

# Education and Health and Social Services Transport

REPORT BY THE COMPTROLLER AND AUDITOR GENERAL  
HC 32, NIA 178/03 9 June 2005





Northern Ireland Audit Office

Report by the Comptroller and Auditor General  
for Northern Ireland

# Education and Health and Social Services Transport

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Comptroller and Auditor General

Northern Ireland Audit Office  
9 June 2005

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# List of Abbreviations

DE	Department of Education
DFP	Department of Finance and Personnel
DHSSPS	Department of Health, Social Services and Public Safety
E&LB	Education and Library Board
EU	European Union
FE	Further Education
HAZ	Health Action Zone
HPSS	Health and Personal Social Services
HSS	Health and Social Services
NCC	Nottingham City Council
NI	Northern Ireland
NIAO	Northern Ireland Audit Office
PAC	Public Accounts Committee
RTF	Rural Transport Fund
UK	United Kingdom
WTCP	Wigtownshire Transport Coordination Project

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Photographs on front cover courtesy of North and West Belfast HSS Trust; Northern Ireland Ambulance Service Trust; South and East Belfast HSS Trust; and Western Education and Library Board. Logo on page 13 and 'banner' introducing each part of the Report courtesy of Northern Ireland Community Transport Association.





# Executive Summary

## Education and Health and Social Services Transport

### Background

1. Many people use home-to-school transport, social services transport and non-emergency patient transport. These services promote social inclusion by allowing some of the most vulnerable people in society access to public services and contribute to the environmental agenda by reducing car use. Following a report published by the Northern Ireland Audit Office (NIAO) in May 1995, the Committee of Public Accounts (PAC) at Westminster reported on ambulance and non-ambulance transport service provision in Northern Ireland.<sup>1</sup> We subsequently published a related report<sup>2</sup>, in June 1997, on the management of transport services by the Education and Library Boards.
2. This report examines the progress made by the Education and Library Boards (“Boards”) and Health and Social Services Trusts (“HSS Trusts”) in dealing with the issues raised by these earlier reports. While we found that the Boards and Trusts have taken action to address some of the operational shortcomings identified, there remain opportunities for further improvements in the way that resources are used and in value for money. For instance, greater coordination and cooperation between the Boards and Trusts would be beneficial but is currently rare.

### Main Conclusions and Recommendations

#### On the implementation of PAC/NIAO recommendations (Part 2 of the Report)

3. We would encourage the Department of Health, Social Services and Public Safety (DHSSPS) to address the remaining two issues raised by PAC, and the Department of Education (DE) to implement the outstanding recommendations

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1. Health and Personal Social Services: *Transport Services*; 3rd PAC Report, Session 1995-96 [HC 55]

2. *Towards Better Practice in the Management of Education and Library Board Transport Services*, NIAO, June 1997 [HC 10]

# Executive Summary

in our earlier report. In our view, there is scope for the development of a greater consensus on how the transport assets available within both sectors might be more effectively coordinated to improve operational efficiency and enhance the services provided to customers. While we recognise the commitment of both Departments in developing regional transport strategies for their sectors and the importance of the planned new management information system to education transport services, we recommend that they continue to give priority to addressing the outstanding issues (paragraph 2.11).

## **On the coordination of transport provision (Part 3 of the Report)**

4. We found that cooperation between education and health transport services is limited. Coordination initiatives that do exist are at local level rather than as a matter of policy (paragraph 3.8). We recognise that the transition from separate to coordinated services is a complex and challenging concept as education, health, social services and community transport services each serves a discrete clientele and has a different operating environment, funding sources and vehicle requirements. Also, these differences are supported by legislative and regulatory decisions which have resulted in unique practices. Coordination activities must be tailored to local circumstances: successful coordination efforts in one area may not necessarily work in another. The effectiveness of any such effort often depends on a range of factors, including geographic area; available services and capacity; the organisational and service delivery structure of those services; and the regulations that relate to the transportation of different types of customer (paragraph 3.19).
5. In our view, there may be scope for improved efficiency through greater coordination of services such as sharing of vehicles and drivers. We believe that this is an issue which should be addressed as soon as possible (paragraph 3.20).

# Executive Summary

The need for intra-agency cooperation and commitment has to be recognised as a prerequisite to success. In order to address the issues identified above, we consider that the Department of Education and the Department of Health, Social Services and Public Safety should take the lead by establishing a task force or joint inter-departmental transport steering group to consider the issues and promote partnership. The steering group should determine where coordinated services might be provided and should offer guidance and be a catalyst for supporting and facilitating such coordination. For instance, the steering group would have a key role to play in dealing with the legislative and regulatory barriers that may inhibit certain types of coordination. It is likely, too, that the Department for Regional Development and the Department of the Environment, who have key interests in transport services, should be invited to engage in such an initiative (paragraph 3.23).

6. The funding arrangements would require particular attention by the proposed inter-departmental steering group. In England, the operation of transport coordination units is facilitated by the integrated role of county or borough councils as single recipients of funding from central government. In Northern Ireland, the funding streams for school and health transport provision come from two different Departments. However, we consider that there is no reason why departmental programmes and budgets cannot be modified to meet collective priorities. For example, the National Audit Office calls on government departments to assess the advantages of pooling funding to encourage joined-up working (paragraph 3.24).



# Part 1

## Introduction and Background

### Background

- 1.1 Home-to-school transport (including transport for children with special educational needs), social services transport, and non-emergency patient transport provide people with access to education, social services, and outpatient and other services at hospitals. These transport services, along with the transport services of the Community sector in Northern Ireland, also contribute to wider policy objectives such as social inclusion, and meeting the environmental agenda by helping to reduce car use.
- 1.2 In Northern Ireland, responsibility for policy, funding, and provision of school, patient and social services transport is divided between several government departments centrally, between different agencies locally and between public and private sector bodies.

### Transport in the Education Sector

- 1.3 Primary, secondary and special needs education in Northern Ireland is the responsibility of the Department of Education (DE) and is administered through five Education and Library Boards (“the Boards”). These Boards are responsible for providing the transport required to support the delivery of education, library and youth services in their areas. This is done through a mix of the Boards’ own fleets, sessional passes on public transport and the hire of private taxis. There are limiting factors which can influence the type of transport provided by the Boards, for example lack of capital funding, number of pupils on route, availability of a

bus and driver. These often determine whether a Board bus or contract-hire bus, or even a taxi, is used. Non-economic factors, for example the caring role associated with special transport drivers, mean that the cheapest option may not necessarily be appropriate.

### Transport in the Health Sector

- 1.4 Health and Social Services in Northern Ireland operate on an integrated basis at three levels - the Department of Health, Social Services and Public Safety (DHSSPS); four area Health and Social Services Boards; and nineteen Health and Social Services Trusts ("HSS Trusts"). These Trusts, including the NI Ambulance Service Trust, are responsible for providing ambulance and social services (emergency and non-emergency patient) transport services. Trusts authorise the use of taxis and private coaches where provision of in-house transport would be insensitive, uneconomical or unavailable. The range of patients transported is wide and covers differing degrees of mobility and type of condition.

### Transport in the Community Sector

- 1.5 Sixteen Rural Transport Partnerships have been established across Northern Ireland under the Rural Transport Fund (RTF) to develop greater coordination between transport operators and to provide new services for socially excluded individuals and groups. The RTF is administered by the Department for Regional



Development and the Partnerships comprise local voluntary and community groups, district councils, and other agencies involved in rural development or the provision of local services, including health trusts, the social services, education boards and Translink. Using resources from the RTF, the Partnerships have purchased minibuses which are used to help extend door-to-door and group hire services in rural areas.

## Existing Services

### Fleet sizes

- 1.6 The Boards and the HSS Trusts have between them a sizeable fleet of some 1,920 vehicles in operation throughout Northern Ireland, including approximately 1,230 passenger carrying vehicles:
- the Boards have a total of 1,024 vehicles, including 683 home -to-school buses (see Appendix 1 for fleet details) with an estimated current value of £17.8 million; and
  - the HSS Trusts have a total of 900 vehicles, including 549 passenger carrying vehicles (see Appendix 2 for fleet details) with an estimated current value of £18.4 million.
- 1.7 In addition to the vehicle fleets in the Education and Health sectors, the Community sector in Northern Ireland has a total of 38 vehicles provided by the Department for Regional Development (see Appendix 3 for fleet details).
- 1.8 Figure 1 shows where these vehicles operate from throughout Northern Ireland and illustrates that there is a fair degree of overlap in transport service provision by each of the sectors involved, particularly in areas such as Belfast, Londonderry, Omagh and Armagh.



**Source:** Northern Ireland Audit Office



## Transport Expenditure

### Vehicle Procurement Costs

- 1.9 In 2002-03 the five Education and Library Boards spent a total of **£4.331** million on the purchase of vehicles (see Appendix 4 for details). A total of **£3.557** million was spent by HSS Trusts on the purchase and leasing of vehicles in the same year (see Appendix 5 for details). Public- funded expenditure totalling **£0.758** million was spent on the purchase of 25 vehicles in the period 1998 to 2001 for the Community sector (see Appendix 6 for details).

### Direct Vehicle Operating Costs

- 1.10 Fuel and Maintenance costs for the Boards' vehicle fleet amounted to some **£2.65** million in 2002-03 (see Figure 2 for details).

**Figure 2: Education and Library Boards: Direct Vehicle Operating Costs 2002-03**

Board	Fuel £'000	Maintenance £'000	TOTAL £'000
Belfast	146	145	291
South-Eastern	272	221	493
North-Eastern	332	263	595
Western	717	21	738
Southern	514	17	531
<b>TOTAL</b>	<b>1,981</b>	<b>667</b>	<b>2,648</b>

Source: Boards

- 1.11 For the HSS Trusts' vehicle fleet, fuel and maintenance costs totalled some **£3.36** million (see Figure 3 for details).

**Figure 3: HSS Trusts Vehicle Operating Costs 2002-03**

Trust	Fuel £'000	Maintenance £'000	TOTAL £'000
NI Ambulance Service	212	143	355
Foyle	182	126	308
Ulster	77	83	160
Down Lisburn	94	101	195
Craigavon & Banbridge	112	133	245
Newry & Mourne	43	47	90
South & East Belfast	123	97	220
North & West Belfast	88	144	232
Belfast City	16	12	28
Green Park Healthcare	19	100	119
Mater Infirmorum	2	2	4
Causeway	113	78	191
Armagh & Dungannon	217	291	508
Homefirst	204	240	444
Sperrin Lakeland	83	81	164
Royal Group	35	61	96
<b>TOTAL</b>	<b>1,620</b>	<b>1,739</b>	<b>3,359</b>

Source: Trusts

We note the variations in maintenance costs both within and between the Boards and Trusts. We did not undertake any detailed investigation into the reasons for the differences, and recognised that there are different factors involved, including the complexity of the vehicles involved, the extent of their use and the method and frequency of maintenance provision at each transport holding centre.

### Third Party Hire of Vehicles

- 1.12 As noted at paragraph 1.4, the Boards and Trusts also authorise the use of hired vehicles and taxis where the provision of in-house transport would be insensitive, uneconomical or unavailable. On an annual basis, the Boards spend around £17 million on third party vehicle hire with the Trusts paying out just under £6 million.

## Purchase of sessional tickets

1.13 Figure 4 shows that the Boards pay substantial sums to Translink<sup>3</sup> for the purchase of sessional tickets/passes on public transport for the conveyance of pupils to and from schools. The public transport market in Northern Ireland remains regulated, with Translink as the largest local public transport provider delivering the majority of bus services. In home-to-school transport during 2002-03, for example, 55 per cent of services were provided by Translink, 29 per cent by the Boards' fleets and 16 per cent undertaken by parents, private coach and taxi operators. We understand that the Department for Regional Development has been conducting a review of the regulation of bus services in Northern Ireland. This is intended to bring forward recommendations on a new regulatory framework and on the role of the public sector transport provider within a market that may be progressively opened up to a degree of controlled competition.

**Figure 4: Board Payments to Translink for Home-to-School Transport, 2003-04**

<b>Belfast</b> <i>£million</i>	<b>South Eastern</b> <i>£million</i>	<b>North Eastern</b> <i>£million</i>	<b>Southern</b> <i>£million</i>	<b>Western</b> <i>£million</i>	<b>Total</b> <i>£million</i>
0.8	5.9	7.6	5.5	3.7	<b>23.5</b>

Source: Boards

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3. Translink is the brand name of three operating companies which operate scheduled bus and rail services in Northern Ireland for the Northern Ireland Transport Holding Company which is responsible to the Department for Regional Development.

## Scope of Examination

1.14 We have been monitoring progress on the implementation of recommendations made and commitments given, by both Departments<sup>4</sup>, since the reports referred to at paragraph 1 of the Executive Summary were published. This has taken into account subsequent national and regional policy developments relevant to transport provision by the health and education sectors, and developments in public -funded transport provision in the Community sector:

- a Regional Transportation Strategy for Northern Ireland, published by the Department for Regional Development in July 2002, that reflected the principles in the 'Northern Ireland Transport Policy Statement: Moving Forward', and the UK White Paper of July 1998, which signalled the Government's new, integrated approach to transport policy;
- the development of community transport in Northern Ireland, with the establishment of the Rural Transport Fund in November 1998, to reduce social exclusion by improving/providing transport opportunities for people with reduced mobility in rural areas;
- 'joined - up' government, with the development of cross-sectoral partnerships between public bodies; and
- a revised Northern Ireland Public Sector procurement policy aimed at improving the efficiency and effectiveness of public procurement practice, with the objective of delivering best value for money, defined as the optimum combination of whole-life cost and quality (or fitness for purpose) to meet the customer's requirements.

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4. Northern Ireland Department of Finance and Personnel Memorandum on 3rd PAC Report, *Health and Personal Social Services: Transport Services*, Session 1995-96, 18 March 1996, Cm3222; *Towards Better Practice in the Management of Education and Library Board Transport Services*, Department of Education, Audit Review Group, 5 January 1999.

1.15 One of the recommendations we made in 1995 was that HSS Trusts should continue to seek every opportunity for partnership with other public service bodies to ensure effectiveness of operation, and an efficient use of resources in providing their transport services. We also noted in our 1995 report that the Southern Education and Library Board had included, as a long-term objective, the possible extension of transport services across public sector boundaries and, in particular, into the HSS field.

1.16 Against this background, the objectives of this report are:

- to review the performance of DHSSPS and DE in implementing the recommendations arising from our two earlier reports (**Part 2**); and
- to examine the potential for efficiency savings and improved service provision through greater coordination of transport services in the health, education, and community sectors (**Part 3**).

1.17 In preparing this report, we liaised closely with key transport personnel in:

- the Department of Education;
- the Department of Health, Social Services and Public Safety;
- the Department for Regional Development;
- the Education & Library Boards;
- area HSS Boards and HSS Trusts;
- the Rural Community Transport Partnerships;
- the Community Transport Association; and
- the Department of Finance and Personnel's Central Procurement Directorate.

# Part 2

## Implementation of PAC/NIAO Recommendations

### Introduction

- 2.1 This part of the report examines the progress made by DHSSPS and DE in following-up our earlier reports on transport provision in these two sectors. In general, we found that, while progress has been made by both Departments, there are still issues outstanding.

### Department of Health, Social Services and Public Safety

#### Action taken

- 2.2 The majority of the recommendations made by PAC have now been implemented by the Department. In particular, it has established a Regional Transport Forum which has produced a Regional Transport Manual with management information, guidance and performance indicators. Other recommendations have been addressed as a result of the production of the Transport Manual. For example:

- minimum standards for HPSS transport services have been specified;
- transport managers to ensure that idle time ( for both drivers and vehicles) is minimised;
- the routine collection of data which ensures that vehicle availability matches demand;

- guidance on replacement of vehicles;
- input of specialist expertise of transport managers and the Regional Supplies Service of the Central Services Agency in vehicle procurement;
- compliance with EU regulations is ensured through the involvement of the Regional Supplies Service in new vehicle procurement;
- guidance on contracting- out;
- vehicle log books to be maintained;
- the fitting of tachographs to vehicles; and
- the maintenance of information to allow the production of performance indicators.

2.3 In addition, the following action has also been undertaken:

- the formation of a Transport Benchmarking Group which has produced performance indicators;
- more ordered designation and phasing of capital funds throughout the financial year; and
- the introduction of client satisfaction surveys.

### **Action outstanding**

2.4 Despite the improvements introduced, we understand that the Department is still considering two recommendations:

- that as a matter of urgency, Boards and Trusts should ensure that the objectives of transport services are clearly stated, and that such statements should set out: what is to be achieved, how, by what date, at what cost and how achievement should be measured.

- that, as the Department has overall responsibility for client care, it should ensure that all applicants seeking the use of non-ambulance transport, should be assessed against the same criteria.

The Department has informed us that these recommendations are being addressed as part of its Regional Transport Services Strategy.

### Regional Transport Services Strategy Steering Group

- 2.5 We note that, in 2003, the Department set up a Regional Transport Services Strategy Steering Group. This Steering Group, whose terms of reference includes addressing the key outstanding PAC recommendations, has been commissioned to produce a strategy for non-emergency patient and social services transport. A Draft Regional Transport Services Strategy has been issued by DHSSPS, in March 2005, for public consultation.

## Department of Education

- 2.6 Following our report in 1997, the Department established a **Joint Board Transport Working Group** and issued a **Transport Services Strategy Framework** to the Boards in December 1998, to enable them to develop their own transport objectives. In addition to such high level activity, a series of other actions have been implemented to improve the operation of Board transport provision:

- Board transport management structures, including staffing, have been reviewed;
- vehicle maintenance procedures have been reviewed and greater competition has been introduced into the renewal of maintenance contracts;
- a 'lead' Board has produced a good practice guide on transport management which other Boards will use as the basis of their own guides;



- key information required on all vehicles has been specified;
- action has been taken on the harmonisation of school holidays, with a formula agreed for non-operational transport days;
- an improved transport health and safety policy has been drawn up jointly by the Boards' transport officers; and
- leasing arrangements, as an alternative to the outright purchase of vehicles, have been investigated by the joint Board Working Group and discussed with DE.

### Action outstanding

2.7 At the time of our examination, action remained outstanding on six undertakings:

- the introduction of a common transport fleet management system linked with Board finance systems;
- the establishment of a common performance measurement framework;
- establishment of inter-Board targets to monitor and review performance;
- the preparation of 6 - monthly inter-Board performance reports;
- introduction of a fuel monitoring system; and
- centralisation of transport monitoring for all Board vehicles ( not just school transport) under the Boards' transport officers.

2.8 All of these outstanding issues centre round the need for a common, compatible, networked, computerised fleet management system. In 2000 a Best Value review of the Boards' home-to-school transport provision<sup>5</sup> endorsed the need for such a management information system to be procured and installed as a matter of urgency. We understand that the business case for this system has been approved and funding secured. While the system is expected to be operational by January 2006, transport officers have still to be charged with responsibility for all Board vehicles since they do not hold the budget for all transport expenditure by their Boards. Both the Department and Boards recognise the efficiency and effectiveness arguments underpinning such an arrangement, however, they

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5. The Boards' Central Management Support Unit - Report of a Best Value Fundamental Services Review of *Home to School Transport*, May 2000

expressed reservations about the feasibility of introducing centralisation of monitoring in advance of the computerised management information system.

- 2.9 In terms of fuel monitoring, the Department told us that the Southern Board has a computerised system in place in all its depots and a similar system has been installed by the Western Board in its new Omagh depot. It will be exploring with the other Boards the scope for introducing fuel monitoring systems in their areas, taking account of local circumstances in relation to fuel costs, site locations, security of premises and deployment of vehicles.
- 2.10 In relation to performance measurement and reporting, the Department pointed out that while a range of performance indicators has been developed for transport services, many of these can only be produced on a systematic and consistent basis with the aid of the computerised management information system.

### **NIAO Conclusion and Recommendation on Progress by DHSSPS and DE**

2.11 We would encourage DHSSPS to complete its work on the remaining two issues raised by PAC, and DE to implement the outstanding recommendations in our earlier report. In our view, there is scope for the development of a greater consensus on how the transport assets available within both sectors might be more effectively coordinated to improve operational efficiency and enhance the services provided to customers. While we recognise the commitment of both Departments in developing regional transport strategies for their sectors and the importance of the planned computerised management information system to education transport services, we recommend that they continue to give a high priority to addressing the outstanding issues. The types of coordination that currently exist and the complexities facing greater partnerships between education and health transport providers are discussed in greater detail in the final part (Part 3) of the report.



# Part 3

## Coordination of Transport Provision

### Introduction

- 3.1 The compartmentalisation of transport services to meet a particular client group, as described in paragraphs 1.3 and 1.4, can cause difficulties in achieving a collaborative, coordinated approach to delivery. The object should be to make the best use of existing resources by eliminating duplicate costs and to improve the utilisation of vehicles. This part of the report examines the extent of cross-sector coordination between transport services in the health and education sectors and explores the barriers and challenges to establishing greater coordination of provision.

### Understanding Coordination of Transport

- 3.2 In the context of this study, coordination may be defined as education, health and community transport providers working together to improve the efficiency and effectiveness of transport services. Under this definition, there are several types of coordination which may be grouped under the following three levels:

#### Cooperation

- 3.3 Under cooperative arrangements, two entities such as an education board and a Trust who administer and operate two separate transportation systems could agree to work together to improve their services. For example, cooperative efforts could include joint purchasing of maintenance, fuel or insurance. Another

example of cooperation that already exists is where the Education and Library Boards utilise the public transport system through the purchase and distribution of passes from Translink to transport pupils to and from school.

### **Joint-Use Agreements**

- 3.4 Another option is joint-use agreements. Under such agreements, the two entities share resources but maintain separate management and operations. This would typically involve one entity making one or more of its resources, for example vehicles, available to the other entity, and also may involve reciprocal arrangements. Good examples of joint-use agreements include: “single vehicle pools” where two entities use the same set of vehicles and drivers for transporting different groups of people to specific destinations; and the servicing of the vehicles of two transport providers at the same centre.

### **Integration**

- 3.5 Finally, complete integration of services could be considered. If education and health transport services were integrated, the services would be consolidated and managed by one lead agency which would also assume responsibility for operations.

## **To what extent is there coordination of transport provision within the Health and Education Sectors?**

- 3.6 Recommendations in our 1995 Report on HPSS transport services included the rationalisation of these services through greater coordination and integration of social services transport and non-emergency ambulance transport. The patient transport service of the Northern Ireland Ambulance Service uses minibuses that are similar to the minibuses used by the HSS Trusts to carry social services clients, and the school minibuses used by the Education and Library Boards to transport children with special educational needs.

- 3.7 A strategic review of the Northern Ireland Ambulance Service in 2000<sup>6</sup> included a similar recommendation. However, this has not happened. The Department explained that there are complex issues involved, which have been given serious consideration by its Regional Transport Services Strategy Steering Group (see paragraph 2.5). We believe that the complex issues which need to be resolved should be taken forward as a high priority. The Department told us that Local Ambulance Liaison Groups had been established throughout Northern Ireland to address the recommendation in the strategic review. The Department will also explore further opportunities for coordination and integration of health and social services transport in its Regional Transport Services Strategy Consultation Paper (see paragraph 2.5).
- 3.8 Cooperation between education and health transport services is also limited. Coordination initiatives that do exist are arranged at local level rather than as a deliberate matter of policy. For instance, four of the Boards, in partnership with HSS Trusts in their area, provide free transport and drivers to carry special needs children to and from summer schemes of respite care. We were informed of an attempt made by one Board to share its special educational needs buses with a local Trust in order to transport social services clients to local day centres. However, this proved to be unsuccessful due to the operational difficulties and barriers which can surround the sharing of vehicles and drivers (see paragraphs 3.10 to 3.17).
- 3.9 Two of the four Health Action Zones (HAZ)<sup>7</sup> established to tackle persistent health problems in areas of greatest need have attempted to establish community transport initiatives in their areas aimed at providing local communities with access to the vehicles of education boards and health and social services Trusts. However, while the Western HAZ initiative was at the time of our examination, consulting on possible coordination proposals with local transport providers, we

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6. *'Mapping the Road to Change': A Strategic Review of the Northern Ireland Ambulance Service*, February 2000

7. There are four Health Action Zones in Northern Ireland. Their purpose is to tackle persistent health problems in areas of greatest need through the development of real partnerships between health and a wide range of statutory and other agencies. They include North & West Belfast HAZ; Armagh & Dungannon HAZ; Western HAZ; and Northern Neighbourhoods HAZ. Each Zone is core funded by DHSSPS at £150,000 annually and is time- framed for a period of normally three years.

were told by the Southern Board that a similar initiative at the Armagh and Dungannon HAZ was thwarted by a series of operational, financial and regulatory barriers.

## **What are the key factors affecting the coordination of transport services?**

- 3.10 Why have attempts to coordinate transport services within the health and education sectors had such limited success? The lack of success has been tied to a range of operational barriers which, according to transport providers in both the health and education sectors, inhibit prospective efforts to coordinate transport providers. The following paragraphs consider in more detail the issues and challenges identified as impeding the establishment of coordinated services.

### **Vehicle Design**

- 3.11 There are some physical difficulties to achieving coordination, in terms of the compatibility of different vehicle types with particular categories of passenger. The design of school buses is based on unique safety standards ideal for school age children. As such, the design of some buses may not be particularly conducive - and in some cases may present an impediment - to the use of such vehicles by adults. For example, special needs school buses, acquired prior to April 2001, have harness restraints that are not suitable for adult conveyance. By contrast, vehicles used by HSS Trusts are designed to better accommodate adults and may have different interior dimensions, aisle width and seat pitch. They must also accommodate a wider range of passengers, with limited mobility and particular health and social care needs.

### **Vehicle Insurance**

- 3.12 Under current arrangements, the Education and Library Boards and Health and Social Services Trusts are separately responsible for the pupils/clients being transported on their vehicles. As a result, there are questions regarding liability

in cases where either transport provider uses the other's service to transport individuals. Insurance premiums issued for each type of transportation will only cover the specific category of passenger to be transported. Changes in the potential use of vehicles can, therefore, be expected to require additional insurance coverage which will add to the costs of efforts to coordinate transport provision.

### **Vehicle Maintenance**

- 3.13 While both school buses and health service vehicles follow similar maintenance schedules, if there is to be sharing of vehicle fleets, this raises the issue of how the costs and benefits of maintenance work are to be distributed between the two sectors. Evidently the cost/benefit equation would vary in each individual instance of coordination. The three Education Boards which currently provide in-house arrangements for vehicle maintenance (Western, Southern and North Eastern Boards) have indicated a willingness in principle to assist with maintenance arrangements for health and social services vehicles, subject to clarification of the legal position and reservations about the capacity to do so within existing workshop facilities and staffing levels. The Boards would also see scope for joint procurement arrangements for fuel, vehicles and spares, (see paragraphs 3.25 - 3.29) and would be happy to consider arrangements for health and social services vehicles to access fuel from Board bulk tanks.

### **Vehicle Availability**

- 3.14 Opportunities for cooperative and joint-sharing arrangements between education and health transport providers might be created through coordination in the routing and scheduling of services which could help to reduce duplication. However, realising this potential will depend on the degree to which the availability of vehicles (and drivers) is complementary. While most school buses are used for pupil transportation for a relatively short period of time in the morning and afternoon, the Education and Library Boards point out that their fleets must also service other needs: for example, school field trips, youth group

outings and a variety of other educational work programmes which require transport. Moreover, both school buses and patient transport vehicles also tend to be routed in a circuitous fashion and may not have the potential to integrate easily.

- 3.15 DHSSPS said it is also the case that a good deal of patient transport takes place at similar times to that involving pupils and the scope for cooperation in practice may be very limited. The Education and Library Boards told us that they have suggested to the Department of Education that if the health service can identify problem areas where patients cannot effect a connection with a public transport scheduled service, they may be in a position to provide a daily connecting service if the health sector was to meet the costs.

### **Driver Arrangements**

- 3.16 In seeking to identify opportunities for enhanced coordination of transport services, it is important to take account of issues surrounding the use of drivers. The drivers of education and health service vehicles are members of different trade unions whose work rules, hours and wages will be governed by different collective agreements. The sharing or transferring of drivers between the two sectors may create a range of challenges related to differentials in pay and conditions.
- 3.17 In addition, while there are many similarities between drivers in the education and health sectors, when it comes to minimum requirements for the screening of applicants, licensing and initial and ongoing training, it is also true that there are significant differences which could potentially thwart closer coordination of the two services. For instance, whereas the training of school bus drivers will typically include pupil management skills and dealing with special needs children, they will not have the same training as their health service counterparts in dealing with disabled, older adults and vice versa. It may also be necessary to address difficulties related to the range of vehicles used in each sector as this may affect the scope for sharing drivers across the education/health boundary.



## **Coordination of transport services can be a viable alternative**

- 3.18 Given the budgetary challenges and constraints faced by transport operators in both the education and health sectors, it is important to consider whether any savings could be made through coordinated utilisation of vehicles. In addition, we feel it important to recognise that the benefits of coordination may not be limited purely to greater transport efficiencies: for example, improved accessibility to transport services may provide additional benefits, such as improved access to hospitals. In our view, an additional benefit could be fewer missed appointments and reduced costs to the health service.
- 3.19 As described above, we recognise that the transition from separate to coordinated services is a complex and challenging concept as education, health, social service and community transport services each serves a discrete clientele and has a different operating environment, funding sources and vehicle requirements. Also, these differences are supported by legislative and regulatory decisions which have resulted in unique practices. Coordination activities must be tailored to local circumstances: successful coordination efforts in one area may not necessarily work in another. The effectiveness of any such effort often depends on a range of factors, including geographic area; available services and capacity; the organisational and service delivery structure of those services; and the regulations that relate to the transportation of different types of customer.
- 3.20 Transport provision within the education and health sectors makes an important contribution to the mobility of their own client- bases. In our view, there may be scope for improved efficiency through greater coordination of services such as sharing of vehicles and drivers. We believe that this is an issue which should be addressed as soon as possible. The Best Value review of the Education Boards' home-to-school transport provision (see paragraph 2.8) also notes evidence of growing partnership between community transport, public transport and other statutory agencies such as the HSS Trusts involved in health transport. It concluded that these new working relationships have the potential to unlock

transport resources and meet transport needs more effectively through better coordination. If such coordination can be made to work, it could potentially result in some overall savings in the costs of maintaining and operating the respective fleets of the education, health and community sectors.

- 3.21 The UK Community Transport Association has produced some guidance<sup>8</sup> which addresses how the barriers to shared transport provision might be overcome. In addition to this, other sources of advice can be obtained from work carried out in Great Britain (see paragraph 3.22 below).

## Good Practice in the Coordination of Transport Services

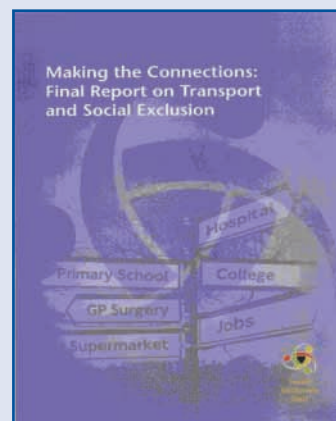
- 3.22 In 2001, the Audit Commission reviewed transport provision across home-to-school transport, social services transport and non-emergency patient transport in England. The Commission's report<sup>9</sup> concluded that improvements in the way resources are used, as well as improvements in the delivery of these services, could be achieved through greater



cooperation between the transport services

operating in each of these areas. In 2003, a report by the Social Exclusion Unit<sup>10</sup> examined the link between social exclusion and the accessibility of public transport services, and also recommended closer integration and partnership between these transport services. The Scottish Executive has also issued a guide<sup>11</sup> which provides practical advice

on developing effective partnerships between local communities and the various



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8. Good Practice Guide: *Minibus Brokerage - Making it Work*, Community Transport Association, 2002  
 9. *Going places - taking people to and from education, social services and health care*, Audit Commission, November 2001  
 10. *Making the Connection, Final Report on Transport and Social Exclusion* by the Social Exclusion Unit, February, 2003  
 11. *Rural Community Transport - A Guide to Good Practice*, Scottish Executive, 2003

agencies interested in solving local transport needs. These reports identify good practice factors which have been important to the success of different coordination initiatives in England, Scotland and Wales. Examples of some of these, which have a bearing on the areas covered in this report, are outlined in Figure 5. Fuller details of the types of approaches which have met with success are included in Appendix 7.

### Figure 5: Good practice factors for transport coordination

*The Audit Commission highlighted the example of Suffolk County Council where social services transport rather than non-emergency ambulance transport, is used for the discharge of elderly people from hospital. The Social Exclusion Unit also cited the experience of Nottingham City Council which, after a best value review in 1999 of its transport services, entered into a contract with the East Midland Ambulance Service for a number of social services vehicles to be used to provide non-emergency patient transport.*

*The Audit Commission recommended that local authorities should consider integrating mainstream home-to-school transport with other transport operations, pointing to a number of councils in England that have created council-wide transport coordinating units, for example, Devon County Council and Cheshire County Council. The Commission also observed that transport for children with special educational needs is required for only part of the day and only in term-time. It noted, too, that some councils were using their home-to-school transport in the middle of the day for school visits and trips, for social services work, and even to carry meals-on-wheels.*

## NIAO Conclusions and Recommendations on Transport Coordination

3.23 The need for intra-agency cooperation and commitment has to be recognised as a prerequisite to success. In order to address the issues identified above, we consider that the Department of Education and the Department of Health, Social Services and Public Safety should take the lead by establishing a task force or **joint inter-departmental transport steering group** to consider the issues and to promote partnership. The steering group should determine where coordinated services might be provided and should offer guidance and be a catalyst for supporting and facilitating such coordination. For instance, the steering group would have a key role to play in dealing with the legislative and regulatory barriers that may inhibit certain types of coordination. It is likely, too, that the Department for Regional Development and the Department of the Environment, who have key interests in transport services, should be invited to engage in such an initiative.

3.24 The funding arrangements are another area which could benefit from the attention of the proposed inter-departmental steering group. In England, the operation of transport coordination units is facilitated by the integrated role of county or borough councils as single recipients of funding from central government. In Northern Ireland, the funding streams for school and health transport provision come from two different Departments. However, we consider that there is no reason why departmental programmes and budgets cannot be modified to meet collective priorities. For example, the National Audit Office<sup>12</sup> calls on government departments to assess the advantages of pooling funding to encourage joined-up working.

## Joint Procurement

3.25 In addition to greater coordination in the operational delivery of transport services, another model of coordination which deserves some comment is that which focuses on joint purchasing of vehicles, maintenance and fuel. This is in keeping with current public sector procurement policy.

### NI Public Sector Procurement Policy

3.26 Following a recent review of strategy and policy in Northern Ireland public sector procurement, the Northern Ireland Executive agreed, in 2002, to a revised

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12. *Joining-up to Improve Public Services*, National Audit Office, 7 December 2001 HC 383.

public procurement policy, planning the initiation of a series of measures over the period to 2005 to implement this policy. These measures are aimed at greater central guidance, collaboration and aggregation of procurement with the objective of delivering increasing and sustainable VFM savings - “greater collaboration between public bodies should take place in order to achieve efficiency gains realisable from aggregation”.<sup>13</sup>

- 3.27 A Procurement Board has been established with responsibility for the development, dissemination and coordination of procurement policy and practice in the NI Public Sector, comprising the Permanent Secretaries of Northern Ireland’s eleven departments. A new **Central Procurement Directorate** has been established within the Department of Finance and Personnel, to support the work of the Procurement Board.

### Central Procurement Practitioners Group

- 3.28 A central Procurement Practitioners Group, with representatives from all of the Northern Ireland public sector centres of specialist procurement expertise, has been set up to inform, test and develop procurement policy and, where appropriate, operational issues. A sub-group was formed in October 2003 to develop collaboration opportunities between public bodies in order to achieve efficiency gains realisable from aggregation of purchasing power. Trusts and Boards are represented in this Group. Joint Board/Trust transport purchasing power will be included in the areas to be considered by the sub-group. All public sector procurement is to be centralised by 2005.

### NIAO Conclusion and Recommendation on Joint Procurement

- 3.29 Financial savings are to be achieved through joint purchasing arrangements between the health and education transport sectors, and we welcome the action being facilitated by the Department of Finance and Personnel. The promotion of such joint purchasing arrangements could be part of the remit of the proposed joint inter-departmental transport steering group.

13. *A Review of Public Procurement: Findings and Recommendations (paragraph 2.18 xiii)* - Revised Report, February 2002, Department of Finance and Personnel, Central Procurement Directorate.







# Appendices





# Appendix 1

(paragraph 1.6)

## Education & Library Boards: Current Vehicle Fleet Analysis

### Home-to-School Transport

Board	Buses: Seating Capacity														Total
Seater	'15'	'16'	'17'	'18'	'19'	'20'	'23'	'24'	'25'	'33'	'45'	'53'	'57'	'62'	
<i>Western</i>	-	32	-	38	-	-	1	-	1	132	-	-	-	59	263
<i>Belfast</i>	-	36	-	-	29	-	-	-	-	2	-	-	-	-	67
<i>North Eastern</i>	3	12	1	2	12	10	-	-	15	27	-	-	-	-	84
<i>South Eastern</i>	-	-	5	-	32	6	-	-	29	25	-	2	-	-	97
<i>Southern</i>	-	10	-	2	24	-	-	1	18	77	1	13	17	9	172
<b>TOTAL</b>	<b>3</b>	<b>90</b>	<b>6</b>	<b>42</b>	<b>97</b>	<b>16</b>	<b>1</b>	<b>1</b>	<b>63</b>	<b>263</b>	<b>1</b>	<b>15</b>	<b>17</b>	<b>68</b>	<b>683</b>

### Other Transport

Board	Mobile Libraries	Buses	Land-Rovers	Vans	Tractors	Tipper Trucks	Mowers	Others	Total
<i>Western</i>	8	29	-	50	23	-	-	-	110
<i>Belfast</i>	3	2	-	2	-	-	-	1 (car)	8
<i>North Eastern</i>	21	18	2	43	13	5	12	-	114
<i>South Eastern</i>	13	-	9	11	7	-	-	-	40
<i>Southern</i>	9	17	8	21	14	-	-	-	69
<b>TOTAL</b>	<b>54</b>	<b>66</b>	<b>19</b>	<b>127</b>	<b>57</b>	<b>5</b>	<b>12</b>	<b>1</b>	<b>341</b>

Source: Education and Library Boards

# Appendix 2

(paragraph 1.6)

## HSS Trust Transport: Breakdown of Fleet by Vehicle Type

Trust	Total No. of vehicles	Passenger vehicle	Freight/ Delivery vehicles	Passenger carrying vehicles					Freight/Delivery Vehicles	
				Cars Seating Capacity	People-carrier (5-7)	Minibus (0-17)	Coach/ bus (18-24)	Coach/ bus 24+	Vans/ Trucks	Others
Foyle*	87	44	43	12	-	-	6	20	6	34
NI Ambulance Service	88	88	-	-	-	88	-	-	-	-
Ulster	42	32	10	8	1	4	17	2	9	1
Down Lisburn	79	43	36	3	13	11	16	-	35	1
Craigavon & Banbridge**	60	33	27	2	-	17	-	14	26	1
Newry & Mourne	26	15	11	1	-	10	-	4	10	1
South & East Belfast	74	51	23	4	2	7	34	4	21	2
Belfast City Hospital	16	4	12	-	-	4	-	-	12	-
Green Park Healthcare	18	9	9	7	-	2	-	-	9	-
Mater Infirmorum	4	-	4	-	-	-	-	-	4	-
Causeway	41	21	20	1	-	12	8	-	20	-
Armagh & Dungannon	51	24	27	4	-	9	-	11	25	2
Homefirst***	143	80	63	1	16	37	26	-	63	-
North & West Belfast	55	46	9	5	6	7	22	6†	8	1
Sperrin Lakeland	88	52	36	6	14	18	14	-	35	1
Royal Group	28	7	21	-	-	7	-	-	18	3
TOTAL	900	549	351	54	52	239	157	47	329	22

(These sub totals are a breakdown of total passenger vehicles [549] and freight/delivery vehicles [351])

\*Altnagelvin Hospital (transport service provided by Foyle Trust)  
 \*\*Craigavon Area Hospital (transport service provided by Craigavon & Banbridge Community Trust)  
 \*\*\*United Hospitals (transport service provided by Homefirst Community Trust)  
 † Leased

Source: HSS Trusts

Note that the figures quoted for the NI Ambulance Service relate only to non-emergency transport.

## Appendix 3

(paragraph 1.7)

### Rural Community Transport Partnerships: Vehicle Fleet Details at May 2003

Partnership	RTF Vehicles	Non- RTF Vehicles
Armagh Rural Transport	1x16-seater	-
Coleraine Area Rural Transport	2x16 -seater	1x15-seater
Cookstown Rural Community Transport	1x12-seater	1x16-seater
Down Armagh Rural Transport	1x16-seater	3x16-seater
	1x12-seater	
Down District Accessible Transport	1x16-seater	1x16-seater
	1x12-seater	1x 8-seater
Dungannon & District Community Transport	1x16-seater	1x17-seater
FAST Rural Transport Ltd	1x16-seater	-
	2x12-seater	-
Foyle Connect	1x16-seater	-
Mid-Tyrone Accessible Community Transport Ltd	1x16-seater	-
Newcastle & District Older People Network	1x12-seater	-
North Antrim Community Transport Consortium	1x16-seater	3x16-seater
	1x12-seater	
Out &About Community Transport	1x12-seater	1x16-seater
Peninsula Community Transport	2x12-seater	1x16-seater
Roe Valley	1x12-seater	-
Rural Lift	2x12-seater	-
Strabane District Rural Transport Partnership	1x16-seater	-
	1x12-seater	-
<b>Total number of vehicles:</b>	<b>25</b>	<b>13</b>

**Source:** Department for Regional Development - Transport (Policy& Support) Division

Notes:

1. 'RTF vehicles' are vehicles funded by the Rural Transport Fund
2. 'Non-RTF vehicles' are those owned by the Partnerships. Many Partnerships also make use of vehicles brokered from other sources.
3. A number of partnerships have recently acquired, additionally, 8-seater minibuses through the Rural Development Council of the Department of Agriculture and Rural Development.

## Appendix 4

(paragraph 1.9)

### Education & Library Boards: Vehicle Procurement Costs

BOARD	2002/03 £'000	2001/02 £'000	2000/01 £'000	1999/00 £'000	1998/99 £'000	1997/98 £'000
North Eastern	886	650	382	253	294	926
South Eastern	460	51	886	323	384	n/a*
Southern	990	1,250	901	-	664	798
Western	1,476	2,350	1,341	732	n/a*	n/a*
Belfast	519	351	347	53	n/a*	n/a*
<b>TOTAL</b>	<b>4,331</b>	<b>4,652</b>	<b>3,857</b>	<b>1,361</b>	<b>?</b>	<b>?</b>

Source: Education and Library Boards

\* not available

## Appendix 5

(paragraph 1.9)

### HSS Trust: Vehicle Procurement/Leasing Costs

Trust	1998-99 £'000	1999-00 £'000	2000-01 £'000	2001-02 £'000	2002-03 £'000	Total £'000
<b>NI Ambulance Service</b>	-	187	801	729	246	<b>1,963</b>
<b>Foyle*</b>	173	248	339	310	480	<b>1,550</b>
<i>(leased)</i>	-	-	-	-	256	<b>256</b>
<b>Ulster</b>	116	-	-	207	110	<b>433</b>
<b>Down Lisburn</b>	112	37	245	82	92	<b>568</b>
<i>(leased)</i>	-	-	-	33	63	<b>96</b>
<b>Craigavon &amp; Banbridge**</b>	100	77	187	74	204	<b>642</b>
<b>Newry &amp; Mourne</b>	27	16	19	17	18	<b>97</b>
<b>South &amp; East Belfast</b>	129	130	218	324	395	<b>1,196</b>
<b>North &amp; West Belfast</b>	317	21	111	137	77	<b>663</b>
<b>Belfast City</b>	-	25	-	51	50	<b>126</b>
<b>Green Park Healthcare</b>	8	-	-	78	-	<b>86</b>
<i>(leased)</i>	7	7	9	21	26	<b>70</b>
<b>Mater Infirmorum</b>	-	-	-	-	13	<b>13</b>
<b>Causeway</b>	99	80	25	62	163	<b>429</b>
<b>Armagh &amp; Dungannon</b>	51	99	77	151	62	<b>440</b>
<b>Homefirst***</b>	226	163	351	317	843	<b>1,900</b>
<b>Sperrin Lakeland</b>	99	71	46	486	348	<b>1,050</b>
<b>Royal Group</b>	-	-	-	-	15	<b>15</b>
<i>(leased)</i>	51	50	55	53	96	<b>305</b>
<b>TOTAL</b>	<b>1,515</b>	<b>1,211</b>	<b>2,483</b>	<b>3,132</b>	<b>3,557</b>	<b>11,898</b>
<b>* Altnagelvin Hospital</b> <i>(transport service provided by Foyle Trust)</i> <b>** Craigavon Area Hospital</b> <i>(transport service provided by Craigavon &amp; Banbridge Community Trust)</i> <b>*** United Hospitals</b> <i>(transport service provided by Homefirst Community Trust)</i>						

Source: HSS Trusts

## Appendix 6

(paragraph 1.9)

### RTF Vehicle Procurement Costs

Year	Cost	Details
1998/99	£347,448	6x Mercedes buses; 5x Renault buses
1999/00	-	-
2000/01	£410,528	5x Mercedes buses; 9x Renault buses
<b>Total Costs</b>	<b>£757,976</b>	

**Source:** Department for Regional Development - Transport (Policy and Support) Division.

## Appendix 7

### (paragraph 3.22)

## Good Practice Approaches

### Cooperation/integration of transport provision within HPSS:

#### Single vehicle pools

##### Audit Commission:

One hospital in **Staffordshire** has opened a day centre and rehabilitation facility jointly with the social services department. About 60 people attend each weekday for physiotherapy and other services. Referrals are accepted on a quota basis from both social services and hospital doctors, with the majority referred by the hospital to assist in post-operative recovery. The centre manager organises transport for all those coming in for daycare. Most of the transport is provided on social services wheelchair-accessible 'blue ambulances'.

**Suffolk County Council** has achieved 'beacon' status for cooperation with its local health authority. Suffolk is working to an integrated plan for health and social services, which has joint implications for transport. Projects jointly funded with health include a day centre for older persons located in a community hospital, with ancillary healthcare provided on site. The day centre manager organises transport, including deployment of non-emergency patient transport ambulances and community buses. Other options include, in suitable cases, use of social services transport rather than non-emergency patient transport for the discharge of elderly people from hospital. Problems with transport can delay discharge, leading to bed blocking. Discharges can often involve occupational therapists and social workers holding preliminary discharge-planning meetings with the user at the user's home. Transport problems sometimes delay such pre-discharge home visits and also waste the time of social workers and other staff.

### Social Exclusion Unit:

In 1999, a best value review of transport within **Nottingham City Council** (NCC) identified that social service vehicles were not being used as effectively as they might be. Although busy in the early morning and late afternoon providing transport to educational and social services facilities, between 11.30am and 2.30pm vehicles and their drivers were being under-used. At the same time the East Midland Ambulance Service was under extreme pressure to provide services to non-emergency patients at hospitals throughout the county.

In 2000, NCC entered into a contract with the ambulance service for a number of social services vehicles to be used to provide non-emergency patient transport. The benefits of this have included :

- improved services for patients who are transported in fully-equipped passenger lift vehicles with trained drivers, rather than taxis;
- a gross additional turnover, and money savings for the ambulance service; and
- increased recruitment of part-time drivers as working hours became more stable.

The scheme has been so successful that NCC has started doing out-of-hours work for the ambulance service, taking patients home from hospital between the hours of 6.00 and 8.30pm.



## Cooperation between E&LB and HPSS transport services:

### Transport Coordinating Units

#### Audit Commission:

##### **Devon County Council's Transport Coordination Service:**

- coordinates, manages and administers home-to-school transport for both 'mainstream' pupils and for pupils with special educational needs, including post-16 travel to education, on behalf of the authority's Department of Education, Arts and Libraries;
- provides similar services for the provision of social services transport;
- manages and arranges subsidised public transport (bus) services;
- provides support and advice for community transport schemes, working with operators, other public sector bodies and voluntary bodies;
- administers a concessionary fare scheme on behalf of district councils in Devon and Torbay unitary authority;
- coordinates and manages the county council's vehicle fleet; and
- deals with contract compliance, including adherence to vehicle safety requirements, and provides driver training and identity badges for drivers and passenger assistants.

##### **Cheshire County Council's Coordination Service deals with:**

- mainstream home-to-school transport;
- transport for children with special educational needs;
- transport for elderly people, people with disabilities, and children in care; public transport - supported ( that is, subsidised) public bus services; information on public transport;
- concessionary fares; and rural bus grant;
- school crossing patrols; and
- fleet management.

**Lewisham Borough Council's Passenger Services Unit** is an internal trading organisation that provides transport for the council's Education and Social Services Departments. The education work is mostly for children with special educational needs. The unit also provides non-emergency patient transport for University Hospital Lewisham. During the school year, vehicles pick-up children and deliver them to school before then carrying social services users. The reverse happens in the afternoon. The same drivers and attendants ( that is, passenger assistants) work on the two runs, applying the same working practices and standards of care to both user groups.

### Cooperation by E&LB and HPSS transport services with Community transport services:

#### Audit Commission:

**Derbyshire County Council:** In Derbyshire, social services routes to deeply rural parts of the authority are integrated with mainstream home-to-school, special educational needs and community transport. Transport for social services day centre visits is integrated with school journeys, lunch clubs, and hospital or GP runs. Some vehicles are also used in the evening to transport rural based students to a local FE college. Home-to-school transport is integrated with the public bus network and with community transport.

In Derbyshire, community transport is also used for school travel - school journeys are integrated with social services trips to day centres, lunch clubs and hospital runs, and community transport vehicles are used at nights to transport students from rural areas to a local FE college.

**A joint Worcestershire Health and Transport Partnership**, formed in 1999, has had initial discussions with Hereford and Worcester Ambulance Service to investigate closer working, with potential links between social services transport, non-emergency patient transport services, and community transport.

## Scottish Executive - Rural Community Transport: A Guide to Good Practice:

**Wigtownshire Transport Coordination Project** involves the employment of a coordinator, based in Stranraer, who works alongside statutory and voluntary groups to achieve improved use of existing passenger-carrying resources in Wigtownshire. It aims to improve the use of resources which are not used for certain parts of the day. At the times when these vehicles are not being used, they could be used to provide transport elsewhere. The aim is to:

- coordinate the activities of the various bodies concerned to avoid wasteful duplication in transport service provision;
- enhance the level and quality of transport services available to the population, including new local bus services and more specialised transport services for particular sectors of the community; and
- identify opportunities to introduce new services, including specialised transport services such as dial-a-ride.

# List of NIAO Reports

Title	NIA/HC No.	Date Published
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Navan Centre	HC 204	29 January 2004
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