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Purpose: For Decision

Committee report

Committee	CABINET
Date	14 MARCH 2019
Title	CROSS SOLENT TRAVEL – NHS TRUST RECHARGE
Report of	CABINET MEMBER FOR ADULT SOCIAL CARE & PUBLIC HEALTH

EXECUTIVE SUMMARY

1. This report is seeking a decision from the Cabinet in relation to whether the Isle of Wight Council will continue to provide funding to support the NHS Trust's discretionary Cross Solent Travel Scheme which provides non-means tested reimbursement of ferry fares for people travelling to the mainland for chemotherapy, radiotherapy or renal dialysis.
2. As part of the budget setting for the financial year 2018/2019 an indicative saving was identified which saw a reduction in the available funding from £60,000 per annum to £30,000 per annum, leading to a complete withdrawal of funding by the financial year 2020/2021.
3. In order to make any changes to the current funding a public consultation must be undertaken to ensure that we consider the views of those who will potentially be affected by any decisions made.
4. As a result of the need to undertake a full public consultation, it was necessary to reinstate the £60,000 budget in its entirety for 2018/19 to enable the service to continue whilst proper consultation has been undertaken.
5. Healthwatch Isle of Wight were appointed as an independent consultation partner to undertake a 6-week public consultation which ran from 12 Nov 2018 to 23 Dec 2018. 1863 responses were received from Island residents, community groups and interested stakeholders and Healthwatch Isle of Wight have produced an independent report providing an overview of the responses received and highlighting the strong themes contained within those responses (see appendix B).
6. This report provides the detailed background of the current arrangements. The

- report also provides a number of options for consideration.
7. At the full council meeting in January 2019 the chamber agreed to request that Cabinet reconsider the proposal to cut the £60,000 funding for cross Solent travel for NHS patients who are travelling to receive chemotherapy, radiotherapy or renal dialysis and keep the funding at the same level within the council budget.

BACKGROUND

8. Until 2005 the Isle of Wight NHS operated a discretionary scheme for island residents attending mainland appointments for Radiotherapy, Chemotherapy planning/ treatment or Renal Dialysis. This scheme was not means tested and provided funding to reimburse people for their Cross Solent Travel.
9. Where people have low income or are in receipt of specific qualifying benefits or allowances the statutory Healthcare Travel Cost Scheme (HTCS) which is governed by the provisions of the National Health Service (Travel Expenses and Remission of Charges) Regulations 2003 provides for the reimbursement of such travel costs, but the discretionary scheme went beyond this statutory duty.
10. In 2005 the NHS decided to withdraw the discretionary scheme that reimbursed people who were not eligible to claim for their travel costs under the HTCS. The original deadline for withdrawing this service was 1 September 2005; however this was extended to 1 April 2006. It was during this extension period that Isle of Wight Council members expressed a commitment to assist local residents with the cost of travelling to the mainland for treatment when the NHS ceased to provide this support.
11. Since 2006 the council has funded the discretionary scheme through a recharge agreement with the NHS Trust. The council currently fund foot passenger fares for mainland Radiotherapy, Chemotherapy planning/treatment or Renal Dialysis allowing patients that are not in receipt of necessary benefits to claim back these expenses. This has also included the cost of carer/escort foot passenger fares where the patient is over 65 years of age or under the age of 18.
12. For people with low income or in receipt of specific qualifying benefits the statutory NHS scheme continues to provide reimbursement of travel fares.
13. Since 2013 the scheme has provided cross Solent funding for 1197 individuals.
14. The budget in relation to the recharge has historically been £60,000 per annum and over the past 6 financial years the spend has been as follows:

	QTR1 (£)	QTR2 (£)	QTR3 (£)	QTR4 (£)	TOTAL (£)
2018/2019	11,729	13,019	12,828	-	
2017/2018	10,962	14,833	15,366	11,498	52,658
2016/2017	13,972	19,673	12,703	13,652	60,000
2015/2016	13,549	14,274	13,700	15,852	57,374
2014/2015	13,788	11,900	7,991	15,462	49,141

2013/2014	13,709	15,451	10,633	13,153	52,947
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15. During the financial year 2017/18 253 individuals were supported by the discretionary scheme, resulting in the funding of 11776 individual journeys.

Month	No. of Patient journeys	No. of Patients Supported	No. of Escort Journeys
April 17	536	25	318
May 17	396	22	292
June 17	618	27	428
July 17	828	37	434
August 17	624	34	274
September 17	780	36	420
October 17	1048	44	438
November 17	704	34	302
December 17	564	22	376
January 18	508	25	272
February 18	266	23	226
March 18	792	26	332
Total	7664	253	4112

16. During the financial year to date 2018/19 204 individuals were supported by the discretionary scheme, resulting in the funding of 8582 individual journeys.

Month	No. of Patient journeys	No. of Patients Supported	No. of Escort Journeys
April 18	466	21	254
May 18	756	28	310
June 18	450	21	184
July 18	536	26	292
August 18	664	25	200
September 18	742	31	328
October 18	656	25	156
November 18	946	30	252
December 18	476	20	326
January 19	372	20	216
February 19			
March 19			
Total	6064	204	2518

17. All of the Islands ferry operators offer reduced fares for those people travelling to medical appointments on the mainland on production of a confirmation of the appointment from the hospital.
18. Red Funnel's scheme provides discounted foot passenger travel to eligible Isle

of Wight residents who have an NHS medical appointment in Southampton. A special return passenger ferry fare is available for the person identified and one person travelling with them.

19. Wightlink offers 50% ferry discounts exclusively for Isle of Wight residents travelling to the mainland for an NHS-funded hospital appointment. 50% discounts apply to Standard, Economy and Foot passenger fares. The discount applies to the identified person and one person travelling with them.
20. Hover Travel offers a reduction in the cost for people attending NHS appointments on the mainland. The discounted fare is available for the identified person and one person travelling with them.
21. A Patient Travel Improvement Group has been established to create an opportunity for ferry operators, Southern Vectis, patient representatives, carers support groups, and representatives from health and adult social care can assess how journeys for patients and their family/carer travelling to the mainland can be improved. The group have met quarterly since April 2018 and have influenced some significant improvements for people needing to travel to the mainland, including:
 - Launch of the “home to hospital” bus ticket by Southern Vectis, working in conjunction with Southampton bus companies, which enables someone to buy one bus ticket on the Island for through bus travel to Southampton Hospital.
 - Improvement of Southampton bus routes to enable a smoother connection with the QuayConnect bus with no need to change bus stops.
 - Development of a one-stop page on the IW CCG website which provides a comprehensive range of information and advice people needing to travel to the mainland for treatment.
 - The IW CCG have been asked by the Local Care Board to undertake a project of work which ensures that the NHS statutory schemes which exist to provide means-tested financial support for people travelling for medical treatment are better promoted to ensure that they are utilised whenever possible.
 - Launch of the Hovercare Card which enables people to identify to staff that they might require extra assistance on their journey. This is an initiative that Wightlink and Red Funnel have both identified as something that they would like to launch for their passengers.

CONSULTATION

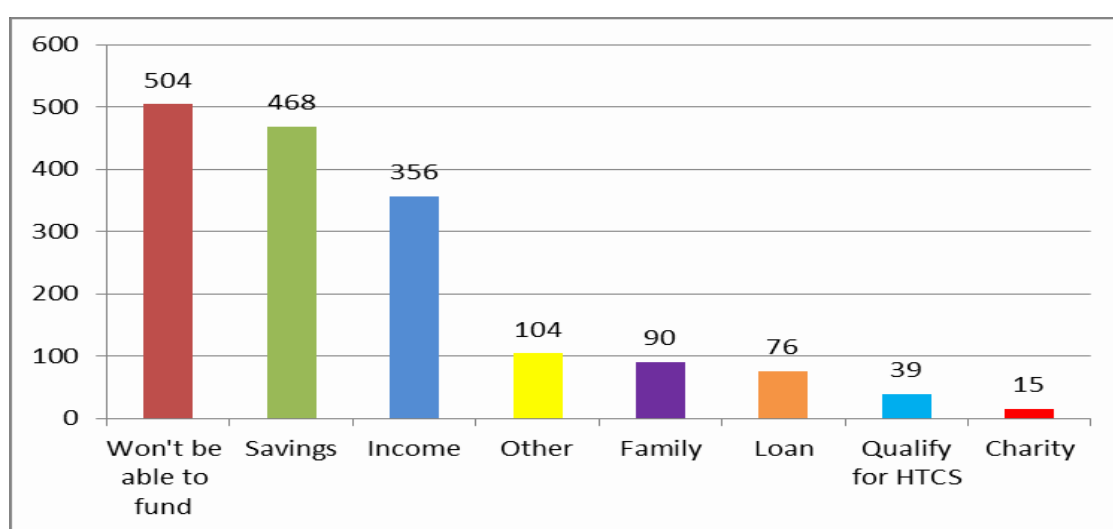
22. The cross Solent travel consultation survey was developed with input from The Consultation Institution to ensure that it was developed in a format that was accessible and that our methodology was sound. The consultation documents are provided as appendix A.

23. Healthwatch Isle of Wight were engaged as independent consultation partners to use their extensive local knowledge and connections to ensure that the consultation reached as many people as possible including hard to reach groups.
24. Healthwatch Isle of Wight provided paper copies of the consultation survey to Citizens Advice, Riverside Centre, Libraries, GP practices, People Matter IW, Town and Parish Councils and relevant NHS Trust clinics. They also visited local cancer support groups and patient participation groups across the Island to promote the consultation. Their visits included locations where people do not always have a voice including residential and nursing homes and day services.
25. The consultation was also promoted through the Patient Travel Improvement Group which includes representatives from the ferry operators, Southern Vectis, patient representatives, carers support and cancer support groups.
26. The council communications team were fully engaged in the promotion of the consultation through an initial press release and ongoing promotion through the council's website and regular social media posts.
27. This active programme of promotion and the emotive nature of the subject resulted in a high number of responses. 1863 responses were received, this included 1652 online responses and 211 responses via paper copy.
28. 1863 responses shows that 1.3% of the Island's population chose to respond to this public consultation.
29. An online petition opposing any decision to cease the funding of the current discretionary Cross Solent Travel Scheme has received more than 3200 signatures to date.

CONSULTATION ANALYSIS REPORT

30. Healthwatch Isle of Wight have analysed the data and information obtained from the consultation responses and produced an independent report to outline the views and comments of Island residents. The report is included as appendix B
31. The profile of participants showed a wide range of age groups with the majority of respondents being between the ages of 30-79. Postcode information provided by respondents evidenced that responses were received from across all areas of the Island. There were twice as many responses received from women than men.
32. 54% (997) of respondents indicated that they had needed to travel to the mainland for a medical appointment. 25% (254) of these 995 people confirmed that this appointment had been for chemotherapy, radiotherapy or renal dialysis.

33. 14% (254) of the total number of people who responded to the public consultation had been eligible to access the funding provided by the Isle of Wight Council to date.
34. Of the 254 respondents who told us that they had travelled to the mainland for chemotherapy, radiotherapy or renal dialysis, 71% (180) confirmed that they had reclaimed their ferry costs through the discretionary scheme.
35. When asked as part of the consultation how they would fund their transport costs if this scheme was not available, 32% (504) of people who answered this question indicated that they would not be able to travel and would consider declining treatment. We are not clear whether these people would be eligible for financial support from HTCS.



36. Many people told us about the stress and financial strain they had encountered when needing to travel to the mainland for treatment.
37. People also shared their personal experiences relating to travel and dealing with a serious illness or condition. These included one person's decision to have radical surgery rather than face the expense and stress of the many journeys needed for radiotherapy.
38. Several people described how they had gone into debt to fund necessary travel to the mainland for medical treatment. There was a clear feeling that people on low incomes, but who are just above the threshold for means tested support, will be unfairly disadvantaged if the scheme is discontinued.
39. The majority of people felt that the scheme should continue in its current form. When asked as part of the consultation whether or how the Isle of Wight Council should continue to fund the scheme, 78% (974) of people who answered this question said that they felt the scheme should continue. In addition, some people felt that the scheme should be expanded.
40. Many responses suggested that serious consideration should be given to developing a partnership approach, with various agencies including the IOW

Council, IOW NHS Trust, ferry operators and local voluntary and community sector organisations working together to find a sustainable future for travel funding.

FINANCIAL/BUDGET IMPLICATIONS

41. The 2018/19 budget strategy identified a reduction in the annual funding of this service from £60,000 to £30,000.
42. Given the timing of the full public consultation on the changes to the service it was clear that the savings could not be achieved within 2018/19 therefore the total funding was reinstated back to £60,000 by viring resources from within the Cabinet Member's overall portfolio.
43. The ongoing funding for this service from 2019/20 remains at £30,000 pending the outcome of the Cabinet decision, meaning that any continuation of funding will require a £30k saving to be identified from another area within the Cabinet Member's overall portfolio.
44. The Isle of Wight Council's decision to provide this funding makes us nationally unique as no other local authority chooses to do so.

LEGAL IMPLICATIONS

45. The statutory duty to reimburse NHS travel expenses rests with the NHS but is subject to limitations such as being in receipt of benefits. There is no duty or responsibility placed on local authorities to fund this transport.

EQUALITY AND DIVERSITY

46. The council as a public body is required to meet its statutory obligations under the Equality Act 2010 to have due regard to eliminate unlawful discrimination, promote equal opportunities between people from different groups and to foster good relations between people who share a protected characteristic and people who do not share it. The protected characteristics are: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.
47. Under the Equality Act 2010 we are required to have due regard to our equality duties when making decisions, reviewing services, undertaking projects, developing and reviewing policies. This must be done at the formative stage of any proposal, not retrospectively as justification for the recommendation. This was not done prior to the decision to reduce the funding available to support this service.
48. An equality impact assessment has been undertaken which has identified that the proposal has the potential to impact on one or more groups with a protected characteristic, principally age and disability. This document can be viewed on [iwight.com http://wightnet.iow.gov.uk/documentlibrary/view/equality-impact-assessment-cross-solent-travel-scheme-funding](http://wightnet.iow.gov.uk/documentlibrary/view/equality-impact-assessment-cross-solent-travel-scheme-funding)

OPTIONS

49. The options available are as follows:
50. **Option A** - To continue to provide funding for the existing scheme to a maximum sum of £60,000 funded from within the existing Adult Social Care budget. The scheme will continue under the terms of the existing agreement which only provides support for patients travelling for chemotherapy, radiotherapy or renal dialysis.
51. **Option B** – To grant fund the NHS Trust an annual sum of £60,000 funded from within the existing Adult Social Care budget, with agreement that this will be used to support patient transport. The scope of eligibility for this funding will be determined by the IW NHS Trust.
52. **Option C** - To withdraw our funding from the current scheme in line with the agreed 2018 budget strategy.
53. **Option D** - To provide additional funding to support cross Solent travel for a wider range of patients thereby removing the current inequity.

RISK MANAGEMENT

Option A

54. Ongoing financial commitment for the Isle of Wight Council.
55. A recent Healthwatch IW report regarding cancer services revealed that only approximately 45% of people who could seek support under the discretionary scheme do so. The report identifies that this is as a result of little being done to publicise its availability. The report recommends that action is taken to address this and this creates a financial risk that the number of claims could increase.
56. The scheme as it currently operates is limited to providing the sum of a discounted foot passenger return ferry/hover fare where a person needs to travel to the mainland for radiotherapy, chemotherapy planning/treatment or renal dialysis. It also provides for payment of the same discounted Solent crossing fare for an escort for the person. In recent months the number of claims for treatment outside this category has increased. With advances in medicine requests are regularly received for claims relating to immunotherapy and Radioactive Iodine treatment, both of which currently fall outside the scope of the recharge agreement but which are becoming increasingly more successful forms of cancer treatment and the preferred option for clinicians.
57. Financial support is also increasingly being sought for onward travel to specialist hospitals, which also currently falls outside the scope of the recharge agreement.

58. Where people are unable to travel as foot passengers financial support is more increasingly sought for vehicle ferry return trips too, this currently falls outside the scope of the recharge agreement.
59. Should a decision be made to continue to provide financial support for the discretionary scheme, the potential impact of increased publicity, the Acute Service Redesign (ASR) and changes in therapy and treatment options cannot be determined. Challenge could be made as to why the council continues to support travel for those with cancer and kidney failure but for not others.
60. The main identifiable risks are as follows:
- Reputational risk for the council
 - Financial risk for the council
 - Increase vulnerability for local residents
 - Increase in missed appointments on the mainland
 - Failure to access treatment as unable to afford to travel

Option B

61. Ongoing financial commitment for the Isle of Wight Council
62. NHS Trust not using the grant funding in a way that continues to support people required to travel to the mainland for chemotherapy, radiotherapy or renal dialysis.
63. It is possible that the NHS Trust may choose to refuse the funding under the terms of the grant.

Option C

64. Historically changes to the recharge arrangement in relation to cross Solent travel has been a very emotive subject with feelings running very high. As a result of the public interest, on previous occasions when this has been identified as a saving in the adult social care budget, it has been rejected by members.
65. If we withdraw our funding and the discretionary scheme ends, travel reimbursement will in effect become means tested for all and financial support provided only where the NHS Trust has a legal obligation to do so.
66. People attending appointments on the mainland for treatment or the planning of treatment for radiotherapy, chemotherapy, renal dialysis and their carers or escorts would have to fund their own transport costs if they do not meet the eligibility criteria for the mandatory NHS scheme.

67. The main identifiable risks are as follows:

- Reputational risk for the council
- Financial risk for the council
- Increase vulnerability for local residents
- Increase missed appointments on the mainland
- Failure to access treatment as unable to afford to travel

Option D

68. Ongoing financial commitment for the Isle of Wight Council.

69. A recent Healthwatch IW report regarding cancer services revealed that only approximately 45% of people who could seek support under the discretionary scheme do so. The report identifies that this is as a result of little being done to publicise its availability. The report recommends that action is taken to address this and this creates a financial risk that the number of claims could increase.

70. The scheme as it currently operates is limited to providing the sum of a discounted foot passenger return ferry/hover fare where a person needs to travel to the mainland for radiotherapy, chemotherapy planning/treatment or renal dialysis. It also provides for payment of the same discounted Solent crossing fare for an escort for the person. In recent months the number of claims for treatment outside this category has increased. With advances in medicine requests are regularly received for claims relating to immunotherapy and Radioactive Iodine treatment, both of which currently fall outside the scope of the recharge agreement but which are becoming increasingly more successful forms of cancer treatment and the preferred option for clinicians.

71. Financial support is also increasingly being sought for onward travel to specialist hospitals, which also currently falls outside the scope of the recharge agreement.

72. Where people are unable to travel as foot passengers financial support is more increasingly sought for vehicle ferry return trips too, this currently falls outside the scope of the recharge agreement.

73. As a result of the Acute Service Redesign (ASR) we know that more NHS services will be delivered off Island, this could create increased risk (both reputational and financial) as the council's funding would be limited to supporting specific cohorts of people which has the potential to be viewed as discriminatory by the general public.

74. Should a decision be made to continue to provide financial support for the discretionary scheme, the potential impact of increased publicity, the Acute Service Redesign (ASR) and changes in therapy and treatment options cannot be determined. Challenge could be made as to why the council continues to support travel for those with cancer and kidney failure but for not others.

EVALUATION

75. **Option A** - To continue to operate a recharge agreement with the NHS Trust to reimburse ferry travel under the same terms as the existing agreement. This would not provide any saving and would still only support a limited group of people with specific conditions. This option leaves the council open to challenge regarding the inequitable nature of the scheme. This challenge is increasingly likely with advances in medicine leading to the increasing use of alternative cancer treatments such as Immunotherapy and Radioactive Iodine Treatment which fall outside of the scope of the recharge agreement. Greater public awareness of the discretionary scheme is likely to result in an increase in funding needed to support this scheme.
76. **Option B** – To grant fund the NHS Trust an annual sum of £60,000 to be used only to support patient transport. This would not achieve any saving but would enable the council to contribute financially to the development of a more equitable patient transport plan.
77. **Option C** - To withdraw our funding from the current scheme in line with the agreed 2018 budget strategy. This will achieve the full saving of £60,000. Following this course of action could put the council at reputational risk as it could indicate a lack of regard for the consultation outcomes.
78. **Option D** - To provide additional funding to support cross Solent travel for a wider range of patients thereby removing the current inequity. There is no additional funding available to support this option or legal duty to do so.

RECOMMENDATION

79. It is recommended that Option B is adopted:

80. **Option B** – To grant fund the NHS Trust an annual sum of £60,000 funded from within the existing Adult Social Care budget, with agreement that this will be used to support patient transport. The scope of eligibility for this funding will be determined by the IW NHS Trust.

APPENDICES ATTACHED

[Appendix A](#) - Public Consultation Survey

[Appendix B](#) - Healthwatch Isle of Wight Report Cross Solent Travel Scheme Consultation Report (January 2019)

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