SUBMISSION FROM NORTH EAST OF SCOTLAND HEALTH & TRANSPORT STEERING GROUP

Introduction

1. This evidence note is submitted by the North East of Scotland Health and Transport Steering Group. It is intended to give the Scottish Parliament’s Local Government and Regeneration Committee an overview of the partnership and joint working being undertaken in the North East of Scotland across the health and transport fields.

2. A short background section describes the influences behind the steps being taken towards joint working followed by four case studies to give a flavour of how this has been developing, generating the confidence amongst a number of public sector bodies to share budgets and integrate services across a range of services in the North East of Scotland. It is recognised that these case studies are pathfinders and confidence builders designed to take small steps towards improving services for the public. It is intended that these studies will be built upon by the people involved in designing and implementing them.

Background

3. In July 2008 Nestrans and NHS Grampian published a jointly produced Health and Transport Action Plan. This can be found at:

http://www.nestrans.org.uk/db_docs/docs/HTAP%20Final%20Report%20-%20July%202008_1.pdf

4. This Plan identified three specific areas where health and transport interacted and set a series of actions to be implemented. These were in the areas of:

   - Access to healthcare
   - Active travel
   - Public health

5. Having identified an agreed set of actions the two partners looked at what would be required to implement the agreed actions. An initial move forward was to discuss the proposals with the Scottish Government and agree that a co-ordinator would be a useful appointment bringing together not only those partners able to implement the actions but also those different strands across the range of actions. An individual was identified on a secondment from Grampian Police and this post has been funded to 2012/13 by Nestrans, NHS Grampian and Scottish Government.

6. Regular review of this position has shown it’s value, not only in providing the co-ordination described above, but also in providing the honest broker role, being independent of all the partners involved. At this time the indications are
that this post may be funded by Nestrans/ NHS Grampian for 2013/14.

7. Following a review of progress of the implementation of the Plan’s actions it was decided that these could be better achieved by a wider collaboration of more partners than the reports joint publishers. A Health and Transport Action Plan Steering Group was set up with senior officials from Nestrans, NHS Grampian, Aberdeen City Council, Aberdeenshire Council, Moray Council (sits within the NHS Grampian area of operation) and the Scottish Ambulance Service. Since Moray Council falls within the Hitrans area, relationships have been developed and continue to be developed with Hitrans.

8. The Health and Transport Steering Group also created three sub groups based on the themes of the Action Plan as described above. The sub groups, consisting of appropriate officers from the partners, report to the Steering Group who provide the direction and support for the sub groups as they try to implement the actions. The Minutes of the Steering Group are reported to the Boards of Nestrans and NHS Grampian to provide Member input to the work of the Steering Group.

9. Three national reports have had a significant impact on the work of the Steering Group. These are:

Audit Scotland Report on Access to Health and Social Care:

10. This report identified significant deficiencies across Scotland on the standard of access to health care highlighting the opportunities for services providers to work jointly with the potential for significant financial savings.

11. The Audit identified a number of different service providers but little co-ordination resulting in inefficiencies and duplication in services that could potentially be reduced. It also identified a difficulty in collecting the data required to evidence the actual spend on access to healthcare across the range of service providers.

Scottish Government Short Life Working Group on Access to Healthcare:

12. Although this report has yet to be published, the Regional Transport Partnerships were represented on a number of the working groups. The issues being discussed by these groups have been thoroughly discussed by the Regional Transport Partnerships joint meetings. They were also the subject of discussion between Nestrans/ NHS Grampian and the Scottish Government Health Directorate. Therefore the outcomes being considered by the Short Life Working Group have been taken through to the discussions by the North East Health and Transport Steering Group.

Christie Commission:

13. The Commissions main finding relating to improved integration of services across the public sector sits as the main function of the Health and Transport Steering Group whose primary remit in delivering improved Health and
Transport outcomes is to do so across all the services providers in the region.

14. Other local documents have also had a bearing on the work of the Steering Group. These include:

**Community Planning Partnership Single Outcome Agreements**

15. The Aberdeenshire Community Planning Single Outcome Agreement specifically mentions the Health and Transport Action Plan at two points within the 'related strategies and plans':

- outcome 6 - we live longer, healthier lives and
- outcome 10 - we live in well designed, sustainable places where we are able to access a range of amenities and services we need.

16. This can be found at:


17. The Community Planning in Aberdeen Single Outcome Agreement specifically mentions the Health and Transport Action Plan at two points within the 'related links':

- outcome 6 - we live longer, healthier lives and
- outcome 7 - we have tackled significant inequalities in Scottish society.

18. This can be found at:

http://www.communityplanningaberdeen.org.uk/Internet/CPandSOA/CPandSOA.asp

19. The work of HTAP will help to deliver the local Single Outcome Agreement for Moray by improving conditions to create healthier citizens through programmes of active travel initiatives and improved access to healthcare facilities, both within the Moray area and beyond. The same measures will equally contribute to healthier, sustainable and independent lives.

- Healthier Citizens
- Adults living healthier, sustainable, independent lives safeguarded from harm

20. This can be found at:


**Regional Transport Strategy**

21. The Nestrans Regional Transport Strategy includes a number of references to
support for developing policies and projects in support of improved health including:

- The development of a Health and Transport action Plan
- At policy IC4 support for demand responsive transport
- At policy IC4 support for community transport
- At policy IC6 support for walking and cycling measures
- At policy TB2 promoting active travel

**Joint working**

**Transport to Healthcare Information Centre (THInC)**

22. The partners involved in the Health and Transport Steering Group have all carried out an analysis of the services that they provide. The North East is in a fortunate position in relation to the bus provision provided by both Local Authorities. Each Authority has a Public Transport Unit which co-ordinates and provides services using Council and hired vehicles across the Transport, Education and Social Work services. Therefore some of the advantages identified by the Audit Scotland report of integrating services to provide efficiencies across these service areas have already been implemented.

23. The Scottish Ambulance Service have carried out a review of their patient transport service and have re-organised these services with a new call and operations centre opened in Inverness to cover the North of Scotland. This review has also covered a review of the criteria to be applied when considering whether a patient qualified for transport via the patient transport service.

24. In reviewing the services available to patients there were a number of issues that the Steering Group thought were worthy of greater consideration. These included:

- The wide range of the types of service available including:
  - Scottish Ambulance Services Patient Transport Service
  - General public transport supplied by the various bus operators
  - Demand responsive services
  - Community Transport providers
  - Community volunteers
  - Council Social Work services
- The number of appointments that were “no shows”
- The possibility of using new technology to reduce the need to travel

25. The third of these issues is currently being examined by NHS Grampian to determine if technology, ranging from telemedicine and video visiting to in home monitoring equipment can reduce the travel requirement for patients and visitors.

26. The issue of non attendance was thought to be linked to transport issues, particularly a lack of awareness of services available. Primarily, whilst there
may be a lot of services available it is very confusing for the general public to know fully what the options are. Further there was anecdotal evidence that appointments were being missed because public transport wasn’t available or was perceived not to be available.

27. The partners have agreed that a service which could provide patients with the options available to them including those options involving booking transport, accompanied by an appointments system that took into account travel times and travel availability had the potential to reduce “no shows” and hence improve efficiency and reduce costs. The partners agreed that there was also, through this system, the potential to integrate the services provided by the partners to improve the efficiency of the use of vehicles.

28. A copy of a Steering Group minute can be found at:

http://www.nestrans.org.uk/db_docs/Board_meeting_29_Aug_2012/3a_Directors_report.doc

29. In examining what was needed to achieve this, the partners agreed that this could only be achieved in small steps as the whole process was extremely complex involving a very large number of both bodies and departments within bodies. Trying to move to a final solution from the start was going to be too difficult with the potential to be counter productive.

30. The partners therefore agreed that in the first instance they would create an information centre which would hold all the available transport options in a single database which could then provide that information to patients/visitors by telephone and if necessary act as a broker between the patient and the appointments system to find a more suitable appointments time where transport was available. This system is intended to dovetail with the Scottish Ambulance Service’s Patient Transport centre in Inverness so that patients that do not qualify for this transport can be referred to the information centre.

31. The partners are also working with Aberdeen University who are developing a program which tries to link the available transport options with the needs of patients. This program would be useful to the Information Centre staff but needs to be developed and tested using real data. The partners and the University are working together, with the partners providing the “real” information to test and improve the program as it develops with a view to implementing the program if it proves to be beneficial.

32. The partners involved in the development of, and the co-funding of, the Information Centre are the Scottish Ambulance Service, NHS Grampian, Nestrans, Aberdeen City, Aberdeenshire and Moray Councils. As the service includes the Moray Council area, part of the Hitrans region, Hitrans have agreed to contribute funding for marketing purposes.

33. The service is to be located in Elgin using offices provided by NHS Grampian. Staffing and managerial support is to be provided by the Scottish Ambulance Service. It has been agreed to trial the operation for a year with a review into
what has been achieved after that time to determine how the service can be taken forward in the future should it prove effective.

34. The service started in September 2012 with initial task of gathering the basic transport information, making contact and building relationships with the service providers and with the appointments staff of three trial areas chosen to test the operation, and to develop basic management information on how the service operated and what information it provided.

35. The three trial area’s, beginning from 14 January 2013, are the Eye and Dental Clinics at Aberdeen Royal Infirmary serving the Grampian region and all services in the Moray area. This trial period will be used to assess the effectiveness of the system and the workload generated for the staff. Depending on results from the trial there is a potential for a roll out of the system from April 2013.

36. Following the evaluation period the partners will take stock and look at the possibilities for further enhancements which could, should the partners agree, involve greater integration with the appointments systems and greater co-ordination/ integration of the transport services. Each further enhancement would be made on the back of a proven previous step and would result from an increased confidence of joint working across the Authorities.

ARI Bus station

37. Public transport access, by bus, to Aberdeen Royal Infirmary, the main hospital in the North East, was at best patchy. Further, despite a very significant area of car parking, patients, visitors and staff were finding it extremely difficult to get a parking spot. Over a period of time this had resulted in on street parking restrictions being introduced on the streets around the hospital due to overspill parking leading to dangerous parking and difficulty for residents. This was followed by the instruction that parking charges were to be abolished within the hospital grounds removing one of the options for car park control for the hospital authorities.

38. Coupled with this parking problem and the poor bus service to the hospital was a desire by the hospital authorities to co-ordinate a number of their clinics across the region into the hospital complex along with plans for new childrens and adult hospitals within the grounds along with increased and improved University and research facilities. All of these improvements, whilst improving the standard of service and care provided by the clinics and hospitals involved were likely to exacerbate the problems with access to the hospital complex.

39. The partners involved in the Health and Transport Steering Group have over the years carried out a fair bit of research into the staff and patient/ visitor numbers and locations. Using this information discussions were held on two aspects:- bus services and car parking.

Bus services
40. Discussions with the bus companies, identifying possible better markets, new routes and increased marketing etc. resulted in proposals for new and improved services and the identification of the need for a dedicated area for bus stops and the need for reducing congestion in the area to permit better throughput of buses.

41. A dedicated bus turning area was identified and proposals for improving bus flow through the hospital complex implemented. This had the effect of improving services and increasing passenger numbers.

Car parking

42. Various measures had been tried to improve parking at the hospital complex but each of these had only limited success.

Integrated approach

43. The success of increasing passenger numbers using the bus to access the hospital complex was both encouraging and frustrating as the increasing numbers of buses was itself leading to congestion within the hospital complex where the parking problems and bus priority measures weren’t yet properly resolved.

44. However the small step taken by the partners, including the bus companies, had developed a level of trust between the partners and the relative measure of success had encouraged the partners to look for further steps to improve the situation.

45. A report to the Nestrans Board can be found at:

http://www.nestrans.org.uk/db_docs/File/Board_Meeting_8_December_2011/Note_ARI_Bus_Interchange_Improvements..doc

46. Work was carried out by the partners to develop an integrated car parking, road layout and bus station facility to improve car parking for patients/ visitors, necessary staff parking, congestion and bus access. Designs were drawn up with the partners agreeing a chosen solution. Budgets were agreed with funding being provided by Nestrans & NHS Grampian with considerable input to design and construction from Aberdeen City Council both to the physical design and concept design. The partners carried out extensive pre implementation consultation and information exercises including bus service leaflets and ARI site specific information on buses and car parking. An electronic information screen is due to be installed this year providing public transport travel information to patients, visitors and staff.

47. Whilst the partners wouldn’t claim to have solved problems of access at Aberdeen Royal Infirmary, what they would claim is that the situation for patients/ visitor parking has improved, congestion within the hospital complex has improved and the evidence from the bus companies is that they are very happy with the new arrangements, from both a safety and access point of
view. It is too early at this stage to determine whether bus passenger numbers are increasing.

48. However perhaps the greater prize is the developing understanding between the partners (including the bus companies) of the shared goals, the ability to achieve together, to achieve better outcomes together and the desire of the partners to look at further measures that could be taken together to improve outcomes for the public.

Getabout

49. The Getabout partnership grew out of the travel planners group in North East Scotland consisting of large organisations developing travel plans. In 2009 the partnership was re-invented using the branding name “Getabout”. From that time the partners have worked collaboratively to promote travel choice and sustainable travel in the region using the brand.

50. The members are currently Aberdeenshire Council, Aberdeen City Council, NHS Grampian, Aberdeen University, Robert Gordon University, Aberdeen College, Energy Savings Trust and Nestrans.

51. The partnership has some key tools to promote travel planning, a full events kit including tent, flags, barriers and merchandise, a cycle road show with 25 cycles delivered by Adventure Aberdeen, a dedicated website www.get-about.com with all members having editorial rights, Facebook and Twitter feeds and two websites to build and monitor travel plans.

52. The partnership is a delivery arm of the Health and Transport Action Plan’s Active Travel work stream in Aberdeen City and Shire. Active travel promotions have been carried out with the NHS workforce and the general public as part of the HTAP programme.

53. The partnership has delivered in excess of 350 events in 4 years to businesses, schools, workplaces, further education and the general public including over 20 public events in streets and other spaces, and provided help and practical support to many others.

54. Getabout is a good example of delivering the best practice in Smarter Choices and healthy travel through a multi agency partnership.

Pilot shared service project

55. One of the early issues identified by the Health and Transport Steering Group which it felt could provide a good starter project was that each partner had a number of locations where it provided services and that each carried out a mail run to their offices spread across the region.

56. Along with the Community Planning Partnerships in Aberdeen City and Aberdeenshire the Group identified an opportunity to develop a shared
service mail run with the possibility of using electric vehicles to reduce both the number of vehicles on the roads and emissions.

57. Involvement of the Community Planning Partnerships opened the opportunity to include Grampian Police and Grampian Fire and Rescue as well as involving Scottish Government through their funding to the Partnerships for electric vehicles.

58. An example of the Community Planning Board’s consideration can be found at: http://www.ouraberdeenshire.org.uk/images/media/document_library/agendas_papers/board_Feb11/item%208%20-%20low%20carbon%20vehicles%20covering%20report.doc

59. Following trials, including discussions with each office or premises and discussions in relation to sensitive mail, a new single system operates in the Aberdeenshire area for Aberdeenshire Council, NHS Grampian, Grampian Police and Grampian Fire & Rescue. This has included agreement on the routings and timings of delivery and pick up runs, vehicle storage, charging and maintenance and back up facilities etc.

60. This has now been running successfully for a number of months and the team carrying out these operations are considering what other services they could provide jointly to the Authorities.

61. A similar set up is being established in the Aberdeen City area.

Collaboration and co-operation

62. In addition to the case studies described above the existence of the Health and Transport Steering Group has created a cross service vehicle for improving communication and understanding of shared goals.

63. An example of this is in Insch where a new housing estate was constructed on the edge of town. The access to town centre and the town’s services including schooling was via a road access taking users from the housing estate further from the town before turning back onto an existing road into town.

64. A solution to this, improving access and encouraging active travel was to construct a new footpath/ cycleway between the housing estate and the town centre. The route for this path was through the grounds of a health service facility.

65. The Health and Transport Steering Group provided the opportunity to discuss the request to allow the creation of the new footpath through the health facility grounds within the context of higher goals articulated in the Aberdeenshire Community Plan and its Single Outcome Agreement along with Transport Strategies and Health Strategies for the region.

66. Agreement was reached to allow the footpath/ cycleway to be constructed and surveys have shown significant usage with no apparent problems. The ability to
discuss the provision within the context of the shared outcomes and strategies facilitated the agreement to permit construction.