PRESENT:

Members of the Task Group:

Councillors Ms Edwards (Chairman), Mrs Garcia and Mrs Roodhouse

Officers:

Steven Shanahan (Head of Housing and Property), Doug Jones (Head of Business Transformation), Liz Dunlop (Operational Housing Manager), Debbie Dawson (Scrutiny Officer) and Veronika Beckova (Democratic and Scrutiny Services Officer)

In attendance:

Alison Orr (Rugby Locality Manager, Warwickshire Community and Voluntary Action) and Andrew Stokes (Passenger Transport Manager, Warwickshire County Council Transport Operations Team)

25. MINUTES

The minutes of the meeting held on 4 June 2015 were approved and signed by the Chairman.

26. APOLOGIES

Apologies for absence from the meeting were received from Councillors H Avis and Mrs New.

27. ACCESS TO TRANSPORT IN THE RURAL AREA

The task group received a verbal presentation from the Passenger Transport Manager explaining the role of the Transport Operations Team in relation to bus services and community transport.

The main functions of the transport operations group are to secure and manage passenger transport services where these cannot be delivered commercially and to co-ordinate the passenger transport network across the county.

Warwickshire County Council (WCC) manages the Concessionary Travel Scheme, ensuring that bus passes are provided to those who qualify, and co-ordinate community and voluntary transport so as to improve access to employment, training, health, social and recreational services.
WCC also secures all mainstream home to school transport provision for up to 12,000 students as well as transport for around 1,300 students with special educational needs. The team also ensures that information on public transport is available via the Warwickshire Direct website and the county public transport map and also carries out the extensive distribution of operator timetable leaflets and maintains hundreds of roadside timetable cases with bus departure times.

The Passenger Transport Manager gave a brief overview of how public transport is delivered since bus services were deregulated in 1985. Any bus operator has the freedom to operate a bus service where they choose providing they register the details with the Traffic Commissioner. The company has to do this with at least 56 days’ notice. The service then legally has to run in accordance with the registration until it is either varied or withdrawn, again with a minimum of 56 days’ notice. WCC has no power over these services other than through influencing the commercial operator.

The Transport Operations Team’s role is to consider all of the commercial services and, with the limited budget, try to provide a network of services for the county. To try to be equitable across the county, they have service level criteria based on population and car ownership which indicate what minimum frequency of service should be provided for communities.

The budget for public transport services has reduced considerably (from of £2.9 million to £1.6 million in 2011/12) and the team has now been charged with making further cuts of £0.5 million, to be implemented by 2017. This will leave a budget of £1.1 million, compared to the £16.6 million that is spent on education mainstream home to school transport and special needs transport.

One single daytime bus operating between 7am and 7pm on Mondays to Saturdays costs around £120,000 per annum. WCC therefore has to be innovative to get best value and to do this they integrate most services with home to school transport and use Flexibus services to gain maximum coverage of the county. Flexibus services take £586,000 of the available budget. The Flexibus is a contracted out wheelchair accessible vehicle used to carry out school transport at peak times and semi fixed routes during the day which will deviate for people with mobility issues. It is a fairly small vehicle, giving the opportunity to serve rural communities. Some of the Flexibuses operate the same route every day, with others used to carry out different routes every day to smaller communities.

The budget is supplemented by some kick start funding from large new housing developments to improve bus services in the area of the development. This is currently worth around £450,000, but the funding is time-limited, which can cause issues when the funding runs out.

WCC also spends £52,000 on community transport which mainly goes towards voluntary community car schemes for health related journeys. There is a scheme in each of the five Warwickshire Districts. Rugby Borough has a scheme provided by WCAVA. There is also a successful community minibus service, ‘Shipston Link’, provided by volunteer drivers in the rural South Warwickshire. The minibus runs fixed routes on a daily basis and is very good value for money.
Car schemes offer a good service but they are obviously very restricting in who can use the service and they are quite expensive for the user who wants to make longer journeys and needs to pay a charge based on mileage.

WCC operates a scheme in partnership with Stratford District called U Bus. Four vehicles, two minibuses and two taxis are used by WCC to provide home to school transport at peak times. They are then used by Stratford District for ‘Dial a Ride’ services during the day. Everybody living in Stratford District, that does not have access to a conventional bus route, can access the service, which operates at least three days a week in each area from 9am until 3pm. Stratford District Council pays around £100,000 a year for all four vehicles.

WCC was successful in securing funding from the Total Transport Fund introduced by the Department of Transport, which aims to encourage a more joined up approach to transport delivery and support research around better use of existing resources. WCC put in a bid based solely on health (involving both the transport and public health teams) to see what can be done to coordinate the services provided by bus companies, private sector, community car schemes, and also bringing in non-emergency ambulances. WCC is about to start the project.

Access to hospitals is a major issue. WCC is in negotiation with Stagecoach and Travel West Midlands (TWM) to provide a ticket that can be bought on any bus and cover the entire journey to UHCW. The new ticket is due to be introduced at the end of July 2015. Stagecoach is in the process of producing a leaflet which will explain how it works and WCC will then distribute the leaflet.

The Wolston route is run commercially by Stagecoach and the operator took the decision to remove Wolston Manor Estate from the route on a business basis. Stagecoach was not prepared to redirect any other services. WCC explored other options, including diverting another service, but this did not prove to be viable. A-Line Coaches started to run a service for a while and also decided that it was not economical. Wolston Manor Estate is now left with a Flexibus once a week.

During the discussion, the following questions were raised:

*Do people using the U Bus provided by Stratford District pay for the service?*

Yes, they do. The fee is £2.50 per trip. The risk is that if the service was made free to concessionary pass holders, who are able to use a conventional bus services free of charge, it would not be possible to meet demand.

*Do you know what happened to the community transport scheme that was introduced in Rugby?*

It was poorly used and perhaps not marketed as well as it could have been.

*Is the population model that you use to determine the service level criteria, used nationally? Has there been any discussion within WCC about revisiting that model and basing it more on health needs?*
Most councils use this particular model and it is included in the Local Transport Plan. The model tends does not reflect health needs at all at the moment.

**With regard to the Total Transport Fund, what stage has this project reached?**

It is still in the development stage. It is mainly focused on joining up the community car schemes with non-emergency ambulances, where there is a currently a lot of duplication. The idea is to set up a central call centre which can log the person’s requirements and make sure that these are covered either by a community car scheme or the non-emergency ambulance. One of the aims is to have one telephone number for the call centre to be used across the whole of Warwickshire.

WCC is exploring the model used by the U Bus scheme, which has contracted out the bookings to Lincolnshire County Council (LCC) who successfully LCC tendered for the work. A new innovation called the ‘i-pilot’ is also being tested. It is operated by the driver and has the day schedule on it. It is also has a sat nav. It is more flexible to enable last minute bookings.

**How can the Rugby Borough Council help with informing the scope of the project?**

There may be value in the council providing data and evidence regarding its sheltered housing tenants to inform the project.

### 28. RUGBY SOCIAL PRESCRIBING PROJECT

The task group received a verbal presentation from the Rugby Locality Manager further to the Mid-term Evaluation Report circulated as part of the agenda. The Rugby Locality Manager gave the task group a brief overview of the project.

The following points were made:

- The Rugby Locality Manager sits on the local partnership group for Coventry and Rugby Clinical Commissioning Group (CRCCG).
- There are over 400 community and voluntary sector organisations in Rugby.
- The project has mapped nearly 800 activities happening within Rugby that people can be referred to. The activities are logged in the WCAVA database it is hoped that the directory will become available online for anyone to use.
- WCAVA is not the provider of the services. The partners provide the services. WCAVA acts as a link and makes things happen.
- A lot of research was carried out on other social prescribing projects taking place in the country before submitting a bid for government funding. Members of the partnership group and the Rugby Locality Manager visited Bromley by Bow which is the showcase for social prescribing.
- WCAVA together with CRCCG wrote a proposal for government funding and received £54,000.
The proposal stated that the work would be carried out in two GP practices where volunteer Navigators would manage and maintain access points and volunteer Health Buddies would support and assist individuals on a one-to-one basis over a six week period. A paid Wellness Coordinator oversees the Health Buddies.

The project started in August 2014 and the first referral was taken in November 2014.

As the referrals from the two GP practices were low, WCAVA had to widen the scope and is now working with six GP practices.

Community nurses working out of the Orchard Centre can now refer and people can also self-refer. The scope will widen further and include pharmacists and dentists as they have expressed an interest in the project. With community nurses now being able to prescribe, it is expected that increasing numbers of older people will access the project.

At the time of the report, there had been 39 referrals, but this was now closer to 80.

The age group of referrals was younger than expected but the more the referrers circle is widened, it is expected that more of older people will start coming through.

When a patient is referred, a referral form self-populates in the GP practice and is then sent to WCAVA, who contacts the patient and arranges an appointment to provide service options for the patient. A phone call is made about two weeks following the appointment to see if the patient did or did not attend. A few weeks later the patient is contacted again.

For Health Buddies, WCAVA uses the Warwick-Edinburgh Mental Well-being Scale (WEMWBS) to measure improvement in health and wellbeing as a result of involvement in the project. This is a widely-used scheme, and is used at the very beginning of the patient's journey and then at three and six weeks. The patient is then contacted at six months and beyond. The health buddies will work with the patient for as long needed, but aims for them to establish a direct connection with a partner service.

The befriending service at AGE UK does not start young enough for some of the patients who might benefit from the service. There is a recognised gap in services provided for the 50 to 70 age group.

WCAVA is hoping that the CRCCG will fund the project for another year. If not, the project would need to close down quite quickly as no further referrals could be taken on.

The following additional questions were raised:

What type of person would be referred? Are people with mental health issues included?

When the project first started, it was quite prescriptive to the GPs about the kind of patients that were wanted. They had focused on people whose circumstances had just changed (put out of work, had a bereavement or have newly diagnosed long term health condition) where a difference could be made very quickly. As referrals were slow, WCAVA widened the scope and include anyone with the exception of children (though they will work with families with children). WCAVA does see people with mental issue and they tend to have
multiple and complex needs. If they are already working with a service, WCAVA will not intervene unless some of the needs are not covered by the particular service already involved.

How, and from where, do you recruit your Health Buddies?

WCAVA recruits the Health Buddies through the Volunteer Centre. The people that volunteer are professional people that are willing to learn and undertake training. They attend various courses, such as Dementia Awareness, to give them some specialism as to what they can handle.

Do you experience difficulties with data sharing?

This is always an issue, but barriers are gradually being broken. WCAVA does not need to access clinical information about patients for them to use the service.

How do you see things going forward, if you can secure more funding?

WCAVA has written a proposal for the second year. The target for the first year was to see 100 referrals and this will be reached by the time the project finishes (end of August 2015). If the project carries on and some changes are made as to who is able to make referrals, WCAVA is looking to deliver 300 to 500 referrals in the second year. It is hoped that in the second year, the project will be made more public.

29. CORPORATE STRATEGY

The task group received information from the Head of Business Transformation regarding the process which is to be followed in revising the corporate strategy and what evidence the task group would need to present in order to make a robust and credible case for including promoting independent living as a more prominent corporate priority.

During the presentation, the following points were made:

- The Head of Business Transformation highlighted that promoting independent living is included as one of the priority outcomes sought in the ‘People’ strategic area of the existing Corporate Strategy, stating: ‘Improved health and wellbeing for all age groups and communities’ and supported by the third priority within that area which is to ‘provide leisure facilities and support independent and healthy living’.
- The Corporate Strategy is due to be refreshed in 2016. It seems likely this will build on the existing strategy, with priorities being added and revised rather than being removed. The existing priorities are still linked into the 2026 vision and within the other strategies that feed into the Corporate Strategy.
- The council Leader had recently suggested that a report on the review would be submitted to Council in October.
- The Council aspires to have the revised Corporate Strategy in place by April 2016.
Promoting independent living falls under two portfolios: Sustainable Inclusive Communities (SIC) and Health, Community Safety and Equality (HCSE). The HCSE portfolio holder is also chairman of the Equality and Diversity Steering Group (E&DSG). Age is one of the protected characteristics in equality and diversity legislation.

The Head of Business Transformation suggested that the portfolio holders are involved to raise the profile of promoting independent living before they start looking into the new or additional priorities which are to be included in the revised Corporate Strategy. This can be done through the task group, individually by the councillors or by the Head of Business Transformation.

The Head of Business Transformation was due to meet with key officers and members to clarify the timescale and discuss the process for revising the Corporate Strategy. As there is no specific strategy in place to promote independent living, the actions coming out of the task group could be delivered through the Corporate Change and Improvement Plan which links directly into the Corporate Strategy.

The following questions were raised:

Where does independent living fit in the Corporate Strategy review and does it have a high enough priority?

Currently, the Council has around 20 priorities divided between four broad areas of activity, and promoting independent living is one of a number of outcomes that we trying to achieve.

Are you expecting to do the same detailed exercise this time as was done when the Corporate Strategy was last reviewed?

That sort of detailed review will not happen by October. The timescales are very tight. Also some of the key officers are already heavily involved in Rugby World Cup.

30. WORK PROGRAMME AND PLANNING FOR NEXT MEETING

The task group agreed the following programme of work:

A visit to the Control Room in Rounds Gardens and the sheltered housing scheme at Albert Square will be arranged via email for early August.

The next meeting of the task group will be held at 5.30pm on Thursday 10 September when the task group will take evidence from the council’s Community Development Team focusing on the council’s links with the voluntary sector and potential to use these to support independent living amongst older people.

The task group also agreed to invite the Health, Community Safety and Equality Portfolio Holder and Sustainable Inclusive Communities Portfolio Holder to the meeting to discuss the potential for including ‘promoting independent living’ as a more prominent corporate priority.
A further meeting of the task group will be scheduled for October where the task group will receive evidence from representatives of AGE UK Warwickshire and Rugby CORE on what services for older people are currently delivered by the voluntary and community sector and what gaps and issues have they identified.

CHAIRMAN