

# Moving Forward with the South West PCT Travel Plan Learning Set

Horne JA, Akerman P, Insall P, Davis A



GOVERNMENT OFFICE  
FOR THE SOUTH WEST



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## Background and policy context

Easy access to employment, and to services including healthcare, contribute to improved health and economic development. Increasing road traffic, on the other hand, causes congestion, accidents, pollution (decreasing air quality and impacting on respiratory health), and climate change (secondary to CO<sub>2</sub> emissions). The move to passive forms of transport has also encouraged inactive lifestyles, contributing to the prevalence of CHD and other major diseases as well as overweight and obesity.

All organisations are encouraged to develop their own 'green travel plan'. This was set out in "A new deal for transport – better for everyone", published by the Government in 1998, which was driven mainly by the need to reduce CO<sub>2</sub> emissions, and in other government papers. For the NHS, the development of travel plans by local health community employers was a milestone for April 2002, under standard one of the CHD NSF, and is also required within both the NHS Environmental Strategy and the Controls Assurance Standard.

Local authorities may also require a travel plan as part of a planning application. Planning policy guidance note 13 (PPG 13) suggests that smaller developments with a health use, as well as all major developments should have a travel plan; and parts of the travel plan may be made binding through planning conditions.

This commitment to travel plans, repeated in different policy areas, shows that both public health and estates and facilities management in the NHS have roles to play. This is not least in promoting the health of staff and the population as a whole as well as through effective and environmentally sustainable estate management.

A national survey<sup>1</sup> showed that the majority of hospital Trusts were working on a travel plan in

2001, and in the South West a survey in Spring 2003<sup>2</sup> confirmed that 75% had a travel plan in place. This survey, however, found that only 6% of PCTs in the South West had a travel plan.

PCTs are still relatively new organisations. They also have a number of differences to most hospital Trusts that may make the introduction of a travel plan more challenging. In general, they have more sites, fewer staff overall, yet more staff required to travel as part of their work. These are important and challenging differences. During Travel Plan Seminars organised by Sustrans in 2002 and 2003, funded by the Department of Health, feedback from delegates also identified the need to help PCTs effectively develop travel plans appropriate to their circumstances. The Learning Set therefore was set up with two aims. The first aim was to support a small number of PCTs within the South West region to tackle these challenges and progress with their travel plan work. The second aim was to make the learning from the set more widely available, with recommendations for all those who can impact on travel plan development, although with a particular focus on the PCT family in England.

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<sup>1</sup> Steer Davies Gleave. *Take Up and Effectiveness of Travel Plans and Travel Awareness Campaigns*. London. DETR 2001.

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<sup>2</sup> Horne JA, Akerman P. *How Far Have We Got with NHS Travel Plans in the South West?* Report in preparation.

## Developing and co-ordinating the learning set

The outline format for the learning set was developed through discussion between the Regional Public Health Group at GOSW and Sustrans. It was envisaged that 5 or 6 PCTs would be asked to join the set, committing to 10 days involvement over 6 months. This commitment would include an inaugural day, site visits to each participating PCT and a final day. As well as PCT members, there would be a TransportEnergy BestPractice consultant, Sustrans travel experts and a co-ordinator from GOSW.

### PCT members

PCTs were asked to express interest in becoming involved as part of the travel plan survey. PCTs that were known to have done some work in this area were also approached. Initial discussions were informal, but if the individual in a PCT was still interested after this, the PCT was approached formally and asked to endorse involvement in the learning set through a letter from Chief Executive, which set out the required commitment quite clearly. We hoped to get PCTs from different parts of the Region and in different circumstances to join the set.

Seven PCTs were approached, and 3 other PCTs expressed an interest in joining the learning set in the first tranche of travel survey responses. However, either because the nominated individual was no longer in post (2), I was unable to contact them (1), their remit did not extend to travel plan development (1), or because the commitment on further consideration was thought to be too much (1), in the end only 5 PCTs were included. These PCTs represented both urban and rural areas. A brief outline of each organisation is set out in the table on page 3.

### TransportEnergy BestPractice scheme

Each PCT member was also required to contribute to a joint application for free consultancy advice under the TransportEnergy BestPractice scheme, to

supplement the learning set. This scheme provides between 3 and 5 days free consultancy per organisation. The TransportEnergy BestPractice consultant provided 5 days free consultancy to each PCT in the learning set. To make best use of this time, the consultant did site assessments to each PCT within the first six weeks, and did not always attend later site visits.

### An overview of the learning set days

The inaugural meeting, in Bristol, gave an introduction to the set and the TransportEnergy BestPractice scheme. Each PCT representative gave a short presentation about their PCT, why they were involved, and where they were regarding their work on travel plans. An outline format and timetable for the site visits was agreed through discussion.

#### Timetable of site visits

South Wiltshire PCT	–	28 July 2003
Exeter PCT	–	22 August 2003
Bristol South & West PCT	–	15 September 2003
Cheltenham & Tewkesbury PCT	–	3 October 2003
Teignbridge PCT	–	7 November 2003

For each PCT site visit the main focus was on one site. The site contact gave a presentation on the issues that they were faced with, then the learning set members went out and viewed the site to experience and visualise these issues. At each site the site contact invited colleagues from the Local highways authority.

The GOSW co-ordinator also invited the PCT Chief Executive, Board members and other relevant individuals within the PCT to join the set over lunchtime for a short presentation covering:

- the PCT travel plan learning set project;
- an overview of NHS/DOH policy background to travel plans; and
- a brief look at how travel plans are implemented and how they can benefit PCTs.

At the final meeting, set members reviewed the learning set process and discussed their next steps. This report was discussed and set members were able to contribute to it, in particular outlining recommendations for others doing similar work.

**Table 1: Characteristics of PCT learning set members**

	South Wiltshire PCT	Exeter PCT	Bristol S&W PCT	Cheltenham and Tewkesbury PCT	Teignbridge PCT
PCT population	120,000	131,000	200,000 2.6% from ethnic minorities	162,000	106,000
PCT area	40,000 based in Salisbury city, but predominantly rural.	Exeter and close surrounds	Specific areas of Bristol, some with significant deprivation.	Main focus around the towns of Cheltenham (110k) and Tewkesbury	Large geographical area covering parts of Dartmoor National Park
PCT staff	400	670	1200	298	550
HQ site	2 sites owned in Salisbury city centre, 50 staff across the two.	Exeter city centre site, 250 staff. Manages site, shared with 14 other health and voluntary organisations	Inner city site, 400 staff. Manages site, shared with other organisations	Lease site on business park, 100 staff on site, which includes some peripatetic staff.	Lease site on industrial estate, 50 staff. Social services to join them on site once building complete.
Other sites	3 health centres	1 community hospital & out-of-hours centre; 1 office spaces	Many	Lease 3 other sites	5 community hospitals
Initial driver to develop travel plan	Concerns about access given rural area	Car parking	Cycle & active travel champion	Health promotion focus	Planning requirement
Travel plan development at start of set	Draft travel plan strategy, a statement of intent, awaiting board approval. Travel survey planned within 6 months.	Travel survey at HQ site 2001. Draft travel plan, not yet approved.	Some measures already in place. Travel plan in template, not yet finalised	Agreed that development will be through Improving Working Lives group	Transport issues being considered within the replacement Newton Abbot Hospital plan.

## The PCT site visits

Each visit focused in the main on the headquarters site of the PCT, where there tended to be the main concentration of staff. A brief summary of each visit is given.

### South Wiltshire PCT

The group visited the Avon Approach site, with about 50 staff and 34 parking spaces. The **main community concern**, identified by the Community Forum is the quality of public transport provision, with access to services an issue, especially for more deprived and rural areas. The PCT estate is concentrated primarily on urban sites. In Salisbury, the three sites are within walking distance of each other and the bus and train stations. There is a Park & Ride that gives good access to -city centre sites.

A lift-share scheme is **already available** in Salisbury, through the District Council and Salisbury Healthcare NHS Trust. A community car club has recently been established in Salisbury.

**The PCT's approach** is to work through the Local Strategic Partnership. The LSP includes transport targets, such as cycle parking places, and reduction in car modal share. The PCT buys in to the County Council's Community Panel – a 1,500 strong focus panel considering issues of interest to the community, which give a lead on accessibility planning and social inclusion, as well as the health issues.

There were **opportunities for future travel plan development** both in the short term, and longer term. In the short-term, staff expansion would require putting a portakabin office in the car park, taking up some spaces. As staff had asked for improvements to the environment around the offices, at the same time (rather than fighting the same battle twice) it should be possible to clean up the existing planted beds, and take further car spaces for grass, seating (such as picnic tables for staff), planting and cycle bays.

The longer term opportunities may include sharing with the District Council (in 3-4 years' time) or a multi-sector site share in Tisbury at a later date. If sharing with the DC, they may insist PCT shares in their existing travel plan; whilst the Tisbury shared site may have the critical mass needed for more intensive travel planning.

**General tips** included:

- The creation of a simple database of staff numbers, car and bike parking provision at each site, to help outline planning.
- Converting some parking spaces to 20-minute "docking bays" could give better traffic flow at health centre.
- Local funds, including commercial sponsorship, may be available for civic environmental improvement.
- Aim for small incremental changes over time rather than a single massive impact.
- Small sites are ideal for personalised journey planning.
- Small sites should not be treated in isolation; Avon Approach appears to have more parking spaces than strictly needed, while staff at nearby Chipper Lane are incurring car park fees for business use.
- The staff travel survey could offer the chance to be involved in developing the TP.

## Exeter PCT

The focus of the Exeter PCT site visit was Dean Clarke House, the PCT headquarters. The site is shared with other NHS employers and non-NHS tenants, with 400 staff across all organisations on site. Exeter PCT owns and manages the property, allocating a fixed number of parking permits to non-NHS tenants. The **main concern** has been car parking, as the car park used to get very congested. Until recently, 35-55 spaces were let to the private sector, bringing in £40,000 pa. These have now been bought back into PCT use, and all NHS employees and tenants are charged for parking. Together with the introduction of pay and display, this tries to offset the loss of income, although there is a significant shortfall. Since the introduction of this system, there are always spaces in the car park. The car park is also used by local charities at weekends to raise money.

There are **already** showers and some cycle parking, and the plan is to expand these facilities. A bus season ticket discount of 10% has had no take-up. The PCT have teleconferencing facilities and will shortly have video conferencing facility. There is a Devon County Council car-sharing database that staff can use. The PCT is also reviewing its frontline service provision on geographical lines, as a needs assessment and to improve service provision and efficiency.

The **approach** to developing a travel plan is through negotiation by the “Dean Clarke Occupiers Group”, which represents all tenants on the site.

The main **opportunity** for future travel plan development is that the current system of parking control was agreed as a one-year trial, with review in March 2004. If there continue to be lots of spaces, these could be let again, raising revenue either for specific benefits in healthcare delivery or for further travel plan development.

Potential **constraints** are the assertion that parking restrictions hamper recruitment, although there is currently no evidence for this. Also cycling is said to be not very attractive in Exeter, because cyclists are not considered in traffic management, such concerns could be fed through the travel plan coordinator into Local Transport Plans, benefiting staff and the local community as a whole.

**General tips** included:

- Pedestrian traffic in the car park was ill-served; a pedestrian audit should be carried out.
- It may be possible to change the parking layout in the large car park, creating space either for environmental improvements or more lettable spaces to generate revenue.
- Monitoring of shower use shows that this provision is used not just by cyclists, but can benefit all staff, including those who drive. This should be marketed as a benefit of a travel plan for each and everyone.

## Bristol South & West PCT

The visit focused on King Square House, the headquarters that they share with Bristol North PCT. The United Bristol Hospitals Trust is 400metres away. The travel plan's **main focus** is on increasing active travel. The two PCTS together are coterminous with Bristol City Council, which insists on travel plans for the PCT's LIFT programme, a rebuilding programme for GP surgeries.

Development of the travel plan has run in parallel with the implementation of measures, especially related to cycling. For example, there are **already in place**: a 50p per mile cycle mileage allowance; pool bicycles; secure parking for 60 bikes at King Square; free cycle training; and expanding cycle parking provision at GP surgeries. There is also a travel information point and information on the PCT website, plus interest free loans available for public transport season tickets.

The **approach** to travel plan development is led by health promotion, with collaboration between Bristol North and Bristol South & West. The Chief Executives and Directors of Public Health of both PCTs are supportive. The aim is to develop a guiding strategy for travel plans which can be applied across all sites, with detailed planning specific to each site. A travel survey has been developed with the City Council. The two Bristol PCTs also work closely with three neighbouring PCTs.

The learning set created an **opportunity** to focus the ongoing work, prompting the completion of the initial travel plan, and presentation to the PCT Boards. A separate group was found to be reviewing car parking management across the two PCTs, and this work will now be linked into the travel plan development. There is the possibility that the PCTs join the new Bristol Car Club as corporate members, with a Car Club Station at King Square House.

A key **constraint** is the shortage of funds. Key messages about the potential in cost saving of the travel plan, the cost of free or subsidised car parking to the trust, and the potential revenue stream from letting car parking spaces, should therefore be carefully written into the plan itself. Another issue is the difficulty of finding incentives for staff to commute by walking. Suggestions included "calorie maps" (walking from postcode BSx to the site burns so many calories), reassurance of the right to a taxi home if needed (hardly ever taken up, so limited cost), and walking buddies.

**General tips** included:

- Celebrate best practice examples like the bike park.
- Use GIS in travel analysis, travel plan development and communication. It is often available in other departments who use it for estates management and public health disease / deprivation plotting.
- Have standard systems and paperwork across the two PCTS.
- Submit a strategic travel plan to the Board now, and seek approval of specific modal shift targets later, once information is available from the travel survey.
- BS&WPCT can advise on pool bikes if required.
- A website link for information on a bicycle leasing scheme operated by Stockport Healthcare NHS Trust: <http://www.sustainability.org.uk/info/casestudies/stockportnhs.htm>

## Cheltenham & Tewkesbury PCT

We spent the day at the headquarters of Cheltenham and Tewkesbury PCT, on Cheltenham Trade Park, about 20 minutes walk to Cheltenham Spa station, and 30 minutes to the bus stations. This site, on a general purpose trading estate with more than ample parking, may serve as an example of many future PCT headquarter locations. The **driver** for the PCT is around increasing physical activity and improving working lives.

The travel plan development **already** has strong support and clear strategic leadership from the Chief Executive and Board. The PCT has a physical activity policy for staff, including a lunchtime walks scheme and a pilot scheme allowing up to 30 minutes a week of salaried time to engage in physical activity, which can include active commuting. There is one pool car. Streamlining mail collection for satellite sites has cut out unnecessary journeys and a chore for staff.

The PCT strategic **approach** for its travel plan is to use the Improving Working Lives initiative (IWL) as the framework. There will be a gentle introduction and implementation of the travel plan, and travel plan measures will be tailored according to the results of the staff travel survey, as some potential measures, such as negotiating discounts with the bus company, may not be justified by the potential market.

The PCT is shortly to become sole leaseholder of the building. This provides an **opportunity** to convert some of the additional car parking spaces at the front door to covered, supervised cycle parking, and priority car-share spaces. Other spaces could provide a lunch area for staff who currently have to eat at their desk or in their car.

One of the constraints for the PCT is that as they have no real trouble with parking space availability, staff may not feel this is an important issue. There can be concern that measures will focus on disincentives to driving, without improving alternatives, but this can be overcome with clear messages. The PCT has as yet been unable to isolate the cost of car parking provision or maintenance. Finally, following the reorganisation, many of those relocated get excess mileage payments for their extra transport costs.

**General tips** included:

- Provide “how to reach us” information that includes accurate walking, cycling, bus and train information as well as for car users.
- Travel plan partnerships may be difficult with immediate neighbours because of the transitory nature of many businesses on the estate. Collaboration with stable employers off-site, such as Cheltenham General Hospital and GCHQ, may be more productive.
- Adding a gate behind the HQ building provides access to local shops and to the bus services without making a circuit of the estate.
- Improving the path leading to current parking area, which is rather forbidding at present, could encourage parking in designated spaces rather than fly parking.
- A Business Travel Challenge Fund is available from Gloucestershire County Council Fund which might help with these two issues.
- Gloucestershire County Council (GCC) should encourage the creation of a travel plan for the business park itself.

## Teignbridge PCT

The site visit took in the PCT HQ, 2 Community hospitals, and the proposed new Newton Abbot Hospital site. A travel plan is **required** with the planning application for this development, which replaces the existing town centre site. Access is also a concern given the rural nature of the patch.

The PCT has **already** negotiated the extension of an existing bus route onto the new site for 3 years, and the construction of 300m of new link road. There are 6 pool cars provided as a shared service from South Devon Healthcare Trust. An HQ travel survey, done just before the site visit, showed that many staff commute to work from over 10 miles away, and many travel over 2,000 miles pa on business. A recent school nurse workload review led to a reduced time spent driving, allowing more clinical contact.

The PCT's **approach** to travel planning is led by the Director of Operations & the Operations Manager.

As well as the new hospital development, a further **opportunity** is the planned co-location of Devon County Council Social Services adjacent to the HQ Site in 2004. Increased staff numbers will add weight to negotiation with local public transport operators, and the reduced parking spaces to staff ratio will create incentives for staff to seek alternatives. The PCT will also have to consider how to regulate car parking in this constrained position.

**General tips** included:

- A local secondary school has an award winning travel plan, and there would be mutual benefits from discussions between the school and the PCT.
- Local contacts may be able to give practical tips regarding the practicalities of car park barriers and regulation systems.
- Timing of discussions is important to ensure travel plan measures ready for when change occurs.
- Pool bikes may be valuable, especially as there is an off road cycle route for part of the journey between the HQ and the new hospital site.

## Progress on travel plans by members during the learning set

At the final day of the set, PCT representatives reported on their progress.

### Teignbridge PCT

Staff at the HQ have completed a travel survey, and this will be rolled out to other PCT staff in 2004. Presenting to Board members at the site visit allowed links to be made between different pieces of work that are happening within the PCT. Time and workload constraints meant that work had not progressed as swiftly as originally hoped, but another individual in the operations department has now been identified who can give this the time commitment that it needs and it is being incorporated into their job description.

### South Wiltshire PCT

The travel plan strategy has now been approved by the Board, and the travel survey is being sent out in early 2004. The Local Strategic Partnership has set up an Environmental Group, including PCT and other health representatives, which will share expertise and exert pressure to work towards the transport and other environmental targets that have been set.

### Bristol South and West PCT

Both Bristol South & West and Bristol North PCT Boards will be looking at the draft travel plan in December and January. The draft has also been circulated to 3 neighbouring PCTs to help them in developing their work on this. Once the plan is approved, a Steering Group will be set up. In the meantime the learning set representative has ensured that the car parking review is aligned with the travel plan aims, through discussion with the site

administrator. A pilot of the travel survey has been done in a few areas, and it is hoped to circulate this shortly. Bristol North PCT have requested information on the cost of cycle parking for all GP surgeries, which is already in place in Bristol South & West. Both PCTs have joined up as paying corporate members of the City Council car share scheme. The learning set representative is shortly to start work on a linked environmental strategy.

### Cheltenham & Tewkesbury PCT

The PCT have entered into discussion with the business estate owners with regard to improvements on the estate. This is likely to be a long process. The physical activity policy is being evaluated. The travel survey has been delayed so that it will not coincide with other questionnaires or the Christmas period, but should go ahead soon after the New Year. There are positive plans to put in showers, cycle parking and priority car share spaces when the PCT take over the entire building in June/July next year. The learning set representative has had travel plan work written into her job description.

### Exeter PCT

Exeter PCT had a 58% response rate to their travel survey, and further analysis is ongoing. On the last day of the survey, the PCT held a lunchtime drop-in, which the Devon County Council travel plan co-ordinator attended. The representative attending the learning set has had the travel plan work written into his job description, and has set up a Steering Group, although there is still no public health input to the group. The draft travel plan was approved by the Board. Two bus season tickets have now been sold (none previously), and bike use appears to be increasing already.

## Observations and discussion

From the site visits, a number of themes emerged. These issues were identified either because they recurred at a number of different sites, or they highlighted key constraining or enabling factors.

### Senior management support

The single most important issue that emerged was that, whatever approach the PCT took to travel plan development, the key constraint to implementation is ownership by the board and senior management.

For example, an interested individual from another PCT approached us midway through the learning set, unfortunately it was then too late for them to join. The Chief Executive had not passed on the travel plan survey to that individual, so the PCT's potential interest had not been recognised.

Without a nominated lead on travel plans at board level, it is also often difficult to take measures that require any resource to set up, and it may be more difficult to ensure that all the strands of work are included and considered within the travel plan.

### Different levers for developing travel plans

Another issue that emerged is the many different drivers for travel plan development. In most settings, the key drivers are either congested car parking or a requirement for planning permission. In the NHS there is also the health promotion angle, with the aim of increasing physical activity; although this is often done with an outward focus, looking at the community rather than inward for staff. Another lever often considered important is financial, however we also found that not all PCTs know the full extent of their expenditure on car parking, or what they spend on travel expenses for staff (or cannot break it down by mode of transport), as such information can not always be separated out. A further argument for travel plan development that emerged was that non-

driving staff could be said to suffer discrimination if not offered an incentive of equal value to the free or subsidised parking for car commuters. Finally, travel plan work can lead to improvements for all staff in their working environment.

Every PCT is different, but although one area may dominate, we saw that the other issues should also be considered. Work may already be going on in the PCT around particular aspects without being thought of as travel plan development. We identified one such project in all but one of the PCTs in the learning set, but there could still have been other work going on that we were unaware of. In developing a travel plan it is therefore important to have a steering group with input from facilities, operations, estates, public health, finance, and human resources, among others. This group should capture all the work already going on that links to travel plan development and can also look at all the different aspects of a travel plan.

We found another valuable input was that of the Local Highways Authority travel plan coordinator. Not only were they able to provide background information, and contact names and details; but also, they suggested possible funding sources to help put in place particular measures. In Bristol, although they couldn't attend on the visit, the partnership was well developed and Bristol City Council agreed to analyse the travel survey responses for the PCT.

### Making links with other changes

When planning any travel plan measures, one key point that we picked up on in all the PCTs was that these can be linked to other changes. In particular loss of parking spaces can be controversial, but if it is happening for other reasons, such as building on parking this is the time to take out extra spaces, say one for bike parking and one or two for environmental improvements, such as seating or planting. Equally when a change is likely to give more spaces, spaces for such amenities, or priority

spaces for car-share should be introduced before staff become accustomed to parking in those spaces as a “right”.

Location is a critical determinant of the choice and impact of travel to and from PCT sites. As PCTs mature there will be more office relocations and rationalisations for efficiency. This provides an opportunity for the PCT to consider more holistically the implications of location choice. Edge of town locations tend to lock staff into car dependency and require large amounts of parking space which would not be necessary in town and would off-set some of the costs of higher rents in urban centres. Locations geared to car use may also mitigate against the employment of those without car access and so be socially exclusive. Town and central locations may also enable some car parking spaces to be rented out to generate income for the Trust.

### Embedding the travel plan work in the organisation

At present, an enthusiastic individual is usually responsible for the travel plan development. This could mean that the work is not embedded in the organisation, and if that individual is lost, no further work will go on. It is therefore important to have a travel plan co-ordinator, who has this role written in their job description, with protected time to fulfil the role. The extent of time the job takes may vary between organisations, depending on the number of sites, collaboration with other organisations and the particular issues.

Similarly, work such as maintenance and administration of pool bikes is often the work of keen individuals. Again, this should be tied into the PCT systems, in the same way as for company-owned motor vehicles.

The travel plan itself should be seen as an evolving plan, not a static one. Modal share targets are needed to monitor progress, but also help to plan appropriate measures. For example the targets may indicate the number of cycle parking spaces required. Modal share targets cannot be determined until a travel survey is done, but it may be appropriate to present an earlier travel plan to Board if the opportunity presents itself, setting out a statement of intent and possible measures to be considered. The plan should include information about future developments that may impinge on this.

### Commitment

The South West PCT travel plan learning set provided an opportunity for 6 PCTs to focus on this work for 6 months, committing to 10 days work over that time. We found it difficult to engage with 6 PCTs and in fact only included 5 in the final set. Even though members were aware of the required commitment at the start of the set, they were not all able or willing to participate fully.

Attendance varied at each site visit, in particular by PCT members. No PCT member was able to attend all site visits, and two members attended only their own site visit. We agreed that deputies could attend, but this did not happen. It may be difficult to find a second individual within an organisation with the expertise in this area, who can stand in.

Representatives from the local highways authority were able to attend on two visits. Attendance of other local invitees at the PCT site visit did not always reflect the attendance of that PCT representative at other site visits.

	Inaugural meeting	Salisbury site visit	Exeter site visit	Bristol site visit	C&T site visit	Teignbridge site visit	Wrap up meeting
Total attendees	9	7	5	6	7	3	7
PCT set members	3	2	2	2	3	1	3
Apologies	1	2	1	1	0	3	0
Local invitees attending (in brackets joined for lunch only)	NA	1	(1)	0	6(5)	(3)	NA

## Set configuration

Part of the problem with this issue of commitment may have been our approach to the set. We looked for a cross section of PCTs, looking at PCTs in different stages of travel plan development, with different drivers and from a variety of different settings that might impact on travel plan development. We hoped in this way that we would achieve a wider learning experience than looking at a more localised grouping. We also hoped that this would share the learning more fairly around the Region, and it would allow diffusion of the learning back through local groupings that already exist in some places. One of the learning set members represented one PCT at the set, but works for 2 PCTs on this issue, and is already working with 3 neighbouring Trusts to help them in their work.

The down side of such an approach is that each set member had to travel, and this may have limited attendance at some of our learning set days. Members may also have felt that visiting PCTs in a different situation to themselves would not provide a relevant learning experience, although participants who were fully engaged felt that it offered an alternative approach to use, and that there was a danger if working with a localised group to get stuck into a specific mindset and not see other opportunities.

## Comparison to Greater Nottingham's travel plan set

A PCT travel plan set has also been set up in Greater Nottingham. There the four Greater Nottingham PCTs are working together to develop their travel plans, in conjunction with Nottingham City Council and Nottinghamshire County Council. Each PCT has a senior representative who attends a 2-hour meeting every 2 months, with the local travel plan officers from county and city councils, a personnel representative (operates as a shared service across the 4 PCTs), and a union representative. A travel consultant, appointed via the AEAT scheme, provides 20 days free advice. Individual sites each have an identified site champion. Some of the work is shared out, but there is a lot of support from the Nottinghamshire travel planning officer, who co-ordinates the set, and is at present essential to the process.

The set has not done on-site visits for all the sites selected because of time constraints, but hopes to develop 5 travel plans (including one for NHS Direct) that provide a strategic overview and are closely linked. Individual sites will have more detailed individual plans. The set started in March 2003, and travel surveys have been completed. A joint report will be presented to a joint committee of all the PCTs involved at the end of January. Fund to develop the travel plan are limited, but the Nottinghamshire travel plan officer has been able to link into some funding opportunities.

This approach has worked well, and will be helpful for PCTs based in and around cities like Nottingham. However, there is a danger that in such a situation that all the work may fall to one individual rather than being shared out equally. Also, innovative thinking may not be encouraged as when meeting with different partners than usual.

A further disadvantage is that smaller more isolated PCTs may lose out as they have no close neighbouring PCTs. One way to overcome this, and to allow for innovative thinking, might be for groups to engage with different types of organisations, for example social care and health care organisations linking together. This is increasingly relevant with the move to closer working arrangements and care trusts.

## Capturing the different strands of work

A lot of work was already going on within our member PCTs. Sometimes there was contradictory or parallel work taking place within the same organisation. Formalising work into a travel plan should set a clear direction and bring together all the different strands of work. A travel plan is an evolving document, and it is unlikely to ever be "complete". Despite this there are clear advantages to gaining Board approval at an appropriate stage. It provides an opportunity to inform the Board of this work and the advantages it will bring, and it will help to enlist the support of the Board. The first stage of the travel plan may be simply a statement of intent. Later stages may include proposed measures. A very important stage is the setting of modal share targets, developed following the travel survey, and the travel plan should definitely go to the Board for agreement at this stage. Once targets have been set, the plan

should be reviewed to see what progress is being made.

### **The Transport Energy Best Practice scheme**

The AEAT scheme granted each PCT set member 5 free consultancy days. The first action for the consultant was to visit each of the sites. Following this a key need was a travel survey for those who did not already have arrangements in place for one. The consultant shared a generic travel survey with the set members and helped with analysis for one of the set members who had no other support for this. The consultant also provided some simple marketing materials, under the logo PACESETTER. These materials will also be made available for use by other PCTs if they wish.

At the end of the learning set the travel consultant still had some time remaining for each of the PCTs. It was proposed that he would work with the PCTs on different aspects, and his final report would be a joint one, to be shared between the set members, but setting out the work from each PCT to allow them to continue learning from each other. Proposed actions included attending the inaugural Steering Group meeting at one PCT to set the context and to add weight to arguments for travel plan development. Another PCT could pilot personalised journey planning, whilst in another he will look at community staff travel needs. As business travel is often a big factor in PCTs, he has proposed to review this in the two remaining PCTs.

### **Disseminating information**

Sustrans has published information on the learning set in its Healthy Travel Newsletters. Following on from this a small number of enquiries have been made, asking for advice on how to proceed with PCT travel plan work. To date we have only been able to provide a brief synopsis, but with the publication of this report and a parallel summary report, we hope that we will be able to answer more of these questions.

### **Implications for DH/NHS and DfT policy**

There are numerous different policies and directives that place many varied requirements on PCTs. The requirements for travel plan development, set out in the CHD NSF, the NHS Environmental Strategy and Controls Assurance Standards are not as detailed or specific as many other requirements. This means that travel plan work is often seen as a lower priority, making it difficult to bring together people and resources to do the work. Central government therefore needs to give greater support and resources to ensure travel behaviour and resource efficiency. In particular, the Department of Health should consider how to raise the priority PCTs give to travel plan work.

Those involved in the learning set felt it to be a valuable and stimulating experience. It was helpful to see different perspectives and also helped focus their work. It was difficult for some individuals to make the time commitment, but these individuals also felt it was valuable and wished they could have attended on a more regular basis.

## Recommendations

### PCTs

- All PCTs should recognise the need to tackle travel plan work as set out in the CHD NSF, Controls Assurance and NHS Environmental Strategy.
- To progress this work PCTs should:
  - Nominate a lead at Board level
  - Set up a Travel Plan Steering Group, or use existing structures such as IWL.
  - The group should include at least:
    - Facilities, estates, operations
    - Public health, health promotion
    - Finance
    - HR
    - Information
  - Liaison with local highways authority can provide help and sometimes resources
  - Use changed circumstances as an opportunity for implementing travel plan measures
  - Include a prize if possible for return of the travel survey, to improve response rate
  - Work should be written into job descriptions, with dedicated time to do it

### Future travel plan sets

- On balance, we recommend using groups of neighbouring PCTs to work together on developing travel plans, possibly linked with other NHS or non-NHS organisations.
- Local highways authority travel plan officer should be included within the set.
- Partners should be clear what the commitment is at the start; sets should do all possible to exclude partners unwilling or unable to play a full part.

### SHAs

- Develop their own travel plans
- Performance manage travel plan development as required under CHD NSF, Controls Assurance and NHS Environmental Strategy.

### Sustrans

- Work with DOH to develop a website containing PCT travel plan information and marketing materials.
- Continue to feature PCT travel plan work in their publications to spread the word.

### Regional Government (RPHG and GOSW)

- Consider the establishment of a “travel plan starter fund” to which PCTs – and perhaps other, even non-NHS businesses – could bid. The budget should aim for one-off grants in the £2,500 – 5,000 range, to be used for, for example, printing high quality initial travel plan information and survey forms, public transport taster tickets, pool bikes and equipment, incentives (to return questionnaires, to trial walking etc).
- Encourage collaboration between groups of PCTs to work together on travel plans.
- Encourage Local Authorities to follow PPG 13, requesting travel plans for developments for health use.

## CHAI

- Should ensure that the requirement to have a travel plan, as seen in Controls Assurance, the CHD NSF and the NHS Environmental Strategy, is considered as part of the new standards for review

## Central Government (DOH and DfT)

- Board and senior management support is crucial to a successful travel plan, and it is therefore most important that board members understand the issues; the set members were surprised to hear a negative reaction from a director at one of our member PCTs which in other respects had shown itself to be something of a leader. This suggests that more work needs to be done centrally, by the DH, NHS Estates and others, to challenge assumptions, by staff at all levels, of a right to subsidised car parking.
- DOH should consider how to ensure that travel plan work is seen as a real issue for the NHS, not an optional add-on.
- The DfT, working with the DOH, should continue the current AEAT free consultancy days scheme.
- The DOH should provide a bursary for full-time travel plan co-ordinators working across a patch of between 4-7 PCTs.
- The DOH should consider funding the set up and maintenance of a website specific to PCT travel plans that would provide a single point of access to obtain information and examples. This website could be hosted either by the RPHG, Sustrans, NHS Estates or the DOH.