

# Health Needs Assessment of Public and Community Transport

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## Acknowledgements

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## List of abbreviations

BSIP: Bus Service Improvement Plan

CT: community transport

GP: General Practice

HNA: health needs assessment

LGBTQ+: Lesbian, Gay, Bisexual, Transgender, Queer or Questioning, and Ace sexualities

NHS: National Health Service

PT: public transport

## Executive summary

Good public and community transport networks are vital in keeping people physically and mentally healthy, in work and socially connected. Transport networks affect our health directly through noise and air pollution, and indirectly by influencing how active we are during the day. They are vital in allowing us to attend healthcare services, to find and keep a job and to see our friends and family.

The way in which we travel has changed significantly over the last 70 years. Northumberland has (like the rest of the UK) seen an increase in reliance on cars and decrease in the use of existing public transport (PT) networks. In a county which contains many rural and farming communities a certain level of car usage will always be inevitable. However, the lack of alternatives to a car are resulting in households either in 'forced' car ownership (where they buy or maintain a car despite financial struggles) or, if they cannot afford a car at all, being unable to fully meet their needs.

There has been a renewed national, regional and local focus on the importance of public and community transport networks, including a recent announcement by national government which promised a £19.8 billion investment into transport as part of the *Network North* plan. However, the focus of such investments on urban spaces such as cities and towns risks neglecting the needs of rural counties like Northumberland. This health needs assessment (HNA) aims to advocate for these needs, by identifying what is currently provided in terms of public and community transport across Northumberland, what is needed by the people of Northumberland and where the gaps are.

Need has been identified by analysing existing literature, quantitative data collected by government bodies and service providers, and communities' own expressions of need via focus groups. Bringing these data sets together has given us the following key insights:

- ***Transport plays a significant role in how people access healthcare.***

While local healthcare services such as General Practices and pharmacies tend to be more easily accessible, infrequency of services or poor connections mean people can be travelling for hours for even brief appointments. These issues were even worse for hospital appointments in centres such as Newcastle, Hexham and Ashington.

Many community transport (CT) providers offer an element of patient transport, but these services are increasingly under strain as demand for them increases within the community and the NHS. Many CT providers also have eligibility criteria that mean certain demographics are unable to use them.

- ***Transport significantly impacts how likely people are to find, get and keep a job.***

In the UK someone with access to a car is almost four times more likely to be employed than someone relying on PT alone. Employers in Northumberland also cite transport as a key factor in their difficulties to recruit, particularly in more rural areas.

A lack of evening services impacts people's ability to undertake shift work which falls outside of the standard '9 to 5' pattern. This particularly impacts the two largest



employment sectors in Northumberland which are the health sector and accommodation and food services.

- ***The financial impact of travel is felt differently across Northumberland and forms a key challenge in maintaining and growing current networks.***

Many residents in Northumberland are subject to the 'rural premium', i.e. the inherently increased costs of living rurally. Prices for bus and coach travel have risen fastest among all modes of transport and now fall well above inflation.

Financial factors also contribute to the fragility of many community transport services. Rising costs of fuel, buying and maintaining vehicles and other costs such as insurance are placing services under strain. Short-term funding cycles that prize innovation can also make the running of a long-term, stable and sustainable service more difficult.

- ***A lack of transport leads to social isolation.***

A lack of evening services (particularly from central hubs such as Newcastle out to rural areas) impact not only employment but social opportunities too. Young people in particular find it difficult to access social and leisure opportunities as they are unable to get home. We know that social isolation has a significant impact on physical and mental health and is directly linked to people's risk of dying earlier than expected.

- ***Current transport networks risk widening inequalities.***

Differences in transport provision risk widening inequalities between rural and urban residents in terms of access to healthcare, employment and social opportunities. Current public transport systems present certain barriers to passengers with extra needs that make it less likely that they are able to travel independently. These accessibility 'blind spots' need to be addressed to ensure all passengers are best placed to use existing services.

- ***Considering the sustainability of current and future public and community transport networks is key.***

We heard how vital and valued both public and community transport networks are across Northumberland. While many people still rely on public transport networks a drop in patronage and cuts made to local government funding have already resulted in a reduction in services and are placing the wider system under threat. Community transport provides a valuable service but also faces challenges, including fragmentation across the patch and difficulties in securing funding and a consistent volunteer base.

Moving forward we need both public and community transport networks to be robust as they meet different needs in the community. We will always need public transport to support our working age and commuting populations, as well as allowing elderly residents or residents with extra needs to retain their independence for as long as possible. Community transport will always be necessary for passengers who need the kind of door-to-door support that public transport cannot provide, as well as communities (such as in the most rural areas) for whom a bespoke service makes the most sense in terms of efficiency and cost.

## Chapter 1: Aims and objectives

### **What is a health needs assessment?**

A health needs assessment (HNA) aims to review a health issue within a population in a systematic way. It identifies what needs to be prioritised and where resources should be allocated to best address health inequalities in that population.(1) This HNA will present how transport impacts health, with health defined broadly across three sections:

- i) Health through access to healthcare services including General Practice (GP) surgeries, pharmacies, and hospitals.
- ii) Health through economic opportunities. This includes access to school, training or work. It also includes the impact on the financial health of individuals, families and communities.
- iii) Health through access to leisure and social opportunities. This includes access to leisure facilities such as the gym or cinema, as well as access to organised social groups and activities. It also includes people's ability to visit their family and friends.

### **Why transport?**

The focus of this HNA came from previous work in our communities looking at inequalities, which found that perception of transport varied across our county. Transport can have a potentially hidden impact on health inequalities because it is complex and difficult to quantify its impact. And yet we know that good transport networks are crucial in maintaining the physical and mental wellbeing of our residents. This can be directly, by allowing people to be more active and social, or indirectly by increasing their chance of getting and keeping a job. The importance of transport is being increasingly recognised through national, regional and local policy. As we determine what future transport networks should look like it is important to recognise that rural transport considerations are different from urban needs in many ways, and to build and sustain networks which meet needs for both.

### **What will this HNA tell me?**

This report aims to identify what is currently provided in terms of public and community transport across Northumberland, what is needed by the people of Northumberland and where the gaps are. Chapter 2 will start with an overview of why public and community transport was chosen as a focus, including current policy changes on a county, regional and national level. The next chapter discusses the methodology of how data was gathered, including how the scope was determined, details of key sources and the role which engagement with communities played in identifying key findings. Chapter 4 details what we already know about how transport impacts the three areas of health outlined above, using knowledge gathered from reports, academic literature and routinely collected data. Chapter 5 presents transport demands within Northumberland, as well as current public and community transport networks. This is followed by the key findings of our engagement with

the community, which are distilled into six distinctive areas of need. Chapter 7 presents the core recommendations of this report and recommended actions to be taken forward.

### **Defining ‘public transport’ and ‘community transport’**

In this report ‘public transport’ (PT) refers to forms of transport which are in principle available to all members of the public, run on fixed routes and charge fares. In Northumberland this mainly refers to buses and trains. References to ‘public transport’ also includes spaces which are key to the operation of public transport services such as bus stops, bus and train stations.

‘Community transport’ (CT) refers to community-led transport schemes which tend to be established in response to unmet local transport needs.(2) Such schemes embody a wider aim than just moving people between locations. Instead the focus is on building a sense of community and belonging alongside increasing people’s ability to engage with their community through education, employment, healthcare services or social activities.(2) Community transport can take many forms including voluntary driver schemes, patient transport services, dial-a-ride schemes, school transport, wheels to work and group hire services.

Other modes of transport such as taxis fall outside of these definitions, but remain an important aspect of the transport picture. Where these are mentioned they are therefore identified specifically.

### **Defining ‘health inequalities’**

Health inequalities are unfair and avoidable differences in health across a population and between different groups within a population.(3) This can include how long people live (life expectancy), how long they live in good health (healthy life expectancy), the health conditions they may experience and what care is available to them.(3)

Our health is impacted by almost every aspect of our lives. A healthy society is like a sturdy building, and we need good quality ‘building blocks’ to construct it. A thriving community needs stable jobs, good pay, quality housing, good education and good transportation systems. Health inequalities show that in many of our communities there are certain blocks missing. This report aims to identify where these gaps are, and how we can address them.

## Chapter 2: Why was this HNA undertaken?

### **National context**

In their recent announcement of the new *Network North* plan, national government acknowledged the constraints that current public transport infrastructure places on the economies and people of the North. The plan details an investment of £19.8 billion into the North to improve connectivity within and between towns and cities, as well as improving everyday local journeys through increased bus services and better roads. While such investment is welcome, it should be noted that the focus of this investment is on urban spaces, which risks neglecting the needs of rural economies such as those in Northumberland. A £2.5 billion fund to transform local transport in 14 rural counties may help to address this, though which rural counties will be included is yet to be announced.(4)

### **Regional context**

Transport North East has highlighted the role that transport plays in both population and planetary health in the *North East Transport Plan (2021-2035)*, which provides a strategic framework for a more co-ordinated and integrated transport system. Its key objectives include:

- Making travel in the North East net carbon zero to help tackle the climate emergency
- Overcoming inequality and growing the economy of the region
- Promoting health by encouraging active travel and improving air quality
- Making sustainable travel such as cycling and walking more appealing, greener and an easier alternative
- Improving transport safety and security(5)

### **Local context**

Transport was highlighted as a key wider determinant of health priority within the *Northumberland Joint Health and Wellbeing Strategy (2018 – 2028)*. Particular issues included the scarcity of public transport impacting both daily living costs of households as well as access to services. The ensuing key priority is to ‘ensure local transport policy provides resilient, flexible and sustainable transport options across the county, particularly in rural areas’.(6, p.17)

The *Northumberland Local Plan (2022)* recognises the unique challenges that the county faces in terms of connecting remote rural communities and an increased dependence on car travel. It mentions potential extensions of the current public transport system including linking Ponteland to the Tyne and Wear metro system, as well as protecting partly operational routes such as the South Tynedale Railway and Aln Valley Railway for future rail use. The Plan states that priority should be given to active travel (e.g. walking and cycling) and public transport in order to support health and sustainable development.(7)

*The Northumberland Inequalities Plan (2022 – 2032)* also highlighted transport as a primary theme to emerge from 12 locality events across the county. As Northumberland County Council (NCC) moves to consider all issues it addresses through an inequalities lens, it is therefore key to understand how access to and use of transport influences health and provides advantage or disadvantage for people in our communities.

### **Policy support**

Following the National Bus Strategy, Transport North East have set out a regional Bus Service Improvement Plan (BSIP). This plan has key objectives including reducing carbon emissions and improving air quality, helping to grow the local economy and ensuring everyone in the region can access employment, education and other opportunities.(8) Read more about the NE BSIP here: [TNE-BSIP-Nov-25-2.pdf \(transportnortheast.gov.uk\)](#)

Work is also being undertaken on re-opening the ‘Northumberland Line’. This includes making the existing rail freight line between Newcastle Central station and Ashington accessible to passengers. The aim is for a continuous service that takes around 35 minutes from each endpoint, and has stops in Blyth, Newsham and Seaton Delaval amongst others.(9) Passenger services are projected to start in the summer of 2024.(9)

The above demonstrates a renewed national, regional and local focus on the importance of public and community transport networks and the role they play in supporting population health. Due to the density of current transport networks in larger towns and cities, these are often the first focus of plans to improve transport, as seen in the recent *Network North* announcement. However, this risks neglecting the needs of populations and economies in rural counties such as Northumberland. This HNA was undertaken to establish exactly what the needs across Northumberland are and how they are best addressed. This ensures that true ‘levelling up’ extends beyond the borders of our cities and supports everyone to access what they need to stay in good physical, mental and social health, regardless of where they live.

## Chapter 3: Methodology

### **What did we focus on and why?**

Due to the size of Northumberland and timescales of this work, we unfortunately could not focus on all areas of the county in equal depth. Our priorities were based on feedback from locality events held as part of the Inequalities Plan work, as well as what existing literature tells us about the impact of rurality on access to transport. As a result this report has three main strands of focus:

#### *Rurality and need*

The primary focus is on identifying challenges and solutions in access to transport in our more rural and sparsely populated areas, predominantly in the North and West. While fewer people live in these areas, the challenges of the geography here can impact our most vulnerable communities in a significant way. We also know that certain groups who tend to live rurally (such as older people) can face unique challenges and may become more dependent on public and community transport as they age.

In line with our primary focus we worked to generate a *depth* of understanding of transport and health in North and West Northumberland. This was achieved mainly through a range of conversations with transport providers and users in these areas. Further details of this are found below.

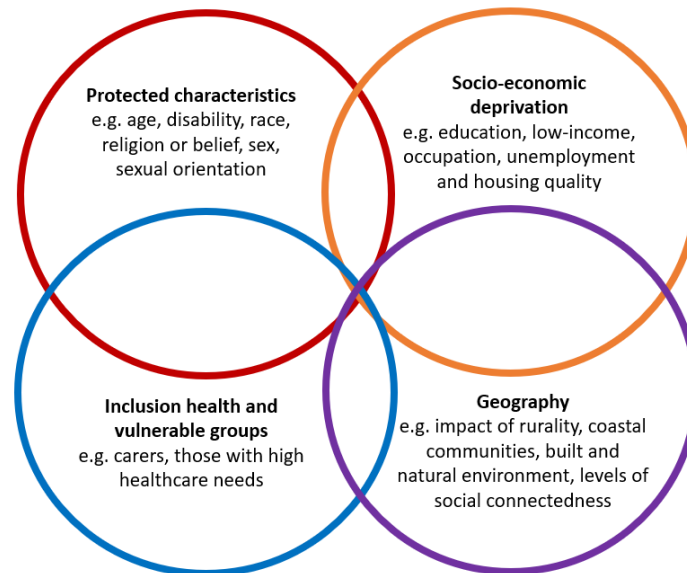
#### *County-wide needs*

While exploring the above, we heard from multiple sources that even in areas where there is a greater density of public transport provision lots of key issues and challenges remain. Our secondary focus was therefore on capturing these issues and including them in our overall analysis. This allows for a *breadth* of understanding in how issues can impact our communities across the county. The recommendations of this report are therefore recommendations for the whole of Northumberland. Challenges faced by Northumberland are also those faced by other counties with a mixture of densely populated and more rural areas. The outcomes of this report can therefore be rolled out more widely, hopefully informing regional and even national considerations of transport systems in rural settings.

#### *Vulnerable groups*

Improving our public and community transport systems improves the health and wellbeing of everyone. However, there are certain groups who we know are more reliant on such transport. As a result they are more likely to be impacted by any challenges or issues surrounding it, and more likely to feel the benefit of any improvements. Communities who we know are more reliant on public and community transport include: those with high healthcare needs, carers, people with physical or mental disabilities, women, young people, refugee or asylum seeker communities and the elderly. These groups fall into what is often referred to as the 'four domains of inequality' (see Figure 1). We deliberately reached out to groups and organisations working with these communities to capture their insights. Where possible we also focussed on people without access to a car or whose access to a car was

precarious. This was due to the growing evidence that ‘forced’ car ownership (i.e. where households maintain a car despite financial struggles) is increasing, as well as acknowledging that those without access to a private vehicle are most vulnerable to changes to community and public transport networks.



*Figure 1. Four domains of inequality (adapted from Health disparities and health inequalities: applying All Our Health).(10)*

### **What did we not include and why?**

While we know that active travel (such as cycling and walking) can have a significant impact on health, we did not focus on this specifically in this report. This is because in areas of significant rurality the distance travelled means active travel is often not a viable option for most regular journeys (such as shopping, commuting and social engagements). It is also not an option for many within the vulnerable groups identified above. However, we recognise the importance of active travel and applaud the renewed focus on this in the North East through the new *North East Active Travel Strategy* (<https://www.transportnortheast.gov.uk/strategy-and-policy/north-east-active-travel-strategy/>).

### **How did we collect our data?**

This report uses a range of evidence to assess need and support its conclusions and recommendations. We have reviewed current literature on transport and health to help guide our focus and priorities. Where available, ‘routine’ data (meaning data that is routinely collected by an organisation or the government) has been used to quantify a particular issue. An example of this may be national statistics on the number of people living with disability across our county. We have collaborated closely with other teams within the

Council, as well as external partners in both the third and commercial sectors, to visually map current service provision.

However, many elements of transport are too complex to capture in numbers, graphs and maps alone. The main contribution to this report has therefore been the voice of our communities. Many organisations and individual gave up their time to speak to us about the way they use and experience public and community transport in our county. It is their insight which has informed the key themes of needs which are described later.

### **What are the limitations of this work?**

While we attempted to engage with as many communities across the 'domains of inequality' as possible, time and capacity limitations means we will not have captured the voice of all groups in equal detail. It is possible that the voices of those with the highest level of unmet need are under-represented, as people who struggle to access good transport networks will likely also struggle to engage with the community groups where most focus groups took place.

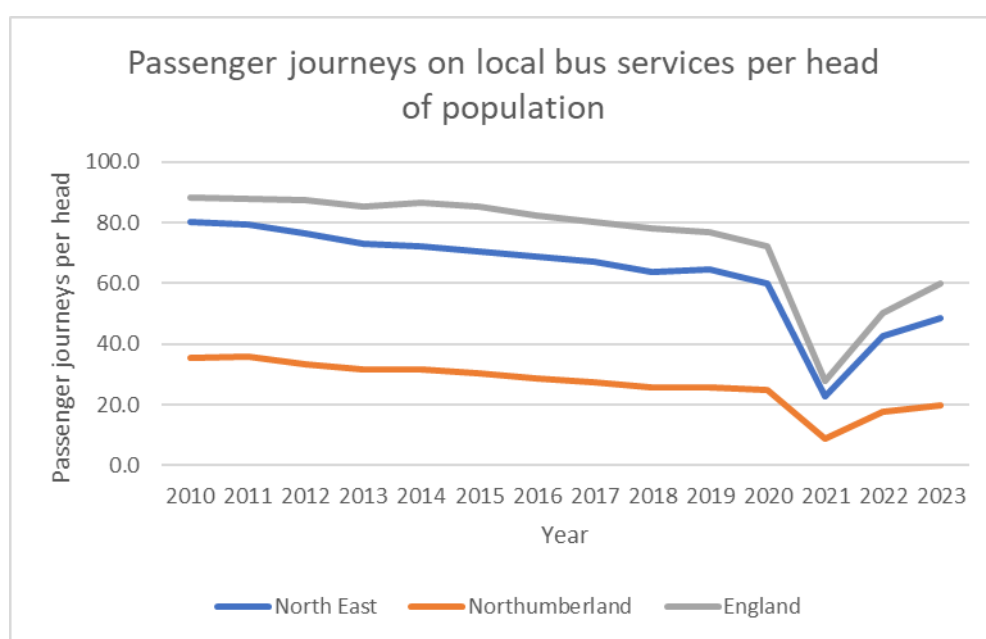
Despite these limitations, this report draws on multiple sources of data to construct an evidence-based argument. Our recommendations are built on triangulating the three elements of evidence from existing research, quantitative data and our residents' voice. Chapter 4 starts with the first of these, by summarising what we already know about the links between transport and health in existing studies.



## Chapter 4: What do we know about transport and health?

### **How has how we travel changed?**

The way in which people in Britain travel has changed significantly over the last 70 years. In 2019 the average distance travelled per person was three times higher than in 1952.(11) This is predominantly due to a huge increase in the use of private transport. While the average distance travelled by car has increased tenfold, average distances travelled by bus have more than halved.(11) In 2021, 88% of passenger kilometres travelled in Great Britain were made by cars, vans and taxis.(12) In Northumberland bus patronage fell dramatically due to the COVID-19 pandemic and has so far not recovered to pre-pandemic levels (see Figure 2).(12)



*Figure 2. Passenger journeys on local bus services per head of population in Northumberland, the North East and England.(13)*

Like the rest of the nation, Northumberland is a car dependent county. 80.3% of households in Northumberland have one or more cars or vans according to the more recent census.(14) Our society's reliance on cars increases the risk for many of 'forced' car ownership, where households buy or maintain a car despite financial struggles.(15) A car was frequently seen as the best route out of poverty as it opened up more job opportunities, as well as being a cheaper mode of transport relative to public transport.(15) The majority of people are in favour of reducing private vehicle use but feel they don't have a viable alternative.(11) Car dependency can further undermine the public transport network, leading to a vicious cycle, where reliance on cars results in reduced public transport options and vice versa.

### **How does transport affect health?**

Transport affects the health of people across society in multiple ways. It can affect it directly, for example through the impact of air pollution. Noise pollution can also lead to

higher levels of stress, sleep deprivation and anxiety, high blood pressure and heart disease and even worsening cognitive function in children.(11) Transport also affects health directly through road safety, with car drivers and passengers accounting for the greatest number of casualties and fatalities in road collisions.(11)

Transport can also affect our health indirectly. Active travel – such as walking and cycling – can help people to get the levels of exercise they need to maintain a healthy weight and reduce the risk of health conditions such as heart disease, cancer, type 2 diabetes and depression.(11) Using public transport means people are also more active than driving.(16) Transport also affects health indirectly by allowing people to access healthcare services, work or school/training and recreational facilities such as cinemas, as well as friends and family. Building a transport system which supports all these elements is particularly key for those who cannot or do not drive and are therefore more vulnerable to health, economic and social exclusion. This includes young people, elderly people, those with disabilities and those who cannot afford to buy or maintain a car. In these groups, a healthy public and community transport network encourages independence, as well as improved wellbeing and quality of life.(17, 18)

### **Transport and access to healthcare services**

We know that delays in accessing medical care results in worse health outcomes. Not having timely access to a General Practice (GP), hospital or pharmacy can mean that chronic diseases are less well managed and there is a delay in the recognition, diagnosis and treatment of new health issues.(19) Poor access to pharmacies and medication refills impacts people's ability to take their medication consistently and appropriately.(19) Transportation issues are a commonly cited reason for missed GP and hospital appointments.(20, 21) In 2021/22 the NHS saw around 7.8million missed appointments.(22) With each missed appointment costing the NHS around £30, this equates to a total cost of around £234 million.(23) A Healthwatch poll in 2022 also showed the impact of the rising cost of living, with the number of people who avoided booking an NHS appointment due to the cost of travel almost doubling to 11%.(24)

Missed appointments and delayed care can have a significant impact on the mental and physical health of our most vulnerable people. A 2019 study found that those with a greater number of long-term health conditions also had a greater risk of missing medical appointments, meaning that those who may need the greatest amount of medical attention are more likely to miss out.(25) The risk of missing an appointment was greater for those with long-term health conditions related to mental health, particularly if mental health issues included alcohol and psychoactive substance misuse.(25) Crucially, repeated missed appointments were associated with a much higher risk of an early death. For people with long-term physical conditions missing two or more appointments in a year meant they were three times more likely to die prematurely than those who had not missed any. For people with mental-health related conditions they were eight times more likely to die prematurely.(25)

The Northumbria Healthcare Trust has made use of technology such as telemedicine (i.e. remote appointments) to overcome challenges of rurality since 2013, for example by reviewing fractures in a virtual clinic to save patients travelling in over long distances.(26) In

2022-23 the percentage of tele consultations in Northumbria Healthcare Trust where patients did not attend (DNA) was also significantly lower at 4.2% than the percentage of face-to-face appointments missed (10.3%).(27) This indicates that telemedicine may be an excellent addition to the type of appointment offered in order to increase attendance. However, while virtual consultations can have a positive impact on how effective and timely care is there is still a lack of evidence on the impact it has on patient safety, equity and patient-centredness.(28) Certain groups are also less likely to use digital services or be potentially disadvantaged. This includes groups who we know to already be more vulnerable in our healthcare system including adults aged over 65 and living alone, people of minoritised ethnicities, people with low computer literacy and those from lower socio-economic groups.(29) Remote consultations are recognised by both patients and doctors to have certain advantages, but the demand for in-person appointments is still high.(30-32)

In 2022/23 the percentage of patients who did not attend an outpatient appointment was higher in Northumberland (8.4%) than the national average (7.7%).(27) This may be due to the size of the county, which means that patients are frequently travelling great distances to attend appointments. A recent analysis of a GP surgery in Ashington demonstrated that the large catchment area meant increased travel time and some users reporting that they struggled to afford the bus fare.(33)

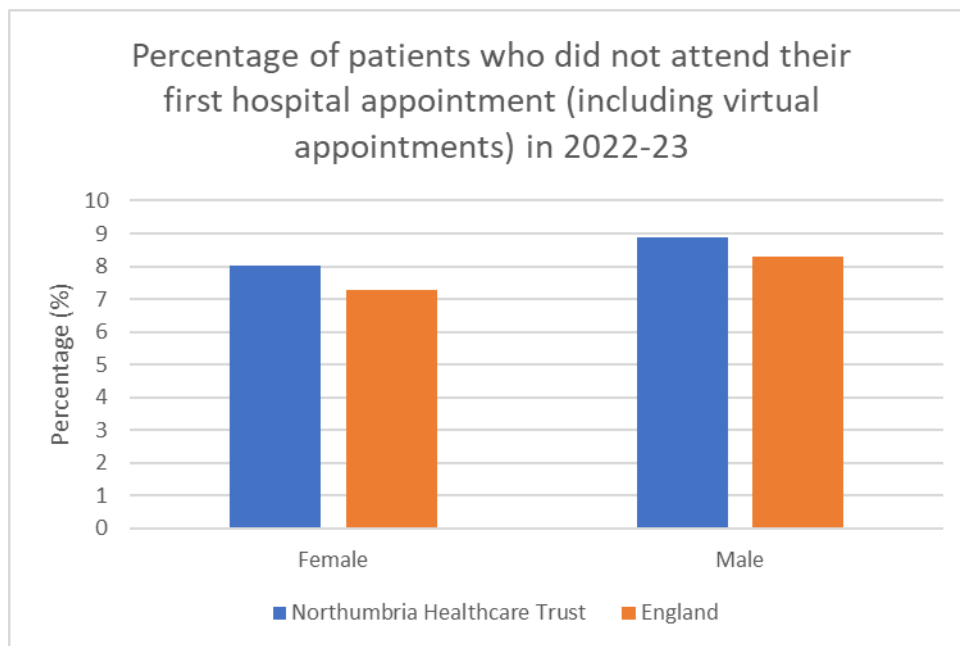


Figure 3. Percentage of patients who did not attend their first hospital appointment (including virtual appointments) in 2022-23.(27)

## Transport and access to economic opportunities

### Access to work

Being employed is associated with improved mental wellbeing (34) and improved health, particularly mental health.(35, 36) Transport has been shown to play a crucial role in people’s ability to get and maintain a job. Better access to public transport increases someone’s chances of becoming employed.(37) This is particularly important for those who may not have access to a private vehicle (such as those living in lower income households

and younger and older non-drivers) or those living in areas where public transport is scarcer (such as rural areas or deprived urban areas).(37)

Transport policy could play a bigger role in reducing poverty by making it easier for low-income households to access work.(38) Issues such as bus reliability can make people more reluctant to change services as part of their commute. This results in certain areas being 'cut off' as commuter zones, even if they have lots of employment opportunities.(38)

The nature of work impacts travel options that people will have. Low-waged work limits the amount people can spend on travel. One study also found that people felt public transport options often don't allow them to undertake 'atypical' work, such as part-time, temporary or 'flexi' employment or 'zero hours' contracts.(38) Poor transport connections were highlighted as a particular challenge in a recent analysis of coastal communities, where unemployment and part-time employment rates are higher.(39)

Commuters in Northumberland have to travel greater distances than most of the rest of the North East. In 2021 over a quarter (28%) of workers had to travel 10km or more to work.(40) The percentage of workers travelling 20km or more was the highest in the North East.(40) It is no surprise then that car dependency is high, with over half (54%) of workers commuting in a car or van.(40)

#### *Access to education*

Inadequate access to transport is also a significant barrier to access and achievement in higher education.(41) Kenyon found that 'non-traditional students' may not be able to relocate to attend university.(41) This demographic tends to include mature students, Black and Asian students, women and those living in council flat areas.(41) For these students barriers in the form of transport availability, reliability, cost and travel time means that they are more likely to be excluded from higher education opportunities. The study also found that investing in virtual education is not the answer, as students considered virtual education second-rate and felt that it excluded them from other essential aspects of the student experience (such as social contact and access to sporting opportunities).(41) Data has also shown that in England at secondary school level schools that are more geographically isolated are more likely to under-perform.(42)

The way children get to school has changed significantly in the last two decades. In 2002-3 60% of children in the North East aged 5-16 walked to school, whereas in 2022 this had almost halved to 36%.(43) However, while a higher percentage of children travel to school by car, a higher percentage also use public transport such as a local or private bus.(43) This shows that public transport still plays a crucial role in almost a third (28%) of school trips.(43)

#### *Impact of transport cost*

Households in the North East household spend more of their weekly budget on transport than the UK average. In 2020/21 the average household spent around 4% of their household weekly spend on petrol and diesel and the equivalent of 5.8% on vehicles.(44) Both are higher than the UK equivalents (3.4% and 5.1% respectively).(44) This higher share of expenditure means that recent high rates of inflation for petrol and diesel have a

particularly large impact in the region. Households also spend a higher percentage of income on bus and coach fares, though less on rail, likely due to the limited rail network in the county.(44)

While owning a car makes finding and keeping a job easier, the economic stress that forced car ownership (FCO) can have on households is significant. Although households with FCO tend to have lower levels of material deprivation they have higher levels of in-work poverty (when a working person's income, after housing costs, is less than 60% of the national average, meaning they don't earn enough to meet the cost of living)(45) and fuel poverty than households without a car.(46) This means that even though such households tend to have a higher income, their levels of economic strain are similar to lower-income and more materially deprived households.(46)

### **Transport and access to social opportunities**

Transport plays a key role in addressing the health impacts of social isolation. Social isolation has been shown to have a significant impact on physical and mental health. People who are socially isolated are more likely to smoke and less likely to exercise, and are at higher risk of depression and anxiety.(47) Due to the impact on their health they are at a higher risk of death than those who are more integrated in their communities.(48)

Over a fifth (21.3%) of people who live in the North are at risk of social exclusion due to issues with the transport system, known as transport-related social exclusion (TRSE).(49) TRSE means that people cannot achieve the high level of mobility needed to participate fully and meaningfully in society. While key destinations such as supermarkets appear relatively accessible, people report struggling to access social opportunities such as childcare, leisure opportunities and caring responsibilities.(49) Experiences of public transport also ranked highly in those who subjectively felt more socially excluded.(49) Unreliability and uncertainty around public transport options, as well as increased travel time due to delays or distance travelled all impacted how much people felt able to rely on their network of family and friends, or access formal care facilities.(49)

### **Transport and inequalities**

The impact of transport on access to healthcare does not affect everyone equally. People in our poorer communities face higher transport barriers to accessing healthcare than those in our wealthier communities.(19)

Those aged over 65 can find it difficult or very difficult to travel to a hospital, particularly if they have extra accessibility needs such as being a wheelchair user.(50) Making public transport accessible to this age group is particularly important as older people who use public transport often have been shown to have improved lower limb muscle strength and physical fitness.(51) As a result they can stay in better health and more independent for longer. Factors such as socioeconomic status and age can overlap, making elderly people from deprived areas even more vulnerable.(52)

Women are more likely to travel by public transport across almost all age groups and are also more likely to be a car or van passenger rather than driver.(53) This suggests that they

are less likely to have access to their own vehicle and are more reliant on public transport, making them more vulnerable to poor public transport networks.

Some people, including minoritised ethnicities and LGBTQ+ individuals may be wary or fearful of using public transport or feel that they don't belong in public transport. This is sometimes referred to as spatial exclusion.(49) Income inequalities may also make them more vulnerable to economic barriers.

LGBTQ+ individuals are also more likely to experience spatial exclusion, particularly those perceived to be transgender.(49)

Those with disabilities frequently experience issues around accessibility. This can be due to physically inaccessible spaces for wheelchair users, or inaccessibility in the presentation of travel information for those who are hard of sight or hearing, or who are neurodiverse.(49)

### *The importance of intersectionality*

When considering what may make people more likely to experience health inequalities we should always bear in mind that one person may be subject to various 'axes of inequality'. For example, they may be both a woman and of a minoritised ethnicity, or they may be both LGBTQ+ and have a disability. The way in which multiple forms of inequality or disadvantage can compound is known as intersectionality. It is important that we consider how the different ways in which people can be marginalised will impact their ability to access and use transport networks, and how we can address these different forms of marginalisation.

## Chapter 5: Transport demand and current provision

When looking at transport we need to understand what our county and its communities look like, as well as how and why people travel. Assessing current use of public and community transport systems can be difficult, as relatively little routine data is collected. The following section draws together the information collected regularly by bodies such as the Department for Transport and commercial services. It also presents the results of internal analysis of bus and rail services undertaken within NCC.

As the main focus of this report is on inequalities, the data presented focuses on the four key 'domains of inequality' mentioned earlier: geography, socio-economic status, protected characteristics of passengers and vulnerable groups of passengers.

### **What do our communities look like?**

#### Geography

Within Northumberland the majority of the county is classified as 'rural'. Figure 4 shows the classification of areas with the public bus and rail transport network overlaid. We can see that the most rural areas (rural village and dispersed in a sparse setting) are concentrated in the North and West. Visually we can see that these areas also have fewer public transport services.

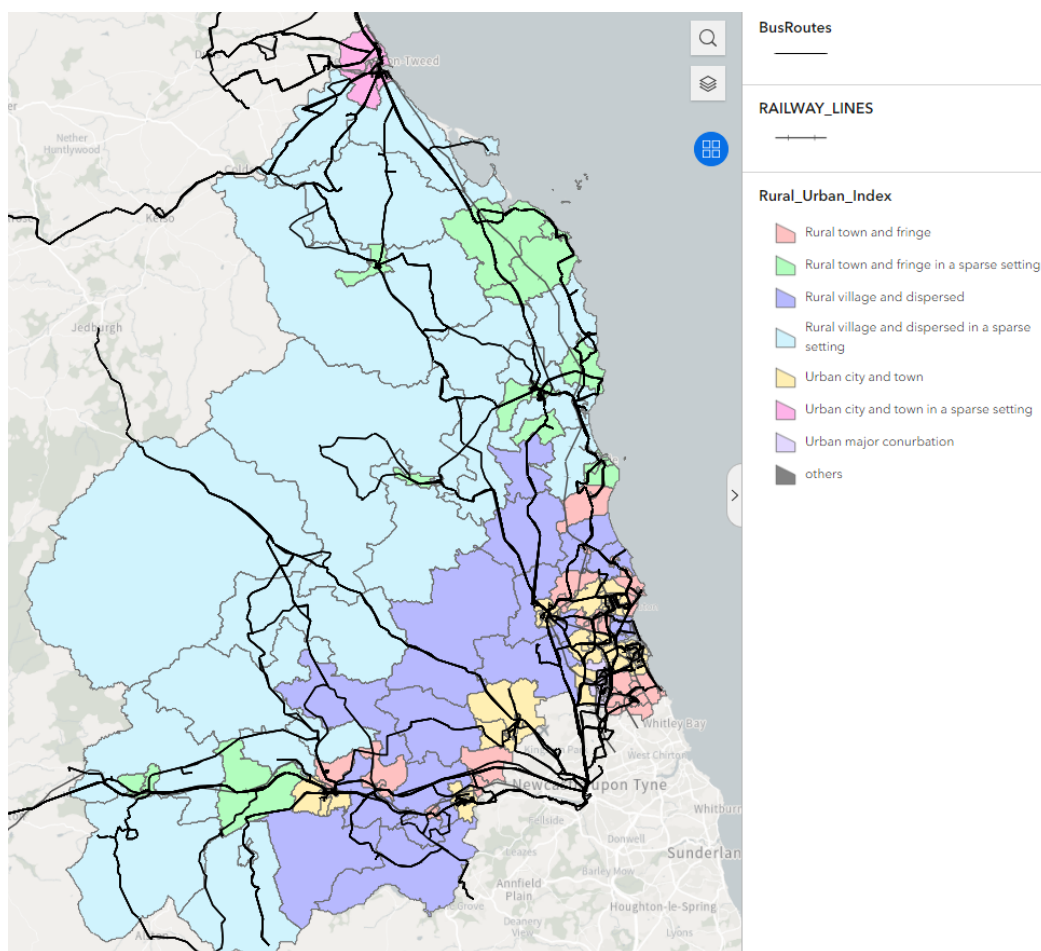


Figure 4. Map of the public transport network within Northumberland with base layer of rural/urban index.

A lack of access to public transport will leave communities more reliant on private transport. This could lead to a ‘chicken and egg’ situation, where reliance on private transport leads to reduced patronage of public transport and consequently a decrease in commercially viable services. The resulting reduction in services then leaves people even more reliant on cars. This supposes, however, that those without access to a rich network of public transport have alternative private transport available. Figure 5 shows that this is not the case. In some of our most rural areas up to 28% of households do not have access to a private vehicle. This means that in some areas almost a third of our communities are left reliant on public transport, community transport or the goodwill of friends, family and neighbours to allow them to access the healthcare, employment and social opportunities that keep them well. A caveat to this is that due to the low numbers of people living in some areas, this percentage may only equate to small numbers of people.

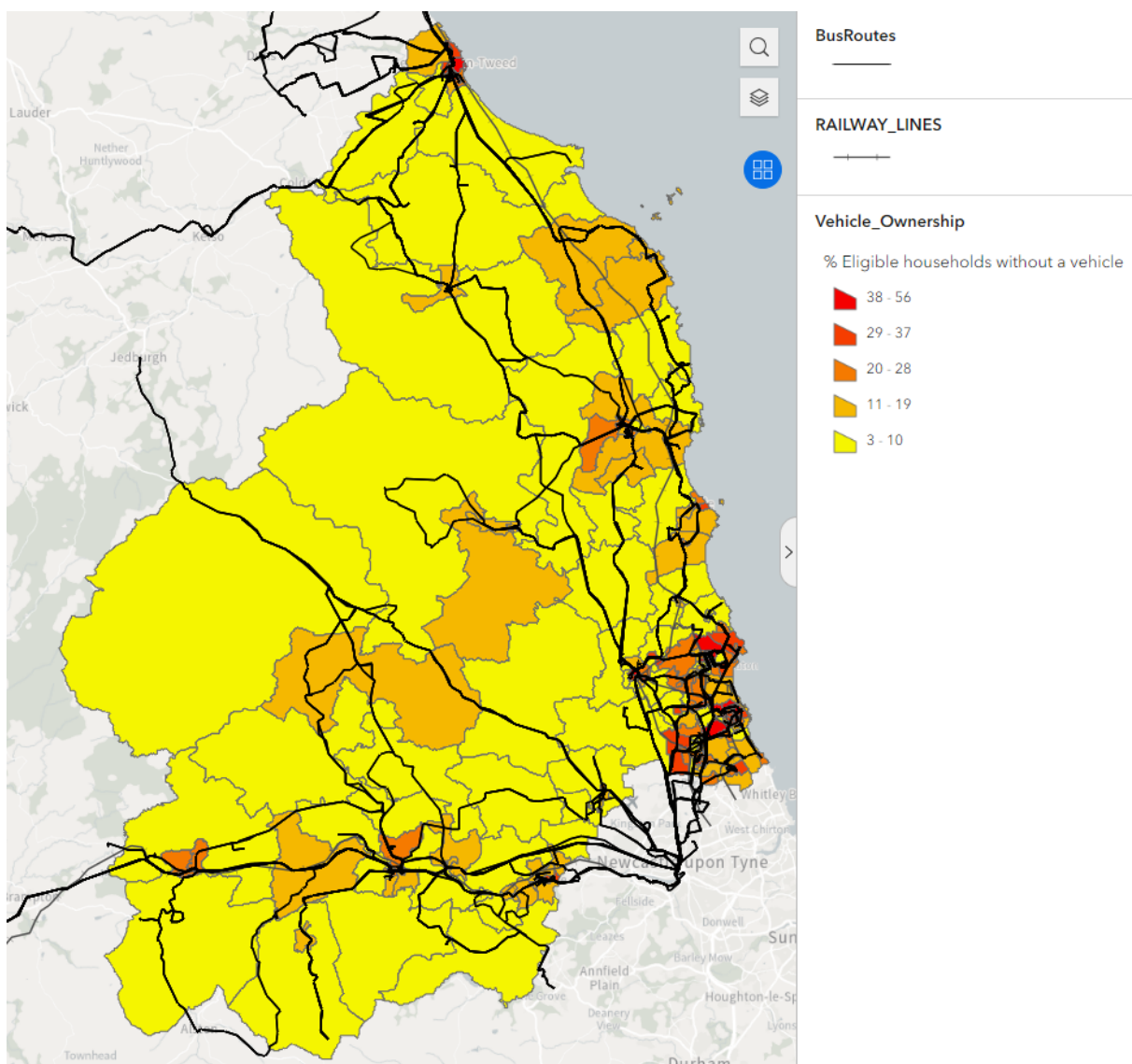


Figure 5. Map of the public transport network within Northumberland with base layer of percentage of households without access to a private vehicle.



Socio-economic status

In 2019, 12.6% of the population in Northumberland was income-deprived.(54) Deprivation does not only refer to economic factors and employment. Deprivation scores also consider a household’s level of education, health and disability status and quality of housing. In 2019 Northumberland’s deprivation score fell slightly above the England average, though it was the lowest of all local authorities in the North East, as shown below.

Area ▲▼	Recent Trend	Count ▲▼	Value ▲▼
England	–	-	21.7
North East region	–	-	28.0
Middlesbrough	–	-	40.5
Hartlepool	–	-	35.0
South Tyneside	–	-	31.5
Sunderland	–	-	30.6
Redcar and Cleveland	–	-	29.8
Newcastle upon Tyne	–	-	29.8
Gateshead	–	-	28.2
County Durham	–	-	26.8
Stockton-on-Tees	–	-	25.8
Darlington	–	-	25.7
North Tyneside	–	-	22.3
Northumberland	–	-	22.1

Source: English indices of deprivation 2019, Ministry of Housing, Communities & Local Government

Figure 6. Deprivation scores by North East local authority, 2019.(55)

While this is reassuring, we know that overall deprivation scores for an area can mask significant differences within that area. In Northumberland, almost a fifth (19.8%) of neighbourhoods were in the 20% most income-deprived neighbourhoods in England.(54) In contrast, 22.8% of neighbourhoods were the 20% least income-deprived in England.(54) The gap between the least deprived areas and most deprived areas was 45.8%, as shown in Figure 7.(54) This means that in areas of most deprivation almost 50% more people are deprived, showing that deprivation is very concentrated in a few neighbourhoods.



Range and population weighted average of income deprivation levels for neighbourhoods within Northumberland

Figure 7. Income deprivation gap for Northumberland, 2019.(54)

Figure 8 shows the deprivation scores of different areas across the county. The index of multiple deprivation (IMD) ranks areas across the country into deciles, from 1 to 10. The first decile indicates the least deprived 10% of neighbourhoods, while the 10<sup>th</sup> decile indicates the most deprived 10% of neighbourhoods. Therefore the darker the purple, the more deprived the neighbourhood. A lot of deprivation clusters in urban areas such as Blyth or Berwick-upon-Tweed. However, we still have areas of high deprivation in rural settings where the provision of public transport is less densely clustered. This means that communities who may have less resources to buy or maintain a private vehicle may also have less access to public transport networks. This increases the risk of either forced car ownership (where running a car comes at the expense of other basic needs) or means people here struggle to access opportunities.

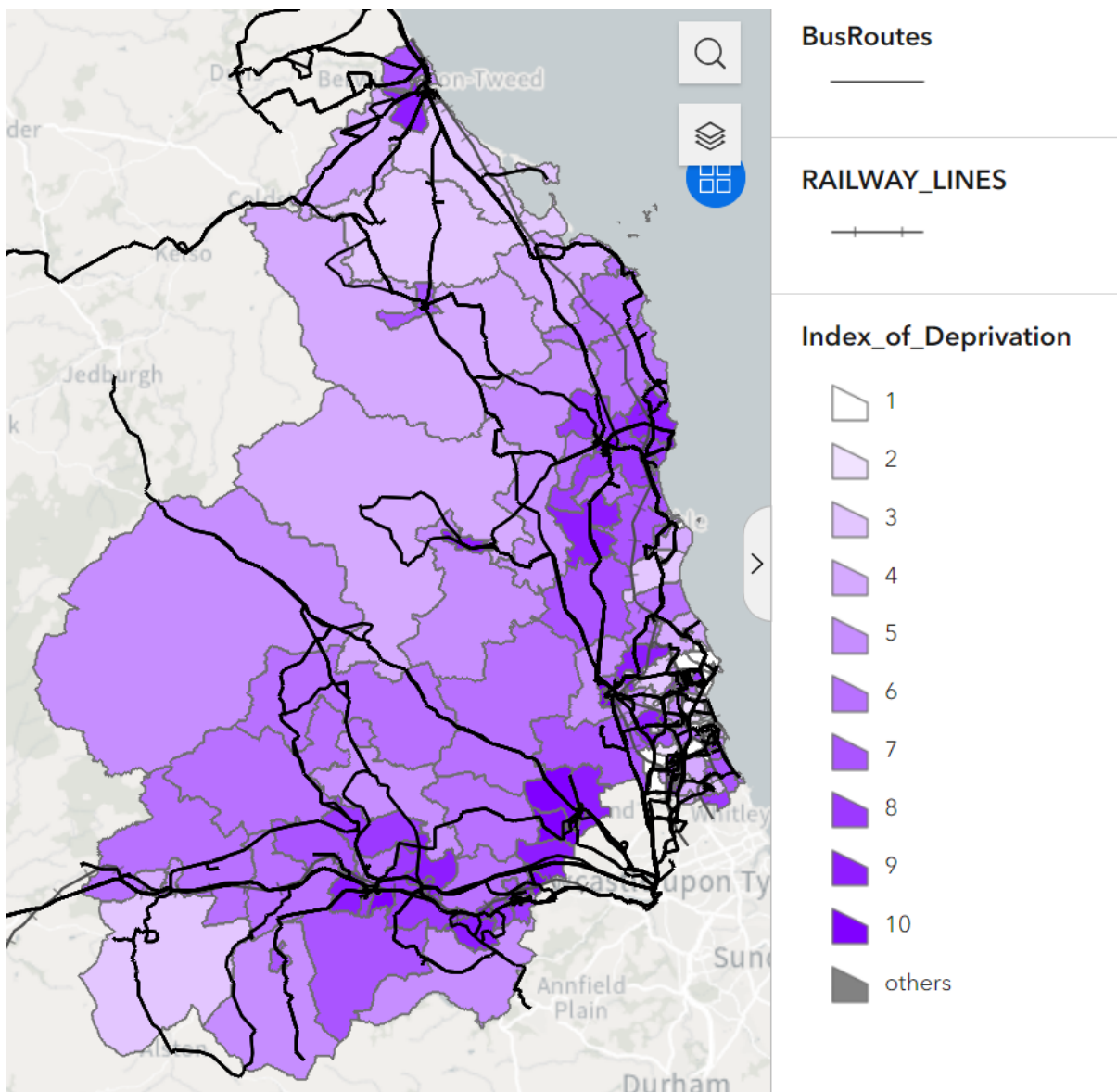


Figure 8. Map of the public transport network within Northumberland with base layer of index of multiple deprivation (IMD) score.

One outcome of certain areas having both high levels of deprivation and lower levels of public transport networks could be a difficulty in finding or accessing employment. In 2023 Northumberland’s employment rate for those aged 16 to 64 was 70.1%, lower than the regional average.(56) In 2023 unemployment in Northumberland decreased from 4.6% to 3.6%, echoing a similar decrease across the North East.(56) The Claimant Count (i.e. the number of people claiming unemployment-related benefits) was also lower in Northumberland than other local authorities in the North East (see Figure 9).

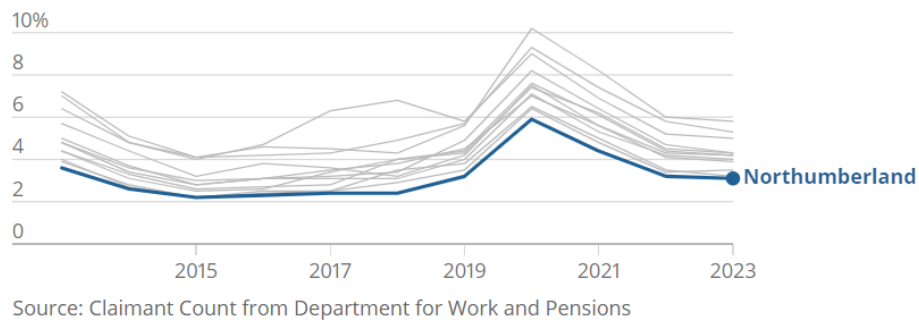
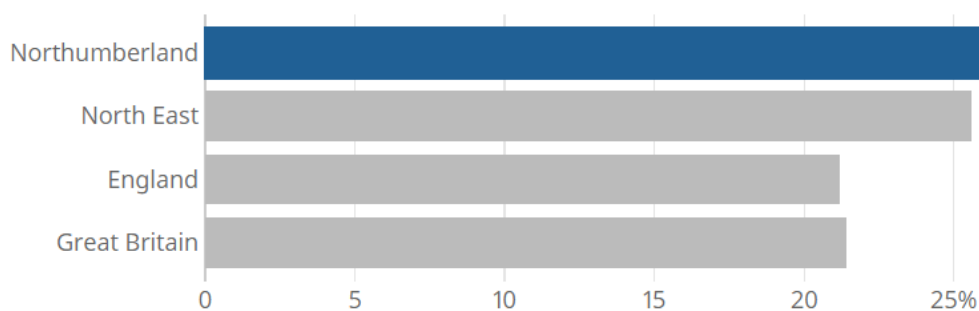


Figure 9. Claimant count (%) for areas in the North East, 2013-2023.(56)

However, an increasing percentage of the population are classed as ‘economically inactive’. This means they are not in employment but have not been seeking work in the previous 4 weeks or were unable to start work within the next 2 weeks. This could include retirement or being long-term sick or disabled. Economic inactivity in Northumberland is higher than across the North East and Great Britain, as seen in Figure 9. Reasons for this are explored under ‘protected characteristics’ below.

#### Residents aged 16 to 64 years (%), year ending June 2023



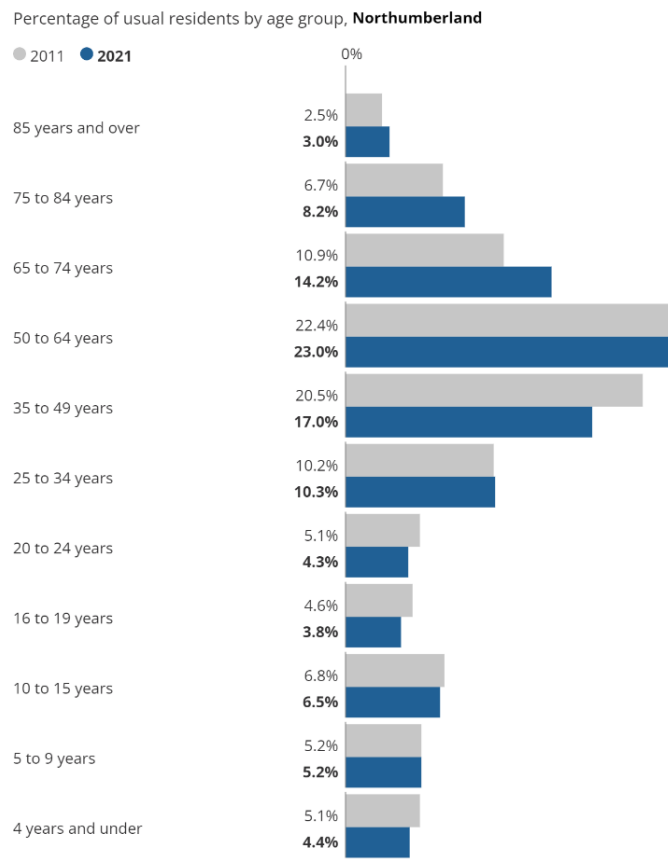
Source: Annual Population Survey from the Office for National Statistics

Figure 10. Economic inactivity in Northumberland, the North East and England for residents aged 16 to 64 years (%), 2023.(56)

#### Protected characteristics of passengers

- i) Age

The population of Northumberland is getting older. Results from the 2021 Census show that the average age in Northumberland increased by 3 years, from 45 to 48 years. This makes it the highest average age in the North East and almost a decade higher than the average age in England (40 years).(57) Figure 11 shows how between 2011 and 2021 the percentage of residents aged between 50 and 74 years increased, while the percentage of those aged 35-49 years decreased. Almost half (48.4%) of residents were aged over 50 years.(58)



Source: Office for National Statistics – 2011 Census and Census 2021

*Figure 11. Percentage of usual resident by age group in Northumberland, 2011-2021.(57)*

Trends in Northumberland reinforce what can be seen across the UK: more and more older people are living outside of city and town centres.(59) An ageing population has implications for the public and community transport systems. As people become older they are at higher risk of developing health conditions which can preclude driving. This includes physical health conditions (e.g. reduced eye-sight through conditions such as macular degeneration) and mental health conditions (e.g. increased risk of dementia). Reliance on spouses can be difficult as partners age too. This means communities become more dependent on public and community transport, as well as informal networks such as family and friends.

## ii) Sex

In 2021 Northumberland residents numbered slightly more women (51%) than men (49%). Men and women have been shown to travel differently, with women typically making more frequent, shorter journeys due to domestic and caring responsibilities.(60) Public transport networks in Northumberland mimic the standard model in the UK which prioritises long distance journeys from the outskirts into city and town centres during peak hours. This fails to meet the mobility needs of women and other groups who do not conform to a standard 'commuter' pattern such as children and teenagers, the elderly, informal workers and those with varied work patterns such as shift workers.

## iii) Disability

In 2021 8.3% of Northumberland residents were identified as being disabled and limited a lot.(57) This was a slight decrease from 9.4% in 2011. A higher percentage of people also rated their health as 'very good'. While this is good news, we must bear in mind that once again averages can hide disparities within the county. Figure 12 shows the public transport network overlaid over a map indicating the percentage of residents who were identified as being disabled and limited a lot in their activities. While higher percentages are clustered in urban areas in the southeast it shows that in some rural areas with few PT services over 1 in 10 people (11.2%) were disabled and limited a lot. A lack of transport provision can impact these people in two ways: their disability may mean they are less likely to be able to drive a private vehicle, making them more reliant on PT and CT networks. Their disability may also mean they have to access services such as healthcare services more often, so that their demand for transport is greater.

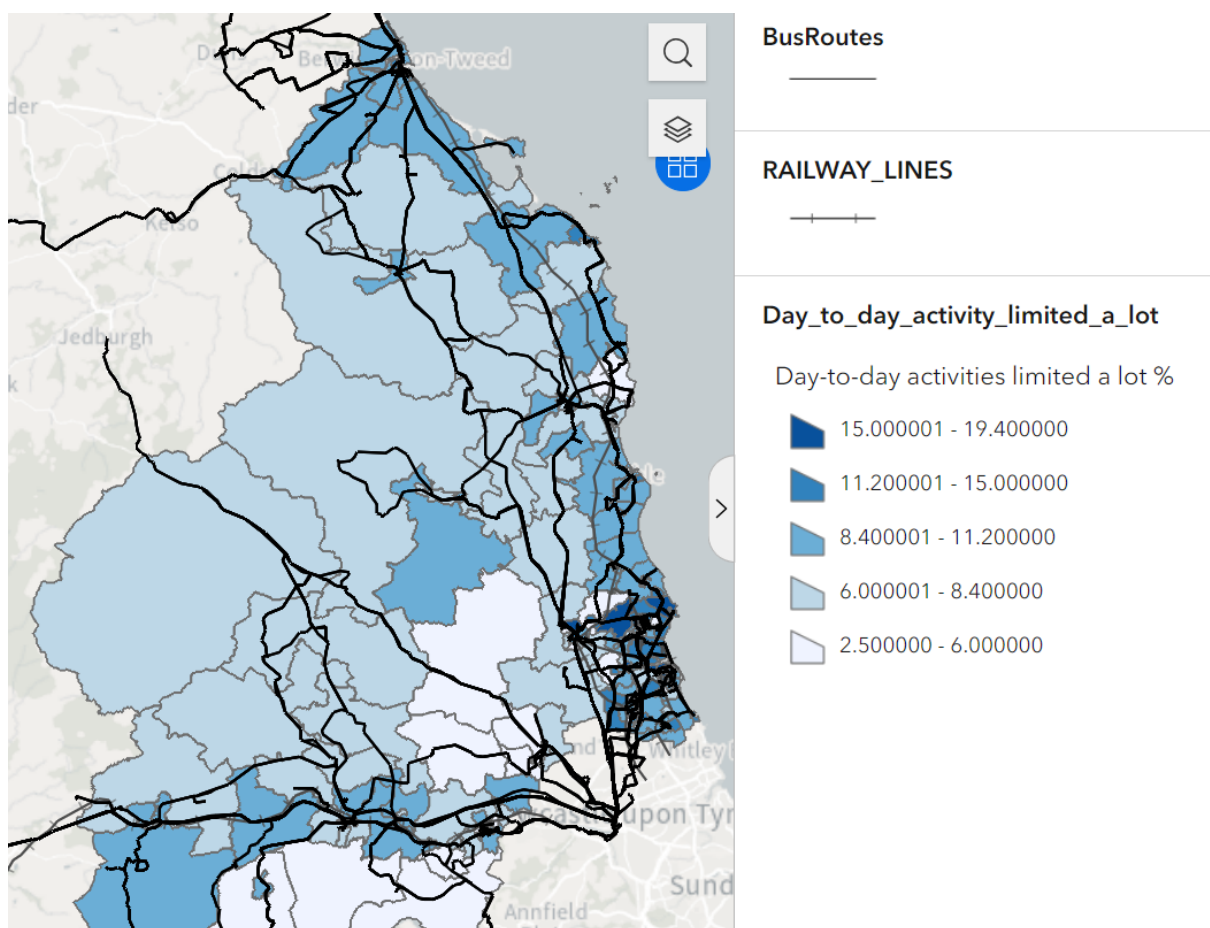


Figure 12. Map of the public transport network within Northumberland with base layer percentage of residents who were disabled and limited a lot.

### Vulnerable groups

#### i) Unpaid carers

Unpaid carers contribute the equivalent of 4 million paid care workers to the social care system.(61) They play a hugely significant role in keeping the most vulnerable members of our society well. However, carers are themselves a vulnerable group. Caring responsibilities can have a direct impact on a person's health including higher levels of stress, disturbed sleep, increased financial strain and ignoring their own health needs in order to prioritise the needs of the person they are caring for.(61) Unpaid care is more likely to be undertaken by women and those from minority ethnicity backgrounds. There is also a higher percentage of people providing unpaid care in the most deprived areas of England than the least deprived.(61) We know that these three groups also tend to rely more on community and public transport. Good transportation systems are therefore vital in providing access to key pillars of support for both carers and the person they are caring for, such as access to healthcare services and opportunities for social activities and respite.

In 2021 the North East had the largest proportion of people providing unpaid care (10.1%) and also had the largest proportion of people providing 50 or more hours of unpaid care per week (3.4%).(61) Figure 13 shows the proportion of people providing unpaid care for 1 or more people in household with a long-term health problem or disability. Again we can see that some areas with a high proportion of unpaid carers appear to have relatively few public transport links.

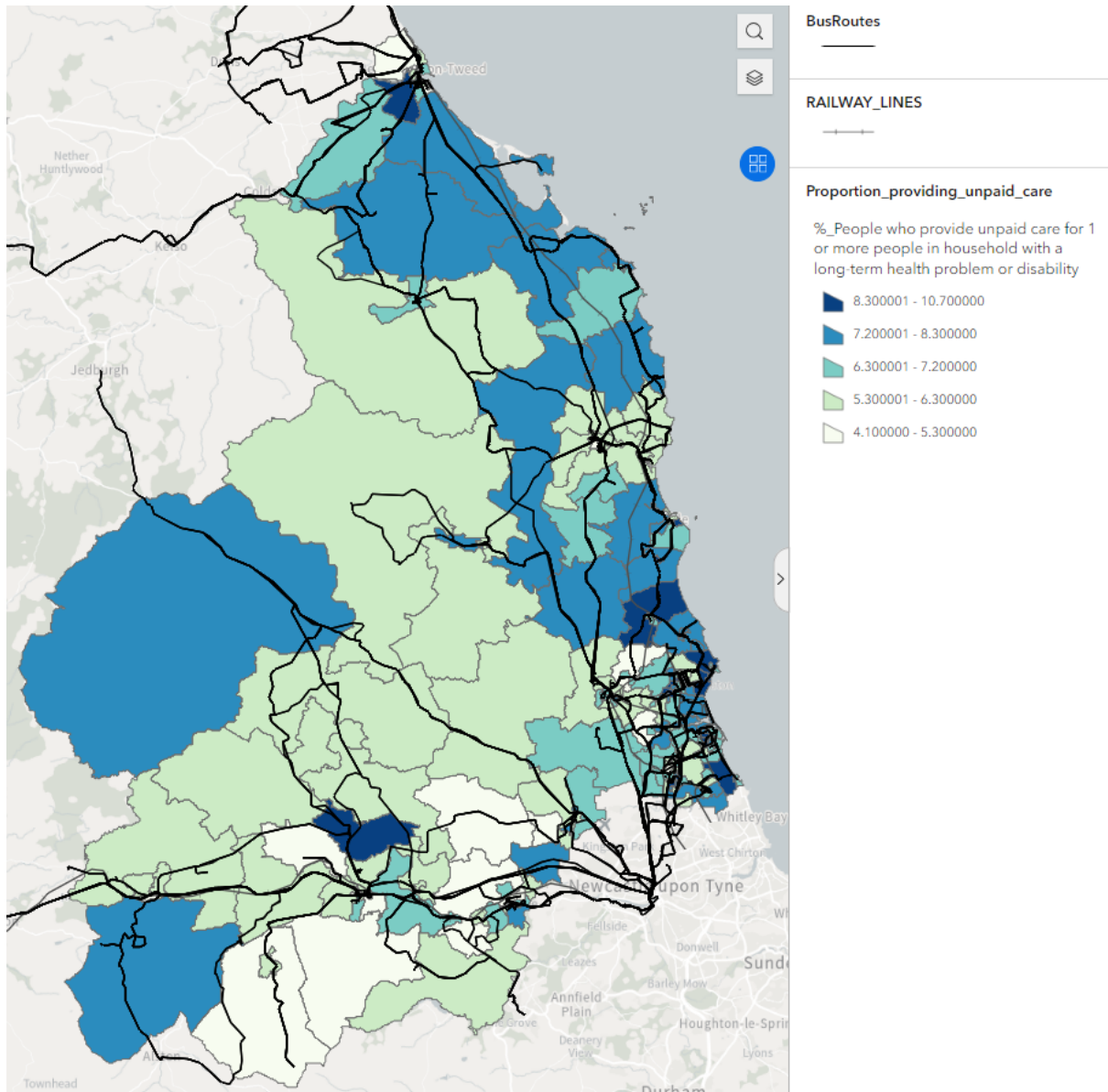


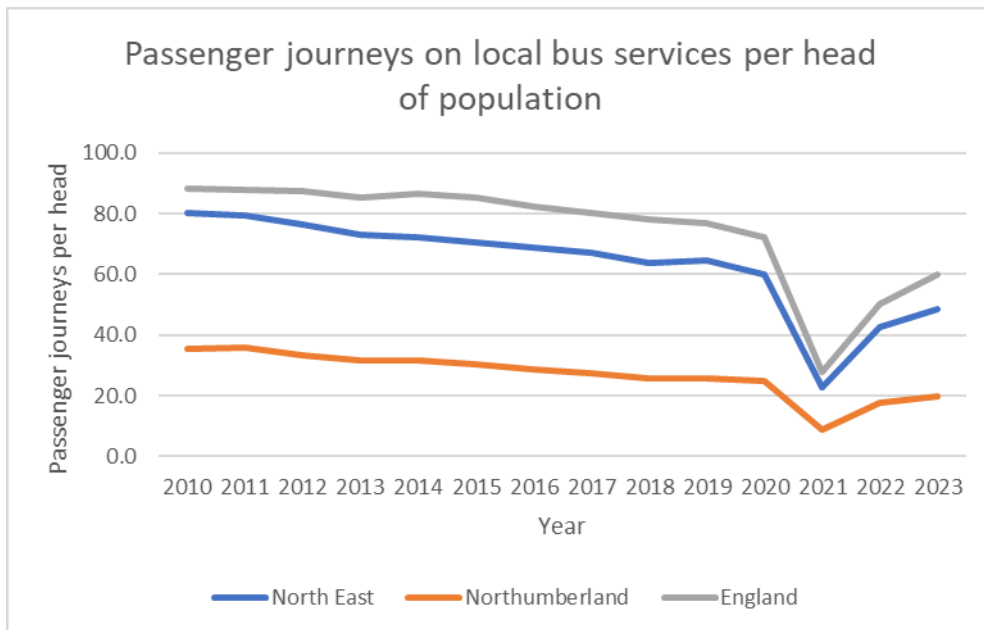
Figure 13. Map of the public transport network within Northumberland with base layer percentage of residents who provide unpaid care.

### How and why do people travel in Northumberland?

#### How are people travelling in Northumberland?

Use of local bus networks has been declining steadily since 2010. As seen in Figure 14, 2019-21 saw a sharp decline in patronage, largely due to restrictions surrounding the COVID pandemic. While patronage is picking up again, it is still not at pre-2019 levels.





Those who travel by bus in Northumberland tend to do so regularly, with the majority travelling 5 or more days a week (Figure 15).

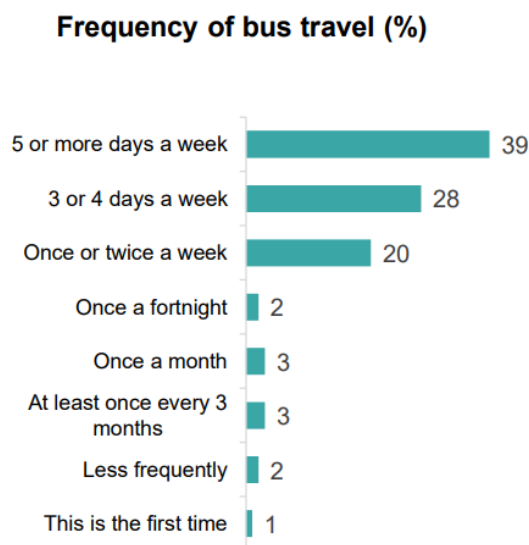


Figure 15. Frequency of bus travel in Northumberland, 2023.(62)

**Who is using public and community transport in Northumberland?**

Bus users in Northumberland are more likely to be female (51% of users) and aged over 70 years (30%).(62) Travel patterns show that men are more likely to travel during peak periods, while women form the greater proportion of passengers in off-peak periods.(62) This reflects what we saw in the literature, which is that men are more likely to use PT to commute while women may use it more for domestic or care-taking activities throughout the day.



While the numbers of people using the bus has fallen, the proportion of elderly and disabled people bus passengers has remained reasonably stable over the past decade. Though there has been a slow decline in the proportion of these passengers travelling in the North East generally (see Figure 16), Northumberland continues to have a higher than national average amount of elderly and disabled bus patrons. In 2023 over a third (35%) of passenger journeys on local bus services in Northumberland were undertaken by concessionary pass holders.

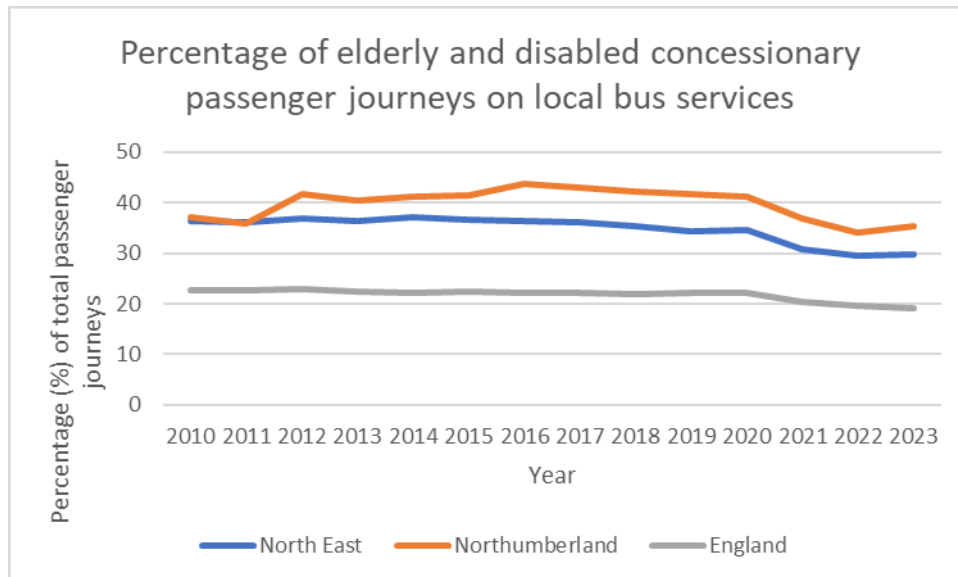


Figure 16. Percentage of elderly and disabled concessionary passenger journeys on local bus services in Northumberland, the North East and England.(13)

#### Why are people using public and community transport in Northumberland?

In 2023 a survey of 321 bus users in Northumberland found that the most common purpose of their journey was shopping (32%) followed by commuting for work (24%) and accessing leisure opportunities (18%).(62) For those aged 26-59 commuting for work constituted almost half (48%) of their journeys.

For all bus users 49% responded that their main reason for taking the bus was that they did not have the option for travelling by other means. Perhaps surprisingly this reason was more common among fare-paying passengers than among free pass users, particularly among women and those aged 26-59.(62) Over a third (38%) reported difficult access to a car, which meant that they themselves didn't drive or have access to a car, and also did not have anyone else to ask to drive them.(62) This again highlights the great reliance that many people in our county place on publicly available transport networks.

#### What do our public transport networks look like?

##### i) Rail networks

The rail network within Northumberland is seen in Figure 17 below. As can be seen there is some provision for coastal communities and some larger towns in the West only.

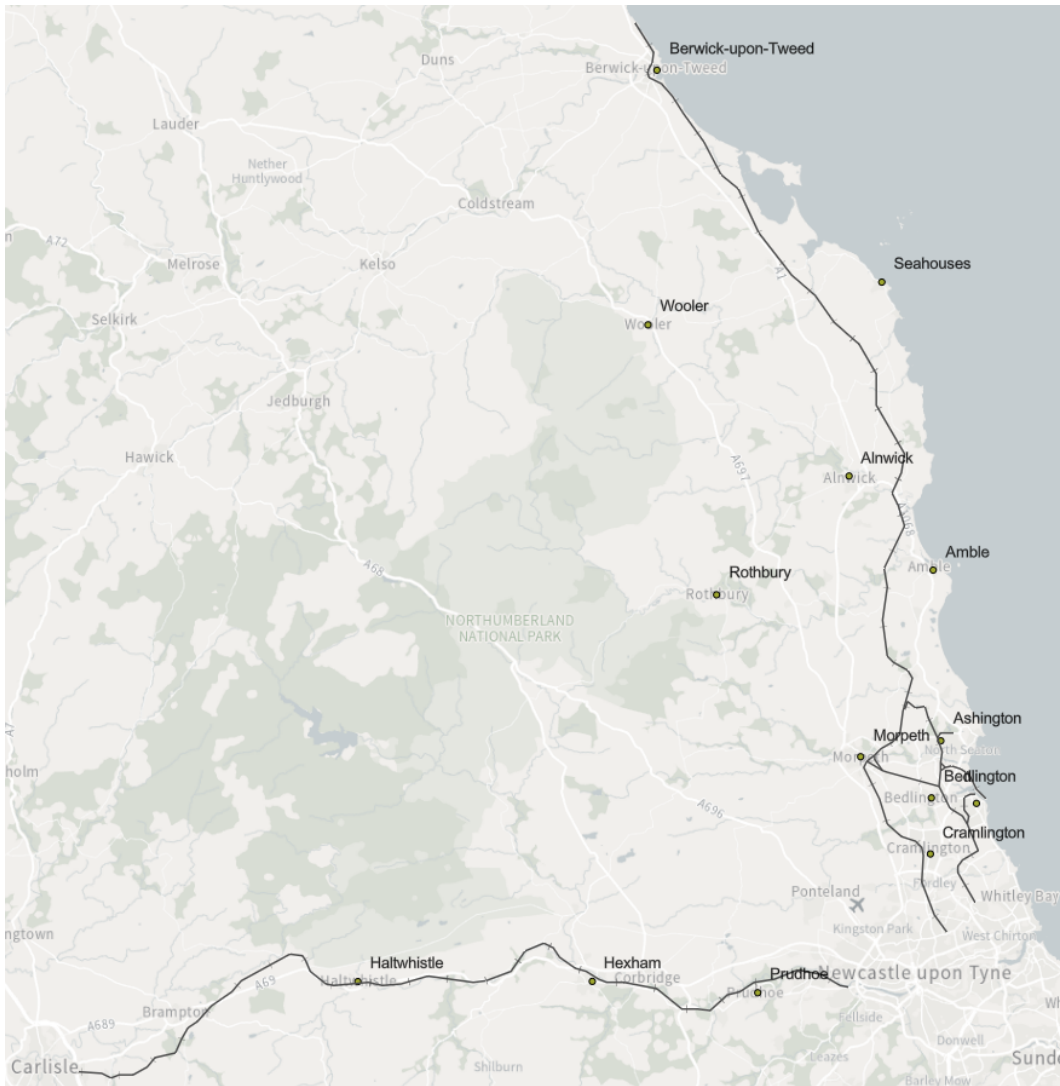


Figure 17. Map of the rail network in Northumberland as of December 2023.

ii) Bus networks

Figure 18 demonstrates the bus networks within the county. These appear to supply most larger towns.

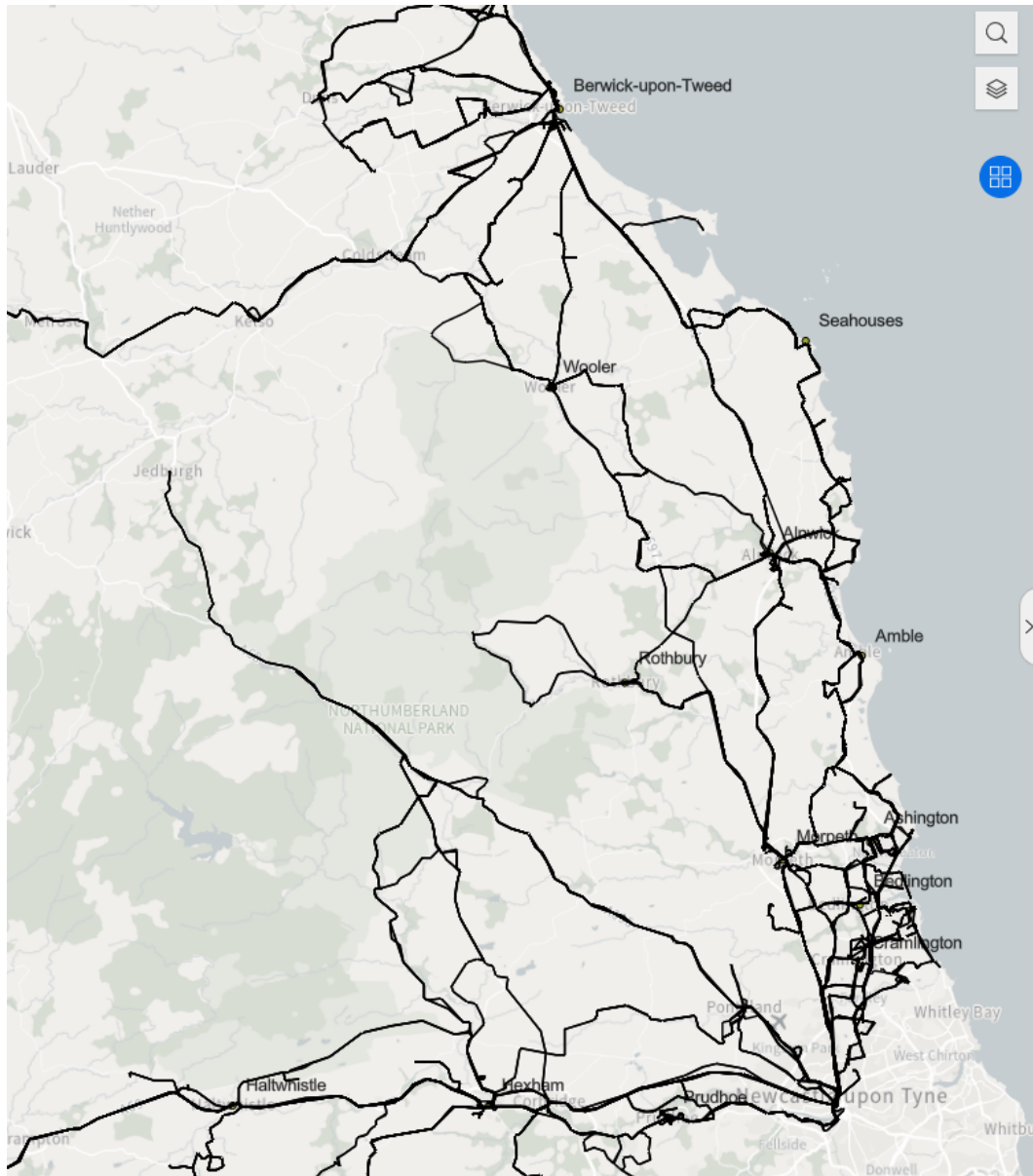


Figure 18. Map of the bus network in Northumberland as of December 2023.

#### Access to key amenities

Figure 19 plots key institutions such as schools, General Practices, and pharmacies onto the existing public transport network. While most pharmacies appear to fall along service routes, several GPs and schools do not have an obvious public transport link, which could make them difficult to access for households with no access to a private vehicle.

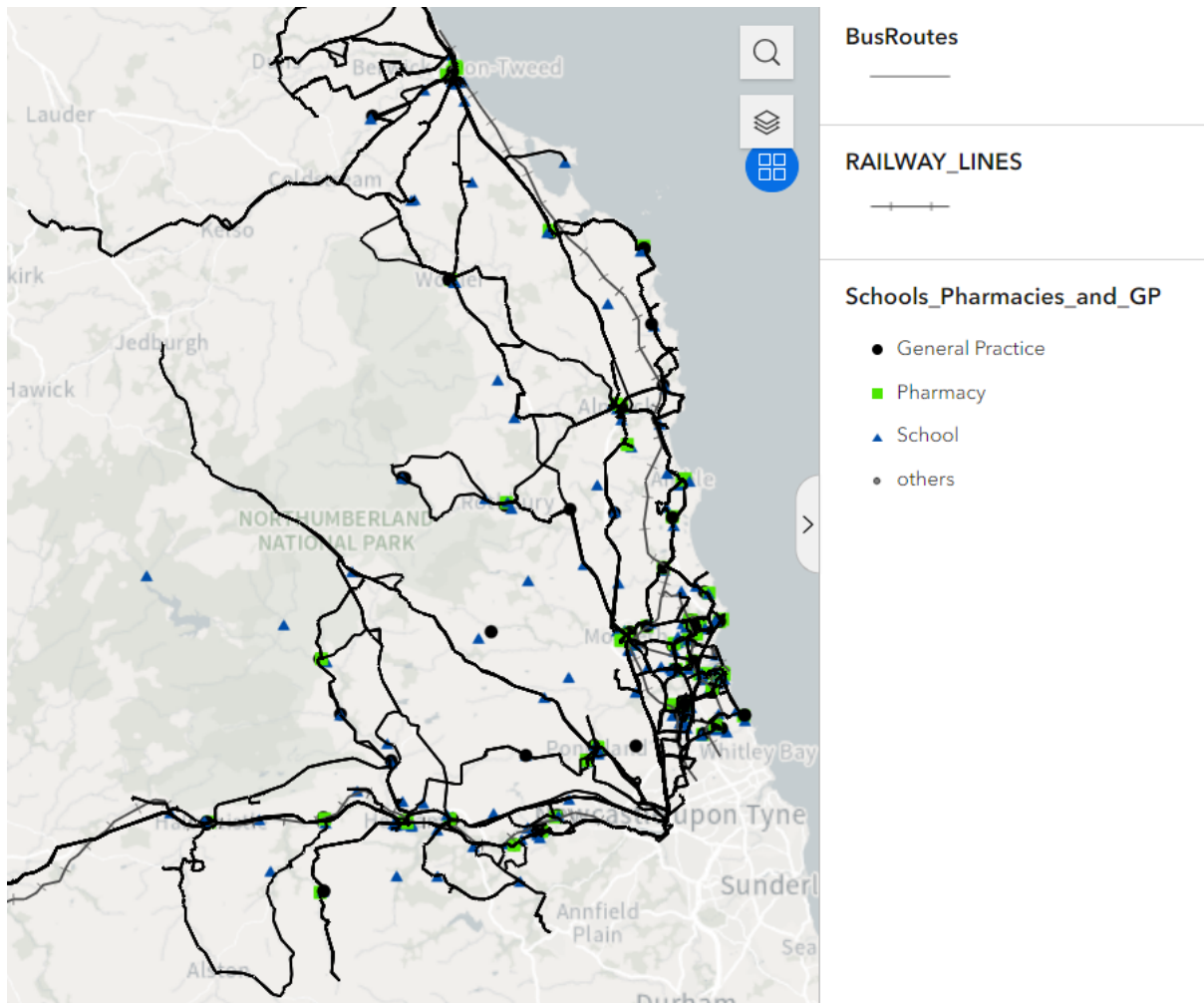


Figure 19. Map of the public transport network within Northumberland with proximity to General Practices, schools and pharmacies, as of December 2023.

### Frequency and timing of services

The existence of a service alone does not tell us much about how this practically supports travel. Further analysis demonstrates differences in service frequency that show that urban areas and coastal routes have more frequent bus service provision than rural areas inland.

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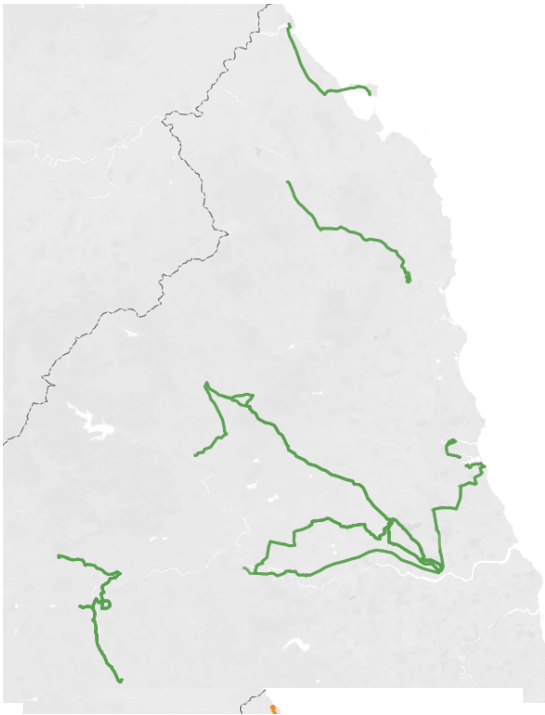


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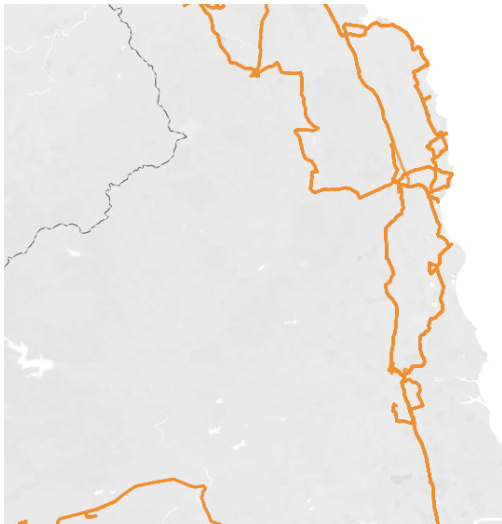
clearly each category frequency

considered separately, as in Figures 21-24.

Figure 20. Bus network in Northumberland by frequency of daytime peak service, as of December 2023.



*Figure 21. Bus networks in Northumberland operating infrequently at peak daytime hours, as of December 2023.*



*Figure 22. Bus networks in Northumberland operating at 2 hours or less at peak daytime hours, as of December 2023.*



*Figure 23. Bus networks in Northumberland operating at 60 minutes or less at peak daytime hours, as of December 2023.*



*Fig xx. Bus networks in Northumberland operating at 30 minutes or less at peak daytime hours, as of December 2023.*

Figure 24. Bus networks in Northumberland operating at 30 minutes or less at peak daytime hours, as of December 2023.

Analysis of current services also highlights a lack of evening services outside of urban areas. Figure 25 shows that once again urban centres in the southeast and the main ‘arteries’ of the coastal road and link between Newcastle and Carlisle have evening services, while many rural areas do not. This could limit access to both employment and social opportunities that require people to travel outside of the 9 to 5 working day.

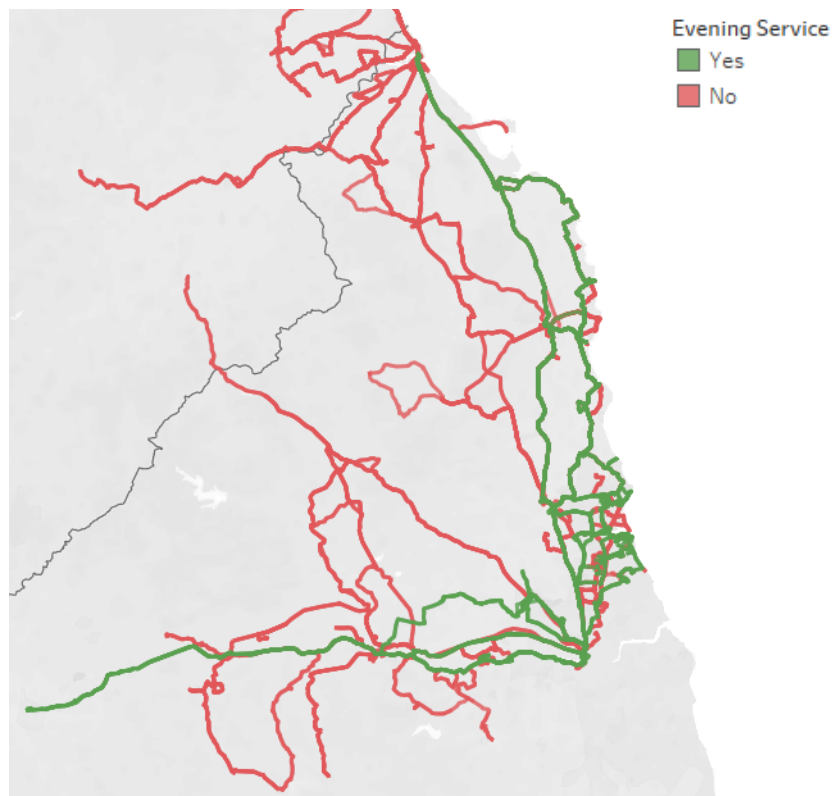


Figure 25. Bus network in Northumberland by provision of evening service, as of December 2023.

Potential for... Most rural routes are also supported by the local authority, as seen in Figure 26 below. The impact of the COVID pandemic can also be seen in Figure 27, which demonstrates an increased number of previously commercially viable routes in urban areas which became supported by NCC after 2020.





Figure 26. Bus network in Northumberland supported by NCC pre-2020.

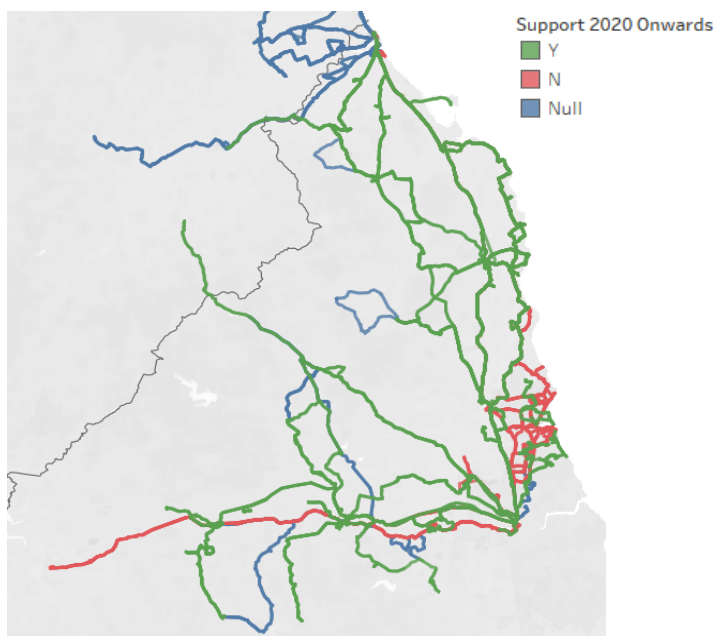


Figure 27. Bus network in Northumberland supported by NCC from 2020 onwards.

Local authority (i.e. NCC) support can make routes more vulnerable to service changes or cuts due to funding changes. With central government grants being cut by 40% in real terms from 2009/10 to 2019/20 (63) local authorities are being required to economise, which could impact transport service provision.

### **What do our community transport networks look like?**

Many communities in Northumberland have recognised the need for more transport options and have established community transport schemes to meet this need. It would be impossible to accurately map all of the schemes that are available. The table below attempts to capture the main providers of community transport in our county and the



services they offer (accurate at time of writing in December 2023). Some are run by charitable organisations whereas others (such as the North East Ambulance Service) are commissioned by large organisations such as the NHS.

Figure 28 is a visual representation of each organisation’s scope of service within the county. Many providers told us that in principle they operate county-wide. However the map represents the area within which the majority (~75%) of their transport provision takes place. This is a more helpful indication of which services may be best placed to cater to a specific geographical area.

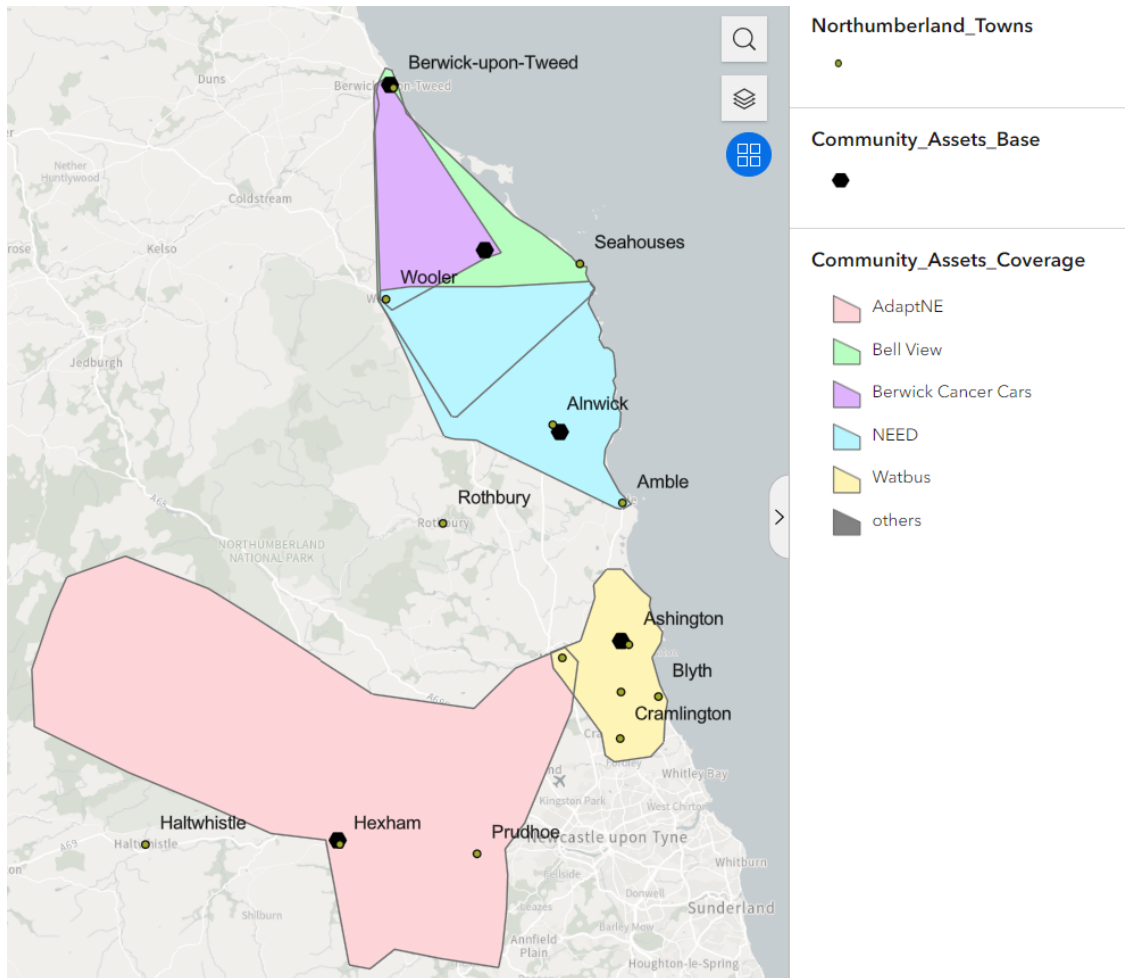


Figure 28. Map of community transport provision within Northumberland by provider as of December 2023.

Table 1 provides more details about the services that each provider offers and to whom. It demonstrates that there are a range of models both in terms of transport provided, who is eligible and how providers fund services.

Name of community transport provider	Service(s) offered	Who can use this service?	Do passengers have to pay?	How is the service funded?	Challenges to and potential fragility of services
--------------------------------------	--------------------	---------------------------	----------------------------	----------------------------	---

Watbus	<p>22 vehicles including wheelchair accessible vehicles.</p> <p><i>Out 'n' About</i> scheme run with volunteer drivers to facilitate individual journeys to GP / hospital appointments.</p>	No restrictions	Yes for Out 'n' About journeys, though kept low-cost.	<p>School contracts</p> <p>Passenger contributions to services</p>	<p>Prioritisation of innovation in funding cycles can make sustainable funding difficult.</p> <p>Reduced patronage due to impact of COVID on passenger confidence.</p> <p>Lack of communication between CT providers.</p>
Berwick Cancer Cars	6 cars, run with volunteer drivers. Provide transport to and from hospital appointments relevant to cancer services.	Anyone with a diagnosis of cancer living in the Belford, Berwick or Wooler areas	No	Donations	<p>Prioritisation of innovation in funding cycles can make sustainable funding difficult.</p> <p>Lack of communication between CT providers.</p> <p>Difficulty in volunteer recruitment.</p> <p>Increasing costs (e.g. car storage, driver insurance).</p>
Bell View	<p>6 vehicles, all wheelchair accessible.</p> <p>Provide regular services including weekly shopping runs from Belford to Berwick.</p>	No restrictions	No	<p>Donations</p> <p>Grant funding</p>	<p>Increasing costs (e.g. maintenance of the fleet).</p> <p>Difficulty in volunteer recruitment.</p> <p>Prioritisation of innovation in funding cycles can make sustainable funding difficult.</p> <p>Lack of</p>

					communication between CT providers.
North East Ambulance Service (NEAS)	Patient transport provided Monday-Friday 8am-6pm. Pre-booked by passengers for outpatient appointments.	Those with an appointment living >30miles away from a hospital	No	NHS funded	Difficult to meet increase in demand due to increased pressures from same-day discharges / support with emergency care.  Lack of time to coordinate with other CT providers.  Increasing costs (e.g. staff wages).
Adapt North East	10 dial-a-ride (DAR) services (Monday-Friday) which people can book onto.  Minibus hire: - with Adapt NE driver (Monday and Friday) - with own driver (anytime at varying rates)  Getabout Scheme providing advice for those struggling to get around Northumberland (Phone 01434 600599 for more details)	No restrictions	For DAR services passengers must be an Adapt NE member (£7/year). Concessionary passes accepted.	Grant funding  Passenger membership	Prioritisation of innovation in funding cycles can make sustainable funding difficult.  Increasing costs (e.g. fuel, maintenance of fleet).
North East Equality & Diversity (NEED)	6 DAR services (Monday-Friday) which people can book onto.	No restrictions	For DAR services passengers must be a NEED	School contracts  NEAS contract	Timetabling restrictions due to home-to-school contracts.

	Car and driver scheme for individual appointments including social (e.g. shopping, hairdresser) and healthcare (GP, dentist, hospital)		member (£24/year). Concessionary passes accepted.  For the car and driver scheme passengers pay and costing is zonal (Zone A: Alnwick to zone D: beyond Amble, Ellingham and Framble)	Passenger membership  Passenger contributions to services	Increasing costs (e.g. fuel, maintenance of fleet).  Lack of awareness of services can leave them under-utilised.
Daft as a Brush	Transport of cancer patients to the Freeman/RVI Hospitals. Operate region-wide.	Only those who have been referred by their Oncologist.	No	Donations	Increasing costs.

*Table 1. Summary of community transport service providers within Northumberland as of December 2023.*

### **What does the above tell us about need?**

We can see from the data that public transport networks are sparser in rural areas and have been decreasing over the last decade. Use of these networks has also fallen, particularly following the COVID pandemic. The geographical spread of the major community transport providers demonstrate good coverage of most of the county. However, this may mask a more limited capacity. While a service may theoretically cover a large area, a small fleet or lack of drivers (either volunteer or paid) may preclude that service from meeting the need of communities across the patch.

While the above data can inform some of our understanding of public and community transport in Northumberland, it cannot tell us the full story of what people need. To gain a more in-depth insight into this we must turn to the results of our communities' voice, as covered in the next chapter.



## Chapter 6: Community identified transport needs

The previous chapter has detailed some of the data we have about Northumberland, its residents and how they travel. This gives us some of the picture of how public and community transport is used but often cannot tell us why people choose to travel in one way over another, or what is most important to them. This chapter focuses on the findings of our focus groups and one-on-one conversations with passengers and transport providers of Northumberland. People told us what they valued about the current community and public transport systems, what they found challenging and what they need in the future. Across the county we heard of the need for reliable, flexible, affordable and accessible transport, which takes people from and where they need to go. These key needs are explored in more detail below.

### **6.1 Reliability**

A common theme regarding public transport was the lack of reliability impacting passengers' ability to make it in time to appointments and other opportunities. This issue was largely focussed on buses, which people reported were often cancelled or did not turn up. Some (though fewer) respondents also reported similar issues with trains. This lack of reliability meant that people did not feel able to rely on public transport to make key appointments such as healthcare appointments. This often resulted in two outcomes: some reported having to resort to other transport options such as taxis when buses did not arrive, which was often expensive. Others stated that the lack of reliability meant they had stopped using public transport services altogether. As seen in Chapter 5, the number of passenger journeys per head not yet back up to pre-COVID pandemic levels. This move away from possible public transport routes means that these routes are less likely to be commercially sustainable and therefore in danger of being lost entirely.

Another key aspect of reliability which will be covered more under the theme of 'accessibility' was people's ability to access accurate and up to date information. This was seen as particularly important for passengers who are neurodiverse and for whom unexpected changes or delays to a journey could result in extra anxiety.

Within community transport issues around reliability were often tied to worries about sustainability of the service. Some community transport initiatives reported reduced services due to a dwindling number of users or losses of volunteer drivers. Key challenges to sustainability included:

- Lack of consistent funding and challenges in securing repeat funding. Many CT providers spoke of funding bodies prizing innovation in funding bids, which made it difficult to secure long-term funding for the same scheme. Some providers spoke of funding bodies often wanting evaluation of schemes as a part of the bid. They felt this might deter smaller providers, who may feel they lack the capacity or knowledge to run such evaluation schemes. As the majority (89%) of charities in Northumberland have an income of less than £100,000 and are therefore

counted as small charities,(64) the majority of CT providers will also fall into this category. Some providers had mitigated the impact of short funding cycles by developing a stable form of income in the form of home-to-school or patient transport contracts. This allowed them to subsidise other strands of community transport and keep costs to passengers low or non-existent.

- Difficulty in recruiting or retaining volunteers. Some providers shared that they felt the COVID pandemic had impacted their volunteer base by pausing the active recruitment cycle, resulting in a smaller pool of available volunteers than previously. The demographic of the volunteer pool could also provide particular challenges. For example, any driver aged over 70 years may need revalidation for certain vehicles, which costs more time and money.
- Rising costs of vehicles, fuel and other costs such as insurance were seen as a significant challenge for most CT providers. This is explored further under the 'affordability' section.

## **6.2 Flexibility**

Flexibility of CT and PT offers was another key need identified in discussions. This can be further subdivided into travel time and timetabling.

### *6.2.1 Travel time*

The flexibility of PT options was often seen to be significantly limited by the time it took people to travel between places. Poor connections between services often resulted in increased time spent waiting. This was reportedly exacerbated in rural areas such as the North and West outside of Hexham, where greater geographical distances to services also increased travel time. Multiple people spoke of travel times making PT totally unviable for certain appointments, with one respondent reporting that accessing a 30-minute medical appointment via PT would result in a 6hrs round trip.

There are current examples of work to help reduce travel time for PT passengers. The new Bus Service Improvement Plan (BSIP) will see the introduction of dedicated bus lanes to help give buses priority and prevent delays due to congested traffic.

As community transport is often provided in private vehicles travel time was less of a concern. However, providers still spoke of the strain that long distances placed on their services. Vehicles would often be undertaking a single journey for several hours, leaving it unavailable for others. This was often raised in the context of access to healthcare services, when secondary care centres (such as hospitals) or specialist services (such as specific counselling or wig services for cancer patients) are often based in large urban centres and therefore far away from rural areas.

### *6.2.2 Timetabling*

A recurring concern with timetabling was a lack of evening services. This was a particular concern for young people, whose access to leisure and social opportunities was limited by

their inability to take PT home from hubs such as Newcastle, Hexham and Carlisle. A lack of evening services also impacted communities' access to services such as support meetings for recovery from addiction, which were seen to be as vital to maintaining health as access to a pharmacy or GP.

**Quote: 'If I don't attend meetings I get really unwell' (CNTW)**

Infrequent services and a lack of evening services means PT options are often incompatible with shift work. Shift working is defined as 'working outside the hours of 7am to 7pm in your main job'.(65) In 2021, the largest employer in Northumberland was the health sector, while the second largest was accommodation and food services (such as hotels and restaurants).(66) Both of these employment sectors have large numbers of employees who work outside of the standard '9 to 5'. We also know that shift workers are more likely to be young (aged 16-24) and from lowest income households.(65) This means that those most likely to work non-standard hours are also most likely to be dependent on public transport to commute. Transport is frequently mentioned by employers as a key issue in poor recruitment, as explored in the 'affordability' section.

Employment in largest North East sectors, North East local authorities

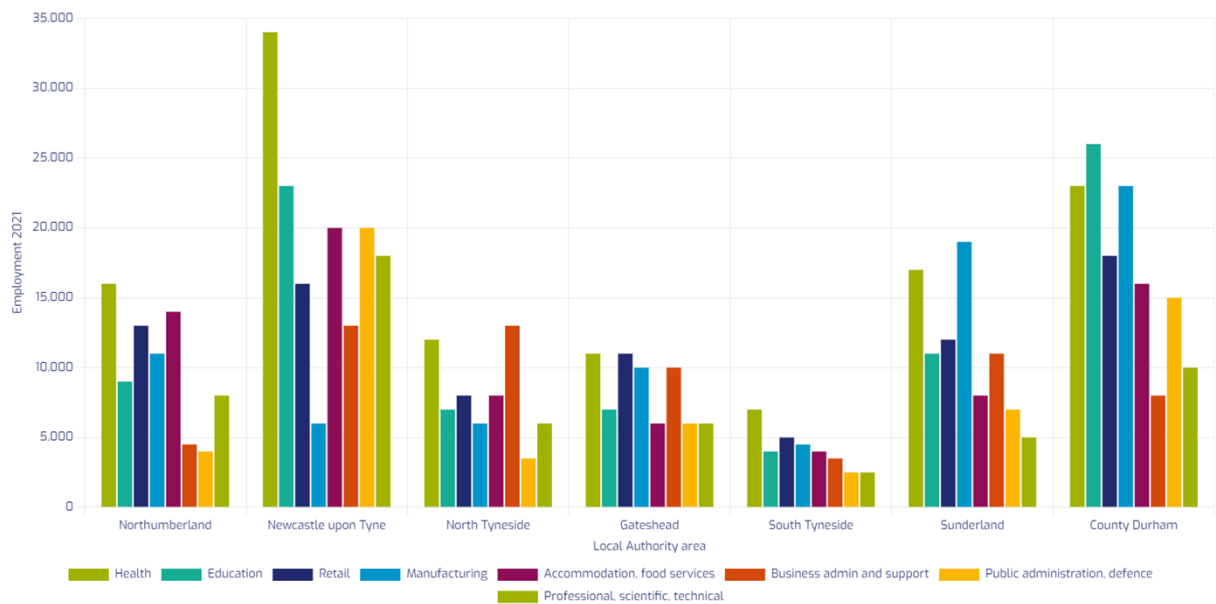


Figure 29. Employment sectors in the North East by local authority, 2021.(66)

People shared that infrequent PT services often resulted having to choose between arriving very early for appointments and engagements or being late. This was another frequent factor in reports that attending even short appointments (such as a 15minute GP appointment) would result in a 'day trip'.



As well as the timetabling itself, it was a lack of access to up-to-date and accurate information which many felt was a real concern. A lack of up-to-date online timetables and 'real time' information (including inaccuracies on platforms such as online apps) made it difficult for passengers to keep up with changes and plan their journey accordingly. A positive exception to this was online apps used for train travel, which were seen to provide accurate and timely updates to issues such as train delays. Lack of access to information is explored in further detail within the 'accessibility' section.

In general, CT options were seen as more flexible and bespoke than PT alternatives. Often offering a 'door to door' service through schemes such as 'dial a ride', community transport providers are able to replicate the convenience of a car more closely than most public transport networks. However, CT is not immune to issues around flexibility. A shortage of vehicles or drivers can limit what services they provide, so that people have to wait longer for a service or share a journey between multiple passengers. For CT aimed at improving access to healthcare services their need to plan journeys and limited capacity can impact their ability to provide transport for same-day appointments. Patient transport services may need to be booked within a certain timeframe in the morning, so that passengers who call their GP at lunchtime and receive a same-day appointment may not be able to attend. The COVID-19 pandemic increased many pressures on the NHS, with 2023 seeing a record rise in waiting lists for hospital treatment and waiting times for ambulances.<sup>(67)</sup> There are also ongoing challenges with patient flow within hospitals, with ongoing pressures in social and community care resulting in delayed discharges.<sup>(68)</sup> Such pressures are affecting community transport provision in two key ways: increased demand on services such as the North East Ambulance Service (NEAS) for facilitating same-day discharges and supporting non-critical transfers to A&E means their capacity for outpatient transport is reduced. Furthermore, we heard that waiting list pressures means a greater proportion of appointments are offered at short notice, making planning patient transport more difficult.

Community transport services are also limited in improving passengers' access to employment opportunities. Due to other commitments such as home-to-school runs the availability of many CT services is limited within school run hours, which frequently coincide with peak commuter times. Many CT providers also do not provide transport outside of standard working hours, meaning they are not a viable alternative for people needing to travel to and from work. Finally, a number of CT services are aimed specifically at passengers within certain demographics, such as those with physical disabilities or accessing certain services such as cancer care. While such eligibility criteria are an understandable approach to managing limited capacity, it means that many working-age people may not be eligible to use such services. The high-demand nature of transport for employment (i.e. daily trips) means most CT providers would also not be able to meet this demand alongside other commitments.

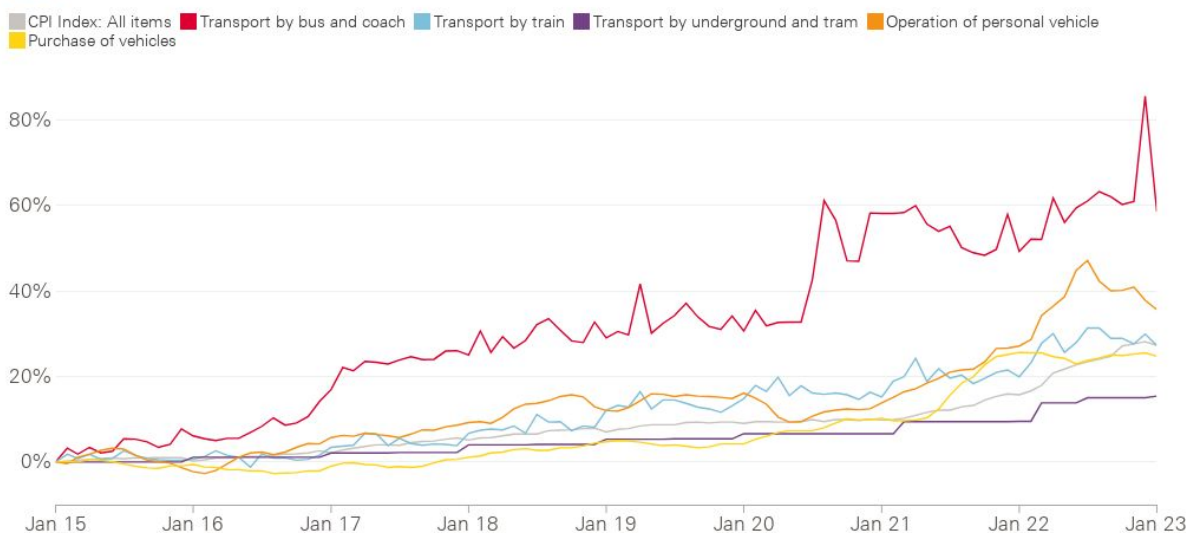
### **6.3 Affordability**

The rising cost of transport is a concern amongst both passengers and organisations running community transport initiatives. In 2022 a census of almost 11,000 people in the UK showed

that the majority (61%) were ‘very concerned’ about the price of petrol and diesel.(69) With Northeast households spending a greater percentage of their weekly household outgoing on transport than elsewhere in the UK,(44) they are particularly vulnerable to fuel inflation. While motor fuel prices fell in the 12 months leading up to October 2023,(70) this is unlikely to compensate for the general increase in transport costs. Research by the Health Foundation shows that since 2015 transport costs have increased across all forms of public transport. Bus and coach fares have been particularly affected; in January 2023 bus fare in the UK were 59% higher than in January 2015, placing them well above overall inflation.(71) Private transport costs have also increased in this time, including a 25% increase in the cost of purchasing a vehicle.(71) The impact of these costs on smaller CT organisations was reflected in our data.

### Prices for bus and coach travel rose faster than other modes of transport over the last 8 years

Change in transport components of the monthly Consumer Price Index (CPI) since January 2015: UK, 2015–2023



 The Health Foundation  
© 2023

Source: Health Foundation analysis of Office for National Statistics, Consumer Price Inflation index time series, 2015–2023.

Figure 30. Transport costs in comparison to the Consumer Price Index (CPI).(71)

The cost of public transport was a significant barrier to using it for many respondents. People spoke of the climbing cost of having to take multiple buses, particularly in the absence of having a concessionary bus pass. The unreliability of PT often resulted in people having to use other modes of transport (such as taxis) to get to their destination, resulting in increased cost to them.

Cost of PT was also often raised as a significant barrier to finding and retaining work. People reported that the financial impact of travelling to certain employment opportunities was simply not sustainable. For those seeking work whilst receiving welfare benefits the impact of transport costs to work could even result in a net loss in household income, so that

remaining out of work was financially the more logical choice. Some employability schemes may support job seekers with transport costs in initial months of employment. However when such support falls away they often cannot continue to fund transport themselves and have to give up their place. This can limit what employment opportunities are available, particularly for those more reliant on public transport such as young people or those with disabilities. It will also disproportionately affect those who live in rural areas and further away from places with a higher number of job opportunities, such as Newcastle. Financial support in the form of both means-tested and non-means-tested benefits do not explicitly take potential financial costs into account. Means-tested benefits (e.g. for support during unemployment) are not tied to location, so that a recipient living in Wooler will receive the same income as their counterpart in Newcastle. Non-means-tested benefits (e.g. for disability) are also determined according to the extent to which the applicant is affected in daily life and do not take location or potential commute distance into account. As a result, the percentage of household income that jobseekers in rural areas are likely to spend on transport for job interviews and daily commuting is likely to be far higher. It is more likely that they are unable to access desirable job opportunities (i.e. within the field they have trained for / are interested in) or any job opportunities at all. Cost of transport has been identified as a particular issue for young people aged 16-24, who may be accessing education or training or entering the job market. A recent study found that young people travel less than any other age group and that the gap is widening.(72) Reliance on public transport had significant effects on a young person's chances of being employed, ability to access services and likelihood of going out socially, as shown in the figure below. As young people are more likely to not be in employment or on a low income they are more vulnerable to the cost of public transport and less likely to have access to support in the form of cycle to work schemes or similar.

***Quote: 'The study found that having a car makes it 3.8 times more likely that someone is employed, twice as likely that someone can access services and 1.7 times more likely that someone can go out socially.'*(72)**

The impact that cost of transport has on recruitment is an issue for employers as well as employees. An internal report by Advance Northumberland, who support employers within Northumberland, found that the majority (53%) of businesses required support with recruitment. Rurality and transport played a significant part in this, with reports of businesses easily employing staff in urban areas such as Blyth struggling to fill vacancies for similar roles in rural areas such as North Northumberland.(73)

In terms of tackling the need for affordable transport, many respondents across demographics spoke positively of current initiatives such as the £2 cap fare for those aged over 21 (with a £1 single fare for those aged 21 and under). This was very popular, particularly with younger people and adults with neurodiversity, both of whom felt encouraged to travel and maintain independence. In 2023 a survey of over 300 respondents in Northumberland found that the majority (57%) were 'very satisfied' with bus journey's

value for money, largely due to cost in relation to distance travelled. The extent to which the £2 cap fare influenced this was not captured.

Concessionary passes such as the ‘Railcard’ for rail travel and bus passes for those aged over 65 and those with disabilities were also spoken of highly. The Disabled Person’s Companion Pass (which allows those who may be unable to travel alone to allow a carer, relative or friend to accompany them for free) was also seen as a valuable form of support, especially by neurodiverse young people.

While concessionary passes were greatly valued by respondents, we heard of issues which limited their impact. A key barrier was not knowing that such passes were available, who was eligible or how to apply. Many people reported relying on word-of-mouth to find out about passes or the application process, which risks those who are more socially isolated not accessing the support they need. Young people reported reasonably good advertising of schemes such as the ‘Get Round for £1’ initiative. The impact of ticket office closures was raised by multiple groups and is explored further in the ‘accessibility’ section.

A further concern with PT were restrictions on when bus passes can be used, though Northumberland has already taken steps to overcome this barrier. Nationally bus passholders can only travel for free from 9.30am-11pm Monday to Friday and all-day on Saturdays, Sundays and bank holidays. Within Northumberland the times during which passes are valid have been extended. Currently holders of older people’s passes can travel all day from 9am on Monday to Friday (with no evening restrictions) and all day Saturdays, Sunday and bank holidays. Older people can also travel before 9am on journeys boarding in Northumberland, if they have a hospital appointment letter proving they need to travel earlier. Holders of disabled people’s and companion passes can travel free all day any day.<sup>(74)</sup> Northumberland County Council has also agreed additional benefits for free travel on some cross-border routes into Scotland, when the journey either starts or ends in England. Further details of this are available on the NCC website.

<b>Outside of Northumberland</b>	<b>Within Northumberland</b>
<p><i>Older person’s pass</i> 9.30am – 11pm Monday to Friday All day Saturday, Sunday, and bank holidays</p>	<p><i>Older person’s pass</i> All day from 9am Monday to Friday (no evening restrictions). Can travel before 9am on journeys boarding in Northumberland with hospital appointment letter. All day Saturday, Sunday, and bank holidays</p>
<p><i>Disabled person’s pass</i> 9.30am – 11pm Monday to Friday All day Saturday, Sunday, and bank holidays</p>	<p><i>Disabled person’s pass</i> All day any day</p>

Table 2. Conditions of use for concessionary travel passes outside of and within Northumberland.

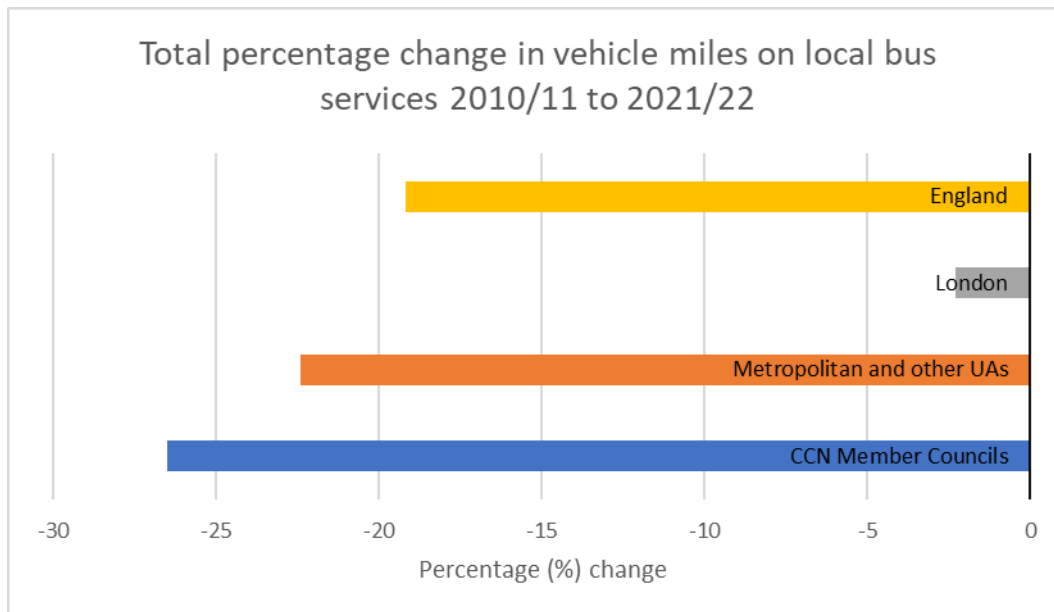
Issues of affordability within community transport focused largely on the rising cost of buying, maintaining and running a vehicle. This was frequently the main challenge to ensuring services remained affordable for passengers and sustainable overall. Providers also reported rising costs with other elements of providing a CT service such as insurance, driving licences and driver training, vehicle storage and for some the cost of employing a transport co-ordinator to plan an increasing volume of journeys. Some providers subsidised their community-orientated services by taking on 'home-to-school' transport contracts or hiring out vehicles to NEAS, which provided them with a stable source of income. However not all organisations had the capability to do this, meaning that rising costs resulted in increased prices for end users, or a reduced service. One organisation which provides access to activities for young people reported hosting more activities locally to reduce transport costs. While this likely made their model more sustainable they also reported an impact on engagement, as many young people are less interested in activities where they are and want to engage with things outside of what they know.

## 6.4 Reach

Reach of public and community transport is closely tied to current provision discussed in the previous chapter. Communities' needs around reach were distilled into two key factors: whether transport came to where they needed to be collected from and reached where they needed to get to.

### 6.4.1 Comes to where needed (pick up)

People felt that rural areas were generally underserved by public transport networks. This could limit where people who were dependent on PT felt able to move to, as living outside of well-connected central areas risked their access to a whole range of services. Many referred to the lack of commercial viability for services in rural areas where the population (and therefore number of potential passengers) was far lower. This perception is supported by the data. In 2023 the County Council's Network (of which Northumberland is a member) reported that since 2010 the vehicle mile equivalent of more than one in four bus services have been cut.<sup>(75)</sup> The decline in bus availability has impacted passengers numbers, with rural and county areas witnessing the biggest percentage decline (-44%) in 2022 compared to 2010.<sup>(75)</sup> When a route is deemed unviable from a commercial operator, as many rural routes are, local authorities step in and subsidise the service. However, with new analysis revealing councils in rural and county areas have a £420m (50.7%) shortfall in their local transport budgets, the number of council-supported miles in county areas has fallen dramatically by almost 60%.<sup>(75)</sup> Commercial services have also increasingly stopped services since the onset of the COVID pandemic, which saw bus passenger numbers in rural areas fall by over a third.<sup>(75)</sup> The report concludes that many bus services were already in a state of 'managed decline' but that this has been accelerated by the pandemic.



#### 6.4.2 Goes to where needed (drop off)

Many respondents spoke of strong links to central locations such as Newcastle and Hexham. This included praise for local rail networks such as the Newcastle-Haltwhistle line. However, connectivity ‘horizontally’ was felt to be poor, particularly when travelling westwards. People spoke of poor connections even between areas geographically close to each other, such as Cramlington and Ashington. Passengers also felt there were poor connections between different forms of public transport, for instance few bus services with railway stations as destinations. For those unable to drive this was seen as another barrier to their ability to travel independently throughout the region and the country. A lack of access to specific services such as pharmacies impacted people’s ability to engage with essential healthcare services, such as being titrated on replacement medications for substance misuse disorders.

**Quote: *[the buses] never quite take you where you need to go’ (Headway respondent)***

In terms of both pick up and drop off the reach of community transport was felt to be wider and more flexible than that of public transport. Many community transport providers effectively offered a county-wide service, though they tended to provide most transport within a smaller ‘patch’ of Northumberland, as shown in Chapter 5.

The flexible and bespoke service that CT offered was particularly appreciated by passengers who were more in need of a ‘door to door’ service. Many patrons spoke of the extra support that they received on such services which meant they were able to travel, and this is explored further within the ‘accessibility’ section. However, it should be noted that while CT organisations provide good coverage of the county between them, there are several demographics who are typically not eligible for their services. This includes young people and large portions of the working population. CT providers were also constrained by service

capacity, which could limit how much groups were able to use them. One group reported that their members were too geographically scattered for community transport to be a viable option in getting to and from events. Rising costs (as highlighted earlier) have also resulted in a number of providers scaling back services.

## **6.5 Safety**

Concerns around safety could be further sub-divided into the perception of personal safety on transport and issues around safeguarding.

### *6.5.1 Perceived personal safety*

The importance of feeling safe while travelling came up largely when talking about public transport. Young people in particular felt that having safe-feeling communal spaces such as bus stations was key to encouraging people to use public transport. Feeling unsafe due to dirty or ill-lit spaces or anti-social behaviour was named as a key barrier to travelling, particularly by bus. The presence of an official person such as a conductor made young people feel safer. The importance of personal contact was highlighted by several other groups too. As well as making people feel safer, the presence of a person was seen as crucial to receiving support for other issues such as ticketing, as explored in the 'accessibility' section.

Personal safety was also mentioned in relation to bus stops. Bus stops on main roads or around sharp corners made people feel close to dangerous traffic flow. This was particularly the case when accessibility issues such as visual impairment made judging traffic flow and distance difficult or impossible. In 2023 70% of bus users in Northumberland rated their personal safety at a bus stop as 'good', slightly below the national average.<sup>(62)</sup> Personal security whilst on the bus itself was much improved, with only 1% of respondents rating it as 'poor'.<sup>(62)</sup>

A lack of feeling safe had also impacted people's ability to use community transport in the wake of the COVID pandemic. Several providers reported a drop in ridership even after lockdown restrictions had been lifted, which they attributed to passengers' increased anxiety over sharing small spaces with others.

### *6.5.2 Safeguarding*

As community transport providers frequently work with more vulnerable communities safeguarding practices are essential. While all providers recognised the importance of safeguarding this could also present some barriers. The cost and time needed to train volunteers in safeguarding procedures or undertake checks such as the Disclosure and Barring Service (DBS) (to check someone's criminal record) meant that some organisations were limited in the number of volunteers they could recruit. In other instances safeguarding issues meant that organisational staff were not able to use their own cars to transport passengers, but the cost of a separate transport fleet did not make this a viable option. Some CT providers did manage to keep training costs down by doing much of this 'in house'.

## 6.6 Accessibility

Making public transport as accessible as possible is crucial in allowing all those who cannot or do not want to drive to retain their independence. Accessibility is influenced by many factors, including the availability and cost of transport as discussed earlier. This section focusses on two specific aspects of accessibility that were raised frequently; the need to support passengers with extra needs who face extra barriers when travelling, and the need for access to up-to-date and accurate travel information.

### 6.6.1 Supporting passengers with extra needs

We heard that across both public and community transport one of the best ways to support passengers with extra needs to travel is to enable personal support from another human being. ‘Extra needs’ here refers to individuals who may have physical disabilities, mental disabilities, reduced mobility or need extra emotional support. People spoke highly of friendly and helpful staff on services such as buses and the metro. The latest report of Northumberland bus services found that bus drivers received the highest satisfaction score of all elements of a bus journey, and that this was particularly the case in rural areas.<sup>(62)</sup> While praising current staff, respondents also highlighted the importance of training all PT staff in how to support passengers with extra needs.

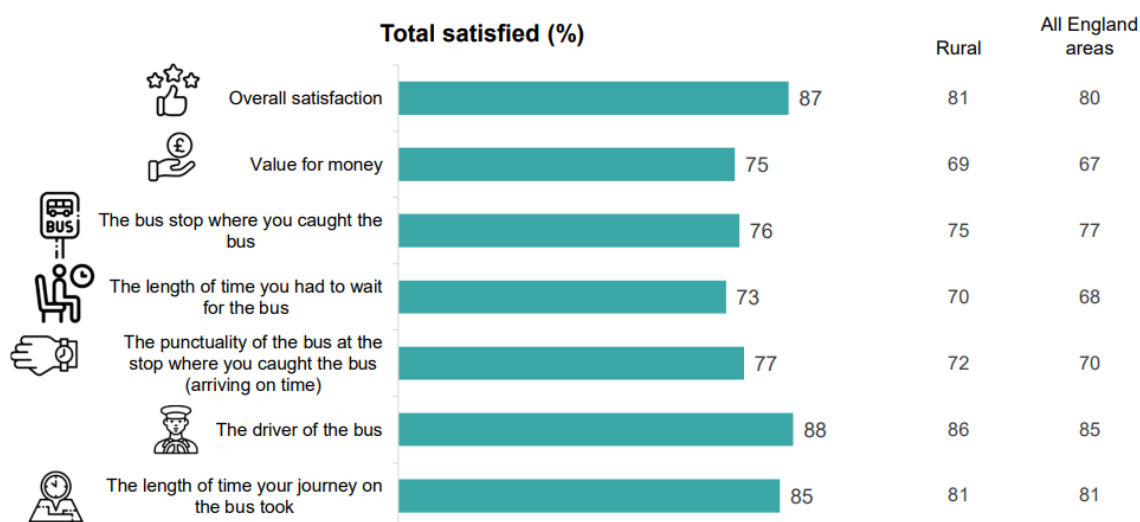


Figure 32. Summary of satisfaction with bus services within Northumberland, 2023.<sup>(62)</sup>

The more bespoke and personal nature of much community transport meant that passengers often felt more supported and seen. CT was seen as providing more than just transport, but also being a conduit to personal connection and community. Community transport services could often support passengers in a way that public transport services cannot accommodate. This included door-to-door services with wheelchair-accessible vehicles, or drivers helping passengers to board a vehicle or even with their shopping. On



public transport passengers who cannot travel alone can apply for a Companion Pass to allow a carer, relative or friend to accompany them.(74) However this currently only applies to those with a Disabled Person's concessionary pass and therefore may not capture everyone who needs support.

***Quote: 'not just transport but a human face' (Headway respondent speaking about community transport service)***

While this extra level of support is invaluable for some, some respondents emphasised their desire to remain as independent as possible. Many were eager to utilise public transport over community transport but felt that there were specific barriers which made this challenging or impossible. Respondents with visual impairment reported a lack of audio cues on buses (where the next stop is announced verbally) which made it difficult for them to determine where they were in their journey. This is supported by a survey in 2023 which found that over half of Northumberland bus journeys lacked audio announcements (52%) or electronic displays of the next stop (54%).(62) Limited spaces for buggies or wheelchairs on buses can prevent some passengers from boarding if the space is already filled. A lack of staff was also seen as a particular barrier. This was especially the case in train stations, where people reported struggling with ticket machines or needing further help or information and having no-one to ask.

Some of these needs will hopefully be addressed in the near future. The UK government's *Inclusive Transport Strategy* in 2018 set out an ambition to roll out audible and visible announcements to almost all local bus services across Great Britain.(76) An update in 2020 announced potential Regulations and guidance to be released later in the year but has so far not been updated.(77) Recent plans to close rail ticket offices were also halted in response to public consultation.

### *6.6.2 Access to information*

The majority of groups discussed the importance of up-to-date and accurate information regarding public transport. This was also deemed particularly important for passengers with neurodiversity, where unexpected changes to timetabling could cause extra distress. Needs around access to information included:

- Timetables in accessible formats such as large fonts or braille for visually impaired people.
- Up-to-date paper timetables at bus stops and train stations for people who did not have access to the internet
- Timely updates on the progress of transport. Systems such as app updates were rated positively for train travel but were reported as non-existent or inaccurate for buses.

In 2023 only 55% of bus users rated the information provided at bus stops as 'good', with more than 1 in 10 describing it as 'very poor'.(62)

Within CT some providers spoke of a lack of communication between different community transport providers. This prevented collaborative working and made coverage across different informal 'boundaries' difficult. Lack of communication was also contributed to a lack of capacity, with providers too busy running the service to be able to determine potential avenues of collaboration. CT providers also spoke of many potential passengers not knowing their services existed or thinking that such services were only limited to a specific group of people. Better access to information regarding what CT services exist and who is eligible to use them is therefore also crucial.

## Chapter 7: Discussion and recommendations

### **What has this HNA found?**

The previous chapters have delved into the data we hold around transport in Northumberland to present a picture of current use, a mapping of current public and community transport services and an insight into the key needs of our communities. Bringing these data sets together has given us the following key insights:

- ***Transport plays a significant role in how people access healthcare.***

We saw in Chapter 5 how most General Practices and pharmacies fall along existing public transport service routes. However, infrequency of services or poor connections mean people living in rural areas reported travelling for hours for even brief appointments. These issues were even worse for hospital appointments in centres such as Newcastle, Hexham and Ashington as they increased the distance people needed to travel and number of connections they had to link up.

Many community transport providers offer an element of patient transport, but these services are increasingly under strain as demand for them increases within the community and the NHS. Many CT providers also have eligibility criteria that mean certain demographics are unable to use them.

People with disabilities and those providing unpaid care are more likely to require regular access to healthcare services. Our most rural areas are still seeing a high proportion of residents who identify as having a disability and being limited a lot. These people are more likely to need PT and CT networks and yet less likely to live in areas with a frequent, reliable service.

- ***Transport significantly impacts how likely people are to find, get and keep a job.***

Among younger bus users (i.e. under 65yrs) in Northumberland commuting to work was the most common reason for travel. And yet in the UK someone with access to a car is almost four times more likely to be employed than someone relying on PT alone. In Chapter 6 we saw how employees in Northumberland cite transport as a key factor in their difficulties to recruit, particularly in more rural areas. Employability schemes can only support travel costs short-term and other means of support such as means-tested welfare benefits do not take the extra costs of travelling from a rural area into account. This makes it difficult for applicants outside of urban areas to attend job interviews or to maintain work.

A lack of evening services also impacts people's ability to undertake shift work which falls outside of the standard '9 to 5' pattern. This particularly impacts the two largest employment sectors in Northumberland which are the health sector and accommodation and food services. As Northumberland's tourism industry continues to grow, we need to create PT networks that support local employment in the hotels and restaurants that this gives rise to.

- ***The financial impact of travel is felt differently across Northumberland and forms a key challenge in maintaining and growing current networks.***

Many residents in Northumberland are subject to the 'rural premium', i.e. the inherently increased costs of living rurally. This includes spending more money on food from local shops (rather than chain stores found in larger town centres) as well as spending more on transport. Prices for bus and coach travel have risen fastest among all modes of transport and now fall well above inflation. It is unsurprising then that measures designed to tackle the cost of travel (such as the £2 cap fare and concessionary passes) were the most popular among focus groups.

Financial factors also contribute to the fragility of many community transport services. Rising costs of fuel, buying and maintaining vehicles and other costs such as insurance are placing services under strain. We heard how short-term funding cycles that prize innovation can make the running of a long-term, stable and sustainable service more difficult, with many providers either scaling back or needing to seek stable funding elsewhere such as in school or patient transport contracts.

- ***A lack of transport leads to social isolation.***

A lack of evening services (particularly from central hubs such as Newcastle out to rural areas) impacted not only employment but social opportunities too. Young people in particular found it difficult to access social and leisure opportunities as they were unable to get home. We know that social isolation has a significant impact on physical and mental health and is directly linked to people's risk of dying earlier than expected. We saw this clearly in reports of social networks which were also closely tied to supporting people with health conditions, as attendees at Northumberland Recovery Partnership shared how lack of access to Fellowship network meetings in the evening impacted their ability to manage their addiction.

- ***Current transport networks risk widening inequalities.***

We have seen how the differences in transport provision risk widening inequalities between rural and urban residents in terms of access to healthcare, employment and social opportunities. Current public transport systems also present certain barriers to passengers with extra needs that make it less likely that they are able to travel independently. These accessibility 'blind spots' need to be addressed to ensure all passengers are best placed to use existing services. This includes the provision of up-to-date and accessible information in accessible formats (including large font, braille, online and paper copies at bus stops), as well as the option for personal support in the form of ticket offices and PT staff trained in supporting passengers with extra needs.

- ***Considering the sustainability of current and future public and community transport networks is key.***

Most importantly, we heard how vital and valued both public and community transport networks are across Northumberland. While many people still rely on public transport networks a drop in patronage and cuts made to local government funding have already resulted in a reduction in services and are placing the wider system under threat. Community transport provides a valuable service but also faces challenges, including

fragmentation across the patch and difficulties in securing funding and a consistent volunteer base.

Moving forward we need both public and community transport networks to be robust as they meet different needs in the community. We will always need public transport to support our working age and commuting populations, as well as allowing elderly residents or residents with extra needs to retain their independence for as long as possible. Community transport will always be necessary for passengers who need the kind of door-to-door support that public transport cannot provide, as well as communities (such as in the most rural areas) for whom a bespoke service makes the most sense in terms of efficiency and cost.

### **How do people's needs differ?**

When considering the above a picture has also evolved of distinct gradients of need. Not everyone's needs are the same, or equally acute. Three broad categories of need have been summarised in the form of 'personas' below. These personas are not based on real people but use the themes identified in the previous chapters to capture the key factors at play in determining the level of unmet need faced by our communities.

#### *Needs met through other means: Robert and Ali*

- Robert retired to Wooler and owns his own car. He drives to go shopping or see family and friends, and when unwell he can afford a taxi to take him to and from GP appointments.
- Ali lives in Blyth and works in the local area. Though they do not drive, they can access local shops, pharmacies and their GP either by walking or via the frequent bus services in town. Evening services means they are also able to visit friends and return later in the evening.

Both Robert and Ali still stand to benefit from improved public and community transport networks. Robert may prefer to use the bus in order to stay more active and to reduce his carbon footprint, while Ali may prefer improved transport links out of Blyth to surrounding towns such as Ashington. However, both have their core needs met through other means. Their need is not non-existent but is met for the most part.

#### *Needs met with fragile systems: Sahira and Dylan*

- Sahira lives with her family in Bellingham and works in Hexham. She drives and shares a car with her partner, though they are finding that the cost of fuel and insurance is making it more and more difficult to make ends meet.
- Dylan is retired and lives alone in Rothbury. They are visually impaired and unable to drive, and don't have any family or friends nearby to ask for lifts. Dylan uses a local community transport provider who helps them get to appointments and to go shopping once a week. However, an increase in demand and lack of long-term funding means the service is under strain and increasingly competitive to access.

Sahira and Dylan are meeting their needs currently, but both are in precarious positions. They risk losing access to vital services if there are no alternatives available or their current transport networks are not supported.

*Needs unmet: Leigh and Jordan*

- Leigh has just graduated from university and has moved back to their parental home in Kirknewton. They are trying to find work but do not have access to a car or close friends or family who can offer to take them to and from work. They did find a job at a hotel in Wooler but a lack of evening bus services made it impossible for them to get home and they could not afford a taxi.
- Jordan lives in Longhorsley with their partner. Due to mobility issues they are unable to drive and find it difficult to use public transport. Their partner recently gave up driving due to a health condition. Jordan is reliant on the local corner shop for food, which is placing increased strain on their finances. Their lack of reliable transport means they frequently miss healthcare appointments and are becoming increasingly socially isolated.

Leigh and Jordan are currently unable to access the public and community transport networks that would allow them to stay in good physical, mental and social health. Their individual situations mean they are also unable to meet their needs through alternative means such as private transport. Their needs are therefore the most acute and should be the primary focus of improvements made to transport networks.

**How can we improve public and community transport going forward?**

As has no doubt become clear, transport is an incredibly complex issue and there is no one simple answer. The following recommendations do not contain a 'silver bullet'. Instead, they strive to create conditions so that the current transport networks can move out of a state of survival and into a new era. As we head into a future where our rural communities live longer, where the way we work often falls outside of a traditional '9 to 5' pattern and where rising costs mean that many households are choosing or are forced to give up their car, we need a robust transportation network that ensures that every resident in Northumberland is equally supported in staying healthy.

*Recommendations to prioritise transport as a key factor in sustaining good health*

1. Work with healthcare partners to identify and address transport factors in missed appointments. This includes:
  - Ensuring current offers for transport support are communicated to the relevant audience, through media such as the Gateway app or reimbursement of travel expenses scheme. Embed this communication into current MECC initiatives.
  - Identifying gaps in the transport offer and assess commissioning and funding arrangements more collaboratively between the VCSFE, Local authority, secondary and primary care
  - Address overall demand to travel by promoting the use of the patient portal to allow eligible patients to access tele-medicine where appropriate.
2. Recognise the interconnected nature of transport and work.

- Work with commissioners and providers of employment support services to prioritise addressing transport as a barrier to long-term employment.
  - Work with employers to consider the impact of transport barriers on recruitment difficulty and identify measures to overcome these barriers e.g. concessionary passes, specific employee transport, place-based approaches to sharing transport resource, car sharing schemes, cycle to work schemes
3. Include priorities identified into Joint Health and Wellbeing strategy.
  4. Maximise devolved powers and funding in emerging North East Mayoral Combined Authority to support its aims of better integration and better connectivity to reduce inequalities. This includes presenting findings of this report to the Integrated Care System (ICS) Executive board.

*Recommendations to ensure sustainability of public transport network*

5. Undertake an in-depth data analysis of public transport network to highlight future areas of need.
6. Highlight rural transport needs within regional work e.g. North East Transport Plan refresh
7. Lobby for continuation of schemes such as £2 cap fare.
8. Invest in digital platforms for public transport which can feed information into the new connected information system proposed within the North East Bus Service Improvement Plan.

*Recommendations to ensure sustainability of community transport network*

9. Create opportunities for longer term funding which focusses on evaluating and continuing what works within existing community transport schemes, alongside prioritising innovation in funding bids.
10. Collaboration between LA and VCSFE partners as well as between VCSFE partners across the patch to encourage stronger relationships within and between communities. This includes prioritising social value in procurement bids to the Local Authority to build stronger relationships between organisations and communities.

*Recommendations to support those at highest risk of transport-related exclusion*

11. Take a place-based approach to community transport which provides CT that meets the need of those communities and allows scaling up of CT provision.
12. Increase awareness of concessionary passes / transport support via welfare benefits
13. Ensuring accessibility 'quick wins', such as:
  - Increased bus driver training for carrying passengers with extra needs.
  - Ensuring audio announcements on all bus services are functional and turned on.
  - Providing clear timetables at bus stops and in railway stations in an accessible size and type font. Also providing better access to accessible information online and in physical spaces.

## Who should take these recommendations forward and in what timescale?

Recommendation	Who is responsible?	Does this require extra funding?	What level of priority is it?	Within what timescale should it be enacted?
<b>1</b> Work with healthcare partners to identify and address transport factors in missed appointments	Healthcare partners	No	Medium	Long-term
<b>2</b> Recognise the interconnected nature of transport and work	Employers, Employment support services, NCC Combined Authority DWP	No	Medium	Long-term
<b>3</b> Include priorities identified into JHWBS	Public Health, NCC	No	High	Short-term
<b>4</b> Maximise devolved powers and funding in emerging North East Mayoral Combined Authority	Combined Authority	No	High	Long-term
<b>5</b> In-depth data analysis of public transport network	Transport, NCC	No	Low	Long-term
<b>6</b> Highlight rural transport needs within regional work	Transport North East	No	High	Short-term
<b>7</b> Lobby for continuation of the £2 cap fare	NCC	No	High	Short-term
<b>8</b> Invest in digital platforms for public transport	Commercial public transport services Transport, NCC	Yes	High	Long-term
<b>9</b> Longer term funding	Funders and commissioners,	Yes	High	Long-term



for CT focussed on evaluation alongside innovation	VCSFE partners NCC			
<b>10</b> Collaboration between LA and VCSFE partners as well as between VCSFE partners	VCSFE partners (including Thriving Together) NCC (NCT)	No	Medium	Long-term
<b>11</b> Take a place-based approach to community transport	VCSFE partners and community groups NCC (NCT)	No	Medium	Long-term
<b>12</b> Increase awareness of concessionary passes / transport support via welfare benefits	Transport, NCC Employability, NCC Transport North East DWP	No	Medium	Medium-term
<b>13</b> Ensuring accessibility 'quick wins'	Transport, NCC Commercial public transport services	Yes (minimal)	High	Short-term

*Definition of priority*

In this context 'priority' has been determined by both achievability and potential impact on communities:

'High priority' recommendations are those which may have a significant impact on communities and are deemed to be achievable within the set time frame.

'Medium priority' recommendations may be those with a potentially significant impact but added complexity, or those with a reduced level of potential impact.

'Low priority' recommendations can inform future work but may not immediately affect practice or policy.

*Definition of timescales*

Short-term: within 3-6 months

Medium-term: within 6-12 months

Long-term: within 12-24 months

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