**Transport and Health**

**Summary of discussion on 26/6/24**

**Attendees**

Sheena Asthana, Rebecca Baines, Andrea Beacham, Rod Birtles, Richard Blackwell, Penny Calvert, Simon Chant, Jeff Chinnock, Diana Crump, Sara Gibbs, Nellie Guttmann, Darin Halifax, Henry Ireland, Claire Jukes, Laura Langsford, Ginny Snaith, Kay Stratford, Kristian Tomblin, Charlotte Tutchings, Jeni Watts, Paul White

**Next steps**

GS to write up summary of meeting and share with attendees prior to sending to DCC Transport Team

GS to attend DCC LTP webinar to understand process

GS to liaise with attendees on next steps (? Convene another meeting to address specific issues)

**Key Principles**

* How can we help you to get where you need to be?
* Importance of transport in accessing the things that are essential for health (e.g. education and employment). Access to transport supports people to be more resilient and independent
* It’s not going to be one size fits all – need to risk stratify to identify most vulnerable individuals
* We must fit transport to the needs of the population not the needs of the service
* We need to consider the impacts of poverty – costs are often prohibitive and centralising services to reduce costs often increases the costs for users.

**Interdependencies and other work that needs to be linked**

* Joint Forward Plan
* Peninsula Acute Services Programme
* Digital Strategy/ Digital Inclusion plans (e.g. need to have a smartphone to access some forms of transport)
* Socially Mobility Commission in Devon
* Local Care Partnership Plans and structures
* Patient Transport Advisory Services (and their research)
* Healthcare Travel Costs Scheme

**Examples of good practice**

* West Somerset addressed poor accessibility by undertaking work to look at how to bring services together at local level
* Consider people who have multiple “touchpoints” and how these can be brought together.
* Work by DCT to map Village Hall and Community Spaces
* Development of mobile services (e.g. chemotherapy)
* Investment in ebikes
* One Northern Devon programme in active travel

**Working with communities**

* Community Transport delivered by Community Providers needs to be enhanced and strengthened (currently very fragile funding etc)
* Consider vulnerability of all VCSE services

**Information requirements**

* Map availability of transport and community services to affluence
* Understand catchment populations for services and which patients are housebound
* How does lack of transport impact on DNAs? (lots of evidence available)

**Moving from engagement and consultation to co-production**

* Community engagement needs to be ongoing process not just one-off for strategy
* Consider emotional and mental impacts as well as physical
* Consider needs of carers (e.g. can they travel with patients?)
* Consider differential impacts of protected characteristics
* Providing support to people who have difficulty using public transport (e.g. young people / people with disabilities)
* Consider how to inform people about the transport options available to them

**Other issues**

* Need to recognise complexity and trade-offs
* Ageing and geographically dispersed demography
* Variety of perspectives and political views
* Rurality/coastal
* Availability/cost of parking is considerable barrier to access
* Consider links to rail network (e.g. Cranbrook)
* Park and Ride often slowest option because stopping at multiple places (? Direct links to hospitals)
* Consider how to make transport “part of the package” when arranging appointments
* Consider what we need to do outside of the LTP
* Consider Ferries
* ICB needs to include in operational planning

**Others who need to be involved**

* Livewell
* Devon Access to Services
* Children and Families Health Devon