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Calderdale and Greater Huddersfield Travel and Transport Review

REPORT OF INDEPENDENT CHAIR
TRAVEL AND TRANSPORT GROUP

30 January 2018

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SECTION 1
FOREWORD

The Travel and Transport Group was established in May 2017 with an independent Chairperson and wide ranging membership including representatives from Greater Huddersfield and Calderdale Clinical Commissioning Groups (CCGs), Calderdale Huddersfield Foundation Trust (CHFT), South West Yorkshire Partnership NHS Foundation Trust (SWYFT), Calderdale Council, Kirklees Council, Healthwatch, Upper Calder Valley Renaissance Sustainable Transport Group (UCVR-STG), West Yorkshire Combined Authority (WYCA) and Communication experts.

The Travel and Transport Working Group met for the first time in May and has had eleven meetings to date. In addition to agreeing its Terms of Reference and work plan, the Working Group has considered information in relation to: the WYCA Transport Strategy; the A629 upgrade (both Halifax and Huddersfield); Primary Care in both Calderdale and Greater Huddersfield; Patient Transport Services, Shuttle Bus Service and existing CHFT transport methods; Care Closer to Home for Calderdale; and Greater Huddersfield an update from Yorkshire Ambulance Service (YAS) and from providers (Locala, CHFT and SWYPFT) and; Public and Private Travel times by postal district.

The Working Group also established a Reference Group, independently managed and supported by a Coordinator from Sector Support Calderdale. The Coordinator became a member of the Travel and Transport Working Group to enhance the interface between the Reference Group and Working Group.

The Reference Group provides the Working Group with access to a range of input and feedback that is representative of geographical locations and protected groups in line with CCGs' Equality duties. A facilitated Working Group Session identified key elements to be addressed in gathering evidence and framing recommendations. These issues were then shared with the Reference Group in order to ensure that there was correlation between the public views and the group work plan.

The issues identified include parking, access, travel between hospitals, public transport, reducing need to travel, hospital discharge, patient travel and greener transport. These categories were endorsed by the Reference Group.

Lead Officers were identified and detailed work grids developed, with analysis addressing what people have told us in consultation and previous engagement activity, to ensure public voices were prominent. The draft work grids were subsequently submitted for scrutiny and comment to the Reference Group before sign off by the Travel and Transport Working Group. The report is evidence based and the main report is referenced against the presentations and documentation received from the range of relevant organisations and individuals considered by the

Working Group. The detailed sections of this report reflect the outcome of the Travel and Transport Group evaluation of that evidence.

1.1 Terms Of Reference

The Terms of Reference agreed by the local Hospital Services Programme Board is set out below:

Travel and Transport Group – Terms of Reference v3.0

Purpose: To advise, inform and provide expert input on transport and access matters

The Travel and Transport Group will ensure that the programme considers and develops plans to address the implications of the proposed changes in relation to Access, Travel, Parking and Public Transport. The group will:

- Review suggestions for improvements to existing access and travel arrangements identified during public consultation and make recommendations.
- Identify the potential implications of the proposed changes in relation to Access, Travel, Parking, and Public Transport, taking account of the timing and potential impact of the sequencing of the movement of services into community and the proposed improvements to the A629.
- Review and take account of the relevant findings from the Equality and Health Inequality Impact Assessment as part of any recommendations.
- Review the existing and updated Patient travel analyses .

The group will only consider the additional implications of the option on which the CCGs consulted.

Responsibilities

The Group will

- Agree a consistent set of assumptions to support quantification of the likely impact and development of suggested improvements to travel and access.
- Review the current public transport provision and identify improvements and adjustments based on visiting times and appointment times
- Identify potential service changes that could reduce the need to travel and mitigate the expected impact
- Develop options for meeting the predicted transport demand which takes account of travel by Public Transport, Shuttle bus, other Patient Transport services and car. Illustrate options with quantification of: current and future journey times (including wait times for public transport or shuttle bus options), current and future cost and impact in relation to parking.
- Review the current Shuttle Bus operation, identify areas for immediate, and medium term improvement.
- The work to identify the impact on resource and travel times for the Yorkshire Ambulance Service will continue in parallel and an update provided to the group.
- Members are expected to act as supporters of the Working Group and engage others within their organisations and groups which represent the public's view.

Membership

Chair: Independent, tbc

The full group membership will include:

- Healthwatch
- Calderdale Council – Head of Highways , Engineering and Transport
- Kirklees Council - Group Leader Highway Transportation Improvement Scheme
- West Yorkshire Combined Authority – Head of Transport Operation
- Upper Calder Valley Sustainable Transport
- MYHT
- CHFT
- Calderdale CCG
- Greater Huddersfield CCG
- Kirklees CCG
- SWYPFT
- Calderdale Council - Councillor representative.
- Kirklees Council – Councillor representative
- Sector Support Interface

Format

Frequency

- Fortnightly

Decision-making

- None. Makes recommendations through Partners' Governance
- Reports to Programme Board

Quorum

- Chair + at least 1 member from Provider Organisation and one member from Commissioner organisation

Authority

- Accountable to PB

Reporting Strategy

- Full report to PB

Support from

- PMO

Decisions

- Make recommendation to PB with regard to approval of plans to address the priority areas in relation to transport and access matters.

1.2 ACKNOWLEDGEMENTS

I wish to thank the Members of the Travel and Transport Reference Group for their hard work, participation and input in developing the work plan and in drafting the final Report and recommendations.

SECTION 2
EXECUTIVE SUMMARY
Key Messages from The Travel And Transport Group

Right Care, Right Time, Right Place (RCRTRP), the Strategic Review of Hospital and Community Health Care in Greater Huddersfield and Calderdale, set out a clear direction for a shift to more localised services “Care Closer to Home” (CC2H) and a reconfiguration of acute services consistent with clinical evidence and National Health Service England policy.

Delivering such transformational change means reconsidering transport and travel issues, in particular road and public transport, parking, access, travel between the two hospitals, reducing the need to travel, health care discharge arrangements, patient transport and greener transport considerations. This agenda has been addressed by the Group and shared with a Reference Group that is representative of geographical locations and protected groups in line with Clinical Commissioning Group equalities duties.

The evidence considered is set out in Appendices to the main report for ease of access.

2.1 Reducing The Need To Travel: Care Closer To Home

The Review was provided with coherent and comprehensive evidence by a range of NHS Commissioners and NHS and Community Health Care Providers which demonstrated a shift to a more localised service with further plans to consolidate this shift in the coming years. Such a shift will impact and reduce the need for Patients and Carers to travel to Acute Hospital Centres to access the care they need. This will be beneficial to both Patients and their Carers.

2.2 Public Engagement

The Travel and Transport Group sought to build on the baseline understanding of the public from consultation and earlier engagement activity. A Reference Group was set up to offer advice and to consider any matters relating to travel and transport. The Reference Group was supported by an independent community organisation chosen in an open tendering exercise. The Transport and Travel Group work plans were shared with the Reference Group and active involvement fostered. Feedback from the Reference Group has been incorporated into key sections of our final report and recommendations.

Hands off HRI and Lets Save HRI campaign groups were invited to contribute.

2.3 Road And Public Transport

Calderdale Royal Hospital (CRH) and Huddersfield Royal Infirmary (HRI) can be accessed by public transport with high frequency private bus services from central Halifax and Huddersfield. There is only one direct bus route between the hospitals.

A major upgrade of road transport is already underway sponsored by Kirklees Council, Calderdale Metropolitan Council and West Yorkshire Combined Authority. Work on the A629 will see a multimodal corridor improvement scheme prioritised for delivery within 5 years which will drive economic growth by addressing transport and accessibility for private and public transport. The aim is to reduce congestion at key bottlenecks with decreased journey times for private and public users and increased reliability for planned journeys. This has important implications for travel and transport to and between hospitals at Halifax and Huddersfield.

2.4 Travel Analysis – Public And Private Transport

Two separate analyses have been completed. The initial analysis was completed by the North of England Commissioning Support Unit (NECS). Subsequently a separate analysis was undertaken by Kirklees Council (KC) and West Yorkshire Combined Authority (WYCA).

Both analyses:

- Utilise the industry standard TRACC accessibility mapping software.
- Produce findings in relation to travel by both public and private transport.
- Outline the implications for people travelling to one hospital or the other.

The NECS analysis uses 12 months of actual data for those people who attended A&E who did not arrive in an Ambulance. A&E data has been used because that is the only reliable actual data that is available to us. This data is not the additional journey time to A&E; people going to A&E would, in most instances travel by ambulance. The results show the average time for people who would normally travel to one location who would now travel to another. This could, for example, show the impact for those people visiting hospital or those who are given an appointment at a different hospital. Based on actual patient data the high level findings are:

Private Transport comparative Journey Times

80 % of respondents to the CCGs consultation indicated they travel to hospitals by car or taxi. The table sets out the maximum average journey times for travel by private car or taxi.

Travel by Car / Taxi from:	Maximum average journey times in minutes			
	Based on actual data		Based on modelled data assuming people travel to a different location	
Calderdale Post codes	To CRH	17.6 minutes	To HRI	24 minutes
Kirklees Post codes	To HRI	15.1 minutes	To CRH	20.5 Minutes

Public Transport comparative Journey Times

Based on the outcome of the CCGs consultation approximately 20% of Patients or Visitors travel to the hospitals by Public Transport. The table sets out maximum average journey times.

Travel by Public Transport from	Maximum average journey time in minutes			
	Based on actual data		Based on modelled data assuming people travel to a different location	
Calderdale Post codes	To CRH	52.7 minutes	To HRI	66.1 minutes
Kirklees Post codes	To HRI	46.3 minutes	To CRH	65.8 minutes

The KC and WYCA analysis uses whole population data. Based on population data, the average journey time along the A629 section between the two hospitals is approximately 13 minutes. There are instances, particularly in the afternoon peak, where the journey time is 40% greater than average.

It is important to understand the impact of the upgrade to the A629 to be completed by 2022. It is predicted that journey times in each direction between Halifax and Huddersfield will reduce by 4 to 4.5 minutes. The average journey time between the two hospitals is predicted to be ten minutes with much greater reliability of journey times through peak times allowing for greater certainty in planning journeys.

The population in the high maximum public transport time band who would normally take approximately 60 minutes currently represents about 4% of the total population of Calderdale and Kirklees.

2.5 Parking At Calderdale And Huddersfield Foundation Trust

The availability and management of car parking on the hospital sites is a longstanding concern. 2346 places are available but the spread is uneven with 1559 spaces at Huddersfield and 787 at Halifax.

Immediate action to address the problems includes a number of initiatives on staff parking; use of the Acre Mill site; off-site car parking and a staff car sharing scheme. These will be actioned in 2018 in an attempt to free up car parking space on the hospital site.

In the longer term, the feasibility of building a multi-storey car park at CRH is to be explored within a time frame consistent with the major road upgrade and the proposed reconfiguration of acute hospital service.
Action on signage, drop off bays, disabled parking bays and enforcement. Barriers and Greener Transport form part of a detailed plan to improve the current situation.

2.6 Shuttle Bus Service

There is a shuttle bus service which runs between Calderdale Royal and Huddersfield Royal Hospitals. It runs on a section 19 permit which means it can carry the public visitors, patients and staff free of charge.

The current contract expires in May 2018 with an option to extend on a 2 x 12 monthly basis.

Analysis of journey times using GPS data has been undertaken. Average travel time between the two hospitals is 22 minutes in term time and 21 minutes in school holidays. At peak periods times increase to a time of approximately 30 minutes or more on a small number of occasions. The upgrade to the A629 will reduce journey time by 4 to 4.5 minutes and increase reliability significantly.

The service is valued by the public and staff. However it is not fit for purpose in its current form.

The service requires more visible and widely advertising with better signage and adequate bus shelters on both sites.

More importantly the service should be more equitable providing for the needs of vulnerable older people, people with disabilities, especially wheelchair users as well as infants and young children and their parents.

Ideally, a more frequent service which links both hospitals and local transport hubs would contribute to a more integrated transport system for the travel corridor.

2.7 Patient Transport Services (PTS)

PTS is a major contributor with up to 190 vehicles operating each day to transport patients who meet the eligibility criteria being transported to and from hospitals across West Yorkshire.

Whilst most patients are happy with and appreciate the service, a number of improvements have been identified. These include:-

- Timings of journeys.
- Notice of collection times with pre-collection calls to patients.
- Revised hospital portering arrangements.
- Better lounges for waiting for transport.

A detailed action plan is set out in the full report.

2.8 Seamless Hospital From Home Service

Seamless Home from Hospital Service is run jointly by Calderdale Community Transport and Age UK Calderdale and Kirklees, funded by Calderdale and Greater Huddersfield CCGs. The service provides an accessible journey home from hospital for elderly and vulnerable patients with support provided as soon as the patient arrives home.

Analysis has been undertaken on journey times and no significant impact was identified.

2.9 Greener And Sustainable Transport

Sustainable development across health and social care services is a key driver for public sector services. Reducing carbon footprint, maximising use of resources, and improving individual and community health are challenging targets. Strategies and travel plans which facilitate active travel, minimise emissions and maximise the promotion of good health create the conditions within which people and communities take control of their own lives and health.

2.10 Communication

Calderdale and Greater Huddersfield CCGs have developed an action plan to ensure wide publication and dissemination of progress in implementing Care Closer to Home and the outcome and recommendations of the Travel and Transport Group.

2.11 Equality And Health Inequality Impact Assessment

A review of the Equality and Health Inequality Impact Assessment that was completed post consultation to identify any Equality and Health Inequality implications, has been undertaken on behalf of the Travel and Transport Group. The appointment of an independent Chair and a Travel and Transport Reference Group set the tone for the conduct of the review which has sought to be engaging

and inclusive in the management of business. The outcome of the impact assessment highlights actions taken to improve access and acknowledges public and patient concerns. Action on those has been incorporated into the text and recommendations of the final report.

2.12 Yorkshire Ambulance Service

Work to identify the impact on resources and travel times for the Yorkshire Ambulance Service continued in parallel to the review undertaken by the Travel and Transport Group. A summary of a presentation to the Group by the Yorkshire Ambulance Service has been incorporated into the final report.

2.13 RECOMMENDATIONS

1) **That the strategic direction set in Right Care, Right Time, Right Place, continues to be implemented with an emphasis on shifting the focus of health and social care services closer to home reducing reliance on Acute Health Service setting at local Hospitals.**

2) **Regular updates of the progress being made on implementation of Care Closer to Home, the A629 upgrade and a local Travel and Transport Plan should be highlighted in the local NHS Communication Strategy.**

3) **That the Calderdale and Greater Huddersfield CCGs continue to work through their existing engagement channels in line with each CCGs' 'Engagement and Experience Strategy for local people' to seek advice and feedback on Travel and Transport issues to influence the implementation of the report's recommendations.**

4) **The upgrade of the road network and the proposed reconfiguration of health services are challenging and complex parallel projects which require active management throughout the 5 year transition period. We recommend the local NHS consider identifying a Board Level Transport Champion to work in partnership with Calderdale and Kirklees Councils, WYCA and other key players to develop a coherent travel plan which sets out strategy, measures, action plans and targets to maximise alignment of both projects and to develop a sustainable and integrated Transport Strategy.**

5) **The West Yorkshire Combined Authority should bring to the attention of Commercial Bus Companies the opportunities created by the Road Transport Upgrade and the proposed reconfiguration of health services to secure more direct and frequent services between the hospitals and local transport hubs promoting a more integrated transport system.**

6) **The action plan outlined for short term and longer term action to address parking issues should be implemented and the feasibility of additional multi-storey car parking at CRH evaluated.**

7) **We recommend that the Shuttlebus service is upgraded with:**
   a) **Immediate action on advertising the service, signage and timetables, adequate weatherproof shelters and enhanced patient and public experience.**
   b) **A more equitable service is developed meeting the needs of vulnerable people, people with disability and wheelchair users as well as infants, children and their parents / carers.**
   c) **Consideration of a more frequent service with greater capacity and exploration of links between both Hospitals and local transport hubs to contribute to a more integrated transport system.**

8) **Improvements to the Patient Transport Service outlined in the Future Action section are implemented in a timely way consistent with Patient and Public feedback.**

Dr Mike Grady
Independent Chair, Travel and Transport Group.

SECTION 3
FUTURE ARRANGMENTS FOR HOSPITAL SERVICES, CARE CLOSER TO HOME AND PRIMARY CARE

3.1 Background And Introduction

The Calderdale and Greater Huddersfield Clinical Commissioning Groups together with Calderdale Hospital Foundation NHS Trust have determined that transformation of the current models of service delivery is required to ensure the delivery of consistently safe high quality care to all patients and to deliver care in the most appropriate and cost effective setting to meet patients' clinical needs. The proposed future arrangements for the delivery of hospital and community health services in Calderdale and Greater Huddersfield are based on the integration of service delivery across primary, community and acute care.

3.2 Outline Of Proposals

The future arrangements for primary and community health services are being delivered through each CCG's inter-related Care Closer to Home and Primary Care plans. The proposal for hospital services is that there would be a single Emergency Centre at Calderdale Royal Hospital and a single Planned Care Centre on the Acre Mills Site opposite the current Huddersfield Royal Infirmary. Both the CRH and the Acre Mills site would have an Urgent Care Centre. HRI would close. This model of service will impact directly by providing more services locally reducing the need to travel to the hospital sites. Progress in delivering this Care Closer to Home is set out in the following sections.

3.3 Calderdale Care Closer To Home[i] And Primary Care Developments [ii]

The CCG has for several years been pursuing a strategic approach to bring care closer to home across Calderdale. The main aim of the work is to ensure that community and third sector services are integrated across health and social care, wrapped around groups of GP practices, working together to provide care on a locality basis. Some services have already moved to a community setting. Examples include: Telehealth/Telecare in Care homes began in 2013; level 3 Diabetes services moved to community in December 2015, a community Respiratory service in 2017, and community Muscular Skeletal Service (MSK) in 2017. An approach for the delivery of access to GP services in and out of hours, which works to agreed local core standards and expectations, has been agreed across Calderdale. A pilot to provide locality access between 18:30 and 20:00, Monday to Friday started in September 2017 and will be rolled out across all localities by April, 2018.

Future plans include provision of extended weekday and some weekend access to General Practice on a Calderdale wide basis from April 2018 and the delivery of additional/improved services, such as work with CMBC to ensure increased homecare capacity that was delivered in 2017, recovery at home and in community settings over the next the next 12 months, and the development of

more service offers in the community in line with consultation undertaken as part of RCRTRP.

3.4 Greater Huddersfield Care Closer To Home[iii] And Primary Care Development[iv]

Greater Huddersfield Care Closer to Home is delivering services which provide a flexible pattern of delivery across health and social care through the wider partnerships and assets within local communities. Some services have already moved to a community setting, examples include: Musculoskeletal (MSK) Service was fully mobilised with a centralised Hub in October 2017; Respiratory during 2016 and community Dementia service were established within holistic community model in October 2015. Plans are in place to pilot/move additional services, as per the community model which was consulted on during 2015 including Rehabilitation Services and Complex Wound Management, over 2018/19. A model for delivery of Primary Care providing delivery at scale that is accessible to patients seven days per week has been agreed across Greater Huddersfield. Services such as the Anti-coagulation service which will ensure the most appropriate medication is prescribed and reduce the need for individuals to travel to hospital has been operating on a collaborative basis since April 2015.

Future plans include the collaborative provision of complex wound care, phlebotomy and the extended access to primary care on a Greater Huddersfield wide basis from 2018 and the delivery of additional/improved services such as Community Intermediate Care Services and Enhanced Care Home Support in community settings over 2018/19.

The three main providers of community and mental health services across Calderdale and Greater Huddersfield: Locala; CHFT; and SWYPFT also presented evidence to the group concerning the development of more local health care provision.

3.5 Locala Community Services[v]

Locala described the, predominantly home based, children's services it delivers across Calderdale and the locality based community services it delivers across Kirklees that are aligned with the Greater Huddersfield Care Closer to Home Programme. Future plans in relation to Risk management and admission avoidance to help keep people at home were also presented. Particular issues were raised in relation to future management of substance misuse recovery nursing services where transfer between sites is important.

3.6 CHFT Community Services[vi]

CHFT described the community services which it currently delivers and the alignment with the Calderdale Care Closer to Home Programme. Examples of future plans include continuing the integrated approach, such as partnership working to reduce falls and out of hospital rehabilitation were also presented.

3.7 SWYPFT Mental Health Services[vii]

South West Yorkshire Partnership NHS Foundation Trust provides a range of Mental Health Services for Children, Young People and Adults and specialist health support, advice, interventions and information for Adults with Learning Disability in Calderdale. The Trust works with other services including GPs, District Nursing Teams, Adult Social Care, Carers and Providers, benefits, housing and tenancy support and other health service providers to offer the best support to patients and their families.

No specific transport or travel issues arising from the proposed reconfiguration were highlighted in their evidence to the Travel and Transport Review group.

All individual presentations considered by the Travel and Transport Group can be found in the appendices.

In summary, significant progress has been made by NHS Commissioners in both Clinical Commissioning Groups and with local NHS, Community Sector Providers and Social Care in delivering the strategic vision set out in Right Care, Right Time, Right Place with increased local provision of service closer to people's homes.

RECOMMENDATIONS

1) **That the strategic direction set in Right Care, Right Time, Right Place, continues to be implemented with an emphasis on shifting the focus of health and social care services closer to home reducing reliance on Acute Health Service setting at local Hospitals.**

2) **Regular updates of the progress being made on implementation of Care Closer to Home, the A629 upgrade and a local Travel and Transport Plan should be highlighted in the local NHS Communication Strategy.**

3) **That the Calderdale and Greater Huddersfield CCGs continue to work through their existing engagement channels in line with each CCGs' 'Engagement and Experience Strategy for local people' to seek advice and feedback on Travel and Transport issues to influence the implementation of the report's recommendations.**

SECTION 4
SUMMARY OF PUBLIC ENGAGEMENT AND EQUALITY
Continued engagement was central to the work of the Travel and Transport Group throughout the review.

Following the consultation on hospital and community services work took place to identify the key themes for local people. A composite report was developed to include:

- All the findings relating to travel and transport from the consultation on hospital and community services.
- Any patient opinion postings on travel and transport.
- PALS or complaints intelligence on travel and transport.
- Any reference to travel and/or transport in other engagement activities.

This information once pulled together provided intelligence to support a baseline understanding of public views. The report also had a comprehensive equality section which described the impact of travel and transport on particular protected groups. The protected groups identified as being the most likely groups to be impacted by travel and transport are:

- Disabled people and carers.
- Older and younger people (including parents).
- People living in deprived areas/in poverty (including - people without access to private transport).
- Some BME groups – Asian/Asian British (including– Pakistani), Other White groups.

In order to understand further what recommendations should be made to ensure all travel and transport impacts are considered it was agreed that a ‘Travel and Transport Reference Group’ be set up. The reference group would be in place to advise on, and consider, any matters relating to travel and transport.

The launch of the reference group took place at a stakeholder meeting on 19th June 2017[viii]. The members invited to the initial event were;

- Engagement Champions in Calderdale.
- Community Voices in Greater Huddersfield.
- Patient Reference groups in Calderdale and Greater Huddersfield.
- Members of CHFT membership.
- Third sector organisations in Calderdale and Greater Huddersfield.

The invited members had already worked closely with the CCGs on the 'Right Care, Right Time, Right Place’ programme by attending stakeholder events and supporting both engagement and consultation activity. The purpose of the meeting was to present what people had already told us about travel and transport, discuss the key

themes and help to identify any next steps, including how to get people involved going forward.

There were a number of key emerging themes[ix] from the composite report and stakeholder event. These themes were used as headings to support what people had already told us and to identify individual action plans. The themes were:

- Parking.
- Access.
- Travel between hospitals.
- Public transport.
- Reducing the need to travel.
- Discharge and patient transport.
- Greener travel.

An individual or joint action plan for each of the key emerging themes was developed which included what people told us, what the current position is, recommendations and actions. The Working Group worked with the reference group to agree the recommendations and identify actions.

Each of the recommendations from the action plans are set out below. It is worth noting that each of these recommendations are referenced under the relevant section to ensure that actions continue to be delivered. The recommendations for each of the action plans are set out below:

4.1 Car Parking[x]:

- To assess demand for cycle parking, and if warranted put further facilities in place.
- Identify any drop off bay improvements including ways to improve information and communication on this facility.
- Map the blue badge spaces available and any alternative access spaces. Identify any additional improvements including signage.
- Continue working on the proposal for weekly/ monthly public parking permits. Continue with the feasibility study including:
    - A potential multi-story car park at CRH.
    - Making Dry Clough Close a car park.
    - More park and ride spaces.
    - Tighten up on staff permits.
- Assess barrier accessibility and parking to ensure car parks can be used by people with a disability.
- Whilst there are no plans to create any designated parking spaces it is recommended that further conversations take place to identify any specific needs that are not being met by designated parking spaces.
- Identify any potential technology solutions to parking.

4.2 Public Transport[xi]:

- To advertise current bus service provision with a designated hospital leaflet.
- To work with West Yorkshire Combined Authority and commercial operators to divert some current services, where possible, to improve direct access to the hospitals Calderdale Royal Infirmary (CRH) and Huddersfield Royal Infirmary (HRI).
- Work with Bus 18 to engage further with service users through existing engagement channels in line with each CCG's engagement and experience strategies for local people.
- Re-configure the existing NHS shuttle service into a local bus service.
- Work towards providing a high frequency service linking Halifax bus and rail stations, the two hospitals, and Huddersfield bus and rail stations.
- All partners to work together to do a comprehensive review of transport links between Halifax and Huddersfield, taking into account:
  - Any new developments such as hospital, Elland Parkway rail station and the proposed bus/ rail interchange at Halifax station.
  - Reducing car traffic, supporting active lifestyles and improving air quality.

4.3 Discharge And Patient Transport (PTS)[xii]:

- Do an internal review of hospital porter arrangements.
- Publicise the discharge facility at HRI and work with the reference group to create a Calderdale facility.
- Identify the requirement to have a PTS service for those people who do not meet criteria.

4.4 Other[xiii]:

- Identify future discharge requirements and continue to evaluate the current discharge service.
- Continue the development of the patient portal to implementation and work on pre-collection calls.
- Continue the development of the revised operating model to implementation. Monitor performance through the contract process.
- Identify other solutions that may reduce travel to hospital.
- Look at improvements to communication and information of travel and transport including staff training in all departments, clear timetables and website improvements.
- Look at how public transport can further support the CHFT shuttle bus service. Identify main visiting times to increase the frequency of the service and provide indoor waiting with clear information on areas such as wards and the website.
- Identify how well the current service operates and any alternatives for transferring patients between sites.

Sector Support Calderdale at North Bank Forum, Calderdale's Voluntary and community sector infrastructure provider were contracted to support Reference Group Involvement. The recommendations set out are included in the action plans which identify opportunities for further involvement. In addition Sector Support Calderdale have gathered case studies and completed journeys as part of the work to support the Working Group.

RECOMMENDATION

3) That the Calderdale and Greater Huddersfield CCGs continue to work through their existing engagement channels in line with each CCGs' 'Engagement and Experience Strategy for local people' to seek advice and feedback on Travel and Transport issues to influence the implementation of the report's recommendations.

SECTION 5
PUBLIC TRANSPORT INFRASTRUCTURE

Both hospitals can be accessed by public transport with high frequency services from their town centres. There is only one direct service between the two hospitals (343), however this is not a suitable option due to the length of route. Passengers can currently use public transport between the two hospitals by changing in the town centres.

Bus operators have been made aware of the possible reconfiguration and will consider their commercial intentions. However it is unknown whether they will alter their current networks.

Calderdale Council, Kirklees Council and WYCA are sponsoring improvements to the A629 between Halifax and Huddersfield which will see a multi-modal corridor improvements scheme prioritised for delivery within five years to drive economic growth by addressing transport and accessibility issues.

The scheme aims to reduce congestion and decrease journey times particularly for public transport. These journey time savings may result in bus service frequency enhancements.

The scheme will primarily focus on Salterhebble, Halifax Town Centre and Ainley Top.

5.1 Travel Analysis Summary

Background

One of the elements in the Terms of Reference for the Travel and Transport Working Group is that it should review the existing and updated Patient travel analyses in order to support the delivery of its responsibilities.

The existing Patient Travel Analysis was produced by Jacobs Engineering and formed part of the Pre Consultation Business Case.

In response to feedback from the consultation, two revised travel analyses have been produced. One has been produced by North of England Commissioning Support Unit (NECS) and utilises (anonymised) actual A&E attendances where the patient did not arrive by ambulance. A second analysis has been produced jointly by Kirklees Council and West Yorkshire Combined Authority which provides an analysis using population data contained within census Lower Super Output Area.

The main additional information from the NECS analysis is the provision of average journey times by Postal District for both private car and public transport. The Kirklees Council/West Yorkshire Combined Authority analysis is focused on

public transport times and the differences in travel times for Peak (am and pm), interpeak and off peak. The completion of two separate analyses should provide greater confidence in the findings.

Both analyses use the industry standard TRACC accessibility mapping software. TRACC uses public transport and highways data to create journey times from origins and destinations. It uses timetable information showing both arrival times at stops from public transport services against a specific time/day period. Highways information from an underlying road network is used to fill the gaps between public transport services by creating a linear network that connects the origins, destinations and stops together to give a fully routable network of nodes and lines.

For a public transport journey, the journey time produced then includes the walk from the origin to the road, from the road to the public transport stops, any interchange of public transport using the road and then from the final stop to the destination via the road, and finally from the nearest point on the road network to the destination. The journey assumes arrival at the first stop 1 minute before the initial departure, with any subsequent interchange waiting times included as part of the final journey time.

5.2 NECS – Travel Analysis[xiv]

Context

The analysis that was commissioned assumed that Dewsbury District Hospital (DDH) would be closed to blue light ambulances. This is the same assumption as was made in the Pre-Consultation Business Case and CHFT's five year plan. Mid Yorkshire Hospital Trust (MYHT) have confirmed that this assumption is incorrect. The changed assumption in relation to Dewsbury results in the inclusion of a higher number of patients' data.

The reports have been produced using CHFT, MYHT and YAS data to model the same two scenarios:

- A single Emergency Centre at CRH without HRI and DDH.
- A single Emergency site at HRI without CRH and DDH.

5.3 Analysis

The methodology and high level results are included in the Analysis report. The breakdown by Postal Sector is included in the appendix to that report and shows:

- The Actual time taken.
- The average time for the journey by Public Transport.
- The average time taken by private car.

The following should be borne in mind when considering the analysis.

a) The results are rounded to the nearest five minutes (so 7:29 would become 5 minutes and 7:31 would become 10 minutes).
b) The analysis assumes that people go to their nearest hospital (even if they think they would be going to CRH/HRI/DDH) which also reduces the average.
c) Whilst the analysis provides an indication of the total volume of people affected. It overestimates through inclusion of data in relation to attendances at DDH.
d) The total volume of people affected is further overestimated in that it does not subtract 54% in line with the rationale that this would be the volume of patients who would attend an Urgent Care Centre at the site where they currently attend.
e) It does not provide the split in the percentage of people who would travel by public transport versus the percentage who would travel by private car.
f) We cannot provide meaningful data on the number of visitors to hospital or any reliable assumptions on the starting point for their journey.
g) The data used includes MYHT data which impacts on the volume of people affected and their average journey time.
h) The analysis cannot take account of the impact of the proposed improvements to the A629 or the proposed transport plan for public services.
i) Acknowledging the limitations described above, the spreadsheet produced as part of the analysis does provide average journey times by postal district and both the report and the spreadsheet were provided to the Travel and Transport Working Group to inform its work.

5.4 Summary Of Outcome And Comparative Journey Times in Minutes

The NECS analysis uses 12 months of actual data for those people who attended A&E who did not arrive in an Ambulance. A&E data has been used because that is the only reliable actual data that is available to us. This data is not the additional journey time to A&E; people going to A&E would, in most instances travel by ambulance. The results show the average time for people who would normally travel to one location who would now travel to another. This could, for example, show the impact for those people visiting hospital or those who are given an appointment at a different hospital. Based on actual patient data the high level findings are:

Private Transport comparative Journey Times
80 % of respondents in consultation indicated they travel to hospitals by car or taxi.

Travel by Car / Taxi from:	Maximum average journey times in minutes			
	Based on actual data		Based on modelled data assuming people travel to a different location	
Calderdale Post codes	To CRH	17.6 minutes	To HRI	24 minutes
Kirklees Post codes	To HRI	15.1 minutes	To CRH	20.5 Minutes

Public Transport comparative Journey Times
20 % of respondents in consultation indicated they travel to hospitals by public transport.

Travel by Public Transport from	Maximum average journey time in minutes			
	Based on actual data		Based on modelled data assuming people travel to a different location	
Calderdale Post codes	To CRH	52.7 minutes	To HRI	66.1 minutes
Kirklees Post codes	To HRI	46.3 minutes	To CRH	65.8 minutes

These journey times should improve following the upgrade of the A629 and reduce travel times by 4 to 4.5 minutes.

5.5 Kirklees Council and West Yorkshire Combined Authority Travel Analysis Methodology

This analysis focussed on the public transport journey time changes that would occur as a result of the reconfigurations.

Due to the complexities surrounding the provision of specific services in different hospitals, and the fact that many people wish to know how it will affect their public transport journey with the assumption that there already is a requirement for them to change hospitals, despite the fact that might not necessarily be the case, it was decided to run the following analyses:

- A base situation (i.e. people travel to the nearest hospital).
- All hospital services provided at HRI but keeping Dewsbury.
- All hospital services provided at Calderdale Royal Infirmary but keeping Dewsbury.

All three analyses were run in an am peak (0700-0900) an interpeak (100-1200), a pm peak (1600-1800) and an off-peak (1900-2100).

5.6 Headline Results

The independent population based travel analysis indicates that residents will be required to travel on average 10 minutes further by public transport.

The use of the average masks some substantial increases for sections of the population in the high travel time bands, particularly if a journey would normally take an hour to access either Calderdale or Huddersfield hospitals, which it might for approximately 4% of the combined population of Kirklees and Calderdale.

Additionally the average assumes

- All of the population travels by public transport rather than car when 80% of respondents to consultation indicate they travel by private car or taxi.
- The total volume of people affected does not subtract 54% of residents in line with the rationale that this would be the volume of patients who would attend an Urgent Care Centre at the site where they currently attend.
- The upgrade of the A629 will impact positively of the journey times with estimates suggesting 4 to 4.5 minute reduction.
- All these assumptions would be likely to significantly affect the average.

A visualisation of the change in journey times using the bands above is included in Appendix B of the travel analysis. It shows contour maps with the different journey time bands represented by different colours and can be used to highlight areas where there is a significant increase in journey times for certain geographic areas.

The methodology, data sources and results are included at Appendix C of the travel analysis.

5.7 Journey Time and Reliability between the two hospitals

Throughout the consultation process a lot of comments have been received about congestion and reliability issues along the main route that connects the two hospitals, the A629.

Improvements along the A629 corridor between Halifax and Huddersfield is one of the priority schemes programmed to be implemented as part of the Transport Fund programme. Corridor improvements under the Transport Fund will see a £120.6m transport package comprising multi-modal interventions which will improve journey time reliability, through a combination of road space reallocation and targeted junction improvements to address key congestion hot spots. The A629 interventions are being delivered jointly by Kirklees Council and Calderdale

Council and have been split into phases to manage on site delivery and traffic management during construction phases. This has important implications for travel and transport to and between the hospitals at Halifax and Huddersfield.

Whilst not all the scheme details are available at the moment, plans for phases 1a and 1b are. Further information is available on the "Calderdale Next Chapter website": http://www.calderdalenextchapter.co.uk/.

Information relating to phase 5 can be found on the Kirklees website: http://www.kirklees.gov.uk/beta/transport-roads-and-parking/major-transport-schemes.aspx.

A timeline for implementing phase 5 is also available with completion expected by August 2021.

It is important to understand the effect of transport schemes in terms of reducing the congestion along the A629 in both directions and more importantly, ensuring that there will be reliable journey times between the two hospitals.

In both cases the average journey time along the A629 section between the two hospitals is approximately 13 minutes, but the standard deviation (i.e. in this case a proxy measure of reliability) is 15% of the average journey time. In addition there are instances, particularly in the afternoon peak where the journey time between the two hospitals is 40% greater than the average and double the lowest journey time in the early morning.

It should also be noted that the analysis was undertaken in a month where there was no construction taking place. At the moment phase 1a of the West Yorkshire Transport Fund scheme is currently in construction and so there are significant delays along the A629 around Salterhebble Hill.

The schemes promoted through phases 1a/b and 4 and 5 of the West Yorkshire Transport Fund aim to reduce the journey time along this section of road in particular, but more importantly bring some journey time reliability to the route. This is particularly important for regular users of the route, such as commuters or patient transfer services between the two hospitals, for example.

Early indications from work carried out as part of phase 4 shows that globally with the full range of West Yorkshire Transport Fund implemented along the A629 journey time savings of 4 to 4.5 minutes in the peak in both directions could be expected along this route. The average journey time could potentially drop to around 10 mins, but more importantly the standard deviation, drops to 8% of average journey time, showing that the reliability of the journey becomes much greater, allowing for greater certainty in planning journeys.

RECOMMENDATION

4) **The upgrade of the road network and the proposed reconfiguration of health services are challenging and complex parallel projects which require active management throughout the 5 year transition period. We recommend the local NHS consider identifying a Board Level Transport Champion to work in partnership with Calderdale and Kirklees Councils, WYCA and other key players to develop a coherent travel plan which sets out strategy, measures, action plans and targets to maximise alignment of both projects and to develop a sustainable and integrated Transport Strategy.**

SECTION 6
BUS SERVICES ACT UPDATE

The Bus Services Act 2017 was enacted in May 2017; it expands the range of powers available to directly elected mayors and local transport authorities (LTAs) in areas in England outside of London to improve local bus services. The Act provides the following options for LTAs to adapt its approach to local circumstances:

- Franchising- where the LTA issues contracts with bus operators to provide services in the area. The Act provides mayoral LTAs with "London-style" powers to franchise local bus services, application for franchise powers by non-mayoral authorities will need to be made to the Secretary of State.
- Partnership- joint arrangements between LTAs and bus operators. The Act develops the existing Quality Partnerships powers extending their scope to include matters such as fares and frequencies. Two new forms of formal partnership are established "Advanced Quality Partnership Schemes" and "Enhanced Partnerships Schemes".

The Bus Services Act also enables data about routes, fares and times across the country available to be openly available to app developers and further facilitates smart multimodal ticketing schemes. On 27 November 2017, the Secretary of State issued guidance on the use of the powers contained in the Act. Currently these powers only apply to those cities with elected mayors.

WYCA adopted its Bus Strategy 2040 in August 2017 which sets out a vision for the bus system and a target to grow bus patronage by 25% over the next ten years.

RECOMMENDATION

5) The West Yorkshire Combined Authority should bring to the attention of Commercial Bus Companies the opportunities created by the Road Transport Upgrade and the proposed reconfiguration of health services to secure more direct and frequent services between the hospitals and local transport hubs promoting a more integrated transport system

SECTION 7
PARKING AT CALDERDALE AND HUDDERSFIELD FOUNDATION TRUST
As part of the consultation in 2016, concerning the proposed reconfiguration of health services in Calderdale and Kirklees, the availability and management of car parking facilities at Calderdale Royal Hospital was high on the list. These concerns were echoed in feedback from the Travel and Transport Reference Group who highlighted issues relating to car parking availability, cost to regular users, enforcement in designated bays and use of technology.

The issue is doubly important because approximately 80% of people attending the two local hospitals do so by car or taxi. However, the poorer you are the less likely you are to drive. In the lowest income quintile 44 % have no access to a car.

Currently there are 2346 available car parking spaces at the Calderdale and Huddersfield Foundation Trust but the spread is uneven. There are 1559 spaces at HRI where the focus will be planned activity and 787 at CRH.

An internal review of car parking has been undertaken and a number of actions are planned for action in both the immediate future and longer term.

Immediate action in 2018 includes:

- Providing an area for staff parking at the Acre Mill OPD HRI site and using the shuttle bus for travel to CRH freeing up spaces there.
- Reviewing off site car parking for staff using park and ride to free up spaces for patients and visitors.
- Development of a staff car sharing scheme.

Additional Action

- **Drop off Bays**: Drop off zones are available at both HRI and CRH located at the main entrance. The first 30 minutes car parking is free. Wider publicity about this service would be helpful.
- **Better and bespoke disabled bay design**: whilst there are a large number of blue badge holder car parking spaces design could be improved especially allowing for rear access to vehicles. Currently disabled patients can be allocated bays (subject to availability). Consideration is also being given to increasing the availability of parent / child parking.
  The current capacity precludes expansion of designated parking bays at this point.
- **Enforcement:** CHFT sites are patrolled on a regular basis identifying breaches of car parking rules and enforced.
- **Signage** within the car park will be subject to annual review and include car park and public transport information.

- **Barriers:** there are a small number of barrier remote controls available which can be issued to some patients who are regularly visiting the hospitals. The remotes are costly which impacts on availability.
- **Greener Transport:** Electric car charging is installed on the Acre Mills site and the issue is under review as part of the revised car parking policy.
- **Cycle** Lock up areas in secure, weather proof and well-lit areas would also encourage active travel.

Longer Term Plans

CHFT is planning to build a new multi-storey car park within the next 3 to 5 years subject to necessary approvals and public consultation.

- **Cost of Parking**: Car Parking Charges are consistent with other NHS Trusts. Free car parking is offered in line with the NHS England Healthcare Travel Cost scheme. Free Parking is offered to some parents visiting children, relatives visiting terminally ill patients and patients attending for cancer or life threatening treatments. Work is currently underway to develop concessionary charging for identified patient groups and cheaper parking per week will be made available in 2018.
- **Smart Payments**: New pay on foot machines are available now at HRI and Acre Mills sites and accept all methods of payment including cash, notes, and credit cards. On-line payments for car parking are under review.

RECOMMENDATION

6) The action plan outlined for short term and longer term action to address parking issues should be implemented and the feasibility of additional multi-storey car parking at CRH evaluated.

SECTION 8

SHUTTLE BUS SERVICES AND PATIENT TRANSPORT SERVICE AND SEAMLESS HOME FROM HOSPITAL

Shuttle Bus Services: Current Position

The shuttle bus service currently runs between Calderdale Royal and Huddersfield Royal Hospitals.

The service is operated by the Trust Transport department and is run on a section19 permit which enables the service to carry patients, visiting public and staff free of charge.

The service operates from 6.30am – 8.30pm, Monday – Friday and from 1.00pm – 8.30pm, Saturday – Sunday.

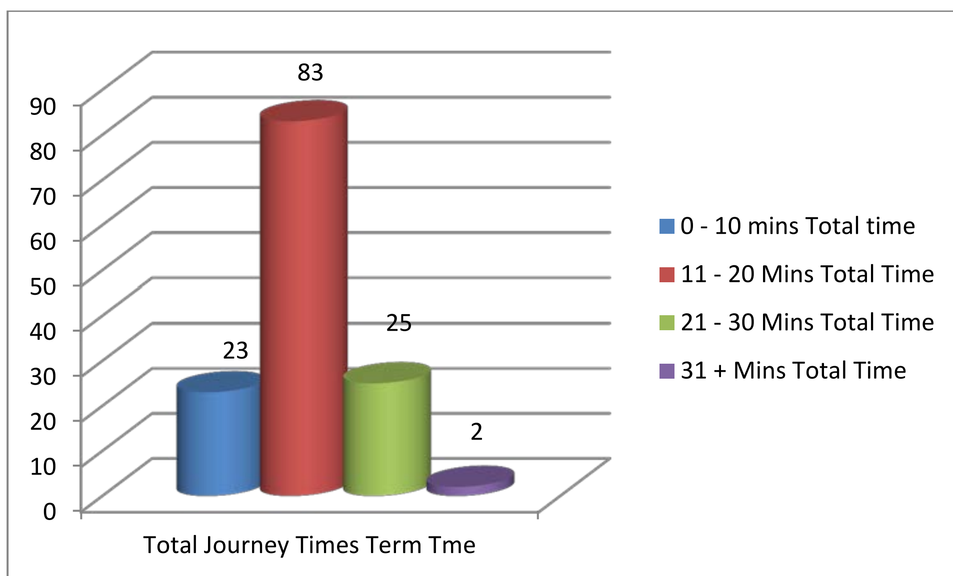
Service frequencies, dates and times are regularly reviewed and amended as necessary according to need.

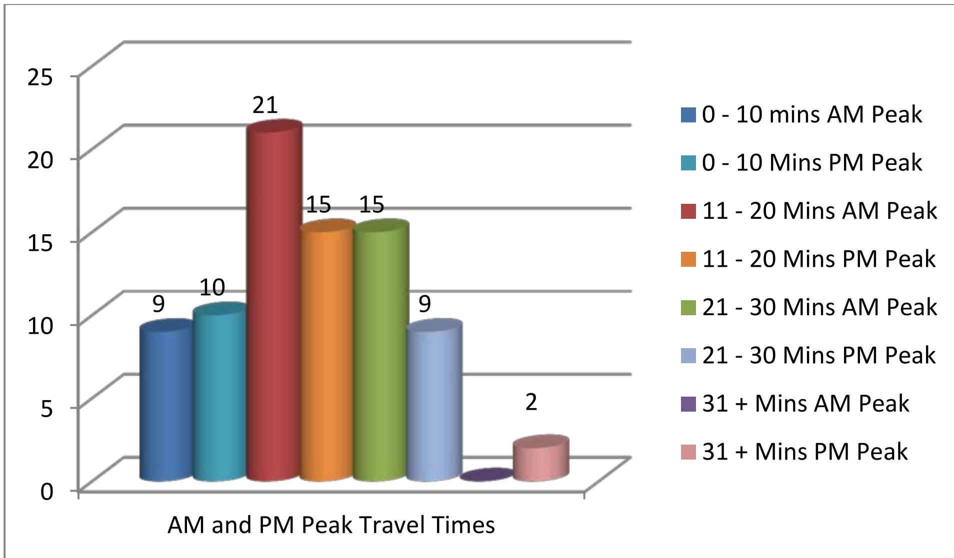
Buses run every 30 mins, with the exception of peak times (7.15am – 9.45am, & 2.45pm – 5.15pm) when they run every 15 mins.

The service is currently advertised via the Internet, through word of mouth, appointment letters, and posters on various wards and departments.

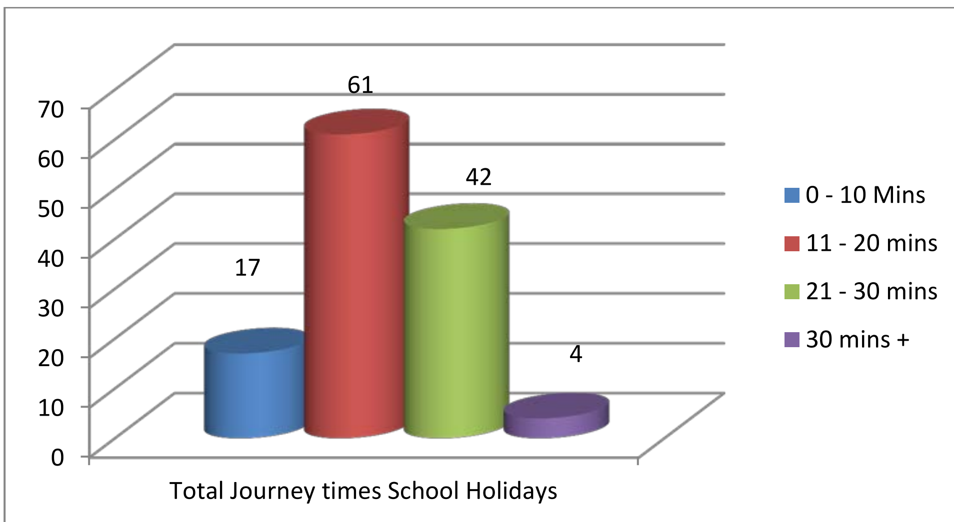
The current vehicle contract is due to expire in May 2018, with the option to extend on a 2 x 12 month basis.

An analysis of journey times has been undertaken using GPS data which is available from every shuttle bus journey as listed below.

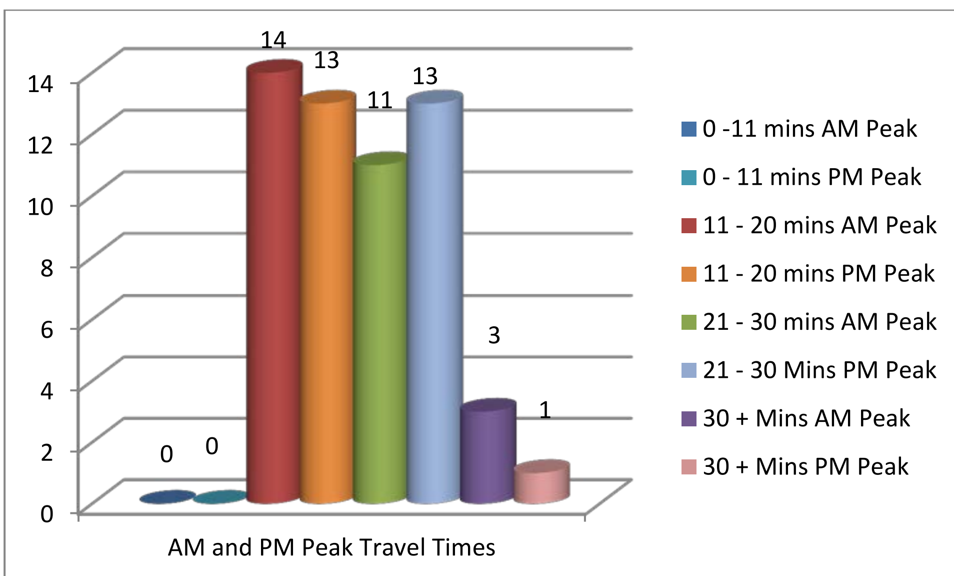




25
20
15
10
5
0
21
15
15
9
10
9
2
0 - 10 mins AM Peak
0 - 10 Mins PM Peak
11 - 20 Mins AM Peak
11 - 20 Mins PM Peak
21 - 30 Mins AM Peak
21 - 30 Mins PM Peak
31 + Mins AM Peak
31 + Mins PM Peak
AM and PM Peak Travel Times



70
60
50
40
30
20
10
0
61
42
17
4
0 - 10 Mins
11 - 20 mins
21 - 30 mins
30 mins +
Total Journey times School Holidays



14
12
10
8
6
4
2
0
14
13
11
13
3
1
0
0
0 -11 mins AM Peak
0 - 11 mins PM Peak
11 - 20 mins AM Peak
11 - 20 mins PM Peak
21 - 30 mins AM Peak
21 - 30 Mins PM Peak
30 + Mins AM Peak
30 + Mins PM Peak
AM and PM Peak Travel Times

The service is valued by the public, patients and staff. However feedback from the public, our reference group and the direct experience of a member of the Travel and Transport review Group suggest improvements to improve the service would support the proposed reconfiguration of services and enhance patient and public experience.

Summary feedback includes:-

- A more visible and widely advertised service to meet current and future demand.
- Better signage relating to shuttle pick up points and timetables.
- Adequate and safe bus shelters on both hospital sites with appropriate seating and weatherproof shelter.
- Patient sensitive welcome.
- More equitable service responsive to the needs of vulnerable elderly people, people with disability and young children and young people.
- Greater capacity to reduce waiting times and extended evening availability to cover visiting times.
- A wider more frequent service to include links to both hospital site and local transport hubs to contribute to a more integrated transport system for the area.

The Travel and Transport Review Group are conscious of the limitations created by the current Section 19 Permit for the service and a retendering exercise may need to be considered as the current contract expires. Examples of more enhanced services are available to be explored in partnership with the advice and expertise of colleagues in the West Yorkshire Combined Authority.

RECOMMENDATION

7) We recommend that the Shuttlebus service is upgraded with:

a) Immediate action on advertising the service, signage and timetables, adequate weatherproof shelters and enhanced patient and public experience.

b) A more equitable service is developed meeting the needs of vulnerable people, people with disability and wheelchair users as well as infants, children and their parents / carers.

c) Consideration of a more frequent service with greater capacity and exploration of links between both Hospitals and local transport hubs to contribute to a more integrated transport system.

SECTION 9
PATIENT TRANSPORT SERVICES (PTS)
Background

A number of key areas identified by the Travel and Transport Reference Group related to the provision of Patient Transport Services (PTS).

Introduction

This section provides:

a) Information in relation to the current service, including eligibility, access and service usage.
b) A summary of the feedback received from all our engagement and consultation, together with relevant areas from the Working Group's plan and the feedback from the Reference Group.
c) An outline of the commissioning intentions for the future service.
d) Conclusions, recommendations and the decisions required from the Working Group.

Current Service
Eligibility Criteria

Eligible patients are those:

- Where the medical condition of the patient is such that they require the skills or support of PTS staff on/after the journey and/or where it would be detrimental to the patient's condition or recovery if they were to travel by other means.
- Where the patient's medical condition impacts on their mobility to such an extent that they would be unable to access healthcare and/or it would be detrimental to the patient's condition or recovery to travel by other means.
- Recognised as a parent or guardian where children are being conveyed.

The following services are **not** covered within the transportation:

- Transport to primary care services such as a GP surgery or Dentist.
- Patients travelling for private treatment paid for by themselves.
- People who do not normally live in the United Kingdom are not automatically entitled to use the NHS free of charge. Asylum seekers are eligible for free NHS treatment for as long as their application is under consideration and they meet the required medical need criteria.

Access to the Service

Requests for transport are made via telephone on the day the transport is required or by telephone and online booking up to 2.00pm the day before the transport is required. Previously planned transport was also arranged via Patient Ambulance Service (PAS). All transport requests are accepted by Yorkshire Ambulance Service; however transport that is classified as an Extra Contractual Request (ECR),

e.g. transport out of hours or out of West Yorkshire, requires approval by the CCG where the cost of the journey is above £200.

Other types of Transport for Patients
There is no alternative transport for patients in Kirklees but in Calderdale some patients are transported to Podiatry and Chronic Obstructive Pulmonary Disease (COPD) appointments by Community Transport Calderdale. This service is reviewed in the following section of the report.

There is also a home from hospital scheme in Calderdale and Huddersfield. Transport from out of area hospitals, e.g. repatriations may be provided by transport providers which have contracts in that area, e.g. North West Ambulance.

PTS Service Usage
The 2015 Service Review identified that just over 60% of Greater Huddersfield and Calderdale CCG clients attend hospital in their Local Authority area. (This means Calderdale patients going to CRH and Greater Huddersfield patients going to HRI. Approximately 25% of patients in both CCG areas go to the Leeds hospitals.

The contract activity includes both planned and unplanned transport.

On average 173 PTS vehicles operate from West Yorkshire bases during the week each day. However, the number used fluctuates from day to day and can be as high as 190. This will depend on:

- the number of vehicles off the road for servicing or repair,
- Staff absence.
- Patient demand and profile. (The number of patients requiring 2 crew members varies significantly from day to day. A busy double crew day will mean fewer vehicles used across the area, a busy single crew day will mean more crews operating a vehicle on their own.).
- In addition, there is considerable cross use of vehicles. A vehicle from Harrogate may travel into Leeds and then take a Greater Huddersfield CCG patient from Leeds home to Huddersfield before taking a Brighouse patient in to Bradford and then discharging a patient from Bradford back to Harrogate. This is one of the advantages that having a single supplier covering the whole of the Leeds catchment area brings.

There are 5 bases used by PTS that YAS think could be classed as being in Calderdale and Huddersfield area. (Brighouse, Halifax, Honley, Huddersfield and Todmorden). On this basis an average of 39 vehicles operate each day from Calderdale and Huddersfield with as many as 44 on any single day.

The number of vehicles moving patients is more complex. On an average weekday 85 different vehicles will be used to move Greater Huddersfield and Calderdale patients. Across the whole of West Yorkshire, on an average weekday, 198 different vehicles will be used to move patients.

Future Service

What have people told the CCGs in previous engagement?

Targeted engagement has been undertaken with people who use 'Patient Transport' services to understand what user think about the service.

Responses were received from **406 patients** living in Calderdale and Greater Huddersfield. As part of this specific piece of engagement, people told us:

a) **The things that work well:**
   - Majority of patients are happy with the service and are very appreciative of the service.
   - Many patients have a high praise for the staff who they describe as friendly, polite, helpful, caring and pleasant. .
   - Most patients explained how they are extremely grateful of the support from the drivers.
   - Advance calls from drivers to inform patients they were on their way or if there would be a problem was valued highly.

b) **The things that could be improved:**
   - Timing of journeys – particularly for outpatients and renal either too late or too early, or long waiting times to go home without refreshment or assistance for toileting.
   - More staff and greater knowledge of local area.
   - Not knowing when vehicle is going to turn up to collect them for appointment.
   - Wrong type vehicles being ordered – GP and Hospital issues.
   - Renal patients have particular issues pertinent to their condition. Longer waiting times impacts adversely on their treatment.
   - Safety and comfort, vehicles being described as old, uncomfortable and seatbelts not feeling secure.
   - Accessibility – lack of access for wheelchairs if manual or not specified acceptable type.

What has the Travel and Transport Review Group identified?

- The PTS contract is clear that people should be taken right from the house door to the clinic – with some exceptions. Hospital discharge is the responsibility of the Clinic.
- The "Discharge" Lounge should and has been renamed as the Libby and Bertie lounge consistent with the patient feedback.

What has the Travel and Transport Reference group told us

Discharge and patient transport:

- After an appointment patients are not always taken to collection area for transport.
- There should be accessible transport for patients and visitors.
- The Age UK 'discharge from hospital scheme should be continued.
- Patient transport should give notice about collection times where possible (i.e. within the area: 10-15 minutes) so people can get the coat on, use the bathroom and not just sit and wait.
- Patient transport is not always on time/reliable.

Future Actions

- A 'patient portal' is being developed which will allow people to see where the transport is. A pilot will be rolled out fully during next year. Service user testing has taken place during the pilot.
- A new IT system for managing transport is being trialled to ensure better use of vehicles. It is being rolled out gradually over the next year. It represents a completely different way of working, e.g. vehicles will be used where they finish rather than going back to base.
- Hospital portering arrangements to be looked at again.
- Plans to establish discharge lounge at CRH will be taken forward.
- The requirement to have a PTS service for those people who do not meet the current criteria will be explored.
- Clearer communication will be provided to explain why carers and families have to travel separately.
- Further work to be done to incorporate pre-collection calls to patients using transport wherever possible.

RECOMMENDATION

8) Improvements to the Patient Transport Service outlined in the Future Action section are implemented in a timely way consistent with Patient and Public feedback.

SECTION 10
SEAMLESS HOME FROM HOSPITAL

The Seamless Home from Hospital service (SHFH) is run jointly by Calderdale Community Transport and Age UK Calderdale and Kirklees. The service provides an accessible journey home for elderly and vulnerable patients with support as soon as the patient arrives home, which may include turning on heating, making beds, making lunch or a hot drink, clearing out the fridge, doing some shopping, a Safe & Warm check etc. The aim is to ensure that patients are safe and comfortable at home.

SHFH is funded by the Calderdale and Greater Huddersfield CCGs and works across the Calderdale and Huddersfield NHS Trust area.

Assumptions

Seamless Home from Hospital patients are recorded as either “Avoiding Admission” or “Discharges”. Patients avoiding admission will have arrived at A&E by ambulance, in most cases, or in a neighbour, friend or relative’s car. Patients are typically aged over 80, frail with low mobility, and the most common reason for attending A&E is a fall. Patients are not usually collected directly from A&E: most have gone to a Clinical Decision Unit (CDU) or a Medical Assessment Unit (MAU) and may have been kept in for one or two nights for observation and further clinical tests.

Assuming that all patients avoiding admission would in future be collected mostly from CRH rather than HRI, discharges would be unaffected (see data table).

The Baseline data used is for the twelve months from November 2016 to October 2017. The most recent dataset has been used because there has been a significant increase in the number of patients avoiding admission, from 24% of total patients in 2016 to 39% in 2017, and a corresponding drop in the number of discharges. We expect this trend to continue and have awareness of the benefits of avoiding admission for older people.

Results

Reconfiguration would not result in significantly increased travel times for SHFH patients. Having a single emergency site at CRH would increase the overall average travel time by 1.6 minutes. There would be no increase in the cost of the SHFH service due to hospital services reconfiguration.

SECTION 11
GREEN TRANSPORT AND SUSTAINABILITY ISSUES

Sustainability is intrinsic to NHS principles and values as part of a sustainable health and social care system reducing carbon emissions, protecting natural resources, addressing extreme weather events, and improving health and lives.

Improving health and wellbeing and people's experiences of the NHS and giving people greater control over their lives and health care in the everyday things that make people's lives better is as important as improvements in clinical practice, service improvements and innovation. We recognise that all have a part to play in making ourselves, patients and our communities healthier.

Transport and travel to, and between, the two hospitals and other sites within CC2H programme should therefore be managed through a local Transport Plan agreed with Partners which seeks to achieve the lowest possible levels of carbon usage, minimise harmful emissions, and maximise opportunities for promoting the health and wellbeing of individuals and communities.

There is a balance to strike. Many people – those with a range of disabilities, psychological or medical conditions, carers, younger children, and those with inadequate access to public transport services may have no realistic travel choice other than private car or taxi. The approach to sustainability must allow priority to such groups and should not penalise them for use of less sustainable travel modes.

Access to hospital by active travel (walking and cycling)

Local Health and Wellbeing Strategies which encourage active travel where appropriate have contributions to make. This means ensuring that those walking or cycling to hospital and CC2H sites – including those transferring from buses and private cars – can do so safely and without the nuisance of excessive traffic speeds or vehicle emissions within or close to the hospital estate. The pedestrian environment should be as step-free as possible with clear signage and tactile surfaces as appropriate. Road crossings should be well-lit and free of obstruction from parked cars. Routes through car parks to reception areas must be accessible to wheelchairs and mobility scooters.

Annual Renewal

An annual Sustainable Development and Travel Plan involving key partners considering carbon usage, emissions, air quality and impact on promoting improved health of individuals and communities and reducing local health inequalities would be beneficial in keeping the focus on continuous improvement. Outcomes should be published and fed back into strategies and policy plans.

SECTION 12
COMMUNICATION STRATEGY

The Travel and Transport Group was set up, in part, because of the high level of public interest in transport matters identified throughout the engagement and consultation process. It is therefore expected that there will continue to be ongoing interest in the group's final report and recommendations, and in the CCG's response. As a result, CCGs are committed to taking the following communications approach in relation to the next step of the process.

a) Continue to update the public on implementation of Care Closer to Home to demonstrate that the overall strategy for Health and Social Care Services is being delivered as part of a coherent plan for delivering safe and sustainable Services for Greater Huddersfield and Calderdale.
b) Promote publication of the report.
   The CCGs will use their own channels including social media, websites, bulletins and direct communications with key stakeholders as well as issuing a press release to promote publication of the group's final report of findings and key recommendations.
c) Promote CCGs response to the report and recommendations.
   The CCGs will use their own channels including social media, websites, bulletins and direct communications with key stakeholders as well as issuing a press release to promote their response to the report and recommendations and the next steps that will be taken.
d) Publish action plan and timeline.
   The CCGs will publish an action plan and key timeline on their websites. The action plan will be updated on a regular basis/as appropriate. Press releases and more targeted stakeholder communications will be used to promote key achievements.

The identification of key stakeholders and messages and the development of a media handling plan will support the steps outlined above.

The Travel and Transport group endorse this approach.

SECTION 13
EQUALITY AND HEALTH INEQUALITY IMPACT ASSESSMENT[xv]

Background

Prior to consultation, the CCGs commissioned an Equality Impact Assessment to inform the consultation plan regarding the protected groups likely to be affected by the proposals and to assure the CCGs of their readiness to consult. During consultation, reviews were undertaken to enable specific targeted action to be taken to ensure that the consultation was meeting a representative sample of local communities. Post consultation, the CCGs commissioned an Equalities and Health Inequalities Impact Assessment (EHIIA), in order to review the findings from consultation and provide an assessment of the potential impact of the proposals.

Introduction

Whilst the EHIIA concluded that no indication was found of the proposed changes being discriminatory, one of the key recommendations from the EHIIA was that the CCGs should **consider the issues raised in relation to travel, transport and improved access to local services.** The report recommended key actions for consideration to enhance the potential positive impacts identified and mitigate any potential negative impact. The Mitigating/Remedial actions in relation to Travel and Transport and Parking are set out below.

Role of the Travel and Transport Group

The Terms of reference for the Travel and Transport Working Group identify that the group will

Review and take account of the relevant findings from the Equality and Health Inequality Impact Assessment as part of any recommendations.

Action Taken by Travel & Transport Working Group

- Collaborative working across NHS/local council's patient groups and voluntary groups. Membership as set out on Terms of Reference.
- Reviewed outcomes of public consultation and incorporated into work plan model.
- Developed key messages format for each meeting setting out key elements of discussion/agendas.
- Conducted two travel analysis surveys.
- Established a representative Reference Group to review work of Travel & Transport Working Group.
- Independent community based support agency appointed to facilitate Reference Group work.
- Developed a range of participative activities to ensure a public voice including virtual networks and two inclusive workshops chaired by the independent Chair of Travel & Transport Working Group.
- Appointment of independent Chair of Travel & Transport Working Group.

- Clear communication strategy and dissemination pathway to promote outcomes of Travel & Transport Working Group report and recommendations.

The following paragraphs set out the specific action in relation to each of these recommendations.

EHIIA – Mitigating/remedial Actions
The provision of a specialist Paediatric Emergency Centre should ensure the speedy and appropriate treatment of children and young people.
This is a mitigating action that does not require action by the Travel and Transport Working Group.

Treatment at Urgent Care Centres in the existing locations should mean that only a very minimal number of people are travelling further to the Emergency Centre. Most will travel by ambulance, be treated on arrival of the ambulance team and in transit.
This is a mitigating action that does not require action by the Travel and Transport Working Group.

The provision of more care locally in the community should reduce the requirement to travel for clinic appointments.
The Travel and Transport Working Group has considered the plans to provide more care locally in the community.

The concerns raised about the Elland bypass may be ameliorated by works that are scheduled.
The Travel and Transport Working Group has considered the works that are scheduled in relation to the A629 (and A621).

Work with local stakeholders and representatives to develop and publicise travel information to reduce people's worries about additional travel.
The Travel and Transport working group established an independently managed Reference Group. The Demographic information from the membership, both in relation to themselves and the profile of the groups that they could reach through their networks has been collated and analysed. This has confirmed that there is adequate representation from geographical locations and protected groups in line with the CCGs' Equality duties.

Two travel analysis surveys have been undertaken. These will be analysed to understand the impact by location (postcode) and where any significant additional travel is established, consideration will be given to the profile of the population affected, by equality group, where data is available and by deprivation indices. So that the CCGs can identify if this has been mitigated by, and/or the impact from this on, the Travel and Transport Working Group's recommendations. This analysis will

be done as part of the Quality Impact Assessment undertaken on a service line basis as changes are planned.

The independent manager of the Reference Group reports to the independent chair of the Working Group and attends Working Group meetings.

The group has provided input across a number of areas, including the development and promotion of travel information.

Address concerns around parking and impact on disabled people, due to current limited number of disabled parking bays.
The Working Group has considered this issue and identified the current position, recommendations and action to be taken. The information is included in the 'Car Parking' feedback grid.

Ensure that priority car parking is available to families of patients who require long stays in hospital.
The Working Group has considered this issue and identified the current position, recommendations and action to be taken. The information is included in the 'Car Parking' feedback grid.

Provide information in accessible formats about transport options for patients and visitors, to be available in a range of languages and formats.
The Working Group has considered this issue and identified the current position, recommendations and action to be taken. The information is included in the 'other transport themes' feedback grid.

Collaboration with voluntary and community advocacy services for those who require support when using public transport. Some respondents suggested the CCGs explore supporting volunteer car schemes, particularly in rural areas.
The working group has received presentations and information from 'Seamless Home from Hospital Service'.

People on low incomes should not be disadvantaged by travelling further to a specialist hospital site using public transport. Explore opportunities to support patients and visitors travelling to hospital sites using community transport services. The CCGs should play an active role in coordinating partners to explore possible improvements.
The Working Group has received presentations and information from 'Seamless Home from Hospital'.

The Working Group has made recommendations about reconfiguring the existing NHS shuttle service, advised by the Travel and Transport Reference Group and

including communication about any changes and information. They recommended developing a transport leaflet to support patients and carers understand options available in a range of formats.

Next Steps

In addition to the work outlined above and the agreed actions, and in line with the CCGs' continuous duties in relation to equality. As changes are planned to individual services, an equality impact assessment will be undertaken to understand if there are any potential negative impacts to be mitigated or positive impacts to be enhanced for protected groups.

Appendices

Section 10 of the EHIIA in relation to Travel and Transport and Accessibility.

SECTION 14
YORKSHIRE AMBULANCE SERVICE

The Terms of Reference for the Travel and Transport Working Group indicates that the work to identify the impact on resource and travel times for the Yorkshire Ambulance Service has been undertaken in parallel to the work of the Travel Group. Yorkshire Ambulance Service provided an overview to the Transport and Travel Group and a summary is set out below:

- YAS NHS Trust continues to engage and work with CHFT on their proposed reconfiguration of services to ensure that YAS can model the impact on our activity and patients, to ensure we can plan effectively to mitigate the impact.
- The main impact would be the increase in incident cycle time and the ambulance drift caused by conveying patients to another locality. We would need to plan additional conveying ambulance resources into the Kirklees area to mitigate these two factors.
- Sick patients will be conveyed for longer periods of time but they will be conveyed direct to a specialist centre where they can be treated immediately. This model of care works well with major trauma, heart attack patients and stroke and improves quality of care and patient outcomes.
- The workforce within ambulance services have been professionalised over the past 20 years and many of the first line treatments that previously could only be delivered by a doctor in A&E are now given to patients by ambulance staff in the pre-hospital phase.

Dr Mike Grady
Independent Chair: Travel and Transport Group, Calderdale and Greater Huddersfield CCG.
January 30th 2018.

A. CHAIRS BIOGRAPHY

Mike Grady was Principal Advisor at the Institute for Health Equity University College London and a member of the review team working with Professor Sir Michael Marmot, Chair of the Global, European and English reviews of health inequalities.

Mike led the dissemination of the strategic review nationally on behalf of the team at UCL He has presented at many national and international conferences.

He worked as an NHS PCT Chief Executive, Acting Chief Officer (Housing and Social Care) and Deputy Director of Social Services in a large northern Metropolitan Authority.

Mike has a M.A in Social and Community Work and a Doctorate from Middlesex University in "Exploring the parameters of Leadership" and specifically the impact of community development in improving health and wellbeing.

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[i] Calderdale CC2H update
[ii] Calderdale Primary Care update 050717 v2
[iii] Greater Huddersfield CC2H update
[iv] GH Primary Care Presentation
[v] Locala Current & Future Delivery Plans
[vi] CHFT CC2H
[vii] SWYFT services offered in Calderdale & Kirklees
[viii] Ref Group Event Report of Findings
[ix] T&T Ref Grp feedback from 19th June 17 event
[x] Car Parking travel and transport working group grids - Final
[xi] Public Transport working group Grid - Final
[xii] PTS Travel and Transport working Group grid - Final
[xiii] Grid other transport themes FINAL
[xiv] Public and Private Travel analysis
[xv] RCRTRP EHIIA V1