

CABINET MEMBER FOR HIGHWAYS AND TRANSPORT – CLLR PHILIP WHITEHEAD

PASSENGER TRANSPORT

OFFICER CONTACT: Jason Salter 01225 713334, email: Jason.salter@wiltshire.gov.uk

REFERENCE: HT-03-16

Royal United Hospital (RUH) Hopper Bus Service

Purpose of Report

To consider what action to take given the refusal of the Clinical Commissioning Group (CCG) to joint fund the Hopper Service.

Consultation

See full consultation results under **Options Considered** in the main body of the report.

The Council consulted on:

- Scenario 1 - Changes to the service to reduce subsidy between £75k - £90k by:
 - (i) A reduction in the number of journeys to and from the hospital each day which will be achieved by removing a bus from the network.
 - (ii) Utilising one of the vehicles to replace a Council funded school transport contract, bringing in funding from the education transport budget to help support the cost of the service.
 - (iii) An increase in fares, by around 50%.
- Scenario 2 – Complete withdrawal of the service

During the period permitted for representation on my intention to make this decision, I have received six representations which are summarised in the main body of the report on page 9.

Options Considered

That:

- (i) The Council recognises that the service has performed an important function over the years, and is very popular with those who have used it. However, at a time when reductions in public spending are causing pressures on local authority budgets, all discretionary spending is being reviewed. The cost of supporting the RUH Hopper Service equates to a subsidy of around £10 per passenger trip, which is well in excess of the Council's guidelines for bus service support of £3.50 per trip, and in the circumstances it is considered that the Council can no longer continue to fund the service alone and at this level.

- (ii) Accordingly, the budget report approved by Full Council in February 2015 included, under the heading 'strategic savings', a proposal to achieve a saving of £130,000 by "(removing) subsidy from the Royal United Hospital Hopper Bus Service; alternative provision will be discussed with the hospitals and CCG around better use of existing patient transport / bus services".
- (iii) The cabinet member for transport wrote to the hospital and the CCG in February 2015 informing them of the proposal and inviting them to engage with the Council in investigating alternative means of transport to the hospitals.
- (iv) A meeting with the hospital and the CCG took place in March 2015. Options for the future of the service were discussed and Wiltshire Council Officers were tasked with developing those options, providing indicative savings and finding a solution on joint funding.
- (v) A further meeting was held in April 2015 with the hospitals and the CCG to discuss the detail around the options proposed. These options were taken forward and have been consulted upon.

At its meeting in June 2015 the Joint Commissioning Board (JCB) agreed to provide funding from the Better Care Fund in 2015/16 for the continued operation of the RUH Hopper Bus Service for the remainder of the financial year, subject to a review which would identify ways of reducing the cost of the service.

Reason for Decision

Wiltshire Council has approached the CCG to determine a suitable joint funding arrangement, but they have been unable to agree to this. The CCG has commented that it regrets it is unable to support the RUH Hopper Service, but that the NHS is under intense financial pressure and the CCG has no spare resource to be able to fund the Hopper Service as well as the Wiltshire-wide Non Urgent Patient Transport Service (NEPT), which also transports people to Salisbury District Hospital and Great Western Hospital. Indeed, finding the funds required for the Hopper Service would require the CCG to reduce clinical services currently provided for patients.

Even with a reduction in subsidy, as set out in scenario 1, Wiltshire Council cannot now resume funding this service. Therefore, the RUH Hopper Service will cease in May or early June 2016 (exact date to be determined), as per scenario 2, in light of the CCG not match funding the service.

DECISION MADE

I approve that even with a reduction in subsidy, as set out in scenario 1, Wiltshire Council cannot now resume funding this service. Therefore, the RUH Hopper Service will cease in May 2016, as per scenario 2, in light of the CCG not match funding the service.

This decision was published on 5 February 2016 and will come into force on 15 February 2016.

The following supporting documents are attached:

Appendix 1 – Equality Analysis Evidence
Appendix 2 – Individual consultation questionnaire
Appendix 3 – Organisational consultation questionnaire
Appendix 4 – Summary of consultation responses from individuals
Appendix 5 – Summary of consultation responses from organisations
Appendix 6 – Free text comments from individuals
Appendix 7 – Free text comments from organisations
Appendix 8 – CCG report of February 2015

The following supporting documents are available from the officer named above:

None

Date5 February 2016.....

.....Signed.....

Cllr Philip Whitehead
Cabinet Member for Highways and Transport

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Royal United Hospital (RUH) Hopper Bus Service

Purpose of Report

1. To consider what action to take given the refusal of the Clinical Commissioning Group (CCG) to joint fund the Hopper Service.

Relevance to the Council's Business Plan

2. Public transport supports the protection of the most vulnerable in our community, by allowing them access to essential services, such as health.

Main Considerations for the Council

3. Through the Better Care Plan and the Health and Wellbeing Strategy there is a strong drive to provide social and health care more locally and, where possible, in the home.
4. The CCG Adult Community Service five year contract has recently been awarded to a consortium of the three Acute Trusts, and as a result there will be an increase in outreach services being delivered locally in community hospitals, minor injury units and primary care settings. As this develops, the need for transport to hospitals by the Hopper or Arriva service for treatment, follow up or routine tests will be reduced. Income for the Hopper will reduce, raising questions about sustainability.
5. A petition was submitted by Cllr Jeff Osborne and Cllr Terry Chivers in April to save the RUH Hopper bus; this was discussed at Full Council and the Joint Commissioning Board (JCB) in May 2015. A separate petition to 'keep the Connect 2 Service' was also received.
6. The councillors have recently submitted further paper signatories to their petition; the total is now at 3,122 signatures. The online petition is available to view at <https://you.38degrees.org.uk/petitions/campaign-to-save-ruh-hopper-bus>.
7. In order for the service to continue to be subsidised, the CCG was asked to match fund the remaining subsidy of between £75k - £90k per annum. Discussions were held with staff within the CCG and the remaining paragraphs under "main considerations for the Council" are their response:
8. In the UK the NHS has a duty to transport patients to hospital and Wiltshire CCG fulfils this duty with the Non-Emergency Patient Transport (NEPT) service. The service, which covers the whole of Wiltshire and transports patients to all three acute hospitals, is managed through a contract with Arriva and is funded by the CCG to the tune of £2.3 million per annum.

9. The NEPT service was introduced in 2007. All bookings are subject to eligibility assessment, to ensure the right sort of transport and the required levels of care are provided for patients during their journey. The service is also provided for the patient's carer where their particular skills or support is needed. Where patients are ineligible for NEPT, they are signposted to other suitable transport providers within the community.
10. Wiltshire CCG has not withdrawn funding from the RUH Hopper Bus Service because the NHS has not funded the service since 2007.
11. At its meeting in June 2015 the JCB agreed to provide funding from the Better Care Fund in 2015/16 for the continued operation of the RUH Hopper Bus Service for the remainder of the financial year. This was a temporary solution, with the agreement that the situation would be subject to a review by Wiltshire Council to identify ways of reducing the cost of the service.
12. Whilst Wiltshire CCG regrets it is not in a position to be able to match-fund the Hopper Service with Wiltshire Council, the CCG's position has not changed since the NHS withdrew its funding in 2007. The CCG maintains that the Hopper Service does not provide an equitable service for all Wiltshire patients, and is restricted to transporting people to the RUH only. The NHS is under intense financial pressure and the CCG has no spare resource to be able to fund the Hopper Service as well as the Wiltshire-wide NEPT Service, which also transports people to Salisbury District Hospital and Great Western Hospital. Indeed, finding the funds required for the Hopper Service would require the CCG to reduce clinical services currently provided for patients.

Background

13. The RUH Hopper Service was introduced as an experimental service in 2001 following a successful bid to the government's Rural Bus Challenge fund by the then Wiltshire County Council. It provides hourly arrivals and departures from RUH between 0720 and 1730, Mondays to Fridays from a large area of western Wiltshire. The service carries approximately 15,000 single passenger journeys a year, of which around 3,500 are for staff working at the RUH, or visitors.
14. Although the original experiment was funded partly by central government, this funding came to an end in around 2007, as did a contribution paid by the NHS which was withdrawn at around the same time as a result of financial pressures in the health sector, leaving the Council to carry the full cost.
15. The NHS, not Wiltshire Council, has a duty to transport patients to hospital who have a medical need for transport, and fulfils this duty through a contract with Arriva which operates the non-emergency patient transport service on their behalf. This service would not cover all those who currently use the Hopper, as not all would meet the defined eligibility criteria for medical need.
16. The Council recognises that the service has performed an important function over the years, and is very popular with those who have used it. However, at a time when reductions in public spending are causing pressures on local authority budgets, all discretionary spending is being reviewed. The cost of supporting the RUH Hopper Service equates to a subsidy of around £10 per passenger trip, which is well in excess of the Council's guidelines for bus service support of £3.50 per trip, and in the circumstances it is considered that the Council can no longer continue to fund the service alone and at this level.

17. Accordingly, the budget report approved by Full Council in February 2015 included, under the heading 'strategic savings', a proposal to achieve a saving of £130,000 by "(removing) subsidy from the Royal United Hospital Hopper Bus Services; alternative provision will be discussed with the hospital and CCG around better use of existing patient transport / bus services".
18. The cabinet member for transport wrote to the hospitals and the CCG in February 2015 informing them of the proposal and inviting them to engage with the Council in investigating alternative means of transport to the hospitals.
19. A meeting with the hospitals and the CCG took place in March 2015. Options for the future of the service were discussed and Wiltshire Council Officers were tasked with developing those options and providing indicative savings.
20. A further meeting was held in April 2015 with the hospitals and the CCG to discuss the detail around the options proposed. These options were taken forward and have been consulted upon.
21. At its meeting in June 2015 the JCB agreed to provide funding from the Better Care Fund in 2015/16 for the continued operation of the RUH Hopper Bus Service for the remainder of the financial year, subject to a review which would identify ways of reducing the cost of the service.
22. Alternatives to the Hopper bus service:
 - Frequent bus services from Bath City Centre to hospital; hourly or half hourly buses into Bath on main routes from Warminster / Westbury / Trowbridge / Bradford, Devizes / Melksham, and Chippenham / Corsham, but from other settlements (including estates on edges of the main towns not on a direct bus route to Bath) would mean two changes of bus. Long journey times from most places due to distance travelled.
 - Non-emergency patient transport (Arriva) for those entitled on grounds of medical need.
 - Link schemes (but constrained by ability to find volunteers, and donations received for long hospital journeys rarely cover operating costs).
 - Taxi (prohibitively expensive unless able to reclaim under Hospital Travel Costs Scheme).
 - Rail links to Bath from West Wiltshire are good with connecting bus services at each station.
 - (this will mean that many residents would have to catch a bus to the rail station in Wiltshire and then a bus from the station in Bath to the RUH, so three forms of public transport)

Overview and Scrutiny Engagement

23. The Overview and Scrutiny Committee for the wider review of Passenger Transport was briefed on the emerging results of the consultation at its meeting on 3 December 2015.

Safeguarding Implications

24. There is a risk that through a lack of access to the RUH Bath, some patients may not attend outpatient, or planned hospital appointments and therefore increasing some safeguarding risks.

Public Health Implications

25. There would likely be an increased number of missed appointments, which could lead to more long-term support from the NHS, as patients' needs become more acute, due to them not being managed at an earlier stage. This will lead to additional costs for the NHS.

Corporate Procurement Implications

26. Should a decision be made to withdraw all funding for the RUH Hopper Service, the contract termination clause of four months would be enacted.
27. Should the decision to reduce the frequency of operation be agreed, then a variation to contract would take place. The supplier of the service has been involved in developing the options and is fully aware of the implications to the contract held with Wiltshire Council.

Equalities Impact of the Proposal

28. See **Appendix 1** for the full Equality Analysis Evidence Document.

Environmental and Climate Change Considerations

29. The level of nitrogen oxide released into the atmosphere will be largely maintained at current levels, should the service continue.
30. From the consultation data gathered, 356 responses were recorded to determine alternative means of accessing the RUH should the Hopper Service not operate (more than one option was able to be ticked). 160 of respondents said that they would either drive themselves, get a lift with a friend, or use a link scheme, significantly increasing the number of vehicles accessing the RUH site and increasing the emissions of fine particulates which are dangerous and can be wind-blown.

Risk Assessment

31. There is no comparable service to the Hopper Bus Service to Salisbury Hospital. There is a very small scale service to the Great Western Swindon, operating in the Royal Wootton Bassett area, but this is a one vehicle operation only. As a result, there may be some criticism that Wiltshire Council is not being equitable in providing similar services to those hospitals.
32. The BA12 postal area is important as the geographical position of Warminster marks the eastern edge of the RUH catchment area, but it overlaps with the western edge of the Salisbury Foundation Trust (SFT) catchment area. The number of outpatient appointments from the BA12 area (for the year to November 2015) at the RUH was 12,461 and at SFT 39,581. Over three times as many attend Salisbury from the BA12 area but as residents have pointed out there is no subsidised service.

33. Traditional type bus services generally serve the Great Western and Salisbury Hospitals better than the RUH, but for some of the more outlying villages, public transport to Salisbury and the Great Western Hospitals is limited.
34. There are some potential hidden costs to the Council if the service were withdrawn completely.
35. It appears from discussions with the Special Educational Needs & Disability Team (SEND), following the 0930 concessionary bus pass issue, that there are two SEND young people attending placements at RUH. It is also suggested that other similar placements are likely in future. If the Hopper did not exist, and if it were still agreed to fund these placements, SEND might have to provide a taxi at a cost of at least £15,000 a year.
36. The estimated remaining subsidy has been based upon a similar number of passengers using the service, should the increase in fares and reduction in frequency be agreed. If however the number of passengers declines, then the subsidy may increase.
37. A complete withdrawal of the service may mean that those who are not eligible for NEPTS and cannot make the journey by other means will rely upon link schemes. Link schemes are very much operating to capacity, within the volunteer base they have and there is no guarantee that these additional journeys could be accommodated by the link schemes. This is confirmed in the responses received in the consultation questionnaire.
38. Whilst it is recognised that through the Better Care Plan and the Health and Wellbeing Strategy there is a strong drive to provide social and health care more locally, and where possible in the home, it is unclear whether the medical needs of the users of the Hopper Service could be met more locally.

Financial Implications

39. Although the original experiment was funded partly by central government, this funding came to an end in 2007, as did a contribution paid by the NHS which was withdrawn at around the same time as a result of financial pressures in the health sector, leaving the Council to carry the full cost.
40. The current gross annual operating cost is around £205k p.a; less income from fares of around £50k p.a; so the net subsidy required p.a is around £155k.

Scenario 1 - Changes to the service to reduce subsidy

The proposals are expected to reduce the subsidy required from £155k p.a to between £75k - £90k p.a, although as costs and income will depend on the actual mileage operated and the number of people who continue to travel, these are estimates.

There are three strands to the cost saving proposals, which involve:

- (i) A reduction in the number of journeys to and from the hospital each day which will be achieved by removing a bus from the network.
- (ii) Utilising one of the vehicles to replace a Council funded school transport contract, bringing in funding from the education transport budget to help support the cost of the service.
- (iii) An increase in fares, by around 50%.

The £155k subsidy for the Hopper Service was removed from the Council's budget in 2015/16. The JCB agreed to fill this funding gap for 2015/16 so that a longer term decision could be made on the future funding of the service. Therefore, for the 2016/17 financial and future years, additional budget will need to be found to subsidise the service, in light of the decision from the CCG not to match fund.

Scenario 2 – Complete withdrawal of the service

In withdrawing the service completely, there will be no further saving, as the £155k has already been previously withdrawn from the Council's budget in April 2015.

A proportion of passengers currently using the Hopper would probably be eligible for NEPT; as the 'medical need' criteria takes into account the nature of the journey that would have to be made in relation to the patient's medical condition, and the journey by public transport would be difficult for many, particularly in view of the age and mobility profile of the outpatient users, a significant proportion might be eligible. If just 10% of the outpatient users were found to be eligible, this would equate to an additional 1,150 single passenger journeys using NEPT. Arriva has confirmed that a single trip cost for passengers of this medical requirement would cost the CCG around £20. This would equate to an additional £23k p.a. spend for the CCG.

If some of those who would have used the Hopper were unable to attend hospital, this would also have a cost implication for the NHS. It is understood that the average cost to the NHS of a 'did not attend' (DNA) is £148.00. It is almost impossible to estimate how many additional DNA's would occur should the Hopper Service not be available. When you compare the total number of DNA's for the RUH over a calendar year, which is around 5% of total admissions, and that these DNA's span numerous local authorities and CCG boundaries, the financial risk is low.

Legal Implications

41. There is no statutory requirement for the Council to provide this service. As long as appropriate notice is provided to the wider public of changes to the service and that any contract variations are considered in line with the appropriate contract and procurement legislation the Council may either cease or adjust its funding for the RUH Hopper Service.

Options Considered

42. A public consultation was made available on line and was complimented with on board bus paper copies. The consultation closed on 27 November 2015, after a three month duration.
43. The consultation asked opinion on two scenarios:

Scenario 1 – Changes to the service to reduce subsidy

Scenario 2 – Complete withdrawal of the service

Scenario 1– Changes to the service to reduce subsidy

The proposals are expected to reduce the subsidy required from £155k p.a a year to between £75k p.a - £90k p.a, although as costs and income will depend on the actual mileage operated and number of people who continue to travel, these are estimates.

There are three strands to the cost saving proposals, which involve:

- (i) A reduction in the number of journeys to and from the hospital each day. The proposed timetable would be as follows (running daily Monday to Friday);
Arrivals at RUH; 0720, 0820, 0920, 1020, 1220, 1320, 1520, 1720
Departs from RUH; 0830, 0930, 1030, 1230, 1330, 1530, 1630, 1730
There would be no change in the area covered by the service or to the arrangements for booking a journey.
- (ii) Utilising one of the vehicles to replace a council funded school transport contract, bringing in funding from the education transport budget to help support the cost of the service.
- (iii) An increase in fares, with all fares increased by around 50%. For example, the new fare from Trowbridge, Bradford or Melksham would be £12.60 single / £16.20 return, and the flat fare for holders of a Wiltshire concessionary bus pass would be £9.75 single / £12.00 return.

Scenario 2 – Complete withdrawal of the service

If additional funding cannot be secured for the 2016/17 financial year and beyond, the service could be completely withdrawn. Due to the need to give notice, this would not be before May 2016.

Consultation Summary

There were two separate consultations, based upon the same two scenarios as indicated above. The first was based upon individual user responses and the second was aimed at organisations.

A copy of each of the consultation questionnaires is attached as **Appendix 1** and **Appendix 2**.

A summary of the consultation results is attached as **Appendix 3** for individuals and **Appendix 4** for organisations.

Consultation Summary - Individuals

293 people responded to the consultation, of which 78% were over the age of 65 years and 37% considered themselves disabled.

The following is a summary of the more important responses:

Question	Response
On how many days have you used the Hopper in the last three months?	58% of responders said that they had used the service between one and five times in the previous three months.
What was the purpose of your journey?	77% of responders said that they were attending the RUH for outpatient, diagnostic test or a follow up appointment.
Would the proposed reduction in service frequency be acceptable if it helped secure	88% responded Yes

the future of the service?	
Would the proposed increase in fares be acceptable if it helped secure the future of the service?	88% responded Yes
If the proposed changes to the service frequency and increase in fares were implemented, would you still use the Hopper to get to hospital?	80% responded Yes
If there was no Hopper Service at all how easy or difficult would you find it to use other means of transport to get to Hospital?	46% responded with "very" difficult
If you said it would be very difficult to get to hospital can you say why? (you may tick all that apply)	Of the 464 ticked responses 63 of them said they did not drive, or have access to a car and 73 said they would find it very difficult, or be unable to get to the hospital by public transport because of the lack of appropriate public transport in their area.
If there was no Hopper Service, what means of getting to hospital do you think you would be most likely to use? (please tick all that apply)	Of the 469 ticked responses, 78 people would possibly get a lift with a friend, neighbour or family member, 110 would use public transport such as bus, 67 people who responded would get a taxi, 49 people who responded would use volunteer transport.

There was an option for responders to provide alternative options or ideas that could be considered. 142 people responded. **Appendix 5** lists these free text alternative options. Of these ideas, they can be largely summarised into the following categories:

Additional or alternative income streams, most notably including contributions from the NHS, further increase fares, increase the Council Tax and Sponsorship	23%
Reduce expenditure elsewhere to subsidise the service	6%
General Comments (including, More centralised pickups, less door to door)	18%
No Comments	53%

There were a number of responders who suggested that the promotion of the Hopper Service should be taken more seriously. This could be achieved when the eligibility criteria for NEPTS is being considered, i.e. if the patient does not qualify for NEPTS, then they should be actively signposted to the RUH Hopper Service. An increase in fare paying passengers would see a reduction in subsidy.

Consultation Summary - Organisations

There were a total of eight organisations who responded and they are listed below:

- Holt Community Bus Holt, Trowbridge
- Wiltshire Senior Forums
- Bradford on Avon & district Link
- Broughton Gifford Parish Council
- Westbury and District Links Scheme

- Wiltshire and Swindon users' network
- Wiltshire LINK Schemes - LINK Project Community First
- Box, Colerne and Rudloe Link

The following is a summary of the more important responses:

Would the proposed reduction in service frequency be acceptable if it helped secure the future of the service	87.5% of organisations said Yes
Would the proposed increase in fares be acceptable if it helped secure the future of the service?	62.5% of organisations said Yes
What impact would the change of frequency have on the people you represent?	62.5% of organisations said it would neither have a large or small impact
What impact would the increase in fares have on the people you represent?	50% of organisations said it would neither have a large or small impact
What impact would the change of service have on the people you represent?	62.5% of organisations said it would have a big impact

There were a number of fields in the questionnaires for free text responses. These are summarised in **Appendix 6**.

Summary of Representations

The Cabinet member for Highways and Transport has received six representations relating to this delegated decision. Meetings took place with regard the first two bullet points and correspondence was received for the other two. These are summarised as follows:

- Evidence from the survey indicates that the vast majority of people affected are the elderly, overlapping with the disabled and that there are no real viable alternatives to the Hopper service.

The Council recognises that travel from West and North Wiltshire by public transport to the RUH Bath, is not as convenient as the current Hopper Service; however, there are some viable transport options, which are detailed throughout this report.

There is discussion between Wiltshire Council and Community First (who have an overarching responsibility for Community Transport and Link Schemes in Wiltshire), with a view to determining how such schemes maybe able to support people who would have otherwise used the Hopper Service.

The CCG's NEPTS will also be responsible for a proportion of the users of the service, who would continue to receive a door to door service.

- Agreement was sought from Trowbridge Town Council to write to the other Town and Parish Councils with a view to securing funding from them, in order to support the subsidy of the service.

Wiltshire Council will consider all forms of external match funding, but to date none have been presented.

- That the decision to cease the service had already been made, prior to consultation

Wiltshire Council conducted an open and transparent consultation, with a view to a reduction in the service, increasing fares and securing match funding from the CCG. Wiltshire Council and the Joint Commissioning Board worked together in order to secure funding for a further year, whilst the consultation took place.

- Can the service not be saved, even if the general public are willing to pay more

Wiltshire Council consulted on an option to increase the fares by 50%, but even with this level of increase, a subsidy of between £75k - £90k remains and alone, Wiltshire Council cannot meet this cost.

- A report commissioned by the CCG was received. This report was dated February 2015 and is attached as **Appendix 8**

The content of this report had been considered previously when reaching the decision made and highlights the need for the CCG to commit towards the continued funding of the service.

Reason for Proposal

44. Wiltshire Council has approached the CCG to determine a suitable joint funding arrangement, but they have been unable to agree to this. The CCG has commented that it regrets it is unable to support the RUH Hopper Service, but that the NHS is under intense financial pressure and the CCG has no spare resource to be able to fund the Hopper Service as well as the Wiltshire-wide Non Urgent Patient Transport Service (NEPT), which also transports people to Salisbury District Hospital and Great Western Hospital. Indeed, finding the funds required for the Hopper Service would require the CCG to reduce clinical services currently provided for patients.

Proposal

45. Even with a reduction in subsidy, as set out in scenario 1, Wiltshire Council cannot now resume funding this service. Therefore, the RUH Hopper Service will cease in May 2016, as per scenario 2, in light of the CCG not match funding the service.

The following unpublished documents have been relied on in the preparation of this Report:

None