Community JSNA Community Transport Project

April 2020

Aim: to understand the nature, scope and reach of the community transport provided by local voluntary, community and faith sector (VCFS) organisations within Cheshire East, and review their experience of delivering these services.

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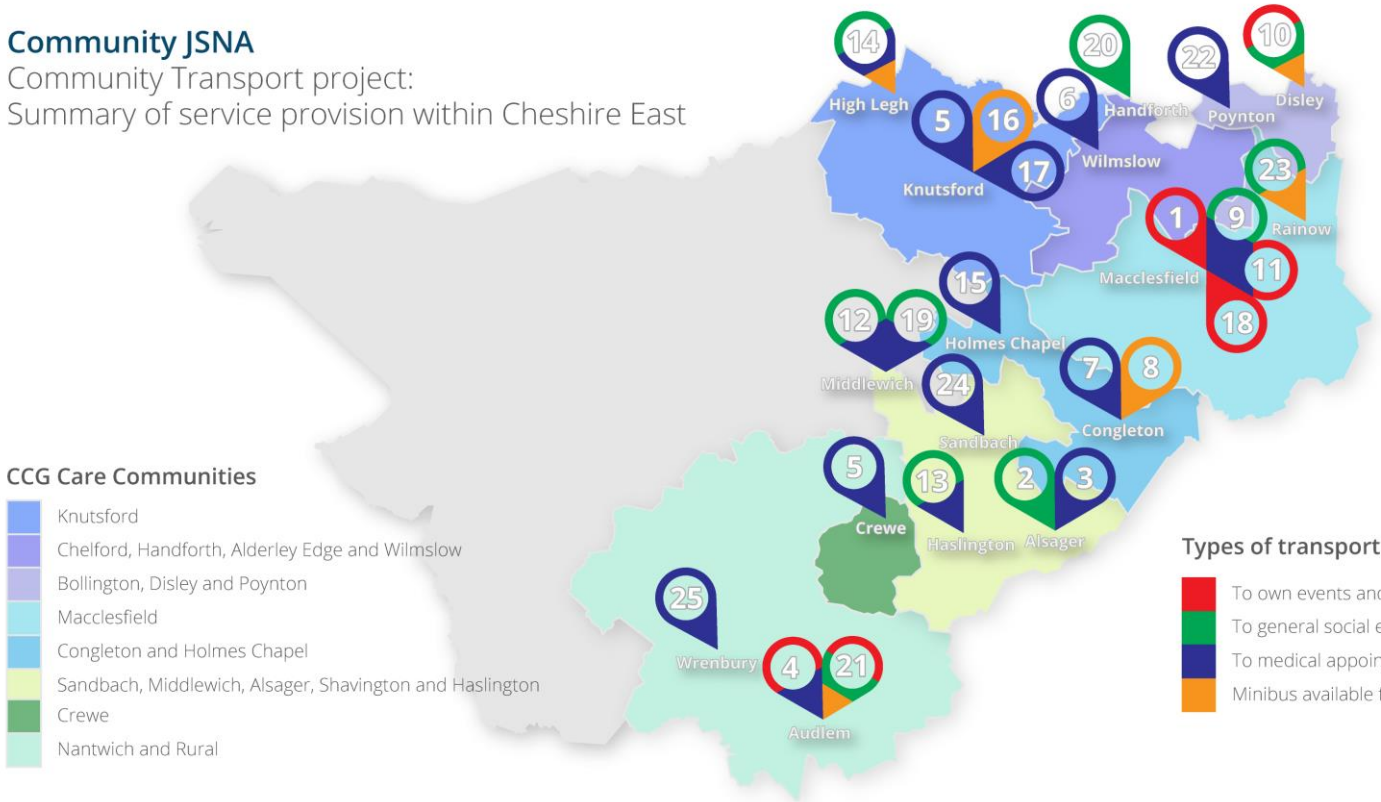

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*Cheshire East Council owned, Δ Covers all of Cheshire East

Please note: This visual represents the primary bases of service providers within Cheshire East and does not represent the geographical reach. For further details of services and their locations, please access the service provision table which accompanies this report.

Introduction

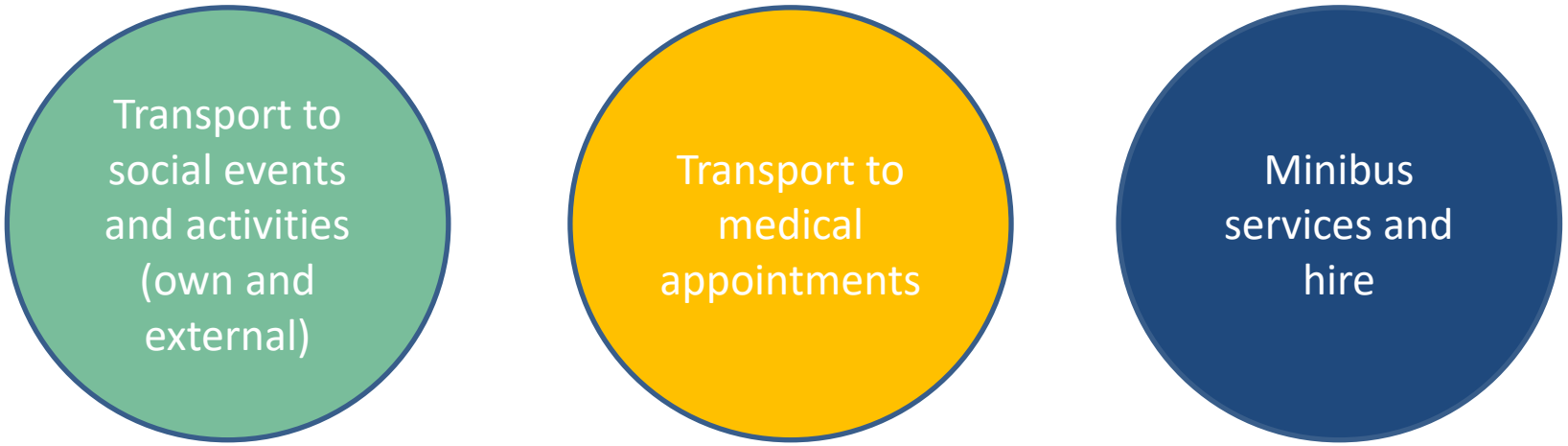
Community Transport in Cheshire East

April 2020 (2)

For the purposes of this project, the term Community Transport includes:

- Volunteer driver schemes where drivers use their own vehicles to transport clients to and from their own organisation's activities as well as general social activities and events;
- Volunteer driver schemes where drivers use their own vehicles to transport clients to and from medical appointments;
- Schemes that own their own minibuses for transportation within communities and may also hire out to other community groups.

Organisations that contributed to this project may operate within one or more of these areas.



The following groups of people are those most likely to require the assistance of community transport services:

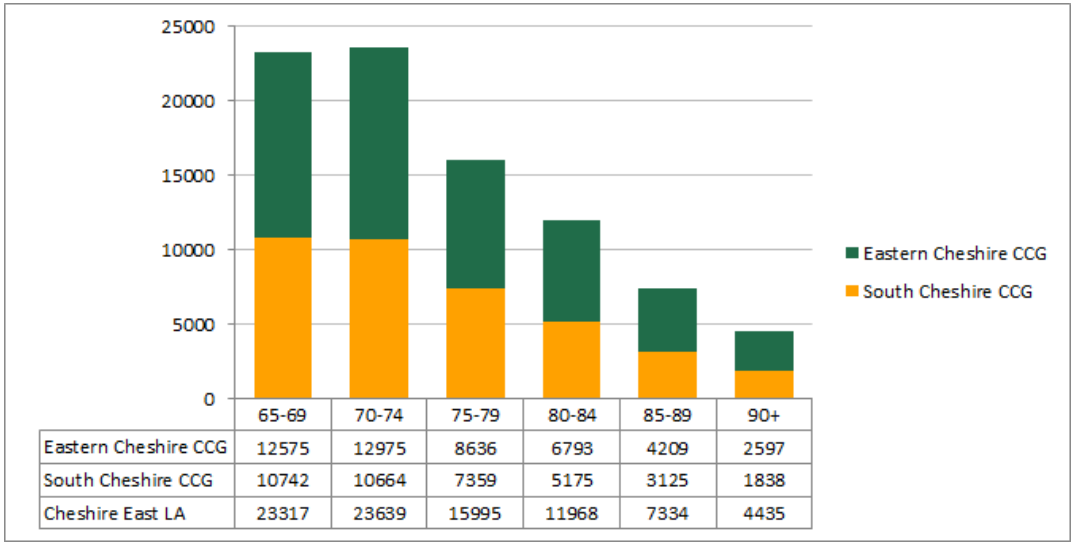
- The elderly
- The vulnerable
- Those with disabilities
- Those with restricted mobility

Cheshire East Current Population – 65+

April 2020 (3)

The table below shows the estimated population of Cheshire East by 5 year age bands split by Care Community. Overall in Cheshire East there are an estimated 86,688 residents aged 65 and over, making up 22.77% of the total population. Of these 11,769 are aged 85 and over which represents 3.09% of the total population. The SMASH[1] Care Community has the highest number of people aged 65+ at 15,751 whilst the Bollington, Disley and Poynton Care Community has the highest proportion at 27.08%.

		Age									Population Percentage		
Area Code	Care Community	65-69	70-74	75-79	80-84	85-89	90+	Total 65+	Baby Boomer[2] (55-74)	Total 85+	Over 65	Over 85	Baby Boomer[2] (55-74)
ECCCG01	Alderley Edge, Chelford, Handforth, Wilmslow	2718	2772	1774	1587	1055	717	10623	11563	1772	23.68%	3.95%	25.78%
ECCCG02	Macclesfield	3501	3575	2369	1883	1150	611	13089	15801	1761	21.28%	2.86%	25.69%
ECCCG03	Bollington, Disley, Poynton	1936	2063	1295	971	597	385	7247	7831	982	27.08%	3.67%	29.27%
ECCCG04	Knutsford	1635	1669	1286	933	577	369	6469	6767	946	25.86%	3.78%	27.05%
ECCCG05	Congleton, Holmes Chapel	2785	2896	1912	1419	830	515	10357	11123	1345	26.45%	3.43%	28.40%
SCCCG01	Nantwich and Rural	2507	2525	1675	1306	816	545	9374	10560	1361	24.49%	3.56%	27.58%
SCCCG02	Crewe	3902	3719	2613	1878	1057	609	13778	17007	1666	17.49%	2.11%	21.58%
SCCCG03	SMASH[1]	4333	4420	3071	1991	1252	684	15751	18021	1936	23.72%	2.92%	27.13%
E38000056	Eastern Cheshire CCG	12575	12975	8636	6793	4209	2597	47785	53085	6806	24.22%	3.45%	26.91%
E38000151	South Cheshire CCG	10742	10664	7359	5175	3125	1838	38903	45588	4963	21.20%	2.70%	24.84%
E06000049	Cheshire East LA	23317	23639	15995	11968	7334	4435	86688	98673	11769	22.77%	3.09%	25.91%



	65-69	70-74	75-79	80-84	85-89	90+
Eastern Cheshire CCG	12575	12975	8636	6793	4209	2597
South Cheshire CCG	10742	10664	7359	5175	3125	1838
Cheshire East LA	23317	23639	15995	11968	7334	4435

Data Source: Office for National Statistics - Mid-2018 Population Estimates for Middle Layer Super Output Areas in England and Wales by Single Year of Age and Sex.

1. SMASH: Sandbach, Middlewich, Alsager, Scholar Green and Haslington.
2. The term 'baby boomer' refers to the cohort of people born after World War II. It is generally accepted as being those born between 1946 and 1964. These people are currently in the age bracket 55-74.

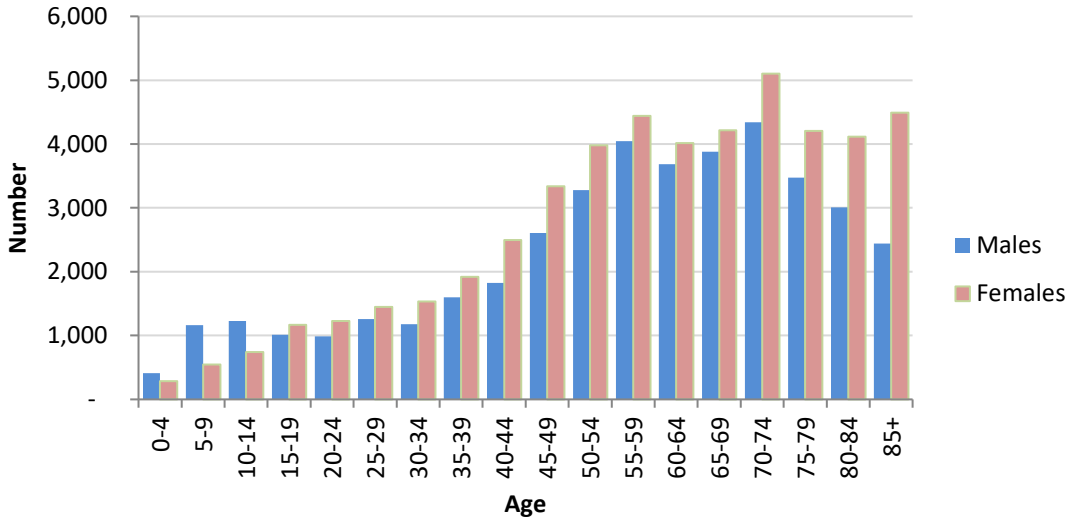
Figures for Cheshire East provided by Public Health Intelligence at Cheshire East Council

Cheshire East Current Population – Disabilities

April 2020 (4)

The table below displays the estimated number of Cheshire East residents with a disability split by Care Community in 2018. The estimates are derived from the Department for Work and Pensions Family Resources Survey 2016/17. Cheshire East is estimated to have 89,411 residents with a disability with a split of 47,656 in Eastern Cheshire CCG and 41,754 in South Cheshire CCG. The Crewe (16,563) Care Community has the highest total amount of individuals who are estimated to have a disability with the SMASH[1] (15,857) and Macclesfield (14,240) Care Communities having the second and third highest respectively. Individuals with disabilities are more likely to require community and public transport to go about their day-to-day lives.

Area Code	Care Communities	Age																		Total
		0-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80-84	85+	
ECCCG01	Alderley Edge, Chelford, Handforth, Wilmslow	82	200	248	260	170	235	247	384	514	694	859	1,002	889	952	1,124	863	972	1,093	10,790
ECCCG02	Macclesfield	115	262	307	331	300	403	416	534	657	947	1,186	1,456	1,261	1,225	1,450	1,152	1,153	1,084	14,240
ECCCG03	Bollington, Disley, Poynton	48	112	137	138	99	112	132	209	295	409	494	607	588	678	837	629	595	604	6,724
ECCCG04	Knutsford	47	108	124	129	99	121	128	204	292	365	472	570	510	573	677	625	571	582	6,197
ECCCG05	Congleton, Holmes Chapel	69	165	205	213	159	202	197	299	401	615	708	859	838	976	1,174	928	869	828	9,706
SCCCG01	Nantwich and Rural	61	150	214	227	193	203	198	273	382	612	747	895	828	878	1,024	814	799	838	9,334
SCCCG02	Crewe	172	396	426	466	585	651	586	746	849	1,135	1,312	1,563	1,359	1,366	1,508	1,270	1,149	1,025	16,563
SCCCG03	SMASH	119	274	334	369	329	391	380	509	677	1,044	1,330	1,481	1,409	1,518	1,792	1,493	1,219	1,190	15,857
ECCCG	Eastern Cheshire CCG	361	848	1,020	1,071	826	1,074	1,120	1,630	2,159	3,031	3,720	4,494	4,087	4,404	5,262	4,197	4,160	4,191	47,656
SCCCG	South Cheshire CCG	352	819	974	1,061	1,108	1,246	1,163	1,528	1,908	2,791	3,388	3,938	3,596	3,762	4,324	3,576	3,167	3,052	41,754
E06000049	Cheshire East LA	713	1,667	1,994	2,132	1,934	2,320	2,283	3,158	4,067	5,822	7,108	8,433	7,683	8,165	9,587	7,773	7,327	7,243	89,411



Data Source: Department of Work and Pensions Family Resources Survey (FRS) 2016/17
Table 4.3: Disability prevalence by age and gender, average of 2014/15, 2015/16 and 2016/17, United Kingdom
Table SAPE20DT5: Mid-2015 Population Estimates for Clinical Commissioning Groups in England by Single Year of Age and Sex. Date published: 25 October 2018.
The prevalence rates have been applied to ONS population Mid-2018 estimates to give estimated numbers who have a disability.

1. SMASH: Sandbach, Middlewich, Alsager, Scholar Green and Haslington.

Figures for Cheshire East provided by Public Health Intelligence at Cheshire East Council

The nature of existing provision

April 2020 (5)

Inception of services

Many services were set up by small groups of people within local communities who recognised that there was a need to help transport people to medical appointments and/or social events and activities. In some cases, these groups were initially created by church networks and some of these have developed into their own community groups without ongoing church affiliation. A number of the established medical transport organisations have been in existence for more than twenty years.

For some of the groups, it has been necessary to refine their focus to match their capacity e.g. one group that originally offered shopping trips and 'good neighbour' services had to make the decision to focus upon medical appointments as it was felt that this was the primary need with the number of drivers available.

Arranging services

The **volunteer driver schemes** tend to run upon two different models of access:

- Holding a list of drivers and phoning around when an enquiry is received (using coordinators)
- Having designated drivers 'on call' for specific shifts

The larger medical transport services tend to use the coordinator method due to the numbers of journeys involved. For smaller, predominantly local transport services, the 'on call' method can work well as it requires much less time for administration.

Minibus use varies dependent upon the type of service offered:

- Regular scheduled trips (for shopping or to specific locations) can be booked directly in advance
- Minibuses can be hired from some organisations for a daily rate plus mileage (own driver may be required and restrictions may apply). See the list of service providers in the accompanying documentation to this report for further details.

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Volunteer drivers: demographic and availability

April 2020 (6)

The volunteer driver demographic is almost exclusively retired. Several volunteer drivers have been driving for up to 20 years, having taken early retirement. A struggle to recruit replacement drivers has meant that as the older drivers have had to withdraw due to health or age restrictions, they have not been replaced by new recruits. This has had an impact upon capacity.

Age of drivers

Occasionally, an organisation will stipulate that drivers must be within a certain age bracket e.g. 25 to 70. A number of organisations that previously had an upper age limit restriction have since removed it as otherwise they would not have enough drivers to deliver the service. Some may instead suggest a guideline retirement age but allow drivers to continue if they submit a letter requesting to do so and if they are considered safe by the committee.

Minibus volunteer drivers are subject to different restrictions: *"Somebody with a normal car licence can drive a bus but they must be medically fit to drive it. Anybody old enough to drive, they have to be over 25 and they can drive the bus. But when they reach 70 they have to take a medical to show that they are still medically capable to that level, which has a cost to it as well."*

"... they've all got to be pleasant and helpful people. And they all are, they all enjoy helping people. You know, create a nice rapport with them."

"The drivers that we have are absolutely amazing people, and so thoughtful and helpful. I think they all should have a medal."

"People become ill, people's partners become ill, people die. Unfortunately, we've had several of the volunteers die, not that old either, they weren't the older ones that you might have expected. But that's how life goes, isn't it. But they all do it very willingly and we're a nice little unit and we all cover for one another."

Driver availability

Depending on the scheme, drivers either sign up to a designated time slot upon an agreed date, or will be contacted for availability as and when requests come in. Drivers log their availability with the scheme e.g. days available, length of journey preferred, size of car etc. Organisations report that retired drivers often have grandparent commitments or are members of social clubs such as U3A which can impact upon flexibility.

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Volunteer drivers: Recruitment and training

April 2020 (7)

Training: Most organisations offer training or induction sessions to their volunteer drivers, covering topics like safeguarding, health and safety, procedures and policies. Some organisations also issue handbooks to drivers.

Lifting: All of the volunteer driver organisations advise volunteer drivers not to lift or physically assist passengers any further than the 'lending of an arm'.

Passengers with significant mobility issues are advised by organisations to make other arrangements e.g. hospital transport.

Some organisations will not agree to carry mobility aids, whereas others will take smaller/lighter aids with the agreement of the driver and subject to the size of the vehicle.

Insurance

Organisations have their own public liability insurance and drivers inform their own insurers that they will be taking part in volunteer driving schemes.

In most cases, this does not result in any additional charges, however, one organisation did mention that in recent weeks a number of mainstream insurers had said it will affect insurance premiums.

Mileage: drivers are usually offered mileage expenses but are not paid for their time. Often drivers do not claim or re-donate the amount with Gift Aid.

DBS checks

Not all of the organisations spoken to insist that volunteer drivers undertake a DBS check. Whereas some schemes will not allow a driver to transport passengers until the check has been completed, others cite the cost and administration involved as barriers.

Recruitment

The majority of volunteer drivers are recruited by word of mouth. Any advertising drives for new volunteers often have the result of increasing the demand for services through new clients, rather than recruiting new drivers.

Existing volunteer drivers will often recruit from within their acquaintances and personal recommendations are particularly appreciated by organisations as an initial endorsement. Another effective method of recruitment cited is a direct approach in person, either at events or to friends and acquaintances.

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One of the few organisations that has the capacity to take people to social activities and events outlined the benefits of providing transport to individuals who might otherwise not be able to interact in their local community:

"This lady, she's crippled with arthritis. Well she's used us since day one, she'll go two or three times a week to different places. She can't do much, but she can sit and chat. It stops her being isolated, and that is one of the main reasons for setting this up. To get people out of the house and stop them from being isolated."

Social isolation:
Socially isolated people within Cheshire East

April 2020 (8)

A number of organisations spoke of the social isolation experienced within their communities, particularly for the elderly and vulnerable:

"And another lady, she said I tried to get a milkman delivering milk and I finally got one. She said I found it expensive but he was the only person I spoke to all day. And that's another reason...When I heard about that lady and the milkman, I thought how many more people are like that lady with the milk? We're a lifeline for them, or they'd just be stuck in the house."

"Unless you've got fairly easy access to the centre of the village, you cannot get around here without a car. If you could no longer drive, you'd be reliant on neighbours and friends. It's not just social isolation in that you're somewhere isolated, you don't have to be very far from the centre of the village to be totally isolated."

Some of the service users enjoy having the opportunity of having a ride on a minibus or in a car:

"I think one of the days we had to cancel the group. We made them all sandwiches and they went a ride out on the minibus, just to have a ride round and then get dropped off at home... Somebody dug the road up and we had to go the long way around and they were delighted!"

The social aspect of being driven to an activity or appointment can be very beneficial for the clients:

"Most people value the social interaction, particularly those that live on their own. They chat away! They don't have anybody to talk to, from one week to the next. They like the social side and of course our drivers do as well."

"And what we would try to do is, if someone has taken someone before then it's quite helpful if the same driver takes them again. And then they get a bit of a relationship together and they know what their needs are. But obviously we can only really do that when we can... because sometimes it can be the only social interaction they've had during the day. They don't see anybody. They can tell you their life story from the moment they get in the car! And some of them just chat, chat, chat, chat, chat and it's such a rewarding job. Because I've done some trips as well, when we've been stuck and needed the help. And they're so appreciative and it's a bit of company for them as well, it is. That is a massive part of it."

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Social isolation:
Signposting, befriending and social impact

April 2020 (9)

Organisations that come across a safeguarding or health issue generally have procedures in place for volunteer drivers to raise the issue with the organisation.

If appropriate, the organisation will then refer on to health or social services.

Occasionally a volunteer driver will be asked to accompany a client into a medical appointment:
"It's acting as a stand in relative really, you feel quite privileged… That they trust you, a total stranger, to go in… and it's reassuring for them."

Volunteer drivers can be well-placed to notice an issue that needs signposting or addressing:

"They always see them into the house normally, which is very good. And something which was highlighted to one of the drivers recently was this elderly lady who was getting herself in a bit of a pickle with her medication. And he noticed this and sorted it out for her, with the chemist, so that she was getting her medication already prepacked. And it's little things like that that are very useful."

"They all tend to go over and above just that role of driving. Because it's things like that, like going to the chemist and also just things like knowing whether they've been out the day before or if everything's all right and if they're looking after themselves. They will tend to tell the drivers things that they don't tell us. So yes, it's quite an important role."

The visible social impact of the volunteer driver schemes can be very rewarding for some volunteer drivers:

"I go and pick them up, take them to hospital and they go off. Because they think we're a taxi service, if you will, taxis don't wait for you, they disappear. But I found, particularly little old ladies that live on their own, they come back into the outpatients waiting area and look around and they see you. And their eyes light up. Not because it's you, but because you're there. And they weren't sure that you would be there because no one does that. No one waits for two hours without getting paid or whatever. And their face lights up because there's somebody there, doing what they said they would do, to take them home again. That's where you see the appreciation from the patients... generally that generation are very self-sufficient and they don't like asking for help. So when help is given to them without them asking for it, they very much appreciate it and it shows. And then there are some that talk in the car going there and back again as well. It's gratifying, it is."

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Social isolation:
Facilitating and enabling social connections

April 2020 (10)

Community transport can result in isolated people making connections, either on the transport or at the activities they are then able to go to:

Connections can develop between the driver and client. This is more likely when the driver takes the passenger for repeated trips and is less likely with medical transport which can be more ad hoc in nature.

"Our drivers really love it because they get to chat and the patients love it because they can chat to the drivers. And actually, it's a two-way thing. I know they feel they're doing something worthwhile, they actually enjoy it. So we learn a lot from the older people."

"Two old ladies, they live a street apart really. Neither of them could walk far enough to visit the other. They met each other at one of our meals. So I said why don't you go to each other's place for a cup of tea, arrange to go round? We'll take you and bring you back. So we arranged for one to see the other. So I picked one up, took her round to the other's and said I'll be back in such a time. So I went back to pick her up and as I walked down the drive, I could hear them both laughing. I thought that's good. That's worked!"

"I know a lot of them anyway, so they all get their legs pulled. They love it, you get the repartee and it's good. It takes them out of themselves. [And when they are transported together] maybe the person next to them they know, but the person on the other side they don't know. But they get to know them over time. So that expands their circle of friends."

"And people that come on the bus, especially men. They lose their spouse and they've had it and give up. We don't have many men on, but it is getting better. So I say, if you sit here, you'll be fine. And all of a sudden after a few weeks they make friends. And friendships lead to everlasting relationships. And it does. And do you know, the more they come on the bus, the less they visit the doctors. Because you know something, loneliness kills. And it's a fact."

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People living with dementia

April 2020 (11)

Some passengers living with dementia can require additional services e.g. reminder phone calls and extra liaison

The severity of the dementia can make a difference:

"It's not been a problem, partly because the level of people we deal with, in terms of dementia, is fairly early on in the diagnosis stage. Our service isn't fit for people with higher needs."

Some services require two volunteers or staff to accompany passengers:

"Because of the client base that we're dealing with, they do tend to unbelt and start walking around the minibus. So there's always someone there who will make sure they don't do that. So there's always two. We would never go out with just one."

The impact of community transport: *"It stops her being isolated, and that is one of the main reasons for setting this up. Because that's when dementia really does kick in, in my book. It doesn't matter how much you watch the television."*

Some organisations do not feel equipped to cope with passengers who live with dementia:

"We reached a point last week when a few of them have been unhappy, because of the nature of the passengers. One passenger got out and actually wrenched the shoulder of one of our drivers, another got out but wanted to go the other way and not where he was supposed to go. And they undid their seatbelts en route... that caused a commotion in the car and could have resulted in an accident... So we felt that it was no longer safe to do this."

"I don't know what it's like in other areas, but we are getting a higher ratio of dementia and Alzheimer's people. It's quite worrying actually. And we're all right with them while they understand what's going on... but we're not welfare people. We're not trained, none of our people in looking after the dementia patients. So they get to a certain point and we have to say, I'm sorry, we can't take them. If they had somebody with them, a relative or somebody with them who would be responsible for them, then we'll take them both. But I can't have people on their own in a car if you don't know what they're going to actually do. I can't put my drivers at risk."

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Hospital transport: Whilst hospital transport can be a good solution for those patients that meet the criteria for mobility or medical issues, it can also be difficult to access because of:

- lengthy round robin journeys
- waiting times for return journeys
- and lack of capacity.

"Some patients find it increasingly difficult because if they're feeling poorly and they've had an appointment at the hospital, they have to go and drop everybody else off first before they get home. Which puts them off and gets them anxious about the next appointment."

Public and alternative transport:
Issues accessing medical appointments

April 2020 (12)

Several of the respondents who run the schemes do not have personal experience of the public transport system, but gave anecdotal accounts of their client's perspectives and feedback.

Timings and connections: Passengers can be left frustrated at the length of time and the number of connections required to travel a relatively short distance. Another issue raised was of multiple commercial bus service providers and not being able to use a purchased ticket for a specific journey with another service that covers the same route. However, some towns and villages experience good, direct connections with Leighton and Macclesfield hospitals.

"It's because the buses don't link up with each other. And we've got a limited number. And if you get delayed then you can't manage it [the medical appointment]."

The number of services per day can also hinder accessing medical appointments: *"You're going to be really early or going to be late, it's not giving you a lot of flexibility really is it."*

"It's nigh on impossible to get to Leighton for an appointment [because of the connections required]. Which is a shame because it's really not that far away is it."

It is easier to attend a medical appointment in the middle of the day e.g. between 10am and 2pm due to the availability of bus services and timings for connections. Patients can struggle to make early morning/pre op appointments by public transport.

One issue raised was the linking in of bus services and timings with hospital staff shift patterns and clinic times. It was suggested that these may not necessarily match up and therefore do not encourage use of the public transport system. More liaison may be needed between users/hospitals/bus providers. Campaigns to keep bus services running to cover evening visiting times and Sundays at Leighton Hospital has been undertaken by the Crewe and District Bus User Group.

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Public and alternative transport:
Accessibility, availability and Flexi Link

April 2020 (13)

Reductions to bus services in recent years (particularly affecting rural areas) has led to increased pressure on community transport schemes. Commercial routes need to be financially sustainable and CEC-supported routes are tasked with maximising coverage within budgetary restraints.

Some groups noted that availability of public transport services was particularly an issue at evenings and weekends or (in the case of Sundays) may not run at all.

The Flexi Link service – Cheshire East Council owned

The local bus service that used to run under the name "Little Bus" transferred to Cheshire East Council-owned TSS services in August 2019 and is now the "Flexi Link" service. A survey was conducted in January 2020 with current users of the service and good levels of satisfaction with service quality and communication were reported. However, the following issues were raised during discussions with community transport organisations, many of whom do not currently use the service:

- The reduced hours of operation limiting use (minibuses are only available 9:30 to 2:30 Monday to Friday due to school run and other commitments)
- Advance booking requirements (between 24 hours minimum and one month)
- The necessity for lengthy round robin journeys for passengers
- A perception by some groups that there can be a lack of understanding of requirements
- A need for increased communication with service users and prospective/former users

The criteria for the service: Cheshire East residents who are either disabled, over 80 or beyond the reach of public transport. The Council reported that they have approved 1 extra vehicle to serve journeys in the time period 2.30pm to 4pm to enable the service to meet the need of a number of group bookings that rely on the service. The extra vehicle also enables limited transport for groups between 08:30 to 09:30 and 14:30 to 16:30.

Accessibility for people with disabilities or dementia*:*
The majority of people who use the community transport schemes are elderly, have a disability or are vulnerable. It is not always possible for people within these groups to access public transport.
"There is also an issue with accessibility for disabled people e.g. suitable timetables without lengthy waits between journeys, dropped kerbs near bus stops and suitable seating for those who cannot stand for lengthy periods..."

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Taxis: availability, accessibility and cost

April 2020 (14)

Some groups have close relationships with their local taxi firms and rely upon them to transport clients to and from their activities due to limited capacity of volunteer driver schemes.

However, the money spent on taxis means less funds available to spend on activities:

"I resent paying for transport because you can't see anything for it, does that make sense? I know it gets people to and from our venues and it enables people to come and join us, but..."

Some of the smaller, more rural towns in Cheshire East do not have private taxi firms. This results in much higher costs as taxis have to travel in from neighbouring towns.

Wheelchair accessibility

There are a limited number of wheelchair accessible taxis available for hire and as a result the costs can be much higher.

"[Having a minibus with a wheelchair lift] is one of the features that is the most valuable to our members. Because otherwise they are faced with hiring very expensive wheelchair facility taxis."

"There is nobody else in the area that can provide transport for more than one (or at best two) wheelchairs at a time. And if they can, they are usually committed on taxi runs every day of the week. And there is a significant cost to hire those."

For patients who need to go for repeated hospital appointments over a designated period of time e.g. chemotherapy and radiotherapy treatment, the repeated costs can be prohibitive:

"Our vulnerable, our elderly can't do that. Here it's £100 a day to go [to hospital by taxi] for your five minute radiotherapy appointment. And you have to go for two weeks and that's £100 a day in a taxi."

High fixed fees for small journeys

Several organisations told of elderly and vulnerable individuals struggling to afford high fixed fees for local journeys:

"An old lady lives down this road here. And a taxi driver was charging her a tenner a time to take her 200 yards down the road to the community hall and bring her back. Even if you're on a decent pension, it's a bit much that. And if you're only on the old aged pension, that's too much."

"She'd been paying a taxi driver to go a quarter of a mile to go and pay her rent and get some bread and milk... fifteen pounds. This is every week. And she said I love it [now that she uses the community transport for shopping trips], I can spend that extra money now shopping."

Community JSNA
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Communicating services:
Methods and challenges

April 2020 (15)

Organisations tend to advertise their transport services through the following channels:

- Through their own activities and service provision e.g day care
- Through GP surgeries for medical appointment transport
- Through local communities and networks
- Through online and print communication channels

The most effective awareness channel is often **word of mouth** within the local community.

Local community awareness

There is often a good local awareness of the community transport services. Schemes can receive referrals from other community groups and volunteer drivers are often active within other community groups in the locality.

However, word of mouth is the most prevalent form of promotion. This can result in 'blocks' of clients within specific areas of a town, village or sheltered accommodation community.

GP surgeries

Most medical transport services have good links with their GP surgeries and some organisations stipulate that the initial request is made through the GP surgery.

Where a patient has limited mobility or significant medical issues, alternative hospital transport services should be contacted instead.

GP reception staff are often the first contact for people asking for help with transport to medical appointments. Cards and leaflets are often given to GP surgeries by organisations to be given out at appointments.

Online and print marketing

The majority of organisations have limited or no online presence promoting their services. Some groups state this is because of their main demographics e.g. the elderly or vulnerable and others state a lack of technology skills.

Most have printed material available that are on display in local community venues. Some organisations deliver leaflets to designated catchment areas.

Whilst most organisations advertise at some level within local communities, several stated that they do not want to promote too widely as they are already working to capacity.

"We don't tend to advertise too much because we can't take them."

Community JSNA
Cheshire East JSNA

Funding:
How do VCFS services fund their transport activities?

April 2020 (16)

Donation/charging models

Please see the breakdown of service providers in the supporting documentation to this report for a full list of providers and their donation/charging models.

These models vary between organisations and depend upon the type of transportation offered. For instance, for transportation to daycare services, passengers may be invoiced on a monthly basis alongside the cost for the activities.

For ad hoc or medical transport journeys, clients are usually encouraged to make a donation and a suggested amount based upon mileage costs can usually be provided.

Minibuses typically have a hire charge and a cost per mileage when borrowed by other community groups.

Case study: Haslington Neighbour's Network is very keen to keep their volunteer driver scheme free at the point of access. The group undertakes fundraising throughout the year to enable them to do so. The majority of their drivers do not claim the offered expenses. Where a donation is insistently offered by a passenger, however, they will accept them.

The majority of volunteer driver organisations that use their own vehicles do not apply for formal grant funding and tend to run the service successfully on donations given. Discretion is often used by groups when a client is struggling to make a donation.

Standard mileage expenses offered to drivers is typically 45p a mile. For longer distance medical transport journeys the NHS may contribute 35p a mile, upon application. This NHS funding can be extremely helpful for schemes and helps to subsidise donations.

Hospital parking

For medical transport trips to hospitals where there is a parking charge, this is often covered by the passenger and included in the suggested donation, or the volunteer driver will pay and be reimbursed where this is not possible.

A number of the medical transport schemes have arrangements with Leighton and Macclesfield hospitals to register driver number plates so that they are not charged.

Where a blue badge is applicable, the passenger may take their own or the organisation may have some available for use.

Community JSNA
Cheshire East JSNA

"What does hit me very hard is in the summer. They're nearly all retired, so they can go on holiday when they feel like it…and they're retired on decent pensions. So they go more than once and they keep disappearing over the summer. Trouble is, they all disappear at the same time!"

"[Occasionally GP surgeries have contacted medical transport services to carry people who have had accidents to hospital]: *I told them that they were not to use us as a fourth emergency service and if they had an emergency like that then somebody trained like a nurse at least should go with them. They don't just stick somebody in one of the cars with one of my volunteers who knows nothing about it."*

Barriers to providing the service: organisations

April 2020 (17)

Lack of volunteer drivers

The most pressing issue cited by organisations was the lack of available volunteer drivers and the problem of recruiting new volunteer drivers. Difficulties in delivering services are created by:

- Sickness
- Holidays
- Drop outs
- Other commitments e.g. grandparent duties and social activities

Carrying people with medical issues

There have been instances of medical transport organisations being asked by patients and sometimes GP surgeries to transport individuals to and from clinics or hospitals that would not be safe to do so e.g. where the person has a medical condition that requires monitoring, where the client will be subjected to an invasive procedure or where the client has drains fitted that require removal. The onus is then upon the service to screen patients effectively prior to booking in the trip.

Mobility issues

All of the services using cars require that passengers are able to get into and out of their vehicles. If necessary, passengers can use a wheelchair up to the car, as long as they can transfer by themselves.

The majority of schemes are unable to commit to carrying mobility aids, particularly wheelchairs. However, where a mobility aid can be accommodated by a vehicle and the driver is willing, they can sometimes be transported. Wheelchairs are often available for use at hospitals upon arrival.

For minibus services, wheelchair users can be accommodated where a tail lift is fitted.

Barriers to access: service users

April 2020 (18)

Capacity of the service and the need for criteria

The services are restricted by the number of volunteer drivers and vehicles that they can call upon and their availability on any given day. Because of this, most services have to define and enforce a very specific focus for their services and the majority will only accept new requests based upon agreed criteria. This typically encompasses:

- Age of the passenger
- Postcode or catchment area of the passenger
- Access to own or public transport
- Any mobility restrictions
- Registered as a patient at specific GP surgeries

Cost

The majority of community transport schemes operate upon a donations basis. In some cases, passengers will be advised upon booking that donations are welcome and that the amount is up to the client. Others will advise a suggested amount based upon mileage rates and distance travelled. A number of organisations have worked out set suggested donations for frequently travelled trips between destinations.

However, some medical transport services gave anecdotal evidence outlining that some passengers were still not willing to be transported due to concerns about not being able to afford the journeys. This could then result in missed appointments and not receiving treatment and care.

Awareness of the service and engaging with socially isolated and vulnerable people

Despite efforts made by the organisations, it is not always possible to reach all of the socially isolated and vulnerable people within a community, particularly if they experience mobility issues. This means that people who could benefit greatly from these schemes may not be able to access them:

"There are elderly people that live close in to the village but they don't come to any of the clubs. But I'm thinking of the people who live at [a couple of villages over], they have no idea that this hospital transport is available to them. They are registered with the doctors and they just live out there. There's a lady that I know of recently and she had no idea."

Barriers to access: service users (contd)

Care home wheelchair passengers

Services that transport care home residents also require that a carer accompanies each passenger in a wheelchair onto the vehicles.

This requirement can limit the number of passengers that can be taken as it relies upon care home staff availability and takes up additional spaces on the bus. One of the minibus transport services commented:

"We do fit a slot because on these trips they can only afford to take with them two carers, or three carers. So the care homes are stuck by their staff availability. So if we had a bigger bus, you couldn't fill it because they haven't got the carers to go with it. Because every [wheel] chair has to have a carer."

Client independence and asking for help

A repeated concern from organisations is the issue of client independence and the reluctance to ask for help. Anecdotal evidence suggests that this is more often the case with elderly passengers. Substantial reassurance can be required to encourage these passengers to use the service:

"In the first instance, people are saying things to us like we don't like mithering. I say, you're not mithering. We'd feel fairly stupid if we're all sitting waiting for somebody to call and doing nothing when that's what we're there for. That would be a bit silly, wouldn't it. So we're there to be used. So if you need us, you pick up the phone. And gradually most of them, we've got this through to them, that's what we do, that's what we're set up for. It isn't a matter of mithering, it's of using the system that is set there for them. I think there's still one or two that don't like mithering people."

Barriers to access: minibus services

April 2020 (20)

The responsibility of driving a minibus as a volunteer

Those services that lend or hire their minibuses to other voluntary and community groups require that a volunteer driver from the hiring organisation agrees to take responsibility for the minibus. This is a large responsibility for a volunteer and one that many might not feel comfortable with. Or alternatively, the designated volunteer may not have the correct licence or age requirement to meet the stipulations and are therefore unable to drive the vehicle.

The Permit 19 scheme for Community Transport Association minibus access

The Community Transport schemes that operate under the Community Transport Association (CTA) may require that those organisations using the minibuses obtain their own Section 19 permit. Anecdotal evidence from one such organisation operating under the CTA regulations is that other Local Authority areas usually have an online system or named contact who will process these permits, but that searches on the Cheshire East website do not return this information. Groups who do not obtain their permits through the Local Authority are apparently liable for paying a small fee, which can be an additional barrier.

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Gaps in services identified by service providers: What would you like to do that you are currently unable to provide?

April 2020 (21)

"We haven't got the drivers really, to keep the medical side going and the social side going. We used to take people who needed it to a club for pensioners with bingo and things like that. But we don't do that now. We just do what we do now. Simply because we haven't got the manpower for it."

"Everybody hates turning them down, but if we're doing it for one then it just escalates doesn't it so we've had to say no to shopping."

"We'd like to do more befriending and this kind of thing but we haven't got enough people to do it. You've got to decide where your priorities lie and our priority is obviously getting people out of the house, to where they need to be [for medical appointments] and back again."

A number of organisations designated the following trips as services that they were often asked for but could not provide:

- **Hospital visiting** (particularly evenings and weekends)
- Taking people to **visit care homes**
- Taking people to visit the **cemetery**

Other gaps raised include:

Visits to groups and clubs e.g. **support groups** for specific medical conditions

Befriending and taking individuals on local outings

Taking individuals to established **community social groups**

Ad hoc requests for **shopping, hairdresser appointments** etc

What are the barriers to addressing these gaps?

- Lack of volunteer drivers
- Lack of service capacity
- Coordination challenges
- Core focus upon medical transport or transportation to own scheduled activities

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Challenges and issues: Medical transport

April 2020 (22)

Adequate notice periods: *"We're not really a taxi service, we can't oblige when we get a call in the morning for an appointment that afternoon."*

"One of the difficulties is that we say 48 hours' notice. A hospital sends out a letter on Friday which the person gets on Saturday morning asking them to go for Tuesday. So the first time they can ask for a lift is Monday which is 24 hours."

Last minute appointment cancellations: *"There is the damaging effect of late cancellations on a rural populace that has great challenges in attending in the first place. It's a problem for the organiser, the driver and the patient."*

Early and out of hours appointments

Medical transport services can often struggle to transport patients to hospitals in time for 7:30am pre-op appointments. Every effort is made, but the availability cannot be guaranteed.

Evening and weekend appointments are starting to happen more, but are still relatively uncommon. Services will cover these appointments where possible, however, some volunteer drivers may be less willing to work evenings and weekends which can restrict options.

Changes to clinics

Occasionally there will be changes to days and/or times of established clinics at GP surgeries and hospitals. Often services plan their coverage of drivers and schedules to attend these clinics and this can cause issues:

"...it has a bigger impact than I think people realise."

Multiple appointments

Multiple hospital appointments requiring repeat visits for individuals at different departments over several weeks can be a big strain for services. Occasionally, liaison with the hospital can result in changed appointments to reduce the number of trips.

Multiple daily runs can be very difficult to cover e.g. to Christies for short, daily radiotherapy appointments. This commitment can be 5 days a week for between six weeks and two months.

"We can't do daily appointments... So what we say is we put it out to the drivers and say can anybody do any of these and then we'll just mix with the drivers. And any other way they can get there. It's very hard for us to get there. Occasionally we have managed, we've never managed all of it, it's just dipping in and out."

Services occasionally receive calls from family in other parts of the country (and even abroad) asking for elderly relatives to be given transport to appointments. For people with no local support, it can cause problems if there are any obvious issues identified e.g. medical or safeguarding as to who to contact in the case of an emergency. Also, sometimes these family members can underestimate the support required by the individual.

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Challenges and issues: Capacity and expectations

April 2020 (23)

The number of organisations within communities that undertake home visits has reduced in recent years and this has had an effect upon community transport, according to one key service provider. Those that still undertake home visits often have very strict criteria and as a result, there is an increased demand for transport to meet these groups within the community at other locations or at their premises.

Managing expectations

Some organisations reported a challenge in raising awareness of when the service is available and any restrictions e.g. when coordinators are available to take calls, or when messages are followed up

Genuine need

Some medical transport organisations find that the criteria requiring a genuine need requires enforcement as some users can apparently 'take advantage' and see the service as a replacement taxi service even though they have a spouse with a vehicle at home.

New projects

Occasionally, a service may be approached by a new community initiative or project to ask for help to transport people to their activities. Unfortunately, all of the organisations spoken to are working at maximum capacity with the volunteer drivers that they have, so expanding their focus or service is not possible.

As a result, any new community initiatives need to factor transportation and user access into their remit and this can have an impact upon their service design and delivery.

Challenges and issues:
Administration, costs and insurance

April 2020 (24)

Volunteer driver insurance

One key service provider raised an issue that a number of mainstream car insurers are now seemingly charging additional premiums for people taking part in volunteer driver schemes. Previous to this, volunteer drivers would just need to contact their insurers to advise them that they were undertaking volunteer driving for a mobility group or charity and no charges would be requested:

"I know there's a couple of new volunteer drivers who are having a bit of trouble with their insurers and one of them is a bit unhappy at having to pay £35 for that. It's very rare for this to come up, but it's come up twice now recently."

General minibus costs

There are a number of costs associated with owning a minibus. These include:

- MOT
- Servicing and maintenance
- Insurance
- Taxes

There are also significant costs for those that have a wheelchair lift as these must be serviced twice a year as per regulations.

Another organization cited keeping the minibus clean. Car washes can charge £15 a time to clean the outside. Hiring organisations are often charged with the responsibility of keeping the interiors clean.

Administrative responsibilities

The administration involved in coordinating a community transport scheme can be significant. For those services that use the 'list of drivers' approach, it can easily take several hours to contact the drivers for their availability and can be a time-consuming undertaking.

Other smaller medical transport services deliberately keep their operations simple and straightforward with minimal administration and processes: *"All I want to do is just drive patients to hospital, I don't want to get caught up in reams and reams of paperwork every year... We're just happy with what we're doing. It's simple, there's very little clerical work, very little administration, you just do it and get on with it and it works. If it ain't broke then don't fix it... I didn't join to do paperwork, I joined to take people to hospital. So I think we all feel the same way about it... I certainly don't want to get any bigger or more organised... more industrialised if you call it."*

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Challenges and issues: Volunteer drivers

April 2020 (25)

Reliance upon a small number of drivers

The majority of services are heavily reliant upon a small number of drivers.

Organisations may have several volunteer drivers signed up for their service, however, in reality it is often a small core of drivers that undertake the majority of the trips.

Other commitments

"I suppose the reason we don't get so many volunteers now, is because people have got so many other things to do. A lot of them were just retired teachers, managers, different people and that sort of thing who thought they'd make use of their retirement usefully in some sort of way. That's now disappeared, because they're going on holidays and they're going to the U3A and they're going on days out. So they don't want things to impinge on that, a lot of people. Quite a few of the drivers have said it changed completely when the U3A started. It is very good, a lot of people use it. It does a tremendous amount of work in getting people out and about."

Ageing volunteer drivers

The volunteer driving force within Cheshire East is almost exclusively of retirement age. This cohort of drivers is ageing and organisations report that there is a significant lack of new recruits coming in to replace those that can no longer drive (often due to health issues, partner health issues or age restrictions).

"That's our biggest bugbear, is getting the volunteers. It's very difficult. We more or less break even every year, we lose a couple and gain a couple more... Drivers aren't all available at the same time. Some have restrictions. Some don't want to go to Manchester for example, or Oswestry or places like that. They'll only do Leighton and the surgery. Some have to look after the grandkids on certain days when they're not available. All these things we've got to take into account."

"When you speak to newly retired people a lot of them are saying, well I'm doing childcare for two or three days a week for my daughter or my son who can't afford childcare. Then the rest of the time I'm going off on holidays!"

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Challenges and issues: Recruiting volunteer drivers

April 2020 (26)

"We find that if we advertise for drivers we just tend to get an influx of clients! So it's trying to find different ways of advertising for volunteers without advertising it too much. It's a bit of an awkward one."

"Not that we need more patients - we need more drivers!"

How do organisations advertise for drivers?

Organisations reported that they advertised for volunteer drivers:

- in the library
- through CVS
- surveys
- newsletters
- engagement events
- Facebook
- posters
- GP surgery
- church networks

…but are struggling to identify and recruit new people

Concerns about commitment involved

One organization felt strongly that they were struggling to recruit new volunteer drivers as there was a concern of how much commitment would be required.

Most organisations are flexible in the amount of time that can be given and some would be satisfied with a commitment of one trip a month.

"Really, it's OAPs looking after OAPs. If you look around the village, there's a lot of people 65 and over who have got their cars and who drive about and what have you. You mean to tell me they can't give me 3 hours a week or a fortnight of their time? Either to sit in here by the telephone or to drive somebody somewhere? It doesn't seem a lot to ask for your own community, does it? I'm not asking for them to do it for me, I'm asking them to do it for the people that need it. People that are not very mobile."

Payment

Volunteer drivers are eligible for mileage expenses. From anecdotal evidence, a large number of drivers do not submit claims for expenses. Others do and are paid on a monthly or annual basis, depending on the procedures. However, occasionally a new recruit expects that they will be paid for their time (which is not possible under community voluntary driving scheme rules):

"We're all volunteers. We all do it for free It's so difficult to get volunteers. I've advertised and I got one and he lasted a week. He said I thought it was paid, I said no dear, it's not paid."

Recommendations

Opportunities for improvement

Assisting organisations with the recruitment of volunteer drivers

The fundamental issue for community transport schemes is the lack of volunteer drivers and the problems they experience in trying to recruit new drivers. Organisations are hindered by the number of volunteer drivers available and most expressed the opinion that with more drivers they could provide more services and possibly look to expand their core services to include additional options e.g. befriending or shopping trips.

Encouraging organisations to DBS check all volunteer drivers

Not all of the organisations routinely undertake DBS checks for their volunteer drivers. Reasons cited for this include: cost, administration and explaining the change in policy to long-standing volunteer drivers.

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Recommendations

Opportunities for improvement

April 2020 (28)

Reaching socially isolated people

A number of organisations expressed concern that socially isolated people – particularly within rural areas of Cheshire East – were not aware of local community transport services. These people are often hard to reach for the voluntary and community groups running these services as they have limited ways of making contact.

TSS liaison with voluntary and community sector

A number of VCFS organisations were interested in liaising with TSS to discuss current issues relating to the Flexi Link service. These include current community transport service providers and interest groups such as the Crewe and District Bus User Group. Also to explore whether there is any other support that TSS could offer to VCFS groups e.g. minibus hire for group bookings etc.

Establish a Cheshire East Council contact for Section 19 permits

For organisations with minibuses that operate under the Community Transport Association, hiring voluntary and community organisations may be required to apply for their own Section 19 permit. It has been raised by at least one organisation that they have struggled to identify the correct contact within Cheshire East Council (and if applications are made outside of the Local Authority an additional small charge applies).

UPDATE: S19 Permits - Cheshire East Council has now taken steps to publish information on their website about how to apply for a Section 19 Permit.

Contact Transport Service Solutions (TSS): Neil Roberts, Accessibility Manager 01270 371428

Recommendations

Opportunities for improvement

April 2020 (29)

Transportation of people living with dementia to day care services and activities

Transporting people living with dementia to day care services and social activities can be an issue for some community transport services. Some organisations have had to withdraw from carrying people with anything more than early onset symptoms due to health and safety reasons and lack of training. It is also not feasible for many people who live with dementia to use public transport. This could lead to some people being unable to access support services.

Public transport linking in with hospitals

For commercial and Council-subsidised public transport providers to attempt to provide services that link in with key timings at hospitals e.g. for shift changeover times and to meet start and finish times for key clinics and visiting times.

Further recommendations

Benchmarking - There is an opportunity for Cheshire East Council to carry out benchmarking with other Local Authorities and look at Community Transport schemes in other areas to gauge ideas / knowledge / information.

Parish Councils – Explore engagement with Parish Councils regarding the needs of the local community to benefit from their local community knowledge.

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See appendix 1 for details

Commissioners

Cheshire East Council

NHS Cheshire CCG

References and resources

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https://publications.parliament.uk/pa/cm201719/cmselect/cmtrans/832/832.pdf

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Resources

Hampshire County Council and Good Neighbour Scheme guidance for Volunteer Driver Schemes (2017):
https://documents.hants.gov.uk/transport/GoodNeighboursSupportService-GoodPracticeGuidelinesApril2014.pdf

RoSPA Volunteer Driver's Handbook:
https://www.rospa.com/rospaweb/docs/advice-services/road-safety/drivers/volunteer-drivers.pdf

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Thank you to all of the contributors to this project who took the time to meet with the project team and give their insight and experiences

Further details of community transport services provided by these organisations can be found in the supporting documents accompanying this report

Appendix 1

List of VCFS groups included within this report

April 2020 (31)

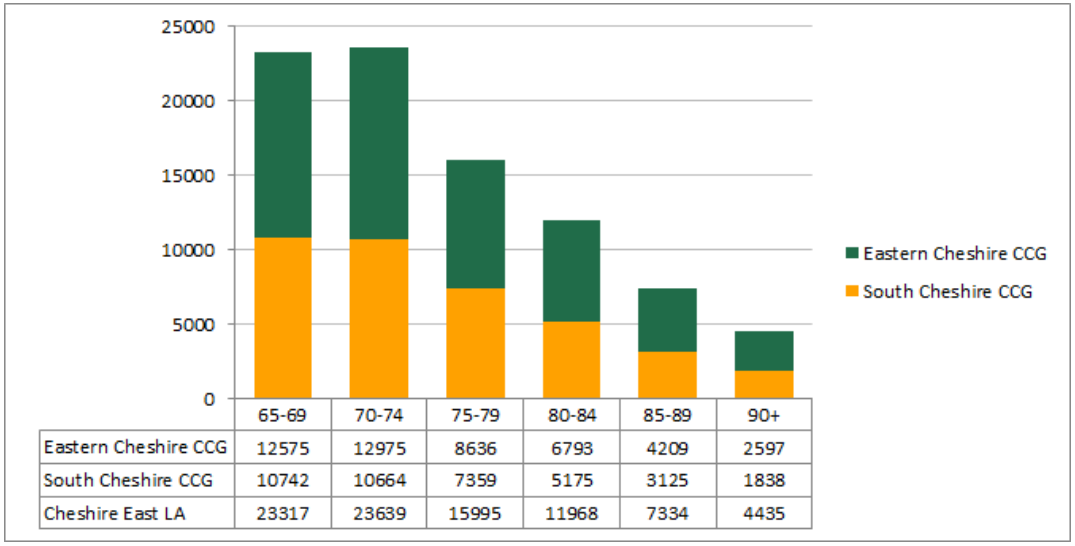
Age UK Cheshire East
Alsager Community Support Centre (launching 2020)
Alsager Voluntary Care
Audlem District Community Action (ADCA)
British Red Cross
Community Careline for Wilmslow and Handforth
Congleton Communicare
Congleton Partnership
Crewe and District Bus User Group
Disability Information Bureau (Community Cars)
Disley Community Bus Scheme
East Cheshire Eye Society
Flexirider (Transport Service Solutions) *CEC owned, not VCFS
Haslington Neighbour's Network
High Legh Community Transport
Holmes Chapel Communicare
Knutsford Community Transport Association
Knutsford Good Neighbour Scheme
Macclesfield Live at Home Scheme
Middlewich Good Neighbours (launching 2020)
Mobility and Access Group - MAG
Overwater Wheely Bus
Poynton Open Hands
Rainow Village Bus
Sandbach Communicare
Wrenbury Patient Transport

Current Population – 65+

April 2020 (32)

The table below shows the estimated population of Cheshire East by 5 year age bands split by Care Community. Overall in Cheshire East there are an estimated 86,688 residents aged 65 and over, making up 22.77% of the total population. Of these 11,769 are aged 85 and over which represents 3.09% of the total population. The SMASH[1] Care Community has the highest number of people aged 65+ at 15,751 whilst the Bollington, Disley and Poynton Care Community has the highest proportion at 27.08%.

		Age									Population Percentage		
Area Code	Care Community	65-69	70-74	75-79	80-84	85-89	90+	Total 65+	Baby Boomer[2] (55-74)	Total 85+	Over 65	Over 85	Baby Boomer[2] (55-74)
ECCCG01	Alderley Edge, Chelford, Handforth, Wilmslow	2718	2772	1774	1587	1055	717	10623	11563	1772	23.68%	3.95%	25.78%
ECCCG02	Macclesfield	3501	3575	2369	1883	1150	611	13089	15801	1761	21.28%	2.86%	25.69%
ECCCG03	Bollington, Disley, Poynton	1936	2063	1295	971	597	385	7247	7831	982	27.08%	3.67%	29.27%
ECCCG04	Knutsford	1635	1669	1286	933	577	369	6469	6767	946	25.86%	3.78%	27.05%
ECCCG05	Congleton, Holmes Chapel	2785	2896	1912	1419	830	515	10357	11123	1345	26.45%	3.43%	28.40%
SCCCG01	Nantwich and Rural	2507	2525	1675	1306	816	545	9374	10560	1361	24.49%	3.56%	27.58%
SCCCG02	Crewe	3902	3719	2613	1878	1057	609	13778	17007	1666	17.49%	2.11%	21.58%
SCCCG03	SMASH[1]	4333	4420	3071	1991	1252	684	15751	18021	1936	23.72%	2.92%	27.13%
E38000056	Eastern Cheshire CCG	12575	12975	8636	6793	4209	2597	47785	53085	6806	24.22%	3.45%	26.91%
E38000151	South Cheshire CCG	10742	10664	7359	5175	3125	1838	38903	45588	4963	21.20%	2.70%	24.84%
E06000049	Cheshire East LA	23317	23639	15995	11968	7334	4435	86688	98673	11769	22.77%	3.09%	25.91%



	65-69	70-74	75-79	80-84	85-89	90+
Eastern Cheshire CCG	12575	12975	8636	6793	4209	2597
South Cheshire CCG	10742	10664	7359	5175	3125	1838
Cheshire East LA	23317	23639	15995	11968	7334	4435

Data Source: Office for National Statistics - Mid-2018 Population Estimates for Middle Layer Super Output Areas in England and Wales by Single Year of Age and Sex.

1. SMASH: Sandbach, Middlewich, Alsager, Scholar Green and Haslington.
2. The term 'baby boomer' refers to the cohort of people born after World War II. It is generally accepted as being those born between 1946 and 1964. These people are currently in the age bracket 55-74.

Figures for Cheshire East provided by Public Health Intelligence at Cheshire East Council

Population Projections* – 65+

April 2020

The population aged 65 and over in Cheshire East is projected to grow by 12.90% by 2025, 25.76% by 2030 and 36.56% by 2035. The population of the two CCGs will grow at a similar rate.

Between 2018 and 2035 the age band with the lowest percentage change is the 70-74 bracket which is projected to increase by 15.79%. In fact, there is an initial decline in this age band and it only starts to rise again by 2035. By comparison, the 85-89 and 90+ age bands are projected to increase by 98.73% and 103.9% respectively over the same time period.

Area Code	Area	Year	65+	% change	85+	% change
E38000056	Eastern Cheshire CCG	2018	47785		6806	
		2025	54380	13.80%	8760	28.71%
		2030	60721	27.07%	10732	57.69%
		2035	65973	38.06%	13766	102.27%
E38000151	South Cheshire CCG	2018	38903		4963	
		2025	43492	11.80%	6273	26.39%
		2030	48296	24.14%	7670	54.55%
		2035	52413	34.73%	9851	98.49%
E06000049	Cheshire East LA	2018	86688		11769	
		2025	97872	12.90%	15033	27.73%
		2030	109017	25.76%	18403	56.37%
		2035	118385	36.56%	23618	100.68%

Data Source: Office for National Statistics (ONS) - Mid-2018 Population Estimates for Middle Layer Super Output Areas in England and Wales by Single Year of Age and Sex, Office for National Statistics - 2016 Sub-national population projections CCG, persons

* ONS population projections take into account observed trends in births, deaths and migration over the previous five years in order to predict population change over the next 25 years. These projections do not take into account housing and planning developments and migration within Cheshire East. These factors may be important when considering community transport.

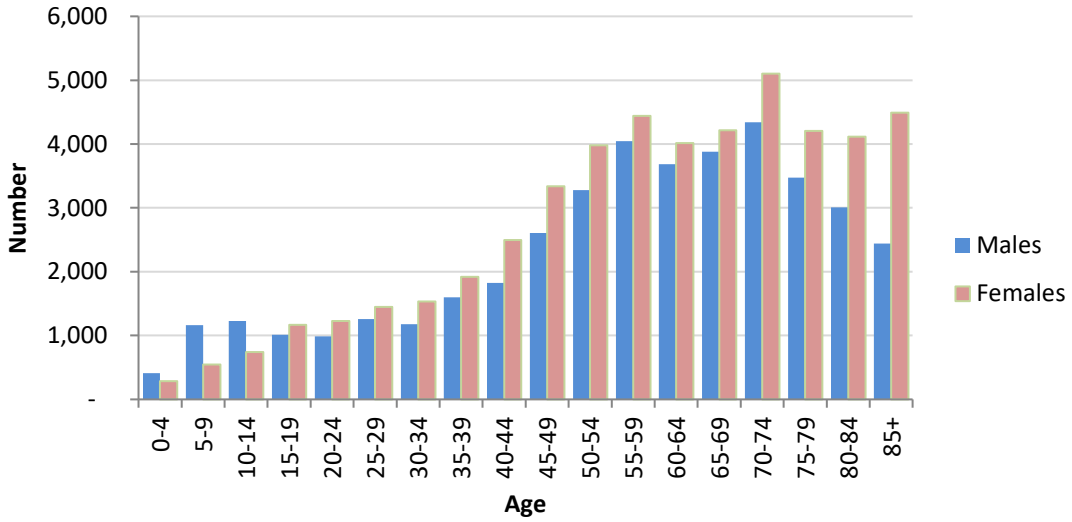
Figures for Cheshire East provided by Public Health Intelligence at Cheshire East Council

Current Population – Disabilities

April 2020

The table below displays the estimated number of Cheshire East residents with a disability split by Care Community in 2018. The estimates are derived from the Department for Work and Pensions Family Resources Survey 2016/17. Cheshire East is estimated to have 89,411 residents with a disability with a split of 47,656 in Eastern Cheshire CCG and 41,754 in South Cheshire CCG. The Crewe (16,563) Care Community has the highest total amount of individuals who are estimated to have a disability with the SMASH[1] (15,857) and Macclesfield (14,240) Care Communities having the second and third highest respectively. Individuals with disabilities are more likely to require community and public transport to go about their day-to-day lives.

Area Code	Care Communities	Age																		Total
		0-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80-84	85+	
ECCCG01	Alderley Edge, Chelford, Handforth, Wilmslow	82	200	248	260	170	235	247	384	514	694	859	1,002	889	952	1,124	863	972	1,093	10,790
ECCCG02	Macclesfield	115	262	307	331	300	403	416	534	657	947	1,186	1,456	1,261	1,225	1,450	1,152	1,153	1,084	14,240
ECCCG03	Bollington, Disley, Poynton	48	112	137	138	99	112	132	209	295	409	494	607	588	678	837	629	595	604	6,724
ECCCG04	Knutsford	47	108	124	129	99	121	128	204	292	365	472	570	510	573	677	625	571	582	6,197
ECCCG05	Congleton, Holmes Chapel	69	165	205	213	159	202	197	299	401	615	708	859	838	976	1,174	928	869	828	9,706
SCCCG01	Nantwich and Rural	61	150	214	227	193	203	198	273	382	612	747	895	828	878	1,024	814	799	838	9,334
SCCCG02	Crewe	172	396	426	466	585	651	586	746	849	1,135	1,312	1,563	1,359	1,366	1,508	1,270	1,149	1,025	16,563
SCCCG03	SMASH	119	274	334	369	329	391	380	509	677	1,044	1,330	1,481	1,409	1,518	1,792	1,493	1,219	1,190	15,857
ECCCG	Eastern Cheshire CCG	361	848	1,020	1,071	826	1,074	1,120	1,630	2,159	3,031	3,720	4,494	4,087	4,404	5,262	4,197	4,160	4,191	47,656
SCCCG	South Cheshire CCG	352	819	974	1,061	1,108	1,246	1,163	1,528	1,908	2,791	3,388	3,938	3,596	3,762	4,324	3,576	3,167	3,052	41,754
E06000049	Cheshire East LA	713	1,667	1,994	2,132	1,934	2,320	2,283	3,158	4,067	5,822	7,108	8,433	7,683	8,165	9,587	7,773	7,327	7,243	89,411



Data Source: Department of Work and Pensions Family Resources Survey (FRS) 2016/17
Table 4.3: Disability prevalence by age and gender, average of 2014/15, 2015/16 and 2016/17, United Kingdom
Table SAPE20DT5: Mid-2015 Population Estimates for Clinical Commissioning Groups in England by Single Year of Age and Sex. Date published: 25 October 2018.
The prevalence rates have been applied to ONS population Mid-2018 estimates to give estimated numbers who have a disability.

1. SMASH: Sandbach, Middlewich, Alsager, Scholar Green and Haslington.

Figures for Cheshire East provided by Public Health Intelligence at Cheshire East Council

Projected Population* – Disabilities

April 2020

The table below shows estimated projections for individuals with disabilities. By 2035 the estimated number of individuals under 65 with a disability reduces by 6.54% from 49,316 to 46,091. The number aged 65 and over with a disability is projected to increase by 41.3% by 2035, slightly higher than the projected population increase for this age group (36.56%). For those aged 85 and over, the projected increase by 2035 is 99.85% which is similar to the overall population projection for this age group.

Year	Age			All ages
	under 65	65+	85+	
2018	49,316	40,095	7,243	89,411
2025	49,315	46,365	9,226	95,680
2030	47,753	51,979	11,284	99,732
2035	46,091	56,652	14,474	102,744

Data Source: Department of Work and Pensions Family Resources Survey (FRS) 2016/17 Table 4.3: Disability prevalence by age and gender, average of 2014/15, 2015/16 and 2016/17, United Kingdom
Table SAPE21DT2: Mid-2018 Population Estimates for Lower Layer Super Output Areas in England and Wales by Single Year of Age and Sex. Date published: 25 October 2019
Office for National Statistics - 2016 Sub-national population projections CCG, persons
The prevalence rates have been applied to ONS subnational population projections by age and sex to give projected numbers who have a disability.
*ONS population projections take into account observed trends in births, deaths and migration over the previous five years in order to predict population change over the next 25 years. These projections do not take into account housing and planning developments and migration within Cheshire East. These factors may be important when considering community transport.

Figures for Cheshire East provided by Public Health Intelligence at Cheshire East Council

Current Population – Dementia Estimates

April 2020

The table below displays the estimated number of individuals with dementia in 5 year age bands. Dementia UK prevalence estimates have been applied to the resident population. As can be seen, dementia increases markedly with age. It is expected that individuals with dementia will have a higher need for public and community transport.

Dementia Estimates

Area Code	Care Communities	Age							
		65-69	70-74	75-79	80-84	85-89	90+	Total 65+	Total 85+
ECCCG01	Alderley Edge, Chelford, Handforth, Wilmslow	44	82	107	168	172	178	751	351
ECCCG02	Macclesfield	55	101	134	189	197	184	861	381
ECCCG03	Bollington, Disley, Poynton	39	76	95	134	143	155	641	298
ECCCG04	Knutsford	23	43	63	89	95	111	425	206
ECCCG05	Congleton, Holmes Chapel	49	95	124	164	155	168	754	323
SCCCG01	Nantwich and Rural	36	65	85	119	128	142	575	270
SCCCG02	Crewe	67	119	166	210	203	188	952	390
SCCCG03	SMASH	70	129	173	217	207	188	984	395
ECCCG	Eastern Cheshire CCG	210	397	523	744	762	796	3,432	1,558
SCCCG	South Cheshire CCG	172	313	424	546	537	518	2,510	1,055
E06000049	**Cheshire East LA**	**382**	**710**	**947**	**1,290**	**1,299**	**1,314**	**5,943**	**2,613**

Data Source: GP Registered Population Jun18 for population figures.
Prevalence rates applied from Dementia UK: Update (2014) prepared by King's College London and the London School of Economics for the Alzheimer's Society.& &This report updates the Dementia UK (2007) report.
Table 3.14: The Dementia UK 2007 consensus estimates of the population prevalence (per 100,000) of early-onset dementia
Table A: The consensus estimates of the population prevalence (%) of late-onset dementia.

Figures for Cheshire East provided by Public Health Intelligence at Cheshire East Council

Current Population – Hearing Impairment Estimates

April 2020

Figures for Cheshire East provided by Public Health Intelligence at Cheshire East Council

Estimated population with some hearing loss

Area Code	Care Community	Age							
		65-69	70-74	75-79	80-84	85-89	90+	Total 65+	Total 85+
ECCCG01	Alderley Edge, Chelford, Handforth, Wilmslow	1000	1526	1070	1370	985	670	6620	1655
ECCCG02	Macclesfield	1288	1961	1429	1608	1074	571	7931	1645
ECCCG03	Bollington, Disley, Poynton	712	1138	781	835	558	360	4384	917
ECCCG04	Knutsford	602	925	775	799	539	345	3985	884
ECCCG05	Congleton, Holmes Chapel	1025	1595	1153	1217	775	481	6247	1256
SCCCG01	Nantwich and Rural	923	1389	1010	1109	762	509	5702	1271
SCCCG02	Crewe	1436	2045	1576	1597	987	569	8210	1556
SCCCG03	SMASH	1595	2430	1852	1703	1169	639	9387	1808
E38000056	Eastern Cheshire CCG	4628	7146	5208	5830	3931	2426	29167	6357
E38000151	South Cheshire CCG	3953	5864	4437	4408	2919	1717	23299	4635
E06000049	**Cheshire East LA**	**8581**	**13010**	**9645**	**10238**	**6850**	**4142**	**52466**	**10992**

Estimated population with severe hearing loss

Area Code	Care Community	Age							
		65-69	70-74	75-79	80-84	85-89	90+	Total 65+	Total 85+
ECCCG01	Alderley Edge, Chelford, Handforth, Wilmslow	63	100	71	292	235	160	921	395
ECCCG02	Macclesfield	81	129	95	337	256	136	1034	393
ECCCG03	Bollington, Disley, Poynton	45	75	52	177	133	86	567	219
ECCCG04	Knutsford	38	61	51	168	129	82	529	211
ECCCG05	Congleton, Holmes Chapel	64	105	76	257	185	115	802	300
SCCCG01	Nantwich and Rural	58	91	67	230	182	122	749	304
SCCCG02	Crewe	90	134	105	332	236	136	1032	372
SCCCG03	SMASH	100	160	123	357	279	153	1171	432
E38000056	Eastern Cheshire CCG	289	470	345	1230	939	579	3852	1518
E38000151	South Cheshire CCG	247	386	294	919	697	410	2953	1107
E06000049	**Cheshire East LA**	**536**	**856**	**640**	**2149**	**1635**	**989**	**6805**	**2624**

The two tables on the left show the estimated population aged 65 and over with either some hearing loss or severe hearing loss, calculated by applying national prevalence rates to the local population. Overall Cheshire East was estimated to have 52,466 people with some hearing loss and 6805 with severe hearing loss in 2018. Again, people with hearing loss may be greater users of public or community transport.

Data Source: Office for National Statistics - Mid-2018 Population Estimates for Middle Layer Super Output Areas in England and Wales by Single Year of Age and Sex

Prevalence is based on the Hearing in Adults (1995), Whurr Publishers Limited from Adrian Davis (Ed.) - POPPI/PANSI

The prevalence rates have then been applied to ONS Mid-2018 MSOA population projections of the 65 and over population to give estimated numbers of people predicted to have Some or Severe Hearing Loss in 2018.

Current Population – Visual Impairment Estimates

April 2020

Figures for Cheshire East provided by Public Health Intelligence at Cheshire East Council

Moderate or Severe Visual Impairment

Area Code	Care Community	Age							
		65-69	70-74	75-79	80-84	85-89	90+	Total 65+	Total 85+
ECCCG01	Alderley Edge, Chelford, Handforth, Wilmslow	152	155	220	197	131	89	944	220
ECCCG02	Macclesfield	196	200	294	233	143	76	1142	218
ECCCG03	Bollington, Disley, Poynton	108	116	161	120	74	48	627	122
ECCCG04	Knutsford	92	93	159	116	72	46	577	117
ECCCG05	Congleton, Holmes Chapel	156	162	237	176	103	64	898	167
SCCCG01	Nantwich and Rural	140	141	208	162	101	68	820	169
SCCCG02	Crewe	219	208	324	233	131	76	1190	207
SCCCG03	SMASH	243	248	381	247	155	85	1358	240
E38000056	Eastern Cheshire CCG	704	727	1071	842	522	322	4188	844
E38000151	South Cheshire CCG	602	597	913	642	388	228	3368	615
E06000049	**Cheshire East LA**	**1306**	**1324**	**1983**	**1484**	**909**	**550**	**7556**	**1459**

Registerable eye conditions

Area Code	Care Community	Age					
		75-79	80-84	85-89	90+	Total 65+	Total 85+
ECCCG01	Alderley Edge, Chelford, Handforth, Wilmslow	114	102	68	46	329	113
ECCCG02	Macclesfield	152	121	74	39	385	113
ECCCG03	Bollington, Disley, Poynton	83	62	38	25	208	63
ECCCG04	Knutsford	82	60	37	24	203	61
ECCCG05	Congleton, Holmes Chapel	122	91	53	33	299	86
SCCCG01	Nantwich and Rural	107	84	52	35	278	87
SCCCG02	Crewe	167	120	68	39	394	107
SCCCG03	SMASH	197	127	80	44	448	124
E38000056	Eastern Cheshire CCG	553	435	269	166	1423	436
E38000151	South Cheshire CCG	471	331	200	118	1120	318
E06000049	**Cheshire East LA**	**1024**	**766**	**469**	**284**	**2543**	**753**

The first table shows the estimated population with a moderate or severe visual impairment, calculated by applying national prevalence rates to the local population. Overall Cheshire East is estimated to have 7,556 people aged 65+ with a moderate or severe visual impairment.

The second table shows the numbers estimated to have a registrable eye condition based on national prevalence. Individuals with a Certificate of Vision Impairment from an Ophthalmologist can request inclusion on the Local Authority's Register of Blind and Partially Sighted People. Based on national prevalence, in Cheshire East 2,543 people aged 65+ have a registrable eye condition. Again, people with moderate or severe visual impairment may be higher users of public and community transport.

Data Source: Office for National Statistics - Mid-2018 Population Estimates for Middle Layer Super Output Areas in England and Wales by Single Year of Age and Sex

Prevalence has been taken from 'The number of people in the UK with a visual impairment: the use of research evidence and official statistics to estimate and describe the size of the visually impaired population', Nigel Charles, RNIB, July 2006 - POPPI/PANSI

The prevalence rates have then been applied to ONS Mid-2018 MSOA population projections of the 65 and over population to give estimated numbers of people predicted to have a moderate or severe visual impairment/registrable eye conditions in 2018.