



Community Transport Strategy, 2010-2012: Evidence Base

in collaboration with the
South Cambridgeshire Local Strategic Partnership



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<u>Contents</u>	Page
1. The National Context	3-5
2. South Cambridgeshire – What the Research Says	6-7
3. A Partnership Approach	8-13
4. Mapping South Cambridgeshire	14-23
5. Emerging Issues and Conclusions	24-25

1. The National Context

A lack of accessible transport has been highlighted as ‘the most significant issue’ facing older people in the countryside¹. Recent studies on behalf of the Department of Health demonstrate the clear benefits of improving access to transport for vulnerable and under represented groups, such as the elderly and disabled. It is increasingly apparent that South Cambridgeshire’s issues regarding an ageing population, rural isolation and accessibility are reflected in the wider national context and that these social trends will inevitably impact on the need for accessible and appropriate transport locally.

There are a number of national strategies and initiatives that provide bigger picture information and highlight the need for the development and implementation of a local Community Transport (CT) Strategy for South Cambridgeshire.

- The Social Exclusion Task Force and the Department for Environment, Food and Rural Affairs have jointly produced *Building a Society for All Ages*². The paper emphasises the need for national and local approaches to the UK’s ageing population and base many of their recommendations on research undertaken in 2007-08 by the Audit Commission³. They detail a range of research and findings which contextualise the South Cambridgeshire situation:
 - Analysis by the Audit Commission of the shared priority for improving the quality of life for older people in Local Authority Corporate Performance Assessments found that just under 30% of local authorities were found to be well prepared for an ageing population. It is not clear whether or not South Cambridgeshire was part of this study but, nevertheless, it serves as a warning sign that action is needed.
 - Nationally, one million people over 65 report feeling trapped in their own homes and more than 180,000 have gone for a whole week without speaking to friends, neighbours or family. This illustrates the need not only for a CT Strategy but for the involvement of community members and groups in its delivery.
 - 13 per cent of people living in rural areas in their later years report poor access to a range of basic services, including GPs, dentists, hospitals, post offices and local shops. Those on low income and those aged over 80 are significantly more likely to report poor access.
 - In 2007, around a third of those aged 60 or older said they used buses at least weekly, compared to around a fifth of 30-59 year olds. Again, this lends weight to the case for regular, accessible public transport and CT schemes.
 - To increase the transport options available within communities, the Government is relaxing restrictions on the sizes of vehicles that may be used under CT permits and allowing drivers of community bus services to

¹ CRC/Housing Corporation, 2006

² Building a Society for All Ages - <http://www.hmg.gov.uk/media/33830/fullreport.pdf>

³ Audit Commission (2008) *Don't Stop Me Now – Preparing for an Older Population* - <http://www.audit-commission.gov.uk/SiteCollectionDocuments/AuditCommissionReports/NationalStudies/DontStopMeNow17July08REP.pdf>

be paid. They are promoting car sharing, publishing best practice guidance in *Making Car Sharing and Car Clubs Work* and encouraging local authorities to include car management schemes, in their local transport plans. There is a need to determine whether these plans compliment local interpretation of the licensing laws.

- To support communities in designing transport solutions, the Government will develop a resource guide later this year to promote car-sharing schemes, for example, volunteer car services. They will be exploring alternatives to the national concessionary fares scheme and raising awareness of different transport options, particularly for people living in rural areas. These options include community bus services that are available on request rather than to a set timetable or route. This is reflected in the action plan, which follows.
- The Office for Disability Issues has produced a five-year strategy for independent living.⁴ Within this there is a commitment to the improvement of evidence-based guidance on local community transport provision. Locally we should be developing our own evidence base (see action plan).
- One of the four strategic objectives of the Department for Transport (DFT) is to enhance access to jobs, services and social networks for the most disadvantaged. DFT initiatives to address social inclusion include:
 - the provision of a national concessionary bus fares scheme for older and disabled people, providing them with free off-peak bus travel
 - expanding rural transport schemes to increase accessibility to bus and CT services
 - enhancing the role of CT in providing a more flexible, demand responsive public transport service
- Government guidance indicates that Transport Authorities are expected to produce a Local Transport Plan (LTP3)⁵ by March 2011. Plans to develop LTP3 are underway in Cambridgeshire and it is envisaged that community transport will be an integral part of this wider plan for public transport and accessibility, though it is unclear at this early stage what resources are available for this (see action plan).
- Guidance on Hospital Patient Transport services and the Government White Paper 'Our health, our care, our say: a new direction for community services' states that where there is an identified clinical/medical need, hospital patient transport services should convey individuals to and from their appointments and the cost should be borne by the local PCT⁶. However, there is anecdotal evidence in South Cambridgeshire to suggest that local community car

⁴ Office for Disability Issues (2008) - Independent Living Strategy: A Cross Government Strategy About Independent Living for Disabled People.

⁵ Local Transport Plan 2 for Cambridgeshire includes an Accessibility Strategy - www.cambridgeshire.gov.uk/transport/strategies/local/ltp_2006.htm

⁶ Eligibility Criteria for Patient Transport Services (PTS), Department of Health, August 2007 - http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_078372.pdf

schemes are transporting patients who are eligible for this service. Further research is required into this area of the role of CT schemes (see action plan).

- The Royal Town Planning Institute (RTPI) Good Practice Note 5⁷ recognises the need for closer integration between transport and health, in particular the link between access to a car and good physical and mental health. Rural communities are highlighted as being at risk of exclusion due to a lack of transport. The proportion of people living in households whose nearest bus stop is within a 13 minute walk and has a service at least once an hour is used as an indicator for access to a good bus service.

The papers and research studies listed above form just part of the national driving force for local authorities like South Cambridgeshire to consider whether the services being provided locally are adequate, appropriate and accessible. In a district where the population is ageing and growing, a holistic approach is required to ensure disadvantaged local residents are empowered and enabled to live independently and take journeys they need and wish to take.

⁷ For further information visit the RTPI website and, in particular, the following link <http://www.rtpi.org.uk/download/7242/TransportandHealth.pdf>

2. South Cambridgeshire – What the Research Says

In South Cambridgeshire there is, and will continue to be, an increasing need for a focussed, co-ordinated and longer-term approach to the provision of CT services. The following local research and data are non-exhaustive but begin to evidence this need:

An Ageing and Growing Population

South Cambridgeshire has a growing and ageing population. The Bourn ward, which contains Cambourne together with the smaller rural villages of Bourn, Caxton, Eltisley and Croxton, has the highest crude birth rate in England and Wales⁸. The ward has a birth rate of approximately 24 per 100 population, compared to a national birth rate of just under 13 per 1000 population and a County rate of 12 per 1000. This high rate mainly reflects that fact that Cambourne has a young age structure, with a higher proportion of women of child-bearing age than the national average. This could pose a problem for the future regarding appropriate transport for young families and, later, for young people unable to drive or without access to a car.

Between 2001-2007, the population in South Cambridgeshire grew by 7.6% and in the period up to 2021, it will grow by a further 20.9%⁹. The largest population increases will be in the 65-74 age group (61% increase), the 75-84 age group (57%) and 85+ age group (80% increase).¹⁰ Average life expectancy in South Cambridgeshire is 79.2 years for men and 84.2 years for women.¹¹ All this points to a clear need for older members of the South Cambridgeshire community to be amongst the priorities when planning and co-ordinating CT services.

Independent Living

The public places a high priority on enabling older people to live independently¹² but the 2009 Place Survey results indicate that only 30% of people think older people receive the support they need to live independently.¹³

Exclusion & Isolation

The Cambridgeshire Celebrates Age 2008 programme has been evaluated and the report suggests that older people in South Cambridgeshire face exclusion from events and activities due to transport issues. Some villages are closer to Cambridge and fare better in terms of transport provision than others, which are further away from services and, therefore, rurally isolated. The report suggests that rural communities are becoming increasingly isolated with the closure of local post offices,

⁸ Visit <http://www.telegraph.co.uk/news/uknews/6131815/Cambridgeshire-village-of-Cambourne-has-higher-birth-rate-than-India-China-and-US.html> for more information

⁹ South Cambridgeshire District Council Population Forecasts, Cambridgeshire County Council Research Group (December 2008)

¹⁰ South Cambridgeshire District Council Population Forecasts, Cambridgeshire County Council Research Group (July 2005)

¹¹ Office of National Statistics

¹² South Cambridgeshire LSP Community Strategy Development Qualitative and Quantitative Research, NGM Research & Consulting (November 2006)

¹³ Place Survey 2009 – results for NI 139

shops and pubs.¹⁴ This latter point highlights the importance of considering the social needs of our residents as well as the need to address access to essential services.

Quality of Life

The Joint Strategic Needs Assessment for Cambridgeshire¹⁵ highlights a number of issues related to quality of life that support the case for enhanced CT provision in the district:

- While 85% of people countywide found it fairly easy to get to their GP, fewer people (between 54-67%) found it very or fairly easy to get to the local hospital.
- 6,179 South Cambridgeshire households, 12% of the total, have no access to a private car or van. This group of residents could be isolated depending on the location of their accommodation and the facilities in the area.
- There are 2,500 Incapacity Benefit or Severe Disablement claimants in South Cambridgeshire, equal to 2.8% of the district's population.

Bus Services

A review conducted in 2007/08 by the Council's Scrutiny and Overview Committee¹⁶ identified that, despite a good network of bus routes, there are several villages where access is poor or absent. Findings included the following:

- Eleven villages, including Meldreth and Shepreth have no suitable service for commuting to full time employment or training in any of the area's main towns.
- Four of these villages have no bus service, and many others a very limited service allowing for only a short time at the destination and no time for a dental appointment, for example.
- In some villages, there is a long walk to the only bus stop.
- Many villages, even some very small ones, have an excellent service because they are sited on a main route into a large town.

¹⁴ Cambridgeshire Celebrates Age, 2008: Evaluation Report, http://www.catchcambs.nhs.uk/documents/CCA_Evaluation_Report_2008.pdf?preventCache=24%2F03%2F2009+15%3A53

¹⁵ Joint Strategic Needs Assessment for Cambridgeshire – Phase 2, October 2008

¹⁶ Visit <http://scambs.moderngov.co.uk/ieListDocuments.asp?CId=417&MId=3734&Ver=4> for further information

3. A Partnership Approach

In Cambridgeshire, and specifically South Cambridgeshire, there are already a number of partnership initiatives and strategies that contribute to the development and delivery of engaged and inclusive communities.

- Cambridgeshire Together is the partnership accountable for the countywide Local Area Agreement wherein a number of National Indicators¹⁷ will measure the very outcomes that effective local CT schemes might contribute to, for example:
 - NI5 – overall satisfaction with area
 - NI177 – local bus passenger journeys
 - NI 186 – per capita CO2 emissions in the Local Authority area
 - NI119 – Self-reported measure of people’s overall health and well-being
- The South Cambridgeshire Local Strategic Partnership’s (LSP) Sustainable Community Strategy, 2008-11 will deliver on the above indicators and identifies four objectives. These reiterate the need for inclusive communities where residents do not feel isolated, and which are supported by a full range of quality services and good transport links.¹⁸ The Transport and Access Group (TAG), which is a subgroup of the LSP, brings together key stakeholders in local transport provision and aims to implement changes to services that will improve accessibility. The Community Transport Strategy is instrumental in achieving some of the TAG’s aims and objectives.
- A Strategy to Tackle Health Inequalities in Cambridgeshire, 2009-11 is currently being developed. The work is being overseen by the Community Well-being Partnership as part of the Equality and Inclusion theme of the Local Area Agreement. A number of partnerships are involved in developing this cross-cutting theme, including the local Cambridge City and South Cambridgeshire Improving Health Partnership. Four strategic aims have been proposed, including the aim ‘to decrease inequalities of access that impact on health and well-being’. This recognises the rural nature of the county and the increased susceptibility of residents to experiencing health inequalities through poor access to services (health, retail, leisure) and opportunities for healthy living. It also highlights access issues in relation to specific vulnerable groups, e.g. people with disabilities, older people and Travellers, as well as planning for access in new communities so as not to introduce new inequalities.
- The Cambridgeshire County Council Local Transport Plan (LTP) and supporting Accessibility Strategy, 2006-2011¹⁹ highlight the need for further

¹⁷ A Handbook of National Indicator definitions can be found at -

<http://www.communities.gov.uk/documents/localgovernment/pdf/735112.pdf>

¹⁸ South Cambridgeshire LSP Sustainable Community Strategy: Working Together for a Better South Cambridgeshire - http://www.scambs.gov.uk/admin/documents/retrieve.asp?pk_document=1976

¹⁹ Cambridgeshire’s Local Transport Plan 2 -

<http://www.cambridgeshire.gov.uk/NR/ronlyres/DB02C969-E793-4D62-B421-EE3B6637E252/0/LTP06Main.pdf>

research into CT services in South Cambridgeshire. The Accessibility Strategy cites the particular case of Balsham ward and the needs of three particular cohorts of residents across the district, two of which have not to date been prioritised in the eligibility criteria for CT schemes in South Cambridgeshire:

- *Young People* who cannot drive and for whom the cost of public transport is prohibitive
- *Older people* who do not have access to a private car (or whose deceased partner was the driver), who are not wage earners and therefore cannot afford the cost of public transport, and who often fear a long return journey on public transport
- *Lone parent families*, who often live in low income households and on whom the impact of inaccessible childcare facilities is larger than two-parent households.

The LTP itself is currently being revised and the remit of LTP3 will be to look at CT in the context of public transport with emphasis on the environment, quality of life, equality of opportunity and so on.

- South Cambridgeshire is a 'Travel Concession Authority' and receives a grant from Central Government to fund the national concessionary fare scheme of free public transport for the over 60's, the blind, and eligible people with disabilities. Local authorities have the option to extend this concessionary fare scheme to CT but so far this has not been fully considered in South Cambridgeshire.²⁰
- The South Cambridgeshire Local Development Framework (LDF)²¹ is a spatial Plan outlining where and what type of development can take place across the district. This will ensure that the delivery of new homes, jobs and facilities are close to each other or in locations well-suited for public transport, cycling or walking, and generally reduce the need to travel for day-to-day needs. The Development Control Policies Development Plan Document and Area Action Plans for major developments, contain transport policies securing improvements to public transport and CT in new developments. The LDF also requires the provision of a Sustainability Appraisal and Health Impact Assessments with planning applications for major developments to demonstrate that they have addressed sustainability issues and the impact on health in their development proposals.
- The majority of planning applications are also required, under the Town and Country Planning Act 1990 and Listed Buildings Act 1990 (both amended by the Planning and Compulsory Purchase Act) to submit a Design and Access statement. These statements will enable applicants to

²⁰ South Cambridgeshire District Council is currently responding to 2 consultations, the first of which is on changes to the Travel Concession Authority (TCA) status and optional concessionary fare provision:

<http://www.dft.gov.uk/consultations/closed/concessionarytravel/consultationdocument080509.pdf> and the second is on changes to the level of grant funding available under the various TCA status options:

<http://www.dft.gov.uk/consultations/open/specialgrantfunding/>

²¹ The LDF for South Cambridgeshire can be viewed at www.scambs.gov.uk/ldf

demonstrate that they have properly considered the impact of their proposal and taken account of all relevant factors in the design of the scheme, and ensure the development is accessible to everyone, both within the development and including links to public transport provision.

- The Joint Strategic Needs Assessment (JSNA)²² is a statutory duty under the Local Government and Public Involvement in Health Act 2007 and ensures a duty for local health and local government authorities to co-operate. The JSNA assesses the impact of social issues, such as homelessness, on health. The local JSNA for Cambridgeshire highlights access to services as a priority for the County and its component districts.
- The Obesity Strategy for Cambridgeshire and local Cambridge City and South Cambridgeshire Obesity Action Plan shows clear linkages with transport issues.
- The BIG Plan 2²³ is a statutory plan, which is overseen by the Cambridgeshire Children and Young People's Strategic Partnership. It outlines the plans that Cambridgeshire County Council and other public bodies have for the county's children and young people. As an appendix to this there is also a Children and Young People's Transport Plan, which has been developed by young people who, it has been found, have major concerns about provision for them.
- SCDC funds Cambridgeshire ACRE to support parish councils to develop and deliver Community-Led Plans. These identify community issues that local people can work together to resolve, in many cases using devolved budgets, and a vision for their local area. These can be used as a basis for the delivery of CT within South Cambridgeshire communities. Table 1 below shows the parishes that currently have a Community-Led Plan in place, which include transport related actions.

It is evident that there is much research and activity happening across Cambridgeshire that the CT Strategy should dovetail with. The Action Plan within this document will ensure that the relevant personnel engage appropriately in these initiatives, and others like them, on an ongoing basis.

²² Details can be found at <http://www.ic.nhs.uk/services/in-development/joint-strategic-needs-assessment-jsna>

²³ Visit <http://www.cambridgeshire.gov.uk/childrenyoungpeople/cypsp/plansandstrategies/cypscypspasbig.htm> for more details

Table 1 (below) – Parishes in South Cambridgeshire with transport-related actions in their Community-Led Plans (Source: Cambridgeshire ACRE, Dec 2009)

Name of Parish	Transport Related Actions	Status	Update
Arrington	Community bus/transport scheme being investigated.	In progress.	July 09-PC made contact with Morrisons who are not interested in being involved with a transport initiative. No interest or requests for transport from the community despite no bus route through village. An open meeting was held for the community to raise any issues and this did not arise. PC will monitor the situation and look into it again if identified as necessary by the community.
Barton	Improve the New Road/A603 junction. Extend the Park & Ride service and lobby for an evening service. Lobby for evening bus services generally.	In progress.	July 09-The level of service offered by the Park and Ride scheme has been improved. PC have not received any complaints from villagers regarding the scheme but are worried that they might be neglecting the needs of the youth in the community so are going to push this forward. Free transport for the over 60's is well used.
Cottenham	Lobby bus companies to offer some direct services to Cambridge.	In progress.	June 09-Stagecoach flatly refused to change the bus routes. A county councillor is looking into the issue and has promised to attempt to resolve the problem but lobbying is ongoing. Frequency of buses is acceptable but the number of pick- up points is inadequate.
Eltisley	Liaise with the co-ordinator and residents to encourage/facilitate voluntary assistance with transport to surgeries etc. Continue discussions with CCC and operators concerning requests for improved frequency and timings of bus services and consider Community Transport Schemes.	In progress.	July 09-Service has been improved and the Citi 4 now comes through the village but the Steering Group fear it could be withdrawn, as it is not widely used. This is not something that has been mentioned by the service provider but is a concern. Other forms of community transport will be considered in Autumn 2009.

Gamlingay	PC to meet with CCC to discuss the feasibility of cycle ways on approaches to the village and a link with Potton and also to discuss location and design of bus stops with CCC.	In progress.	June 09-Meeting with CCC to discuss cycle paths has not been arranged but the issue has been discussed as part of the Greensand Ridge project and will become part of that project. Meeting with CCC scheduled for early June and location of bus stops will be discussed. Not a big issue for the community so is quite low priority.
	Bus service-pass Parish Plan results to CCC	Completed	June 09- Results of Parish plan passed to Cambridgeshire County Council. Services to Biggleswade are satisfactory and there are two buses into Cambridge and one back.
Grantchester	Create new cycle paths to and from the village.	In progress.	July 09-Not done. Building is now likely to happen in the area where we would have liked the cycle route so it unlikely this will ever be done.
	Establish a community car transport or car sharing scheme.	In progress.	July 09-Initial notices met with a lack of response: Cambridge dial-a-ride do not operate out here and there does not seem to be a need. Fiona Whelan, new County Councillor is investigating this further.
Great Abington	Introduce bus service to Sawston.	To start.	No update currently available.
Great and Little Chishill	Build a footpath/cycle path network to Barley. PC to work up a proposal. Work with Barley PC.	To start.	No update currently available.
Longstanton	Investigate evening use of community bus to Swavesey, Impington, Cottenham colleges. Inform community of outcome.	To start.	No update currently available.
Meldreth	Improve frequency of buses to Royston and Cambridge.	To start.	No update currently available.
	Expand the provision of volunteer drivers for medical and shopping visits for those without transport. E.g. Use of Royston.	To start.	No update currently available.
Milton	Establish a focus group to liaise with bus service providers with the aim of improving all aspects of provision, including fares.	To start.	No update currently available.

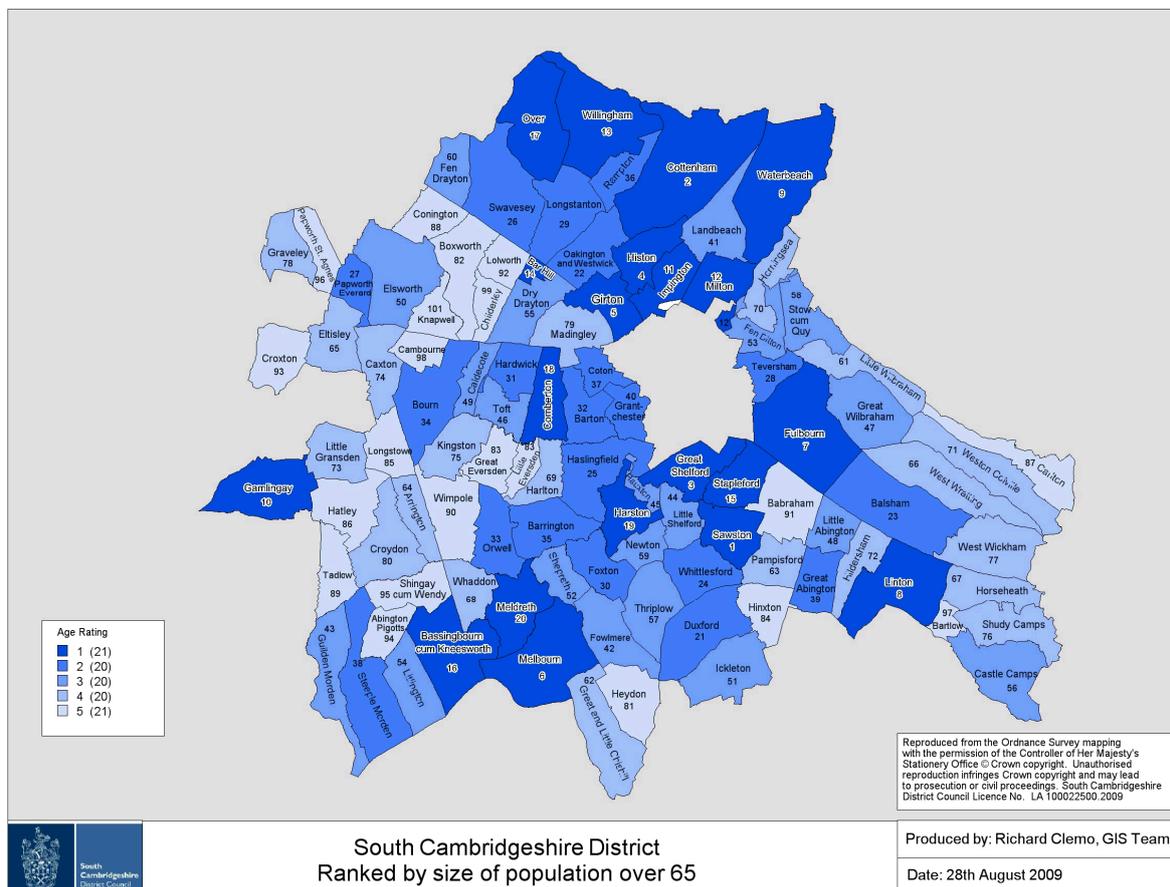
Over	CC to discuss with bus operators the shortcomings identified by the survey with a view to providing a more effective service.	To start.	No update currently available.
Sawston	Bus service to Whittlesford Station.	To start.	No update currently available.
Steeple Morden	Make sure that the displayed timetable is up to date and that extra copies are available in the shop. Push for a better bus.	To start.	No update currently available.
	Alleviate the need for roadside parking near the station, by considering reintroducing a shuttle bus from Steeple Morden.	To start.	No update currently available.
Swavesey	Create circular off road routes for cyclists, riders and walkers, linking droves.	In progress.	July 09-a number of cycling and riding routes have opened up and the Guided Bus will create even more routes.
Whaddon	Determine bus requirement and use this research to build case for improved service.	In progress	Community working on this action.
Whittlesford	Lobby for the re-introduction of at least one occasional bus service to Saffron Walden.	To start	No update currently available.
	Continuation of the current train service, with possible later trains at weekends. Encourage stopping of Central Train services at Whittlesford.	To start	No update currently available.
Willingham	Improve frequency and timetabling of the current bus service, including evening and Sunday provision.	Awaiting Assistance	No update currently available.
	Provision of public transport between the village and Longstanton Park & Ride, such as shuttle bus to all parts of the village.	In progress	Awaiting action.

4. Mapping South Cambridgeshire

Some elementary mapping of CT schemes and population data for South Cambridgeshire has been undertaken in an attempt to identify gaps in service provision and areas of good practice (see Appendix A for mapping data). A selection of this mapping is detailed below²⁴. This selection focuses on the four main CT schemes operating in South Cambridgeshire and the parishes they have visited in the last year, not including scheduled services, where they exist. It maps the population aged 65 and over, and whether there are ‘essential services’ (GP, general store, pharmacy and post office) within each parish (see Map 5 below).

Parishes were ranked from 1-102, with 1 being the parish with the highest number of people aged over 65, and grouped in quintiles from 1-5 where 1 represents the 21 parishes with the largest older population. Where appropriate, the legend on each of the following maps shows each quintile in a different shade, and depicts the services visiting, or available in, each parish.

Map 1 (below) – South Cambridgeshire parishes ranked from 1-102 by size of population aged over 65.



²⁴ Research relies heavily on data provided by local CT schemes, Census 2001 information, Office of National Statistics data and The Cambridgeshire and Peterborough Rural Services Survey report, 2007.

CT Schemes

South Cambridgeshire District Council supports some of the CT schemes that serve the district and Cambridgeshire County Council supports others through a variety of funding agreements. The main schemes serving South Cambridgeshire are Cambridge Dial-A-Ride, Royston Community Transport, 3CT (Haverhill Community Transport) and the various voluntary car schemes. Each scheme operates differently and has slightly different eligibility criteria but, by and large, priority is given to elderly, infirm and disabled passengers. Within certain ranges, CT schemes tend to set their own fares and these vary. Some passengers require an escort and where this is the case, CT schemes can choose to apply a different fare to the accompanying individual. What follows is a brief summary of each different type of service delivered in South Cambridgeshire:

Voluntary Car Schemes

Volunteer drivers use their own vehicles to provide transport to members of the local community, often for hospital or healthcare appointments. There is a co-ordinator who is the point of contact between the public and the driver. It is also the co-ordinator's role to ensure that each driver is CRB checked and that they and their vehicle are insured and meet statutory DVLA requirements and safety standards. Cambridgeshire County Council provides guidance notes on these standards to all schemes (see Appendix B).

Voluntary car scheme drivers can only be reimbursed up to a maximum of 40p per mile. Remaining below this threshold ensures that the payment is not subject to income tax and prevents the need for insurance on a 'hire and reward' basis, i.e. the same as a taxi. 15p of this comes from Cambridgeshire County Council and is claimed retrospectively by the scheme on behalf of their drivers. The remaining 25p can be charged through the fare paid by the passenger.

Of the 102 parishes in South Cambridgeshire, 28 (27%) are served by a voluntary car scheme. Many of these are supported by Care Network²⁵ as part of their Good Neighbour Schemes. Details of the schemes follow. Royston CT and 3CT deliver a large part of their CT service through volunteer drivers, although 3CT data has not been collected by Cambridgeshire County Council to date. Note that The Beaches scheme covering Waterbeach, Landbeach, Horningsea and Chittering was re-launched in 2009-10 and data collection has since resumed.

Good Practice

In Balsham there is a scheme called 'Helping Hands'. It is run as a voluntary car scheme by members of the community but, unlike many other schemes, it is co-ordinated through a bespoke telephone system which fields calls to one of 4 co-ordinators who, in turn, allocate journeys between 18 voluntary drivers. It also incorporates a daily prescription collection service, mainly for elderly and immobile residents. The scheme provides a vital service for those who would otherwise find these journeys challenging. The scheme aims to reduce the number of journeys made as prescriptions are delivered and collected in batches, thereby reducing the impact on the environment of CO₂ emissions..

²⁵ Visit <http://www.care-network.org.uk/> for further information

Table 2 (below) – voluntary car schemes in South Cambridgeshire, 2008-09 - mileage levels, numbers and types of journey

Name of Scheme	Total Miles 2008-09	Total Journeys	Social	Medical	Addenbrookes	Other
Arthur Rank	10539	538	0	538	0	0
Balsham	4024	388	11	313	62	2
Barton	906	110	0	78	32	0
Comberton	3499	273	28	159	78	8
Coton	1943.5	165	29	71	60	5
Cottenham	12340	959	763	161	27	8
Everdens	1153	96	46	20	29	1
Foxtton	1183	101	4	60	35	2
Gamlingay & Hatleys	5922	196	52	69	68	7
Hardwick	1035	89	0	75	14	0
Harston	1135	174	3	133	36	2
Haslingfield & Harlton	708.5	89	44	38	7	0
Heron Schemes	19116.2	859	345	386	116	12
Ickleton	718	101	0	94	7	0
Rampton	1776	130	83	30	17	0
Royston	24798.1	1388	714	384	274	16
Shelford	11432	994	71	588	332	3
Shepreth (merged with Royston CT since 2008)	282	37	11	24	2	0
Toft	602.5	82	15	63	4	0
Trumpington	2013.5	228	132	75	21	0
Waterbeach (The Beaches)	0	0	0	0	0	0
Total	105126.3	6997	2889	2821	1221	66

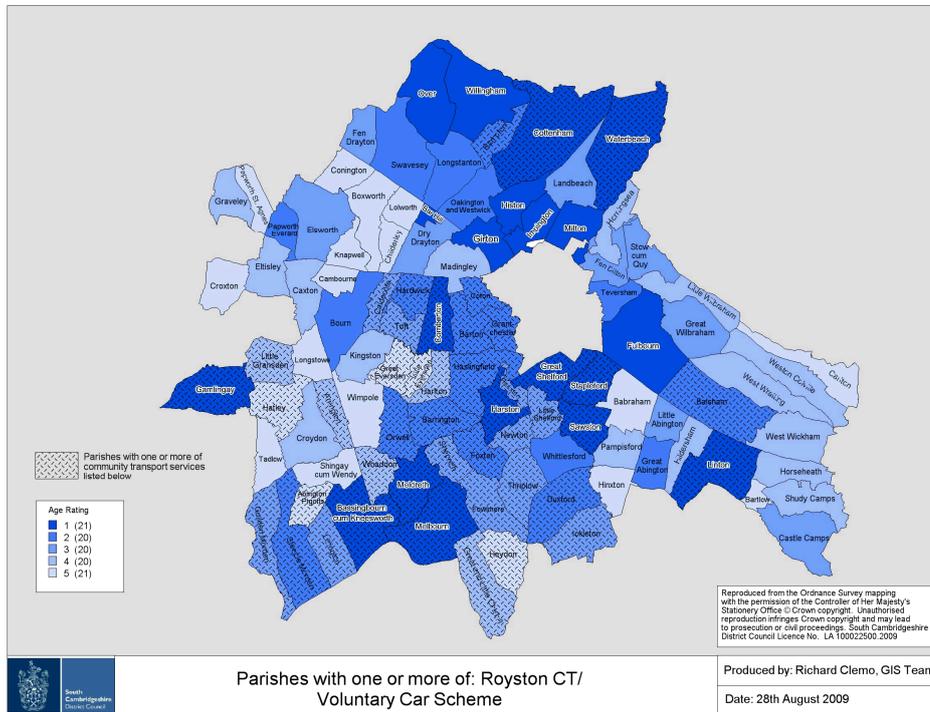
The Arthur Rank scheme is one that provides CT services for hospice patients hence all journeys are for medical reasons. However, it is quite clear that the data supports the anecdotal evidence that voluntary car schemes are transporting many people on medical journeys. Further investigation is needed into whether there is a clinical need for this and whether, if so, the health sector should be bearing the cost. This issue is evidence of the need for close working with colleagues within NHS Cambridgeshire.

With only a quarter of parishes being served by a voluntary car scheme, there is potentially a need for new schemes to be set up across the district, depending on whether there is an established need, and whether other schemes are providing alternative transport services. However, licensing legislation is such that any changes or additions to the provision of CT schemes across the district will need to accommodate complex laws in order that SCDC and partners do not fall foul of the legislation.

The following maps show which parishes were visited by the four key types of CT scheme in the last year, not including scheduled services. It appears that Willingham individuals did not use the 4 types of scheme mapped, despite the village having a high concentration of elderly residents. However, Cambridge Dial-A-Ride

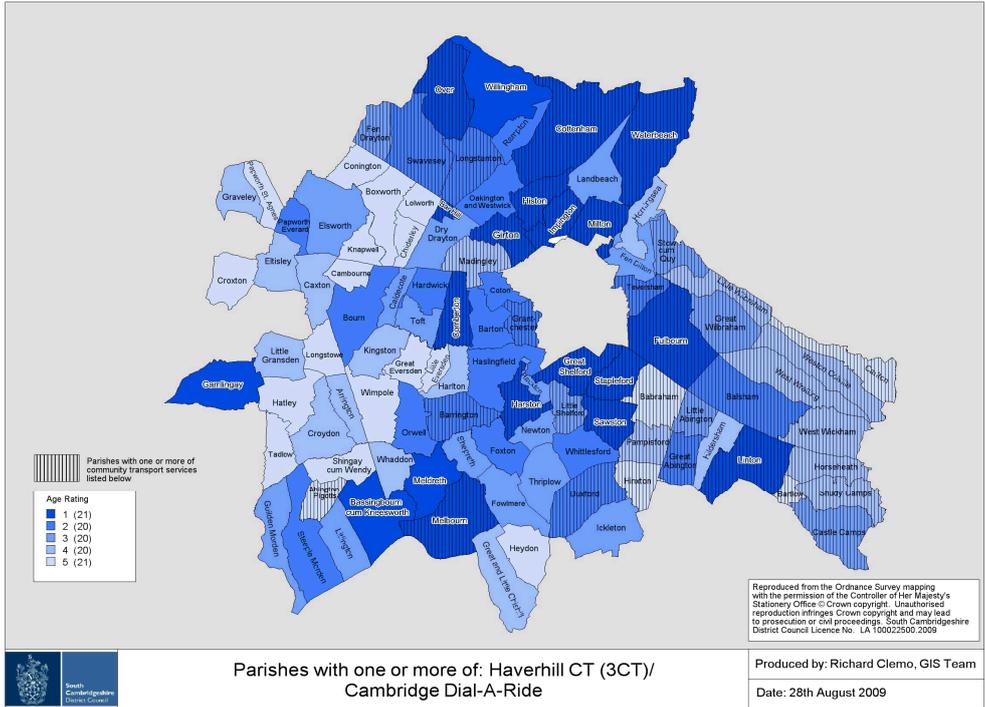
visits Willingham on Wednesdays as part of their scheduled service and this may meet the needs of this community.

Map 2 (below) – South Cambridgeshire Parishes with a population aged over 65 and visited by a voluntary car scheme and/or Royston CT



Map 3 (below) - South Cambridgeshire Parishes with a population aged over 65 and visited by Cambridge Dial-A-Ride²⁶ and/or Haverhill CT (known as 3CT)

²⁶ Map 3 depicts only Parishes with individuals using the 'on demand' service provided by Dial-A-Ride. For details of the extensive list of scheduled journeys, visit <http://www.colc.co.uk/cambridge/dialaride/services.htm>



Scheduled Minibus Transport and Dial-a-Ride

CT schemes such as Cambridge Dial-a-Ride, 3CT and Royston Community Transport take individuals on a scheduled basis to and from pre-planned destinations locally, such as markets and supermarkets²⁷. They also run group hire services, for groups wishing to travel locally or further afield (a daytrip to Hunstanton, for example). Where resources allow, these community schemes also run Dial-A-Ride services for clients who need transport at short notice. Fares are currently only waived in certain circumstances, i.e. for passengers with a taxi card voucher (see next page) and for those who are registered blind.

One of the first noteworthy issues arising from secondary research undertaken into the CT schemes in South Cambridgeshire is the terminology used to classify schemes. The term 'Dial-A-Ride' implies demand responsive transport, but this is not always provided. The term 'Community Transport' implies a minibus service, but in actual fact these schemes often operate voluntary car schemes in addition to adapted minibus transport. Table 3 (below) shows the details of the 3 main schemes operating in South Cambridgeshire for the purposes of comparison.²⁸

Table 3 – CT Scheme Details

Scheme Name	Eligibility Criteria	M'ship Fee	Details of Service	South Cambs Parishes Served	Active Members in South Cambs*	SCDC Funding 2009-10
Cambridge & District Dial-A-Ride	Elderly, infirm, disability	£10 per annum for individuals £15 per annum for groups	Various scheduled daily, weekly, fortnightly and monthly services to and from Cambridge, South Cambridgeshire villages and local supermarkets. 7 x wheelchair adapted minibuses of various sizes for City Services, 1 x minibuses for rural sprinter work. Services provided using c. 20 volunteer drivers. Bookings for individuals can be made up to 6 days in advance. Passengers are transported to day centres, exercise classes, doctors and essential visits to post offices, chemists and the like. Group outings are often further afield and can be made on Saturdays.	20 for individuals 67 for scheduled journeys	19 individual members using on demand service (out of 120 in total), 63 registered groups. Approx 19,000 scheduled and unscheduled journeys in 2008-09	£4,203
Royston & District Community Transport	Elderly, infirm, disability, no access to public transport, no access to a car (temp or perm)	£ none	Demand responsive transport to destinations as above (48hrs notice, flexible in an emergency). Group transport using 1 x 15 seater minibuses. 1 x wheelchair adapted MPV can carry 4-6 people. 80 voluntary driver vehicles of which approx 50% are from South Cambs. This scheme took over Mebourn, Meldreth, Duxford and Shepreth voluntary car schemes. Contract with Sawston Mental Health Trust for transport to day centres etc. No funding from PCT for patient transport to hospitals (c. 500miles per month in MPV all medical trips)	33	300 (out of 1000 across South Cambs and Herts)	£800
3 CT (Haverhill Community Transport)	Elderly, infirm, disability, no access to public transport or private car	£ none	Dial-A-Ride, as well as group hire minibuses using 4 x adapted minibuses of varying sizes and 1 wheelchair adapted car. 14 voluntary drivers, 2 of which in South Cambridgeshire.	32	45 individuals (out of 53 in total), 1 group journey per month of 11 people from Balsham	£0

* Have used the service within the last year

²⁷ Visit <http://www.colc.co.uk/cambridge/dialaride/index.htm>, <http://www.3ct.org.uk/> and <http://www.hertsdirect.org/comdirectory/comvol/travel2y/comtrans/comtransportehdc/12287278/877906> for further information

²⁸ Different information and data has been collected historically from each of the CT schemes operating in South Cambridgeshire. The issue of data collection and performance management appears in the action plan.

Taxi-Card

Cambridgeshire County Council operates a taxi-card scheme whereby arrangements are in place to subsidise or cover the full cost of transportation of eligible individuals by taxi. There are 7 such schemes covering 12 South Cambridgeshire villages (see Appendix A).

Minibus Brokerage

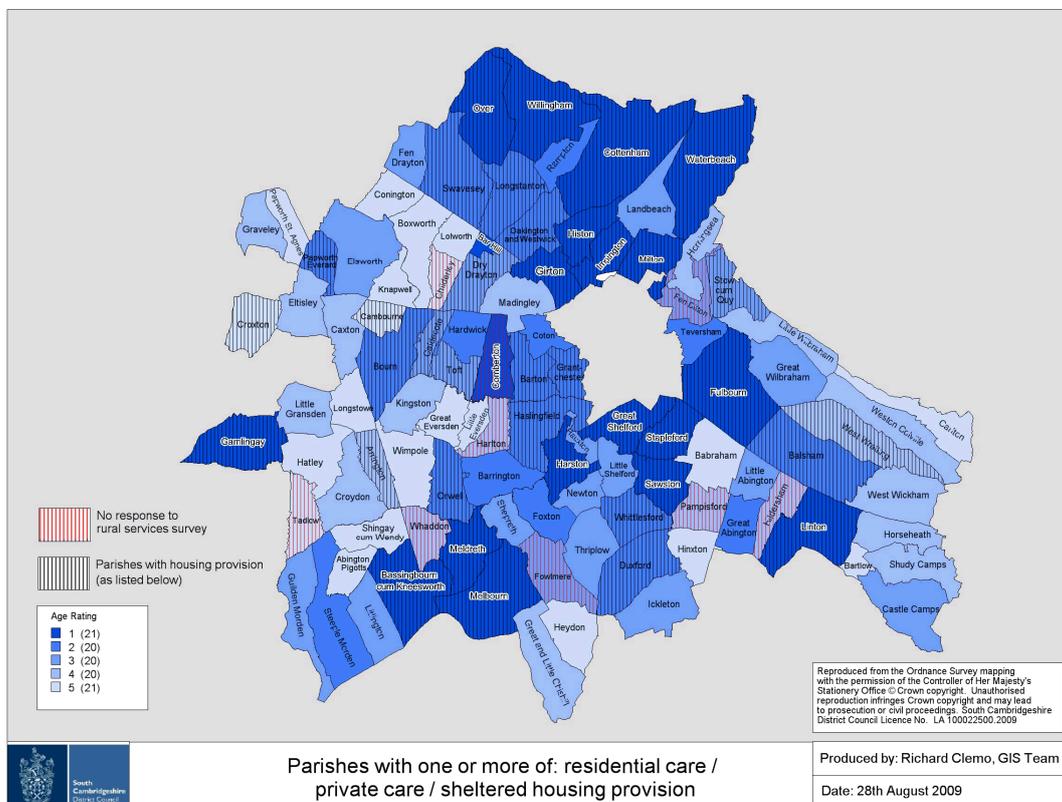
New to Cambridgeshire, this scheme enables voluntary and community sector groups to hire wheelchair accessible mini-buses at preferential rates, with or without drivers, from schemes like Cambridge Dial-A-Ride when their vehicles are not in use (at evenings and weekends).

Housing and Essential Services

In order to map potential user groups of CT schemes, sheltered housing and adult residential care facilities were mapped against the population aged over 65 to see where there might be areas of need (Map 4).

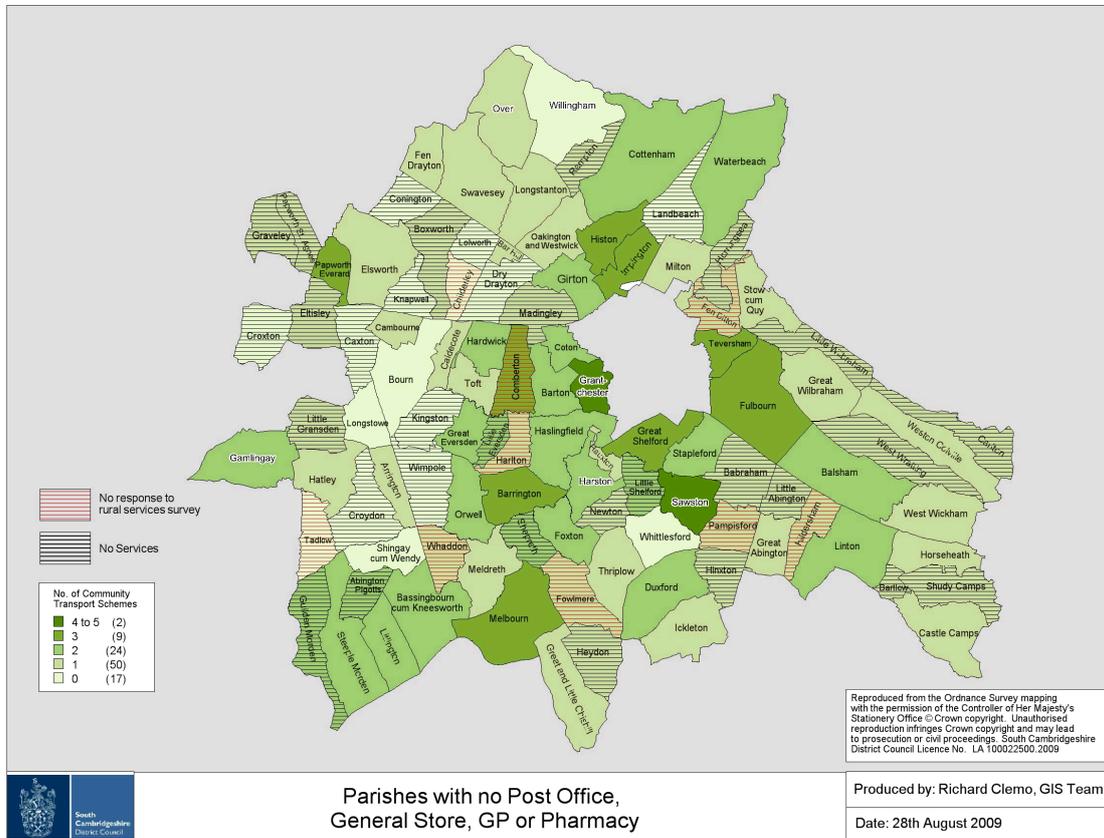
Essential village services were also mapped against the same age group. The four 'essential services' chosen for this exercise are representative of the services found by the Audit Commission to be inaccessible by large elements of the rural population nationally. They are: post offices; general stores; GP surgeries; pharmacies (Map 5).

Map 4 (below) - South Cambridgeshire Parishes with a population aged over 65 and with housing provision for potential users of CT services



And finally, parishes were mapped according to how many CT schemes are visiting and whether there are essential village services in order, again, to identify from a different perspective whether there might be areas of need.

Map 6 (below) - South Cambridgeshire Parishes with no essential services and 0-5 CT schemes visiting



The purpose of developing this CT strategy is to reduce isolation. There are a number of parishes within South Cambridgeshire that have been identified through the mapping as lacking in CT provision and essential services. When mapping the older population aged 75 and over, 7 parishes move up the ranking marginally, indicating that the population aged 75 and above is larger than between 65-75 and potentially more vulnerable. These parishes are Croxton, Shingay-cum-Wendy, Longstowe, Dry Drayton, Kingston, Lolworth and Tadlow (highlighted in bold in Table 4). Three villages, Whittlesford, Willingham and Conington, showed no change in their position in the ranking and with population numbers as high as they are in Whittlesford and Willingham, these villages present themselves as a priority for further investigation. A number of different cohorts of residents and services have been mapped in a similar way and also need to be investigated further.

Table 4 - Parishes With No Community Transport Schemes Visiting

Parishes without visiting CT schemes *	No** of village Services	Total Population***	Number Aged 65+	Ranking 1-102	Number Aged 75+	Ranking 1-102	Direction of Travel within Ranking from 65+ to 75+
Croydon	0	220	29	80	11	84	-4
Wimpole	0	230	23	90	6	92	-2
Croxton	0	160	16	93	7	89	+4
Shingay-cum-Wendy	2	100	10	95	3	93	+2
Longstowe	1	190	28	85	12	82	+3
Bourn	2	1770	164	34	66	36	-2
Caxton	0	480	44	74	16	77	-3
Dry Drayton	0	580	100	55	53	46	+9
Kingston	0	210	43	75	26	65	+10
Lolworth	0	140	17	92	6	91	+1
<i>Conington</i>	<i>0</i>	<i>120</i>	<i>24</i>	<i>88</i>	<i>8</i>	<i>88</i>	<i>0</i>
Tadlow	NA	180	24	89	9	85	+4
<i>Whittlesford</i>	<i>2</i>	<i>1580</i>	<i>255</i>	<i>24</i>	<i>118</i>	<i>24</i>	<i>0</i>
<i>Willingham</i>	<i>4</i>	<i>3450</i>	<i>435</i>	<i>13</i>	<i>197</i>	<i>13</i>	<i>0</i>

* Knapwell and Childerly have no CT schemes visiting but it is not possible to make a comparison between populations aged 65+ and 75+ as this data is not available on the ONS website. Landbeach would appear in this table were it not for the recent re-launch of The Beaches voluntary car scheme.

** Village Services are Post Office, General Store, Dr Surgery, Pharmacy. This table shows actual numbers of services, whereas map 6 above shows villages as having either some or no services. There was no response to the Rural Services Survey from Tadlow.

*** Rounded to nearest 10 and using Cambridgeshire County Council distribution model.

5. Emerging Issues & Conclusions

Secondary research into lifestyle factors and essential service provision²⁹ shows clearly that the picture for South Cambridgeshire regarding CT and accessibility is a complex one. The action plan within the Strategy is key to identifying priorities and resources and partnership approaches in order to make a significant impact on CT provision to South Cambridgeshire residents.

The mapping that has been undertaken has drawn out some interesting issues. Similarly, a CT planning workshop for Councillors (see Appendix C for delegate list) held on 4 September 2009 brought to light a number of questions that still need to be answered through the implementation of the action plan.

Information Management and Mapping

- Performance management data from CT schemes needs to be collected in a comprehensive, standardised and systematic way in order to be able to make comparisons and further develop CT services.
- Existing mapping data needs to be verified and additional mapping undertaken in order to create and assess an accurate picture of the need within South Cambridgeshire for service development amongst the various service user groups.

Eligibility

The various schemes operating across the district are using different eligibility criteria for service users. It is for the providers of these CT schemes and their funders to work together to identify clear and realistic eligibility criteria in order to enable a focussed approach to developing services for individuals. This criteria-setting process must include the NHS with regard to Patient Transport Services and must ensure criteria are aligned with those used in neighbouring counties and districts.

Concessionary Fares

The national scheme of providing free bus travel to the over 60's is in place in Cambridgeshire. However, in South Cambridgeshire there is no provision for extending this on a discretionary basis to the users of CT schemes. Other districts within Cambridgeshire provide this service to varying degrees, and there is a complex but practicable system in place for Local Authorities to fund journeys that originate in their district. Cambridgeshire County Council would like to see this extended to South Cambridgeshire. The results of the aforementioned national consultations on Travel Concession Authority status and grant funding, as well as the current pressure on public sector finances, will determine whether and to what extent South Cambridgeshire District Council can implement this discretionary element of concessionary fares.

Licensing

²⁹ The need for additional mapping features in the action plan and should be the basis for the development of services

Research into CT schemes across South Cambridgeshire has brought to light the issue of vehicle licensing and the lack of clarity in DfT guidance regarding the different requirements for commercial vehicles (taxi companies) and CT services that exist for 'social kindness'. With respect to social kindness it will be for SCDC, to determine where a voluntary driver becomes licensable bearing in mind the current tax requirements and any business or commercial benefit to the driver. This issue requires further investigation and South Cambridgeshire District Council Licensing Officers are aware of the status of the Strategy and its implications regarding vehicle licensing.

Hospital Returns/Patient Transport

This will need to be a priority as CT planning is taken forward in South Cambridgeshire and since changes to patient transport are on the horizon within NHS Cambridgeshire. CT planning will need to take these changes into consideration, particularly in relation to eligibility criteria, passengers with a clinical need for transport and return journeys from hospital, the need for which is currently not being met.

Public Transport – Corridors

An essential component of a comprehensive transport service for residents of South Cambridgeshire is public transport. It is not feasible to deliver all transport, even supplementary transport for the most needy within the district, through Community Transport alone. Therefore, CT schemes need to dovetail with public transport and, in some cases, travel from remote rural areas to existing and future transport corridors, such as the new guided busway.

Monitoring and Review

The Community Transport Strategy will be overseen by a Steering Group, which will meet no less than three times per year. This group will monitor progress on the action plan when they meet and report progress to the LSP and SCDC. The action plan will be reviewed and re-drafted every two years on a rolling basis. The strategy is seen by SCDC as part of a countywide and partnership approach to addressing community transport planning issues. The findings and progress will feed into the development of the next Sustainable Community Strategy 2011-14.