

VCSE COMMUNITY TRANSPORT

Across the NHS
Humber and North
Yorkshire Integrated
Care Board Area

January 2025

VCSE Community Transport

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This report has been produced by charities who provide community transport services themselves, and have the capacity to represent other community transport providers in the area:

Humber and Wolds Rural Action – Jane Owen

Community support to address rural issues including social isolation, access to services, affordable housing, local economy, and impact on the environment. Provider of voluntary car service in Northern Lincolnshire.



Humber & Wolds Rural Action

Hambleton Community Action – Liz Lockey

Reducing transport and access challenges, building confidence, social connection and resilience and supporting volunteers and organisations. Hosts of the Hambleton & Richmondshire Rural Transport & Access Partnership.



East Yorkshire Community Transport – Jane Evison

A partnership of Goole GoFar & Holderness Area Rural Transport (HART), formed in 2008 and subsequently developed into a purely charitable organisation, which enables the two groups to work together on community projects.



Executive Summary

The Humber and North Yorkshire Integrated Care Board (ICB) extends across a unique geography, covering urban, coastal and significant rural areas, covering North and North East Lincolnshire and East and North Yorkshire and includes the cities of York and Hull. It is acknowledged that lack of transport is an issue for some residents who for a variety of reasons need to access transport not only to attend hospital appointments, but also shopping and day trips. There are without doubt added health benefits associated with the use of community transport (CT) for passengers, providing opportunities to interact socially and reducing social isolation. These wider benefits are linked to health by preventing ill health, reducing social isolation, promoting independent living and keeping people active, all contributing to keeping them out of hospital and better able to reduce their demands for health services.

Changes to prioritisation of criteria for patient transport has resulted in a notable increase demand for CT by some patients who struggle to attend medical appointments because of lack of transport. This increase has put pressure on other areas of work provided by transport groups. This was raised by a representative of one of the CT groups last year and as a result in January 2024 the ICB hosted a webinar for community transport, which was well attended and provided an opportunity for transport groups operating in the ICB geography to meet. In July 2024 the ICB commissioned a piece of work to map the provision of CT and enable a better understanding of where the CT groups are, their size and information about the types of transport they provide.

Purpose of the commission

The Humber and North Yorkshire Health and Care Partnership's (HNY HCP) VCSE Collaborative commissioned a collaboration of 'Community Transport' organisations to support a greater understanding of and the provision of community transport across Humber and North Yorkshire. The aim of this work is to understand the organisations and the services they deliver, the capacity and demand of the services and the opportunities for future growth and connectivity.

The HNY HCP interest is particularly looking at the provision from a health and care perspective, however all community transport has some benefit to the health and wellbeing of an individual. The final report is intended to be shared across the Health and Care system, with health and Local Authority leaders as well as the community transport organisations. It is intended the report will provide a platform to build from and enable collaboration across sectors.

Recommendations

Throughout the exercise to map the community transport provision and associated conversations with partners, the following are a set of recommendations that the system should adopt to provide sustainability to our CT providers, ensure our population has the required services and to ensure that the ICB benefits from having a thriving and sustainable provision:

- **Integration.** Community transport needs to be embedded in the emerging 'integrated' models of working, to ensure accessibility, for those who need it, to health and care
- **Sustainability.** To enable sustainability, community transport providers need appropriate contracts in place. This should cover multiple years and allow for inflationary increases, which enables planning for the future and so that contracts do not become undeliverable
- **Funding.** The demand on community transport services is increasing, therefore funding needs to increase as well. Much of the demand is coming from health-related journeys, but there is little health related investment
- **Communications between the sector and system** needs to be improved. Changes within health and care can have a knock-on effect to providers, if we are more aware of plans and challenges, we have the opportunity to prepare and work collectively on them. This can be achieved through current structures and the VCSE Collaborative providing a mechanism to conduct this through
- **Appointment scheduling.** The community transport provision is limited and largely reliant on volunteers, therefore we need to make the most of the resource we have. Appointment scheduling is crucial to this and if organisations can work with community transport providers, journeys can carry multiple people creating a more efficient use of the resources
- **Partnership working with the system.** Time and energy need to be put into partnership working and building relationships between providers and health colleagues at place. The stronger the relationships are, will enable greater collaborative working that means they system as a whole will operate more effectively, and patients will feel the benefit
- **Partnership working as a collective.** Similar to above, community transport organisations need to build partnerships between organisations. One organisation cannot deliver everything, collectively we can deliver a greater

service and will be more sustainable longer term. Working collaboratively will mean we can maximise the opportunities working with health rather than as many individual organisations, this could lead to a lead provider model which would be more efficient

- Improving data collection. To improve the understanding of how community transport providers operate and where the demand is, we need to have a basic level of data. As shown in this report data collection is inconsistent, we propose as a minimum organisation should record the number of journeys and mileage, a basic profile of the person they are transporting and a reason for their journey
- Forward planning. Community transport is always going to have a place in the community, as a system we need to support the development, for example enabling providers to access training which supports their organisation but also creates a diversity that colleagues in the system can learn from each other. In addition, the system can support with the need to recruit additional drivers and work collectively locally to broaden the reach and encourage more volunteers to come forward

What the opportunities could be

The Government's mission 'Building an NHS Fit for the Future' is the clearest indication on the future direction of the NHS, which will become clearer with the 10 year NHS plan due out later this year.

<https://www.gov.uk/missions/nhs#:~:text=First%2C%20from%20'hospital%20to%20community,and%20management%20of%20chronic%20conditions>

Community Transport has a role to play particularly with the shifts of 'moving from hospital to community' and from 'treatment to prevention' as mentioned as "big shifts" in the Darzi report:

<https://assets.publishing.service.gov.uk/media/66f42ae630536cb92748271f/Lord-Darzi-Independent-Investigation-of-the-National-Health-Service-in-England-Updated-25-September.pdf>

- Care should be more joined up, or more "integrated". This is to reflect the fact the people living with long-term conditions need the help of a variety of different physical and mental health professionals and often rely on social care too.
- Care should be delivered in the community, closer to where people live and work, and that hospitals should be reserved for specialist care.

Pressures

CT groups have seen a marked increase in demand for transport to medical appointments. This we believe is due to a change in eligibility criteria for patient transport by the ambulance service. The impact these changes have on CT services cannot be overlooked. As of 1st April 2025, more changes to non-emergency patient transport are coming.

Whilst all community transport groups are doing their best to meet demand, in some cases demand outstrips resource and there is a danger that people are turned away. In addition, because vehicles, drivers and volunteer drivers are being requested to cover medical appointments, the other important services which benefit and address health & wellbeing, such as shopping and day trips are restricted.

Budgets and identifying funds are an issue for everyone, but we believe there are opportunities to help each other. There needs to be a better understanding of how community transport is funded and works across the area covered by the Humber & North Yorkshire ICB together with a move to work in partnership to ensure community transport remains able to efficiently deliver patients to their appointments, without neglecting its critical role in wider health and wellbeing. This is particularly important as the recommendations from the Darzi report are implemented, shifting funding from acute to community.



Challenges and Solutions

Community transport groups are challenged by the increase in demand to provide transport for medical appointments, particularly in relation to changes in eligibility criteria for non-emergency patient transport. There is a need for more funding and volunteer drivers to cope with this increase in demand.

Community transport aligns with ICB goals by addressing barriers to access healthcare, reducing missed appointments and supporting patients with mobility challenges. It is particularly relevant for services that need to transport patients to non-emergency medical appointments and providing routine travel for elderly and disabled people to healthcare facilities.

Community transport groups across the ICB work independently, and establishing meetings or other methods of contact to enable collaboration could be productive, although the ability to do this is restricted by capacity.

Consultation and partnership working between the ICB and community transport providers to understand where community transport can support health strategies would enable keeping community transport groups informed of proposed changes that are likely to affect demand for their services. It could also enable collaboration with the ICB on scheduling of transport to hospital appointments, primary care and GP practices and block booking of appointments where possible.

Ideally, this would go beyond simply keeping VCSE community transport providers informed about changes to, say, patient transport criteria, and would assist with opening a dialogue with ambulance services. Community transport providers would welcome the opportunity to explore the development of local agreements around criteria that are based on mobility and need, rather than condition.

In order to do this:

CT can provide the service to meet patient demand, however, there needs to be better partnership working and recognition that an increase in workload comes at a cost to CT organisations.

- Community transport services provide value for money but require sustainable funding, and to allow the services to meet patient needs and provide a reliable service we need agreement of a financial plan over a 3 year period.

Improved communication between health and community transport is essential to providing a service which is sustainable, and patients and passengers can rely upon.

- CT providers collectively to work with the ICB putting systems in place to provide a good transport model and plan for patients' travelling needs
- 6 monthly meetings between community transport providers and ICB, with a named person in the ICB and including a contact person to be engaged with for planning for patients
- Dialogue with Yorkshire Ambulance Service and other ambulance trusts to address the demand to get patients to appointments
- Appointment clustering at hospitals where possible would be of great benefit. The ICB geography covers a very rural and often sparse area, providing transport for such a dispersed population is expensive and time consuming which could be mitigated to some extent by clustering of appointments.
 - Health Inequalities funding through the ICB is being used to develop an appointment-clustering-pilot at one primary care practice, in order to develop a "proof of concept". Please see Appendix 4

There is a need to invest to avoid losing the community transport services that exist. To build stability for the community transport organisations, and to meet the long term needs of residents who will need these services for years to come, this should be a long term investment – a 5 year agreement/contract would deliver better outcomes than short term, last minute decision-making. The VCSE Collaborative could facilitate the work that could come in from the ICB and health providers – commissioners going direct to VCSE organisations can waste time on both sides.

This would enable the local CT sector to engage in regular dialogue with itself, collaborative working where it makes sense and to work collectively work through key contacts/network. CT providers need the capacity to participate in true partnership working with the ICB through engagement in the planning and decision-making, not just informing. This could enable a consistent offer across the ICB area whilst acknowledging there should be some variations due to differences in local areas, and that community transport is one part of the transport options for people of Humber and North Yorkshire region.

The transport challenges residents face will increase with additional changes to non-emergency patient transport imminent, and additional demand for community transport will come from rural and coastal residents who are no longer eligible for hospital transport along with oncology and radiology patients. Reclaiming the costs of hospital transport by those that are eligible to do so is onerous, so many patients are already relying on community transport provision for affordable travel to health appointments.

What is community transport?

Community transport provides flexible and accessible community-led solutions which can represent the only means of transport for many vulnerable and isolated people, often older people or people with disabilities.

Voluntary sector community transport has evolved to fill gaps in transport provision where needs of certain groups are unmet. It is aimed at people who cannot use conventional public transport services, for example due to ill health or disability, or due to their location not being served by other forms of public transport. It is designed, specified and developed by the communities it services and provided on a not-for-profit basis in direct response to the identified needs of those communities.

It is important to note that CT is not in competition with public transport – rather, it provides transport services to those who, for a variety of reasons, cannot use public transport. Without community transport services, many residents would not be able to attend medical appointments or have access to shops and leisure activities, as well as day trips, all of which contribute to wider wellbeing, not only giving some independence back but also preventing loneliness and isolation. Some community transport providers provide buses and minibuses for hire to other charities and community groups.

Some of best-known services provided are transport to medical appointments, shopping trips, access to leisure facilities and social outings. The underlying benefit to all these services is it brings people together socially, a shopping trip once a week may be the only time a passenger leaves their home and interacts with others. Public Health suggests that the effects of loneliness and isolation to a person's health can be the equivalent of smoking 15 cigarettes a day.

The Community Transport Association has recently published Mapping England, the first state of the sector survey for Community Transport in England since 2014. This research provides an overview of the scale and breadth of the work delivered by community transport organisations across England.

<https://ctauk.org/sites/default/files/2024-09/CTA-Mapping-England-Report-2024.pdf>

Key findings

There does not currently appear to be any funding from health for community transport apart from a contribution to North Yorkshire Council for running costs. The amount of this funding varies and was not disclosed to us, but it is a minority contribution. The role of local authority as a source of funding for transport varies across the ICB area (see 'role of local authorities' section on page 18).

In the ICB area there are 27 providers in total:

16 organisations running voluntary car schemes

13 running dial-a-ride buses/cars

8 organisations operating community buses

Detailed information from 16 of the 27 providers shows that they collectively have the support of 447 volunteers and over 95,000 individuals have used their services in the last year. Not all organisations count how many passenger journeys they carry out, but those that do completed 261,705 passenger journeys last year.



Community transport services provided

The community transport services provided have been developed locally, around local needs, and therefore they don't always fit neatly into a particular category but, for ease, we have categorised them into three main types below.

For the purposes of this mapping exercise, we have included services that passengers can use to travel to health appointments. We have not included community transport providers that only hire buses/ minibuses to other organisations/voluntary groups and/or day trips and excursions, nor VCS organisations that run minibuses to transport service users to their own activities.

- **Voluntary Car Schemes (VCS):**
Volunteers use their own cars to provide transportation for people who need it, usually for essential trips like medical appointments.
- **Dial-a-Ride or Demand-Responsive Transport (DAR):**
This service allows passengers to book a ride in advance, often from their doorstep, to a specific destination, such as a medical appointment or shopping trip. These services may operate using buses or cars, which are provided and maintained by the community transport organisation.
- **Community Buses:**
These are small buses that operate on set routes and schedules, often serving areas with limited or no public transport services. This includes Shopper Services which are regular transport services that take people to local shopping areas.

In the ICB area there are 27 providers in total:

- 16 organisations running voluntary car schemes
- 13 running dial-a-ride buses/cars
- 8 organisations operating community buses

There is very little variation in eligibility criteria between services and areas – some organisations have a membership, although this is often free and where there is a charge for membership it is nominal. Passengers pay for their transport and charges are broadly similar to public transport. Community buses and demand responsive transport charge a fare which is dependent on the journey and any concession available. Passengers of voluntary car schemes pay a mileage rate, usually the HMRC agreed rate, which covers the volunteer driver's vehicle expenses.

16 of these community transport providers have helped us by giving detailed information about their services:

- 447 active volunteers are providing community transport services. The majority of these are drivers but some volunteers also provide cover for bookings and carry out other roles. (Please note, this figure doesn't include the trustees who provide governance and oversight of these charities.)
- Over 95,000 individuals have used these community transport services in the last year (2023/4).
- Not all of the organisations count how many passenger journeys they carry out, but those that do completed 261,705 journeys last year.
- 14 organisations record why their passengers travel – all stated health appointments were a main reason and 9 organisations cited it as the primary reason.
- 10 have more demand for services than they can meet, 4 can meet demand with their current resources and 2 have some spare capacity.
- Many services are limited by the availability of volunteer drivers, and volunteer recruitment is more challenging now than it ever has been. An additional challenge is a diminishing number of volunteers with a driving licence that allows them to drive a minibus, and MIDAS training can be seen as a barrier.



Organisation name	VCS	DAR	Bus routes
Age UK North Craven	1	1	
Bedale Community Minibus			1
Beverley Community Lift	1	1	1
Boroughbridge Community Charity	1		
Chain Lane Community Hub	1		
Community Works CIO	1		
Easingwold District Community Care Association	1		
East Hull Community Transport		1	1
Esk Moors Active		1	
Goole GoFar		1	1
Grimsby Dial A Ride		1	
Hambleton Community Action	1		
Humber & Wolds Rural Action	1		
Louth Voluntary Car Service	1		
North Holderness Community Transport (HART)	1	1	1
Reeth & District Community Transport		1	
Ryedale Community Transport	1		
Scarborough Dial a Ride		1	
Sherburn Visiting Scheme Supporting Seniors		1	
Skipton Step into Action		1	
Stokesley Community Care Association	1		
Tadcaster Volunteer Cars and Services Association	1		
The Nidderdale Plus Partnership	1	1	1
Up For Yorkshire	1		
Upper Dales Community Partnership		1	1
Upper Wharfedale Venturer			1
York Wheels	1		
TOTAL	16	13	8

The main office location of each of the 27 providers are shown on the map of the ICB area below.



A searchable version of the map can be accessed here

https://www.google.com/maps/d/edit?mid=1LFINUEMMA6iORgy935f57894LE_SVM&usp=sharing

Areas covered

The areas covered by each organisation's journeys are shown in the table below. The majority of organisations cover areas within North Yorkshire, which reflects the size and predominantly rural nature of the area as well as the coordination and investment made by the local authority in the area. The areas stated in the table relate to where the passengers live – in most cases it reflects the location of passengers at the start of their journey. Due to the demand responsive nature of Dial a Ride and voluntary car services, a significant number of journeys will have destinations outside the stated area – for example where passengers travel to hospitals outside the ICB area.

Due to the differing needs for community transport depending on location, some examples are given on the following pages for the East Riding of Yorkshire and North Lincolnshire. In addition, a detailed report relating to community transport in York was prepared for discussion by the Economy, Place, Access & Transport Scrutiny Committee of City of York Council in June 2024 which reviewed York's Dial & Ride service and contains a number of recommendations that members are invited to consider.

Organisation name	NY	ER	NL	NEL	York	Hull
Age UK North Craven	NY					
Bedale Community Minibus	NY					
Beverley Community Lift		ER				
Boroughbridge Community Charity	NY					
Chain Lane Community Hub	NY					
Community Works CIO	NY					
Easingwold District Community Care Association	NY					
East Hull Community Transport		ER				H
Esk Moors Active	NY					
Goole GoFar		ER				
Grimsby Dial A Ride				NEL		
Hambleton Community Action	NY					
Humber & Wolds Rural Action			NL			
Louth Volunteer Car Service				NEL		
North Holderness Community Transport (HART)		ER				
Reeth & District Community Transport	NY					
Ryedale Community Transport	NY	ER			Y	
Scarborough Dial a Ride	NY					
Sherburn Visiting Scheme Supporting Seniors	NY					
Skipton Step into Action	NY					
Stokesley Community Care Association	NY					
Tadcaster Volunteer Cars and Services Association	NY					
The Nidderdale Plus Partnership	NY					
Up For Yorkshire	NY	ER			Y	H
Upper Dales Community Partnership	NY					
Upper Wharfedale Venturer	NY					
York Wheels					Y	
TOTAL	19	6	1	2	3	2

It is difficult to establish the precise level of need for community transport. Individual community transport providers have a sense of whether they are broadly meeting demand. However, this is not collated at place level and it appears no organisation has the overview of what is needed where.

Public transport in the larger towns, and between the bigger towns, tends to be quite good, however, away from these main routes and more heavily-populated areas, public transport varies from sparse to non-existent. Early morning and evening provision is very limited across the rural area. Some villages have a limited number of buses a week, which restricts scheduling for health appointments, and some villages have no public transport at all. Particularly in North Yorkshire, buses are used for school journeys at the start and end of the drivers' working days, and only do "public transport" journeys in between the school runs, so not useful for commuting, appointments at distance, longer appointments or appointments at either end of the day.

Transport Related Social Exclusion is explored in a report by Transport for The North (see Appendix 5) which estimates that 21.8% of the population in the Yorkshire and Humber region live in neighbourhoods with a high risk of social exclusion because of transport issues.

Community transport organisation characteristics

	Total
Registered charity	24
Community Interest Company	2
Limited Company	1
	27

The majority of community transport organisations across the area are registered charities, with two Community Interest Companies and a limited company.

Some of these organisations only provide community transport, for others it is part of their range of services. There is great diversity in size of organisations and the scale of the community transport services provided ranges from small volunteer-run services to larger operators, running services in multiple locations. This diversity aligns with the findings in the Community Transport Association's Mapping England report <https://ctauk.org/sites/default/files/2024-09/CTA-Mapping-England-Report-2024.pdf>

Running costs of the community transport element of the community transport organisations in the ICB area ranged from £10,000 to £973,000 per year. Their funding comes from a diverse range of sources including local authority grants and contracts, other grants, charges made to passengers for services, direct fundraising and donations from the public. The role of local authority as a source of funding for community transport varies across the ICB as described in the next section of this

report. The move to Mayoral Combined Authorities in York and North Yorkshire in 2024, and in Hull and the East Riding and Greater Lincolnshire 2025 has provided further uncertainty.

All the local authorities are to some extent are providers of transport themselves and in some areas the local authority provides funding for specific services eg demand responsive Medibus transport to health facilities, Mibus (shopping/retail) services under contract to the authority and some Home to School services.

Depending on the type of community transport services provided, some income may come from local authority reimbursement for concessionary fares and/or the Bus Service Operators Grant (BSOG) paid to operators of eligible community transport organisations to help them recover some of their fuel costs.

Community transport providers, like the rest of the voluntary sector are experiencing diminishing sources of funding with high competition for grants. At the same time as sources of funding are reducing, voluntary sector organisations have been experiencing rising costs and this is set to continue with energy costs rising again, and the increase in minimum wage and changes to Employers National Insurance next April. Community transport organisations feel the effects of this even more keenly: rising costs of fuel and vehicle maintenance continue to impact the viability of continuing to provide services.

VCSE community transport providers additionally face some very specific challenges relating to permits and compliance, driver licencing which are described in Appendix 6 of this report. Volunteer recruitment and a retention is a constant task which must be resourced. CT providers use a variety of methods including press releases, advertising on their own websites and social media as well as through volunteer brokerage systems, community outreach and events and word of mouth. Advertising for volunteers also increases awareness of the services available from CT providers, which in turn increases demand.

It is difficult to ascertain what funding, if any, for community transport currently comes directly to CT providers from health. None of the CT providers responding to the questionnaires mentioned health as a source of funding, and it was not apparent from the analysis of annual reports for other providers.

Role of Local Authorities

All the local authorities are to some extent are providers of transport themselves and in some areas the local authority provides funding for specific services e.g. demand responsive Medibus transport to health facilities, Mibus (shopping/retail) services under contract to the authority and some Home to School services.

The role of local authority as a source of funding for transport varies across the ICB area.

North Yorkshire

In North Yorkshire, CT schemes that are part of North Yorkshire Council's provision are funded per completed journey according to a funding formula. The journey payment was recently uplifted to £3 per journey but doesn't cover the full co-ordination costs, and any costs associated with cancelled journeys (which usually involve at least as much staff time) are not recovered. Although community transport is recognised to be integral to the county's transport provision, council staff acknowledge that these services are funded below full cost recovery. Excess costs to the charities to provide the services must be found by the CT provider, either from unrestricted funds, reserves, or through additional charges to clients. This in turn leads to something of a "postcode-lottery" for passengers, with different mileage charges, membership fees, booking costs, etc, and some find themselves entirely ineligible for community transport in their area.

Due to rescheduling of appointments by health and also by patients, a significant number of journeys are cancelled at short notice, mainly because health appointments are cancelled, or changed, or where the client is not well enough to travel on the day. Bookings made, arranged and then cancelled have a disproportionately higher cost to the provider, but are unfunded.

The previous funding formula had been in place for several years, so the likelihood is that the current formula will not see any inflationary increments. Some of the former district councils provided a further subsidy but as this was not consistent across the county, the remaining district payments will cease in this financial year. As an example, in the case of Hambleton Community Action the changes to the funding formula means an annual increase at current journey levels of approximately £7000, but a reduction of £5600 per year of former district council grants.

North Yorkshire Council caps the payment by the passenger for medical journeys at £20, for these longer journeys (often to hospitals, sometimes out of county),

passengers pay £20, with excess costs claimed by the CT provider from the council in order to appropriately compensate the driver's mileage.

In addition, the council has two grant schemes for CT providers - small grants of up to £2500 to improve CT provision, and capital grants for up to 75% of purchase costs for vehicles.

East Riding

East Riding of Yorkshire Council has consistently supported the development of the community transport sector in the local authority area. Some highlights are listed below:

- Supported the creation of two new CT groups in 2002/2003 (HART and Goole GoFar) to ensure all parts of the county had provision
- Established a Community Transport Network to provide developmental support and channel funding opportunities
- Provided annual funding towards vehicle replacement costs
- Funded a range of projects and programmes and supported the sector to write a secure major funding bids
- Tendered a wide range of contract opportunities which CT groups bid for and operate (Medibus, Mibus, Home to School transport and community bus routes)
- Developed and implemented a social value assessment process in procurement of accessible transport.

North Lincolnshire

A grant of £15,000 per year has been made to the CT provider for many years, but that grant has not increased and the cost of the delivering the service is now £38,500. Some small grants are made by Parish Councils although these are ad-hoc. Similar challenges to North Yorkshire, with a significant number of journeys being cancelled at short notice are experienced because health appointments are cancelled/changed, or where the client is not well enough to travel on the day. These have a disproportionately higher cost to the provider.

North East Lincolnshire

Constrained by availability of funding from government for community transport, the information received about funding for community transport from North East Lincolnshire Council is that emergency payments have been made to one CT provider to enable them to continue to operate.

North Yorkshire became a Mayoral Combined Authority in 2024. As North and North East Lincolnshire, and Hull and the East Riding of Yorkshire move into Mayoral Combined Authorities, it is not clear where funding and coordination of community transport will sit for either area.

York

The CT provider ended its Dial And Ride service from 31st December 2023 but continues to provide a voluntary car service. In June 2024 York City Council completed a scrutiny review into the Dial & Ride service which contains a number of recommendations relevant also to this report. The scrutiny review and recommendations can be read here:

<https://democracy.york.gov.uk/documents/s177195/Dial%20and%20Ride%20Report%20for%20EPAT%20-%20Final.pdf>

Hull

There has recently been a launch of two new pilot CT services by East Hull CT, funded by Hull City Council:

- Marfleet Community Minibus Service carries passengers to shops and medical appointments, runs on a scheduled timetable and is operating twice-a day on Mondays, Wednesdays and Fridays.
- Medibus takes patients to Castle Hill Hospital in Cottingham Monday to Friday, between 07:00 and 17:00.

This aims to provide an essential passenger transport service, however, the long-term viability of the services is uncertain beyond March 2025. commented that the buses would only continue to run beyond next year if there was demand for the services, which would allow further funding from the government's Bus Service Improvement Plan.

Appendix 1: Case Study: East Riding of Yorkshire

Community transport organisations provide services in the parishes in the East Riding of Yorkshire which are shown in green on the map below. Community transport services have developed in these areas in response to demand arising from the lack of other forms of public transport.

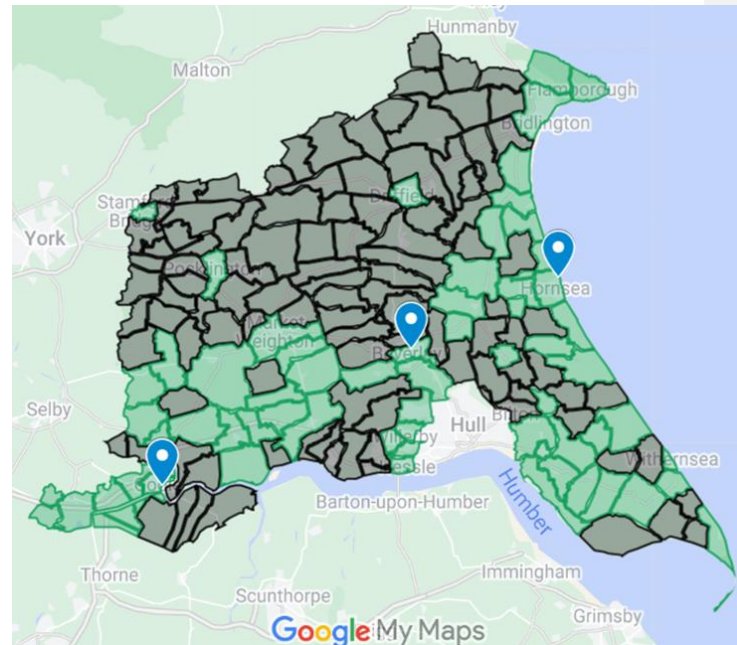
Colin Walker, Group Manager for Transportation Services at East Riding Council believes it is essential that the ICB understands the potential contribution that community transport can make to improving access to health and wellbeing for residents and has a clear picture of the constraints the sector currently faces in respect of capacity and resources.

East Riding of Yorkshire Council has a long history of supporting the development of the community transport sector. The Council's Transportation Services team convenes and facilitates a Community Transport Operators Network, which is a forum for sharing best practice, providing strategic and technical support, and identifying opportunities for new service delivery. The Transportation Services Group Manager attends network meetings and supports and advises individual CT groups on major project development.

The Council actively seeks opportunities to support community transport delivery through grant programmes and contractual opportunities. Community transport operators deliver demand responsive Medibus (transport to health facilities) and Mibus (shopping/retail) services under contract to the authority and the Council has provided significant funding to support the sector's 'Tackling Loneliness with Transport' project. Community transport operators also bid for and deliver several home-to-school transport services, especially in rural areas.

In the past programmes of support have been established through government funded initiatives such as Local Area Agreements, the Local Transport Fund (during the Covid-19 pandemic), and currently Transportation Services are creating new opportunities for CT operators through the Council's Department for Transport funded Bus Service Improvement programme. This has enabled a significant expansion of the Medibus network, which will enable county-wide coverage.

The East Riding of Yorkshire has three dynamic community transport operators, who make a large contribution to ensuring that the public transport network is inclusive and



accessible. This contribution is recognised and formalised in the East Riding of Yorkshire Community Transport Strategy, which forms a key part of the Council's Local Transport Plan.

The strategy is available at <https://www.eastriding.gov.uk/council/plans-and-policies/other-plans-and-policies-information/transport/local-transport-plan/>



EAST RIDING
OF YORKSHIRE COUNCIL

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Date: 25 July 2024

To Whom it May Concern,

Community Transport in the East Riding of Yorkshire

East Riding of Yorkshire Council has a long history of supporting the development of the community transport sector. The Council's Transportation Services team convenes and facilitates a Community Transport Operators Network, which is a forum for sharing best practice, providing strategic and technical support, and identifying opportunities for new service delivery. The Transportation Services Group Manager attends network meetings and supports and advises individual CT groups on major project development.

The Council actively seeks opportunities to support community transport delivery through grant programmes and contractual opportunities. Community transport operators deliver demand responsive Medibus (transport to health facilities) and Mibus (shopping/retail) services under contract to the authority and the Council has provided significant funding to support the sector's 'Tackling Loneliness with Transport' project. Community transport operators also bid for and deliver several home-to-school transport services, especially in rural areas.

In the past programmes of support have been established through government funded initiatives such as Local Area Agreements, the Local Transport Fund (during the Covid-19 pandemic), and currently Transportation Services are creating new opportunities for CT operators through the Council's Department for Transport funded Bus Service Improvement programme. This has enabled a significant expansion of the Medibus network, which will enable county-wide coverage.

The East Riding of Yorkshire has three dynamic community transport operators, who make a large contribution to ensuring that the public transport network is inclusive and accessible. This contribution is recognised and formalised in the East Riding of Yorkshire Community Transport Strategy, which forms a key part of the Council's Local Transport Plan. The strategy is available at <https://www.eastriding.gov.uk/council/plans-and-policies/other-plans-and-policies-information/transport/local-transport-plan/>

Paul Bellotti

Executive Director of Communities and Environment

Thank you for participating in this survey, which has been commissioned by the NHS Humber and North Yorkshire Integrated Care Board (ICB). It is essential that the ICB understands the potential contribution that community transport can make to improving access to health and wellbeing for residents and has a clear picture of the constraints the sector currently faces in respect of capacity and resources.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Colin Walker', written over a horizontal line.

Colin Walker
Group Manager - Transportation Services

Appendix 2: Case Study: North Lincolnshire

The only community transport provision in North Lincolnshire is the voluntary car service provided by Humber and Wolds Rural Action. Almost half North Lincolnshire's residents live in rural areas which are not well-served by public transport. The service provides more than just transportation, it helps people maintain an active lifestyle and independence whilst reducing social isolation and many of our passengers tell us how the moral support given by our volunteer drivers has helped their confidence and reduced their worry about the appointment they are travelling to.

Bookings are taken from 9am to 12pm on weekdays to respond to requests for transport and allocate drivers. Passengers are asked to give at least 48 hours' notice of a journey request to enable allocation to a volunteer driver. Membership is currently free and passengers pay 45p per mile for the journey they undertake which is paid to the volunteer driver to cover their vehicle expenses. Volunteer drivers are recruited from the local area, are DBS checked and undertake an induction with ongoing support and training provided.

The Voluntary Car Service has 868 registered passengers of which 448 used the service in the 2024 calendar year. We undertook 1404 journeys in the period October to December taking the total journeys for the 2024 calendar year to 5394. 90% of journeys are for health appointments. The number of volunteer drivers remains stable at 31 but on average, we turn down 6% of bookings because we don't have a driver available. We continue to work hard to recruit new volunteer drivers, although outreach in rural areas to try to recruit drivers also increases awareness of and, in turn, the demand from passengers who need to use the service.

The number of new passenger registrations has more than doubled since 2022/23, and each week sees an average of 5 new passengers. The service carried out approximately 2500 journeys in the year ending March 2023 and now fulfils more than double that number. However, on average 6% of bookings every month are turned down due to driver unavailability.

Feedback from passengers shows the increased demand for the service is primarily due to changes to non-emergency patient transport eligibility criteria. More changes to this eligibility are planned next year, and the current service is above capacity and not sustainably funded. Work at systems level been attempted to liaise with health partners (for example to cluster appointments or adjust times) and thereby make more efficient use of the service, but this in itself is time-consuming and staff capacity is needed to do this work.

The maps below show the location of passengers, volunteer drivers and destinations – all can be viewed on the interactive map here:

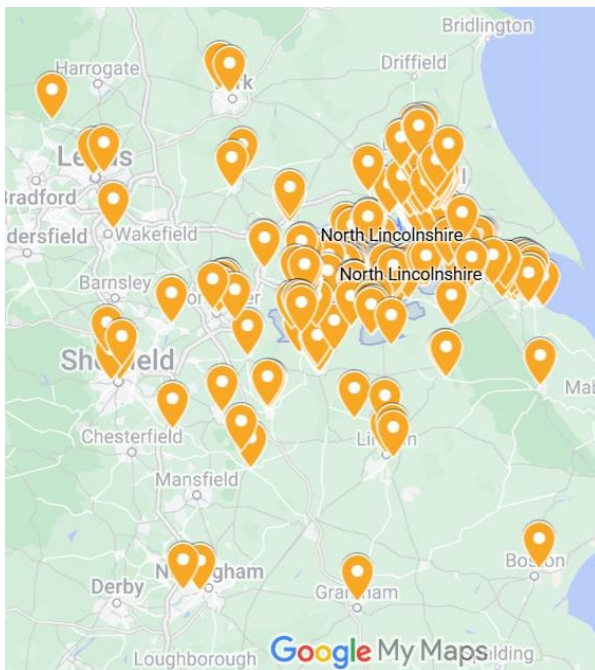
<https://www.google.com/maps/d/edit?mid=1cQcQDJU1VO0RpmN9A8URtmlBQa61AhM&usp=sharing>



Drivers



Passengers



Destinations

Appendix 3: Case Study: North Holderness Community Transport (HART)

HART operate a range of services, mostly under a section 19 permit (door to door services) but also section 22 (registered routes to timetables). The operational area covers the length of the East Riding or Yorkshire coastline including Holderness the north Wolds.

The charity connects rural residents to services such as health facilities and shops, where there is a gap in the commercial public transport network.

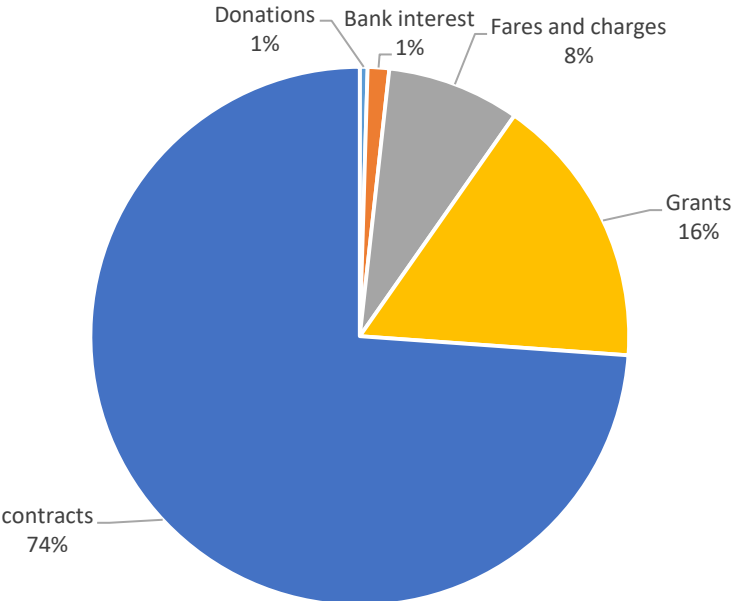
We enable people with mobility difficulties, or with a lack of access to transport, whether young or old to live independent lives and participate in their communities. In this way, we reduce rural and social isolation, creating opportunities for residents to venture out of their homes.

We aim to provide high quality, safe, friendly, accessible and affordable transport in local communities. Our services rely heavily upon the generous support of volunteers driving our minibuses and volunteers shaping the development and direction of the charity by becoming a trustee.

The charity delivers the services with 14 coachbuilt accessible minibuses using a mixture of paid and volunteer drivers.

Journey Purpose	Numer of passenger journeys
Community Group use	3483
MEDiBUS	3976
Door to door shoppers	11890
School	17100
Town centre services	23048
Totals	59497

North Holderness Community Transport Funding 2024



Appendix 4

Hambleton and Richmondshire Local Care Partnership Health Inequalities Project (2024-2025)

Exploring appointment clustering to reduce DNAs and improve access to health services.

Hambleton Community Action is leading on a Health Inequalities project funded by the ICB, working with the Local Care Partnership.

As a part of the project, HCA is working with a rural GP practice to explore how appointment clustering could be achieved, and to test this. If we can achieve proof of concept, i.e. a suitable protocol can be developed, this could be cascaded to other practices and into secondary care. Achieving a suitable methodology would deliver:

- Reduced DNAs at appointments and linked reduction in costs associated with cancellations and rearrangements, and improved use of clinician time
- Earlier presentation leading to shorter/more cost-effective treatment cycles, improved health outcomes
- Reduced costs of transport for patients
- Improve quality of journeys (many patients like to share journeys with others where they can)
- More effective use of scarce resources (i.e. volunteers*) increases availability for wellbeing and social journeys that can contribute to reduced demand on health services.

Environmental benefits through fewer “single use” journeys (these journeys often being much longer than would be the case where public transport was available)

*There are widespread assumptions that volunteers are a cost-free, unlimited resource; in practice, there is increasing evidence of a long-term trend away from volunteering, and of volunteers committing to fewer hours. This is because the “traditional” volunteer – affluent, retired, able-bodied, time on hands – is in decline: retirement ages are rising; the value of pensions is falling in real terms; an increase in unpaid caring responsibilities and increased costs of living render people unable to give the time and less likely to run a vehicle. Increased competition for volunteers, including from the NHS itself, means that recruitment and retention costs for volunteers – never £0, have and will continue to escalate.

Appendix 5

Transport for the North report “Transport and social exclusion in the North in 2023/24”

Published February 2024

<https://www.transportforthenorth.com/reports/transport-and-social-exclusion-in-the-north-in-2023-24/>

At its most basic, TRSE (Transport related social exclusion) means being unable to reach basic key destinations required for everyday life with the transport options available. This could be through a complete lack of appropriate transport options for a particular journey, through being unable to afford the transport options available, or through feeling sufficiently unsafe or unsupported when travelling on, to and from parts of the transport network. 17% of respondents agreed that they could not always get to the important places they needed to with the transport options available. Of those who agreed, limited access to GP and hospital appointments was by far the most common element, with 64% of respondents citing this destination.

(Page 24)

Based on datasets from 2019, in the Yorkshire and Humber region, 1,199,000 people (21.8% of the population) lived in neighbourhoods with a high risk of social exclusion because of transport issues. These neighbourhoods have poor access to key destinations with the transport options available, significant transport inequalities, and high levels of deprivation.

(Page 10)

The updated research carried out for the report focuses on three population groups:

- Those with low a household income or in insecure work
- Those with a disability or long-term health condition
- Informal unpaid carers

found to be at relatively higher risk of TRSE because they face greater:

- constraints on their transport choices, such as through cost, safety concerns, and inaccessible place design.
- consequences when transport systems fail to work in the way they should, such as being unable to afford alternatives when a bus or rail service is cancelled, and therefore facing longer delays.
- needs to travel in ways that are not well served by the transport options available, such as travelling outside of peak times for shift work, or for work on peripheral industrial sites.

The combination of these constraints, consequences, and needs means that transport issues do not just cause inconvenience, they have a fundamental impact on the ability

to take a full and meaningful part in society. This could mean being stuck in poverty, facing social isolation and loneliness, or worsening physical and mental health. Transport issues may not be the only cause, but have a significant role in causing or exacerbating these elements of social exclusion.

Appendix 6

Permits and compliance

Normally, an organisation operating in Great Britain (GB) that accepts any sort of payment for providing transport to passengers must hold either a PSV 'O' licence or a private hire vehicle (PHV) licence. However, not-for-profit organisations can apply for permits under section 19 or section 22 of the Transport Act 1985 to allow the holder to operate transport services for hire or reward without the need for a full public service vehicle operator (PSV 'O') licence.

The permit system is quite complicated see guidance

<https://www.gov.uk/government/publications/section-19-and-22-permits-not-for-profit-passenger-transport/section-19-and-22-permits-not-for-profit-passenger-transport>

A permit holder has a responsibility to make sure that their services are operated within the law, with vehicles properly maintained and that they use drivers with the appropriate qualifications.

In addition to the servicing of the vehicle and the MOT test, vehicle safety inspection and routine maintenance inspections must be carried out at set intervals on items which affect vehicle safety, followed by the repair of any faults. Each vehicle must also have a daily walkaround check.

<https://www.gov.uk/government/publications/section-19-and-22-permits-not-for-profit-passenger-transport/section-19-and-22-permits-not-for-profit-passenger-transport#annex-2-recommended-maintenance-arrangements>

Driver licensing

Rules covering driver licensing requirements are complex and depend on the size of vehicle and when the driver passed their test.

<https://www.gov.uk/government/publications/section-19-and-22-permits-not-for-profit-passenger-transport/section-19-and-22-permits-not-for-profit-passenger-transport#drivers-of-permit-vehicles>

CTA guidance <https://ctauk.org/wp-content/uploads/2022/01/How-to-Driver-Licensing-in-GB-1.pdf>

It is becoming more difficult to recruit volunteers due to driver licensing changes. This issue arises due to changes in national legislation, and local community transport organisations can only influence these through engagement with, for example, the Community Transport Association. There is a decreasing pool of volunteers that meet the criteria below, who are aging.

- Drivers of vehicles operated under a permit must be 21 or over.
- Drivers who passed their car test on or after 1 January 1997 may drive a small bus but only if certain conditions are met.

- On reaching the age of 70 a driver will need to renew their car licence and can also apply to renew their D1 entitlement but will need to take a compulsory medical examination as they must meet required health standards.
- If drivers want to drive a minibus with a GVW of over 3.5 tonnes (or 4.25 tonnes with the allowance for specialist equipment), drive abroad, tow a trailer or be paid to drive a minibus, under a Section 19 Permit, they need D1 entitlement and this is only as standard on licences issued before January 1997.

Under a Section 19 Permit drivers must meet certain conditions to drive a minibus on a standard B car licence.

- They are over 21 years of age
- They have held a full category B car licence for at least 2 years
- They receive no payment or other consideration for driving other than out-of-pocket expenses
- The vehicle has a maximum gross weight not exceeding 3.5 tonnes (4.25 tonnes including specialised equipment for the carriage of disabled passengers)
- For drivers aged 70 or over, that they don't have any medical conditions which would disqualify them from eligibility for a D1 licence
- No trailer is being towed
- Where the driver's licence only authorises the driving of vehicles with automatic transmission, that only a vehicle with automatic transmission is used
- Drivers aged 70 or over who don't meet the higher medical standards are not authorised to drive small buses. They can drive small vehicles being used under a permit, provided they have renewed their car licence.

Note: voluntary car schemes

Car sharing is exempt from the requirement to operate under a permit. Car sharing is when prearranged payments are made to the driver and the aggregate of all payments received does not exceed the running costs of the vehicle for the journey. Section 19 permits or private hire licences are therefore not required. Section 19 permits may be appropriate only where cars or MPVs are owned by the organisation.

See Definitions <https://www.gov.uk/government/publications/section-19-and-22-permits-not-for-profit-passenger-transport/section-19-and-22-permits-not-for-profit-passenger-transport#definitions>

Pay and recruitment

Anecdotally, recruitment of paid drivers is also currently challenging. Both community transport and commercial providers report that they are struggling with driver recruitment and retention because haulage and other alternatives pay significantly more. Rises in National Minimum Wage and Employers National Insurance contributions have an impact on the organisations who employ staff.

Appendix 7

Method

This piece of work has been undertaken by representatives from three of the CT groups in the area who are involved in delivering a service getting passengers to medical appointments. With our knowledge of CT, we believe we are well placed to gather relevant information and provide a useful document to base further discussion on.

All of the voluntary and community sector providers of CT across the ICB geography were contacted and a survey was circulated. From the survey and additional research, we identified 27 providers, 24 of which are charities, 2 community interest companies, 1 limited company and 1 informal. Some only provide community transport, for others it is part of their range of services. 16 organisations run voluntary car schemes, 13 dial-a-ride services and 8 organisations operate other bus services.

Survey questions:

1. Organisation name
2. Please select the option that best describes your organisation
 - Registered charity
 - Constituted community group
 - Limited company
 - Community Benefit Society or Industrial and Provident Society
 - Informal group
 - Community Interest Company
 - Other
3. What type of community transport services do you provide?
 - Bus with paid driver (employee)
 - Bus with volunteer driver
 - Car with paid driver (employee)
 - Car with volunteer driver
 - Other
4. Which areas do you operate your transport service in?
 - North Yorkshire
 - East Riding York
 - Hull
 - North Lincolnshire
 - North East Lincolnshire
5. Do you provide any other services apart from transport? If so, please tell us what other services you provide.
6. Is there any eligibility criteria that passengers must meet to use your services? If your eligibility criteria is stated on your website, you can give us a link here.

7. Is there a notice period that passengers must give you before they wish to travel? If so, please let us know here.
8. Do you use any software to book journeys? If so, please tell us the software that you use.
9. How many passengers have travelled with you in the last 12 months?
10. How many passenger journeys has your service completed in the last 12 months?
11. Do you have any data about the length (mileage) of the passenger journeys that your service makes? If so, please tell us here.
12. Do you have any data on the reasons why your passengers travel? Please let us know here. We would like to establish whether journeys are social or for basic needs such as shopping, health appointments etc. or any other reasons.
13. How many paid drivers does your organisation employ? Please state if they are full or part time.
14. How many volunteer drivers does your organisation have?
15. Please select the answer that best describes the capacity of your service
 - We have more demand than we can meet with our current resources
 - We can meet current demands for services with the resources we have
 - We have spare capacity and could carry out more journeys if there was demand
 - Other
16. Please tell us the annual cost of running the community transport aspect of your organisation. If your organisation only provides community transport, please tell us the total annual running costs of your organisation.
17. Please tell us where your funding has come from in the last 12 months (select all that apply)
 - Local authority grants
 - Local authority contracts
 - Grants from other sources (eg trusts and foundations, National Lottery Community Fund, etc)
 - Fees charged to service users (fares, expenses, etc)
 - Donations from the public including service users
 - Parish councils
 - Government funding
 - Your own fundraising (events etc)
 - Other
18. Is your organisation involved in any networks, for example specific networks for providers of community transport or wider networks for community organisations. If yes, please tell us the names of the networks.
19. Would you like to be involved in a network for community transport providers? (Either local or regional)
 - Yes
 - No
 - Other
20. What have we missed? Is there anything else you want to say?