

Agenda item 3i

Appraisal application form for Interaction NMP Board

A Summary and basic information

1. Title of proposal	Hospital Hopper Service; Transport to Clacton and Colchester Hospitals and Hospices		
2. Date submitted	2nd February 2007		
3. Summary of proposal (max 150 words) i.e. what does the proposal involve and what will it achieve?			
<p>The Hospital Hopper service was established in 2004, with a 3 year Rural Bus Challenge Grant from central government. The funding aimed to improve the lives of disadvantaged people and improve access to healthcare. The service provides a vital transport link for hundreds of vulnerable people, particularly residents living in Golf Green and Pier wards, who find it difficult or impossible to access healthcare. Please see www.dial-a-ride.org to see customer feedback on the Hopper service.</p> <p>After the Rural Bus Challenge funding ceased, Tendring PCT agreed to support the scheme but as a consequence of the recent merger with Colchester PCT (to form North-East Essex PCT) the level of funding has been reduced. Interaction Partnership resources are required to bridge the significant funding gap that has now been created.</p>			
3. How much will the proposal cost in total?			
	From NM	From other sources	Total

Capital	0	0	0
Revenue	£8,000	<ul style="list-style-type: none"> • £3,188 fares • £1,812 TCT's fundraising/donations • £14,000 	£27,000
Total	£8,000	£19,000	£27,000

4. Organisation responsible

Name of contact and position	Theresa Coyne Chief Executive Officer
Address	Hurlingham Chambers, 61 Station Road, Clacton on Sea, Essex, CO15 1SD
Phone	01255 436962
E mail	theresa.coyne@btconnect.com

B The proposal

1. What is the problem you are trying to address?

Set out the problems and causes, using statistics and evidence where available – referring to the delivery plan and its targets and outcomes.

The problem is that without help, people will be unable to access to health services. The service was set up in response to customer feedback and feedback from special interest groups, who highlighted the problems associated with no direct link to Colchester Hospitals and Hospices.

Hospital Hopper passengers inform us that before the hopper was launched they were paying between £30 and £40 per day taxi fares to access Colchester Hospitals. Other elderly, frail and disabled passengers described the cost and the number of transport changes, and the time taken to get to hospital when they used public transport. The Hospital Hopper is a vital service for people such as these.

Self- referrals and referrals from GPs, hospital consultants and ambulance services are increasing. People needing to access Colchester for other reasons including work, can use the service subject to seat availability. Priority is always given to healthcare.

When not in use during evenings and weekends, the bus is used by community groups using volunteer drivers.

2. Proposal objectives?

List the objectives for the proposal (these should be measurable)

TCT's objectives are:

1. To provide a direct wheelchair accessible, safe and affordable transport service to Clacton and Colchester Hospitals, for people who find it difficult or impossible to access conventional public transport.
2. Through the provision of appropriate transport improve users health and well being.
3. To sustain the Hospital Hopper Service for the long-term, through partnership working and fundraising.

. Measured by the number passenger journeys, passenger miles, customer satisfaction and cost compared with commercial operators

3. How do you propose to address the problem?

List the activities and set out who will benefit.

TCT will continue to actively seek funding from a range of local and national sources to sustain the service in the long-term.

The beneficiaries are those people who need to access healthcare, those without transport who are separated from a hospitalised loved-one, and those who need access to education and work. Typically, it is lone parents, elderly, frail and disabled people who benefit most from the Hospital Hopper service.

4. How does this proposal address the problem. List activities and describe evidence from similar initiatives if possible.

TCT has provided and sustained wheelchair accessible transport throughout Tendring for the past 13 years. Contributing to regeneration, alleviating the problems associated with rural and social isolation, as well as helping people to stay healthy through access to health, work, sport, education, social and leisure activities. We work in partnership with numerous voluntary and statutory organisations locally, throughout Essex and nationwide.

TCT is on target to exceed the 116,186.00 passenger journeys it delivered last year. Our funding also enabled six independent Social Car Schemes to deliver an additional 24,765.00 passenger journeys and this figure will also be exceeded this year. Two of the six schemes operate from Clacton, Pier and Golf Green wards and Jaywick.

We estimate that a 1/3 of our own and the social car schemes' activities are health related e.g. transport to GP surgeries, hospitals, clinics, chemists, opticians, dentist etc.

In addition to the Hospital Hopper, TCT provides transport throughout the district but also in Clacton, Pier and Golf Green wards and Jaywick. Transport provided, includes Dial-a-Ride (for disabled individuals), transport for community groups and transport for schools and colleges. We have 700 ***community groups*** registered to use our services, which are listed on our website www.dial-a-ride.org. We provide transport for Jaywick's Full Circle and the Over 60s Club, Sure Start, Bishops Park, Colbayns to name but a few.

Most of our work is achieved using volunteer drivers, whom we recruit and train to a nationally recognised standard (most are unemployed or retired people). Our work placements enhance the job prospects of the unemployed (we work in partnership with SEETEC and the Job Centre Plus). Apart from work experience, we provide help and guidance with job search, writing CVs and interview techniques. The few paid staff employed by TCT are former volunteers.

5. Community involvement

How have residents been involved in developing the proposal?

TCT has Jaywick and Clacton residents representatives on its board, including a younger person. All are involved in the strategic planning and decision-making processes.

TCT is very proactive on TDC Transport and Access Task Group, and the new Transport Forum. TCT hosts a transport sub group which works on the transport objectives laid out in Tendring District Council's LSP. Our work also links in with the LTP and other key documents.

We are lobbied daily by residents fearing that they are about to lose their hospital transport service.

The Jaywick Forum and the Tudor and Jaywick Residents Association, whose membership are also deeply concerned that a vital service is at risk, have also expressed concern.

6. Management arrangements?

Describe the arrangements for ensuring the proposal is managed, monitored and delivered as planned. Please give names of two references or referees (people that you've worked with before) that we can contact in advance of the appraisal process.

TCT has operated community transport for the past 13 years. It has a proven track record for managing projects including the Rural Bus Challenge. We have the necessary skills and competencies developed over many years. Our accounts and payroll are computerised as is our transport booking processes.

These systems enable TCT to monitor and evaluate projects and produce the necessary finance and other management reports required by the CEO and Trustee Board.

Our referees are:

Sharon Alexander

Chief Officer

Tendring CVS

Imperial House

Rosemary Road

Clacton on Sea

And

John Pope

Group Manager

Highways & Transportation

Essex County Council

County Hall

Chelmsford

Essex.

7. Risks

Set out the risks associated with this proposal and how you plan to minimise them.

Every driver and escort undertakes specialist training and undergoes enhanced criminal records checks. TCT carefully monitors the performance of its workforce and evaluates performance against agreed objectives and targets

The trustees actively review the risks that TCT faces. All identified risks are assessed for both likelihood of occurrence and potential impact. This information is then used to develop risk management for the organisation, including the identification of existing controls in operations and any new controls the trustees consider necessary.

Risk management forms part of the annual planning process, against which the trustees review progress. The trustees also seek to anticipate future risks by undertaking regular risk management assessments in key areas e.g. passenger safety, driver training etc. In respect of financial risk, the trustees believe that maintaining TCT's reserves at appropriate levels, combined with the annual reviews of controls over key areas, will provide sufficient resources in the event of unplanned adverse conditions. TCT reserves policy is that any surplus made is divided between a General Fund (to be used in the event of withdrawal of ECC funding) and a Vehicle Replacement Fund.

C Finances

1. What is the total cost of the proposal?					
Itemise the total spend as much as possible and set out the period this will cover, indicating what proportion is required from NM					
	Item	£ year 1	£ year 2	£ year 3	Total
Capital (NM)		0	0	0	0
Revenue	Driver's salary including NI and relief cover for sickness/A/L	£16,096	0	0	£16,096
	Vehicle running costs for one year including fuel, tyres, insurance, MOT, Road fund licence, Servicing and breakdown recovery	£5,950	0	0	£5,950
	Driver Training, appraisal, marketing and promotion	£5000	0	0	£5000
Total		£27,000			£27,000
Total (NM)		£8,000	0	0	£8,000
NM to cover operational deficit created through reduced grant from NE Essex PCT					
Other funding		£3,188 from fares			£3,188 from fares
		£1,812 from fundraising /donations £14,000 from NE Essex PCT			£1,812 from fundraising/donations

Total		£27,000			£27,000
2. Value for money					
Explain how this proposal provides value for money.					
<p>TCT's transport fits a niche in the market not filled by most commercial operators. Our vehicles are wheelchair accessible, our drivers are trained to a high standard and our fares, especially to Colchester are lower than any other transport provider, which is vital for people on pensions and low incomes.</p> <p>Without this service there would be an increase in DNA's (did not attend) at the hospitals we service. This in turn would lead to ill health and possibly worse for people unable to access health services.</p> <p>Charity's like TCT are plugging gaps in provision, saving L.A's, Social Care Services and NHS service providers a great deal of money. There is no doubt in our minds that should this service cease local residents will suffer and statutory organisations will have their diminishing resources even more stretched than they are at present.</p> <p>ECC commissioned WSP consultants to carry out a Best Value Review on TCT's services. They reported that <i>"TCT is one of the most productive and professional CT schemes we have come across nationwide"</i>.</p>					
3. What resources are already invested by your, and other, organisations in the area on this issue?					
<p>As stated above, TCT has operated in the areas concerned for 13 years. We have delivered vital transport services that assist local authorities to meet their Accessibility Planning targets. Our services also enable TDC and ECC to meet many on their transport objectives.</p> <p>We have invested Our own income and ECC resources (some of their annual funding), to the administration of the hopper, funding for six social car schemes helping even more people to access GPs and hospitals, shopping, work, education our trustees time.</p>					
4. Why is NM money needed?					
<p>As stated above, to bridge a gap created by the merger of the primary care trust, with whom TCT has a five-year partnership agreement to sustain the hospital hopper.</p>					
5. Can you be paid this money in arrears, or do you need it to prime the project?					
<p>At least have would be needed up front to pay for a driver salary and vehicle running costs. The ECC grant is paid in two parts April and October.</p> <p>The hospital Hopper logs 1,200 miles per week (240 miles per day).</p>					

6. Who are your organisation's auditors? (Please attach a copy of your last set of audited accounts)

Jameson, Chartered Accountants & Registered Auditors, 92 Station Road, Clacton on Sea, Essex. CO15 1SG

D Options

1. What other options have been considered to address this proposal and if they were, why have they been rejected?

An application to Department for Transport to extend the Hopper Funding. The RBC funding has expired, so partners are do not hold out much hope.

E Measuring and sustaining the impact

1. What outcomes do you hope to achieve? (I.e. overall results and benefits that relate to the delivery plan)

How will the outcomes be measured?

The outcomes we will achieve are access to healthcare. The number of passenger journeys, passenger miles and customer satisfaction surveys and feedback will help measure the outcomes.

2. What monitoring arrangements will be put in place?

Set out your milestones (what you will have done by when) and outputs (things you can count to measure your activities) How will spend be monitored?

TCT has a proven track record, accrued over 13 years, of monitoring and evaluating its services. Our computerised booking processes and financial systems produce data on demand (including income and expenditure reports) that are monitored and evaluated by the CEO and trustee board. We are also required to provide quarterly performance targets to Essex County Council, who also carry out customer satisfaction surveys with our customers.

3. Evaluation

How will you measure success and use lessons learnt?

TCT will measure success by the number of passenger journeys, the number of passenger miles, the satisfaction of our customers gained through surveys, the usage of the Hopper during down time e.g. weekends, and evening and public holiday.

We analyse problems and take action to prevent recurrence.

4. The long term and future

How will the benefits be sustained when NM resources are no longer available?

If NM fund this project for one year, it will give TCT and partners sufficient time to seek funding from other sources to cover the funding gap created by the reduced level of funding from the PCT. TCT will also look to lobby the PCT secure funding for the full cost of the service.

Appraisal and approval structures

Amount of funding	Appraisal method	Approval required
Up to £2.5k	Neighbourhood Manager can carry out appraisal and submit for approval	Neighbourhood Manager and 2 Board members one of whom should be a resident board member if possible
Over £2.5k	Neighbourhood Manager and two board members one of which should be a resident board member if possible must go through the project appraisal form and submit for approval	Full Board

Signed:(project proposer) Date:

Name:

Hospital Hopper Service

Appraised by John Woolton

Date 27 April 07

Appraisal Checklist – Interaction NMP Board

Summary	Yes/no	Notes / changes required
Does this proposal impact on mainstream services or resources?	No	
Do we know what level of service is delivered by and resources committed to the area by this organisation?	Yes	
Will this help us achieve our agreed outcomes?	Yes	
Is it based on the needs and wishes of local people? Have they been involved in the creation of the project idea?	Yes	
Will it make a lasting difference?	Yes	Whilst Funding is available
Is this a substitute for mainstream funding?	Yes	
Does it provide best value?	Yes	
Is it too risky?	No	
Are we confident it will be well managed, monitored and evaluated?	Yes	
Section A	Yes or no	Notes / changes required
Is it clear what is being proposed?	Yes	
Is it clear how much money is required?	Yes	
Is it clear who the responsible organisation is?	Yes	

Summary	Yes/no	Notes / changes required
Section B		
Is it a convincing proposal in terms of setting out problems, objectives and activities?	Yes	

Will the proposal contribute to the delivery plan outcomes?	Yes	
Is it clear how the proposal relates to existing service delivery in the area, and neither substitutes nor duplicates related services?	Yes	
Have residents been adequately involved in developing the proposal (or their views taken into account)?	Yes	
Are management arrangements adequate?	Yes	
Have risks been adequately considered and planned for?	Yes	

Section C	Yes or no	Notes / changes required
Are the finances clear and reasonable and do they provide adequate detail?	Yes	
Does the proposal provide value for money?	Yes	
Is adequate information provided on the resources already invested by the organisation?	Yes	
Is an adequate explanation provided for why NM money is required?	Yes	
Section D		
Have other options been adequately considered?	Yes	
Section E		
Have measurable outcomes been identified?		

	Yes	
Are adequate monitoring arrangements in place?	Yes	
Are mechanisms in place for evaluation?	Yes	
Is it clear how the benefits can be sustained?	Yes	

Decision of appraisal panel

Recommend approval	Yes
Do not recommend approval	
Recommend changes required before approval	
If so, please state or refer to above sections	

Name	John Wolton
Signed	<i>John W^olton</i>
Date	27/4/07

Hospital Hopper Service

Appraised by Gill Bridle

Date; 27 April 2007

Appraisal Checklist – Interaction NMP Board

Summary	Yes/no	Notes / changes required
Does this proposal impact on mainstream services or resources?	No	
Do we know what level of service is delivered by and resources committed to the area by this organisation?	Yes	TCT is on target to exceed the 116,186 passenger journeys it delivered last year. It also funded 6 independent social car schemes to deliver an additional 24,765 passenger journeys.
Will this help us achieve our agreed outcomes?	Yes	There is obviously a local need for this service, and TCT is helping some of the most disadvantaged (eg elderly, frail & disabled people).
Is it based on the needs and wishes of local people? Have they been involved in the creation of the project idea?	Yes	The TCT board consists of residents from Jaywick & Clacton involved in the strategic planning & decision making processes.
Will it make a lasting difference?	Yes	Passengers who are frail & unwell are not physically capable of travelling by public transport. This service is a vital link for them during the whole of their hospital treatment.
Is this a substitute for mainstream funding?	Yes	Funding by NM is a temporary stopgap, until further funding can be obtained to replace monies lost through reduced funding by PCT.
Does it provide best value?	Yes	For the customer. It is currently cheaper than a return fare by train (just), and can better cope with disabled people. It does make for a longer journey time, but the convenience for the passenger of not having to change trains & a door-to-door service outweighs this disadvantage.
Is it too risky?	No	This is a short-term solution to a funding problem. If TCT are unable to obtain the shortfall in the

Summary	Yes/no	Notes / changes required
		long-term, then a new, revised assessment will be needed.
Are we confident it will be well managed, monitored and evaluated?	Yes	TCT have 13 years experience in delivering this service. They have the necessary skills & experience in place to continue.
Section A	Yes or no	Notes / changes required
Is it clear what is being proposed?	Yes	Short-term funding.
Is it clear how much money is required?	Yes	
Is it clear who the responsible organisation is?	Yes	
Section B		
Is it a convincing proposal in terms of setting out problems, objectives and activities?	Yes	

Will the proposal contribute to the delivery plan outcomes?	Yes	It is targeted to help local people, many of whom are disadvantaged. Local residents are also involved in the decision making process on the TCT board. TCT also help unemployed volunteer drivers by work placements, training, job searches and interview techniques.
Is it clear how the proposal relates to existing service delivery in the area, and neither substitutes nor duplicates related services?	No.	PCT currently supplies hospital transport for residents in this area. They are cutting back on that service to reduce costs & possibly using the Hopper Service as an alternate means of public transportation to the hospitals, thereby saving on their own running costs by transferring the burden onto TCT?
Have residents been adequately involved in developing the proposal (or their views taken into account)?	Yes	TCT has Jaywick and Clacton residents' representatives on its board.
Are management arrangements adequate?	Yes	

Have risks been adequately considered and planned for?	Yes	Risk Management forms part of the annual planning process, whereby TCT look at key areas, such as passenger safety, driver training etc.
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Section C	Yes or no	Notes / changes required
Are the finances clear and reasonable and do they provide adequate detail?	No.	Although the figures quoted by TCT show that they are on target to exceed 116,186 passenger journeys it delivered last year, they also state that they estimate that 1/3 rd of TCT & social car scheme activities are health related. They further go on to quote a figure of £3188 funded by fares. A return fare by Hopper is £6.20, which means that funding has been raised by 514.19 return fares (or 1028.38 passenger journeys). As we are only funding the Hopper service of TCT, this may not be financially self-funding. However, it does satisfy our other criteria.
Does the proposal provide value for money?	No	See above
Is adequate information provided on the resources already invested by the organisation?	Yes	
Is an adequate explanation provided for why NM money is required?	Yes	It is a short-term solution for a reduction in funding.
Section D		
Have other options been adequately considered?	No	There is no other service provider other than PCT.
Section E		
Have measurable outcomes been identified?	Yes	Measurement is in place to compare the number of passengers in comparison with previous years targets.
Are adequate monitoring arrangements in place?	Yes	TCT monitors performance of its workforce and its targets.
Are mechanisms in place for evaluation?	Yes	
Is it clear how the benefits	Yes	

can be sustained?		
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Decision of appraisal panel

Recommend approval	Yes.
Do not recommend approval	
Recommend changes required before approval	
<p>If so, please state or refer to above sections</p> <p>The Hospital Hopper service has to be pre-booked. As hospital appointments can be delayed, what arrangement is in place to collect someone who is unable to make the pre-arranged collection time? - The worry of not being able to catch the bus home can deter people from using this service.</p>	

Name	Gill Bridle
Signed	
Date	27.04.07

