Bassetlaw
Transport Strategy
2019-2021
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1. Introduction

Transport is a frequently raised issue for Bassetlaw for residents and services. The concerns span availability of public transport, passenger transport for patients, access to services and work, and risks of loneliness and isolation for people living in rural communities.

In July 2018, Bassetlaw partners from across the NHS, local government, third sector and beyond collaborated to identify the main priorities and opportunities for the local Accountable Care Partnership (ACP). All partners recognised the determinants of health lie predominantly outside of traditional health services and that a more integrated approach towards creating the conditions in which the wellbeing of Bassetlaw people can be optimised.

**Weighting of the social determinants of health**

Transport was in the top 3 priorities for improving health and wellbeing in the Bassetlaw place. This strategy sets out the context for health and wellbeing and transport related issues in Bassetlaw, identifies the priorities for action and how partners will work together to support a transport system which works for Bassetlaw.
2. Context

2.1 About Bassetlaw

Bassetlaw is located as the northernmost district in the county of Nottinghamshire. Median earnings for Bassetlaw people are lower than for the wider county, at £58.70 a week, compared to £494.90 for Nottinghamshire. With a population of approximately 116,300, Bassetlaw has a higher birth rate than the average for the county (63.9 per 1000 women, compared to 51.6).

Crime rates and educational achievement are comparable to the wider county, however there are a higher proportion of people living with a long term limiting condition (21.8% compared to 20.32%), and in social rented accommodation (12.9% compared to 9.3%) than in the rest of Nottinghamshire.

Bassetlaw citizens benefit from excellent primary care services, a vibrant voluntary and community sector, ‘good’ children’s services and schools and an established social prescribing offer. Local people have on average a higher happiness score, and for feeling satisfied with life than either the East Midlands or national average (ONS 2012-2015).

However, Bassetlaw people experience lower life expectancy than for people in the wider East Midlands (78.8 compared to 79.3 for males, and 81.8 compared to 82.9 for females). The numbers of people who view their own health as ‘very bad’ is high. Incidence of excess weight in Bassetlaw children is too high, with almost 9% of reception year children (and 20.6% of year 6 children) locally are classified as obese.

Compared to other areas, emergency admissions are high. National data identified that 2-16% of all older people experience regular loneliness which increases to
approximately 50% in the over 80s – with a large elderly population and many rural communities, rural and social isolation and loneliness is a concern in Bassetlaw.

Smoking prevalence in Bassetlaw is estimated to be above 20% (measured as 22.5% in 2013) compared to the national average of 18.4% [ACP, 2017]. Alcohol-related hospital admissions in Bassetlaw are above the national average. The percentage of people diagnosed with any form of cancer who are still alive a year later is also low (67.9% compared to 69.6% nationally).

There are also significant inequalities within the district. For example, life expectancy for a female born in Worksop South East ward (77.4 years) is almost 9 years less than for a female born in East Markham ward (86.3 years). Over 48% of households Sutton are economically inactive, compared to 24% in Worksop North ward, and 12.7% of people in Sutton have their day to day activities limited by long term health conditions, compared to only 8.6% in East Retford West ward.

2.2 Transport in Bassetlaw

Bassetlaw has public transport services planned by Nottinghamshire County Council¹.

¹ http://www.nottinghamshire.gov.uk/transport/public-transport
These include public bus services, which vary in scale and frequency between Bassetlaw’s villages, towns and conurbations, and with an on demand bus service available in some more rural and less populous areas. The County Council also offer a concessionary travel scheme for older people, and some people with a disability. The two largest towns, Worksop and Retford, are served by train stations providing access to the East Coast Mainline and Sheffield to Lincoln route trains.

Residents of Bassetlaw benefit from a number of third sector-led volunteer driver schemes, such as Bassetlaw Action Centre’s ‘Volunteer Driver Scheme’, and the ‘Dial-a-trip’ services in Tuxford, providing cars and minibuses for eligible people to access health and social appointments. These offer a valuable service, however this is dependent on availability of volunteers, and resources to co-ordinate such schemes, and as such access is variable across the district.

Due to the rurality of Bassetlaw, transport is a particular issue.
In some wards of the district, up to 26% of households do not have access to a car or other vehicle. In wards such as Langold (23%) and Carlton (19%), where there is a low population density in a large rural area removed from towns where there are facilities such as health centres and supermarkets, this is a particular issue. In some areas where there is high rurality, fewer transport connections and higher deprivation, poor health and wellbeing outcomes are evident. For example, in Ranskill there are a larger number of older people (26%), economically inactive households (36%), and percentage of people who view their health as bad or very bad (6%) than the average for Bassetlaw. In this ward, 10% of households do not have access to a car and the area is rural, with a low population density. Isolation and loneliness is a risk in these areas.

2.3 The views of Bassetlaw People

We know through ongoing engagement with local people that transport remains an issue for people living in Bassetlaw. The most frequently raised concerns about transport from local people participating in engagement with the District Council are as follows:

- Perceived lack of public transport;
- Lack of buses after 6pm and at weekends;
- Challenge of accessing areas out of Bassetlaw by bus.
3. The Transport Ambition in Bassetlaw

Working together, partners from the Bassetlaw ACP have identified a shared ambition to develop a local transport system which supports people in achieving improved health and wellbeing, reduced health inequalities and independence for longer in a way which is sustainable and effective, by connecting them to social networks, work and services.

To do this, a number of priorities have been identified. These are as follows:

- **To better understand transport issues, and engage communities** in improving their connectedness to social networks, work and services, using a focus on identified communities to explore issues in detail and challenge assumptions about transport needs, options and availability;

- **To make better use of existing transport resources and opportunities**, including non-emergency passenger transport working across health, local government and third sector;

- **To increase the skills, knowledge and capability** of Bassetlaw people in accessing public transport, and to walk and cycle where appropriate, through improved information and independent travel training;

- **To collectively understand and plan transport arrangements across sectors**, taking **a shared approach to finance, resourcing and investment** in transport opportunities, making best use of investment opportunities such as the Better Care Fund to support people outside of hospital and to be less isolated recognising the financial context of partner organisations.

These priorities will be delivered over the lifetime of the strategy, between 2019 and 2021, and are explored in more detail in the sections that follow.
4. Understand and Engage Communities

There is significant variability of need, demand and access with regard to transport across Bassetlaw's diverse communities. Furthermore, the context for communities is changing, with more services moving online (such as ‘Ask my GP’, and online grocery ordering), and some services changing how they work (such as some medical specialisms working across different hospital sites). Assumptions by service providers about transport needs may be out-dated. Furthermore, the expressed concerns about a perceived lack of transport provision have not been explored with communities in detail, to understand the lived experience of local people, and how changes to transport could best improve their quality of lives, and wellbeing, including through increased use of walking and cycling where appropriate.

As such, Bassetlaw partners will work together to pilot a new approach to understanding and engaging transport needs and opportunities in local communities. By working initially with two different communities – Mattersey Thorpe and Tuxford - experiencing transport challenges, partners will:

- scope existing transport availability and opportunity from across health, local authority, third sector and private services;
- use these insights to engage a cross section of local communities about their experiences, needs and wishes to inform future plans for transport;
- take the learning from the engagement to inform the strategic plans for community-led transport schemes, walking and cycling initiatives, public transport offers, support to communities through travel training and plans for information provision;
- make further plans based on the learning from the pilots in Mattersey Thorpe and Tuxford.

An example community profile is attached as appendix A.
5. Make better use of existing transport resources and opportunities

In Bassetlaw, and the wider county, Nottinghamshire County Council and other local authorities have a core fleet of vehicles, and other commissioned transport resources, including transport for adults to day centres and children with special educational needs and disabilities to schools and other provision. Separately, Bassetlaw Clinical Commissioning Group commission passenger transport services for patients requiring clinical services with a medical need such that without transport provision they would be unable to access appointments. In addition, volunteer car schemes operate across Bassetlaw, but with variable access due to individual service criteria and availability of volunteer drivers.

In response to this, Bassetlaw partners will work together to:

- Scope and develop a coherent approach across health and local authority commissioners for non-emergency passenger transport to health appointments, linking with third sector provision where appropriate;
- Explore the potential for a single point of access for transport information;
- Use existing volunteer car schemes to develop an off the shelf model for similar schemes that communities can use to support people in their area.

6. Increase the skills, knowledge and capability of Bassetlaw people

Whilst there is significant amount of information about transport available for Bassetlaw people, the skills, knowledge and capability of the public to access this and make best use of it is not well supported by local services. For example, within Bassetlaw there are a number of organisations which provide or commission evidence based independent travel training, including the County Council and third sector. The approach to the deployment of this training is not coordinated across sectors and organisations, and a strategic population segmentation approach is not taken. Furthermore, accessing information about transport options can be complex, with details held across multiple organisations and formats, which are not necessarily user friendly for all Bassetlaw people.
As such, Bassetlaw partners will:

- Use insights from community engagement to shape a co-ordinated approach to independent travel training, using a population segmentation approach to understanding where and how such training would be best deployed to support independence and connectedness in communities and groups;

- Develop and implement plans for improving the accessibility of information about transport for the public, services and transport planners and providers, such as through a single point of access for transport, interactive terminals and information available in locations and formats that work for local people.

7. Transport resourcing and investment

As has been described in this strategy, there is a significant transport offer in Bassetlaw, which includes NHS funded patient transport, public transport, third sector provision and private travel. It has been acknowledged that understanding the current and potential opportunities for making best use of collective resources is a priority. A critical part of this is understanding the costs, planning deployment of resources, including financial resources, across organisations, and collaborative development of investment plans.

To support this, Bassetlaw partners will:

- Work together to build joint business cases for making best use of shared resources, such as for non-emergency passenger transport, including third sector services within analysis and planning, recognising the contribution of the voluntary sector and the investment required for sustainability and effectiveness;

- Develop joint bids to the Better Care Fund to support the transport system in enabling independence, avoiding hospital admissions, improving the pace of hospital discharge, and reducing loneliness caused by isolation.
8. Governance
The ambitions described in this strategy will be overseen and delivered by the Bassetlaw ACP’s transport work stream, which is chaired by Bassetlaw District Council and with membership from the ACP, Bassetlaw Clinical Commissioning Group, Nottinghamshire County Council, Nottinghamshire Healthcare NHS Foundation Trust, and the third sector (including Bassetlaw Action Centre and RVS).

The work stream reports to the ACP Board.

9. Understanding impact and measuring success
A framework of success measures will be developed by the work stream, using experiential and quantitative approach to understanding the impact of the strategy. These will include:

- Public feedback about transport from engagement events, complaints and other data;
- Take up of bus services in Bassetlaw;
- Spend on transport services across sectors;
- Outcomes of independent travel training initiatives;
- Number of delayed hospital discharges caused by transport issues.
Appendix A

**Bassetlaw ACP: Transport Work Stream**

**Engagement – Community Profile for Tuxford**

Tuxford is located in the south of the Bassetlaw district (highlighted below). The southern boundary of the parish is also the district boundary with Newark and Sherwood. The villages of Egmanton and Laxton are directly to the south. To the west is the hamlet (and former colliery) of Bevercotes, whilst to the north is Markham Moor and the large village of East Markham. The Trent Valley lies to the east. Tuxford is situated 8 miles south of Retford and 13 miles north of Newark on Trent. The area is largely rural, with 13% of households having no car or van. 24% of local people are over 65, 31% are economically inactive, and 7% view their health as ‘bad or very bad’.

There is a mixture of households in the Tuxford area, by composition and employment type, as the following tables demonstrate.
<table>
<thead>
<tr>
<th>Household composition in Tuxford and Bassetlaw</th>
<th>Tuxford</th>
<th>Bassetlaw</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2011</td>
<td>2011</td>
</tr>
<tr>
<td>Percentage One person household: Other</td>
<td>16.5</td>
<td>15.1</td>
</tr>
<tr>
<td>One family household: Married or same-sex civil partnership couple: No children (%)</td>
<td>15.1</td>
<td>16.0</td>
</tr>
<tr>
<td>One family household: Married or same-sex civil partnership couple: Dependent children (%)</td>
<td>14.4</td>
<td>15.0</td>
</tr>
<tr>
<td>Percentage of One person household: Aged 65 and over</td>
<td>11.3</td>
<td>13.0</td>
</tr>
<tr>
<td>One family household: All aged 65 and over</td>
<td>9.2</td>
<td>9.8</td>
</tr>
<tr>
<td>One family household: Lone parent: Dependent children (%)</td>
<td>7.0</td>
<td>6.3</td>
</tr>
<tr>
<td>One family household: Married or same-sex civil partnership couple: All children non-dependent (%)</td>
<td>7.0</td>
<td>6.2</td>
</tr>
<tr>
<td>One family household: Cohabiting couple: No children (%)</td>
<td>6.1</td>
<td>5.2</td>
</tr>
<tr>
<td>One family household: Cohabiting couple: Dependent children (%)</td>
<td>5.3</td>
<td>4.9</td>
</tr>
<tr>
<td>One family household: Lone parent family: All children non-dependent (%)</td>
<td>4.1</td>
<td>3.2</td>
</tr>
<tr>
<td>Other household types: Other (%)</td>
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<td>2.6</td>
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<tr>
<td>Other household types: With dependent children (%)</td>
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<td>1.9</td>
</tr>
<tr>
<td>One family household: Cohabiting couple: All children non-dependent (%)</td>
<td>0.4</td>
<td>0.5</td>
</tr>
<tr>
<td>Other household types: All aged 65 and over</td>
<td>0.2</td>
<td>0.3</td>
</tr>
<tr>
<td>Other household types: All full-time students (%)</td>
<td>0.0</td>
<td>0.0</td>
</tr>
</tbody>
</table>
Some areas of Tuxford have access to a regular bus service.
Areas within 400 metres/5 mins walk of a bus stop with an hourly and better bus service on weekdays 0600-1800 hrs
The town also has relatively frequent access to retail areas in Retford and Newark, although the travel times by public transport are relatively lengthy.
Bus service routes and frequencies are as follows.
Tuxford has access to its own community-led ‘dial-a-trip service’, where volunteer drivers can provide car travel for a small fee for people who qualify. The service has 13 volunteer drivers, serving approximately 153 clients who are mainly over 75, and the majority female. About 30% of service users have some form of mobility aid to transport. Approximately two thirds of journeys are for social reasons, and one third for accessing health services.
Approximately 4% of the housing growth for the district was allocated to Tuxford which equates to approximately 300 dwellings. There is a GP practice in Tuxford. The practice takes an innovative approach to telephone and online GP consultations to enable same day GP access for all patients. This also supports with transport challenges in Tuxford and villages as most GP to patient contact is via the telephone and online, with only 30% requiring face to face consultations. Whilst this reduces transport challenges, it could risk increasing social isolation.

The A1 was built in 1967 and cuts through the middle of the town on a north-south axis and carries approximately 40,000 plus vehicles per day. The A6075 runs east-west and connects the A57 Sheffield/Lincoln Road to Ollerton and Mansfield. The town’s location continues to bring employment opportunities as the town boasts 2 large industrial estates accommodating in excess of 90 businesses. Tuxford has an excellent secondary school and rejuvenated town centre. The range of services and facilities offered in Tuxford serve the wider rural area and include shops, pubs and nurseries.