Briefing Paper for Slough Health Scrutiny Committee. September 2011

## Future of East Berkshire Mental Health Inpatient Services

## Transport Solutions to support relatives and carers proposed by Berkshire Healthcare Trust

- 1.1 The results of both transport surveys, undertaken as part of the 'Public Consultation into the future location of mental health in-patient services', at the East Berkshire sites potentially impacted by the proposed relocation found that, "Visitors overwhelmingly travel by car (97%) to see patients in these hospitals" and that, "Travel problems per se do not appear to be a specific reason for patients not receiving visitors."
- 1.2 BHFT Board recognised that, despite the survey results, concerns were expressed regarding the impact on relatives and carers should inpatient services be relocated to the PPH site. Therefore they determined that specific focus should be given to exploring transport solutions within the production of the OBC for Option 1.
- 1.3 A broad cross section of stakeholders was invited to become part of the Transport Group. Representatives were sought from Health and Overview Scrutiny Committees' (HOSC's) and Local Involvement Networks (LINks) in Bracknell, Royal Borough of Windsor and Maidenhead and Slough as well as service user and carers representatives.
- 1.4 Given the importance of understanding concerns and ensuring that these directly shaped the subsequent work to look at solutions, a range of methods were used to maximise engagement including; group meetings x 2, 1:1 meetings, telephone discussions and e-mail. The combined expectations, concerns and ideas were then reviewed at the 2<sup>nd</sup> meeting and formed part of the Transport Solution briefing document. The Transport Solutions Group gave generously of their time to ensure that the concerns and challenges which some relatives and carers potentially might experience were understood and considered fully.

Key recurring expectations were that solutions must:

- Be easily accessible including at weekends and during unexpected admissions
- Be affordable for both relatives and carers (including those on a low income) and for the Trust
- Support relatives and carers by not adding any unnecessary stress or anxiety
- Be sustainable

- 1.5 BSS were engaged and brought in the services of Peter Evans Partnership, a transport consultation company with local background knowledge (gained through their involvement with "Right Care, Right Place" and Wexham Park "Travel Plan" projects) to deliver the brief through researching possible solutions. A national review was also undertaken to identify any similar consultations and to ensure that learning from these was considered.
- 1.6 2 consultations; Lancashire Care (September 2009) and Northumberland Tyne and Wear NHS Foundation Trust (2009) were identified as similar in remit. The learning from these, where appropriate, has been considered when shaping the possible solutions that BHFT might provide.
- 1.7 BSS report is attached Appendix 5
- 1.8 In summary the Options identified were:
- **1.81** Hopper bus service. The advantages are that, on the face of it, this is a simple solution. However importantly, it may not provide the flexibility that is needed to support some carers thus take up may be low. The cost is greater than the budget currently identified.
- **1.82 Community Transport and Social Enterprise.** There is a number of existing Community Transport operators who have expressed an interest in providing a service. The advantages are that these schemes are currently running; provide a valuable community service for individuals via a simple booking system, and offer the option of a door to door service for carers. It is anticipated that BHFT would support operating costs via a subsidy to the provider.
- **1.83 Reimbursement Scheme.** This scheme supports those who would currently drive to existing inpatient facilities. This is applicable to 97% of existing visitors; however it does not address the needs of those who do not drive currently and for whom public transport options may be complicated. Whilst it appears simple to put in place, it is costly and has a potential tax liability/benefit impact for those who use it.
- **1.84 Private Hire:** This has similar benefits to option 1.82. The potential cost however is significantly greater and it would require a very robust administration to ensure its appropriate use.
- **1.85 Reimbursement of Public Transport Costs:** This would make use of existing public transport options. It would address additional financial pressures but it may not resolve the additional complexity of the journey faced by some carers. Again, there is a potential tax liability/benefit impact for those who use it.
- 1.9 The views of the Transport Group were sought on the options identified above. 4 responses were received. 3 identified a clear preference for option

1.82 (Community Transport) which, it was considered offered the greatest flexibility to provide support tailored to individual need. It was recognised that the practicalities of this option including; door to door for some people or group pick up options for others and whether to consider a small charge for some and financial support to those needing it, would need to be part of the subsequent discussions and scheme parameters should the decision be made to relocate inpatient services. A further respondent expressed concern regarding the long term financial viability of this option and noted that the service would need to operate at evenings and weekends. There was no preference expressed for any other option.

1.10 To inform the OBC and enable the Board to consider whether to progress Option 1 indicative costs associated with the identified options have been included. Should the Board decide to progress, then work can commence to finalise arrangements and confirm costs against the preferred travel solution.

Option	Considerations	Indicative costs
Hopper Bus Service	1. Individually from each site	£132K-£213K in 1 <sup>st</sup> Year. £63K
Based on hire of mini buses,	affected to PPH	on-going
fuel and staff costs	2. As part of a loop service;	£94K - £154K in 1 <sup>st</sup> Year £54K
	Wexham, Heatherwood, St	on-going
	Marks to PPH	
Community Transport and	3 organisations expressed an	People2places (Social
Social Enterprise	interest and provided indicative	Enterprise)(£75K)
	costs	Keep Mobile & Slough
(Preferred Option from	All suggested a charge to users;	Community Transport (96K)
Transport Group feedback)	(range dependent on provider)	Bracknell Forest (75K - £150K)
	£10 - £20 return for	Also suggested that any
	Maidenhead and Slough areas	revenue collected could support
	£15- £18 return for Bracknell	the reduction in operating costs
	and Ascot areas	
Reimbursement Scheme		18.9p per mile based on an
(Mileage)		additional 36 miles x number of
Applicable to 97% of		visitors could = £155K p.a plus
relatives/carers visiting existing		additional administration costs
sites		IRO £30K p/a (Option to
		consider payment cost in line
		with healthcare Travel Cost
		Scheme paid to eligible patients
		making own way to hospital,
		average of 12p per mile)
Private Hire	Need to consider additional	Costs between £324 and £1300
	administration cots associated	per day
	with robust monitoring -	St Marks – PPK = £35 per single
	assumed £30K p.a	trip
		Wexham – PPK = £45 per single
		trip
		Heatherwood – PPK = £32 per
		single trip
Deinsburgen und CD LI	Deserved address 11	£120K to £480K p.a
Reimbursement of Public	Does not address the	Bus, Train & Taxi
Transport costs	complexity that some carers	Train costs between £5.30 -
	relatives might face	£7.40 off peak return

	Bus from Reading station to PPK = £1.70 single, £3.80 return, £13 weekly, £52 for 30 days and £154 for 90 days
	Taxi from Reading Station to
	PPK = £8 per trip

1.11 As an addition to supporting carers and relatives to visit in person, it was suggested that access to internet based communication options, such as Skype might help some patients and their carers/relatives maintain contact between visits.