

**RESPONSE TO CAMBRIDGESHIRE AND PETERBOROUGH CLINICAL COMMISSIONING GROUP'S PUBLIC CONSULTATION ON THE FUTURE MODEL FOR NON-EMERGENCY PATIENT TRANSPORT SERVICES (NEPTS) IN OUR AREA**

*To:* **Economy & Environment Committee**

*Meeting Date:* **Tuesday 17 November 2015**

*From:* **Service Director: Strategy and Development**

*Electoral division(s):* **All**

*Forward Plan ref:* **NA** *Key decision:* **No**

*Purpose:* **To inform the Committee about the consultation being undertaken by Cambridgeshire & Peterborough Clinical Commissioning Group (CCG) with regard to Non-Emergency Patient Transport Services (NEPTS), and to advise the Committee as to the potential impact on the Council's Total Transport project.**

*Recommendation:* **The Committee is asked to agree that the Council's formal response to the consultation should be based on the appendix at the end of this report and should be submitted by the Service Director: Strategy and Development by 19 November 2015.**

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## **1. BACKGROUND**

- 1.1 The Cambridgeshire & Peterborough Clinical Commissioning Group (CCG) spends more than £6.5m per year on provision of non-emergency patient transport services (NEPTS). To be eligible, patients must have specific medical needs and have no other way of getting to and from their appointment.
- 1.2 The current contracts for NEPTS are coming to an end, and the CCG needs to tender a new service for September 2016. A 12-week consultation process is running through to 19<sup>th</sup> November 2015.
- 1.3 The Council spends around £20m per year on supported transport. The majority of this relates to home-to-school transport, however more than £1.7m is spent on adult social care transport and a further £1.9m on community transport and bus services in isolated areas.
- 1.4 Cambridgeshire received £460k from central government in early 2015 in order to develop and pilot a Total Transport approach. This national concept recognises that efficiency savings may be possible if different types of transport provision can be integrated. The funding is for a defined period to March 2017, by which time a pilot project must have been fully implemented and evaluated.
- 1.5 The Cambridgeshire Transport and Health Joint Strategic Needs Assessment (JSNA) of April 2015 recommended "A system-level perspective on health and transport planning, specifically ensuring that transport issues are given sufficient prominence within the Cambridgeshire and Peterborough Clinical Commissioning Group System Transformation programme".

## **2. MAIN ISSUES**

- 2.1 The CCG's obligation to comply with procurement regulations means that there is limited time to redesign NEPTS whilst completing a legal tender process for September 2016.
- 2.2 The operating model proposed in the CCG's consultation documents would see a single point of access for booking NEPTS and a single provider for delivery of this service. There is currently no reference to integration with Council-funded transport services.
- 2.3 The CCG does not intend to alter the eligibility criteria for NEPTS. The centralisation of eligibility screening will deliver greater consistency, but may lead to a reduction in the number of patients approved for transport, even without any change to criteria. Those deemed ineligible for NEPTS would still need to access healthcare.
- 2.4 Representatives of the CCG attended both the Council's Cambridgeshire Future Transport Member Steering Group and Health Committee in September. Officer discussions between the CCG and Council took place in October. There is a clear willingness on both sides to engage positively, with the intention of maintaining access to healthcare despite reducing budgets.
- 2.5 Not all current NEPTS users require specialist transport; many are able to travel in a car. Noting both this and the potential increase in the number of

patients declined NEPTS (point 2.3 above), capacity building within alternative services may be appropriate and necessary. Additional financial support for community transport, for example, has been identified as one possible way forward.

- 2.6 Integration of current NEPTS journeys with Council-funded services may be possible, for example the use of a home-to-school or adult social care minibus in the middle of the day to provide discharge journeys from hospital. Specific examples will need to be considered based on real travel data from the current NEPTS and Council-funded services.
- 2.7 Continued engagement between the CCG and the Council is vital in developing integrated solutions that offer financial savings whilst maintaining services. The CCG has been invited to participate in the Total Transport Project Board, and Council officers remain willing to meet with the CCG to analyse data and explore options.
- 2.8 The proposed consultation response in the appendix summarises the above issues. It highlights how benefits for the Council and CCG could potentially be provided and as a result, services be provided more efficiently. To do this, it highlights the commitments we are seeking from the CCG. Subject to the views of Committee, this will be submitted to the CCG and discussions on the way forward will continue.

### **3. ALIGNMENT WITH CORPORATE PRIORITIES**

#### **3.1 Developing the local economy for the benefit of all**

There are no significant implications for this priority.

#### **3.2 Helping people live healthy and independent lives**

The following bullet points set out details of implications identified by officers:

- Transport barriers are a contributory cause of missed and cancelled health appointments, delays in care, and non-compliance with prescribed medication.
- The Council aims to support older people and people with disabilities living independently; good access to transport is a vital enabler for achieving these goals. Projects that can develop or simply maintain transport provision, for example through the integration proposed within Total Transport, are vital in supporting independence.

#### **3.3 Supporting and protecting vulnerable people**

The following bullet point sets out details of implications identified by officers:

- The JSNA report found that transport barriers are not experienced equally through the population and are impacted by social exclusion, living in rural areas, access to a car and the skills and confidence to use available transport. Developing or simply maintaining access to transport will help to support and protect vulnerable people.

#### **4. SIGNIFICANT IMPLICATIONS**

##### **4.1 Resource Implications**

Joining up of services has the potential to provide financial benefit to the CCG and the Council and as a result, allow the two organisations overall to provide better services than if all were provided independently.

##### **4.2 Statutory, Risk and Legal Implications**

There are no significant implications within this category.

##### **4.3 Equality and Diversity Implications**

There are no significant implications within this category.

##### **4.4 Engagement and Consultation Implications**

There are no significant implications within this category.

##### **4.5 Localism and Local Member Involvement**

There are no significant implications within this category.

##### **4.6 Public Health Implications**

There are no significant implications within this category.

<b>Source Documents</b>	<b>Location</b>
<i>Cambridgeshire Transport and Health JSNA 2015 report</i>	<a href="http://www.cambridgeshireinsight.org.uk/JSNA/Transport-and-Health-2014/15">http://www.cambridgeshireinsight.org.uk/JSNA/Transport-and-Health-2014/15</a>

## **APPENDIX 1**

Cambridgeshire County Council welcomes a review of NEPTS. The positive discussions between officers from both organisations to date are noted; the Council wishes to continue working closely with the CCG to help develop a new operating model for this service.

The following specific comments are made;

a) The Council considers that full exploration of the Total Transport concept is necessary, to establish if it can help mitigate the impact on transport of funding pressures across the public sector. The CCG is asked to participate fully in the pilot scheme planned for the Ely area. This will require the sharing and joint analysis of data, to establish where integrated services can offer financial savings whilst maintaining access to healthcare.

b) The Council encourages the CCG to set an overall tender specification which allows flexibility in the type and number of journeys to be delivered, and in the purpose of the proposed booking centre. The new contract should not restrict the potential impact of Total Transport in either the pilot area or any subsequent roll-out.

c) The Council understands that many current NEPTS trips are car based rather than requiring an ambulance and could be provided in other ways. The Council believes that community transport (CT) offers good value, well-regarded services, which could be developed as one possible model of provision. The current capacity of CT is, however, much lower than the volume of journeys that could potentially be cascaded from NEPTS, and therefore extra support for the sector would be required. The Council encourages the CCG to reallocate some funding from the existing NEPTS budget to CT schemes.