td>1.95%</td>
<td>22,475</td>
<td>80,267</td>
</tr>
<tr>
<td>2021</td>
<td>2.01%</td>
<td>22,927</td>
<td>81,881</td>
</tr>
<tr>
<td>2022</td>
<td>2.04%</td>
<td>23,393</td>
<td>83,547</td>
</tr>
</tbody>
</table>

Based on ONS principal projection population estimates (2011)
In summary, around 70,000 older people currently use and benefit from community transport because commercial services do not meet their transport needs. While this figure is expected to increase to almost 84,000 by 2022, this is based on projections that assume demand will stay static.

It is highly likely, however, that extending the NCT scheme would, in practice, lead to increased demand from (a) new users drawn to community transport as a result of the free pass and (b) existing passengers increasing the number of journeys they make. Bringing more community transport operators within the scope of the NCT scheme would, therefore, expand the travel options for older and disabled people and, unquestionably, lead to increased volumes in those travelling with community transport operators.

As mentioned earlier, with 3.5m community transport passengers per year and an average fare of £3.20, we estimate the cost of including all these journeys within the NCT framework would currently equate to around £11.2m. However this investment would actively save money in the long term, by helping older people to remain active and reducing the demand for higher-level healthcare outcomes.

However, Age Scotland believes that these figures could be improved with more rigorous analysis that would also serve to provide the Scottish Parliament and Government with a clearer indication of future costs and demand on community transport services. We believe the Committee should make it an outcome of its recommendations that further research be commissioned to deliver this information which we strongly believe would correspond with the key themes and findings emerging from the Charity’s research.

Summary

Age Scotland’s Still Waiting campaign has, in the short time since its launch, generated strong support and heated debate. This clearly reflects the importance which access to effective transport options can make for individuals and the undoubted popularity of the NCT scheme. As we note above, the purpose of our campaign is simply to ensure that those individuals who are most in need of support are enabled to live independently within their own homes and as active and valued members of their communities. The Still Waiting campaign objective is to offer a potential solution that would tackle the isolation and limited healthcare and life choices faced by some of our most vulnerable citizens and do so in a way that would be affordable for the Government.

We urge the Committee to investigate our proposals for further research and would welcome the opportunity to present oral evidence in the Parliament. Ultimately, we consider that at a time when resources are extremely limited, it is our responsibility as a recognised campaigning charity to identify means outcomes that will support our core interests but are also practical, reasonable and grounded in reality.
We would again recommend this submission be considered in conjunction with the content of our research paper, *Driving Change*, as well as our booklet of case studies, copies of both being available with our submission, on our website or on request from the Charity.

**Annex 1**

**Summary of recommendations from Age Scotland's *Driving Change***

The following recommendations are made for key stakeholders.

**Scottish Government**

**Recommendation One:**

Financial support provided to community transport operators by Scotland’s local authorities and health boards is inconsistent and, by extension, leads to high degree of variation in the provision of services. The Scottish Government should, therefore, establish a national strategy to expand community transport infrastructure in Scotland, alongside additional financial resources, with a view to effectively enabling older people to overcome barriers to accessible transport. This outcome can best be achieved by extending the established NCT scheme to include all eligible community transport operators.

**Recommendation Two:**

The Scottish Government should establish specific, measurable and quantifiable targets around an established National Community Transport Strategy, as a means of assessing older people’s access to, and use of, community transport services across Scotland. Where gaps are identified, the strategy should be adapted to increase the supply of accessible community transport.

**Recommendation Three:**

Policy makers should address gaps in the evidence base, as identified during the course of this project. For example:

- The impact of (a) the current National Concessionary Travel scheme and (b) the community transport sector in relation to health and social outcomes
- The contribution of (a) the National Concessionary Travel scheme and (b) the community transport sector to Scotland’s economy in terms of preventative spend
- The role of community transport in the achievement of the Scottish Government’s National Outcomes
- The full impact of transport poverty on older people.
Health boards and local authorities

Recommendation Four:

Health boards and local authorities should jointly support the development and implementation of community-based transport strategies. These must complement the existing commercial provision and meet older people’s health, wellbeing, and social purposes. The strategies should include:

- Increased funding available for community operators.
- The impact on older people of limitations to transport options.
- A review of existing commercial provision.
- Mapping of older people’s transport needs and identification of gaps in services.
- Implications and solutions effective for the delivery of service across local authority boundaries (e.g. patient transport to hospitals in other areas).
- Modelling to project future local demand.
- An action plan to increase older people’s awareness of community transport services available in their areas.

Community transport providers

Recommendation Five:

Operators should seek to maximise their contributions towards routine analysis and reporting of the impact of community transport services on users through effective data recording practices.

Age Scotland

24 April 2013
CTA Scotland notes that it is not possible to produce an exact figure for the number of users due to the many different kinds of community transport services and operators and variance in data collection methods. Records pertain to the volume of passenger trips; not individual passengers. Some people may use a daily/regular service and others may only use Community Transport once a year. CTA Scotland suggest the 100,000 figure is a reasonable estimate of user numbers which includes every type of user including group hire, dial-a-ride, car schemes, etc.