

# Report

6

Report to:	<b>Risk and Audit Scrutiny Forum</b>
Date of Meeting:	<b>23 February 2012</b>
Report by:	<b>Executive Director (Community and Enterprise Resources)</b> <b>Executive Director (Social Work Resources)</b>

Subject:	<b>Audit Scotland Report – ‘Transport for Health and Social Care’</b>
----------	---

## 1. Purpose of Report

1.1. The purpose of the report is to:-

- ◆ Outline the findings of Audit Scotland’s recent report ‘Transport for Social Care’ and consider any service improvement issues relevant to South Lanarkshire Council.

## 2. Recommendation(s)

2.1. The Forum is asked to approve the following recommendation(s):-

- (1) that the content of this report be noted.

## 3. Background

- 3.1. Audit Scotland published its ‘Transport for Health and Social Care’ report in August 2011. The aim of the audit was to assess the overall efficiency and effectiveness of transport to take people to and from health appointments and social care services, including day care centres. The report also considered transport provided to take children with special transport needs to and from educational establishments. This was a cross-cutting audit which considered how well all of the agencies currently involved are working together to meet local needs. The full report can be accessed via Audit Scotland’s website.
- 3.2. Audit Scotland gathered information for the report from a variety of sources including Transport Scotland, regional transport partnerships (including Strathclyde Partnership for Transport), councils, NHS Boards, the Scottish Ambulance Service and the Scottish Council for Voluntary Organisations (SCVO). It established an advisory group made up of senior managers from some of these agencies to inform its audit process. South Lanarkshire Council was not involved in the group.
- 3.3. Although clearly a matter of importance to Council in terms of the wellbeing of local residents, South Lanarkshire Council has no direct responsibility for patient transport, which is currently the role of the NHS and the Scottish Ambulance Service. The Council, however, does provide transport to enable vulnerable service users to attend its day care centres and for children with special transport needs to attend

schools. It also provides some funding to the voluntary sector for community transport which may well involve assisting some NHS patients.

- 3.4. An analysis of the report is presented to Risk and Audit Scrutiny Forum to enable members to consider the Council's position with regard to the report's key recommendations. Considering periodic Audit Scotland reports of this kind enables the Council to demonstrate to external scrutiny bodies that it is 'self-aware' and committed to service improvement through awareness of best practice.

#### **4. Key finding and recommendations**

- 4.1. One of the report's key findings is that transport services for health and social care in Scotland are fragmented and that, currently, there is a lack of leadership, ownership and monitoring of the services involved. The report does not provide any specific solutions. Instead it recommends that the Scottish Government and its partners work together to clarify the responsibilities of different agencies and how these link together to provide better outcomes for patients and service users.
- 4.2. Audit Scotland found, in general, that data on the cost of providing health and social care transport services is poor, with many agencies not able to provide the information it had originally requested for its study. The report suggests that improved cost, quality and benchmarking data is needed to ensure transport resources are used efficiently.
- 4.3. The report advocates far greater joint working between public agencies and with the voluntary sector in order to promote greater efficiency, although it makes no specific proposals on how this should be done. It recommends more integration and sharing of services and suggests, on the basis of pilot projects, that efficiencies could be achieved without impacting on service quality.
- 4.4. The report suggests that the public sector needs better information on the changing needs of individual patients and social care service users so that transport services remain appropriate. It recommends provision should be based on an assessment of need which should be subject to regular review and evaluation to ensure continued value for money.
- 4.5. In common with many recent Audit Scotland best value reports, the document concludes with a self assessment best practice checklist which agencies may use to identify potential service improvements.

#### **5. South Lanarkshire Council position**

- 5.1. The report's comments regarding a lack of clarity across agencies about the responsibility to provide health and social care transport are not considered directly relevant to the Council. The Council's position is that its responsibilities are clear: It is responsible for providing transport to:

- ◆ Enable Social Work Resources' service users to attend social care settings
- ◆ Take children with additional support needs to school

The Council is not responsible for taking people to NHS appointments other than for its service users who stay in its own residential care settings. Although greater clarity at a national level may well be helpful, this is a matter for national government. It should be noted there would be significant cost implications if the Council's role were to be extended.

5.2 The report's other improvement recommendations are covered by the self assessment checklist. Passenger Services is an area which has been subject to several best value reviews and as a result the Council is already undertaking best practice in most of the areas highlighted as can be seen from the completed checklist at Appendix 1. The following items are of particular relevance:

- ◆ Unit cost data is already used here to inform efficiencies in the way transport is provided. During 2012/13 investment in vehicle telematics will help provide more accurate costing information on specific transport routes and vehicles.
- ◆ A central passenger services unit was established in 2007 within the Council's Fleet Services to coordinate transport to services users. There have been clear benefits of this approach in terms of rationalisation of routes, reductions in vehicle down-time and transfer of service users from taxis to internal bus provision. Most taxi provision has also been consolidated onto a single contract resulting in further efficiency savings.
- ◆ Quality has been assessed via service users' surveys in 2006 and 2008 and via ongoing feedback from care centre staff. The views of users have led to changes in the specification of fleet buses.
- ◆ The opening times of day care centres have been reviewed as part of the Passenger Services best value review. This enabled travel times for service users in more remote areas to be reduced and also led to improved vehicle utilisation.
- ◆ The Council does consult with service users, carers and staff on issues such as a more flexible approach to day opportunities including centre opening times and transport provision.
- ◆ The Council does assess individuals for their transport needs and this is reviewed periodically. Both Education and Social Work Resources have always promoted person centred care. Work is ongoing to develop revised service models that are centred around the needs of individual service users and their carers and transport needs are considered as part of a holistic approach to a care package that supports individuals to achieve their specified outcomes.

5.3 There are some areas of the checklist where improvements are in place but where it is recognised there is scope for further improvement:

- ◆ While unit costs are used here for internal comparison, it is accepted that there is currently a lack of appropriate meaningful national benchmarking data for external comparison in the area of social care transport. This is an issue that goes beyond the scope of the Council to deliver on its own. True comparability of data would be a challenge given the range of day care services involved, varying council structures, and differences in geography.
- ◆ The Council has reviewed the use of taxis and this has already led to significant cost reductions by moving passengers to internal bus provision. A consolidated taxi contract has been developed and work is underway to rationalise current arrangements.
- ◆ Council support for the voluntary sector to provide health and social care transport is very limited at present. The reshaping of care services for older people could, in future, lead to a range of new demands on transport services and this may well involve an increased role for the voluntary sector.

5.4 There were no areas relevant to the Council within the checklist where action is considered lacking.

**6. Employee Implications**

6.1. None.

**7. Financial Implications**

7.1. Savings arising from efficiencies in the way the Council's social care and additional needs educational transport are provided have already been included in the Council's budget process.

**8. Other Implications**

8.1 There are no risk implications. Improved efficiency in the delivery of social care transport services has contributed to reductions in greenhouse gas emissions achieved within Fleet Services over the last four years.

**9. Equality Impact Assessment and Consultation Arrangements**

9.1. Passenger Services' operations were subject to an equalities impact assessment in 2007. No further assessment is required as a result of this Audit Scotland report.

9.2. The preparation of this report involved consultation with Social Work Resources and Community Resources Fleet Services.

**Colin McDowall**  
**Executive Director**  
**(Community and Enterprise Resources)**

**Harry Stevenson**  
**Executive Director**  
**(Social Work Resources)**

16 January 2012

**Link(s) to Council Improvement Themes, Objectives and Values**

- ◆ Improving services for older people
- ◆ Partnership working, community leadership and engagement
- ◆ Efficient and effective use of resources
- ◆ Performance management and improvement
- ◆ Improve the lives of vulnerable children, young people and adults

**Previous References**

None

**List of Background Papers**

- ◆ Audit Scotland report 'Transport for Health and Social Care' (August 2011)  
[http://www.audit-scotland.gov.uk/docs/health/2011/nr\\_110804\\_transport\\_health.pdf](http://www.audit-scotland.gov.uk/docs/health/2011/nr_110804_transport_health.pdf)

**Contact for Further Information**

If you would like to inspect the background papers or want further information, please contact:-

Ian Murray, Policy Manager

Ext: 5297 (Tel: 01698 455297)

E-mail: [ian.murray@southlanarkshire.gov.uk](mailto:ian.murray@southlanarkshire.gov.uk)

**Appendix 1 Audit Scotland self-assessment for Regional Transport Partnerships, the Scottish Ambulance Service, NHS boards, councils and other partners to improve transport for health and social care**

	<b>Assessment of current position</b>					
	No – action needed	No – but action in hand	Yes – in place but needs improving	Yes – in place working well	Not applicable	Comments/evidence
<b>Spending and efficiencies</b>						
We routinely collect data on the activity, cost (including unit costs) and quality of services we provide				√		Unit cost information is used to inform transport provision. Investment in telematics has taken place and is being extended across the fleet. This will help provide more accurate costing of specific transport routes. Regular client satisfaction surveys are undertaken to assess quality of provision.
We routinely benchmark performance and costs to ensure resources are used efficiently				√  External data not currently available		Unit costs are used for internal comparison and have been used to inform efficiencies in the way transport is provided e.g. some service users moved from more expensive individual taxi provision to routed internal transport. Considerable savings have been achieved through such reviews. However, currently there is lack of appropriate meaningful national benchmarking data for external comparison.
We regularly review funding arrangements for transport for health and social care to ensure that they maximise value for money and reflect levels of local need					√	We know of no external source of funding for our social care transport provision. The Council's Fleet Service has annual savings targets to meet arising from previous best value reviews as well as a trading service surplus.  Fleet Services holds meetings between with Social Work and Education Resources to review provision and budget position each financial period.
We work with voluntary sector to reduce the impact of short-term funding on the provision of transport for health and social care			√			Social Work Resources works with a variety of organisations that provide transport. Social Work Resources provides core funding to one voluntary group in the Blantyre area (Blantyre Volunteer Group) and other community transport schemes may be funded to provide transport on an ad hoc basis.

						Community based transport schemes will be a key part of voluntary sector development as part of work to reshape care for older people over the next three years. Efforts are being made to reduce the impact of short-term funding for organisations which support service delivery but such uncertainties can never be eliminated in the current financial climate. Any proposals to reduce funding are considered fully, including going through impact assessment processes to minimise the risk of adverse impacts on service users and carers.
We have improved how we arrange transport services within our own organisation and considered the need for a central team or coordinated approach				√		This area has already been the subject of a best value review. Separate fleets were centralised in 2004. A central passenger services unit was established in 2007 within the Council's Fleet Services to coordinate transport to services users. There have been clear benefits of this approach in terms of rationalisation of routes, reductions in vehicle down time and transfer of service users from taxis to routed transport. Most taxi provision has also been consolidated by the unit into a single contract resulting in efficiency savings.
We have reviewed the timing of appointments and care services to make sure that transport provision is considered				√	√	Council does not provide patient transport.  In terms of social care, this exercise was undertaken as part of the Passenger Services best value review. The opening times of day care centres in several locations were altered to enable rationalisation of vehicles and this also enable travel times for service users in more remote areas to be reduced. Overall seat capacity utilisation has been increased to 79% and vehicle utilisation by 48%. Work is continuing across the three services with further improvements being identified.
We have reviewed the use of taxis and considered scope for efficiencies within our own organisation and in partnership with others			√			This process is underway and has already led to cost reductions by moving passengers to routed transport. A consolidated taxi contract has been developed but so far has not involved work with partners.

<b>Working in partnership</b>						
We have worked with partners to clarify responsibilities for planning and delivering transport for health and social care					√	We do not consider there to be any lack of clarity as far as the Council is concerned. The Council does not provide transport directly for patients and its key responsibility to provide transport for its own service users to social care facilities and for children with special transport needs to schools is well established and understood.
We have put systems in place to routinely engage with service users to ensure that their views inform the development of transport for health and social care services				√		Quality has been assessed via service users' surveys in 2006 and 2008 and via ongoing feedback from care centre staff. The views of users have led to changes in the specification of fleet buses: So far we have replaced 53 buses to a new low floor user friendly specification which avoids the need for specialist tail lift for wheel chair users.
We assess the impact of proposed service changes on users and other services, taking account of transport needs				√		In 2009/10 a review was carried out on day opportunities in Social Work for adults. This included wide consultation with service users, carers and staff on issues such as a more flexible approach to day opportunities including centre opening times and alternatives to centre-based care. Transport featured as a key topic in this review. Work is ongoing to develop revised service models that are centred around the needs of individual service users and their carers. Transport needs will continue to feature as part of our work in this area.
We ensure that transport for health and social care services are based on an assessment of need and regularly monitor and evaluate them to ensure value for money				√		Social Work Resources has always promoted person centred care. Updated approaches to assessment and review have enshrined personalised outcomes at the heart of this process. As part of this, transport will be considered as part of a holistic approach to a care package that supports individuals to achieve their specified outcomes. Regular reviews will ensure that services provided continue to be fit for purpose and support individuals to meet their outcomes; outcomes will be updated as required as part of this ongoing process. Periodic audit of clients that receive individual transport by taxis to see whether they can use a more cost effective mode are carried out.

We have ensured that staff are well informed about all transport options in our area so that they provide good information to the public about available transport options, eligibility criteria and charges					√	This recommendation is not directly relevant to the Council as we do not provide patient transport.
We have put in place a plan to integrate or share services where this represents more efficient use of resources and better services for users, including considering an integrated scheduling system					√	We do not consider this recommendation relevant as the current internal arrangements provide best value in terms of the current responsibilities. There is a risk that sharing services with third parties would lead to a diminution of our current service standards and/or costs.
We collect information on the personal characteristics of people who need transport for health and social care to allow monitoring of equality and diversity and to develop services to meet their needs				√		
We involve the voluntary sector in planning and delivering transport for health and social care to meet the needs of the local population					√	This recommendation is not directly relevant to the Council as we do not provide patient transport.



