

Equality Analysis Evidence Document					
Title: What are you completing an Equality Analysis on?					
The future availability of the Connect 2 Wiltshire Hopper Bus					
Why are you completing the Equality Analysis? (please tick any that apply)					
Proposed New Policy or Service	Change to Policy or Service ✓	MTFS (Medium Term Financial Strategy) ✓	Service Review		
Version Control					
Version control number	1.0	Date	22/12/15	Reason for review (if appropriate)	Wiltshire Council is reviewing its funding for the Hopper Service
Risk Rating Score (use Equalities Risk Matrix and guidance) **If any of these are 3 or above, an Impact Assessment must be completed. Please check with equalities@wiltshire.gov.uk for advice					
Criteria	Inherent risk score on proposal		Residual risk score after mitigating actions have been identified		
Legal challenge	2		2		
Financial costs/implications	6		6		
People impacts	12		9		
Reputational damage	12		12		
Section 1 – Description of what is being analysed					
<p>The RUH Hopper service was introduced as an experimental service in 2001 following a successful bid to the government's Rural Bus Challenge fund. 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.</p> <p>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by central government, this funding came to an end in around 2007, as did a contribution paid by the NHS which was withdrawn at around the same time, leaving the Council to carry the full cost.</p> <p>The NHS, not Wiltshire Council, has a duty to transport patients to hospital who have a medical need for transport and are medically unsuitable for community, public or private transport. They fulfil this duty through a contract with Arriva which operates the Non-Emergency Patient Transport (NEPT) 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.</p> <p>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.</p> <p>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 and Great Western Hospital Hopper Bus Services; alternative provision will be discussed with the hospitals and Clinical Commissioning Group (CCG) around better use of existing patient transport / bus services".</p> <p>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.</p>					

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.

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. It was also agreed that a further report would be presented to the Board's February meeting to present a case for ongoing funding in future years.

There is no budget in place for the continuation of the Hopper service for 2016/17 and future years. Any decision for Wiltshire Council to continue supporting the service will be a cost pressure.

Proposal

Option 1 To cease the operation of the Hopper service May 2016

Option 2 Reduce the subsidy for the operation of the RUH Hopper Bus Service to between £75k - £90K (from £155k p.a) by:

- reducing the frequency of service
- increasing the fares by 50%
- integrating a school transport contract into the overall network

and for Wiltshire Council to fund this subsidy.

Section 2A – People or communities that are currently **targeted or could be affected** by any change (please take note of the Protected Characteristics listed in the action table).

The proposal to reduce or withdraw the Hopper service will have an impact across west and north Wiltshire.

The Hopper service is available to all regardless of their Protected Characteristics. As a result, all users and potential users of the service may be directly or indirectly affected by a change to the service and all the Protected Characteristics as defined by the Equality Act 2010 could be impacted by changes to the Hopper service.

Based upon the evidence gathered from the consultation, the Protected Characteristics that are most likely to be affected are considered to be:

- Age
- Disability
- Sex
- Other (rurality, low incomes, shift/part-time workers, carers and people with no access to private transport).

Should the decision be made to withdraw the Hopper Service there are mitigations to be considered in alternative transport provision to the RUH, which could be:

- 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).
- Those who are able to can either drive or get a lift from friends or relatives

Section 2B – People who are **delivering** the policy or service that are targeted or could be affected (i.e. staff, commissioned organisations, contractors)

The contractor providing the service would be affected whichever option is considered. They would clearly be significantly affected if the decision was made to cease the service as a considerable proportion of their business is in the delivery of this service. There would also be redundancies to consider for at least 7 of their staff.

Section 3 –The underpinning **evidence and data** used for the analysis (Attach documents where appropriate)

Prompts:

- What data do you collect about your customers/staff?
- What local, regional and national research is there that you could use?
- How do your Governance documents (Terms of Reference, operating procedures) reflect the need to consider the Public Sector Equality Duty?
- What are the issues that you or your partners or stakeholders already know about?
- What engagement, involvement and consultation work have you done? How was this carried out, with whom? Whose voices are missing? What does this tell you about potential take-up and satisfaction with existing services?
- Are there any gaps in your knowledge? If so, do you need to identify how you will collect data to fill the gap (feed this into the action table if necessary)

Consultation

There were two separate consultations, based upon the following scenarios:

Scenario 1 – Changes to the service to reduce subsidy

Scenario 2 – Complete withdrawal of the service

The first was based upon individual user responses and the second was aimed at 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 the future of the service?	88% responded Yes
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.

***Section 4 – Conclusions** drawn about the impact of the proposed change or new service/policy

Prompts:

- What actions do you plan to take as a result of this equality analysis? Please state them and also feed these into the action table
- Be clear and specific about the impacts for each Protected Characteristic group (where relevant)
- Can you also identify positive actions which promote equality of opportunity and foster good relations between groups of people as well as adverse impacts?
- What are the implications for Procurement/Commissioning arrangements that may be happening as a result of your work?
- Do you plan to include equalities aspects into any service agreements and if so, how do you plan to manage these through the life of the service?
- If you have found that the policy or service change might have an adverse impact on a particular group of people and are **not** taking action to mitigate against this, you will need to fully justify your decision and evidence it in this section

In terms of assessing the potential impacts and actions of the proposed reduction in service provision or the complete withdrawal of the service on each of the identified Protected Characteristic group, these are considered to be as follows:

Age

From those who responded to the questionnaire 78% were over the age of 65. Research has shown that many older people place particular value on 'local' and 'daytime' travel and predominantly travel to access key services (notably healthcare).

Option	Impacts	Actions
Scenario 1 – Changes to the service to reduce subsidy	<p>Direct:</p> <ul style="list-style-type: none"> • Reduced options for older people to access the RUH site <p>Indirect:</p> <ul style="list-style-type: none"> • Increased risk of social isolation. • Increased risk of physical and mental health issues. • Deterioration in existing medical conditions 	<ul style="list-style-type: none"> • Consider the consultation responses in making any of the suggested changes to the Hopper service. • Work with The Link Schemes / Community First to help increase the availability, capacity and use of Link schemes. • Discussions with community transport groups / Community First to identify potential ways in which the variety of community transport schemes in Wiltshire could help fill service gaps. • Liaise with relevant bodies such as Wiltshire Council departments, the Wiltshire Clinical Commissioning Group, to develop and implement alternative measures. • Promote and encourage alternative travel options (e.g. active travel (walking and cycling) and car share). • Develop a communications plan to inform people of the review's outcomes, and what alternative measures are (potentially) available. • The increase in fares will still see a much reduced price when compared to that of a taxi
Scenario 2 – Complete withdrawal of the service	<p>Direct:</p> <ul style="list-style-type: none"> • Significantly reduced options for older people to access the RUH site <p>The increase in cost may</p>	See scenario 1

	<p>result in the service being unaffordable for some</p> <p>Indirect:</p> <ul style="list-style-type: none"> Increased risk of social isolation. Increased risk of physical and mental health issues. Deterioration in existing medical conditions 	
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Disability

37% of people who responded to the questionnaire considered themselves to be disabled in some way. There will also be an increased number of people accessing the service with specific health needs, due to the nature of the service itself. People with disabilities are less likely to drive and therefore could become marginalized from the wider community and more reliant on support services without independent travel options such as the Hopper service to provide them access to healthcare. Disabled people are also likely to need more regular use of the Hopper service for ongoing medical checkups to help manage their health needs.

Option	Impacts	Actions
Scenario 1 – Changes to the service to reduce subsidy	<p>Direct:</p> <ul style="list-style-type: none"> Reduced travel options for disabled people to access the RUH site. The increase in cost may result in the service being unaffordable for some <p>Indirect:</p> <ul style="list-style-type: none"> Increased risk of social isolation. Increased risk of physical and mental health issues. Deterioration in existing medical conditions 	<ul style="list-style-type: none"> Consider the consultation responses in making any of the suggested changes to the Hopper service. Work with The Link Schemes / Community First to help increase the availability, capacity and use of Link schemes. Discussions with community transport groups / Community First to identify potential ways in which the variety of community transport schemes in Wiltshire could help fill service gaps. Liaise with relevant bodies such as Wiltshire Council departments, the Wiltshire Clinical Commissioning Group, to develop and implement alternative measures. Promote and encourage alternative travel options (e.g. active travel (walking and cycling) and car share). Develop a communications plan to inform people of the review's outcomes, and what alternative measures are (potentially) available. The increase in fares will still see a much reduced price when compared to that of a taxi
Scenario 2 – Complete withdrawal of the service	<p>Direct:</p> <ul style="list-style-type: none"> Significantly reduced options for disabled people to access the RUH site The increase in cost may result in the service being unaffordable for some <p>Indirect:</p> <ul style="list-style-type: none"> Increased risk of social isolation. Increased risk of physical and mental health issues. Deterioration in existing medical conditions 	See Scenario 1.

Sex

Around 65% of those people who responded to the consultation were female. Women are less likely to have access to a car or hold a driving licence. They are also more likely to travel by bus than men.

Option	Impacts	Actions
Scenario 1 – Changes to the service to reduce subsidy	<p>Direct:</p> <ul style="list-style-type: none"> Reduced travel options for older females accessing the RUH site. The increase in cost may result in the service being unaffordable for some <p>Indirect:</p> <ul style="list-style-type: none"> Increased risk of social isolation. Increased risk of physical and mental health issues. Deterioration in existing medical conditions 	<ul style="list-style-type: none"> Consider the consultation responses in making any of the suggested changes to the Hopper service. Work with The Link Schemes / Community First to help increase the availability, capacity and use of Link schemes. Discussions with community transport groups / Community First to identify potential ways in which the variety of community transport schemes in Wiltshire could help fill service gaps. Liaise with relevant bodies such as Wiltshire Council departments, the Wiltshire Clinical Commissioning Group, to develop and implement alternative measures. Promote and encourage alternative travel options (e.g. active travel (walking and cycling) and car share). Develop a communications plan to inform people of the review's outcomes, and what alternative measures are (potentially) available. The increase in fares will still see a much reduced price when compared to that of a taxi
Scenario 2 – Complete withdrawal of the service	<p>Direct:</p> <ul style="list-style-type: none"> Significantly reduced options for older females to access the RUH site The increase in cost may result in the service being unaffordable for some <p>Indirect:</p> <ul style="list-style-type: none"> Increased risk of social isolation. Increased risk of physical and mental health issues. Deterioration in existing medical conditions 	See Scenario 1.

Other

Rurality

In rural areas, settlements are dispersed and homes and healthcare facilities are scattered – access to health facilities can therefore be challenging. The Hopper service can help combat social exclusion by enabling non-drivers to access healthcare facilities.

Option	Impacts	Actions
Scenario 1 – Changes to the service to reduce subsidy	<p>Direct:</p> <ul style="list-style-type: none"> Reduced travel options for rural residents to access the RUH site. The increase in cost may result in the service being unaffordable for some 	<ul style="list-style-type: none"> Consider the consultation responses in making any of the suggested changes to the Hopper service. Work with The Link Schemes / Community First to help increase the availability, capacity and use of Link schemes.

	Indirect: <ul style="list-style-type: none"> • Increased risk of social isolation. • Increased risk of physical and mental health issues. • Deterioration in existing medical conditions 	<ul style="list-style-type: none"> • Discussions with community transport groups / Community First to identify potential ways in which the variety of community transport schemes in Wiltshire could help fill service gaps. • Liaise with relevant bodies such as Wiltshire Council departments, the Wiltshire Clinical Commissioning Group, to develop and implement alternative measures. • Promote and encourage alternative travel options (e.g. active travel (walking and cycling) and car share). • Develop a communications plan to inform people of the review's outcomes, and what alternative measures are (potentially) available. • The increase in fares will still see a much reduced price when compared to that of a taxi
Scenario 2 – Complete withdrawal of the service	Direct: <ul style="list-style-type: none"> • Significantly reduced options for rural residents to access the RUH site • The increase in cost may result in the service being unaffordable for some Indirect: <ul style="list-style-type: none"> • Increased risk of social isolation. • Increased risk of physical and mental health issues. • Deterioration in existing medical conditions 	See Scenario 1.

Carers

Carers could be affected by a reduction or withdrawal of the Hopper service. For instance, if a largely independent older person can no longer travel because of a reduced service, the carer's and/or support services commitment is likely to increase. This will have an impact both on the carer and the person in receipt of the care.

Option	Impacts	Actions
Scenario 1 – Changes to the service to reduce subsidy	Direct: <ul style="list-style-type: none"> • Reduced travel options for carers dependents to access the RUH site. • The increase in cost may result in the service being unaffordable for some Indirect: <ul style="list-style-type: none"> • Increased risk of social isolation. • Increased risk of physical and mental health issues. • Deterioration in existing medical conditions. 	<ul style="list-style-type: none"> • Consider the consultation responses in making any of the suggested changes to the Hopper service. • Work with The Link Schemes / Community First to help increase the availability, capacity and use of Link schemes. • Discussions with community transport groups / Community First to identify potential ways in which the variety of community transport schemes in Wiltshire could help fill service gaps. • Liaise with relevant bodies such as Wiltshire Council departments, the Wiltshire Clinical Commissioning Group, to develop and implement alternative measures. • Promote and encourage alternative travel options (e.g. active travel (walking and cycling) and car share).

		<ul style="list-style-type: none"> Develop a communications plan to inform people of the review's outcomes, and what alternative measures are (potentially) available. The increase in fares will still see a much reduced price when compared to that of a taxi
Scenario 2 – Complete withdrawal of the service	<p>Direct:</p> <ul style="list-style-type: none"> Significantly reduced travel options for carers dependents to access employment opportunities, essential services and facilities, and travel to visit friends and family. <p>Indirect:</p> <ul style="list-style-type: none"> Increased risk of social isolation. Increased risk of physical and mental health issues. Deterioration in existing medical conditions 	See Scenario 1.

People with no access to private transport

People with no access to private transport are particularly reliant on the Hopper service. A significant reduction or withdrawal of the service would adversely affect this group of people. 63 of those people who responded to the consultation said they did not have access to a car, or could not drive.

Option	Impacts	Actions
Scenario 1 – Changes to the service to reduce subsidy	<p>Direct:</p> <ul style="list-style-type: none"> Reduced travel options for people with no access to a car to travel to the RUH site. The increase in cost may result in the service being unaffordable for some <p>Indirect:</p> <ul style="list-style-type: none"> Increased risk of social isolation. Increased risk of physical and mental health issues. Deterioration in existing medical conditions. 	<ul style="list-style-type: none"> Consider the consultation responses in making any of the suggested changes to the Hopper service. Work with The Link Schemes / Community First to help increase the availability, capacity and use of Link schemes. Discussions with community transport groups / Community First to identify potential ways in which the variety of community transport schemes in Wiltshire could help fill service gaps. Liaise with relevant bodies such as Wiltshire Council departments, the Wiltshire Clinical Commissioning Group, to develop and implement alternative measures. Promote and encourage alternative travel options (e.g. active travel (walking and cycling) and car share). Develop a communications plan to inform people of the review's outcomes, and what alternative measures are (potentially) available. The increase in fares will still see a much reduced price when compared to that of a taxi
Scenario 2 – Complete withdrawal of the service	<p>Direct:</p> <ul style="list-style-type: none"> Significantly reduced travel options for people with no access to a car to travel to the RUH site. The increase in cost may result in the service being unaffordable for some 	See Scenario 1.

	Indirect: <ul style="list-style-type: none"> Increased risk of social isolation. Increased risk of physical and mental health issues. Deterioration in existing medical conditions 	
<p>*Section 5 – How will the outcomes from this equality analysis be monitored, reviewed and communicated?</p> <p>Prompts:</p> <ul style="list-style-type: none"> Do you need to design performance measures that identify the impact (outcomes) of your policy/strategy/change of service on different protected characteristic groups? What stakeholder groups and arrangements for monitoring do you have in place? Is equality a standing agenda item at meetings? Who will be the lead officer responsible for ensuring actions that have been identified are monitored and reviewed? How will you publish and communicate the outcomes from this equality analysis? How will you integrate the outcomes from this equality analysis in any relevant Strategies/Polices? 		
<p>This Equality Analysis Evidence Document will be included as an appendix to the Cabinet paper being presented to Cabinet on the 19th January 2016.</p> <p>Any publishing of the findings of the EAED document will be done so in accordance with the Cabinet governance process.</p>		
<p>*Copy and paste sections 4 & 5 into any Committee, CLT or Briefing papers as a way of summarising the equality impacts where indicated</p>		
Completed by:	Jason Salter, Head of Service, Passenger Transport Unit	
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Date	22/12/15	
To be reviewed by:	Kirsty Butcher, Senior Corporate Support Officer, Corporate Office Sarah Dicker, Senior Corporate Support Officer, Corporate Office	
Review date:		
For Corporate Equality Use only	Compliance sign off date:	