

NICK RICHARDSON



A clear need to adapt in order to survive

Community transport services are often defined by their costs rather than their benefits but circumstances are changing

Community transport services cover a diverse range of activities but are commonly associated with taking people who have mobility difficulties to where they need to be on a fairly regular basis. This oversimplification has dogged the image of community transport but there are many changes ahead that mean that these services will need to adapt either to survive or to exploit potential new markets. The type of transport on offer might include healthcare-related services such as non-emergency patient transport to appointments, filling in gaps where there are no conventional buses by using a car, people mover or minibus, demand responsive services, home to school journeys, village buses to weekly markets and a whole lot more. The 'last mile' challenge could be addressed by some community transport to link fixed-route mainstream buses with more remote destinations. Some services are funded and managed by large agencies such as the NHS while others are community-based with a charitable organisation as its manager, often with volunteer drivers.

A well-rehearsed problem

There have been attempts to better coordinate these types of service for decades. The fact that different groups run different services to a multitude of destinations suggests that there are inefficiencies that could be overcome if everyone pooled resources. Experience has shown that despite the best intentions,

this is very hard to achieve for a variety of reasons - there appears to be no magic bullet. The mix of different agencies and sponsors creates bespoke products which are isolated from others but they co-exist, sometimes being aware of each other but not being in a position to combine forces. This may be due to the geography of their operating territories, the way they are managed or simply because the demand for journeys does not coincide. In some areas this patchwork adds up to an impressive whole while in other areas services remain sparse and an integrated system remains elusive.

The latest attempt to pull services together was the Department for Transport's Total



Transport Pilot Fund scheme which tasked local authorities and other agencies with better coordination of the community transport services in their areas. Some projects have got off the ground with improved contact between agencies and putting two and two together. Others have been stifled by funding constraints as it is not a good time to experiment. Government's intention to make savings through coordination remains an aspiration if there isn't adequate funding to keep it all going. The consequence of local authority spending cuts is that some services cannot continue in their traditional way, let alone try something different.

Moving goalposts

There are a number of other changes in circumstance. The places where people need to go are changing. The local day centre may have closed down, specialist clinics are held in different hospitals (often a lot more distant) and demographics dictate that there will be a much greater demand base for many years to come. 'More for less' is a pretty poor mantra in these circumstances because resources are finite or declining and the demands are becoming greater. A particular concern is the lack of coordination between healthcare agencies and everyone else in the communities they serve. There are endless stories of people waiting for hours to get to an appointment or return home and there are many who simply can't get there at all. The people who determine the appointments have no idea how the patients can get to them with the result that many appointments are missed. This is a waste of resources that should be overcome. A problem is that NHS staff are busy providing healthcare rather than transport but the Total Transport projects have highlighted how this needs to change in many parts of the country. Regular dialogue between healthcare providers and patients would be a start. There are more savings to be made in the healthcare budget because people who are immobile experience isolation and mental health suffers as a result; this cost money too. Good access to healthcare generates savings, not just costs but seeing the picture in the round isn't happening.

Some opportunities might emerge from home to school journeys funded by education authorities. One vehicle might be able to pick up several children, possibly attending

different schools or find a productive use for the return journey. The times of school start and finish are determinants and the need to infill when schools are not open should also be considered. Perhaps community transport should include initiatives to help informal car sharing as well as those that supply vehicles, the car being the most available means of travel in many rural areas. There are issues to resolve of insurance, payment arrangements, personal security and so on but there could be some community benefit.

There are changes on the supply side too. Some transport providers have difficulty recruiting and retaining drivers either because they can't afford them or because there aren't many to recruit in the first place. PCV licence holders tend to be full time employees rather than the part timers who could be of use to community transport operators. Licencing requirements and time commitments put pressure on community transport staff, even if volunteering for a few hours per week. Having the right vehicles is one thing but having a pool of staff to draw on is another.

New areas of demand could be explored. The perception persists of community transport as being for people who can't get around in other ways. In reality, community transport is for the whole community including people of any age or mobility who just need to get somewhere. This brings community transport into the wider sphere of mainstream buses, providing the last mile (or several miles) connection. Making minibuses more 'bus-like' might help to convince the wider population that services are for them but irregular timing and wheelchair-branded vehicles are likely to be offputting.

Paying for services

Of course there is the fundamental question of funding; community transport is unlikely to ever pay for itself. This then begs the question of whether or not society should support transport for people who need it. The costs are significant and while many local authorities have reluctantly cut budgets, the benefits of better mobility for everyone are clear. Everything has a cost but community transport offers huge benefits not just in healthcare budget savings but also supporting local facilities and economies, enabling younger people to stay in smaller settlements



The Total Transport concept aims to bring together the various strands of transport, including patient transfer services funded by the NHS

and so on. Relying on the voluntary sector really isn't enough and transferring costs and financial risks from government to various operators is a poor reflection on the priorities in society. The now sidelined philosophy of the Big Society concept applied in the transport context was utter nonsense. Services need to remain affordable to users and subsidy will remain essential. Operating costs are high despite many people thinking that a smaller vehicle will be cheaper to run than a larger one - they all incur overheads, staff costs, fuel and maintenance. Users are happy to pay a reasonable fare but behind this is a huge subsidy to cover the costs. Similarly, concessionary travel schemes are not 'free' because users are subsidised in huge amounts. Pretending that somehow it will all work more efficiently without additional money is naïve and damaging.

Where next?

There must be a recognition that community transport is valuable, that it is often best devised from the ground upwards rather than being controlled at a centralised level and that there is a cost that needs to be covered. With impending pressures and considerably

more demand, these services could be stretched until they fail. On the other hand, a responsible approach would be to identify what travel needs are emerging and deal with them appropriately. That way better coordination could finally be achieved if there is the right mindset and the funding to pay for it. Passenger transport is about people and their travel needs and community transport could play its part more fully without focusing efforts on month to month essentials and instead thinking about how to attract more users. ■

ABOUT THE AUTHOR

► The Transport Planning Society provides professional development, a meeting place for all those working in the transport sector and leads the response to emerging policy issues. See www.tps.org.uk for further information. Nick Richardson is Technical Director at transport consultancy Mott MacDonald, a Director of the Chartered Institute of Logistics and Transport (UK) and Chair of PTRC Education and Research Services Ltd. In addition, he has held a PCV licence for 30 years.