

Total Transport

Working across
sectors to achieve
better outcomes

This report forms part of **pteg's** wider role in stimulating debate around broader policy issues of relevance to transport. We hope that it will help to generate ideas, discussion and feedback and therefore welcome any comments you may have on the points it raises. You can find our contact details on the back cover of this report.

pteg represents the six Passenger Transport Executives (PTEs) which between them serve more than eleven million people in Greater Manchester (TfGM), Merseyside (Merseytravel), South Yorkshire (SYPTE), Tyne and Wear (Nexus), the West Midlands (Centro) and West Yorkshire (Metro). Leicester and Nottingham City Councils, Strathclyde Partnership for Transport (SPT) and Transport for London (TfL) are associate members. The PTEs plan, procure, provide and promote public transport in some of Britain's largest city regions with the aim of providing integrated public transport networks accessible to all.



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01 Introduction

A key role of transport is to connect people to opportunity. Opportunity to work, play, learn and to stay healthy and happy. A good public transport, walking and cycling network helps to ensure that everyone can reach these opportunities, regardless of where they live, their income, age, ability or level of confidence. Such a network can also be an end in itself, promoting good health by challenging sedentary lifestyles and creating cleaner, safer and more pleasant environments.

Public transport, walking and cycling offer the keys to achieving a wide variety of policy goals from tackling obesity to increasing employment, helping people retain their independence to supporting children to take part in positive activities. As such they are of great value to many sectors outside of transport, including health, social care, employment and education.

Too often, however, transport is overlooked by those sectors that stand to benefit most from it. Transport is, by its nature, something that happens while you're on your way to other things. The other things get the attention – the job outcome, the football practice, the hospital appointment – but these could not happen if people were unable to reach them. Exactly how people reach those activities is also important. Changing the way people travel can have a significant impact on the health and wellbeing of communities.

The downplaying of public transport, walking and cycling could be due to a simple failure to grasp just how vital non-car based transport is to a large proportion of the population (a quarter of all households lack access to a car) or the benefits it could bring to people's health, wealth and wellbeing. It could also be that other sectors are reluctant to admit the importance of transport to their work for fear that they might have to pay more of a contribution towards it. Or it could be that the internal wiring of government has tended to discourage cross-sector working.

Whatever the reason, the consequence is that the transport sector itself bears the vast majority of the costs for interventions whose primary benefits accrue to other policy areas, ranging from initiatives to encourage people to walk

and cycle more to ring and ride bus services that enable older people to retain their independence for longer. With the current squeeze on spending, the transport sector will become less able to support these kinds of schemes, something that could have severe consequences for the ability of other sectors to meet their own policy goals. Spending constraints have meant, for example, that a number of PTE-led WorkWise schemes (which support jobseekers to overcome transport barriers to employment) have already had to close or reduce in scope.

Even if this were not the case, it would still seem sensible for other sectors to recognise the value of transport to their work and to invest in it accordingly. Public transport, walking and cycling measures can be among the most cost effective means of tackling wider policy goals.

Impact of the Spending Review on transport

The latest Spending Review saw budgets across the board severely squeezed, with Government departments and local councils alike having to find huge savings. During the process, however, some budgets have received more protection from the full force of the cuts than others.

The Department for Transport (DfT) (21% budget cut) was among the biggest losers along with Communities and Local Government who, via local authorities, provide a significant amount of funding to local transport. Meanwhile, the Department for Education saw a cut of just 3% and the Departments of Health (DH) and of Work and Pensions (DWP) both saw their budgets increase by 1 and 2% respectively.

Cuts to local transport budgets will mean that transport authorities will need to focus their efforts on meeting their statutory responsibilities first (the National Concessionary Travel Scheme, capital repayments and pensions) before looking at what level of discretionary services they can provide, including level of support for jobseekers, socially necessary bus routes and ring and ride services for the less mobile.

We have already seen some extreme examples of cuts to discretionary services in the shires and counties. In North Yorkshire, for example, all council supported and socially necessary evening, Sunday and Bank Holiday bus services are being cut¹. In Cambridgeshire the council are planning to axe their entire tendered services budget². Tendered services are buses that would not be profitable enough to run on a commercial basis but that are important in keeping people, often those in isolated or disadvantaged areas, connected to opportunities.

In the Metropolitan areas, it is hopefully unlikely that we will see such large scale cuts, however, savings will still need to be made and all discretionary services will come under extreme scrutiny.

"What better way to make services work together than by putting all the money in one place?"

**Eric Pickles,
Local Government
Secretary³**

Let's get together

Given the current spending restrictions, it would appear that there has never been a better time for agencies across sectors to get together to pool resources and expertise. The current situation forces us to assess the best and most efficient ways to achieve the outcomes we want and accept that we may need help from other sectors.

The Government has recognised this in its 'community budgets' programme. Community budgets seek to pool and align national and local funding strands into a single pot to spend on tackling local problems. In doing so, it is hoped that the various agencies involved in tackling these problems will be encouraged to work together across sectors, pooling not only resources but also know-how. In turn, this should help to reduce inefficiency and duplication as well as offer a more coherent service to customers.

A pilot community budgets programme is now underway, focusing on tackling issues for families with complex needs. The approach is intended to tackle difficult local issues which require joined up working between agencies and do not fall under the purview of one particular sector or department.

The Local Government Secretary has confirmed that work will continue to develop bigger community budgets, covering more local public spending and issues. Future community budgets could consider other complex issues such as obesity or supporting older people, both of which are areas where transport interventions have a key role to play but where the actions of other sectors, such as health, social care and education are also key.

Recommendation

Make the prevention of obesity or supporting older people the next focus for community budgets. Both are areas where coordinated action through cross-sector working could make a real difference.

It is important to note that a number of local areas have already taken the initiative to move towards a more joined up approach. The ten authorities in Greater Manchester, for example, are the first in the country to develop a statutory Combined Authority (GMCA). This is intended to ensure that a coordinated approach towards economic development, regeneration and transport is taken across the city region. The GMCA is advised by the Transport for Greater Manchester Committee (TfGMC) with the decisions of the GMCA and TfGMC carried out by Transport for Greater Manchester (the PTE).

Total Place

Launched by the previous administration, Total Place invited us to take a ‘bird’s eye view’ of our public services and the way we deliver them. In doing so it encouraged the identification of duplication as well as areas where longer lasting impact could be achieved by pooling efforts, expertise and resources across sectors.

The Government has taken this idea forward in their community budgets programme which, by drawing resources together into a single pot, seeks to encourage local agencies to work together to tackle difficult social issues.

The word ‘Total’ also remains in the local and national government lexicon, as seen, for example in the Department for Environment, Food and Rural Affairs’ ‘Total Environment’ initiative to build cross-sector working, pool expertise and generate efficiencies.

‘Total Transport’ therefore provides a neat way of encapsulating the need to work across public policy divides to deliver better outcomes for communities and taxpayers through the sharing of resources and expertise.

The challenge of rewiring public service delivery

Developing a cross cutting approach to service delivery is not straightforward. Community budgets were reported to be running into difficulties before the pilots even began, with a perceived absence of leadership from Whitehall and lack of engagement from the whole range of departments that need to support the pilots⁴. There has also been frustration at the slow rate of progress⁵. A new ministerial group has since been tasked with getting the scheme on track.

Recommendation

The ministerial group tasked with taking forward community budgets should ensure key departments across government get behind the concept and work to remove obstacles that may prevent community budgets being implemented at local level.

"It's all about the will, people being prepared to share their resources, to share their power and to put it into the community pot and enable this to happen. It's perfectly reasonable, perfectly sensible and perfectly do-able"

Lynne Costelloe,
Chief Executive of
the Little Red Bus
Company⁸

The difficulties faced by the community budgets programme help to illustrate the wider difficulties that can be associated with convincing agencies at national, but also local level, to release some control and to work at breaking down silos of responsibility for the greater good. Often, agencies can be willing to collaborate, provided this does not involve a financial commitment. This may be the fault of what a report on the previous Government's Total Place pilots described as '*the complexity of the 'internal wiring' of public service delivery*'.⁶

It found that:

*'The large number of individual grants, and poorly aligned objectives of similar services across different policy areas, can limit the ability of delivery organisations to join up services around users.'*⁷

The Government has set about removing some of these barriers in piloting community budgets and also by de-ringfencing local authority grants, streamlining funding streams, reducing the National Indicator set and pledging to identify and remove further obstacles to collaboration.

The stage for cross sector working is, therefore, beginning to be set. But the task ahead is still daunting, requiring the breaking down of long established practices and boundaries between different policy areas.

Given that community budgets encompassing transport are still likely to be some way off, the remainder of this paper looks at some of the ways we might begin to work together across the transport, health and employment sectors, with the intention of identifying some practical, and manageable, ways towards 'Total Transport'.

02 Health

"It's a nonsense to think that health can be tackled on its own. Directors of Public Health will be able to champion local cooperation so that health issues are considered alongside housing, transport and education"

Andrew Lansley,
Health Secretary⁹

Transport is among the key issues determining whether or not a person leads a healthy lifestyle. Physically active modes of transport – walking and cycling, combined with public transport – offer an alternative to the sedentary lifestyles that cars encourage. Sedentary lifestyles present a major threat to public health, and continued reliance on the car is a major contributing factor, so much so that the former Chief Medical Officer has called for a doubling of walking in urban areas and an eight fold increase in cycling¹⁰. Road traffic also poses a threat to health in other ways, with the poorer groups suffering disproportionately from increased risk of injury, poorer air quality and community severance.

As well as direct impacts on health, good public transport, cycling and walking links will ensure that communities are able to access health facilities in a timely manner, reduce 'did not attends' and avoid unnecessary escalation of medical conditions. It can also ensure people stay active and independent for longer, with benefits in terms of wellbeing and reducing the costs of care.

Transport has the potential to contribute across all five 'domains' of public health proposed by the Department of Health to form the basis of the new public health outcomes framework, which will support new freedoms and funding for public health in local government.

The five domains of public health¹¹

- 1. Health protection and resilience: protecting people from major health emergencies and serious harm to health.** This could include, for example, the serious harm to health from exposure to air pollution to which domestic transport is a major contributor. Increased uptake of walking, cycling and public transport could help reduce the risks.
- 2. Tackling the wider determinants of ill health: addressing factors that affect health and wellbeing.** Transport plays a key role in connecting people to jobs, education, leisure activities and social networks - all of which are key determinants of health and wellbeing.
- 3. Health improvement: positively promoting the adoption of 'healthy' lifestyles.** Walking and cycling are among the cheapest and most accessible ways of getting people physically active whilst public transport can connect people to sport and leisure activities as well as to shops selling healthy foods.
- 4. Prevention of ill health: reducing the number of people living with preventable ill health.** Public transport can help people stay active and independent for longer. Affordable and available public transport also ensures everybody is able to access health facilities at the earliest opportunity, before problems escalate.
- 5. Healthy life expectancy and preventable mortality: preventing people from dying prematurely.** Public transport, walking and cycling contribute in all the ways mentioned in the other four domains - connecting people to opportunity and keeping them physically active and independent for as long as possible.

"analysis indicates that improving public transit can be one of the most cost effective ways to achieve public health objectives, and public health improvements are among the largest benefits provided by high quality public transit and transit-oriented development."

Todd Litman,
Victoria Transport Policy Institute (2010)¹²

If the importance of transport were to be recognised in the final framework, this could encourage health professionals to consider how they might support transport interventions locally as part of their wider public health toolkit.

Recommendation

The forthcoming public health outcomes framework to include recognition of transport's potential to contribute across all five domains of public health.

There are many areas of complementarity between transport and health. This section looks at ways in which we could develop better links between the two sectors to help people live healthy, physically active lives, promote access to healthcare, and support people to retain their independence.

Physical activity and smarter travel

Currently, just one in twenty adults achieve the recommended minimum level of physical activity of 30 minutes of moderate activity at least five days a week¹³. This has been estimated to cost the country in excess of £8bn per year¹⁴.

Public transport, cycling and walking are among the cheapest, most accessible and most effective ways of encouraging physical activity. It is something that most people are able to easily incorporate into their daily routines, meaning they are more likely to keep it up in the long-term.

Even simply walking to the bus stop, or cycling to the train station gets people moving in a way that taking two steps to the car in the drive cannot. A study from America, for example found that the use of tram systems to commute to work was associated with an 81 per cent reduced odds of becoming obese over time¹⁵. Other US studies have also noted that those who use public transport have a much greater likelihood of achieving the minimum recommendation of 30 minutes of physical activity, five days a week¹⁶.

In the UK, many short trips are currently undertaken by car. If these trips were replaced with walking, cycling or public transport we would have the opportunity to significantly increase people's levels of physical activity and get more people to reach the recommended level. The figures below illustrate the potential for change¹⁷.

23%

of car/van trips are under 2 miles
swap for...
30 minutes walk

57%

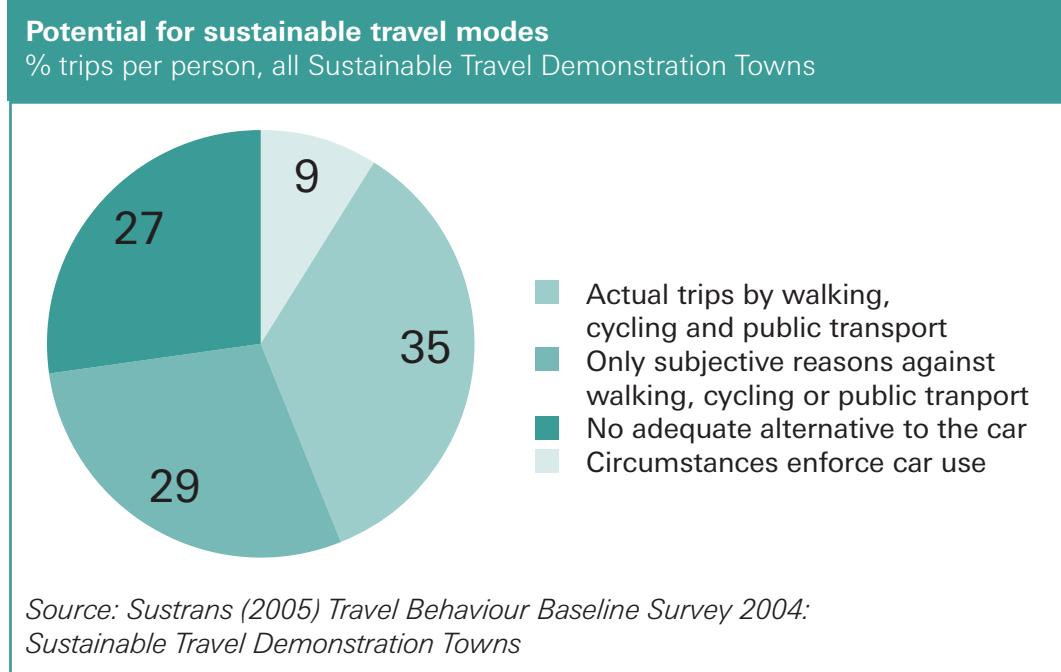
of car/van trips are under 5 miles
swap for...
30 minutes by bike

78%

of car/van trips are under 10 miles
swap for...
Bus journey

Baseline data analysis conducted to inform the development of the Sustainable Travel Demonstration Towns suggest that much of this potential could be realised through relatively cheap, 'soft' measures such as marketing of smarter transport choices.

As the chart below shows, 29 per cent of all trips in the towns were made by car when only subjective reasons prevented them being made on foot, by bike or on public transport. Where no adequate alternatives to the car currently exist, still more trips could be converted if 'harder' infrastructure measures (new bus services, safe cycle routes etc) were implemented. Circumstances enforced car use in just 9 per cent of trips. In other words, nine out of ten local car journeys could be replaced by walking, cycling or public transport.



In the PTE areas, which cover over 11 million people, the potential benefits of modal shift are huge. Taking cycling alone, a recent Sustrans report for **pteg** modelled the potential for increasing cycling in the six PTE areas. It found that an area wide approach similar to that piloted in the Cycling Demonstration Town programme could generate 96 million additional cycle trips per year from an investment of £337 million spread over three years. The best estimate benefit value of this travel behaviour change would be in the region of £716 million over ten years. Additional health benefits are modelled at £62 million, and the savings to the NHS alone, over ten years, at £196 million¹⁸.

At national level, steps have previously been taken towards a more joined up approach between the DfT and DH on promoting active travel. February 2010's 'Active Travel Strategy', for example, was jointly badged by the two departments. With a new Government in place, perhaps now is the time to renew this strategy and reinforce the need for cross-sector working at local level.

Recommendation

DfT and DH to renew the Active Travel Strategy, reinforcing the need for cross-sector working on transport and health at local level.

A joint approach will be facilitated by the fact that local authorities look set to be in driving seat for implementing health improvement programmes in the future, with Local Directors of Public Health in charge of a ring-fenced budget to improve public health in their areas¹⁹. Using a portion of this budget to contribute towards initiatives to encourage walking, cycling and public transport would seem to represent a sound investment. Walking and cycling investments are shown to have very high benefit to cost ratios – of 10:1 – and two-thirds of this monetary benefit is due to health care cost savings due to physical activity²⁰. Alongside the boost to physical activity, increased levels of walking, cycling and public transport are also associated with fewer accidents, improved air quality and neighbourhoods that encourage social interaction and wellbeing.

Recommendation

Local Directors of Public Health to allocate a portion of their ring-fenced budget for public health towards initiatives that encourage walking and cycling as part of a wider approach to improving public health in their area in the most cost effective way possible.

To facilitate closer working and better understanding between the health and transport sectors, the new Local Directors of Public Health should also be designated as strategic partners in the design and preparation of Local Transport Plans and other local transport strategies. At the same time, PTEs and transport authorities should be represented on the new Health and Wellbeing Boards (see recommendation on page 12).

Recommendation

Local Directors of Public Health to be strategic partners in the design and preparation of the Local Transport Plan and other local transport strategies, not just as stakeholders or consultees.

If transport and health stakeholders were to become more involved in each other's local policy making processes, a more joined up approach to boosting active travel through both hard and soft measures would result. On the softer side, for example, PTEs devote resources to supporting people to make active travel choices, using a range of approaches, from marketing campaigns to work-place travel planning. In the past, this work has focused on the environmental benefits of making the switch to public transport, walking and cycling. Much more impact could be made on people's behaviour if health messages could be incorporated into these activities, drawing in the expertise of the health sector. This would enable consistent, jointly agreed messages to be put across to communities rather than a bombardment of different campaigns which ultimately aim to achieve the same thing but only serve to confuse and dilute impact.

"many health service locations have been planned – in terms of both location and site design – with little regard to the ease, or even the possibility, of access by patients without access to a car."

Department for Transport²²

Enabling access to healthcare

Access to healthcare, whether as a visitor or a patient, forms a major part of transport demand. Some 44 per cent of people without access to a car find it difficult to get to the doctors or to hospital²¹, meaning public transport, or transport provided by the Primary Care Trust or NHS, is particularly important.

This is particularly true for the lowest income families, over half of whom lack access to a car. In response, and where budgets allow, PTEs endeavour to fill the gaps in transport access. Centro, for example, together with Wolverhampton Primary Care Trust and Wolverhampton Community Transport delivered a new bus service to connect disadvantaged communities in Wolverhampton to a health centre for children and young people. As a result, non-attendance at the centre's clinics reduced by 60 per cent.²³

A more collaborative, cross-sector approach towards the planning of health facilities, involving transport authorities at the earliest stages, could see access problems designed out from the beginning, avoiding the need for costly interventions after the fact.

However, providing the public transport links is not enough on its own. People also need to be able to understand how to use these and be reassured that they will arrive for their appointment on time. To assist, PTEs produce 'How to get there guides' focused on local surgeries and hospitals. Transport for Greater Manchester's guides, for example, include details of key stops along the bus routes serving hospital sites with approximate travelling times between each key stop and the hospital, as well as detailed maps of the site itself with departments and bus stops highlighted.

This work is vital not only to patients, but also to the health sector itself. Missed outpatient appointments alone cost hospitals £600m a year (£100 in lost revenue per missed appointment)²⁴. Research has shown that the likelihood of missing an appointment rises with increasing levels of deprivation and is also more common among the younger and older extremes of the age spectrum²⁵. Whilst other factors are likely to be at play, it is surely no coincidence that these are also the groups least likely to have access to a car.

Alongside the mainstream public transport network, the health sector also provides its own patient transport services. However, evidence suggests that this provision is often over-specified compared to what the patient actually needs, resulting in more unnecessary cost to the health sector. The DfT, for example, refer to '*the present tendency for many low-need users to be provided with high cost ambulance service transport*'²⁶.

A more coordinated, cross sector approach to the provision of patient transport could help to ensure that patients are provided with vehicles suited to their needs and that highly specified ambulance service transport is reserved for those who need it most.

PTEs are in the business of transport and, as other transport authorities have pointed out, there would seem to be '*obvious synergies and savings in being able to incorporate health care links with other [Transport Authority] transport provision.*'²⁷

PTEs make use of fully accessible buses as part of their wider services to the community. Metro's new fleet of AccessBuses, for example, 'kneel', have ramps for quick and easy boarding, extra space for luggage and are designed to access narrow residential streets, enabling a door to door service. Fleets of vehicles like this could be an asset to the health sector, with patient transport incorporated into day-to-day schedules or demand-responsive services. Vehicle downtime could also be utilised. Transport for Greater Manchester, for example, coordinated an initiative with Stockport PCT, who wanted to offer a concentrated number of client assessments and fittings of digital hearing aids. By offering clinic appointments during the middle of the day, the PCT could utilise the spare vehicle capacity of a local authority owned accessible fleet operating company to provide transport support to those who needed it, scheduled to suit the transport available and reduce the risks of non-attendance.

The potential for synergies and savings like these has led Strathclyde Partnership for Transport (SPT) to suggest that consideration be given for the budget for patient transport to be transferred to transport authorities²⁸. If budgets and resources for patient transport were transferred or pooled, this would offer more resources to maintain, expand and integrate vital links to healthcare, removing any unnecessary duplication or over-specification, saving money and offering a better service to customers.

The Department of Health give their blessing to this kind of approach in their 'Vision for Adult Social Care' where they encourage local authorities – and by extension we would argue, PTEs – to *'work with the NHS and other partners to pool and align funding streams at local level and alert the government if there are any barriers to this local flexibility.'*²⁹

The way is further cleared by the Government's proposals to put local authorities in charge of health improvement functions, in place of PCTs³⁰. It is proposed that local authorities will lead new statutory Health and Wellbeing Boards aimed at promoting integration across services, including supporting pooled budgets. There would be advantages in ensuring PTEs are able to play a key role alongside local authorities in ensuring a joined-up approach to extending access to healthcare through integrated transport provision, as well as to promoting active travel.

Recommendation

Ensure PTEs and transport representatives form part of the new Health and Wellbeing Boards in recognition of transport's potential to affect health outcomes.

"You sometimes have councils with three different lots of people doing three different lots of things with three lots of buses and some of them sitting empty all day. That really is a matter for the county council or unitary authority – they are the transport authority, they are the ones who deal with adult social care, they are the education authority."

Norman Baker MP,
Parliamentary Under-Secretary of State for Transport³¹

Why stop at health?

In considering pooling budgets and fleets for transport, why stop at health? Various local authority departments have their own fleets of vehicles which could also be added into the mix. The transport authority/PTE could coordinate the pooled fleet, whilst also taking account of capacity in the mainstream network, through a centralised scheduling and booking system. This would help remove unnecessary duplication of routes and services and ensure the right vehicle is used for the right job. Such an approach would also reduce the number of vehicles lying dormant for large parts of the day – the overview the centralised system provides could ensure these vehicles are put to good use throughout the day to meet unmet transport needs.

The North West Centre of Excellence found:

*'Experience from local authorities who operate an Integrated Transport Unit and from authorities that have recently assessed the business case for moving to such a unit suggests that annual efficiency benefits of the order of hundreds of thousands of pounds are achievable.'*³²

In the current context, the risk of cuts to vital lifeline bus services is very real and all sectors are under pressure to tighten their belts. This kind of shared approach could help keep communities connected by making best use of transport assets held across sectors and ensuring no resources are wasted because of unnecessary duplication.

There are many examples across the UK of moves towards a more integrated approach to transport provision:

- Transport for Greater Manchester's Integrated Social Needs Transport project, sought to match underused accessible transport capacity (including from the local authority, third sector and the ambulance service) to unmet demand for transport, particularly from those unable to use conventional public transport services³³.
- The Transport Innovation Partnership (East Riding, North Lincolnshire and York City councils, the Yorkshire Ambulance Service and community transport providers) has been developing a common booking system for vehicle fleets in the area³⁴.
- 'Routeforward' - a partnership in Coventry between the Council, Centro, local interest groups and the University- aimed to develop a more integrated and comprehensive network of services, including coordination of council transport services through a joint unit, which can also deliver a joined up approach to needs assessment, monitoring and referral of people requiring transport. The scheme has resulted in the creation of new revenue streams with the ability to operate new services at minimal cost³⁵.

Other transport authorities mindful of the likely impact of budget cuts are also looking to minimise service reductions and save money through a more integrated approach. Oxfordshire County Council, for example, are exploring whether 'place-based public transport procurement' can reduce their £34m a year spending on tendered bus services and school and social services transport. They are looking at ideas for packaging areas of transport together, for example by developing a Quality Contract³⁶ for a whole area, such as a district, and include all commercial, subsidised, social and school services.³⁷

Other countries, particularly the Netherlands, have considerable experience of implementing these kinds of schemes. In the Netherlands, some provinces have franchised whole networks, pooling together social, health, education and public transport budgets and services into one package. In doing so, the intention has been to offer the public a comprehensive door-to-door service which is integrated into the wider public transport network, whilst at the same time bring about efficiencies and ensure the right vehicles are used for the job. Examples include³⁸:

- Province of South Holland - some regular public transport services have been abolished in favour of integration with social services transport. This has resulted in a balance of about 50 per cent regular public transport passengers travelling on board social services vehicles.
- Province of Fryslân - regular bus services to the smallest villages have been replaced with demand-responsive services subcontracted to local taxi companies who also operated social services transport. This has resulted in increased efficiency as the same vehicles can be used for both services.
- Provinces of Groningen and Drenthe - a combined public transport bureau was created to jointly tender, manage and market public transport across the two provinces. The bureau convinced all municipalities to coordinate the tendering of their social and education transport services with the small-scale regular public transport provided by the bureau.

There are clearly many examples, both from the UK and abroad, from which practitioners can learn as they develop their own approaches to joined-up transport. There are a number of challenges that need to be considered when integrating and pooling transport services from a range of agencies, including:

- Administrative difficulties associated with the harmonisation of working conditions, staffing, systems, standards and targets held across different agencies.
- Negotiation of legal, contractual and financial relationships.
- Risk of exacerbating the perceived low status of the bus among potential customers as more of a hotchpotch of vehicles of differing specifications are employed.
- Reconciling potentially differing needs of clientele.

Given the range of models now in operation, both here and abroad, and the potential they offer for saving money whilst providing passengers with a more flexible service, there would be advantages in drawing together these experiences to help inform future schemes for integration (see recommendation on page 20).

Retaining Independence

Transport authorities fund free off-peak travel for older and disabled people, support the development of accessible vehicles and pay for door-to-door or Ring and Ride bus services. All of these services are vital in helping older and disabled people retain their independence for longer. They enable people to get out and about independently to shops, services and activities. Furthermore, they mean that vulnerable people can simply get out of the house and see other people, something that can make a big difference to a person's wellbeing and likelihood of keeping healthy. The drivers of these services also become familiar to their passengers and are able to raise the alarm should a person not appear on board the bus when they normally would.

Just one Ring and Ride service, funded by Centro in the West Midlands, serving 31,000 active registered blind and disabled users is estimated by accountants Grant Thornton to save the health sector between £13.4m and £58.5m. The savings are due to the reduced need for care, home help and meals, reduced use of costly taxi, district, Community or NHS transport, reduced need for escorts and improved access to employment³⁹.

All PTEs support similar Ring and Ride or door-to-door bus services through their discretionary budgets, likely to result in millions of pounds worth of savings for the health and social care sector each year. As cuts bite, these services are at risk of being scaled back as PTEs focus on ensuring they can afford to cover their statutory duties. This could have serious consequences for the health and social care sectors, as members of the community become less able to live independently and the burden of care increases. A pooled approach to budgets and vehicle fleets across the health and transport sectors could help generate the efficiencies needed to maintain these vital services.

03 Employment

Public transport is vital in enabling people to find, and sustain employment. One of the first considerations when embarking on a job search is 'where can I get to?'. Transport plays a major role in the decision making process about whether to apply for, accept or stay in employment.

"Social mobility and, in particular, moving people off welfare and into work often depends on transport infrastructure. If people on isolated and deprived estates cannot get a bus or train to the nearest city or town, they may be stranded without work and without hope."

Philip Hammond
Secretary of State for Transport⁴⁰

Around 40 per cent of jobseekers say that a lack of personal transport or poor public transport is a key barrier preventing them from getting a job⁴¹. Some 64 per cent of Job Seekers Allowance claimants either have no access to their own vehicle or cannot drive⁴², meaning they are dependent on public transport to connect them to employment opportunities. If these connections are lacking, or perceived to be so, jobseekers can find themselves extremely limited in their choice of vacancies.

Work and Pensions Secretary Iain Duncan Smith was recently criticised for suggesting that unemployed people should 'get on a bus' to find work. It is true to say that more and more people will need to look outside of their local areas to find employment and many will need buses to enable them to do so. However, simply telling people to 'get on a bus' is not enough.

That bus needs to:

- Be affordable – one in four people say their job search is inhibited by the cost of travel to interviews. In some cases, the expense of bus travel can make the difference between being better off on benefits or being better off in work.
- Connect to key employment sites – employment opportunities can often be located on isolated out-of-town industrial or trading estates that can be difficult to access without a car.
- Run at times that correspond to working patterns – buses do not tend to run very early in the morning or late at night, making it difficult for people without a car to accept shift working opportunities.
- Be well publicised – in order to make use of a bus service, people need to be aware that it exists and of the opportunities it can connect them to.

In addition to all of this, jobseekers need to have the confidence and sufficiently broad travel horizons to be willing to travel outside their local area to access employment opportunities.

PTEs invest in a wide range of interventions aimed at removing travel barriers to employment, such as travel training to build confidence, discounted tickets for jobseekers, buses outside of traditional hours for shift workers and guides showing how to get to key employment sites.

A number of PTEs have also run forms of WorkWise schemes which combine a number of elements to help people overcome transport barriers to employment. Schemes comprise the core elements of free or discounted travel to interviews and to meet the costs of travel in the first weeks of a new job, combined with personalised travel advice to broaden horizons and job search net. Evaluation of WorkWise schemes run by Centro have shown that 70 per cent of beneficiaries are still in their new jobs after six months⁴³ and 80 per cent would have struggled to reach employment opportunities without WorkWise support⁴⁴.

Given the large proportion of jobseekers who lack access to their own transport or who experience transport as a key barrier to employment, the work PTEs do in assisting people to overcome these barriers is crucial in tackling unemployment.

Often these projects are funded by the PTEs themselves, with little or no contribution from the departments and agencies – such as the Department of Work and Pensions and Jobcentre Plus – who stand to benefit most from the savings they generate in terms of getting people into work. The recent spending cuts have meant that a number of schemes have had to close or be reduced in scope as PTEs become less able to provide the funding for them. Several WorkWise schemes, for example, have disappeared all together whilst others have had to reduce their service by offering only journey planning advice or by offering jobseekers half, rather than free fares. This is a significant loss given that the cost of travel continues to enforce restrictions on the employment opportunities jobseekers are able to apply for.

There is increasing recognition that Jobcentre Plus need to draw upon the help of other sectors to tackle long-term unemployment. The Local Government Association (LGA), for example, point to the fact that of the 2.4 million Job Seekers Allowance claims each year, two thirds are repeat claimants who '*typically experience barriers to employment – in childcare, housing, personal finances, transport, mental health or alcohol and substance use – that cannot be fixed by Jobcentre Plus alone.*' LGA argue that '*the current departmentalism removes incentives for Jobcentre Plus to enlist the help of health, transport or housing bodies, or for those bodies to volunteer their help.*'⁴⁵

From a transport perspective, we know that transport professionals are keen to play their part in helping jobseekers overcome barriers to work. Local Jobcentre Plus offices are often keen to accept this help – most WorkWise schemes, for example, have used Jobcentre Plus offices as a base. However, this willingness from local jobcentres does not tend to extend towards making a financial contribution towards transport schemes, even though these schemes help to reduce levels of unemployment.

This reluctance could be related to the departmentalism identified by the LGA that continues to see transport as purely a matter for the transport sector, rather than something that should form a fundamental part of the toolbox for tackling the complex problem of unemployment. It might be helpful for DWP to provide leadership on this issue by consulting on the relative merits of providing various types of transport support to jobseekers and ensure messages about 'what works' in this respect reach local Jobcentre Plus offices and Work Programme providers.

Recommendation

DWP to consult on the merits of providing various types of transport support to jobseekers and evaluate current services.

More broadly, the potential of transport should be recognised, valued and built in to wider policies for moving people from benefits into work, alongside the potential of other sectors to contribute their expertise in tackling what is frequently a complex, multi-faceted problem.

Recommendation

The potential of transport to cost effectively increase access to employment and essential services should be recognised, valued and built in to wider policies for moving people into employment, alongside the potential of other sectors to contribute their expertise.

04 Conclusions

This paper has shown that public transport, walking and cycling play an essential role in achieving key goals across the policy spectrum, for example:

- Providing some of the cheapest, most effective and accessible means for people to get the recommended 30 minutes of moderate physical activity at least five days a week.
- Ensuring people without access to a car are able to reach medical appointments and seek help at the earliest opportunity. Close to half of those without a car find it difficult to get to health facilities - missed outpatient appointments alone cost hospitals £600m a year.
- Enabling older and disabled people to retain their independence for as long as possible - preventing or delaying care costs and improving wellbeing. Just one Ring and Ride bus service in the West Midlands saved the health sector between £13.4m and £58.5m.
- Widening the job search net for unemployed people through free or discounted travel and personalised journey planning advice. In one PTE-led 'WorkWise' scheme 80 per cent of people said they would have struggled to reach employment opportunities without it.
- Breaking down transport barriers to employment, for example through bus routes to key employment sites, bus services to fit in with shift working opportunities, 'how to get there' guides and travel training. Some 64 per cent of Job Seekers Allowance claimants either have no access to their own vehicle or cannot drive, making good public transport connections vital to their employment prospects.

This paper has shown that transport's contribution, and potential to do more, is often underplayed or unnoticed by the areas that stand to benefit most from its work, such as health, social care and employment. This could change as spending cuts (which have hit transport particularly hard) start to bite, putting these benefits, and the achievement of key policy goals, under threat.

With this in mind, this paper has argued that ways of working efficiently and collaboratively across policy areas must be found if transport is to maintain and expand its vital role in connecting people to opportunity and keeping them fit, healthy and independent, thereby saving money for the public purse.

The Government has recognised the value of cross-sector working through its community budgets programme and other initiatives designed to break down barriers to collaboration. This agenda encourages us to look holistically at the public services we provide, identify areas of inefficiency and duplication and look at where we could achieve more through pooling our efforts, expertise and resources. This paper has suggested some ways in which these ideas can be applied in a transport context, working towards a 'Total Transport' approach.

There are many examples of good practice, both here and abroad, that demonstrate what can be achieved when we look at transport provision in the round and now, with renewed appetite for removing obstacles to cross-sector working, would seem a good time to draw these together to inform future work at local and national level.

Recommendation

Hold a Total Transport event to share good practice on cross-sector working, focusing on the pooling of vehicle fleets and budgets as a practical, tangible way forward. The event would bring together potential partners from the worlds of transport, health, social care, employment and education to look at ways that transport can support policy goals across sectors and how barriers to a more coordinated approach can be tackled.

The Total Transport event could be complemented by a similar event for Government in the form of a cross-departmental meeting coordinated by DfT. If departments across Government can signal their commitment to cross-sector working this could give local stakeholders the confidence to drive it forward in their areas.

Whilst the groundwork is increasingly being laid to foster cross-sector approaches to tackling complex issues such as obesity and unemployment, the task ahead is still daunting, requiring the breaking down of long established policy silos. Drawing together existing good practice is a useful first step along the road to Total Transport. This paper has suggested a number of other practical ways forward that could help foster a more collaborative approach to transport delivery. A summary of this report's recommendations can be found overleaf.

05 Recommendations

In summary, our recommendations for moving towards a Total Transport approach are as follows:

Health

- Make the prevention of obesity or supporting older people the next focus for community budgets. Both are areas where coordinated action through cross-sector working could make a real difference.
- The forthcoming public health outcomes framework to include recognition of transport's potential to contribute across all five domains of public health.
- DfT and DH to renew the Active Travel Strategy, reinforcing the need for cross-sector working on transport and health at local level.
- Local Directors of Public Health to allocate a portion of their ring-fenced budget for public health towards initiatives that encourage walking and cycling as part of a wider approach to improving public health in their area in the most cost effective way possible.
- Local Directors of Public Health to be strategic partners in the design and preparation of the Local Transport Plan and other local transport strategies, not just as stakeholders or consultees.
- Ensure PTEs and transport representatives form part of the new Health and Wellbeing Boards in recognition of transport's potential to affect health outcomes.

Employment

- DWP to consult on the merits of providing various types of transport support to jobseekers and evaluate current services.
- The potential of transport to cost effectively increase access to employment and essential services should be recognised, valued and built in to wider policies for moving people into employment, alongside the potential of other sectors to contribute their expertise.

General

- The new ministerial group tasked with taking forward community budgets should ensure key departments across government get behind the concept and work to remove obstacles that may prevent community budgets being implemented at local level.
- Hold a Total Transport event to share good practice on cross-sector working, focusing on the pooling of vehicle fleets and budgets as a practical, tangible way forward. The event would bring together potential partners from the worlds of transport, health, social care, employment and education to look at ways that transport can support policy goals across sectors and how barriers to a more coordinated approach can be tackled.
- The 'Total Transport' event could be complemented by a similar event for Government in the form of a cross-departmental meeting coordinated by DfT. If departments across Government can signal their commitment to cross-sectoral working this could give local stakeholders the confidence to drive it forward in their areas.

06 References

References

- ¹<http://www.bettertransport.org.uk/campaigns/save-our-buses/north-yorkshire>
- ²'Councils seek new solutions to meet rural transport needs', *Local Transport Today*, Issue 564, 11 February-24 February 2011.
- ³'Eric Pickles predicts public service shake up as Community Budgets begin', CLG Press release, 29/03/11.
- ⁴'Lack of Whitehall leadership puts community-based budgets at risk', *Local Government Chronicle*, 17/02/11,
- ⁵'Councils hopeful Hanham can accelerate progress', *Local Government Chronicle*, 05/05/11.
- ⁶HM Treasury/CLG (2010) 'Total Place: A whole area approach to public services' p.19
- ⁷HM Treasury/CLG (2010) 'Total Place: A whole area approach to public services' p.19
- ⁸Speaking on the BBC Politics Show in Yorkshire and Lincolnshire, 20/02/11.
- ⁹DH (2010) 'Public Health England – A new service to get people healthy', Press Release, 30 November 2010.
- ¹⁰DH (2010) 'Annual report of the Chief Medical Officer 2009'
- ¹¹DH (2010) 'Healthy Lives, Healthy People: Our strategy for public health in England'.
- ¹²Litman, T (2010) 'Evaluating Public Transportation Health Benefits'
- ¹³NHS Information Centre (2009) 'Health Survey for England 2008'
- ¹⁴2002 estimate cited in NHS Health Information Centre (2009) 'Health Survey for England 2008'
- ¹⁵MacDonald, J.M, Stokes, R.J., Cohen, D.A., Kofner, A. and Ridgeway, G.K. (2010) 'The Effects of Light Rail Transit on Body Mass Index and Physical Activity' in *American Journal of Preventative Medicine* 39(2)105-112.
- ¹⁶Besser, L., Dannenberg, A (2005) 'Walking to public transit: Steps to help meet physical activity recommendations' in *American Journal of Preventative Medicine* 29(4) 273-280.
- ¹⁷DfT National Travel Survey, 2009.
- ¹⁸Sustrans (2011) *Cycling in the city regions: delivering a step change* available from <http://www.pteg.net/Publications/cyclingreport.htm>.
- ¹⁹DH (2010) 'Equity and excellence: Liberating the NHS'
- ²⁰Davis, (2010) *Value for money: An economic assessment of investment in walking and cycling*. Department of Health/Government Office for the South West: Bristol. <http://www.healthyweight4children.org.uk/resource/item.aspx?RID=90422> accessed 6th April 2011.
- ²¹Defra 'Sustainable Development Indicators in your Pocket 2009'
- ²²DfT (2009) 'Providing Transport in Partnership – a guide for health agencies and local authorities', p.7
- ²³**pteg** (2010) 'Transport and Social Inclusion: Have we made the connections in our cities?' p.10.
- ²⁴Dr Foster Health and the NHS Information Centre, 'Outpatient appointment no-shows cost hospitals £600m a year'

<http://www.drfosterhealth.co.uk/features/outpatient-appointment-no-shows.aspx>

²⁵Dr Foster Health and the NHS Information Centre, 'Outpatient appointment no-shows cost hospitals £600m a year'
<http://www.drfosterhealth.co.uk/features/outpatient-appointment-no-shows.aspx>

²⁶DfT (2009) 'Providing Transport in Partnership – a guide for health agencies and local authorities', p.18.

²⁷SPT (2011), Papers for Partnership meeting, 11 February 2011, Agenda Item 10 'Development of bus market – Report by Assistant Chief Executive (Operations).'

²⁸SPT (2011), Papers for Partnership meeting, 11 February 2011, Agenda Item 10 'Development of bus market – Report by Assistant Chief Executive (Operations).'

²⁹DH (2010) 'A Vision for Adult Social Care: Capable Communities and Active Citizens' p.24.

³⁰DH (2010) 'Equity and Excellence: Liberating the NHS'.

³¹Oral evidence to Transport Select Committee Inquiry into Bus services after the Spending Review.

³²North West Centre of Excellence (2006) 'Integrated Transport Units – a good practice paper'

³³DfT (2010) 'Community Transport: LTP Best Practice Guidance' p.9.

³⁴DfT (2010) 'Community Transport: LTP Best Practice Guidance' p.12.

³⁵eo Consulting (2009) 'London Councils: A Future Door to Door Strategy for London' p.47.

³⁶A Quality Contract involves replacing the existing deregulated bus market with a system of contracts.

Here, the local authority specifies the bus services that are to be provided in the area of the scheme.

³⁷Oxfordshire County Council (2010) 'Business Strategy 2011/12 - 2014/15, Environment and Economy Directorate.'

³⁸All examples are from **pteg** (2010) 'Public Transport Tendering in the Netherlands'

³⁹West Midlands Integrated Transport Authority, internal briefing.

⁴⁰Philip Hammond MP: Transport is at the heart of the country's growth' Surrey Herald, 24 August 2010.

⁴¹Social Exclusion Unit (2003) 'Making the Connections: Final Report on Transport and Social Exclusion'

⁴²Woodland, Mandy and Miller (2003) 'Easing the transition into work (Part 2 – client survey)' p.146.

⁴³Centro 'WorkWise 2009 Customer Feedback Annual Review'

⁴⁴**pteg** (2010) 'Transport and Social Inclusion: Have we made the connections in our cities?'

⁴⁵LGA (2010) 'Place-based budgets – the future governance of local public services'



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