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GRAMPIAN HEALTH & TRANSPORT ACTION PLAN

nestrans

NHS Grampian

Scottish Ambulance Service

cta scotland
Community Transport Association

The Moray Council

Aberdeen City Council

Aberdeenshire Council

Grampian Health & Transport Action Plan

Report

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Executive Summary

The context

Transport networks and their use can have both direct and indirect impacts on public health. Direct impacts include poor air quality from traffic pollution, high background noise levels and injury/death in road traffic accidents, all of which affect health and wellbeing. Indirect public health impacts of transport include severance and isolation, while increased use of sedentary travel modes in recent decades has been one of the key contributors to the reduction in physical activity levels.

The ability of patients to access health and social care by appropriate means is an essential component of their treatment or care pathway. There are significant inequalities facing people wishing to access health and social care, yet access issues are too often considered only after decisions about the location and time where care will be provided have been made. The complexity of the challenge in managing journeys to health and social care is large (comprising more than 12 million journeys to hundreds of locations in the Grampian region each year, comprising over 100 million km of travel).

The growing population of the region in coming decades, and particularly the growth in the older population, will place significantly increased challenges on service providers to effectively meet individuals' needs.

The rationale for HTAP

Much good work is already underway by public sector service providers and others in the Grampian region to improve access to health and social care and to better link transport and public health outcomes. However, a review of evidence shows that further improved integration is essential to ensure best value is achieved: the impacts of transport choices on public health cannot be most effectively mitigated if the public health effects are not properly communicated; co-ordinating access to health and social care requires action from so many parties that an integrated approach is essential.

Delivering these benefits requires a partnership approach to service planning and delivery that is unlikely to be achieved without a co-ordinated effort. The purpose of the Grampian Health & Transport Action Plan (HTAP) is therefore:

To exert influence strategically at a local level within and between partners; to co-ordinate policies and plans and to work for the benefit of the region to enable safe and sustainable transport and environments.

This plan is not seeking to change or replace existing responsibilities, nor detract from the good work that is already on-going. It does, however, highlight those areas where existing activity may not be sufficient to achieve desired outcomes and identifies actions accordingly.

HTAP is intended to be applicable to all of NHS Grampian's area (comprising the areas of Aberdeen City, Aberdeenshire and Moray). This document updates the HTAP first adopted in 2008.

Vision

HTAP comprises two themes: transport and public health, and access to health and social care.

The vision for transport and public health is:

- For people in Grampian to choose to travel by active modes such as walking and cycling whenever appropriate and to have the ability to do so conveniently and safely, in order to improve activity levels and public health;
- For everyone in the region to live without unacceptable risk to their health caused by the transport network or its use.

The vision for access to health and social care is:

- For everyone in the region to be able to access the health and social care they need and if transport is required for this to be appropriate, convenient and affordable;
- For the environmental impacts of journeys to be minimised.

Objectives and actions

The actions of HTAP are encapsulated within five objectives (two for transport and public health, three for access to health and social care). These objectives and actions are:

Objective TPH1	**For partners to use their collective influence and resources within and between their own organisations and at a national level to further increase provision of high quality infrastructure for active travel, and to promote, inspire and enable more people to walk and cycle as part of their everyday lives.**
Actions to be delivered by HTAP	a. For health professionals to assist partner agencies collate and communicate evidence of the benefits of active travel and to advocate and deliver increased investment in active travel infrastructure, campaigns and support groups. b. For health professionals to have knowledge of relevant active travel support groups and networks and to signpost people to them where appropriate. c. For walking and cycling to be a common element of social prescribing or informal recommended advice by health professionals. d. To build capacity in active travel support groups and networks to assist more people where this is required. e. To ensure that the range of activities led by Local Authorities more fully promotes active travel. f. To form a cohesive Active Travel Working Group involving all those partners, particularly CPPs, involved in promoting walking and cycling to co-ordinate campaigns and activity[1]. g. For the reach of campaigns to be widened to ensure that everyone in the region, over time, becomes aware of the benefits of active travel. h. To mobilise collective expertise and resources to exert pressure nationally in developing infrastructure to enable active travel. i. To use HTAP members to influence policy and plans within their own organisations to improve active travel outcomes.

[1] This could maybe be linked to Nestrans' Sustainable Travel Working Group.

Objective TPH2	**For health professionals to ensure planners and decision-makers are informed of the adverse public health impacts of the transport system and to support those partners already working to resolve them, most notably in order to:** • **Reduce air pollution, especially within Air Quality Management Areas;** • **Reduce the number of people exposed to high transport noise levels;** • **Reduce the number of people killed or seriously injured on the transport network;** • **Reduce the number of people isolated from their communities and key services by lack of appropriate transport;** • **Ensure that transport policies support sustainable and healthy communities.**
Actions to be delivered by HTAP	a. For health professionals to assist other partner agencies collate and communicate evidence of the adverse impacts on the region's population of air pollution, transport noise, road crashes and isolation caused by transport. b. For health professionals to work with their partners to advocate further action to reduce the harmful health impacts of transport. c. For health professionals to work with partners to ensure that other policies affecting transport are assessed adequately in order to reduce the impact of them on public health and to create more sustainable communities and environments.

Objective AHSC1	**For partners to gain a detailed understanding of the gaps or inequalities in access to or from health and social care services, and to resolve identified problems.**
Actions to be delivered by HTAP	a. Build a comprehensive evidence base of the factors affecting where and when treatment or care is provided, of who provides transport, of the costs and other resources used in the provision of that transport. b. Using the Health and Social Care Transport Toolkit[2] as a guide, audit access policies, options and arrangements for patients and visitors to all health and social care facilities in the region. c. Understand patients' needs and aspirations then audit the gaps or inequalities in current access to or from health and social care services (be these geographic, temporal or by socio-demographic group), identify underlying causes of these problems and forecast how they will change in future. d. Set out, through an Access to Healthcare Charter, the responsibilities of both service providers and users to enable access to health and social care. e. Building on experience of the THInC project, work to further improve information on transport options that are available to patients, their carers and frontline health and care professionals. f. Work to build further capacity with community and voluntary services to provide access to health and social care where it is needed and appropriate. g. Recognise the potential efficiencies and savings that telehealth and telecare services can give to transport providers and to keep abreast of developments and expansion of such services in order that transport providers can capitalise on these benefits (in combination with action AHSC3c).

[2] Contained within Healthcare Transport - Recommendations of the Short Life Working Group. Scottish Government. 2013

Objective AHSC2	For partners to more fully coordinate the planning and delivery of health/social care and transport in order to improve the efficiency and financial sustainability of services.
Actions to be delivered by HTAP	a. Building on the audit of access arrangements to/from existing facilities (action AHSC1b) identify and react to opportunities for short-term improvements in efficiency of service delivery where these can be facilitated through improved inter-agency working. b. Develop and set in place a mechanism that will properly determine the access implications of any proposed changes to health or social care provision, and respond appropriately to any identified problems. c. Develop and set in place a mechanism that will properly determine the health and social care access implications of proposed land use developments or transport network changes, and respond appropriately to any identified problems. d. Scope the actions required to work towards better coordinated transport to/from health and social care, along with the costs and benefits of so doing, then set appropriate actions in train. Introduce initially small-scale projects addressing: • Management and leadership; • Responsibilities of service providers and users, and users' entitlements; • Provision of information on available options to service users and front-line staff in health and social care sectors; • Integration of systems, especially for booking appointments; • Resolving of issues constraining transport service delivery; and • Building capacity in communities to provide more transport. These projects are listed in Appendix D.

Objective AHSC3	For partners to work together to ensure that transport to health and social care is undertaken by sustainable modes wherever possible, or that care is provided without travel if appropriate.
Actions to be delivered by HTAP	a. Audit access provision to all health and social care facilities by walking, cycling and public transport, and take appropriate action where improvements are justified (in combination with action AHSC1b). b. Building on the audit work, put in place an effective travel plan, including provision of information on access by sustainable modes for patients, carers and staff, for each health and social care facility. c. Increase work to inform the development of telehealth and telecare services, recognising the environmental and financial benefits these can provide (in combination with action AHSC1g).

Delivery and management

Delivering the purpose, objectives and actions of the HTAP will require effective and on-going leadership, management and communications.

In order to achieve this, we suggest that:

- The three relevant Community Planning Partnerships[3] adopt the HTAP, and take responsibility for delivering its shared objectives;
- An HTAP Steering Group is given responsibility for delivering and maintaining the plan;
- Two Sub-Groups (one for each HTAP theme) provide expert input and guide delivery of projects;
- Project Groups are established to take forward specific tasks; and
- The HTAP Programme Manager should support the Steering and Sub-Groups, and project groups where appropriate.

[3] For Aberdeen City, Aberdeenshire and Moray.

1 Introduction

1.1 In 2008, the North East Scotland Joint Public Sector Group approved a Health & Transport Action Plan (HTAP) for the region[4]. The HTAP had been developed by NHS Grampian, Nestrans and their partners, and set out long-term strategic actions to improve integration between transport and health outcomes by:

- Promoting active travel (walking and cycling) to increase physical activity;
- Reducing the adverse impacts of the transport system on public health (in particular by reducing air pollution, traffic noise and the number and severity of road casualties); and
- Improving access to healthcare.

1.2 Partners have shown willingness to work together to achieve the objectives of HTAP. They recognise the overall themes remain relevant, but that much remains to be done[5].

1.3 This document therefore provides a refreshed HTAP. It has been updated in the light of lessons learned during the delivery of HTAP since 2008 and of changes to the funding environment, to policy and regulation. This refresh also accounts for initial considerations of the deeper integration of the delivery of health and social care services arising from the Public Bodies (Joint Working) bill.

1.4 The purpose of this HTAP is:

> *To exert influence strategically at a local level within and between partners; to co-ordinate policies and plans and to work for the benefit of the region to enable safe and sustainable transport and environments.*

This document

1.5 In this document:

- Section 2 provides an introduction to the issues relevant to the plan;
- Section 3 summarises the rationale for an HTAP and lessons learned since the publication of the 2008 plan;
- Section 4 presents a vision and objectives for the plan;
- Section 5 lists the recommended actions;
- Section 6 outlines the recommended delivery and management processes; and
- Section 7 presents a communication plan and risk register.

Note regarding boundaries

1.6 The areas covered by NHS Grampian and Nestrans are not coterminous: NHS Grampian provides services in the Moray Council area in addition to those of Aberdeen City and Aberdeenshire Councils which are within Nestrans' remit (Moray forms part of the Hitrans Regional Transport Partnership area). This plan, and any reference to the Grampian region in this document, is intended to be relevant for the entirety of the NHS Grampian area.

[4] The action plan is available at http://www.nestrans.org.uk/db_docs/docs/HTAP%20Final%20Report%20-%20July%202008_1.pdf.
[5] A report on progress towards all of the actions of the original HTAP has been prepared.

2 The issues in outline

2.1 This section briefly summarises the context which underpins the rationale for a Grampian Health & Transport Action Plan.

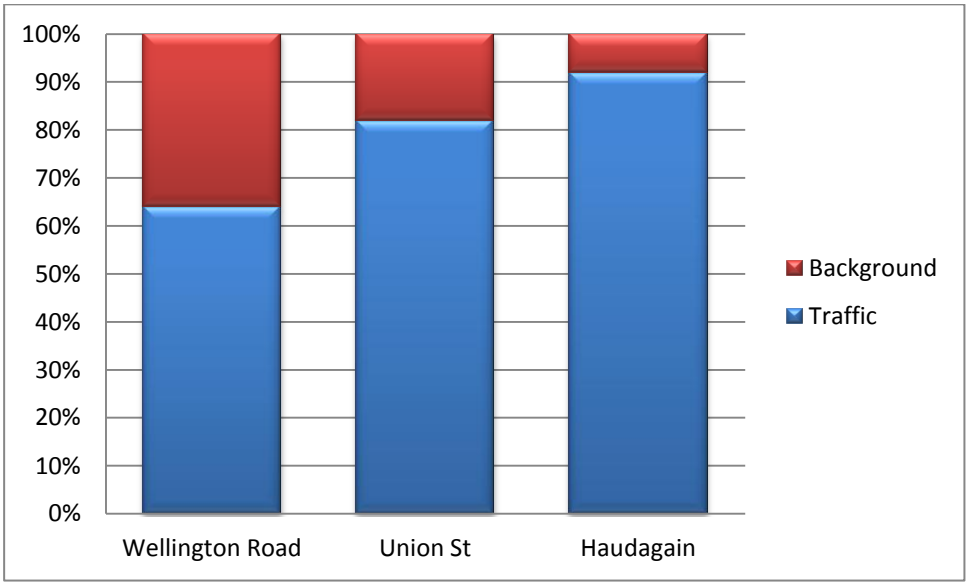
Transport and public health

2.2 Transport networks and their use can have both direct and indirect impacts on public health. Direct impacts include poor air quality from traffic pollution, high background noise levels and injury/death in road traffic accidents, all of which affect health and wellbeing.

2.3 Taking these issues in turn, it is estimated that if it were possible to remove all human-made particulate air pollution, average life expectancy from birth in the UK would increase by six months[6]. Thousands of residential properties in the region are in areas where pollution levels exceed standards[7]. Many tens of thousands more people will regularly travel to or through the worst hotspot areas of Aberdeen City Centre, Wellington Road and Anderson Drive so be exposed to high levels of pollution (there are currently no locations in Aberdeenshire or Moray where Air Quality Management Areas have had to be declared).

2.4 The majority of air pollution in UK towns and cities is caused by road transport. In those parts of Aberdeen where pollution exceeds standards, more than two-thirds of NO_x and around half of particulate pollution are caused by road traffic.

Figure 2.1 Source apportionment of NO_x pollution, selected sites



Source: Aberdeen Air Quality Action Plan

2.5 The health and wellbeing impacts of exposure to high noise levels remain to be comprehensively understood. However, many thousands of people do suffer from living in noisy locations: it is estimated that 13,000 people living in the Grampian region are exposed to daytime noise from traffic in excess of 65dB, and a further 1,900 to noise at this level from trains[8].

[6] The Committee on the Medical Effects of Air Pollutants
[7] Aberdeen City Council Air Quality Action Plan
[8] Draft Strategic Noise Action Plan for the Aberdeen Agglomeration

2.6 Although there has been a substantial reduction in the number of people injured on the roads in recent decades, an average of 378 people are still killed or seriously injured in road crashes in the Grampian region each year[9]. Many more suffer minor injuries.

2.7 Indirect public health impacts of transport include severance and isolation (individuals being 'cut off' from key services or their communities by a busy road or lack of appropriate transport). Thirteen per cent of older people living in rural areas report poor access to a range of basic services, including GPs, dentists and hospitals; older people and those on low income are significantly more likely to suffer poor access[10]. The resulting isolation can have adverse health impacts for many individuals, particularly for their mental wellbeing.

2.8 There are substantial inequities between those more likely to be causing and to be affected by these problems[11]. People living in deprived communities are much more likely to be adversely affected by transport pollution or noise than the average, in large part due to depressed housing costs in noisy and polluted places, and are much more likely to be involved in road crashes. People on low income, or that have a physical or mental impairment, are more likely to be excluded from transport choices[12].

2.9 Meanwhile, 61% of adults in Grampian fail to meet recommended guidelines for physical activity. Nearly one in three of all adults get less than 30 minutes exercise per week[13]. These people are at increased risk of a range of chronic health problems including cardiovascular disease, obesity, type 2 diabetes and mental disorders. Increased use of sedentary travel modes (those not involving physical activity) in recent decades has been one of the key contributors to the reduction in activity levels in the UK's population.

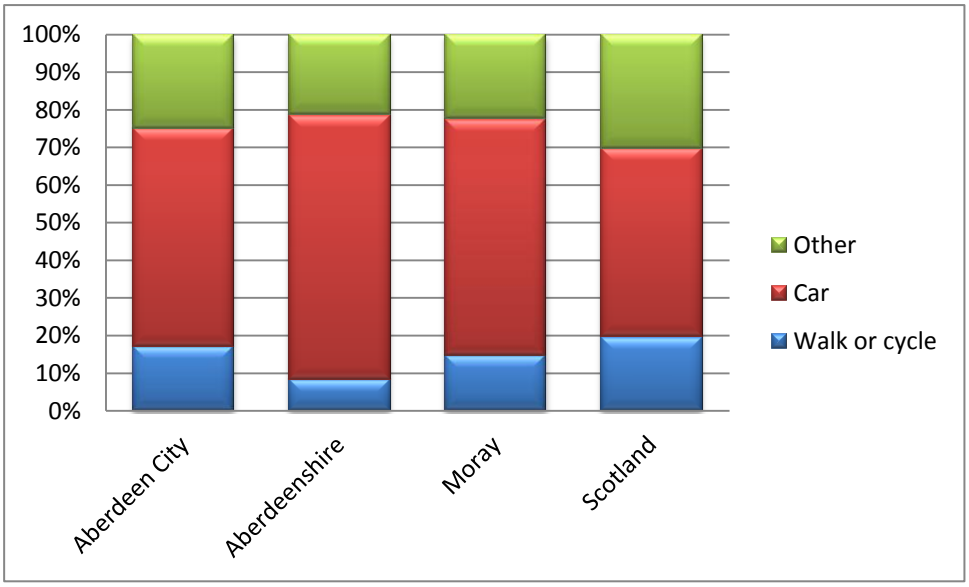
2.10 However, the potential for travel options to contribute to an active lifestyle is recognised: "for most people, the easiest and most acceptable forms of physical activity are those that can be incorporated into everyday life"[14], while "one of the most effective ways to [increase] activity in a busy day is to reduce reliance on motorised transport, changing our means of everyday travel to walking and cycling"[15].

2.11 Two fifths of all journeys made in Scotland are less than 2km long (an easy walk or cycle for many people), yet more than 40% of these short journeys are made by car[16]. Nearly three quarters of journeys between 2 and 5km in length are made by car.

2.12 Within Grampian, there is inevitable variation of the proportion of journeys made by active modes, dependent largely on population density. The most comprehensive comparators come from the Census (albeit only for journeys to work or study), which show the disparity:

[9] 2008-12 annual mean. Source: Reported Road Casualties Scotland 2012, Transport Scotland
[10] Building a Society for All Ages, HM Government, 2009
[11] Fairness in a car dependent society. Sustainable Development Commission 2011
[12] Transport and Health Briefing Statement. Faculty of Public Health. December 2013
[13] Scottish Health Survey, 2008-11 data combined. Note these proportions are similar to national averages
[14] Chief Medical Officer
[15] Preventing Overweight and Obesity in Scotland. Scottish Government. 2010
[16] Scottish Household Survey 2009/10

Figure 2.2 Mode of adults' journeys to work or study[17]



Source: 2011 Census

2.13 Across the Grampian region, 79% of all journeys to work in 2011 were made by sedentary transport modes.

2.14 Cycling and walking are also both important components of a sustainable, low-pollution transport network; more people travelling actively helps improve their health, and the health of others. Investing in walking and cycling is proven to be one of the most cost effective forms of public investment, with median benefit to cost ratios from typical UK schemes being 19:1[18].

Access to health and social care

2.15 The ability of patients to access health and social care by appropriate means (and, if they have travelled, to return home afterwards) is an essential component of their treatment or care pathway.

2.16 Many journeys to healthcare are made (or are being considered) by people that are unwell or otherwise under some duress, to locations that they may be unfamiliar with and at times outwith their control. Accessing healthcare can, for many patients, be one of the most challenging elements of the treatment episode, or a major barrier to receiving care. Comprehensive recent data is limited, but research in 2003 highlighted the scale of the problems then:

> *"Three per cent of people have missed, turned down or not sought medical help because of transport problems experienced in the past year. This rises to seven per cent of people without access to a car.*
>
> *Twenty three per cent of people who use mental health services say that financial problems have restricted their ability to access these services; the majority of these responses related to transport problems."*[19]

[17] Excluding people that usually work from home
[18] Davis, A. (2010) Value for Money: an economic assessment of investment in walking and cycling. http://www.apho.org.uk/resource/item.aspx?RI D=91553
[19] Making the Connections: Final Report on Transport and Social Exclusion. Social Exclusion Unit. February 2003

2.17 Across Great Britain, 16% of people aged 70 and over report difficulty with travel to a doctor or hospital[20]. The costs of providing travel are substantial: as an example, around one-fifth of Aberdeenshire Council expenditure on day care is spent on transporting people to and from services.

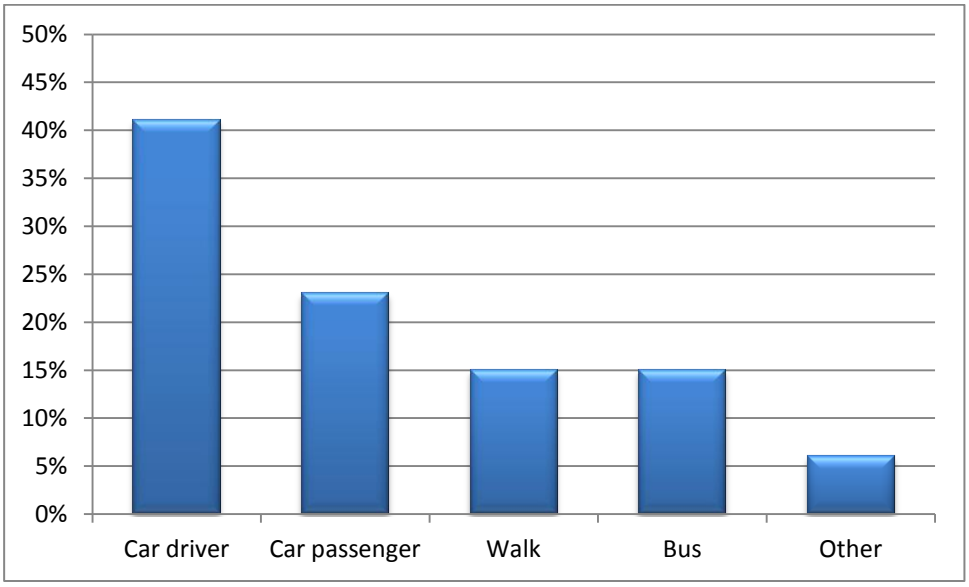
2.18 The complexity of the challenge is large:

- all 570,000 residents of the region need to access health or social care services from time to time;
- approximately 12 million journeys are made to access healthcare by Grampian residents every year[21];
- these journeys are made to 89 GP practices, 23 hospital sites and numerous social care centres, dentists, pharmacists and other community facilities in the region;
- the needs of people travelling vary widely; many are able to transport themselves, many need support from friends or family, some need specialist care and equipment while they travel;

2.19 In total, journeys to healthcare will generate in the order of 100 million km of travel in the region each year[22].

2.20 Car is the predominant mode for travel to healthcare in Scotland, comprising 64% of all healthcare journeys:

Figure 2.3 Mode of travel to healthcare



Source: Scottish Household Survey Travel Diary

2.21 A high proportion of journeys to healthcare by car is to be expected: many people will be unwell or frail so find travel by active modes or public transport difficult. It is noteworthy, therefore, that the

[20] National Travel Survey 2009, Department for Transport (published 2010)
[21] Journeys to access social care will add to this total; data on the number of these is not available on such a robust basis
[22] Assuming these journeys are the same length as the average made in Scotland for all purposes, of 8.3km

proportion of journeys to healthcare by car is lower than the proportion by car of journeys to work (71% of commuting is by car, 63% as driver, and 8% as passenger).

2.22 This difference arises from a number of factors, including that people without access to a car make a much higher proportion of all their journeys to healthcare than people that do have access to a car (around 4% and 2.5% respectively). This demonstrates a significant inequality in access to healthcare opportunity: that people with greater health needs have, in general, poorer access to the mode of transport that may be most suited to people with limited mobility (car)[23].

2.23 The rurality of much of the Grampian region adds to the challenges of providing efficient access to services: journey distances are often long and public transport services limited in some places. Thirty percent of the population of the Grampian region resides in areas that are within the worst 20% in Scotland for accessibility to a range of social needs[24].

2.24 The decisions about where and when a person's treatment or care is provided clearly depends on a wide range of factors (including the availability of the right professional staff, facilities and equipment), so cannot bow to the needs of the transport system alone. Yet access issues are too often considered only after decisions about location and time are made.

2.25 Even though most healthcare and social care is provided within communities, at or close to people's homes, transport or access to them remains a significant barrier for many people and providing or paying for this transport places a major burden on individuals, their communities and service providers. Many people struggle to find transport that is appropriate to their health and care.

2.26 Many patients also perceive that there are a plethora of transport options, which they may find confusing, while others will be unaware of the range of options available to them. As a result, some patients choose not to seek an appointment, others miss appointments made for them and many more miss the opportunity to use what may be the best transport option for them.

2.27 Poor access also directly affects the efficiency of the delivery of health and social care services. "If transport is not well planned it can result in unnecessary journeys, missed or late appointments, people staying in hospital longer than they need to and reliance on unplanned options such as taxis"[25].

2.28 As with all NHS boards in Scotland, some of the more specialist treatment provided by NHS Grampian is being relocated from the previous 'central' foci to more local, community-based facilities, and is being redesigned to meet patients' needs better. These efforts are accompanied by the integration of health and social care delivery, which should further improve outcomes for patients and service efficiency. Inevitably, however, any such changes come with a need to reassess how the transport system supports people's access to the health and social care needs.

2.29 Of course, if appropriate and high quality treatment or care can be accessed without travel by the receiving individual or professional provider, substantial savings in time, cost and inconvenience can be possible (in addition to the potential savings on premises, equipment, etc). An increased focus on telehealth and telecare, accompanied by more effective self management of conditions, is

[23] It is believed that similar inequalities of access to social care also arise, but less comprehensive travel data is available

[24] Scottish Index of Multiple Deprivation. Definitions available at http://simd.scotland.gov.uk/publication-2012/technical-notes/domains-and-indicators/geographic-access-domain/

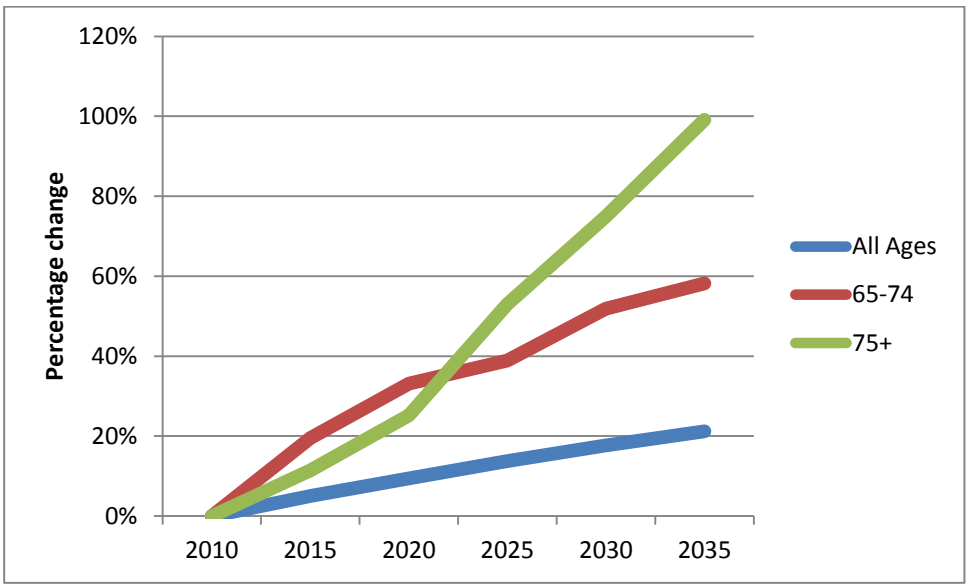
[25] Transport for Health and Social Care. Audit Scotland. 2011

being prioritised across Scotland in order to improve efficiency of service delivery. There is potential for these initiatives to relieve demands on the transport system whilst retaining or enhancing access to health and social care.

Changing demands

2.30 Aside from any changes to how health, social care or transport services are delivered, demand for them is changing and will continue to change. Compared to a 2010 base, the population of the Grampian region (Aberdeen City, Aberdeenshire and Moray) is expected to grow by 21% by 2035[26], placing an inevitable further demand for services. However, the elderly population, typically much more dependent than the average on public services, is expected to grow much more, with 99% more people aged 75 and over expected to live in the region in the same period. Active travel can help these people stay healthy and to live independently, but they will also need more care and appropriate access to it.

Figure 2.4 Population projections: Grampian region



2.31 At the same time, pressure on public funding continues to increase. Combining increasing demand with reduced funding will require radical new ways of working if patients' needs are to be met on a sustainable basis.

The policy landscape

2.32 At the creation of HTAP in 2008, the policy environment for improved partnership working to better integrate health and transport outcomes was strong, but it has become even stronger since.

2.33 In part, this is due to a substantially expanded evidence of the links between transport and health; both of the opportunities for active travel to improve individuals' health and also of the risks that the transport system poses for public health, particularly from airborne pollution. (Note that evidence of problems arising from poor access to health or social care has not increased as much, but anecdotal information suggests that significant problems remain for many people).

[26] General Register Office for Scotland

2.34 Other factors also point clearly to the need for this plan. Key amongst them is the driver of Community Planning Partnerships; the three covering the Grampian region specifically promote cross-sectoral working to achieve common objectives. Their Single Outcome Agreements all seek to deliver healthier, more active populations and to prioritise preventative measures over resolving problems. Both promoting active travel and reducing the harmful effects of transport can reduce the need for people to require health or social care. Meanwhile, people unable to access health or social care are more likely to suffer ill-health and rely on acute care later. None of these issues can be tackled by any one organisation working alone. Appendix A shows how the actions set out in this plan will contribute to meeting the objectives of each of the Single Outcome Agreements.

2.35 These needs for prevention and for improved joint working were also central to the recommendations of the 2011 report of the Christie Commission into the future delivery of public services in Scotland. Meanwhile, the Public Bodies (Joint Working) Bill 2013 requires the delivery of health and social care services to be linked much more fully than previously, whilst NHSScotland's 2020 Vision puts much more emphasis on designing care around the needs of the patient, including providing care in a community setting wherever appropriate.

2.36 This refreshed plan responds to these external drivers, as well as to a range of others; a fuller list is provided in Appendix B.

3 About this plan

The rationale for HTAP

3.1 Much good work is already underway by public sector service providers and others in the Grampian region to improve access to health and social care and to better link transport and public health outcomes. In some policy areas, such as the achievement of air pollution objectives or the transport of people with specific needs to hospital appointments, statutory responsibilities lie with specific bodies (in these examples, with local authorities and the Scottish Ambulance Service respectively).

3.2 In other aspects, such as local authorities' and Regional Transport Partnerships' work to improve active travel infrastructure or efforts to improve road safety, specific agencies or partnerships are taking and should continue to take a clear lead. In yet other areas, notably in the promotion of active travel and in the provision of transport services to healthcare, a wide range of organisations (public, private and community led) provide high quality services and are striving to improve them.

3.3 Within this context, the rationale for the HTAP should certainly be tested. When done, there is a clear voice from the public service delivery partners that, whilst much good work is underway by them and others, further improved integration is essential to ensure best value is achieved: the impacts of transport choices on public health cannot be most effectively mitigated if the public health effects are not properly communicated; co-ordinating access to health and social care requires action from so many parties that an integrated approach is essential. These require an enhanced level of partnership working in service planning and delivery that is unlikely to otherwise be achieved.

3.4 The purpose of the HTAP is therefore:

> *To exert influence strategically at a local level with and between partners; to co-ordinate policies and plans and to work for the benefit of the region to enable safe and sustainable transport and environments.*

3.5 This plan is not seeking to change or replace existing responsibilities, nor detract from the good work that is already on-going. It does, however, highlight those areas where existing activity may not be sufficient to achieve desired outcomes and identifies actions accordingly.

Messages emerging through the refresh process

3.6 This plan refreshes the 2008 HTAP, and seeks to react to the lessons learned in the intervening period as well as to the external changes summarised in the preceding section.

3.7 The development of the first HTAP and this refresh has been guided by a Steering Group drawn largely from representatives of the main public sector service providers. During the refresh, it has been clear that the broad objectives of the original HTAP remain valid and supported by all partners.

3.8 Much has happened since 2008 to take forward initiatives that contribute to the objectives of HTAP. However, it is also clear that taking forward the recommendations of that action plan where they were not embedded in the work plans of individual agencies has been challenging. While there have been some notable delivery successes, weaknesses in management and communication, combined with a lack of investment, mean that there has been less progress than was desired. Reacting to this situation, this refreshed document places greater emphasis on setting in place the mechanisms to deliver and manage delivery of the actions than had been the case.

3.9 To aid the management of delivery, whilst the broad thrust of HTAP remains, the themes of the plan have been reduced in number to two:

- Transport and public health (an amalgamation of the previous promoting active travel and transport and public health themes); and
- Access to health and social care, with this theme widened in scope to recognise the integration of social care with healthcare delivery.

4 Vision and objectives

4.1 In this section, we set out vision statements and objectives for the two themes of the refreshed HTAP, in order to meet the purpose of this plan as set out in the previous section.

Transport and public health

4.2 The vision for transport and public health is:

- For people in Grampian to choose to travel by active modes such as walking and cycling whenever appropriate and to have the ability to do so conveniently and safely, in order to improve activity levels and public health;
- For everyone in the region to live without unacceptable risk to their health caused by the transport network or its use.

4.3 The objectives of the HTAP to achieve this vision are:

- Objective TPH1: For partners to use their collective influence and resources within and between their own organisations and at a national level to further increase provision of high quality infrastructure for active travel, and to promote, inspire and enable more people to walk and cycle as part of their everyday lives;
- Objective TPH2: For health professionals to ensure planners and decision-makers are informed of the adverse public health impacts of the transport system and to support those partners already working to resolve them, most notably in order to:
  - Reduce air pollution, especially within Air Quality Management Areas;
  - Reduce the number of people exposed to high transport noise levels;
  - Reduce the number of people killed or seriously injured on the transport network;
  - Reduce the number of people isolated from their communities and key services by lack of appropriate transport;
  - Ensure that transport policies support sustainable and healthy communities.

Access to health and social care

4.4 The vision for access to health and social care is:

- For everyone in the region to be able to access the health and social care they need and if transport is required for this to be appropriate, convenient and affordable;
- For the environmental impacts of journeys to be minimised.

4.5 The objectives of the HTAP required to achieve this vision are:

- Objective AHSC1: For partners to gain a detailed understanding of the gaps or inequalities in access to or from health and social care services, and to resolve identified problems;
- Objective AHSC2: For partners to more fully coordinate the planning and delivery of health/social care and transport in order to improve the efficiency and financial sustainability of services;
- Objective AHSC3: For partners to work together to ensure that transport to health and social care is undertaken by sustainable modes wherever possible, or that care is provided without travel if appropriate.

5 Recommended actions

5.1 In this section, we outline recommended actions.

5.2 Partner agencies and others already have actions underway which are contributing to the achievement of each of the objectives of this plan, and these are briefly summarised within the tables below. Where further action is required in order to ensure objectives are fully met, this is identified. Where appropriate, we have drawn together links to relevant guidance, policy or best practice examples relating to each action; these are contained in Appendix C.

Transport and public health

Objective TPH1	**For partners to use their collective influence and resources within and between their own organisations and at a national level to further increase provision of high quality infrastructure for active travel, and to promote, inspire and enable more people to walk and cycle as part of their everyday lives.**
Rationale	Travelling actively is recognised as one of the easiest ways for many people to get more exercise in their daily routines, so to improve their health. Walking more can be a particularly effective way to get people with complex health needs to get more exercise. Journeys made on foot or by bike have no adverse impact on the health of other people.
Existing activity	Work has been completed or is underway to improve active travel infrastructure and networks in many parts of the region. Campaigns to encourage more people to walk or cycle are on-going, and reach some of the region's population. Formal and informal support groups or networks are available to some of those people that wish to receive help, training or motivation to walk or cycle more.
Lead agencies for existing activity	Nestrans (especially for GetAbout and the Nestrans Active Travel Action Plan) Local Authorities (especially for infrastructure improvements, but also for training and support groups) Community groups and third sector organisations (especially for campaigns, training and support groups)
Actions to be delivered by HTAP	a. For health professionals to assist partner agencies collate and communicate evidence of the benefits of active travel and to advocate and deliver increased investment in active travel infrastructure, campaigns and support groups. b. For health professionals to have knowledge of relevant active travel support groups and networks and to signpost people to them where appropriate. c. For walking and cycling to be a common element of social prescribing or informal recommended advice by health professionals. d. To build capacity in active travel support groups and networks to assist more people where this is required. e. To ensure that the range of activities led by Local Authorities more fully promotes active travel. f. To form a cohesive Active Travel Working Group involving all those partners, particularly CPPs, involved in promoting walking and cycling to co-ordinate campaigns and activity[27]. g. For the reach of campaigns to be widened to ensure that everyone in the region, over time, becomes aware of the benefits of active travel. h. To mobilise collective expertise and resources to exert pressure nationally in developing infrastructure to enable active travel. i. To use HTAP members to influence policy and plans within their own organisations to improve active travel outcomes.

[27] This could maybe be linked to Nestrans' Sustainable Travel Working Group.

Objective TPH2	**For health professionals to ensure planners and decision-makers are informed of the adverse public health impacts of the transport system and to support those partners already working to resolve them, most notably in order to:** • **Reduce air pollution, especially within Air Quality Management Areas;** • **Reduce the number of people exposed to high transport noise levels;** • **Reduce the number of people killed or seriously injured on the transport network;** • **Reduce the number of people isolated from their communities and key services by lack of appropriate transport;** • **Ensure that transport policies support sustainable and healthy communities.**
Rationale	Air and noise pollution has a serious detrimental impact on the health of those people exposed to it. Most such pollution in the UK is caused by road traffic. Road accidents have obvious detrimental health effects on those people involved in them. Isolation from communities and key services can have a detrimental impact on an individual's physical health and mental wellbeing. Lack of suitable, affordable transport, or lack of awareness or confidence to use it (including of active travel modes), can be a contributory factor to this isolation.
Existing activity	Aberdeen has a detailed Air Quality Action Plan in place to tackle pollution and is working to implement it (there are currently no locations in Aberdeenshire or Moray where Air Quality Management Areas have had to be declared, albeit that some locations show cause for concern and are being monitored). A draft Strategic Noise Action Plan for the Aberdeen Agglomeration has been published by the Scottish Government, covering Aberdeen City and parts of Aberdeenshire. Detailed actions arising from the plan are awaited. Much good work has been undertaken and is on-going by the Police and Local Authorities to reduce risks at known accident locations and, through campaigns, to encourage safer driving and road use. Police Scotland has recently reduced the level of resources it is able to commit to road safety training in the region, but Aberdeenshire Council has put in place two Transport Safety Education Officers. In addition to a vast amount of informal support provided by family and friends, many community led organisations assist with transport or access for people that would otherwise be isolated. Local Authorities are able to fund socially necessary scheduled public transport, provide grant support some demand responsive and community transport services and also assist many people access social care.
Lead agencies for existing activity	For air pollution: Local Authorities For noise pollution: Scottish Government, Aberdeen City Council, Aberdeenshire Council For road safety: Local Authorities, Community Planning Partnerships, Police Scotland For reducing isolation: community groups including community transport providers and other informal support networks, Local Authorities
Actions to be delivered by HTAP	a. For health professionals to assist other partner agencies collate and communicate evidence of the adverse impacts on the region's population of air pollution, transport noise, road crashes and isolation caused by transport. b. For health professionals to work with their partners to advocate further action to reduce the harmful health impacts of transport. c. For health professionals to work with partners to ensure that other policies affecting transport are assessed adequately in order to reduce the impact of them on public health and to create more sustainable communities and environments.

Access to health and social care

Objective AHSC1	**For partners to gain a detailed understanding of the gaps or inequalities in access to or from health and social care services, and to resolve identified problems.**
Rationale	Access to health and social care is essential for patients to receive the services they need. Not everyone in the region is presently able get that access by options that are convenient, affordable and appropriate to their needs and circumstances.
Existing activity	Health and social care providers largely decide where and when treatment or care will be given (reacting to patients' needs and aspirations where possible). A wide range of organisations and individuals then supply transport services. Inevitably, overall service provision is inconsistent and few patients or health/social care professionals have a comprehensive understanding of available options. An increasing emphasis is being placed on telehealth and telecare, enabling some care to be provided without travel.
Lead agencies for existing activity	NHS Grampian and Local Authorities (and new joint boards) take responsibility for the organisation of almost all health and social care services and, in certain circumstances, organise and/or provide transport. Much transport is organised and paid for by patients or their carers. A large number of community groups also provide transport services, while the Scottish Ambulance Service transports patients that meet their eligibility criteria. Local Authorities support socially necessary transport services and provide transport for many people to social care.
Actions to be delivered by HTAP	a. Build a comprehensive evidence base of the factors affecting where and when treatment or care is provided, of who provides transport, of the costs and other resources used in the provision of that transport. b. Using the Health and Social Care Transport Toolkit[28] as a guide, audit access policies, options and arrangements for patients and visitors to all health and social care facilities in the region. c. Understand patients' needs and aspirations then audit the gaps or inequalities in current access to or from health and social care services (be these geographic, temporal or by socio-demographic group), identify underlying causes of these problems and forecast how they will change in future. d. Set out, through an Access to Healthcare Charter, the responsibilities of both service providers and users to enable access to health and social care. e. Building on experience of the THInC project, work to further improve information on transport options that are available to patients, their carers and frontline health and care professionals. f. Work to build further capacity with community and voluntary services to provide access to health and social care where it is needed and appropriate. g. Recognise the potential efficiencies and savings that telehealth and telecare services can give to transport providers and to keep abreast of developments and expansion of such services in order that transport providers can capitalise on these benefits (in combination with action AHSC3c).

[28] Contained within Healthcare Transport - Recommendations of the Short Life Working Group. Scottish Government. 2013

Objective AHSC2	**For partners to more fully coordinate the planning and delivery of health/social care and transport in order to improve the efficiency and financial sustainability of services.**
Rationale	Many players currently influence or provide access to health and social care services. The cost of providing access places a large burden on service providers and users. There are many examples of good practice, but the overall service is inevitably disjointed. Overcoming this could improve efficiency of service delivery and patient outcomes.
Existing activity	Health and social care providers largely decide where and when treatment or care will be given (reacting to patients' needs and aspirations where possible). A wide range of organisations and individuals then supply transport services. Inevitably, overall service provision is inconsistent and few patients or health/social care professionals have a comprehensive understanding of available options. An increasing emphasis is being placed on telehealth, which may enable some care to be provided without travel.
Lead agencies for existing activity	NHS Grampian and Local Authorities (and new joint boards) take responsibility for the organisation of almost all health and social care services and, in certain circumstances, organise and/or provide transport. Much transport is organised and paid for by patients or their carers. A large number of community groups also provide transport services, while the Scottish Ambulance Service transports patients that meet their eligibility criteria. Local Authorities are able to fund socially necessary scheduled public transport, provide grant support some demand responsive and community transport services and also assist many people access social care.
Actions to be delivered by HTAP	a. Building on the audit of access arrangements to/from existing facilities (action AHSC1b) identify and react to opportunities for short-term improvements in efficiency of service delivery where these can be facilitated through improved inter-agency working. b. Develop and set in place a mechanism that will properly determine the access implications of any proposed changes to health or social care provision, and respond appropriately to any identified problems. c. Develop and set in place a mechanism that will properly determine the health and social care access implications of proposed land use developments or transport network changes, and respond appropriately to any identified problems. d. Scope the actions required to work towards better coordinated transport to/from health and social care, along with the costs and benefits of so doing, then set appropriate actions in train. Introduce initially small-scale projects addressing: • Management and leadership; • Responsibilities of service providers and users, and users' entitlements; • Provision of information on available options to service users and front-line staff in health and social care sectors; • Integration of systems, especially for booking appointments; • Resolving of issues constraining transport service delivery; and • Building capacity in communities to provide more transport. These projects are listed in Appendix D.

Objective AHSC3	**For partners to work together to ensure that transport to health and social care is undertaken by sustainable modes wherever possible, or that care is provided without travel if appropriate.**
Rationale	Accessing health or social care services is one of the key demands on the transport system. Increased use of sustainable modes or reductions in the need to travel will reduce the adverse impacts of this travel and, in some cases, reduce cost or improve choice for patients.
Existing activity	Promoting sustainable travel choices is embedded within national, regional and local transport policies and many projects are underway to achieve these outcomes. NHSG has implemented some projects to improve sustainability of staff travel, but has done little in recent years to reduce the impacts of transport it influences.
Lead agencies for existing activity	Local Authorities, Nestrans and NHS Grampian all help develop travel plans for healthcare sites and, along with commercial operators, work to improve services, infrastructure and campaigns that encourage uptake of sustainable and active choices.
Actions to be delivered by HTAP	a. Audit access provision to all health and social care facilities by walking, cycling and public transport, and take appropriate action where improvements are justified (in combination with action AHSC1b). b. Building on the audit work, put in place an effective travel plan, including provision of information on access by sustainable modes for patients, carers and staff, for each health and social care facility. c. Increase work to inform the development of telehealth and telecare services, recognising the environmental and financial benefits these can provide (in combination with action AHSC1g).

6 Delivery and management

6.1 Delivering the purpose, objectives and actions of the HTAP will require effective leadership, management and communications.

6.2 In order to achieve this, we suggest that:

- The three **Community Planning Partnerships**[29] adopt the HTAP, and take responsibility for delivering its shared objectives;
- An **HTAP Steering Group** is given responsibility for delivering and maintaining the plan;
- Two **Sub-Groups** (one for each HTAP theme) provide expert input and guide delivery of projects;
- **Project Groups** are established to take forward specific tasks; and
- The **HTAP Programme Manager** should support the Steering and Sub-Groups, and project groups where appropriate.

6.3 The suggested roles and responsibilities of each of the HTAP-specific groups are set out more fully below.

The HTAP Steering Group

6.4 The HTAP Steering Group should have responsibility for delivery of all the actions of the HTAP in a timely manner, and of ensuring that the plan itself remains fit for purpose.

6.5 More specifically, the Steering Group's responsibilities should be:

- Identifying priority HTAP actions for delivery;
- Setting terms of reference for, appointing Chairs and members to, and monitoring progress of the two theme Sub-Groups;
- Supporting the Sub-Groups to ensure that resources to enable delivery of HTAP actions are available;
- Ensuring that HTAP objectives and delivery plans are appropriately integrated with those of all relevant partner agencies;
- Ensuring that all relevant partner agencies are working effectively together to deliver HTAP actions;
- Communicating the aims and achievements of HTAP and matters related to its delivery to all relevant parties, especially people within their own organisations;

[29] For Aberdeen City, Aberdeenshire and Moray. We note that, as distinct groupings, each CPP may have different priorities or emphasis with respect to HTAP projects and initiatives.

- Ensuring that their own organisations are supporting HTAP outcomes effectively including through reporting and approvals to/from appropriate Boards and Committees;
- Monitoring progress towards the objectives and deliverables of HTAP, and taking appropriate action if progress is lacking;
- Ensuring the HTAP remains up to date in the light of actions completed and changes in policy or guidance;
- Maintaining the HTAP risk register and undertaking appropriate actions to mitigate risks;
- Reporting progress at least annually to the relevant CPPs.

6.6 Given that the primary responsibility for delivering HTAP outcomes and most of the actions will lie with the public sector service providers (notably Local Authorities, NHS Grampian, the Scottish Ambulance Service and Nestrans), it is recommended that Steering Group members are predominantly drawn from these organisations. It would be of value to draw in representatives of service users also, to ensure that their views are able to influence decision making.

6.7 The Steering Group membership requires Head of Service/Director level representation in order to meet its remit and should not become unmanageably large. Any member should be appointed to the Group by his or her employing organisation.

6.8 We suggest that the Steering Group meets only infrequently with the agenda focused towards strategic matters only. Steering Group members will need to ensure they have effective support for delivery of actions from colleagues within their organisations if the Group is to be able develop and retain a strategic level focus.

6.9 The Steering Group should appoint a chair and vice-chair from amongst its members.

Sub-Groups

6.10 The Steering Group should be supported by two themed sub-groups (one for access to health and social care, one for transport and public health) which should be the primary mechanisms for HTAP implementation.

6.11 Specifically, these two groups should take responsibility for:

- Establishing (and having approved by the Steering Group) a work programme to deliver priority actions within their theme;
- Developing (and having approved by the Steering Group) business cases and investment plans for specific actions;
- Establishing and managing project teams to deliver priority actions against agreed timeframes;
- Communicating the aims and activities of these projects to all relevant staff within their organisations and to partners;
- Monitoring progress towards delivery of each action, and HTAP objectives within their theme;
- Ensuring that there is effective evaluation of the effects of actions undertaken;
- Collating and sharing information on best practice from across the region and elsewhere;
- Reporting to the Steering Group on progress against their agreed work programmes;
- Ensuring that the Steering Group is aware of changes to relevant policy or guidance.

6.12 Membership of the Sub-Groups should comprise key representatives of those agencies that should lead delivery of actions, along with service user representatives.

6.13 We anticipate that Sub-Group Chairs would be members of or attend the HTAP Steering Group, in order to ensure effective communication.

Project Groups

6.14 Project Groups should be formed as required to deliver specific HTAP actions. These should deliver to project plans agreed with the relevant Sub-Group.

6.15 Sub-Groups (with assistance from the Steering Group if necessary) must ensure that Project Groups have access to the staff and other resources they require.

6.16 We anticipate each Project Group would be led by a member of the relevant Sub-Group.

HTAP Programme Manager

6.17 Reporting to the Steering Group, the HTAP Programme Manager should have responsibility for enabling and supporting the delivery of the HTAP on behalf of all partners.

6.18 In particular, the Programme Manager should assist with:

- Collating and analysing information which will enable progress towards HTAP objectives to be assessed;
- Monitoring the progress of each HTAP project against agreed delivery plans;
- Highlighting risks that are affecting HTAP delivery, or could do so in future;
- Facilitating effective communication between partner agencies;
- Reporting to the Steering Group and Sub-Groups as appropriate to enable them to meet their remits.

6.19 The Programme Manager should also assist the Steering Group communicate the aims and achievements of HTAP and could also assist with the delivery of specific projects where appropriate.

7 Communications and risks

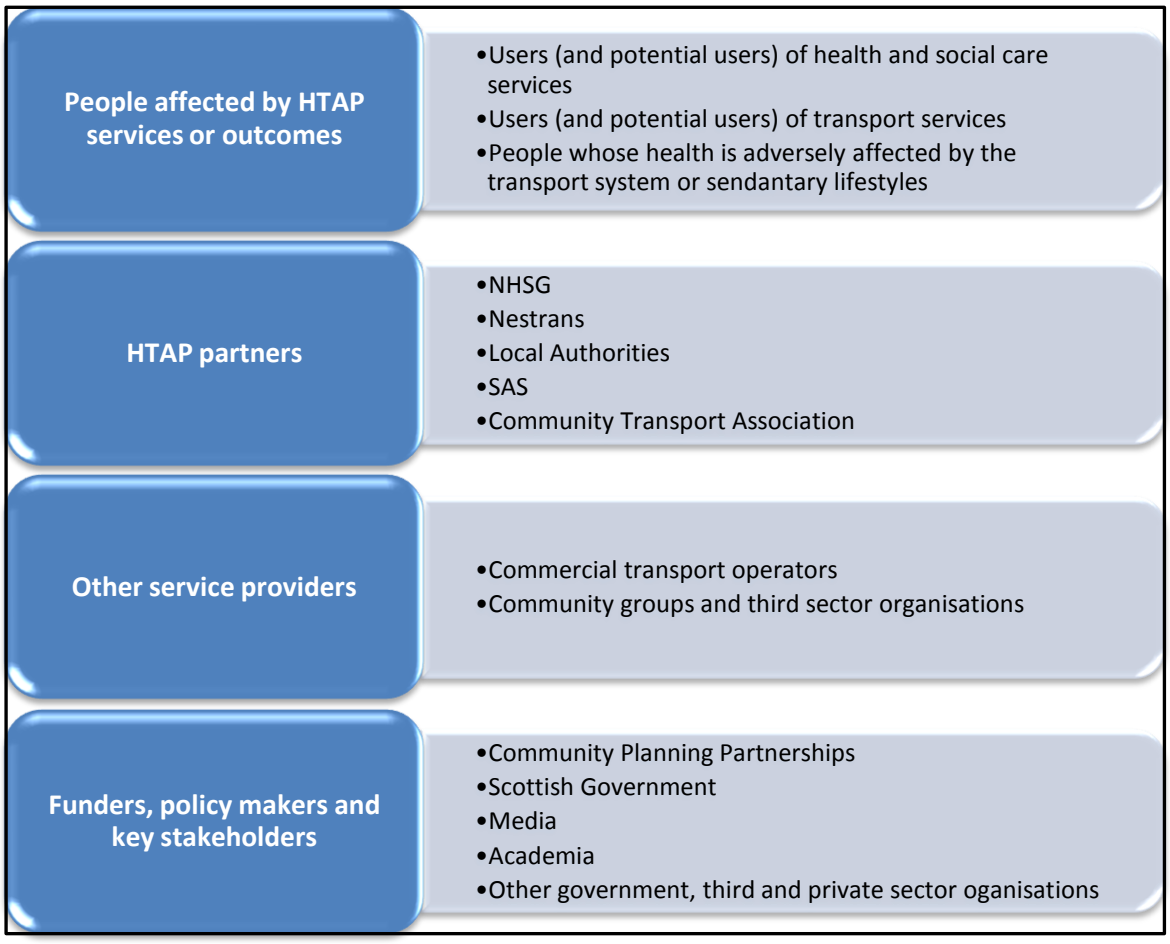
Communications plan

7.1 Effective communications are essential to the delivery of the HTAP. The key aims of the HTAP Communications Plan are to:

- Raise awareness within and between partner organisations,
- Promote the aims of the partners to all stakeholders,
- Maintain a profile for the plan amongst peers, national bodies and political groups by promoting success and reporting progress.

7.2 Communications are required across the range of stakeholders that should be delivering or are influencing HTAP:

Figure 7.1 HTAP Stakeholder Map



7.3 In order to manage communications to, between and within each of these stakeholders, the following actions should be undertaken:

Table 7.1 Communications Plan actions

Action	Responsibility	Timescale
Publicise refreshed HTAP through media and through partner websites and internal communications	Programme Manager	After CPP Board sign off
Promote the HTAP document and aims within each partner organisation	All HTAP partner leads	Ongoing
Circulation of Steering Group and Sub-Group minutes between participants	Programme Manager	Ongoing
Identify and submit suitable award submissions	Programme Manager	Ongoing
Provide articles and presentations as required	Programme Manager	Ongoing
HTAP Annual Report provided for partner organisations	Programme Manager	Ongoing
Promote successes via media and internally	Programme Manager	Ongoing
Liaise with other RTPs	Programme Manager	Ongoing
Keep patient and community groups informed	Programme Manager	Ongoing

7.4 Each potential project which requires promotional work would have a separate communications plan if required.

Risk register

7.5 The table below provides a risk register for this Health & Transport Action Plan. The recommended actions are not anticipated to be inherently risky in themselves, albeit that specific risks should be assessed for each project to be taken forward. Significant risks are foreseen, however, regarding the potential for partners to fail to deliver the potential benefits of the plan; the risk register concentrates on these matters.

7.6 Any of these risks would potentially significantly severely constrain the potential for benefits to be delivered.

Identified risk	Likelihood	Severity	Mitigation
Effective partnership (involving the sharing of costs, risks and rewards) is not developed and maintained between partners.	Medium	High	The Steering Group must monitor this and, if required, resolve conflicts between organisations or teams, within a clearly defined framework.
Resources are not made available to deliver HTAP actions.	Medium	High	Sub-Groups must develop robust project business cases, showing the costs and benefits of investing in specific projects. Steering Group members must help make the case for investment within their own organisations where appropriate. Steering Group members must ensure that HTAP actions are embedded within the delivery plans of partner agencies as appropriate and that governance of plan delivery is effective.
Delivery is challenging because the benefits of HTAP are not understood.	Medium	High	The Steering Group and Sub-Groups must ensure that appropriate management data is available. There must be effective communication of the aims, benefits and work of HTAP, especially to those people that should be involved with its implementation.

Appendix A

Maps of HTAP objectives to SOA outcomes

The tables below show where achievement of the objectives of this Health & Transport Action Plan will contribute to agreed priorities or outcomes of the three Single Outcome Agreements of the Grampian region.

The key for the tables is:

+++ Significant contribution to this objective

++ Moderate contribution to this objective

+ Slight contribution to this objective

0 No (or negligible) effect

Links to the Aberdeen City SOA

HTAP objective / **Aberdeen City SOA priorities**	TPH1: to increase active travel	TPH2: to support efforts to reduce the impacts of transport on public health	AHSC1: to understand and resolve gaps in access to health and social care	AHSC2: to coordinate health/social care and transport services	AHSC3: to improve sustainability of transport to health/social care
Safer communities	**+**	**++**	**0**	**0**	**0**
Learning and workforce	**0**	**0**	**0**	**0**	**0**
Economic growth	**+**	**0**	**0**	**0**	**0**
Health and wellbeing	**+++**	**+++**	**+++**	**++**	**+**
Older people	**+**	**+**	**+**	**+**	**0**
Children and young people	**+**	**+**	**+**	**+**	**0**
Priority families	**+**	**+**	**+**	**+**	**0**
Integrated transport	**+++**	**+++**	**++**	**+++**	**+++**
Digital city	**0**	**0**	**0**	**0**	**+**
City of Culture	**0**	**0**	**0**	**0**	**0**

Links to the Aberdeenshire SOA

HTAP objective / Aberdeenshire SOA outcomes	TPH1: to increase active travel	TPH2: to support efforts to reduce the impacts of transport on public health	AHSC1: to understand and resolve gaps in access to health and social care	AHSC2: to coordinate health/social care and transport services	AHSC3: to improve sustainability of transport to health/social care
Children have the best start in life through action with parents and children pre-birth to 8 years	**+**	**+**	**+**	**+**	**0**
Aberdeenshire will be recognised as a great place to live, work, invest with opportunity for all	**+**	**+**	**+**	**0**	**0**
The unemployment rate in identified areas of deprivation in Aberdeenshire will be less than the national average	**0**	**0**	**0**	**0**	**0**
Reductions in inequalities in health outcomes between communities and across Aberdeenshire	**+++**	**+++**	**++**	**+**	**+**
Older people will live independent, healthier lives for longer in a homely environment, in a community which respects and values them, with informal carers who receive support to continue to care	**+**	**0**	**+**	**+**	**0**
Aberdeenshire is the safest place in Scotland	**+**	**+++**	**0**	**0**	**0**
Successful, inclusive and resilient communities with the confidence, capability and capacity to tackle the things that matter to them	**+**	**+**	**+**	**0**	**0**

Links to the Moray SOA

HTAP objective / Moray SOA outcomes	TPH1: to increase active travel	TPH2: to support efforts to reduce the impacts of transport on public health	AHSC1: to understand and resolve gaps in access to health and social care	AHSC2: to coordinate health/social care and transport services	AHSC3: to improve sustainability of transport to health/social care
Healthier citizens	**+++**	**+++**	**+++**	**++**	**+**
More ambitious and confident children and young people	**+**	**+**	**+**	**0**	**0**
Adults living healthier, sustainable, independent lives	**++**	**++**	**++**	**+**	**0**
A growing and diverse economy	**0**	**0**	**0**	**0**	**0**
Employability and employment skills	**0**	**0**	**0**	**0**	**0**

Appendix B

Policy context and key indicators

Policy context for the Grampian Health & Transport Action Plan

The development of this plan has been guided by a variety of national, regional and local policies and plans. Delivery of this plan will also tend to contribute to meeting their objectives. Relevant documents are listed below.

National/overarching issues

- Commission on the Future Delivery of Public Services 2010/11 (the Christie Commission);
- Public Bodies (Joint Working) Bill 2013;
- Healthcare Quality Strategy, 2010;
- Climate Change (Scotland) Act 2009;
- NHSScotland HEAT targets;
- Sustainable Development Strategy for NHS Scotland 2009;
- Reshaping Care for Older People;
- Local Government in Scotland Act 2003;
- Providing
- Transport in
- Partnership
- A guide for health agencies
- and local authorities;
- Public Sector Equality Duty (Equality Act 2010).

Local/regional issues

- Single Outcome Agreements for Aberdeen City, Aberdeenshire and Moray;
- Nestrans Regional Transport Strategy;
- Local Development Plans;
- Local Transport Strategies.

For transport and public health

- The emerging Low Emissions Strategy for Scotland;
- Scottish Government Obesity Route Map;
- NHSG Healthy Eating and Active Living Strategy;
- Living an Active Life (Moray);
- Fit for the Future (Aberdeen City);
- Aberdeenshire walking & cycling action plan;
- Aberdeen Air Quality Action Plan;
- Draft Strategic Noise Action Plan for the Aberdeen Agglomeration;

- Cycling Action Plan for Scotland;
- National Walking Strategy;
- Emerging Passenger Transport Review for Aberdeenshire.

For access to health and social care

- Audit Scotland's review of Transport for Health and Social Care 2011 and Healthcare Transport - Recommendations of the Short Life Working Group (the response of the Scottish Government) 2013;
- Healthcare Transport Framework, Scottish Government 2009;
- Sustainable Development Strategy for NHS Scotland, Scottish Government, 2009;
- Transport (Scotland) Act 2005;
- SAS Towards 2020: taking care to the patient;
- Delivering for Remote and Rural Healthcare;
- Social Care (Self-directed Support) (Scotland) Act 2013;
- eHealth Strategy for Scotland 2011-17;
- National Telehealth and Telecare Delivery Plan for Scotland to 2015.

Key indicators

Delivering the actions recommended in this plan will help contribute to the achievement of several established indicators of progress, most notably:

For transport and public health

- Increased number of people meeting physical activity targets;
- Increased proportion of journeys made by walking and by cycling;
- Reduced carbon emissions from transport;
- Reduced incidences of air pollution exceeding standards;
- Reduced number of road casualties.

For access to health and social care

- Reduced proportion of ineligible patients carried by the SAS;
- Reduced numbers of Did Not Attends at medical appointments;
- Reduced numbers of delayed discharges from hospital.

Appendix C

Guidance and best practice

Objective	Relevant guidance and best practice
TPH1	***Guidance:*** • Lessons from Smarter Choices Smarter Places towns (http://www.transportscotland.gov.uk/environment/smarter-choices-smarter-places/smarter-choices-smarter-places) • The essential evidence on a page series (http://www.travelwest.info/evidence) • Active Travel Active Scotland (http://www.pathsforall.org.uk/component/option,com_docman/Itemid,537/gid,784/task,doc_download/ • Walking Works (http://www.walkingforhealth.org.uk/get-walking/walking-works) • Get Britain Cycling (http://allpartycycling.org/inquiry/) • NICE guidance on walking & cycling (http://www.nice.org.uk/guidance/ph41) • BMA Healthy transport = Healthy lives (http://bma.org.uk/transport) • Making the case for investing in the walking environment (Living Streets) (http://www.livingstreets.org.uk/professionals/making-the-case-for-investment-in-the-walking-environment) • Costing the burden of ill health related to physical inactivity for Scotland • Start Active, Stay Active (CMOs, 2011) • Designing Streets (Scottish Government) ***Best practice examples:*** • GetAbout • Dundee Travel Active • Aberdeenshire cycle demonstration towns • Urban Freedom Elgin • Make your move Kirkcaldy • Give me cycle space campaign • Bristol's work to promote walking • Tower Hamlets Cycle Prescriptions • Peterborough Travel Choices guidance on active prescriptions • Tour de France Yorkshire legacy strategy (http://sites.yorkshire.com/assets/tourdefrance/legacy/thelegacyofGrandDepart.pdf)

Objective	Relevant guidance and best practice
TPH2	***Guidance:*** • Scottish Low Emission Strategy (about to be published) • Scottish Transport Emissions Partnership • Making the Connections (Social Exclusion Unit, 2003) ***Best practice examples:*** • Safe Drive Stay Alive • London LEZ • Examples of transport services to overcome isolation (notably amongst community transport services in Aberdeenshire) • Citizens science through Mapping for Change: (http://www.mappingforchange.org.uk/portfolio/citizen-science-used-to-monitor-local-air-quality-in-communities-across-london/) • Merseyside Active Travel Strategy. (http://www.letstravelwise.org/files/794279347_Annexe%2006%20-%20Active%20Travel%20Strategy.pdf)
AHSC1	***Guidance:*** • Scottish Centre for Telehealth and Telecare • Making the Connections (Social Exclusion Unit, 2003) • Health Inequalities in Scotland (Audit Scotland, 2012) ***Best practice examples:*** • Stirling Community & Transport Forum's work to identify unmet needs

Objective	Relevant guidance and best practice
AHSC2	***Guidance:*** • Transport with Care (Audit Scotland's Access to Health & Social Care pg17 and Scottish Government's Health & Transport Framework pg 22) • Transport and Health Resource: Delivering Healthy Local Transport Plans (DfT/DoH, 2011) • Unfit for Purpose: How Car Use Fuels Climate Change and Obesity (IEET) ***Best practice examples:*** • Norfolk Integrated Transport Model • Transport with Care pilot projects • NHS Lothian's transport hub • Highland and W of Scotland transport/healthcare integration pilots • FITS (University of Aberdeen) • Ninewells – Perth Royal Infirmary Service 333 bus link • Devon transport integration (http://www.transportscotland.gov.uk/files/documents/public-transport/MACS/Providing_Transport_in_Partnership_a_guide_for_health_agencies_and_local_authorities_.pdf)
AHSC3	***Guidance:*** • A policy on sustainable development for NHSScotland (CEL2, 2012) (http://www.sehd.scot.nhs.uk/mels/CEL2012_02.pdf) • Good Corporate Citizenship Assessment Model Transport toolkit (http://www.corporatecitizen.scot.nhs.uk/) • Example 7: TFL guide on Travel Planning for NHS sites (http://www.tfw.org.uk/documents/nhs-travel-plan-guide-part-1.pdf) ***Best practice examples:*** • Good practice and case studies can be found in the DfT's Essential Guide to Travel Planning (http://www.aberdeenshire.gov.uk/transportation/essentialguide.pdf)

Appendix D

Projects to coordinate transport with health and social care

Objective AHSC2 of this plan is “for partners to more fully coordinate the planning and delivery of health/social care and transport in order to improve the efficiency and financial sustainability of services”. The identified actions for HTAP under that objective include to “scope the actions required to work towards an coordinated transport to/from health and social care booking system along with the costs and benefits of so doing, then set appropriate actions in train”.

Achieving a properly coordinated system should deliver substantial improvements in efficiency of service delivery, as well as improved outcomes for users. Delivering such a system will require a long-term programme of work across six related areas of improvements to or clarification of:

- Management and leadership;
- Responsibilities of service providers and users, and users’ entitlements;
- Provision of information on available options to service users and front-line staff in health and social care sectors;
- Integration of systems, especially for IT;
- Resolving of issues constraining transport service delivery; and
- Building capacity in communities to provide more transport.

Specific projects that will need to be delivered under each of these headings are listed in the table overleaf.

Management and leadership	Responsibilities and entitlement	Provision of information	Systems integration	Transport service delivery	Building capacity
Develop and agree amongst all partners a set of outcomes, priorities, working and governance arrangements, and responsibilities. Identify the opportunities and constraints for change facing each service provider. Identify current funding arrangements and agreeing protocols about how costs and benefits will be shared between partners. Collate (or collect) an appropriate set of management information which will guide development and implementation of other actions.	Understand the aspirations and responsibilities of service users and providers (building on action AHSC1c). Define eligibility for and costs of use of each service type and responsiveness to different patient needs (building on action AHSC1d).	Improve mechanisms to communicate with patients, carers and health/social care professionals (building on action AHSC1e) so provide information on or signposting to transport services that will be appropriate to the user's needs. Set in place feedback mechanisms which can react when proposed appointment times / locations / access options are inappropriate for the user.	Set in place information sharing protocols. Develop and agree the protocols which will underpin the decisions about where an when an appointment will be made. Integrate booking / scheduling systems.	Understand specifications, availability and scheduling of available vehicles. Understand staff duties, training, pay and conditions, working practices and identify opportunities / constraints for integration of them between service providers where appropriate. Identify potential synergies with transportation of mail / samples / goods.	Determine the barriers which are discouraging further community-led provision (likely to be funding, administrative support, etc). Put in place the incentives / benefits which will help build more capacity. Put in place mechanisms which provide longer-term security of funding.