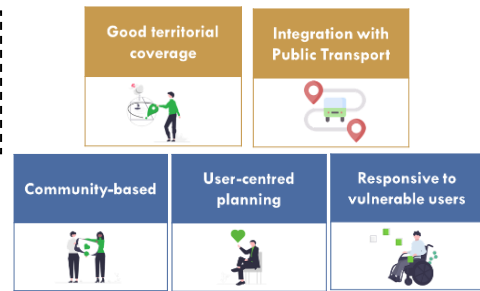


4.6 Local Link Donegal (IE)

Minibus-based fixed route and DRT services for general use, access to community health services and daycare facilities in the county of Donegal (Ireland).



4.6.1 About Donegal, Ireland

Country	Region	Target Area	Population	Population density
Ireland	Donegal	4.861 km ²	116.000 (rural) 42,000 (in the 8 main cities)	24 inhab./km ² (rural)

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 public transport connections also pass through Northern Ireland. 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.

Letterkenny is the main urban area in the county, with a population of about 20.000 people. There are two towns with population of 5.000-10.000 (Buncrana and Ballybofey) and a further seven towns with population of 1.000-3.000. The nearest city is Derry, in Northern Ireland, which is a significant hub for the north-east of the county.

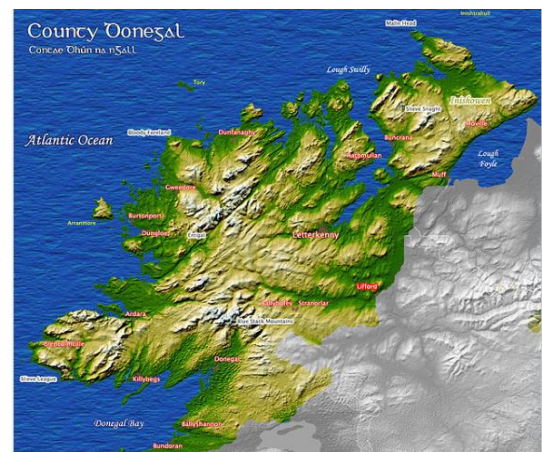


Figure 70 – County Donegal Map

Tourism forms a significant part of the County Donegal economy and there are many holiday homes or second homes.

4.6.2 Description of the Mobility Solution

Local Link Donegal is operated by a not-for profit company (SITT) with a governance model deeply-rooted in the community. It was established in 2002 as part of the Irish Rural Transport Initiative pilot program. At the time, the focus was on combatting social exclusion and ensuring that elders and vulnerable people had at least some minimum level of access to their local towns and essential services.

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Over time, the mission, scope and range of services has grown. It now provides minibus-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. It functions as a Transport Coordination Unit (TCU), without any in-house operations, and contracts out all services. It has developed an efficient business model of clustering service types into operator contracts, so they have a full day's work over a multi-year contract, and with incentive to invest.

The main objectives of the service are:

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

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.

Involved Bodies

The main entity is Local Link Donegal, which is one of 17 designated Transport Coordination Units supported by the Irish National Transport Authority (NTA). 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 the mobility service providers engaged by Local Link Donegal are local private bus, taxi and hackney operators.

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Mobility services provided/addressed

Local Link Donegal is operated by a not-for profit company (SITT) with a governance model deeply-rooted in the community. It provides minibus-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, etc.). It also does all the interfacing with stakeholders (NTA, HSE, LUH, etc.) and the customer support and relationships.

Regarding the requirements for using the service, door-to-door service requires pre-booking, preferably the day before, but users don't have to register or have a subscription. Regular users can set up a "standing order" so they don't have to book for each trip. The process is smooth for the end-users.

Ridership and other key metrics/results

The main trip motivations are to get to work, to school, 3rd level college, healthcare, daycare and leisure. To date, access to tourist points has not been a significant issue.

In some parts of Donegal, young people are appreciating the increased services and lower fares, and are using the LLDSL services to access both college and leisure. For some, this is now an alternative to driving to/from evening activities.

The total ridership across all services in 2019 was 500.000, of which about 130.000 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. In 2022, total ridership was 730.000, of which 100.000 were DRT and door-to-door services, and 630.000 were regular rural services (RRS). Of the total, the number of passengers carried for HSE was 106.970.

Part of the growth can be attributed to the recent expansion of the service area to Counties Sligo and Leitrim and taking over the ridership on their routes.

However, there are hidden dynamics in these figures. In the early part of 2022, there was still some residual post-COVID reduction in travel, in part due to vulnerable people being not yet comfortable to go out or mingle, in part due to home-based working. Over the course of 2022, many Ukrainian refugees came to the area, mostly women and children without cars. International asylum-seekers have also been housed in the area. This has greatly increased the ridership in the latter part of the year.

A further factor was a general reduction in public transport fares in Ireland and additional discounts for younger people. This led to a large uptake, especially by 3rd level students for whom daily commute now became a more attractive option.

These dynamics have continued through to 2023. They estimate that total ridership for 2023 will be in the order of 1.5 million trips.

Supporting technologies

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

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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).

Engagement aspects

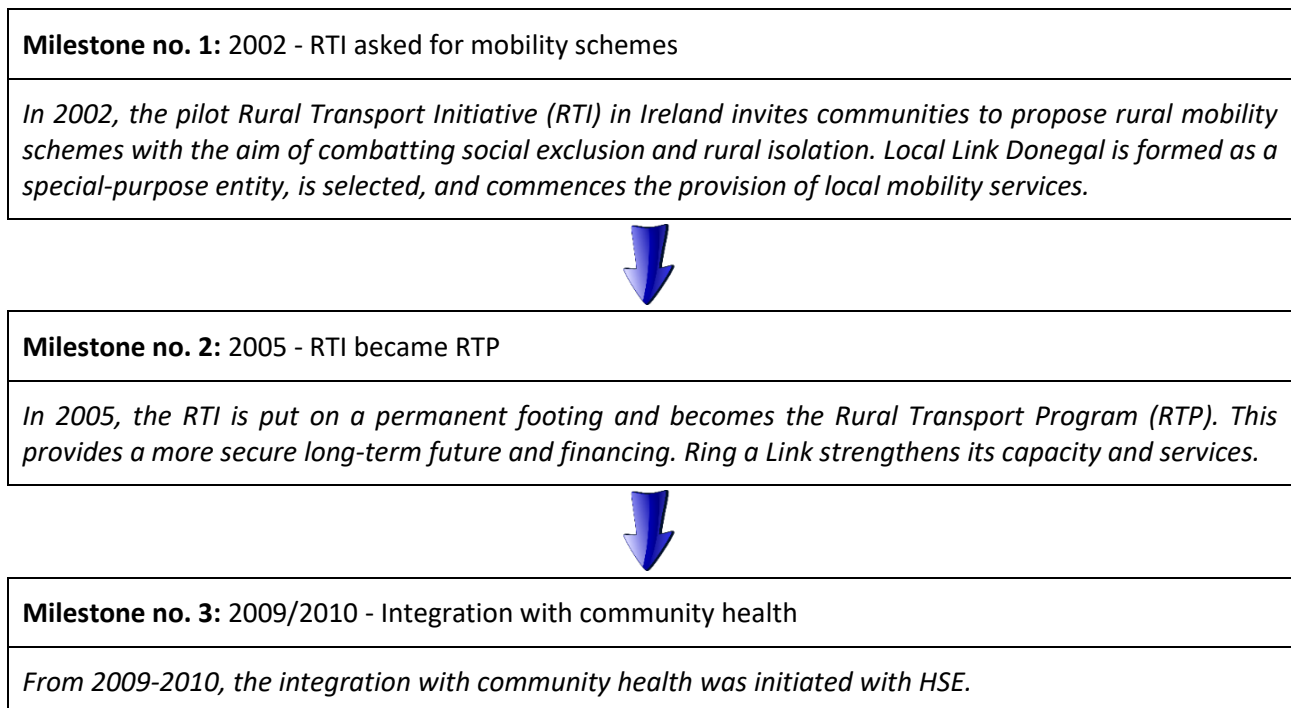
Local Link Donegal, through SITT, is deeply-grounded in the community and continues to have a high level of voluntary sector Board participation. Over the 15 years or so, it has become a well-established, trusted and experienced organisation with the capacity to deliver locally.

This may be due to having a relatively strong pool of local operators. 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. The transport coordination model (of arranging the services without direct operation or vehicle ownership) has worked well in Donegal.

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.

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. 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 makes 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.

4.6.3 Timelines and Milestones



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Milestone no. 4: 2012 - RTP is taken over by the Irish National Transport Authority.

In 2012, the RTP is taken over by the Irish National Transport Authority. Over time, the program is restructured so that the 35 individual schemes transition to 17 Transport Coordination Units (TCUs), of which Local Link Donegal is one. This gives a new funding structure and some additional funds, higher requirements for professionalisation, and an increasing level of standardised IT tools and products. It also brings the TCUs more firmly under the national authority and they are required to tender for their position. While the Board of Local Link Donegal remains one of community governance, the core de facto decision-taking is increasingly shifting to the national agency, including whether or not services of local interest may be opened, as NTA are the primary funder.



Milestone no. 5: 2017 - Local Link Donegal introduced consolidated day-contracts

In 2017, Local Link Donegal introduced consolidated day-contracts, in which the operator is given a consolidated contract for the full working day, which could combine different services. This improved the utilisation of vehicle and driver resources. The 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.

4.6.4 Long-term assessment

Success, Durability and Expansion

Local Link Donegal continues to operate and has a good degree of stability. It is one of the 17 Transport Coordination Units (TCUs) in Ireland. As described before, the range and intensity of services continue to grow.

The partnership with the local health authority has been a major factor in the expansion of the services, the profile and local relevance of Local Link Donegal, and acquisition of a stable line of ridership and funding.

It may be noted that all of Ireland is covered by the 17 TCUs, which each operate under the generic brand “Local Link”, although each has its own arrangements, service types, local working structures and local identity. This geographic coverage should not be equated with universal rural mobility in Ireland.

Funding and Financing

The total budget for all TCUs is still only about €25 million - about €10 per rural inhabitant in Ireland. The funding generally allows the TCUs to fulfil their social inclusion mandate - that all people in their area should be able to access services at least once a week – but allows only very limited ability to address daily mobility needs.

Without doubt, the demand is there, and if more funding was provided, a significant expansion in services and ridership could be achieved.

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Why is it considered a Good Practice?

Local Link provides a combination of 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 services, patient discharge and private ambulance transfer to major hospitals. Partnerships working by the Irish National Transport Authority (NTA) and Health Service Executive (HSE) means that multi-purpose services and greater vehicle and staff utilization is achieved.

4.6.5 Transferability considerations

CONTEXT PECULIARITIES	TRANSFERABILITY CONDITIONS
<p>Rural or mountain areas where the fixed line public transport service is very limited. The context must provide clear organizational and economic support from the regional authorities.</p>	<p>The general services are broadly transferrable, if organisational capacity is present, and any needed permits can be obtained.</p> <p>The health and Non-Acute Emergency Transport is transferrable at the operational level, but requires a health authority that is interested to partner with the mobility service provider and allocated the funding.</p>
DIFFICULTIES ENCOUNTERED/WEAKNESS	LESSONS LEARNT
<p>Financing for rural mobility is always a challenge, but current sources have been reasonably secure and consistent.</p> <p>Observed trend that clients are becoming heavier (reflecting broader trends in the general population) and using larger wheelchairs that are often electric. While these are clearly beneficially to the user, the larger chairs create new challenges for minibus-based services. It may become necessary to rethink the vehicle specification and to require Operators to invest in more expensive vehicles.</p>	<p>Local initiators consider the mobility services a success.</p> <p>The main lessons would be: developing durable structures; maintaining close relationship to the communities; building relationships with entities such as the healthcare sector; gradual but sustained development of services; ongoing adaptation of operating practices.</p>

References for further details

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