



**Preparing for a renewal of the
Community Transport service contract in
2012**

**Consultation Event with Community
Transport Users (17 October 2011)**

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1.1 Introduction

- 1.1.1 The Community Transport contract is due for renewal in 2012. Milton Keynes Council needs to provide a new specification that can then be subjected to competitive tender.
- 1.1.2 The process of developing the new specification for the service involves consideration of how the existing service is meeting user needs, as a means of identifying what improvements need to be made. It also involves considering how needs may change over the next contract period and building in any necessary elements to allow for these changes.
- 1.1.1 Consequently, a process of consultation with service users, would-be users and other stakeholders is underway. As part of this, a consultation event was organised at the Guildhall, Church of the Cornerhouse, on the afternoon of Monday 17th October, 2011. The event was publicised through invitations sent out through the contact list held by the Council's Assisted Travel Officer, as well as being advertised to users through posters on the MKCT vehicles. Accessible transport to and from the event was made available. The venue is accessible, and specific assistance was on offer where required.



Agenda for Today

- 14.00 Welcome – Andrew Coleman
- 14.10 Context and Introduction to Discussion Topics – John Taylor
- 14.30 Break into facilitated groups
 - Topic 1: Eligibility - Who are the services for?
 - Topic 2: Scope – What sort of trips?
- 15.30 – 15.45 Refreshment Break
 - Topic 3: Service mix – balance between ‘regular’ and ‘one-off’, etc.
 - Topic 4: Charging - How paid for?
- 16.45 Summary - Plenary
- 16.55 What next? – Andrew Coleman
- 17.00 Close



1.2 Context

This was set out by Andrew Coleman, the Council's Passenger Transport Manager, who is responsible for the council's support for Public and Community Transport in Milton Keynes. Mohamed Bandali, the Council's Assisted Travel Officer reports to Andrew and Andrew reports to Brian Matthews the Head of Transport.

- 1.2.1 The current service has been running since June 2006 following a review and procurement exercise in 2005. In 2012, it will come to an end of its contract, so we need to reprocure it.
- 1.2.2 The service introduced in 2006 was a major improvement on what there was before – it delivered many more trips to many more users at a reduced cost. Moreover, although not included in the contract, a variety of other services – trips out and public bus services – have also been developed by the operator. And overall satisfaction levels remain very high.
- 1.2.3 However, we are aware that there are still capacity problems with the service, it isn't expanding to meet growing demand and there is a lot more that we need to do to get the service you want.

- 1.2.4 We now have an opportunity to make changes that will deliver service improvements. We also need to ensure that the service will still be fit for purpose in five (or more) years' time, and plan accordingly.
- 1.2.5 It is possible that the result of the competitive tender may mean a change of contractor. However, I would like to reassure people who may be concerned about a) disruption and b) loss of continuity. The existing operator is obviously in a strong position to retain the contract but they may not be successful. If they are not successful, they will be required to cooperate with the successful bidder to make the handover as smooth as possible. In particular, the Transfer of Undertakings (Protected Employment) legislation would apply, which would mean that although management might change, drivers and front-line staff should be transferred over.
- 1.2.6 Community transport support involves a significant amount of public money. The current service costs around £700k per year. Despite all the pressure on the Council's finances I'm glad to be able to reassure you that there is a commitment to continue to support community transport and I am not currently required to make any cuts in the CT budget. However, because of the amount of money involved, we do need to ensure that we obtain the best possible value as well as follow formal procurement rules.
- 1.2.7 We already know some of the issues that need improving through feedback from users and through discussions that some of you have had with Mohamed Bandali, who has been gathering views. However there are a number of important choices to be made, and we want to ensure that those most affected have an opportunity to contribute to the process of specifying the type of service that will be delivered in the future.
- 1.2.8 Hence the session today, which is the start of this phase of the process. To help us, we have the assistance of John Taylor, whom I have asked to play the role of 'critical friend'. John has been involved in community transport for over 30 years, and has looked at issues from all sides – as an operator, representing service users and would-be users, and helping local authorities commission new services and monitor their performance. John does know some of the history, as he was involved in establishing the original Community Transport project in Milton Keynes in 1980 and also helped with the review that led to the current scheme. I will hand over to John in a minute to facilitate the discussions.
- 1.2.9 My key objective for today is that my team learn enough to be able to draft an improved specification for the service for the next five or more years. This will mean having a constructive discussion about all the aspects of service design – booking arrangements, the balance between a bus service and a taxi service, fair fares, vehicle standards and so on.
- 1.2.10 Beyond this, we want to confirm the importance that direct and indirect service users have to play in determining what the service looks like. I really

hope that you will be able to go away at the end of the day feeling that you were able to get your points across in the knowledge that they will be taken seriously.

1.2.11 May I suggest four ground rules for the discussion:

- a) Focus on the Future
- b) No Blame
- c) Realistic about money
- d) Open discussion

Focus on the Future

1.2.12 I want us to focus more on what the service should look like in the future, and less on things that may have gone wrong in the past. Obviously, we will have to look at past experiences in order to work out where we need to improve, but it is always easier identifying things that have gone wrong, than it is to work out how to do things better. So please help us focus on how we can make the service better next year.

No Blame

1.2.13 I am taking the view that everyone involved is trying to do their best to deliver a good service – that certainly applies to everyone I've met. Consequently, I don't think that a "blame game" will be at all useful. There may be a variety of reasons why the service hasn't met all expectations – these include a shortage of resources, misunderstandings, technical barriers, past mistakes in the specification and so on.

Realistic about Money

1.2.14 We need to be realistic about resources – Milton Keynes is not exempt from the Treasury squeeze on local authority spending, and you will all be aware of the need for us to reduce our revenue expenditure. So whilst there may be very good reasons for expanding the service, we cannot expect additional financial support from the Council.

Open Discussion


1.2.15 Please be as open as you can be. We are all here with the same positive end in mind. If there is anything that you want to say I private, then you should try to corner one of the team during the refreshment break. But for many of the issues, there are no right or wrong answers, just a balance to be struck. This means everybody listening to other people's point of view.

2.1 Some Thoughts on Community Transport

- 2.1.1 John explained his 30 year background in community transport, firstly as a volunteer driver, then running a CT in Manchester, then as an adviser funded by the Department for Transport. He now provides advice on all forms of community transport to government and local authorities across the UK.
- 2.1.2 He was not here to take decisions, simply to pass on experience from elsewhere and some observations on the challenges facing Milton Keynes.

Context – John Taylor

- About me:
 - 30 year background as CT operator and commissioner
 - Involved in the 2005 review of the previous service
 - Work on dial-a-ride / dial-a-bus / accessible taxis / etc. across the country and in Europe
- Here simply to facilitate and offer comments, NOT to intervene
- Decisions will ultimately be taken by officers and politicians in Milton Keynes, listening to users
- Had a brief overview and some time to look through background papers



- 2.1.3 He started with the 'Good News'- Milton Keynes is relatively well served by accessible demand responsive transport, because the Council has been prepared to fund it – partly reflecting the nature of the local geography. Moreover, front-line satisfaction, as measured by the annual user satisfaction survey undertaken by MKCT (the questions for which were originally approved by the Council) is high. The fact that the figures have changed over the years suggests that this is a real phenomenon, not just a rubber stamp.
- 2.1.4 2001 Census figures have been used as a common baseline for all authorities cited in the slides. There will have been some changes due to population growth, but these don't alter the central message.

The Good News!

- Milton Keynes is relatively generous with support for CT
 - Highest English unitary authority we have looked at
 - Data warning - 'like for like' comparison / up to date information
 - May be realistically required to reflect the unique physical nature of Milton Keynes
- Level of provision is third highest amongst unitaries
 - Excludes London and Metropolitan areas
- The current operation attains high levels of front-line satisfaction
 - Much higher than equivalent ratings for bus and rail
 - Higher than other dial-a-rides we have looked at
- Very high proportion of wheelchair users
 - Around twice that of many other dial-a-rides



Dial-a-Ride Expenditure by Unitary Councils

Unitary Authority	Population (2001 Census)	DAR Core Expenditure Per Annum	DAR Core Expenditure Per Capita Per Annum
Bournemouth	163,444	£61,000	£0.37
Brighton & Hove	247,817	£95,500	£0.39
Central Beds	252,900	£285,000	£1.13
Derby	221,708	£215,000	£0.97
Halton	118,208	£114,000	£0.96
Middlesbrough	134,855	£410,734	£3.05
Milton Keynes	207,057	£720,250	£3.48
Nottingham	266,988	£177,663	£0.67
Plymouth	240,720	£46,000	£0.19
Poole	138,288	£83,195	£0.60
Rutland	34,563	£24,000	£0.69
Swindon	180,051	£270,000	£1.50
Telford & Wrekin	158,325	£122,382	£0.77
Average	181,917	£201,902	£1.11

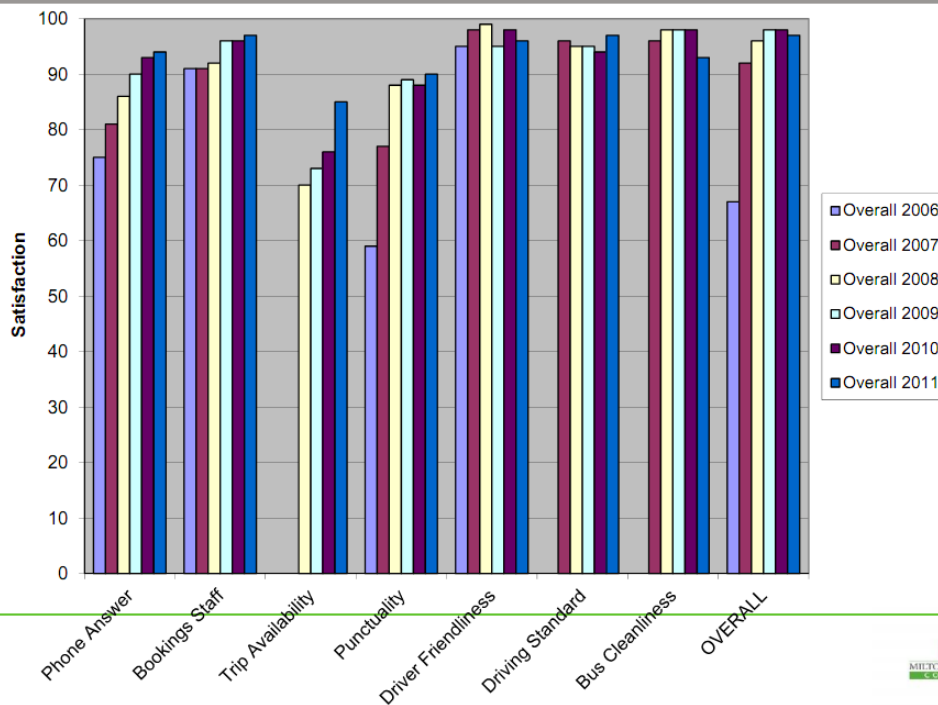


Dial-a-Ride Provision elsewhere

Unitary Authority	Population (2001 Census)	DAR Core Passenger Trips Delivered	Trips/1000 population
Bournemouth	163,444	11,791	72
Brighton & Hove	247,817	17,000	69
Central Beds	252,900	55,000	217
Derby	221,708	38,000	171
Halton	118,208	48,000	406
Milton Keynes	207,057	62,602	302
Nottingham	266,988	35,082	131
Plymouth	240,720	30,000	125
Poole	138,288	14,711	106
Rutland	34,563	11,000	318
Swindon	180,051	35,000	194
Telford & Wrekin	158,325	46,558	294
Average	185,839	33,729	181



Satisfaction Ratings



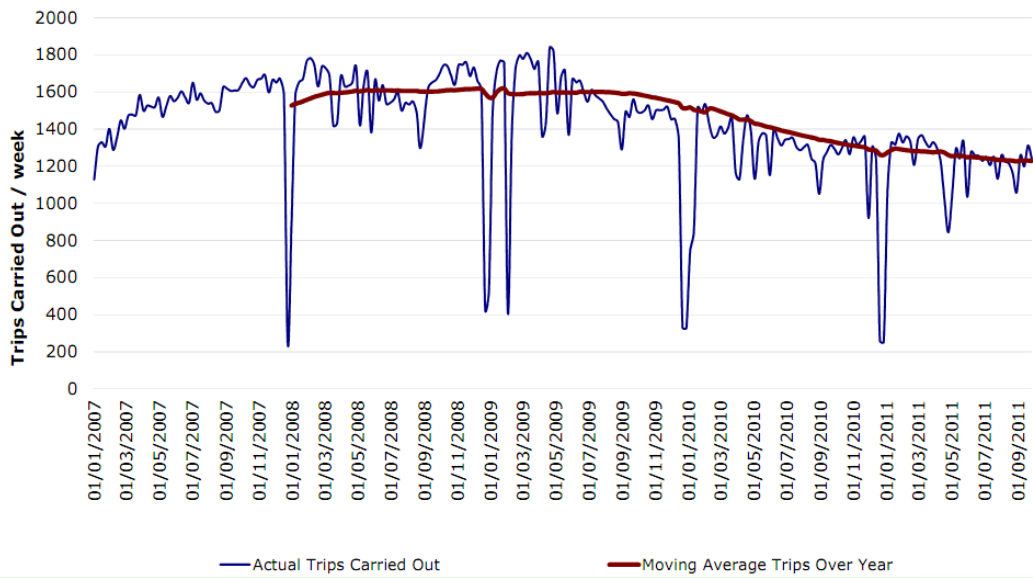
- 2.1.5 The comparisons are with other unitary authorities as Milton Keynes cannot be reasonably compared to shire counties, London or metropolitan areas.
- 2.1.6 In the Dial-a-Ride Provision elsewhere slide, "Dial-a-Ride Trips per 1000 population" is simply a measure for reasonable comparison between the different locations. It isn't possible to calculate trips per member or trips per user meaningfully, because different dial-a-rides have very different membership systems. It is worth noting that the figures for Milton Keynes are just for PlusBus, whereas the figures for elsewhere may also include some group transport.
- 2.1.7 However, John then moved on to the 'Bad News'. The development of the service appears to be stagnating – with the same resources, fewer trips are being delivered. More worryingly, by the time the next contract ends in 2017 or 2019, the potential demand for the service will have grown very significantly because of the forecast population changes in Milton Keynes – both from absolute growth and an ageing population. This growth is unlikely to be matched by an increase in funding because Milton Keynes, like all local authorities, is under pressure from the government's Comprehensive Spending Review which is, on average, reducing available central funds for councils by 28% over 5 years, whilst capping Council Tax.

The Bad News

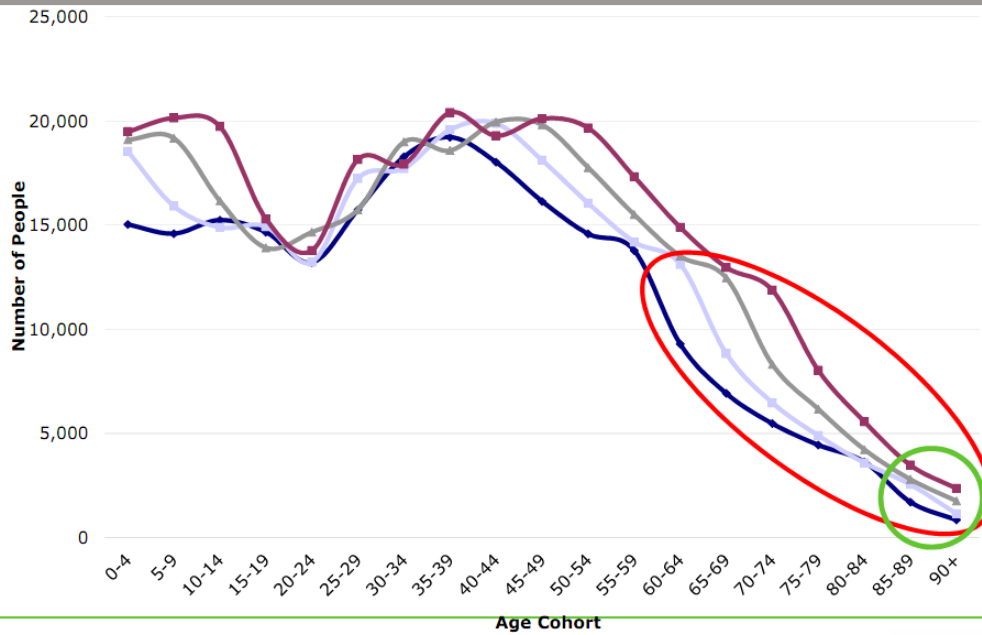
- Service development is stagnating
 - Trip numbers in decline (although still above numbers elsewhere and end of previous contract)
 - Productivity (trips/vehicle hour) in decline
- Major problem of growth in demand in next contract period
 - Population growth – 2017 = 22% growth over 2005
 - Ageing population – 80+ = **58%** growth over 2005
- Finances are unlikely to grow!
 - Comprehensive Spending Review requiring local authorities to make an average 28% revenue saving over 5 years



MKCT Trips Delivered 2007-2011




Milton Keynes Population Forecasts



- 2.1.8 The regular 'dips' in the 'Trips Delivered' slide are due to Christmas holidays. The graph is taken from the weekly returns made to the Council by MKCT, with the addition of a 12 month moving average line (the maroon line) to smooth out the effects of holidays.
- 2.1.9 The 'Population Forecasts' slide requires some interpretation. Each line represents the number of people in Milton Keynes at each 5 year data point from 2005 to 2020. The height of the line represents the number of people in a particular age group as set out across the bottom. Thus in 2005 (dark blue line) there were around 15,000 children aged 0-4, whereas by 2020 (maroon line) this figure is expected to be just under 20,000.
- 2.1.10 The red ellipse highlights the population aged 65 or over, where there is increasing likelihood of mobility problems. It will be seen that there is a significant growth in numbers expected – as represented by the space between the dark blue and the maroon lines. Proportionately, this is most significant in the 80+ group, who currently have automatic membership of PlusBus. This is highlighted by the green circle. Here, there is a forecast 58% growth from 2005 (when the resources for the current service were planned) to 2017, when the next contract will end.
- 2.1.11 This poses a serious challenge for all concerned: ***If the number of dial-a-ride members is likely to rise by 58%, how can this be managed within existing resources?***

Stagnation in Delivery Patterns

- Affects most dial-a-rides
- Variety of causes:
 - Infrequent clean-sheet reschedules, especially of regular journeys (I understand MKCT only done 'clean-up' reschedules since 2006, not a full-scale no-holds-barred – would undoubtedly be disruptive)
 - Balance between 'regular' and 'one-off' services
 - Worsening traffic and traffic calming reduce road speeds (MK Traffic Model 2010-24 predicts [do nothing] 67% increase in total travel time)
 - Changes in demand not matched by change in vehicle mix (difficult if on long-term lease)
 - Average journey length increases (not done any analysis in Milton Keynes)
 - Inertia / resistance to change (don't take this personally - applies equally to operational staff, service users, local authority officers and me!)



- 2.1.12 John then went on to consider issues affected 'demand management' in dial-a-ride services. The stagnation seen in Milton Keynes is not uncommon elsewhere – John has looked at a number of services, including large, well-financed services in London and Manchester, and there are similar patterns.
- 2.1.13 In essence, the more flexible users are in their day to day patterns of travel, the less stagnation there will be, because the schedules can be adjusted so that people get picked up and dropped off at slightly different times. However, we all - and John stressed this applies to himself, as well as council officers, the schedulers and service users – prefer predictable repeat patterns in our lives, so this flexibility does not occur naturally. The operator needs to 'force' it on service users, but this can lead to lower satisfaction and a perceived poorer service (for those actually able to make a booking), so naturally, they are reluctant to do it.

Other productivity issues

- A few issues affecting dial-a-ride productivity elsewhere:
 - Unlimited (other than capacity!) choice of destination and time – Should a dial-a-ride be like a bus service (scheduled, limited routes, limited stops) or like a taxi service (unscheduled, pick up / drop off anywhere)?
 - Additional boarding and alighting time because high proportion of users require lift deployment / assistance (could using a lowering vehicle make this faster?)
 - Choice allows longer journeys e.g. Lancaster shopping trip went past 4 major supermarkets to get to Booths (our Waitrose!)
 - Providing full service to areas (rural) and times (evenings) that have lower demand
 - Smaller arrival / departure windows (20 minutes enables more people to be fitted in than 10 minutes)



- 2.1.14 Other issues can affect how many trips can be delivered with any given number of vehicles and drivers. The more that PlusBus is like a bus service, with a limited choice of routes and destinations, the more trips can be delivered. But this gives less flexibility to some people who need it.
- 2.1.15 Do we allow complete freedom of choice? John gave the example of a service in Lancaster (his home town) which, until recently, ran a regular service from one side of the borough to a Booths (think Waitrose!) supermarket in Carnforth. The problem was that this 12 mile journey went past large

Morrisons, ASDA, Sainsbury's and Tesco supermarkets, and during the time it took, it would have been possible to do two, if not three other local shopping runs.

- 2.1.16 He then raised the issue of journey purposes to particular destinations, especially health and social services. The intention of funding MKCT was to enable people to undertake trips that they cannot otherwise do. It isn't useful if it simply replaces other services, so people who would have been using one of those other services transfer onto MKCT. This doesn't add to the number of trips being undertaken.
- 2.1.17 Journeys to hospital are a particular problem. In principle, there is a non-emergency ambulance service (patient transport service or PTS). However, there is pretty much universal agreement that the service quality is awful – it takes all day and the waiting time is unpredictable. The problem is that the NHS only has to provide PTS if there is no other available service, so if the Council publicly allows people to travel to Hospital appointments on PlusBus, the NHS is relieved of responsibility. However, PTS is not available for travel to primary care (local GPs, dentists, etc.) or for hospital visiting, so a dial-a-ride may be needed for these destinations.

Some other issues to think about

- **Journey purposes**
 - No-one restricts access to a supported public bus because the person is making a journey to hospital or to a day centre
 - However, the £700k Council funding for CT is for additional trips, not to save the NHS or Social Services money
 - Will become more difficult with introduction of personal budgets
 - Ideal solution would be to pool the budgets and plan additional CT services around health and social care
- **Use of taxis**
 - Failure of taxicard in Milton Keynes is disappointing – in other areas e.g. London, more taxicard trips are undertaken than dial-a-ride
 - Allows more spontaneous journeys, and can be lower cost
 - Is it worth the effort of 'grappling' with the taxi trade again?



- 2.1.18 The position with social services is slightly different. One of their objectives is to integrate their users into everyday activities, including public and community transport. Moreover, an increasing proportion of service users

have been allocated personal budgets with which to pay for services they need, including transport. So it would be difficult, if not impossible, to somehow prevent social services users from accessing MKCT. Nevertheless, if users transfer onto MKCT then there should be a transfer of money to reflect the savings in transport provision elsewhere.

- 2.1.19 So ideally, one should work with a pooled budget and shared service planning to get the optimal result. But this has proved almost impossible with the NHS over the years, and can be difficult with Social Care where there may be an expectation of a 'guaranteed journey' to some therapeutic activity, whereas other CT users cannot expect a guaranteed journey slot – it depends upon whether there is capacity available when they want to travel.
- 2.1.20 A final point is the potential role of taxis. John understood that Taxicard had not been the success that was predicted, but using taxis can be more cost effective than deploying a whole MKCT minibus when there is only low use. Certainly, Taxicard use elsewhere has grown and other dial-a-rides have used taxis as an 'overflow' solution. This is an important issue for today's discussions.
- 2.1.21 John then summed up the position. He is not aware of any easy solutions. Users should not expect that changing operator will magically produce lots more capacity. Instead some 'rationing' is needed to make it fair. How this should be done is something the Council wants to hear about from users.

SUMMARY (1)

- Current position is average but could be much better
- However - facing a big challenge of increasing demand and restricted resources
- There are no easy solutions (that I'm aware of)
- Hard choices for users:
 - Significantly tighten eligibility (implies assessment and restriction)
 - Accept restrictions on journey purposes / destinations / times
 - Lower quality standards (e.g. pick-up envelopes)
 - Eliminate low utilisation slots
 - Increase marketing = better scheduling but more refusals!

SUMMARY (2)

- Potential improvements / changes
 - Assume all coordination efforts are made to increase capacity (may need your lobbying support e.g. for NHS!)
 - Use vetted/trained taxis as 'overflow'?
 - Counter perceived delays by using automated SMS messages, real-time information to your smartphone, web booking?
 - Use of volunteers at any point in the system?
 - Segmentation with 'premium' service (e.g. guaranteed arrival time) at 'premium' fare?
 - Better mix of vehicles – to enable larger groups to travel
- Plus all the ideas that you are about to tell us about this afternoon
 - ??????




3.1 Introduction

- 3.1.1 The meeting divided into four discussion groups, which each discussed all four topic areas.

Discussion Groups

- 4 Topics – 30 minutes each
- 15 minute Refreshment Break at 15.30
- Facilitator + Note taker – on flip charts
- Topics:
 - 1: Eligibility - Who are the services for?
 - 2: Scope – What sort of trips should be provided?
 - 3: Service mix – balance between ‘regular’ and ‘one-off’, etc.
 - 4: Charging - How paid for?
- The topic questions do NOT represent current thinking – they are there to stimulate discussion
- Please add your own questions



- 3.1.2 A hand-out was prepared for each topic with some basic background facts (in a box) and some suggested **questions** to stimulate debate.

- 3.1.3 What follows is a summary of the notes taken by each of the facilitators. The fact that not only was there a variety of opinions within each group, but also between the groups, just confirms the fact that these are ‘difficult’ topics with no ‘easy’ answers. The majority of consultees were regular users of CT. But the people attending included the chair of the CT user group (also involved with the Disability Advisory Group), a representative of the Older Person Forum and representatives from two charities, Headway MK (Centre where people with an acquired brain injury can meet and socialise regularly with other people who are similarly affected) and MK Snap (Charity whose purpose is offering work and life skills training to individuals aged 16+ who have physical and learning difficulties). This gave a very good mix and helped stimulate debate with some very opposing views, particularly when it came to

scope. All were thankful for being consulted and found the afternoon very beneficial.

3.2 Topic 1: Eligibility - Who are the services for?

Current Eligibility for PlusBus: (taken from application form)

Automatic

- Registered blind / severely sight impaired
- Receive higher rate of either Mobility Component of Disability Living Allowance / Attendance Allowance
- War Pensions Mobility Supplement
- Holder of a Disabled Parking Blue Badge issued by Milton Keynes Council [unable or virtually unable to walk + condition likely to last at least 3 years]
- Over the age of 80
- Wheelchair user AND unable to transfer from wheelchair into a saloon car

Discretionary (may require medical or other supporting evidence)

- Disability or illness (physical or mental) which prevents the person from travelling in other ways

Recent survey:

- 64% met one of first 4 criteria
- 24% qualified by being over the age of 80
- 12% discretionary – mainly a limited ability to walk

3.2.1 **Questions**

1. *Could we tighten any of the current criteria?*
 - ◆ *E.g. remove automatic eligibility for 80+*
2. *Does it matter whether someone could use a taxi / saloon car as an alternative? Should we ask?*
3. *Are there any other ways of rationing the service through eligibility?*
 - ◆ *Closing membership (happened from 2009-2011) to new applicants didn't improve efficiency*
 - ◆ *Requiring full 'medical' assessment?*

Responses

Group A:

- 3.2.2 There were no suggestions that the criteria could be tightened. The 80+ automatic eligibility criteria should not be removed as older people clearly have mobility issues. In fact, the eligible age should be reduced to 70+.
- 3.2.3 Wheelchair users unable or able to transfer should still be eligible as they have real mobility needs being wheelchair users.
- 3.2.4 Rationing may be imposed from time to time, however, only when necessary. The following approach is suggested:
- a) Limit trip numbers per person.
 - b) Stricter rules for those cancelling at the door.
 - c) Stricter rules for those cancelling frequently.
 - d) Medical Assessments will weed-out those not eligible.

Group B:

- 3.2.5 All agreed that the current eligibility criteria still remained valid. However there was some debate around the 80+ rule. Two of the participants are eligible solely on those grounds and understandably they were keen to maintain it, whereas two other people felt that if demand does need to be controlled then consideration may need to be given towards people qualifying for medical reasons only, although they stopped short of insisting that a full medical assessment would be required.

Group C:

- 3.2.6 There was a discussion about what the wider community transport could mean, such as prison journeys for families to visit, rural areas that have no alternative, etc., but the very firm belief was that the service should be for disabled people who really have the need and have no transport alternatives due to their mobility.
- 3.2.7 There was a feeling that some eligibility criteria as per the current contract are required but that they do need 'tightening up'.
- 3.2.8 The service should be for:
- Those with a disability or illness (physical or mental) which prevents the person from travelling via alternative methods.
 - Wheelchair users

- Those who receive a higher rate of mobility component of Disability Living Allowance/Attendance Allowance
 - Those who receive the war pension mobility supplement
- 3.2.9 The group felt that the eligibility must be very clearly defined and there MUST be some form of medical assessment to gain access.
- 3.2.10 The group would like the automatic eligibility for 80+ removed and not included in new contract. Although this may not see an automatic reduction of 24% as per the number quoted as some people might still be eligible via other means of assessment, it is felt this would free some capacity for the most needy.
- 3.2.11 There were concerns over the eligibility for CT via being eligible for the Blue Badge Scheme. Comments included one representative who had a blue badge but wouldn't think of using CT as they have alternative methods of transport they can use, and indeed they can drive. The CT service should be for the people that really need the service who have no alternative.

Group D:

- 3.2.12 As regards the current criteria, these criteria could be tightened but there would need to be safeguards put in place to reduce the risk associated with reducing accessibility for the existing Community Transport client base.
- 3.2.13 The current criteria are open to abuse and a more comprehensive assessment would be beneficial if based on an individual's needs.
- 3.2.14 The 80+ automatic qualification criterion should be removed as those over 80 do not always necessarily need the type of service that Community Transport provides.
- 3.2.15 More restrictive criteria would reduce demand.
- 3.2.16 As regards whether someone could use a taxi/saloon car as an alternative, if an alternative form of transport could be used then this should be promoted.
- 3.2.17 Other ways of rationing the service include:
- a) Improvements to public transport would reduce demand – specifically regular local bus services would benefit from Driver Disability Training/ audio announcement facilities at bus stops/ wider use of accessible vehicles. This would need to be widely promoted amongst potential Community Transport Clients.
 - b) All service users should be assessed and a medical note produced that explains why each service user cannot access regular public transport.

- c) The blue badge system is open to abuse and further consideration should be given as to whether it should be part of the criteria.
- d) It may be worth considering whether those who are severely disabled and registered blind are the only users that automatically qualify for the CT service.
- e) Reintroduce the Taxi Card system – this was very useful and more work should be completed to re-introduce the system.
- f) Offer people the opportunity to travel by taxi by reimbursing service users on production of taxi receipts.

3.3 Topic 2: Scope – What sort of trips should be provided?

Current Position:

- No particular restrictions
- Additional capacity bought in at start of day to enable journeys to SNAP
- 0.8% journeys to MK Hospital
- 1.6% to other healthcare
- 23% to social care-related destinations

3.3.1 Questions

4. Should we prioritise or restrict any particular types of journeys?

- ◆ *Work*
- ◆ *Health*
 - *Hospital attendance*
 - *Hospital visits*
 - *Local GP / Chemist / Dentist / Optician*
(NHS ambulance possibly available for hospital attendance)
- ◆ *Libraries*
- ◆ *Shopping*
- ◆ *Social care / therapy*
 - *Personal Budgets give users more freedom, but removes direct Social Care transport provision*
- ◆ *Recreation*
- ◆ *Other*

Responses

Group A:

3.3.2 Prioritising would be helpful but should ONLY apply to:

- a) health-related journeys, and
- b) those undertaking voluntary work that assists their rehabilitation.

Group B:

3.3.3 This group was reluctant to see any trips completely restricted as getting out (of the house) is vital for many people's well-being. However there was agreement that there should be some degree of prioritisation.

3.3.4 The highest priority should be given to trips for reasons of health or for accessing essential services e.g. day care, hospitals and doctors. Lower priority should be placed on trips for social reasons e.g. theatre, bingo, etc.

3.3.5 The group was divided on whether people should be using CT for travelling to/from work although it was agreed that an assessment should be carried out and it seemed appropriate that those going to voluntary work should be seen as having a greater priority.

Group C:

3.3.6 This group contained some diametrically opposing views on this issue. Some were of the view that community transport should not be provided to enable people to visit charities, social-care day clubs, etc. and that transport should be provided by those facilities themselves. The counter-argument was made that the particular charities and social groups would not have the finance to support such transport and, if transport wasn't provided, could potentially close down. This would then have knock-on implications for the individuals involved who previously found these services very beneficial. On any case, it was suggested that the idea of restricting CT use in this way was just pushing the resourcing problem away from the CT and on to the charities and social care centres.

3.3.7 The primary view from the group was that they wouldn't commit to choosing particular journey types for priority, as each may be as important to each individual. Once you were eligible for the service as per the clearly defined criteria, the transport should be provided for whatever purpose. It was explained that not providing a restriction on journey type has possible implications on the overall resource and this might mean that other areas, such as the number of journeys for each individual, might be impacted. There were of course comments about the need to increase the level of funding, although all were advised that this, almost definitely, would not happen.

Group D:

- 3.3.8 As regards prioritising or restricting any particular types of journeys:
- a) There should be no restriction on health related trips.
 - b) The monitoring of journey purposes should be continued.
 - c) Work trips should be facilitated only when no alternative can be found.
 - d) It may be possible to limit the number of trips that service users can make by journey type e.g. only X number of shopping trips per week.
 - e) At present some regular group shopping trips are organised from some sheltered housing but not all. Community Transport should either provide this service to all or none of these locations.
 - f) The unreliability of other modes of transport (i.e. NHS transport) is a factor that forces people to use Community Transport.

3.4 Topic 3: Service mix – Balance between ‘regular’ and ‘one-off’, etc.?

Current Position:

- Balance of operating hours paid for between 7 vehicles for ‘one-off’ and 3 for ‘regular’
- Additional weekend evening pilot currently underway

NB Day Trips / Shopper Bus are NOT part of the contract (MKCT provides those on a self-financing basis)

3.4.1 Questions

5. *Should we reallocate resources (drivers’ hours paid for in the contract) towards regular (bus-type) journeys?*
 - ◆ *Could deliver greater efficiency but less freedom*
6. *Limit no of trips per person?*
 - ◆ *This could well lead to greater inefficiency*
 - ◆ *Different limits for ‘regular’ and ‘one-off’?*
7. *Remove or limit evening / weekend services or times where demand is low*
 - ◆ *5 day week daytime service is common elsewhere*

8. *Buy in taxi/private hire capacity for one-off journeys to make scheduling more efficient*

- ◆ *Original idea of Taxicard – could this be tried again?*

9. *Any other ideas to manage demand for the service?*

Responses

Group A:

- 3.4.2 Reallocating resources away from individual trips was not supported.
- 3.4.3 The idea of trip limits was not supported unless severe rationing needs to be introduced.
- 3.4.4 Weekend / evening services can be reduced as long as it does not impact on day-time services.
- 3.4.5 The idea of reintroducing Taxicard was definitely not supported.
- 3.4.6 Other suggestions included:
 - a) Charging higher fares to carers who may wish to accompany those whom they are caring for.
 - b) Use it or lose it! If a member does not use the service, they should forfeit their membership.

Group B:

- 3.4.7 This group was very clear that a mix (regular + one-off) of journeys needed to be maintained and felt that the balance was about right. None of the people in the group used the bus in the evenings so if the service was curtailed after 6.30pm it would not affect them although they could see the benefit for people going to events in the evening (bingo, theatre, shops -opening later).
- 3.4.8 Apart from one person in the group (who used it 4 times a week) all in the group would be comfortable if the number of trips per week was restricted to 2-3 times.
- 3.4.9 One issue that the group was very unhappy about was cancellations. It was felt strongly that people who cancel, particularly those who don't let the operator know or who cancel at the last minutes without a valid reason, should be penalised (for example, 3 strikes and you are out?).
- 3.4.10 As regards Taxicard, the group liked the idea in principle, and would cautiously welcome its return. However, operational problems from last time would need to be sorted out before restarting this services e.g.:

- drivers not having correct equipment in taxis
- charging double fares for wheelchair users.

Group C:

- 3.4.11 The feeling was this should be predominantly a 'door-to-door' service for those with the most needs with no alternative means of transport.
- 3.4.12 The group felt the resource mix should be more weighted towards providing 'regular' journeys than casual; more 70/30 in favour of regular journeys, the opposite of what it is currently. The feeling was that this may also help with forward resource planning and having the knowledge about where peak demand is for a larger majority of journeys.
- 3.4.13 The group felt casual bookings should be purely on a 'first come, first served' basis, with no limits on the number of journeys allowed per week per individual.
- 3.4.14 In addition to the higher rate of regular journeys they felt that a more efficient allocation of resource using data could happen i.e. if a particular day/time of day has low demand then they were not against limiting a service if the resource can be better utilised. These one off journeys could possibly be better provided by a taxi/private hire facility.
- 3.4.15 There was a feeling that whilst the Taxicard was, on the face of it, a very good solution, the reality was never being able to get a taxi. If there could be more 'buy in' from the operators, or possibly some incentivisation for them to ensure more vehicles were available, the group would be happy to see some of the resource allocated to a new improved 'Taxicard' where the resource may be better allocated. It was explained that for other functions, the Council uses taxi operators for a variety of services on contract. So an idea was suggested that if a contract could be tendered with a particular operator, or through a framework, would it not be possible for the payments to occur via invoicing, rather than the onus being on the individual to have the card available and for the vehicle to be equipped with the relevant hardware? Could a subsidised rate not be charged to the individual user, with the remainder invoiced direct to the council monthly? This would improve ease of use for the user whilst ensuring that the administration side purely rests with the Council and the operator. In addition, if there is a commitment to a particular number of journeys or to a value of funding across the year, then the taxi operators may be more willing to accommodate the idea of the 'Taxicard'.

Group D:

- 3.4.16 As regards the idea of trip limits:
- a) Trips could be limited but this may be difficult to manage.

- b) Some users may need a number of regular health related trips and limiting these may be difficult to do.
 - c) This could be seen as discriminating against some service users.
 - d) Some types of journeys could be limited i.e. recreation related trips and shopping related trips.
- 3.4.17 As regards restricting evening / weekend services:
- a) There was general surprise at the service being available for evening and weekend trips.
 - b) Evening and weekend services are used by fewer people and could be undertaken by taxis through a reintroduced Taxicard system.
 - c) Sunday services are important for some people particularly in enabling service users to travel to Church.
- 3.4.18 As regards the use of taxi/private hire capacity:
- a) The use of taxis for one off journeys and evening and weekend journeys where demand is much lower would be beneficial. This would provide greater flexibility for a number of journeys.
 - b) The Taxicard system could be reintroduced to cater for these journeys.
 - c) Reintroducing the Taxicard system would benefit community transport if there was a wider availability of suitable vehicles and taxi operators willing to cater for Community Transport Users.
 - d) The uncertainty of being able to book a suitable vehicle inhibited the previous Taxicard scheme.

3.5 Topic 4: Charging - How paid for?

Current Position:

- £2.65 return
- £1.50 single
- No membership fee
- Taxi fares – ca. £3.80 for first mile, £1.60 per mile thereafter
- Bus day ticket - £3.70

3.5.1 **Questions**

10. *Would an annual membership fee be useful or fair?*

- ◆ *Would need to be significant (£20?) to be worth collecting*

11. *Is there any role for volunteers to drive some of the services to reduce costs?*

- ◆ *Would require a significant change in the contract*
- ◆ *Is this the 'Big Society' model?*

12. *Letting the operator do other work (e.g. school runs) might release lower cost additional capacity in the middle of the day*

- ◆ *Would this be worth restricting members' use at peak times?*

13. *Should there be a difference between 'regular' and 'casual' fares?*

14. *Any other cost saving ideas?*

- ◆ *E.g. reduce office hours*

Responses

Group A:

3.5.2 An annual membership fee of up to £20 is acceptable but no higher.

3.5.3 There is NO role for volunteers here as although it may reduce costs it will also bring about inefficiencies.

3.5.4 Integrating the Community Transport service with other work would bring about a restricted service and would not be welcomed.

3.5.5 A price distinction between regular (lower fare) and casual (higher fare) services would be useful.

3.5.6 A better booking system would enable a better management of capacity by ensuring more seats are occupied on the buses (more bums on seats). At the moment it appears underutilised.

Group B:

3.5.7 Felt that current return fare could go up to £3.00 (some currently pay £3.00 and tell driver to keep the change).

3.5.8 However, the group was generally unsupportive of the annual membership fee idea, as they are being faced with rising costs elsewhere for items that go

beyond a weekly budget and this would just add to it - so £20 unacceptable but £5 would be OK.

- 3.5.9 The group was very happy with the quality of the current service. They were nervous that retender may result in the current crop of drivers and booking staff being replaced by people they don't know.

Group C:

- 3.5.10 A member ship fee could be seen as being fair as long as there is a transparency in relation to its use. (i.e. in particular that it is additional money that goes direct to improving the service).
- 3.5.11 Group members felt that the current fares were very reasonable and indeed there was a survey done recently where members said they were willing to pay more for the service. Overall they were not against seeing an increase in fare as long as in return they saw a demonstrably better/improved service. Examples included more accurate 'windows' for collection/pick-up and more adherence to times, ensuring that late or early running isn't an issue.
- 3.5.12 Although volunteers could be considered there was a concern that reliability could be an issue due to their not being contractually tied to performing to a relevant standard/number of hours via pay.
- 3.5.13 The idea of letting the operator combine work with school runs did not go down particularly well as most felt this would affect the time slots at peak times which are very beneficial to a lot of users including those that visit day centres, etc.
- 3.5.14 The group was happy to see a differential in fare charges for casual and regular journeys with casual paying a premium. The other way of looking at this would be a discount for users who commit to regular bookings made far in advance as this should help with resource allocation.

Group D:

- 3.5.15 As regards fares and annual membership:
- a) The existing fares are considered to be cheap and good value. £5 for a return journey would be an acceptable fare.
 - b) An annual subscription would be acceptable if fares were capped.
 - c) Any annual subscription would be acceptable if this was seen to be spent on the service.
 - d) An annual subscription would likely impact on demand.
 - e) It may be possible to price regular and casual journeys differently; one off/ad hoc journeys could have a higher price.


- 3.5.16 The use of volunteer drivers would be acceptable if they were fully trained and able to deal with disabled service users.
- 3.5.17 As regards integrating the CT service with other work:
- a) The journeys could be restricted in the morning peak period to allow the service to undertake other types of work. Morning peak period journeys are less popular and restricting journeys within this period would not cause too much disruption.
 - b) Restricting journeys in the PM peak (particularly within the PM School travel period) for community transport may be more difficult and cause disruption for existing service users.
- 3.5.18 The office hours of the MKCT staff could be restricted by having shorter booking windows.

4.1 Concluding Remarks

- 4.1.1 Andrew Coleman thanked everyone for participating so positively. We had heard a wide range of viewpoints about how the service can be improved. It won't be possible to deliver everything that people have asked for, but the Council team would do their best to get the balance right.
- 4.1.2 Andrew then set out the next steps as in this slide, and promised that a report on the proceedings, including the slides, would be placed on the Community Transport page of the Council's website.

What happens next?

- Feedback taken from here and elsewhere
- October-November - Work on specification
- Early November - First Draft Service Specification completed
- Mid-November – Further consultation with users with draft service specification
- End November/Start December – Finalise specification
- 12 December – Invitation to Tender
- Spring 2012 – Tenders and evaluation
- New service starts July 2012



- 4.1.3 Any further comments / suggestions can be sent to:

Email: passenger.transport@milton-keynes.gov.uk

Post: **Community Transport consultation
Milton Keynes Council
Civic Offices
1 Saxon Gate East
Milton Keynes
MK9 3EJ**