

## LOCAL LINK DONEGAL

### INTEGRATION OF COMMUNITY HEALTH AND GENERAL MOBILITY SERVICES

Country: Ireland

#### OVERVIEW

##### Short description of the Good Practice Case:

This GP is implemented in County Donegal, in the northwest of Ireland. It has extensive rural areas, is quite distant from the main cities and economic activity of Ireland, and has very limited internal public transport. Local Link Donegal is operated by a not-for profit company (SITT) with a governance model deeply-rooted in the community. It provides minibuses-based fixed route and DRT services for general use, community health services for access to daycare facilities, and non-acute emergency transport for access to dialysis service, patient discharge and private ambulance transfer to major hospitals outside the area. Local Link Donegal provides the transport coordination and contracts in all mobility services from local private operators (minibus, taxi, private ambulance, ...). It also does all the interfacing with stakeholders (NTA, HSE, LUH, ...) and the customer support and relationships.



Figure 1. Local Link Donegal  
(source: <http://locallinkdonegal.ie>)

#### Main aspect/issue addressed by the good practice

The main issues addressed are:

- A1: Solutions usable by all the population and especially the disadvantaged
- B1: New business concepts and solutions for improving the accessibility of rural areas
- B3: Local initiatives involving the community to identify transport solutions

The main mobility needs of the target rural area are (i) daily access to work and education from villages and rural areas; and (ii) access to daycare and health facilities.

The main gaps in service provision addressed by the GP is lack of a comprehensive public transport network and/or alternative mobility framework throughout the County.

#### Main objectives of the good practice

Key objectives of Good Practice are:

1. Achieving good coordination and integration between the general PT and the healthcare-related transport, which have different sponsors (NTA and HSE);
2. Efficiency gains through integrated contracts for different service types and financing sources; and
3. Optimisation of occupancy by matching different types of users, taking account of their ability to use the service type.
4. Establish Health and Safety standards (OHSAS 18001) and driver training (MIDAS)

*Note that there are other long-standing objectives relating to social inclusion and basic accessibility for people in rural areas.*

## DESCRIPTION OF THE AREA

Region	Target area	Population	Population density
Donegal, Ireland	4,861 km <sup>2</sup>	116,000 (rural) (158,000 less 42,000 in the 8 main towns)	24 (rural) [inhab. /km <sup>2</sup> ]

### Other

County Donegal is in the extreme north-west of the island of Ireland, whose border is almost entirely with Northern Ireland and only a short border with the Republic of Ireland (of which it is part). The main road and PT connections also pass through Northern Ireland. The nearest city is Derry, in Northern Ireland. Tourism forms a significant part of the local economy.

Donegal is therefore highly-vulnerable to any changes to an open Border, previously in the 1970s/1980s and potentially again depending on whatever arrangements arise from Brexit.



### Target user groups and needs

Originally, the main target groups were people at risk of isolation and social exclusion, as this was the priority of the Rural Transport Program.

Over time, the main target groups have expanded to include persons who need access to daycare facilities; those in rural areas without car who need daily access to work and education; those in rural areas who need periodic access to training and other social activities; and non-acute patient transport.

Traditionally, the target groups would have been the elderly, people with disabilities and vulnerable persons. As the scope and service types increased, the target groups have started to encompass all segments of the community. At this stage, the main differentiators are living in a rural area (including villages/small towns) and not having the possibility to use car for the trip, for whatever reason.

## DETAILED DESCRIPTION OF THE PRACTICE

### Timeframe(s)

Local Link Donegal began in South-West Donegal 2002-3 as part of the Rural Transport Program in Ireland. Over time the activities expanded to the rest of County Donegal. In this phase, it was providing Demand Responsive Transport (DRT) and scheduled services, with a clear focus on combatting social exclusion. From 2009-10, the integration with community health was initiated with HSE. In 2012, the Rural Transport Program and all its 35 Local Link entities were transferred from Pobal to the National Transport Authority (NTA). In 2016, the 35 Local Link entities were restructured into 17 Transport Coordination Units covering all the country, Local Link Donegal being one of these. In 2017, Local Link Donegal commenced integrated full day contracts with operators, combining different service types in the same schedule. During 2018, they have rolled out a new IT system for booking, dispatching and reservations for the LUH work.

### Bodies involved

The main entity is Local Link Donegal, which is one of 17 designated Transport Coordination Units supported by the Irish National Transport Authority (NTA).

Among other things, the NTA is the transport authority for planning, regulation and PSO contracts for all public transport services in Ireland, and the regulator for all commercial PT services and taxis.

The Health Service Executive (HSE) is the regional body for all healthcare services, under the Irish national Department of Health. Among other things, it has engaged with Local Link to arrange mobility services.

Letterkenny University Hospital (LUH) engages Local Link Donegal for the provision of specific services.

Donegal County Council, through its various planning, local development, economic and social activities and committees provide a framework and non-financial support for the rural mobility in Donegal.

All of the mobility service providers engaged by Local Link Donegal are local private bus, taxi and hackney operators.

### Mobility services provided/addressed

Local Link Donegal is primarily a transport coordination unit that arranges mobility services, provides the interface with sponsoring clients (NTA, HSE, LUH, ...), the customers of the services and the operators. They do not own any vehicles or operate any mobility services, all of which are contracted from local private operators. They organise a range of different mobility services, addressing different target groups and with different sponsor arrangements. These include:

- *Fixed-route services*, which address shortfalls in the legacy PT network (which otherwise is very sparse throughout Donegal County). This consists of about 10 routes, with services ranging from 1 to 4 daily trips each way, some with weekend daytime service and 3 with additional evening services at the weekend.
- *Demand Responsive services*, operating as flexible routes (i.e. there is a preliminary route structure which is then adapted to the demand on the day) and mainly oriented to social necessity in more remote areas. In total there are about 40 DRT routes, ranging from service on 1 or 2 days per week to service on 5 days/week. These adapt to demand in route definition as well; for example, one route is operated in the evenings to serve people attending evening classes of various types.
- *Community Health Services*, which are provided to bring defined groups of people to daycare facilities. This would primarily consist of older people and people with intellectual disability. It should be noted that these are integrated with the DRT services, so that a client would use the DRT if it is available, subject to a suitability assessment on a case-by-case basis.
- *Dialysis facility service*, which provides access for outpatients to access the dialysis facility at Letterkenny University Hospital. There are currently 65 clients who would typically travel to LUH three times a week. LUH provides the client and appointment list to Local Link Donegal, who then arrange the mobility service.
- *Patient Discharge service*, which provides mobility for LUH patients when they are being discharged from the hospital. Local Link Donegal has a person located at the hospital who can coordinate the requirements and determine what support and vehicle type would be suitable.
- *Ambulance transfers*, which arranges ambulance transport for patients in Donegal area for specialist

## DETAILED DESCRIPTION OF THE PRACTICE

treatment available in hospitals in Dublin and Galway. Local Link Donegal allocates the transfer to private ambulance providers.

Local Link Donegal is a not-for-profit special purpose company with community-based governance. It does not own any buses or directly operate any of the services.

To the extent possible, services are scheduled to connect with other scheduled bus routes. A few routes operate as feeder routes, e.g. route 1426 which connects with the route to Derry City.

A priority for Local Link Donegal was to establish Health and Safety standards (OHSAS 18001) and driver training (MIDAS). This covered wheelchair loading/unloading, bespoke operator and driver induction training (including awareness of legal requirements), working with vulnerable adults, risk assessment on transport and PATS training. This has been recognised as a significant positive.

### Legal Framework

The primary regulatory instrument is the Irish Public Transport Regulation Act, 2009. This superseded the Road Transport Act, 1933 and subsequent Acts, amendments and their regulations. Under the 2009 Act, public bus passenger services in the Republic of Ireland may only be provided in accordance with a licence issued by the National Transport Authority. From 2011, the licencing of taxi services also came under the control of the NTA.

There are no other relevant laws or regulations at regional or local level, since local government has no allocated mandate or authority in these matters.

In Ireland, there are no specific laws, regulations or guidelines for "non-standard" forms of mobility services such as DRT. The various forms of special service (e.g. transport to daycare or dialysis facility, patient discharge, etc) would not come under the general mobility services legislation or regulation.

Local Link Donegal procures the mobility services from local private operators. All normal procurement is done through standard competitive tendering procedures (MEAT – Most Economically Advantageous Tender)).

Local "shopping" procedures (i.e. get quotes from reputable suppliers) can be used to get something off the ground on a temporary basis for a few months, or where a short-term action is required, on the understanding that anything longer would go to normal competitive tender.

Operators enter into contracts with Local Link Donegal for provision of mobility services. Previously, operators would be contracted to do different bits of work, with different contracts depending on the type of work and the funding source (NTA, HSE, LUH, ...). This reflected a reluctance on the part of the sponsoring Clients to bundle services, as they preferred to retain complete separation and visibility. However, there was a gradual change of approach and a willingness to work with Local Link Donegal to experiment.

Since 2017, Local Link Donegal have switched to integrated contracts in which the operator is given a consolidated contract for the full working day, which could combine different services. A typical contract could be for 0800-1800. It might consist of a morning peak trip to bring students or workers to their required location by 0900; a community health trip to bring clients to a daycare facility; a DRT trip serving a more remote area; then the return trips for each. This has clear advantages in getting good productivity from vehicle and drivers, while simplifying the administration for Operators who now only have to deal with one Client and one set of paperwork and invoicing.

### Cost and Financing sources

Local Link Donegal is a not-for-profit entity that must balance its income and costs, as it does not have other lines of business that could cross-subsidise the mobility services.

Income is derived from four main sources:

- Customer receipts on the scheduled and DRT routes;
- NTA provides public financial support for scheduled and DRT services, which could not otherwise be sustained;
- HSE pays for the provision of Community Health services (mobility to daycare facilities, etc.);
- LUH pays for the non-acute emergency transport (dialysis, patient discharge, ambulance transfer).



## DETAILED DESCRIPTION OF THE PRACTICE

Fares are intentionally kept to an affordable level. In most cases the fare is €3 per one-way trip, in a few cases a fare of €5 or €6 is charged for longer trips. Discounted fares for students are available on some routes.

Currently the fares are not aligned with or integrated with the general fare structure for PT. The services do not yet accept the national payment card (LEAP).

All routes accept the Free Travel Pass, which basically means that all elders, people with disability and certain other categories of vulnerable persons can travel for free on Local Link Donegal services.

Local Link Donegal has about 30 staff members. This consists of 6 full-time staff based in their centre in Killybegs (Transport Manager, Operations Manager, 3 Dispatchers, 1 administration), 2 part-time staff located at LUH (to interface with the hospital for patient discharge, etc.) and 22 travel assistants who accompany the customers on the daycare/community health services.

As noted above, all mobility services are contracted out, so drivers, maintenance staff, etc. are the staff of the contracted Operators.



### Organizational set-up

Local Link Donegal is a not-for-profit special purpose company. The company is SITT - *Seirbhís Iompair Tuaithe Teoranta* (Gaelic for Rural Transport Service Ltd.). The company was originally established for the South-West Donegal area. The company has a voluntary board drawn from the community. In the main, Board Members are co-opted from various voluntary organisations within the community, from people active within the County's Public Participation Network (PPN), etc. As the area of operation expanded over time to cover the entire county, the Board composition was adjusted to ensure a fair balance of representation across the county.

### Supporting technologies

Local Link Donegal has recently acquired and installed a new IT system at LUH, supplied by TransMac (UK). The system supports client management, booking, dispatching, driver manifests and administration. The system can support all of the LUH mobility services, including the private ambulance booking.

Currently, the contracted operators are not required to have GPS devices in their vehicles, but drivers are required to carry phones that can receive the booking information.

The Local Link Donegal services do not yet accept the NTA's national transport payment card (LEAP).

## INNOVATION ASPECTS

### ORGANISATIONAL RESPONSIBILITIES AND PARTNERSHIP WORKING ARRANGEMENTS

Agreement with health authority (HSE) to provide daily services to/from daycare.

Agreement with HSE to integrate community health services with other service types in consolidated contracts with operators.

Agreement with HSE and the main hospital (LUH) to integrate their clients on the general services, subject to suitability for the user.

Local Link staff member located at the hospital to coordinate patient transport.

### LEVEL OF PUBLIC SECTOR FINANCIAL SUPPORT

Utilisation of different financing streams for consolidated service contracts.

Productivity and occupancy gains by integrating of service types within contracts and of client types within services.

### INTERCONNECTIONS BETWEEN SHARED AND PUBLIC TRANSPORT SERVICES

DRT services timed to meet with scheduled/ fixed route services

Some services designated as feeders to longer-distance routes

### ICT CONNECTIONS AND IMPACTS OF THE TECHNOLOGICAL SOLUTIONS IMPLEMENTED

Implementation of IT-based customer management, booking, dispatching and administrative platform for the LUH services.

Ticket and monitoring reporting systems for the scheduled services, supplied by NTA.

Booking system for demand-responsive transport (ITMS), supplied by NTA.

### OTHER (E.G. SOCIAL INNOVATION, ETC.)

Not-for-profit organisation with local voluntary-sector Board, deeply-rooted in the local community.

## ASSESSMENT

### Ridership and other key metrics/results (through key-indicators, where applicable)

Total annual ridership across all services is currently about 500,000. Of these, about 130,000 passengers are carried annually on the scheduled and DRT services (i.e. the NTA-supported general PT services). The balance 370,000 comprise the Community Health and Non-Acute Emergency Transport.

User satisfaction is stated to be high. However, there have not been any recent market research or customer satisfaction studies to quantify user satisfaction or aspects of potential improvement identified by either the users or the stakeholders.

Utilisation of vehicle and driver resources has improved since the introduction of the consolidated day-contracts in 2017. Administrative burden for both the Operators and the sponsoring agencies has also improved. While this is generally considered to be the case, there is not yet a documented quantification of the benefits.

This Good Practice has strong potential for transferability within Ireland. However, it should be noted that due to legacy of the regional Health Boards prior to establishment of the HSE, it cannot be assured that the same level of interest and support evident in Donegal would be found in all other parts of the country. Likewise, the Non-Acute Emergency Transport is definitely transferrable, but would also depend on the interest of hospitals elsewhere in the country, which are generally independent of each other.

This Good Practice should be reasonably transferrable elsewhere in Europe, where the lack of integration between general PT and community/patient transport is a universal and well-known problem. As in the Donegal case, it is general a matter of willingness along the various agencies rather than any fundamental barrier or prohibition, and thus the experience of how Donegal achieved it should be quite relevant.

The main strong and potential weak points associated with the GP are described in the following sections.

Expectation for the future is that the services will continue and be further consolidated. Demand continues to grow and there remains much unmet need for mobility in rural areas. Further, Ireland's limited

progress to meet GHG reduction targets will make it increasingly important to provide alternatives to those who currently use car, rather than just serve those who don't have access to cars. That said, there are some structural challenges to any significant increase in the capacity to transport more people (please see 'difficulties encountered' section below).

### Good Governance

Local Link Donegal, through SITT, is deeply-grounded in the community and continues to have a high level of voluntary sector Board participation. Over the 15 years or so, it has become a well-established, trusted and experienced organisation with the capacity to deliver locally.

The nature of the organisation means that it is close to the ground with a good understanding of local needs and of local mobility deficits, and is motivated to continually improve the mobility service range.

A very effective working relationship has been established with the HSE, which has enabled the Community Health services and the integration of service types; and with LUH, which has enabled the provision of the non-acute emergency transport. Likewise, a constructive working relationship has also been established with the NTA.

### Success factors/strengths

The Governance arrangements and stability/endurance of Local Link Donegal/SITT are a key factor in the success.

The gradual enlargement of coverage area and service types has achieved a significant level of rural mobility, without ever becoming overstretched or unsustainable. The transport coordination model (of arranging the services without direct operation or vehicle ownership) has worked well in Donegal. This may be due to having a relatively strong pool of local operators.

At the institutional level, NTA and HSE agreed to changes in their traditional practices to allow shared use of services and resources across different service types and funding sources.



## ASSESSMENT

There was buy-in from the HSE for the integration of the service types and the integrated contracts to the Operators. A senior officer within the HSE has been highly supportive and was a key factor in making it happen.

There was a determination to make things work, backed by sufficient commitment and persistence to deal with the challenges that arose. This included factors such as persuading managers and unions of daycare and other facilities to accept flexibility in the times that clients would arrive/depart.

population) and are using larger wheelchairs which are often electric. While these are clearly beneficial to the user, the larger chairs create new challenges for minibuses-based services. Where chairs had previously occupied the equivalent of two seating spaces, they now occupy up to the equivalent of four seating spaces. The limited space and configuration of the typical minibus, plus the location of wheel arches, etc., makes it more difficult to accommodate a larger wheelchair within the vehicle layout, as well as increasing the lift requirements. It may become necessary to rethink the vehicle specification and to require operators to invest in more expensive vehicles.



### Difficulties encountered/weakness

The trends in growth of the client population will place increasing pressure on the ability to provide the needed mobility services. These trends arise from people living longer and continuing to live in their homes for longer, while being more in need of community health and social mobility services. Already Local Link Donegal coordinates about 120 drivers in various vehicle types, primarily 14-22 seater minibuses. It is not practical to consolidate these trips into coaches, in part due to the road conditions, in part because the routes are not so readily combined. Capacity is now being reached on the existing resources, which creates a challenge for what to do in the coming years when capacity is exceeded.

The observed trends are that clients are becoming heavier (reflecting broader trends in the general

The requirements are becoming tighter for procurement of the mobility services, given that it uses public funds and is subject to open competitive tender. There is always a risk that the existing operators could be displaced by operators with little or no prior experience in the area. This would lead to loss of continuity and knowledge of the routes and the clients, including loss of the experience gained by operators and their drivers in customer care. It could also mean the loss of some of the local operators from the area.

While the national (NTA, HSE) and local (Donegal County Council, LUH) authorities/agencies have been supportive of the rural mobility activities, there is a lack of policy or specified targets for rural mobility provision.



### FEATURES THAT ARE CONSIDERED TO BE GOOD PRACTICE (LESSON(S) LEARNT)

Local Link Donegal has successfully established a community-based network of fixed and demand-responsive services throughout a large rural county with dispersed population, with a reasonable level of connection to the inter-city and regional bus route network. It has developed effective relationships with the healthcare sector, and is now providing or coordinating a range of services for the health agencies including daycare access, dialysis treatment transport, patient discharge and non-acute ambulance transport.

The healthcare related transport now accounts for 370,000 of the total 500,000 annual trips. Implementation of consolidated day-contracts for different service types has enabled efficiencies and increased productivity of vehicle and human resources, while also reducing the administrative burden.

## REFERENCES FOR FURTHER DETAILS

### *Contact of the operator and of relevant stakeholders*

**Organization:** Local Link Donegal - SITT  
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**Organization:** HSE Saolta, Letterkenny University Hospital (LUH)  
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### Websites

- <http://locallinkdonegal.ie>