

Guidance on Accessibility Planning in Local Transport Plans

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- Local Government Association
- Association of Transport Coordinating Officers
- Passenger Transport Executives Group
- Borough of Telford and Wrekin
- Devon County Council
- Hampshire County Council
- Lincolnshire County Council
- Merseytravel (on behalf of Merseyside authorities)
- NEXUS (on behalf of Tyne and Wear authorities)
- Nottinghamshire County Council
- Greater Manchester PTE
- Surrey County Council
- Wiltshire County Council
- Social Exclusion Unit
- Office of the Deputy Prime Minister's Planning Directorate
- Office for National Statistics

DfT would also like to thank the following:

The cross-Government Advisory Group, comprising.

- Department for Education and Skills
- Department of Health
- Jobcentre Plus
- HM Treasury
- Department for Environment, Food and Rural Affairs
- Neighbourhood Renewal Unit
- Department for Culture, Media and Sport
- Countryside Agency
- Department of Trade and Industry
- Home Office

Guidance on Accessibility Planning in Local Transport Plans

All local authorities and other local bodies involved with the work programme that informed the development of accessibility planning, particularly those contributing to:

- Accessibility Planning: Developing and Piloting Approaches - Derek Halden Consultancy and the University of Westminster (in association with CAG Consultants, Transport and Travel Research Ltd and the TAS Partnership).
- Accessibility Planning Software Tool, "Accession" - MVA
- Evaluating the Processes and Impacts of Integrated Transport and the Cross Sector Benefits of Improved Accessibility: Phase 1 - NERA and MVA
- Making Links with Accessibility Planning and Crime Reduction on and around Public Transport in Middlesbrough - University of Westminster
- Local Strategic Partnerships, Transport and Accessibility - University of the West of England
- Guide to Accessibility Planning Partners' Roles and Responsibilities - Momenta

The local authorities that have contributed to the guidance through case studies and good practice examples.

Foreword by Charlotte Atkins MP, Minister for Local Transport

We want transport that works for everyone. A key element of this is improving accessibility.

Improving accessibility means ensuring that people can get the services they need - either by being able to travel to the service or by the service being available where they are.

Good transport is essential to provide access to places of work, healthcare facilities, education and food shops and other destinations that are important to local residents. But transport is only one part of accessibility. We also need to work closely with other service providers so that accessibility is embedded in all decisions affecting the provision, location, design and delivery of services.

Accessibility planning encourages local authorities and other agencies, including voluntary and community sectors, to focus on promoting social inclusion by tackling the accessibility problems experienced by those in disadvantaged groups and areas. It provides the framework to work together to develop and deliver solutions to accessibility problems depending on the particular needs and priorities of local areas.

This guidance is intended to help local authorities and their partners take forward this important area of work. Improved accessibility can open up new opportunities and help to tackle problems of social exclusion caused by people not being able to access the services that most of us take for granted.

This guidance provides:

- Advice on accessibility in the next LTPs, and assistance available to local transport authorities from the DfT (Chapter 2);
- An overview of the national and local policy context for accessibility, in transport and other sectors (Chapter 3);
- Advice on the recommended steps for undertaking accessibility assessments in order to identify local accessibility needs and inform development of initiatives to improve accessibility (Chapter 4);
- Advice on option appraisal of schemes and initiatives to improve accessibility, including the identification of resources (Chapter 5);
- An overview of and advice on measures for improving accessibility, including specific local schemes and incorporation of accessibility considerations into wider strategies and policies (Chapter 6);
- Advice on the development of a performance management framework for assessing progress in delivery against accessibility objectives and priorities (Chapter 7);
- Advice on developing partnerships to assess and address accessibility issues, and on the role of community consultation (Appendix A);
- Case study examples of existing accessibility initiatives (Appendix B);

The related technical annex provides:

- Detailed technical guidance on the development and use of accessibility indicators and accessibility modelling and mapping techniques, including "Accession" - the DfT accessibility planning software (Technical Annex, Part A); and
- Detailed guidance on data sources of use in accessibility planning (Technical Annex, Part B).

Chapter 1: Introduction - Background and purpose of the guidance

Much of this full guidance is aimed at transport practitioners. The Department has also prepared a shorter version of this document, aimed at a wider audience - including local authority members and senior officers, and their key partners and stakeholders.

Local Transport Plans (LTPs) and accessibility

1. Local Transport Plans are statutory documents prepared by local transport authorities, and required by the Transport Act 2000. They are public documents that set out the local authority's policies, strategies, objectives and targets for improving transport in their communities.
2. Local transport authorities in England, outside London, and apart from exempted authorities (see 2.11-2.13), are due to submit their provisional LTPs, covering the period 2006/7 to 2010/11, to the Department for Transport (DfT) in July 2005, and their final LTPs in March 2006. Ministers will be expecting authorities to pay greater attention to accessibility issues within these plans.
3. LTPs should reflect local priorities and the shared priorities that have been agreed between central and local government, as they relate to transport: "Meeting local transport needs more effectively through improved access to jobs and services, particularly for those most in need, in ways which are sustainable: improved public transport, reduced problems of congestion, pollution and safety".
4. "Those most in need" should be interpreted as widely as possible. It includes not only those without access to a car, but also those who will have particular accessibility issues such as those on low incomes, older people, younger people, disabled people (including those with mental health problems), people with illnesses, women, people from ethnic communities etc. Different people have different transport needs so local authorities should consider how their policies address the transport requirements of different groups.
5. The DfT will expect local transport authorities to develop and implement an accessibility strategy as part of the next LTP round. Authorities should include their framework accessibility strategies within their 2005 provisional LTPs. These should include their vision and objectives for accessibility, and explain how their accessibility objectives link with, and are integrated within, their wider vision and objectives, including other objectives within the LTP. They should also set out their proposals for developing their accessibility strategy. Authorities should submit their completed accessibility strategies within their final LTPs in March 2006 (see 2.5-2.6).
6. The development and delivery of the accessibility strategy, and the principles and processes of accessibility planning, should be mainstreamed within authorities' day-to-day planning and delivery of local transport through public transport services and infrastructure for walking, cycling, and public transport. They should not be seen as separate, or specialist, exercises. Accessibility strategies and plans should be set in the context of the wider objectives and initiatives that authorities, and their partners, may be developing for the economic, social and environmental well-being of their area. Chapter 2 provides further details on the recommended components of an accessibility strategy.

Comprehensive Performance Assessment (CPA)

7. The assessment of LTPs, and subsequent Annual Progress Reports (APRs), by the DfT and Government Offices feeds into the Comprehensive Performance Assessment process.

8. In addition, [CPA -2005 - The Way Ahead](http://www.audit-commission.gov.uk/cpa/furtherconsultcpa2005.asp)¹, (<http://www.audit-commission.gov.uk/cpa/furtherconsultcpa2005.asp>) the Audit Commission's consultation for revising CPA from 2005, proposes an emphasis on the shared priorities as part of the corporate assessment element of CPA. Accessibility is identified as one of the four issues under the transport shared priority, and is defined as "*The local community, and in particular disadvantaged or vulnerable groups, have access to work and important services including education, health care, leisure and shopping.*"

What is accessibility planning and why is it needed?

9. Accessibility planning was introduced by the Social Exclusion Unit report [Making the Connections](http://www.socialexclusion.gov.uk/downloaddoc.asp?id=66)² (www.socialexclusion.gov.uk/downloaddoc.asp?id=66). The report set out the relationship between transport, accessibility and social exclusion and a cross-Government strategy for improving access to jobs and essential public services.
10. Accessibility planning focuses on promoting social inclusion by tackling the accessibility problems experienced by those in disadvantaged groups and areas. These might include the availability, affordability and accessibility of local public transport, the design, location and delivery of non-transport services, and the ability of the community to reach those services by foot or cycle. It also focuses on access to those opportunities that are likely to have the most impact on life chances: employment, education, health care and food shops. The premise of accessibility planning is that policy development and service delivery can be improved to better meet the accessibility needs of local communities by being more evidence-led and through improved cross-sectoral working.
11. Accessibility is not simply concerned with geographical barriers, but also covers cost, personal safety and security and other deterrents. The benefits of accessible public transport will not be fully realised unless people are able to reach it. Footway maintenance, the provision and design of road crossings and the position of street furniture are just some of the issues which also need to be addressed. An inaccessible or poorly planned pedestrian environment will be a major barrier for many potential users, including disabled and older people. Accessibility planning needs to consider the whole transport chain.

What this guidance is for

12. This document provides advice on the principles and approaches that can guide local transport authorities when undertaking accessibility planning, and which should inform the development and delivery of accessibility strategies and plans.
13. The guidance has been developed to help local authority officers responsible for developing and producing LTPs or developing and delivering public transport. We also hope that it will be useful to the wider community that is involved in promoting accessibility, social inclusion and regeneration. This includes: professionals involved in land use / spatial planning, health care, education and welfare to work; transport operators and providers; local communities, businesses and interest groups.
14. This guidance should be read in conjunction with:
 - the guidance for local transport authorities from the Department for Transport on the preparation of their next Local Transport Plans; and

¹ www.audit-commission.gov.uk/cpa/furtherconsultcpa2005.asp

² www.socialexclusion.gov.uk/downloaddoc.asp?id=66

- the advice from the Office of the Deputy Prime Minister (ODPM), Department for Education and Skills (DfES), Department of Health (DoH), Jobcentre Plus and Department for Culture, Media and Sport (DCMS) on the role that other sectors have to play in improving accessibility³.

Coverage and structure of the guidance

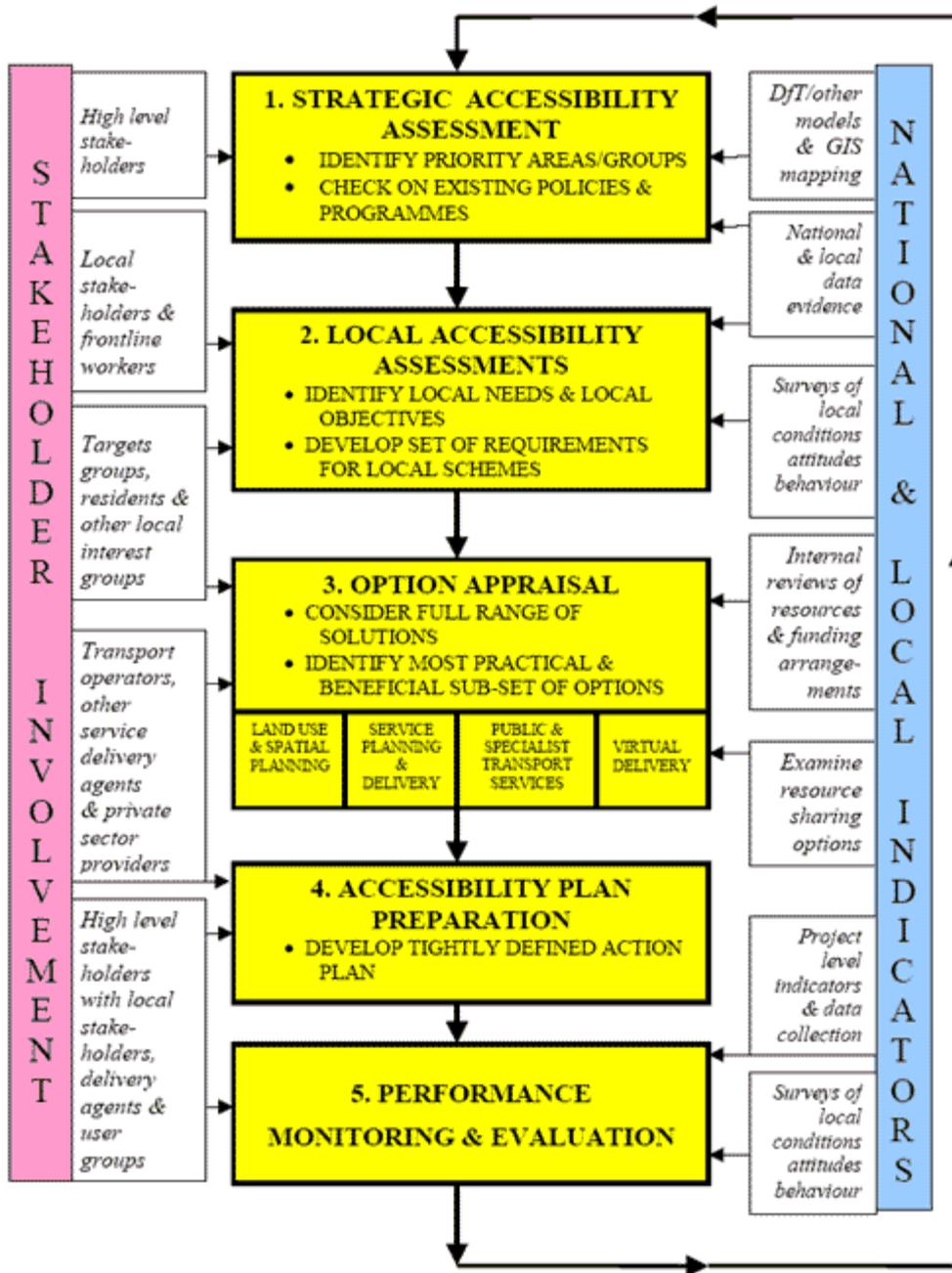
15. Local authorities and other bodies are already doing valuable work to improve accessibility. This report draws on examples of existing accessibility schemes and initiatives and on an extensive work programme, overseen by the Central Local Working Group on Accessibility Planning (CLWGAP). CLWGAP was established by the DfT in February 2003 to develop, pilot and evaluate the accessibility planning process. Further details on the development of accessibility planning, and final reports from the work programme, have been placed on the accessibility planning website (www.accessibilityplanning.gov.uk).
16. The guidance describes the framework for a staged process that has been shown, through the experiences of eight pilots, to be effective for identifying and addressing local accessibility issues. This comprises:
 - Strategic (e.g. LTP wide) accessibility assessment;
 - Local accessibility assessments, focussed on priority areas, groups & issues;
 - Option appraisal (including the identification of resources);
 - Accessibility action plan development and delivery; and
 - Monitoring.

The flow chart and table below summarise the purpose and components of each of these main stages, and provide references to further detailed discussion. The involvement of partners and the use of data and indicators, are crucial inputs throughout these stages.

17. It is recognised that accessibility problems, priorities and solutions vary significantly between different geographical areas, sections of the community and journey purposes. Whilst encouraged to follow this broad framework, local authorities will need to adopt approaches to tackling accessibility that are appropriate to their particular local circumstances.

³ See the accessibility planning web site - www.accessibilityplanning.gov.uk.

Main stages of the recommended accessibility planning process



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Stage	Purpose	Recommended actions
<p>Stage 1: strategic accessibility assessment</p>	<p>Addressing accessibility issues in a more systematic and objective manner.</p> <p>Identifying priorities for targeting action.</p> <p>Evaluating how well existing funding streams, projects, programmes and policies serve accessibility needs.</p> <p>Mainstreaming accessibility and equity issues into a wide range of transport strategies.</p> <p>Mainstreaming accessibility and equity issues into decision-making, strategies and scheme delivery in non-transport sectors.</p>	<ol style="list-style-type: none"> 1. Strategic mapping audits for the main destination types (paras 4.18 - 4.24). 2. Theme-specific strategic level partnerships to consider the audit findings and review existing knowledge on accessibility issues (4.25 - 4.30). 3. Prioritisation of areas, groups and issues for further action (4.31 - 4.35).
<p>Stage 2: local accessibility assessments</p>	<p>Guide development and delivery of appropriate, cost-effective and sustainable schemes and initiatives to improve accessibility.</p> <p>(and as above)</p>	<ol style="list-style-type: none"> 1. Review of existing local evidence (4.38 - 4.39). 2. Local mapping audits (4.40-4.41). 3. New surveys and research: consulting communities, clients and user groups (4.42 - 4.46)
<p>Stage 3: option appraisal and identification of resources</p> <p>And</p> <p>Stage 4: accessibility plan preparation</p>	<p>Identifying a set of locally appropriate actions to tackle identified accessibility priorities.</p> <p>Identifying short and long term options that have the greatest benefits and can most practically be carried forward to implementation.</p> <p>Refining potential actions into focussed tightly defined actions, time scales, resources, targets and lead delivery partners.</p>	<p>For the proposed actions identify:</p> <ol style="list-style-type: none"> 1. The accessibility impacts (5.3 - 5.6). 2. The barriers to implementation (5.7 - 5.11). 3. The resources available to support it (5.14 - 5.32). 4. The stakeholders necessary to take it forward (5.12 - 5.13). 5. Agree action plan <p>Specific schemes for improving accessibility; and</p> <p>Incorporation of accessibility considerations into policy, planning and delivery in wider transport and non-transport sectors. (6.5 - 6.30)</p>

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<p>Stage 5: performance monitoring</p>	<p>Establishing accessibility indicators, targets and monitoring frameworks capable of demonstrating the contribution that the proposed initiatives will make towards delivery of accessibility objectives.</p>	<ol style="list-style-type: none"> 1. Monitor progress at the strategic level through use of: <ul style="list-style-type: none"> core accessibility indicators local outcome-based performance indicators (7.10 - 7.28) 2. Identify locally appropriate accessibility targets, based on either the core or local indicators, or both (7.29 - 7.32). 3. Establish a set of project level monitoring indicators (7.37- 7.39).
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Chapter 2: Accessibility in local transport plans

Summary

- Authorities will be expected to develop and implement an accessibility strategy as part of the next LTP round.
 - It should:
 - be set in the context of the wider vision and objectives for that area, for example for the development of jobs and housing, as set out in the community strategy;
 - aim to improve accessibility for all, but particularly for disadvantaged groups and areas; and
 - focus on accessibility to employment, learning, health care and food shops, together with other services and opportunities of local importance.
 - Authorities will be expected to submit their framework accessibility strategies as part of their provisional LTP in July 2005. They should submit their completed accessibility strategies as part of their final LTP in March 2006.
 - The accessibility strategy should be based on an assessment of the accessibility needs and problems of the area, set out accessibility priorities within the LTP period, and demonstrate how a range of interventions can address these priorities. There should be clear linkages between objective setting, strategy development and on the ground delivery and monitoring.
 - The accessibility strategy should show how accessibility considerations are to be incorporated into wider policy and scheme development and delivery in both transport and non-transport sectors. It should also, over time, be supplemented by a series of more detailed local accessibility action plans, developed with partners, to tackle the priorities identified from the assessment.
 - DfT has developed accessibility planning software to assist authorities in identifying and addressing accessibility problems. DfT will provide one copy of this software to each LTP local transport authority and Metropolitan District, alongside key centrally available data sets.
 - DfT will calculate core accessibility indicators to jobs and services for each authority that produces an LTP, and will update these on an annual basis.
 - DfT has established the "withinreach" programme to provide support to authorities in developing and delivering their accessibility strategies and plans.
1. This chapter provides guidance to local transport authorities on the inclusion of accessibility objectives in their next LTPs and beyond. It should be read in conjunction with guidance on the next LTPs, issued by DfT.

Accessibility strategies

2. Authorities will be expected to submit their framework accessibility strategies within their 2005 provisional LTP submission. These should include their visions and objectives for accessibility, and explain how their accessibility objectives link with, and are integrated within their wider vision and objectives, including other objectives within the LTP. They should also set out their proposals for developing their accessibility strategy. Authorities should submit their completed accessibility strategies as part of their final LTP in March 2006. Paragraphs 2.5-2.6 below explain what must be submitted by which deadline.

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3. The term 'accessibility strategy' is used to refer to an authority's overall vision, objectives and broad approach for improving accessibility. It should be supplemented by a number of more detailed 'local accessibility action plans' which are developed over the course of the LTP period and which set out in detail how the authority, together with its partners, intends to achieve the objectives and tackle the identified accessibility priorities. Authorities are encouraged to adopt a phased and prioritised approach to the development and implementation of these local accessibility action plans.
4. The accessibility strategy should be developed in the context of the wider vision for the area as set out in community strategies, for example with respect to the development of job opportunities and housing and the delivery of health and education objectives. It should be based on an assessment of the accessibility needs and problems within their area.
5. An authority's framework accessibility strategy will be expected to include the following main components when submitted in its provisional LTP in July 2005:
 - high level accessibility vision and objectives, including the approach to be adopted and the priority to be placed on accessibility issues within the LTP area;
 - a description of how accessibility objectives link with, and are integrated within the authority's wider vision and objectives (e.g. for economic development and jobs, housing, health, education and social inclusion);
 - a description of the accessibility implications of wider transport strategies and policies adopted in the LTP;
 - an initial identification of anticipated accessibility priorities within the LTP area, together with an explanation of why specific issues, groups, areas or destinations are likely to be prioritised;
 - an indication of the basis on which the authority intends to produce its accessibility target(s) (see paragraph 7.29);
 - evidence that partnerships have been put in place, and are being used, to help develop the accessibility strategy (see paragraph 2.10);
 - a statement which explains how the authority intends to develop its accessibility strategy - including how it intends to work with partners, how it intends to prioritise its work and how it intends to use the analytical tools to inform and develop its strategy and targets.
6. By 31 March 2006, authorities should submit their completed accessibility strategies in their final LTP. They should highlight any changes from their framework strategy, explain why those changes have been made, and explain whether the changes have any implications for other LTP components. Completed accessibility strategies should include the following components:
 - high level accessibility vision and objectives, including the approach to be adopted and the priority to be placed on accessibility issues within the LTP area;
 - a description of how accessibility objectives link with, and are integrated within the authority's wider vision and objectives (e.g. for economic development and jobs, housing, health, education and social inclusion);
 - a description of the accessibility implications of wider transport strategies and policies adopted in the LTP;
 - a description of the intended use of the accessibility analysis on the authority's wider transport strategies and policies, e.g. incorporation of accessibility considerations in:
 - criteria and performance monitoring for tendered bus services, use of Rural Bus Subsidy Grant, and prioritisation of resources;

- appraisal and assessment of the accessibility implications of transport projects and schemes, e.g. walking and cycling schemes, mobility schemes, major schemes;
- an improved analytical and evidence base: including an initial strategic level assessment of current accessibility levels (by public transport, foot and cycle) in the LTP area, utilising available deprivation, socio-demographic, socio-economic, accessibility and other locally appropriate indicators in order to identify the likely accessibility challenges and opportunities;
- a prioritisation of the identified problems, together with an explanation of why specific issues, groups, areas or destinations have been prioritised;
- a phased programme for improving accessibility, i.e. setting out the timeframe for tackling the identified priorities over the remaining LTP period;
- evidence that partners have helped to develop the strategy and that specific partnerships have been put in place to assess, and develop solutions to, the identified priorities;
- identification of local accessibility indicators and targets for measuring and monitoring accessibility to support the objectives of improved accessibility a) overall, and b) particularly for those most in need, and an explanation of how these have been derived;
- more in-depth local accessibility assessments around an authority's priorities, together with an outline of initial local accessibility actions plans worked up for these priorities, jointly with partners.

Prioritisation and phasing of accessibility action plans

7. Development and staging of accessibility action plans is left to the discretion of authorities and is likely to be informed by that authority's strategic accessibility assessment and their existing partnership arrangements. For example authorities might consider each priority destination type consecutively for a number of identified disadvantaged groups or areas. Alternatively they might consider a number of priority destination types concurrently for a defined group or area, as a public transport solution for one type may, in many cases, meet the needs of another type.

Presentation of accessibility components

8. Presentation of accessibility strategies within LTP submissions is left to the discretion of each authority. However, authorities are encouraged to present accessibility as an integral part of the LTP.
9. Authorities should ensure that the presentation of accessibility strategies within LTPs is in plain language and that, where relevant, they use examples, maps and tables to help make the contents more accessible and easier to understand. More detailed individual local accessibility assessments and plans may best be presented as annexes to the LTP.

Partners' contributions

10. Authorities are encouraged to report on the involvement and actions of accessibility planning partners as follows:
 - For the framework accessibility strategy in the 2005 LTP, it is recommended that short supporting statements from key partners (e.g. NHS, local education authorities, Learning and Skills Councils, Jobcentre Plus and local planning authorities etc) are submitted as annexes, explaining what they consider their role to be in accessibility planning.
 - For individual accessibility action plans, wherever possible a joint plan should be submitted by the partners from the relevant sectors, setting out agreed actions and their respective lead bodies.

- Authorities should make every effort to involve appropriate partners within the accessibility planning process to ensure that the widest possible evidence base is assembled and the broadest array of potential solutions examined.

Requirements for excellent CPA authorities

11. We hope that the principles of accessibility planning provide all local transport authorities with a way of ensuring that their local transport networks help get people to the jobs and services they need.
12. Local transport authorities rated as excellent by the Audit Commission's CPA will not be required to produce LTPs. Where an excellent CPA authority forms part of a wider LTP area, and unless the other authorities in that area are all excellent, that authority should co-operate with other authorities in the area to produce an accessibility strategy within their LTP. Other excellent CPA authorities intending to produce an LTP will have it assessed on the same basis as all other LTPs; we recommend that they include their accessibility strategy, as this will help them to maximise their LTP assessment score.
13. Excellent authorities choosing not to produce an LTP will not be required to produce an accessibility strategy, but will be required to set appropriate objectives and targets for accessibility and report their progress to the Government. Please see the new edition of 'Guidance on Local Transport Plans' for more information.

Support from the Department for Transport

14. The DfT is putting in place a number of initiatives to assist local authorities in the development and delivery of their accessibility strategies and local action plans.

Accessibility planning software - "Accession"(see Technical Annex)

15. DfT commissioned MVA to develop a bespoke accessibility planning software tool - "Accession". For further details, see the [MVA web site](http://www.accession-gsi.com)⁴ (www.accession-gsi.com).
16. Accession can help authorities to produce assessments and maps of accessibility to a range of destinations, for different population groups, and for a range of transport modes, including public transport, walking and cycling. It enables assessments to be undertaken for whole journey time, journey distance, cost of travel (provided that underlying data are available) or generalised cost. Only journey time is used for the national indicators, as it is considered more informative than distance and there is no national data source for travel costs. However, local authorities with data on these costs are encouraged to consider them.
17. Use of Accession can help authorities to identify local areas and communities that are poorly served by jobs, local facilities or transport services and undertake a wide range of investigations for policy and planning purposes. It can also help authorities to develop, and evaluate the benefits of, potential alternative solutions. These should include enhancement of service provision as well as transport solutions.
18. DfT will provide one free licence for the standard version of the tool to each LTP local transport authority and Metropolitan District in England outside London. (See Technical Annex for more details). Authorities will be required to pay an annual support and maintenance contract to utilise this free licence. DfT has negotiated a reduced rate support and maintenance contract for these free licences, ranging from £500 for one year to £2,250 for five years. Authorities can separately purchase additional copies of the software from MVA at their discretion.

⁴ www.accession-gsi.com

19. Authorities should note that DfT recommends use of "Accession", as the tool provides a number of advantages over existing products. However its use is not mandatory and a range of other products exist that could be utilised during the accessibility planning process (see Technical Annex). Local authorities can choose which software or assessment methodologies they use, provided they can demonstrate that they are applied in a systematic, rigorous and consistent manner and produce output that is a useful contributor to the planning process.

Central data and indicators relevant to accessibility planning (see the Technical Annex)

20. In order to minimise the data burden on local authority users of the software tool, it is intended that the public transport component should be based on information collected under the Transport Direct initiative. Investigations are under way into the setting up of a password protected national web-based repository. This would allow authorities to access and download public transport information for their authority and that of neighbouring authorities.
21. In addition, the DfT has provided each LTP local transport authority and local highway authority with CDs containing centrally available data sets that are likely to be of use in accessibility planning. These data should be validated by local authorities from their own knowledge and information. Details of any identified inaccuracies should be forwarded by e-mail to the DfT together with corrected or amended data to data@accessibilityplanning.gov.uk in a format identical to that contained in the original data CD.
22. The supplied data sets include socio-economic and demographic characteristics, point locations of key destinations, and administrative boundaries. These include:
- population by age (from the 2001 Census);
 - population 16-74 by economic activity, e.g. employed, full-time student, unemployed, retired (from the 2001 Census);
 - population 16-74 by socio-economic group (from the 2001 Census);
 - number of households with no car (from the 2001 Census);
 - workplace population (from the 2001 Census);
 - numbers receiving Jobseekers' Allowance, estimated from DWP ward data and Census data (updated data sets can be downloaded from web site www.dwp.gov.uk/asd/asd1/neighbourhood/neighbourhood.asp);
 - lists of doctors' and dentists' surgeries, with grid references (from DH);
 - information on hospital location (from DH);
 - lists of major retail centres as currently used for the Retail Prices Index (from ONS).

Lists of schools and further education colleges can be obtained from the DfES Edubase system www.edubase.gov.uk/EstablishmentFind.aspx.

23. As outlined in chapter 7, and detailed in the Technical Annex Part A, the DfT will calculate and make available to all LTP authorities the results of a number of accessibility indicators on an annual basis. Authorities are encouraged to use these indicators in their accessibility assessments and in monitoring progress against achievement of accessibility objectives.

Training and advice

24. The DfT with Steer Davies Gleave has established the Accessibility Planning Training and Advisory Programme (APTAP) which will be known as "withinreach". withinreach will be available to support local transport authorities in England outside London in the development of their accessibility strategies and plans. This includes guidance and training on understanding accessibility issues. This will involve decision-making, assessment and evaluation tools and methodologies, data sources, partnership working, identifying and accessing funds and resources, and the development and delivery of accessibility-related initiatives. The programme will include different learning approaches including site-specific advice for authorities or an 'Action Learning Programme' which works with LTAs on a residential course.
25. The programme will also provide feedback and will collate, evaluate and disseminate good practice on accessibility planning emanating from local accessibility planning activities.

Chapter 3: Policy context for accessibility

Summary

- Improving accessibility to jobs and services helps meet national and local objectives including promoting social inclusion, economic regeneration and welfare to work, reducing health inequalities, and improving participation and attendance in education.
- Local authorities have an important role to play in improving accessibility by:
 - implementing specific accessibility-related transport schemes and initiatives through planning, delivering and managing the local public transport, highways, cycle, footway and rights of way networks;
 - integrating and mainstreaming accessibility considerations into their wider transport strategies, policies and programmes;
 - integrating and mainstreaming accessibility objectives across the planning and delivery of the authority's wider policy areas and within the corporate centre; and
 - influencing partners' policy and scheme delivery so that accessibility considerations are taken into account.
- Other bodies, particularly those with responsibilities for planning, siting, delivering and managing key public services and those with responsibilities for assisting people into work, have an equally important role to play.
- The primary purpose of accessibility planning is to promote social inclusion by improving the ability of disadvantaged groups and areas to access the job opportunities and essential public services that they need. It should be based on an improved assessment of accessibility problems and the joined-up planning and delivery of transport and other services.
- Accessibility planning should:
 - lead to a greater understanding of travel and accessibility needs, by both transport authorities and their partners;
 - deliver real outcomes for the people who need them most;
 - facilitate the efficient and effective use of resources; and
 - aid progress towards the achievement of national and local objectives and targets for all partners.

Underlying principles

1. As set out in Making the Connections, people's ability to access places of work, learning, health care, shopping and other opportunities can significantly impact on their quality of life, and on their life chances. Action taken to improve accessibility provides benefits not only for individuals and the community at large, but also for providers of other services.
2. Transport is a key factor in influencing accessibility. It can make a significant contribution to the successful delivery of policy initiatives, including in economic development, education, social services, public health, and leisure. To maximise these benefits, local transport planning generally, and accessibility planning in particular, needs to be 'joined up' with the wider national and local planning and policy framework in other sectors.

3. As emphasised by "Making the Connections", helping to ensure that people can access jobs and services is not just a matter of improving local transport. Other bodies, in particular those involved in spatial planning, health care, education and welfare to work, can benefit significantly from improved accessibility, and have an important role to play. They can do this by ensuring that facilities, such as hospitals, GPs and schools, are located in accessible sites, have appropriate on-site facilities (e.g. cycle parking, lockers for staff or pupils) and that services are delivered in a way, and at times, that increase users' accessibility.

Links to wider policy areas

4. Accessibility planning tools can also assist in the assessment and delivery of:
 - **Equity and appraisal** - The 2003 Treasury green book formalises the requirement for the distribution of benefits to be considered across all policy areas. In parallel with the focus on social inclusion is that of economic development, and the recent DfT [guidance on Economic Impact Reports](http://www.dft.gov.uk/stellent/groups/dft_roads/documents/page/dft_roads_504683.pdf) (http://www.dft.gov.uk/stellent/groups/dft_roads/documents/page/dft_roads_504683.pdf) concentrates on the distribution of accessibility impacts of transport schemes for regeneration areas. Accessibility planning provides one tool to enable the assessment of the distributional impact of policy and of public expenditure in terms of accessibility, and could be used more generally to assess the distribution of accessibility impacts by people groups and / or areas. It therefore has the potential to assist significantly with transport project development and implementation by explaining associated impacts and benefits in terms of improving access to work and public services and enlarging their respective catchments, e.g. for employees.
 - **Land use / spatial planning and service delivery** - Sustainable development requires that transport policy should be consistent with wider economic, social and environmental aims. As indicated in Planning Policy Guidance 13 (PPG13) (http://www.odpm.gov.uk/stellent/groups/odpm_planning/documents/page/odpm_plan_606896.hcsp), accessibility concepts define these links. The accessibility planning process can help with the practical delivery of these aims and will be supported by more detailed guidance from ODPM, later in 2004.
 - **Best value, joint working and effective service delivery** - An important consideration in ensuring the delivery of best value is that of cross-sectoral joint working (e.g. as indicated by the Audit Commission report, [Going Places](http://www.audit-commission.gov.uk/reports/NATIONAL-REPORT.asp?CategoryID=&ProdID=F624E5F1-A7E4-419a-94BA-7DF2FC096CE2) - <http://www.audit-commission.gov.uk/reports/NATIONAL-REPORT.asp?CategoryID=&ProdID=F624E5F1-A7E4-419a-94BA-7DF2FC096CE2>). Accessibility issues define many of the links between transport and non-transport policy i.e. access to health, work, learning, shopping and, as such, accessibility planning provides an important mechanism for facilitating joint delivery by transport and non-transport agencies. It also has the potential to assist in the assessment of wider cross-sector benefits from delivery of transport projects and initiatives. For example, it can demonstrate the contribution that improved transport delivery can make to delivery of employment, health and education objectives.

National and local objectives and targets

5. Accessibility is a key component of the DfT's Public Service Agreement target: "*to secure improvements to the accessibility, punctuality and reliability of local public transport (bus and light rail), with an increase in use of more than 12% by 2010 compared with 2000 levels*".
6. Improving accessibility also makes a significant contribution to national and local objectives in other sectors, including:
 - improving health and tackling health inequalities;
 - improving participation, attendance and attainment in education;
 - promoting work as the best form of welfare for people of working age;

- raising the levels of social inclusion, neighbourhood renewal and regional prosperity;
- enhancing opportunity and tackling social exclusion in rural areas, and improving the accessibility of services for rural people; and
- increasing participation in culture and sport.

The following sections describe how accessibility improvements can contribute to the delivery of such agendas, and describe the role of local authorities and their partners in working together to deliver these benefits for their local communities.

Role of local authorities

7. Local authorities have a crucial role to play in improving the accessibility of jobs, services and other opportunities to local people by:
 - implementing specific accessibility-related transport schemes and initiatives (see chapter 6);
 - integrating and mainstreaming accessibility considerations into their wider transport strategies, policies and programmes (see chapters 4 and 6);
 - integrating and mainstreaming accessibility considerations across the planning and delivery of each local authority's wider policy areas and within the corporate centre (see chapters 4 and 6); and
 - influencing the decision making and service delivery of external bodies, to ensure that accessibility and transport impacts are considered when locating and delivering other services and opportunities.
8. Local authorities should ensure that accessibility considerations are taken into account when carrying out their responsibilities for planning, delivering and managing the local public transport, highways, cycle, footway and rights of way networks. They have a duty to develop and implement a bus strategy and should ensure that this strategy makes a positive and sustainable contribution towards achieving accessibility objectives. To this end, authorities should establish and maintain effective partnerships with other transport providers in the public, voluntary and private sectors.
9. Effective joint working is central to improving accessibility. It enables a better assessment to be made of local accessibility challenges and provides the opportunity to plan and deliver co-ordinated and complementary initiatives that maximise accessibility benefits. In metropolitan areas, PTAs and district councils should work closely together in the development and delivery of their accessibility strategy and plans. Similarly, in two-tier areas, district councils should be active partners.
10. Local transport authorities are also encouraged to work in co-operation, and develop active partnerships, with neighbouring authorities and others in the health, education, spatial planning, employment, regeneration, crime reduction and social services sectors, as well as local communities. Public bodies with a particular role in improving accessibility include local planning authorities, Regional Planning Bodies, NHS bodies (particularly local Primary Care Trusts, (PCTs) and Hospital Trusts), local education authorities (LEAs), Learning and Skills Councils (LSCs) and Jobcentre Plus. Authorities are encouraged to make use of existing partnerships, such as Local Strategic Partnerships (LSPs), regeneration and 16-19 transport partnerships, wherever possible.
11. The community and voluntary sectors have a vital role to play in reducing social exclusion and improving accessibility. Authorities should actively involve the community transport sector in the development of their accessibility strategies and detailed action plans.

How accessibility helps to meet the health agenda

12. Providing health services that are of consistently high quality and responsive to the needs of the patient lies at the heart of the Government's vision of a modern and dependable health service. Ensuring that people can access those services when they need them is crucial to good health.
13. Improving access to health care, particularly for those from disadvantaged groups and areas, can contribute to good health by helping to ensure that appointments are not missed and that medical help is sought at an early opportunity. It is also recognised that, for some, the inability to access work and key services contributes to poor health and reinforces health inequalities and other forms of disadvantage that persist across England.
14. Improving access to a healthy diet can also contribute towards the achievement of key health outcomes, as outlined in the Government's consultation [Choosing Health? Choosing a better diet: A consultation on priorities for a food and health action plan](http://www.dh.gov.uk/Consultations/ClosedConsultations/ClosedConsultationsArticle/fs/en?CONTENT_ID=4084640&chk=bL6sQQ)⁵ (http://www.dh.gov.uk/Consultations/ClosedConsultations/ClosedConsultationsArticle/fs/en?CONTENT_ID=4084640&chk=bL6sQQ), launched in May 2004. The plan is aimed primarily at improving health through better nutrition and emphasises that all Primary Care Trusts are to establish the DoH's 5 A DAY initiatives.
15. Improving access to leisure facilities, and improving access to jobs and services by cycling and walking can help to encourage a healthier lifestyle and support Government's aim to increase levels of physical activity for both adults and children. The Department of Health and the Department for Culture, Media and Sport launched a consultation, [Choosing Health? Choosing Activity](http://www.dh.gov.uk/Consultations/ClosedConsultations/ClosedConsultationsArticle/fs/en?CONTENT_ID=4084640&chk=bL6sQQ) (http://www.dh.gov.uk/Consultations/ClosedConsultations/ClosedConsultationsArticle/fs/en?CONTENT_ID=4084640&chk=bL6sQQ), on these issues in May 2004.
16. The NHS Plan sets out a ten-year programme to transform the health service so it is redesigned around the needs of patients and so that patients are given greater choice over where and when they receive their treatment. While recognising the need to maintain specialist treatment centres, the drive is to improve accessibility through the development of primary care services, particularly in disadvantaged areas and the provision of more local treatment. Keeping the NHS Local-A New Direction of Travel⁶ (<http://www.dh.gov.uk/assetRoot/04/08/59/47/04085947.pdf>) helps the local NHS to find high quality, sustainable solutions for local services, including solutions for smaller hospitals to secure their role at the centre of local communities.
17. *Tackling Health Inequalities: A Programme for Action*, published in July 2003, emphasises that health service providers, with Primary Care Trusts in the lead, will have a key role in supporting transport planners and contributing to the accessibility planning process.

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www.dh.gov.uk/Consultations/ClosedConsultations/ClosedConsultationsArticle/fs/en?CONTENT_ID=4084640&chk=bL6sQQ

⁶ www.dh.gov.uk/assetRoot/04/08/59/47/04085947.pdf

18. Improving accessibility can deliver real benefits to the health sector (see example in Appendix B). The Health Development Agency report, *Improving Patient Access to Health Services: a National Review and Case Studies of Current Approaches*⁷ (http://www.hda-online.org.uk/documents/improving_patient_access.pdf), provides a summary of national policies and local action to improve patient access to health services either by travelling to those services or by services being brought to them. It emphasises that improving patient access will often have the added benefit of enabling visitors and NHS employees alike to reach healthcare facilities. When assessing provision of transport to health facilities, the role of community transport, particularly smaller social car schemes, should not be overlooked.
19. Local authorities are already encouraged to look beyond their own service responsibilities by scrutinising issues of wider concern to local people. Within this context, the power of overview and scrutiny of the NHS was introduced in England under the Local Government Act 2000 (<http://www.dh.gov.uk/assetRoot/04/06/62/38/04066238.pdf>). Democratically elected, community representatives have the right to scrutinise how local health services are provided and developed for their constituents. In this way local authorities can assist in reducing health inequalities and promote and support health improvement. This should enable open and transparent local debate about health and health services and could be an important mechanism for consideration of improved co-ordination of accessibility initiatives between local authorities and the NHS. The Programme for Action describes the key role for local authorities. Healthier communities and reducing health inequalities is also a shared priority for local authorities; this will be reflected in CPA 2005 and as a Beacon Council scheme theme for 2005.

How accessibility helps to meet the education agenda

20. The Government is committed to an inclusive education system that provides all pupils with the opportunity to meet their full potential. The ability to access educational facilities is central to the aim of ensuring that pupils and students are able to participate and remain in education and achieve the results they deserve. The principles of accessibility planning can help local authorities and their partners meet these aims by improving access to schools and Further Education institutions, by public transport, walking and cycling, and other locations such as those providing pre-school learning, adult education and skills training.
21. Travel costs may cause financial difficulties for families on low incomes that are not entitled to free transport, particularly where there are concerns about children's ability to walk or cycle safely, or where there are several children. Also, a significant minority of families exercise 'parental preference' and do not send their children to the nearest suitable school. Lack of support for children of parents exercising parental preference effectively means that those from low-income families are less able to exercise choice. DfES wants children to attend their neighbourhood school: that is why their policies are focused on improving every school so that parents are satisfied with standards.
22. DfES is encouraging schools to offer a much wider range of activities outside the standard school day. This includes breakfast clubs, after school sport and clubs and study support. It is also introducing greater flexibility into the 14-19 education system. Providing improved accessibility, including through improved transport services, would provide greater equality for pupils whose parents do not have access to private transport. If passed, the School Transport Bill currently before Parliament, will enable up to 20 authorities to pilot innovative new arrangements in home to school travel. Potential pilot authorities will be required to consider social inclusion issues when preparing their proposals.

⁷ www.hda-online.org.uk/documents/improving_patient_access.pdf

23. The availability of services that link students to institutions is a major factor in wider participation in further education. The Education Act 2002 places a requirement on Local Education Authorities to develop a 16-19 transport policy following consultation with key partners, including Passenger Transport Authorities where appropriate. Partnerships are required to publish their policies for provision of transport services and financial help for students. New criteria include that no individual should be prevented from participating in Further Education because of a lack of services or support. Recent guidance for these partnerships⁸ (<http://www.dfes.gov.uk/financialhelp/16-19transport/index.cfm?fuseaction=content.view&CategoryID=19&ContentID=15>) provides an update of the requirements that fall to LEAs and their partners, and emphasises that:
- a partnership approach within local authorities is essential to ensure that the work of the LEA in developing transport services and support for students is complementary to the strategies established in the authority's Local Transport Plan; and
 - LEAs, together with LSCs and others, will be key partners in accessibility planning and should work closely with transport planners to consider accessibility both through improvements in local transport services, the built environment and changes to the delivery or location of services.
24. Evaluation of 70 initial 'pathfinders' showed that, for about 65% of sampled authorities, a prime focus for their efforts would be to improve participation for disadvantaged people (students with special needs or coming from families living in areas with high levels of social deprivation). Other educational objectives included providing students with a greater choice as to where they could attend further education, improving student achievement and ensuring higher attendance rates.
25. LSCs are in the process of undertaking strategic area reviews (StARs) of all LSC-funded learning and skills provision across England in response to Success for All⁹ (<http://www.lsc.gov.uk/National/default.htm>), the Government's reform strategy for further education and training. StARs aim to meet learner, employer and community needs, and to improve the choice and quality of post-16 education and skills provision.
26. Local LSCs are responsible for leading StARs and ensuring that the review is effectively managed, stakeholders are engaged and that the timetable is met and outputs are achieved. By 31 March 2005, following all review activity, local LSCs will put in place and publish a plan for reform outlining clear actions for meeting needs and improving choice. This will be incorporated into their strategic plan. Local authorities and LSCs should seek the opportunity to incorporate transport and accessibility considerations within these StARs, to ensure that changes in learning and skills provision do not result in adverse accessibility implications.
27. The examples in Appendix B show how accessibility initiatives can make a significant contribution to delivery of education objectives.

How accessibility helps to meet the welfare to work agenda

28. Key aims of the Government are tackling poverty, reducing worklessness, and promoting growth and opportunity. Many jobseekers experience difficulties accessing interviews and travelling to their jobs for various reasons, including the availability and affordability of transport. In some cases problems with staff recruitment and retention can be a result of lack of transport to employers' sites. Similarly, lack of access to transport can be the barrier that prevents individuals from returning to work.

⁸ www.dfes.gov.uk/financialhelp/16-19transport/index.cfm?fuseaction=content.view&CategoryID=19&ContentID=15

⁹ www.lsc.gov.uk

29. The objective of Jobcentre Plus, the delivery arm of the Department for Work and Pensions, is "to promote opportunity and independence for all" and help deliver the welfare to work agenda. It does this by helping people of working age to find work and get any benefits they are entitled to, and by offering a dedicated service to employers to fill their vacancies quickly and effectively. Jobcentre Plus has also signed an accord with the Local Government Association to promote the importance of partnership working between Jobcentre Plus offices and local authorities in England. Arising from this area of work a toolkit on partnership working has been produced and copies have been sent to Jobcentre Plus offices and Local Authorities.
30. Jobcentre Plus Districts and local offices have an important role to play in the delivery of accessibility planning. They can do this by: working with local authority transport officers to identify accessibility problems that are making it difficult for jobseekers to secure work; working with them to secure funding, deliver and monitor sustainable and locally appropriate solutions; and by sharing and extending good practice.
31. The examples in Appendix B demonstrate how accessibility initiatives can help more people into work.

How accessibility helps to promote sustainable development, regeneration and neighbourhood renewal

32. Part 1 of the Local Government Act 2000 places a duty on all local authorities to prepare "Community Strategies". The community strategy should be a practical tool for councils and their partners to pursue the economic, social and environmental well-being of their area and contribute to the achievement of sustainable development locally and nationally.
33. The preparation of a community strategy should result in:
 - a long-term vision for the area, focusing on achievable outcomes;
 - specific goals and priorities that will contribute to those outcomes;
 - an agreed action plan for meeting those goals and priorities.

It should provide a practical context for informing and linking other services - or theme-specific plans, such as LTPs.

34. Community strategies have been developed to have an impact on the whole local authority district. In combination, Local Strategic Partnerships (LSPs) are required to prepare Local Neighbourhood Renewal Strategies (LNRSs) in the 88 areas receiving Neighbourhood Renewal Funding (NRF). LNRSs provide the strategic aims and targets for tackling deprivation and other key issues identified by LSPs, and contribute to national targets for tackling deprivation. Both community strategies and LNRSs should be developed with the agreement of local people and other service providers whose activities have an impact on an area. This should be carried out via consultation with LSPs (see Appendix A).
35. Improving accessibility can contribute towards meeting the vision and aims of both community strategies and LNRSs by helping to underpin economic development, improve education and health, and make areas more attractive for people to live in. When developing and delivering their accessibility strategies and plans, authorities should therefore consider with their partners the extent to which they contribute to delivery of the priorities in the community strategy and LNRS.
36. Thirty-nine New Deal for Communities (NDC) partnerships were set up in 1998-1999. Their aim is to alleviate multiple deprivation in some of the country's poorest and most deprived neighbourhoods by putting those communities at the heart of the decision making process and giving them the resources to tackle their problems in a co-ordinated way. Improving accessibility supports all five of NDC partnerships' key objectives of tackling unemployment, health, crime, education, and the housing/physical environment.

How accessibility helps to improve opportunities in rural areas

37. The Government is committed to improving accessibility to jobs and services for people living in rural areas. The Rural White Paper¹⁰ (<http://www.defra.gov.uk/rural/ruralwp/default.htm>) and the 2004 Rural Strategy¹¹ (www.defra.gov.uk/rural/strategy/default.htm) recognised that rural communities face particular accessibility problems. The decline in local shops and services, and centralisation of services, mean that rural residents have further to travel to access them. While people are, on average, better off in rural areas some indicators show that rural social exclusion exists at about three-quarters the level found in urban areas¹², and people at risk of exclusion are far more dispersed. People living in rural areas with no access to a car face increasing difficulties accessing employment opportunities and essential services, especially those in sparsely populated areas and areas less well served by public transport.
38. Improving accessibility is vital to building thriving rural communities, enabling individuals to better access the labour market, educational opportunities, health care and other essential services. The diversity of rural areas, in terms of their spatial, social and economic characteristics, and the dispersed distribution of those who need such services, means that different, more flexible solutions need to be found to meet problems of accessibility in rural areas. Again, improved accessibility can be brought about not only through improved transport, but also by reducing the need to travel to services.
39. The "corlink" example in Appendix B demonstrates how flexible transport solutions are improving accessibility to jobs, training and services for rural communities.

The role of spatial planning in improving accessibility

40. The Government is committed to creating sustainable communities and has set out its vision in Sustainable Communities - building for the future¹³ (http://www.odpm.gov.uk/stellent/groups/odpm_communities/documents/page/odpm_comm_022184.hcsp). Draft Planning Policy Statement 1¹⁴ (http://www.odpm.gov.uk/stellent/groups/odpm_planning/documents/page/odpm_plan_027494.pdf) provides guidance to local planning authorities on ensuring the development of sustainable communities. This highlights the role that accessibility has in meeting this ambition, by emphasising the need for planning policies to:
 - Give a high priority to ensuring access for all to jobs, health, education, shops, leisure and community facilities by ensuring that new development is, so far as reasonable, located where everyone can access services on foot, bicycle or public transport rather than having to rely on access by car, while recognising the more limited potential for doing so in rural areas.
 - **Reduce the need to travel** and encouraging public transport provision to secure more sustainable patterns of transport, including attractive, safe and convenient access on foot or by cycle.

¹⁰ www.defra.gov.uk/rural/ruralwp/default.htm

¹¹ www.defra.gov.uk/rural/strategy/default.htm

¹² Countryside Agency, *Indicators of Poverty and Social Exclusion in Rural England 2002* (New Policy Institute, 2002)

¹³ www.odpm.gov.uk/stellent/groups/odpm_communities/documents/page/odpm_comm_022184.hcsp

¹⁴ www.odpm.gov.uk/stellent/groups/odpm_planning/documents/page/odpm_plan_027494.pdf

41. Planning Policy Guidance 13 on transport also emphasises the importance of land use / spatial planning in delivering the Government's transport and accessibility aims. By shaping the pattern of development and influencing the location, scale, density, design and mix of land uses, planning can help to reduce the need to travel, reduce the length of journeys and make it safer and easier for people to access jobs, shopping, leisure facilities and services by public transport, walking, and cycling.
42. The principles and processes of accessibility planning can help local planning authorities to develop sustainable communities by highlighting where there are gaps in services and identifying new accessible sites, or existing sites for co-location, where development can be encouraged or directed. This will reduce the need to travel and, by leading to greater accessibility by public transport, walking and cycling, will help to encourage sustainable transport choices.
43. Regional spatial strategies (RSS) will address regional and sub-regional issues which may cross county or unitary boundaries and which may offer a range of development options. Land use / spatial planning should take account of functional relationships, such as journey to work patterns, between settlements or land uses within an area which may not correlate with administrative boundaries.

Community safety, personal security and crime

44. The Government is committed to reducing crime and fear of crime wherever it occurs. Crime and fear of crime on the transport system can have a major effect on people's willingness to travel and their ability to access the jobs and key services that they need. Authorities and their partners should address crime and fear of crime in areas where these issues are significant barriers to accessibility.
45. The Crime and Disorder Act 1998 (CDA 98) as amended by the Police Reform Act 2002 sets out the statutory requirements for responsible authorities (the police, local authorities, fire and rescue authorities, police authorities and primary care trusts) to work with other local agencies and organisations from the public, private and voluntary sectors to develop and implement strategies to tackle crime and disorder and misuse of drugs in their area. These statutory partnerships are known as Crime and Disorder Reduction Partnerships (CDRPs). There are 354 CDRPs in England.
46. CDRPs are required to undertake an audit of crime and disorder and misuse of drugs in their area every three years. The latest round of these audits will have been undertaken in 2004. The audit process includes consultation with the public on the findings and what matters locally. This will shape priorities for inclusion in the crime and disorder and misuse of drugs reduction strategy to be published in April 2005. From April 2005, for the first time, Government Offices will be negotiating crime reduction and misuse of drugs targets with partnerships based on the priorities in the local strategies.

47. The Home Office has highlighted the importance of crime and fear of crime by developing a public transport 'toolkit'¹⁵ (www.crimereduction.gov.uk/toolkits/pt00.htm) which is available on the Crime Reduction Website. It has also used its powers under the Crime and Disorder Act to include Passenger Transport Executives and Passenger Transport Authorities as statutory members of CDRPs. As many local authorities have responsibility for transport planning and passenger transport they, in concert with the police (including the British Transport Police), are working together to reduce crime and the fear of crime on and around transport services. CDRPs and Drug Action Teams, (which are local partnerships charged with responsibility for delivering the National Drug Strategy at a local level, with representatives from the local authority (education, social services, housing) health, police, probation, the prison service and the voluntary sector), should therefore be in a position to support and contribute to accessibility initiatives that are focused on reducing crime and fear of crime on and around transport.

¹⁵ www.crimereduction.gov.uk/toolkits/pt00.htm

Chapter 4: Accessibility Assessments - Identifying and Analysing Accessibility Problems

Summary

- Accessibility assessments can help to:
 - engage key partners in non-transport sectors and facilitate cross-sector working;
 - present a clearer picture of the accessibility issues facing a local area and identify strategic areas and priorities for concentrating resources and action;
 - guide development and delivery of appropriate, cost-effective and sustainable schemes to improve accessibility;
 - assist in the evaluation of existing funding streams, projects, programmes and policies in both transport and other sectors and identify how these can best serve accessibility needs, particularly for socially excluded groups and areas;
 - guide mainstreaming of accessibility and equity issues across a wide range of transport strategies and schemes; and
 - guide mainstreaming of accessibility and equity issues in decision-making, strategies and scheme delivery in non-transport sectors.
- In identifying objectives and priorities, assessments should consider how accessibility improvements contribute to other wider objectives, e.g. for jobs and housing. The focus should be on access to work, learning, health care and food shops - including through use of the core accessibility indicators (see chapter 7) - together with other services and opportunities of local importance.
- A combination of evidence sources should be used in assessments. This includes accessibility mapping and modelling (referred to here as mapping audits); the existing local knowledge of the authority and its partners, and surveys and consultation with other local bodies and communities.
- A two-stage, or 'hierarchical' approach to the assessment should ensure that sufficient qualitative and quantitative evidence is available to support local decision-making. Based on experience in the pilots, the following process is recommended:
- **Stage 1, a strategic area-wide accessibility assessment**, helps in addressing accessibility issues in a more systematic and objective manner and in identifying priorities for targeting action. This comprises:
 - 1a - strategic mapping audits for the main destination types;
 - 1b - establishment of 'strategic partnerships' around specific themes, to consider the findings of the audit and to review existing knowledge on accessibility issues. Including partners with both policy development and delivery roles; and
 - 1c - prioritisation of areas, groups and issues for further action.
- **Stage 2, subsequent, more detailed, local assessments focussing on the identified priority areas, groups or issues**, assists in the identification, specification and planning of more detailed local action plans. This comprises, as appropriate:
 - 2a - reviews of existing local evidence;
 - 2b - more detailed local mapping audits; and / or
 - 2c - new surveys and research, including consulting communities / clients / users

At this stage, authorities and their partners should involve relevant local stakeholders who might have a role in delivering subsequent actions.

Undertaking and using accessibility assessments

1. The main purposes of an accessibility assessment are to provide a clearer picture of the accessibility issues facing a local area and to help identify priority areas, groups and issues on which resources and action should be targeted. Assessments, and accessibility priorities and objectives, should always be developed in the context of the authorities wider objectives and plans for the local area, e.g. on jobs and housing.
2. Development and delivery of schemes and initiatives to improve accessibility should be firmly based on an understanding of the accessibility problems and needs of local people. Local transport authorities should seek to identify, assess and monitor the accessibility needs of their local communities through a combination of the use of:
 - accessibility mapping and modelling tools (referred to here as mapping audits);
 - the authorities' own local knowledge and that of its partners; and
 - surveys and consultation with other local bodies and local communities.

The results of mapping and modelling exercises should be used in conjunction with local knowledge and/or targeted surveys of the affected population to identify any differences between perceived and modelled accessibility before actions are taken forward.

3. Accessibility assessments, using a combination of these tools, can:
 - help engage key partners in non-transport sectors and facilitate cross-sector working;
 - help to identify strategic areas and priorities for concentrating resources and action;
 - guide development and delivery of appropriate, cost-effective and sustainable schemes to improve accessibility;
 - assist in the evaluation of existing funding streams, projects, programmes and policies in both transport and other sectors and identify how these can best serve accessibility needs, particularly for socially excluded groups and areas;
 - guide mainstreaming of accessibility and equity issues across a wide range of transport strategies; and
 - guide mainstreaming of accessibility and equity issues across decision-making, strategies and scheme delivery in non-transport sectors.

Introduction to the components of accessibility assessments

4. Accessibility assessments can draw on existing evidence available at the national level, such as centrally-available measures and data sets, alongside evidence that is specific to local circumstances and the needs of different sectors of the local population. However, existing information collected locally by accessibility planning partners may be predominantly qualitative in nature. Such evidence alone cannot identify the relative importance to be ascribed to different geographical areas, population groups or policy issues.
5. In order to prioritise issues and inform policy and funding decisions, it is important to provide some consistency and comparability between areas. Stage 1, the **strategic assessment**, which comprises a strategic mapping audit in conjunction with a review of existing evidence, is designed to provide such an overview, relatively quickly and at relatively low cost.

6. It is likely that the strategic assessment will need to be built upon to fill any information gaps and before practical local schemes can be specified. It should, therefore, be supplemented with Stage 2, targeted **local assessments** - using mapping audits and survey work in combination - to further develop a picture of the key problems and issues and define appropriate, deliverable solutions.
7. When undertaking their assessments, authorities and their partners should consider:
 - the different needs and problems of urban and rural communities in their area;
 - the different needs and problems of different sections of the local community; and
 - the different barriers associated with different journey purposes, particularly work, learning, health care and food shopping, but also other opportunities, such as leisure, that are of local importance.
8. In considering the different needs of urban and rural areas, local authorities should use the new rural and urban area classifications¹⁶ (http://www.statistics.gov.uk/geography/bulletins/bulletin2004_14.asp) now available on the National Statistics geography webpages.
9. Authorities and their partners are also encouraged to consider as many potential barriers to accessibility as possible (e.g. lack of safe walking/cycling routes, community severance, transport availability, cost, reliability, information and safety), based on an analysis of existing national and local data sets and local knowledge and expertise. In addition, they should consider how they can expand their understanding of these different influences on local accessibility through further work and research.
10. Based on the accessibility planning pilots, the following staged process for undertaking accessibility assessments is recommended:
 - **Stage 1: strategic accessibility assessment**, comprising:
 - 1a: Strategic mapping audits (generally undertaken by the local transport authority) for the main destination types;
 - 1b: Establishment of 'strategic level partnerships' around specific themes, comprising the main partners with a policy development and delivery role, to consider the findings of the audit and to review existing knowledge on accessibility issues; and
 - 1c: Prioritisation of areas, groups and issues for further action.
 - **Stage 2: more detailed local accessibility assessments**, focussing on the identified priority areas, groups or issues comprising, as appropriate:
 - 2a: A review of existing local evidence;
 - 2b: Local mapping audits; and / or
 - 2c: New surveys and research: consulting communities, clients and user groups, including those directly affected by the accessibility problems.

¹⁶ www.statistics.gov.uk/geography/bulletins/bulletin2004_14.asp

11. The sections below provide more detailed information on each of the steps outlined above. The Technical Annex provides detailed guidance on the use of accessibility indicators and modelling and mapping tools. Local authorities are encouraged to obtain and use the DfT accessibility planning software, Accession, both for accessibility assessments and option appraisal (see chapter 5), but its use is not mandatory. The Technical Annex also discusses what those using other software, and those with no software or limited data may be able to do, and provides information on central and local data sources that are of use in accessibility planning.
12. Accessibility mapping and modelling has its limitations, which may be related to methodology, data or a combination of the two. It is therefore important to critically question the results shown during the mapping audit, and to involve partners from other sectors in the interpretation of these results. The existing knowledge of both local authorities and partners can help in interpreting the story underpinning the pattern of local accessibility shown by the audit and in identifying and resolving any gaps.
13. To improve the accuracy of accessibility assessments, partners should therefore consider whether the results shown are borne out by:
 - Experiences and knowledge of local authority officers and partners, including the experiences of front line professionals; and
 - Concerns raised, or feedback provided, by stakeholders and the local community during consultations.
14. Authorities should consider whether there are any areas showing unexpectedly poor levels of accessibility or any areas that unexpectedly do not show up as having potential problems. Depending on the conclusions of this exercise, it may be necessary to undertake further analysis, for example: using different forms of indicator; interrogating or modifying existing data sources; seeking additional data sources from partners or neighbouring authorities or undertaking qualitative surveys.
15. Accessibility planning does not seek to duplicate other approaches to user consultation but should be woven through existing and future initiatives both of authorities and of partners who already manage consultation and data collection exercises. Additional consultation and survey work is likely to focus on small-scale, targeted exercises to 'reality check' the mapping audits and inform the development of local action plans.

Step by step guide to the accessibility assessment process

Stage 1: Strategic Assessment

16. Two main elements form a strategic accessibility assessment:

- a strategic mapping audit, using readily available data; and
- a review of existing, readily available, evidence from various partners.

For both, a balance needs to be struck between comprehensiveness and practicality. At the strategic level, it is recommended that the evidence review comprises statements of the general understanding of accessibility needs that each partner brings to the process, based on their prior knowledge and without undertaking extensive new sourcing of information. More targeted and detailed reviews of existing local evidence are likely to be more appropriate at the local assessment stage.

17. It should be possible to complete strategic assessments in a relatively short time-scale to:

- undertake and review mapping and analysis for any gaps;
- report what is already known by authorities and their partners;
- identify any further tasks for more detailed investigation;

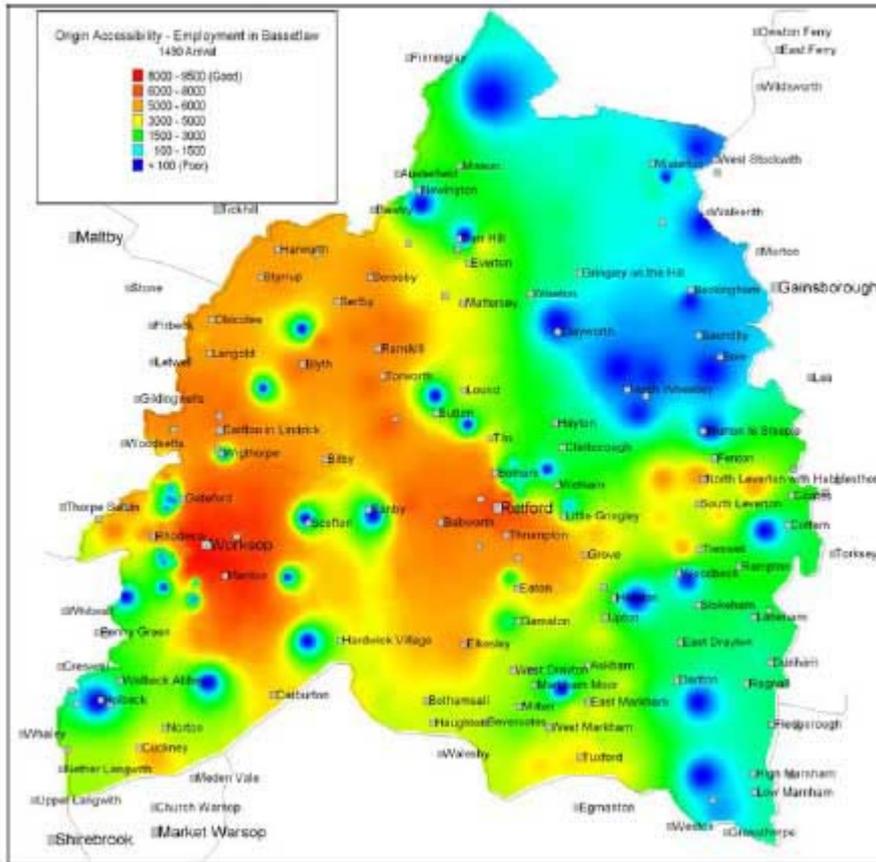
- identify what added value could be provided to existing or ongoing initiatives through joint planning mechanisms or better targeting of action; and
- prioritise issues, areas or groups.

Step 1a: Strategic Mapping Audit

18. It is recommended that mapping audits be undertaken in a top down or hierarchical way, starting with a widely defined spatial area (e.g. local authority or LTP area), allowing potential problem areas and issues to be identified and located quickly, without the need for time-consuming detailed small-area analysis.
19. Such strategic mapping audits can be useful in providing an overview of the main accessibility challenges and helping partners to ask the right questions about gaps in public transport coverage and service provision. They are intended to provide a relatively quick and robust means of identifying areas within an authority where accessibility to jobs and essential services is poor and where there are concentrations of people at risk of experiencing social exclusion. They can also help in:
 - targeting schemes and resources;
 - benchmarking key performance indicators; and
 - monitoring service delivery and progress towards objectives.
20. Strategic mapping audits should be undertaken as accurately as possible, but the range of data sets required for detailed analysis will often not be available throughout an authority. The collation of such data may not necessarily add any significant value at this stage, and can delay progress. It is therefore important to keep assessment at this level practicable.
21. As mentioned above, mapping and analysis should ideally reflect all the main components of accessibility (including information, physical, environmental, financial, temporal, safety and spatial factors). However, this is rarely possible due to data and information limitations at both the national and local level. Strategic mapping audits are therefore likely to concentrate mainly on the spatial and temporal factors affecting accessibility. However, where local data are available on wider influences, these should be considered. Mapping and analysis should also consider cross-boundary issues wherever possible.
22. Strategic mapping audits can be undertaken using nationally available data sets and measures of accessibility, deprivation, and other proxies for socially excluded groups and areas. Authorities and their partners are encouraged to use a combination of:
 - the core accessibility indicators (see chapter 7 and the Technical Annex);
 - the related composite indicator (see chapter 7 and the Technical Annex);
 - the Index of Multiple Deprivation (see the Technical Annex);
 - census data and any existing local data sources (see the Technical Annex).
23. The pilots have shown that the most useful analyses in informing discussions during the strategic assessment stage were provided by the following:
 - calculating accessibility by census output area to the key destinations (work, education, health care, major services) and any other locally important destinations, see Figure 1;
 - weighting these accessibility indices by the affected population , see Figure 2;
 - analysing the catchment populations for key destinations to compare access for different groups in society. For example, Percentage of children within 20mins public transport travel time of their nearest secondary school "; see Figure 3

In addition, paragraph 4.26 describes the mapping outputs likely to be of most use for engaging partners.

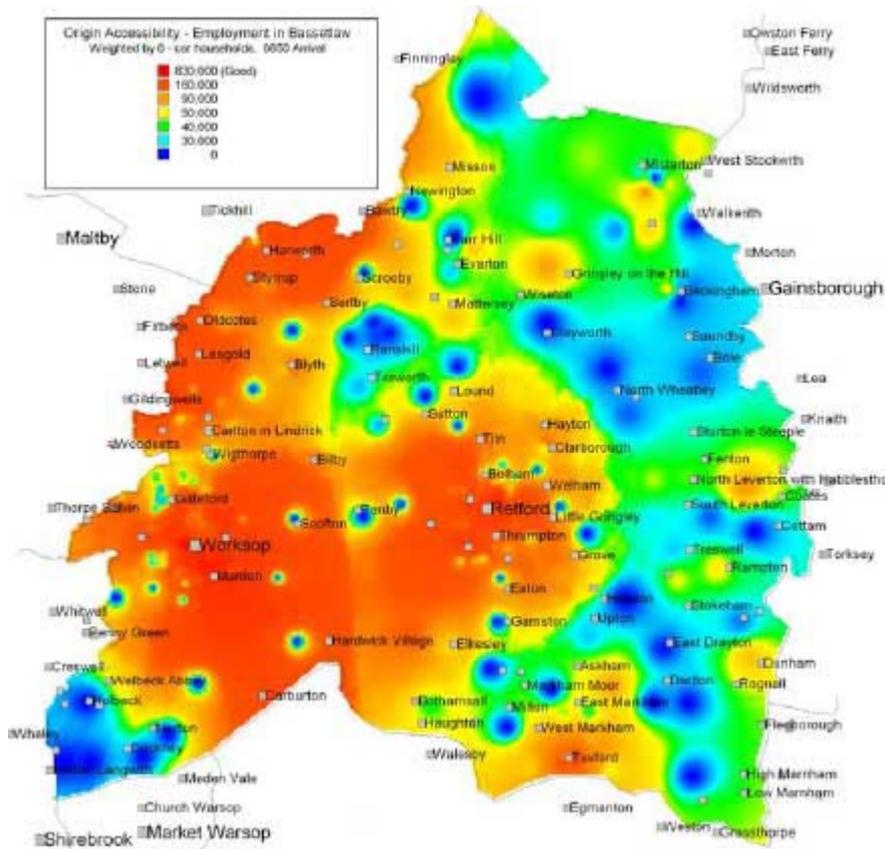
Figure 1 - Nottinghamshire origin accessibility by bus to all jobs (inter-peak)



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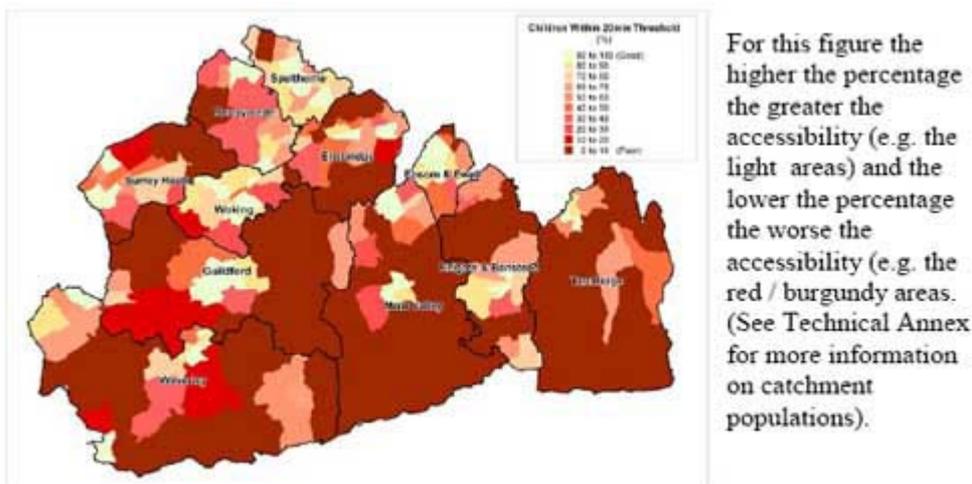
This shows an origin-based continuous measure of access to employment during the inter peak period. The units of measurement are equivalent number of jobs, which represents the deterrent effect of increased travel time on the relative attractiveness of a job opportunity. A job opportunity located 5 minutes travel time from an individual's home will appear more attractive than the same opportunity 50 minutes away. The larger the figure (e.g. the red/orange areas) the greater the accessibility and the greater the number of jobs an individual is able to access. Conversely the lower the figure (e.g. the blue areas) then the poorer is the level of accessibility and the level of job choice. (See Technical Annex for more information on continuous measures).

Figure 2 - Nottinghamshire population weighted origin accessibility by bus to all jobs (am-peak)



This figure weights the indicator in figure 1 for a particular population group to examine the accessibility to jobs for households without a car. The units are again in equivalent numbers of jobs. The larger the resultant magnitude of the indicator (i.e. the red/orange areas) the better the accessibility for the chosen population. (See Technical Annex for more information on weighted accessibility indicators).

Figure 3 - Percentage of children within 20mins public transport travel time of their nearest secondary school



For this figure the higher the percentage the greater the accessibility (e.g. the light areas) and the lower the percentage the worse the accessibility (e.g. the red / burgundy areas). (See Technical Annex for more information on catchment populations).

Source: Surrey County Council. © Crown copyright Ordnance Survey.

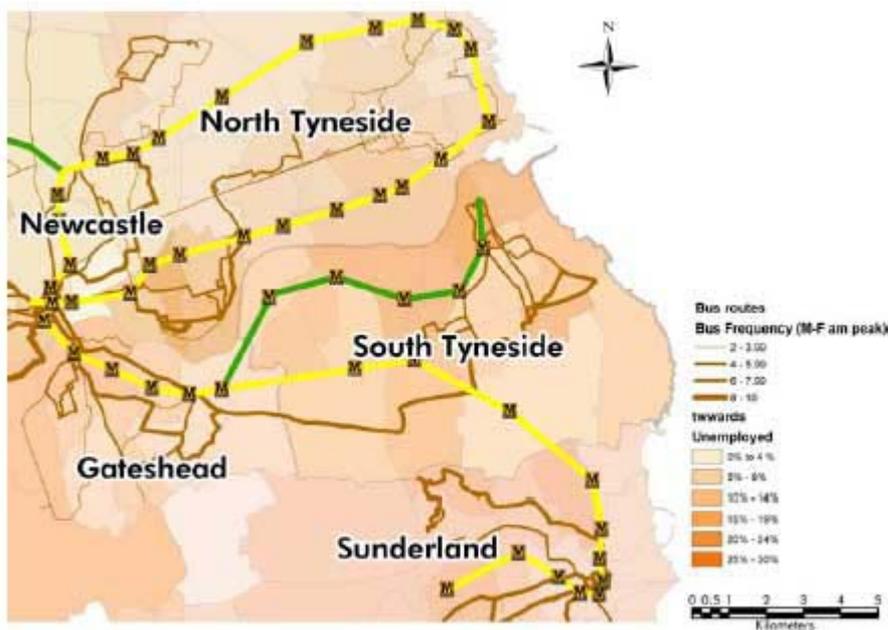
Strategic mapping audits early in the partnership involvement process can act as a stimulus for discussion about priorities and relevant actions on accessibility in relation to broad policy aims and

objectives. With the results of these audits, authorities should be well placed to identify the optimal approach for partner engagement.

Step 1b: Discussion of strategic mapping audit outputs with partners and existing evidence review

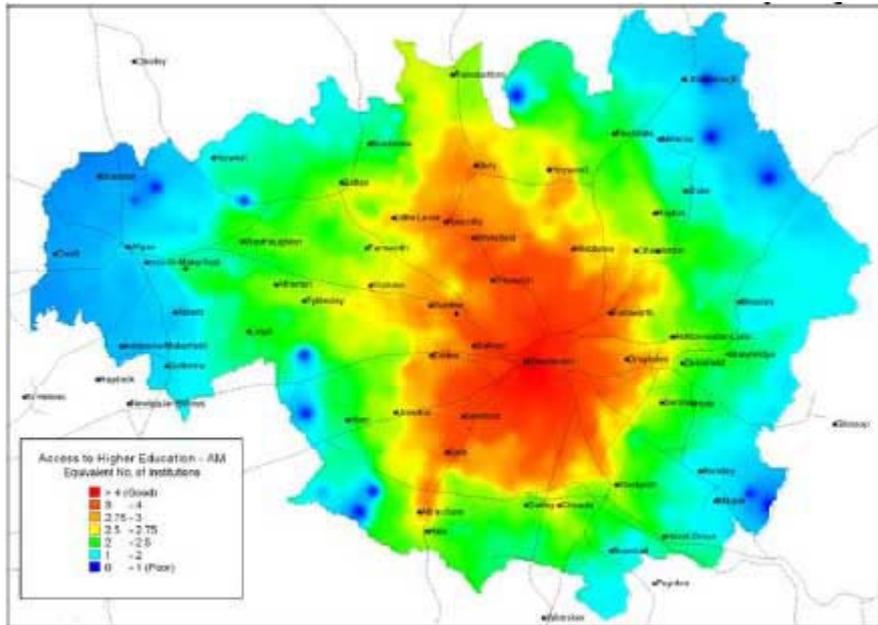
24. The next step in the recommended process is to hold theme-specific meetings with the main partners involved in planning and delivery for the relevant sector, policy issue or group, at the strategic level. At this level, it is likely to be most beneficial to engage with those bodies that have both a policy development and delivery role. This strategic level partnership should then oversee the option appraisal / resource identification stage and action planning. It is likely that partners with responsibility for delivery, rather than policy, will become more actively involved in the later stages of the process. Engaging other bodies is likely to be most effectively done when their potential role is clear, which is likely to be at the action planning and delivery stage. (See Appendix A for advice on partnerships working).
25. Partners in the pilots found the mapping useful for engaging and structuring these discussions but, at this level, there is a need to keep the mapping analysis simple. Three main types of information are recommended as being particularly useful outputs from the strategic mapping audits to be discussed with partners. Used together, these are likely to provide sufficient mapping evidence to allow partners to formulate all the questions needed for later stages:
 - **maps showing bus routes and other transport infrastructure, including service frequencies, and the availability of community transport and demand responsive transport.** Although information about these may be common knowledge to transport planners, the non-transport partners on the pilots found these particularly useful, e.g. Figure 4;
 - **maps showing the geographical distribution of accessibility**, for example origin based accessibility across the LTP area for the destination type(s) under consideration, e.g. Figure 5;
 - **core, local or other indicators ranked by ward, in tabular or chart format, to highlight areas/groups affected by poor accessibility**, e.g. Figure 6. This includes use of the Index of Multiple Deprivation and its individual domains.

Figure 4 - Transport map showing bus frequency and the spatial coverage of the public transport network within Tyne & Wear



Source: Nexus PTE. © Crown copyright Ordnance Survey.

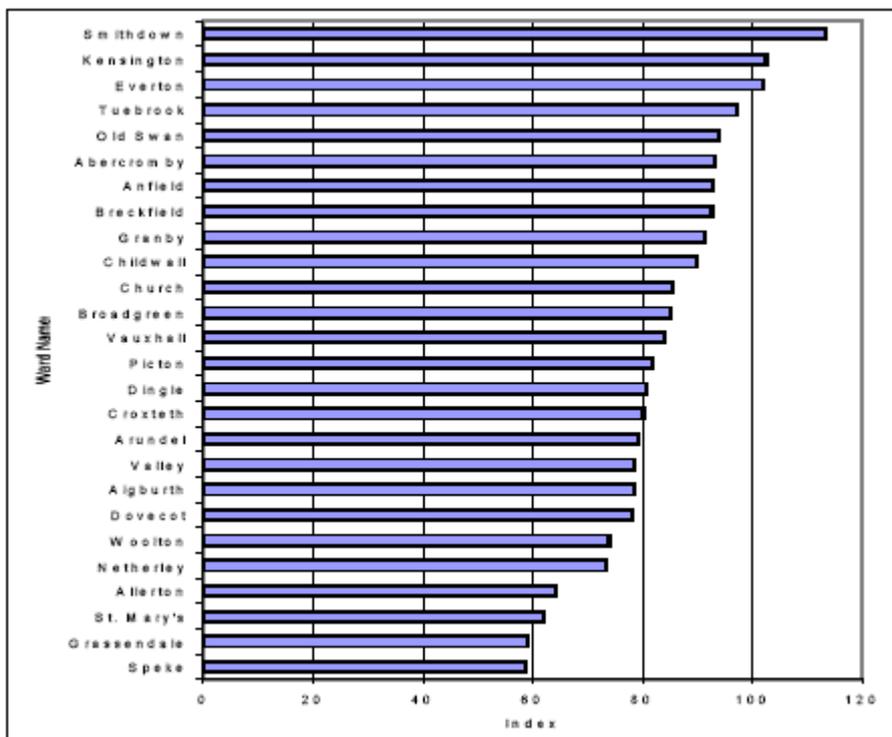
Figure 5 - Map showing geographical distribution of bus accessibility to higher education institutions within Greater Manchester - weekday am peak period



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The units used are equivalent numbers of institutions. The larger the figure the greater is both accessibility and the number of institutions that an individual is able to access.

Figure 6 - Chart showing ward level core accessibility indicator for access to Royal Liverpool Hospital.



It might be useful to ask partners attending an initial theme-specific meeting to:

- Identify what they see as being their role in improving accessibility, and in accessibility planning;
- State what they see as the main accessibility challenges in their field;
- Summarise problems and opportunities in their sectors related to accessibility arising from current policies, projects and initiatives;
- Identify key areas of uncertainty where further research might be needed.

This information will be useful for supporting, or tempering, the findings of the mapping work and highlighting priorities and opportunities for specific action. It will also be important that both local transport authorities and their partners are aware of relevant guidance on accessibility planning issued by other central Government departments on the role that partners should play in the process (see paragraph 1.14).

26. As mentioned earlier, to give an accurate representation of accessibility problems these mapping results need to be supplemented and reality checked using the existing knowledge and experience of both authorities and their partners. Partners should contribute any evidence from their own experience and consultation processes that might help to inform the discussions and identify communities' perceived needs and priorities, including consultation undertaken in developing the community strategy. However, an extensive review of available evidence and literature at this point is unlikely to be practical.
27. A challenge that authorities may encounter when establishing strategic partnerships is that of engaging with other sectors operating at different spatial levels. For example each local transport authority area typically includes more than one Primary Care Trust, more than one Jobcentre Plus office and, with the exception of unitary authorities, more than one local planning authority. In many large local authorities, and in PTE areas, it would be impractical to engage with all these different bodies at the strategic assessment level.
28. If there is a clear 'lead body' within such organisations, it is recommended that this body be invited to sit on the relevant strategic partnership. For example, in Lincolnshire, the East Lincolnshire Primary Care Trust has been nominated as the lead PCT for transport. Also, given moves towards greater cross-sector working, many partner organisations working at different spatial tiers will have groups or committees to represent them at a larger spatial level. In these cases, local transport authorities should consider approaching representative bodies to identify a lead for that organisation at the LTP level. If no such lead can be identified it might be prudent to delay the involvement of such organisations until preliminary results from the strategic assessment have emerged. Efforts can then be targeted at the appropriate body for the specific areas and issues that have been identified.

Step 1c: prioritisation of areas, groups and issues for further action

29. It is likely that a range of accessibility issues will be identified through the strategic assessments. More detailed targeted local accessibility assessments and action planning will be needed for priority issues and areas, and should be tackled in a phased manner. This will help to make the best use of available resources and focus efforts on where either early or significant improvements in accessibility can be delivered. In particular, authorities and their partners are encouraged to target further activities where:
 - disadvantage is greatest or there are concentrations of people at risk of social exclusion; and
 - the accessibility of a single service or combination of services is poorest;
 - accessibility improvements are likely to make the greatest contribution to delivering the authority's wider objectives, and those of the strategic level partnership.
30. A combination of the following can be used to help identify local priorities, population groups and areas at risk of social exclusion:

- composite accessibility measures;
- the related core accessibility indicators;
- local indicators;
- the Index of Multiple Deprivation;
- the national census; and
- local sources of evidence and data.

Ranking wards, or other geographical areas, according to their apparent level of accessibility problems can be helpful. For example, wards featuring prominently within the ranked composite indicators or within the IMD could be prioritised for more detailed analysis and investigation. (See Technical Annex for further details on prioritising activities).

31. Strategic level partnerships can help to identify and refine specific geographical locations and policy priorities for the later stages of the work. In some of the pilots, the emerging priorities covered a wide geographical area (e.g. integration of non-emergency patient transport with public transport in Merseyside). In others the priorities were focussed on narrower areas for effective delivery for a particular people group (e.g. job seekers access to entry-level jobs in Bassetlaw). In some cases, specific sub-sectors of the relevant population have been identified as those in the most need (e.g. 16-24 year olds in South Tyneside, in the context of access to employment). Prioritisation should be based on the strategic assessment evidence and will vary in nature and scope from authority to authority.
32. The strategic assessments will need to define the specific priority elements that require further investigation. In many cases there will already be action in place, for example as part of a regeneration initiative or patient transport review. In some cases it may be that no further action is needed through the accessibility planning process other than to confirm, through the assessment, that existing action is comprehensive and equitable. However, in many cases the accessibility assessments will be able to identify how to add value to existing initiatives. In prioritising action, a useful check is to ask what added value the further assessment will provide to such parallel initiatives.
33. At the strategic level, partners should consider whether themes identified as priorities through the strategic assessment should be combined (e.g. combining consideration of different journey purposes) for subsequent local assessments and action planning. In many cases this might be sensible, as a given solution - e.g. public transport, walking/cycling infrastructure or better information - for one journey purpose type may meet the needs of another. It is therefore recommended that, where appropriate, themes should be combined so that cross-cutting issues and synergies are not lost.

Stage 2: Local accessibility assessments

34. Information generated in a strategic assessment will be useful for identifying local priority issues, areas or groups for further attention. However, further assessment, focussed on the identified priorities, is needed to develop the evidence base and fill any identified gaps in the strategic assessment and to define potential actions. It is not generally practical to conduct detailed local assessments across the entire local authority area. These local assessments should be overseen by a partnership appropriate to the identified priority. This is likely to be largely made up of the organisations represented on the strategic level partnership but might also include other organisations of particular relevance. For example, it might include the relevant Jobcentre Plus District and local planning authority if the focus is on access to employment in a particular area.
35. The pilots have shown that useful evidence for local assessments can include some, or all, of the following:

Guidance on Accessibility Planning in Local Transport Plans

- Sourcing, reviewing and identifying the lessons from other detailed studies and reports, e.g. from best value reviews, user surveys, previous research, and other relevant data and reports;
- Refining mapping and other analysis to include factors such as: travel cost, information, reliability, community transport, bespoke services, security, and other locally important factors; and
- New surveys and public consultation to understand the local significance of particular problems and obtain data on services and facilities not covered by existing data sources.

Step 2a: Existing local evidence

36. For each identified local priority issue, authorities and their partners are encouraged to conduct a search for previously published and unpublished policy development and analysis material. This includes reports of research, pedestrian and cycle audits, surveys and other sources of knowledge across the partners and is likely to identify key accessibility issues of concern.
37. In this way, partners in the pilots were able to identify a variety of local survey and qualitative data, alongside the local knowledge and expertise that exists within the partner agencies, to complement the mapping and strategic assessment. The table below sets out some of the types of evidence that may be available and the contribution that they might make to the accessibility planning process. However, this evidence is likely to be very variable in terms of availability, coverage, and usefulness between different authorities and different issues.

Potential existing local sources of evidence

Guidance on Accessibility Planning in Local Transport Plans

Category	Source	Potential strengths	Potential weaknesses
Accessibility analysis	Reports of analysis of access to particular services	Direct relevance to accessibility planning	Geographical coverage usually limited
Travel and transport	Travel surveys of perceptions and behaviour	Information on cost, reliability, etc which may be poorly represented in other sources	Can be difficult to calibrate the relative importance of each factor by trip purpose
	Travel needs assessments for businesses and other organisations	Information on 'gaps' in service provision	Likely to be limited to single businesses / bodies
	Travel needs assessments written for Rural Transport Partnership Action Plans to gain funding (e.g. by Rural Transport partnerships)	Information on gaps in service provision and highlighting areas with poor accessibility	Likely to be limited to, for example, rural areas
	Travel needs assessments to gain project funding (e.g. for RTPs and Parish Transport Grants)	Information on locally specific gaps	Likely to be limited to particular interest groups
Projects, facilities and service delivery	Policy, planning and project level analysis to support decisions on locations of facilities, development of infrastructure, investment appraisal, budget allocation	Provides insight into resources and priority given to access issues for the socially excluded	Likely to be limited in scope
	Research to support the development of funding bids	Information on areas of need and gaps in service provision	May be focussed on specific issue or area
	Surveys and analysis related to relevant key areas of concern including crime and disadvantaged groups	Information on the needs of particular groups	May not be directly focussed on accessibility or transport issues

Guidance on Accessibility Planning in Local Transport Plans

	Audits and impact assessments of equity, health, transport, environment, social and economic development	Useful in assessing the impacts of development on accessibility and lessons for future development	Geographical coverage may be limited
General information	General household and population surveys including national census, benefits data, employment and local attitudes surveys, citizen's panels, opinion and other surveys	Widely available	Difficulties may arise in getting accessibility data at administrative geographies lower than wards
	Surveys to assist with monitoring of best value or other current mechanisms for improving the management of public service delivery	Generally comprehensive and auditable information	May not be directly focussed on accessibility or transport issues
	Facilities surveys, land and property databases	Information on service provision, e.g. number of schools or food premises in an area	Databases may not be regularly updated

Step 2b: Local mapping audits

38. The strategic assessments may identify the need for detailed mapping at a more local level, tailored to the policy interests and priorities identified. Wherever possible, authorities should map aspects of accessibility such as cost, reliability and security issues, although it is recognised that data limitations may prevent this in many instances.

39. In the pilots, the most useful mapping at this stage included:

- Population catchment characteristics for particular destinations of interest, such as those known to be major generators of travel, or those proposed as new sites for developments. For example, by mapping the catchments for Broadgreen hospital in Merseyside, potentially beneficial changes in routing and timing of services could be identified. This level of detail is not available from the strategic maps, which consider multiple destinations.
- Maps showing school transport eligibility in Devon based on walking catchments - useful for identifying potentially excluded people who were not offered transport.
- Catchments for local health centres based on designated travel times by public transport and/or walking.
- Public transport routes, by frequency, serving locations where jobseekers have successfully obtained employment.
- Mapping of walk and public transport catchments for local food stores.

- Mapping of specific population groups. For example, jobseekers aged 16-24 in Tyne and Wear, according to whether they had taken up employment in the jobs to which they had been signposted by Jobcentre Plus.
- Mapping of reported crime and perceptions of safety - to identify areas where crime / fear of crime could be a barrier to accessibility.

Some transport services, such as community transport, cannot be modelled effectively with timetable data, and some pilots found maps showing coverage of such services useful in illustrating the opportunities available (see the Technical Annex).

Step 2c: New surveys and research: consulting communities, clients and user groups

40. Following the analysis of existing local evidence and local mapping audits a number of gaps in understanding local needs might still remain. Further targeted surveys and local consultations are likely to be relatively small scale, picking up specific local issues not appropriate for general consultation. The need for, and detailed specification of, additional surveys and research is likely to vary significantly from place to place. It might be limited to front-line service providers, or include service users, the wider community, or groups likely to be most affected by accessibility problems - older people, children, disabled people, people in areas of low car ownership, etc.
41. The information gained from these more focussed pieces of research and consultation can help to add detail to, and 'reality check', assessment findings and the development of potential actions. Outputs from the local mapping audits can prove to be useful in informing these targeted exercises and discussions. The pilots found that additional research and survey work identified new issues and perspectives that would not otherwise have been considered.
42. In the access to employment pilots in Tyne and Wear and Nottinghamshire, face-to-face interviews with jobseekers, and questionnaires and group discussions with jobseekers and front-line staff in Jobcentres, revealed valuable information that was not evident from the mapping. Information about the impacts of cost, time and scheduling on travel horizons, and travel awareness and security issues helped to inform the development of the local action plans. The pilots found that, by being targeted, these exercises provided valuable additional information quickly and at little cost.
43. These exercises can also help build cross-sectoral commitment to funding solutions by demonstrating the benefits of improving accessibility for different bodies. For example, focus groups in the health pilots combined with statistical analysis to explore reasons for non-attendance at appointments illustrated the links between public transport provision and reliability and attendance rates.
44. As well as consultations with users and frontline staff the pilots found that the involvement of groups, such as Age Concern, could be a good proxy for direct involvement of users or groups potentially at risk of social exclusion where the latter was not practicable. Community and voluntary organisations could also potentially contribute valuable data and knowledge to the picture of local accessibility.

Drawing on, and inputting to, other audits and assessments

45. This section outlines a number of existing audits and assessments that are undertaken in both transport and other sectors. Although some are not primarily concerned with accessibility issues linkages should be established as:
 - these other measures could provide useful evidence on equity and accessibility issues that would add value to both the strategic and local accessibility assessments; and
 - the results of accessibility assessments should be used in order to incorporate accessibility considerations into these other measures.

Transport appraisal

46. Economic Impact Reports (EIRs) form part of the New Approach to Transport Appraisal (NATA) framework and are used in the DfT's appraisal of wider economic impacts of transport interventions in regeneration areas. They highlight the processes linking transport to the vitality of the local economy and demonstrate how a proposed transport scheme either improves access to existing jobs or reduces unemployment by generating new jobs. Two of the ways it approaches this is to look at:
- origin based accessibility measures, i.e. changes in accessibility to existing jobs; and
 - destination based measures, i.e. changes in the pool of labour/customers which employers have access to (see www.webtag.org.uk Unit 3.5.8 for the general guidance, 3.5.11 for the accessibility measures, and 3.5.13 for the data sources.)
47. Work undertaken during the development of an EIR can form part of the body of local evidence reviewed during the strategic and local assessments. In addition, work undertaken during accessibility planning can be used as part of the supporting evidence prepared as part of an EIR. Authorities are also encouraged to use accessibility assessments within the appraisal and assessment of the accessibility implications of other transport projects and schemes, e.g. major schemes.

Health

48. Tackling Health Inequalities: A Programme for Action identified Health Equity Audit¹⁷ (HEA) as a key tool to embed evidence on inequalities into mainstream NHS activity such as planning, commissioning and service delivery. It compares the need for a service with provision and identifies what can be done to provide a better match and narrow inequalities. A HEA is not complete until action has been taken which is expected to narrow health inequalities. The NHS Priorities and Planning Framework for 2003-06¹⁸ includes the requirement for PCT service delivery to be informed by a HEA. Strategic Health Authorities have a performance management role in ensuring that all PCTs are developing and using HEA effectively as a driver for change to narrow health inequalities.
49. The purpose of HEA is to use evidence on inequalities to inform decisions on investment, service planning, commissioning and delivery and to review the impact of action on health inequalities. High level HEA may inform overall strategy development. More focussed HEA may aid or drive action in target areas within the strategy. PCT's HEAs might provide a useful source of evidence on accessibility related inequalities, for both the strategic and local accessibility assessments. In addition, information from accessibility planning could feed back into the HEA. The HEA can also support the local authority overview and scrutiny function.

Education

50. Assessments undertaken by 16-19 transport partnerships and schools as part of the travel planning process could also provide useful evidence for accessibility assessments. Accessibility planning outputs should also feed back into the development of policy and provision of transport to education establishments. Evaluation of 70 initial transport partnership 'pathfinders' showed that many were of the view that funds provided for the partnerships could be used to develop a better understanding of the transport needs of students and the operability of potential new services.

¹⁷ www.dh.gov.uk/assetRoot/04/06/90/87/04069087.pdf

¹⁸ www.dh.gov.uk/assetRoot/04/07/02/02/04070202.pdf

Employment

51. Authorities and their partners should maximise the use of existing initiatives, particularly travel planning and Travelwise, which also seek to improve accessibility to employment.

Rural areas

52. A further possible source of useful information to inform local accessibility assessments could be Rural Accessibility Audits that parish and town councils might undertake, according to the methodology set out on the Countryside Agency web site¹⁹ (www.countryside.gov.uk/EssentialServices/transport). These audits aim to identify whether a parish has accessibility problems and, if so, what they are through a system of simple questionnaires. They are best suited to smaller settlements with few local services. Also, Rural Transport Partnerships applying for Parish Transport Grants are required to complete a transport needs assessment; these will, in many cases, provide useful information for local assessments.

¹⁹ www.countryside.gov.uk/EssentialServices/transport

Chapter 5: Option Appraisal and Identifying Resources

Summary

- Having identified specific local priority areas, groups and activities through the accessibility assessment, authorities and their partners should consider a range of potential solutions to address these problems.
- Options should include specific schemes and initiatives for improving accessibility, together with wider improvements to transport and non-transport service provision.
- This range of options should be appraised to identify those that have the greatest benefits in contributing to the objectives of the authority and its partners, can most practically be developed and carried forward to implementation and offer the best value for money.
- The availability of resources is likely to be one of the most significant barriers and opportunities for determining whether it is practicable to develop individual actions. Partners should consider what resources are available across the partnership to implement actions, including staff and volunteer time, skills, locations and vehicles as well as funding.
- Authorities already have powers that can enable them to share and pool resources and these could, over time, make a valuable contribution to the accessibility planning process.

Option Appraisal

1. Having identified the key priority areas or issues for action through the strategic and local assessments, authorities and their partners should identify a set of locally appropriate actions to tackle these priorities. Options may include immediate or short-term actions together with actions in the longer term. Partnerships should consider the full range of potential solutions deliverable across the different sectors, including the use of both hard and soft measures. They should not be narrowly defined to transport interventions, but might include, for example, the timings of service delivery and locational decisions (see chapter 6 for more detailed examples of potential solutions to improve accessibility).
2. There are a number of factors that should be considered when appraising and selecting options:
 - The impacts (i.e. benefits and disbenefits) of proposed actions and their appropriateness for meeting local needs;
 - The barriers to implementation that exist for the proposed action;
 - The resources available to support the proposed action; and
 - The stakeholders necessary to take forward the proposed action.

Impacts of Options

3. The impacts, both benefits and disbenefits, of a proposed action are important in deciding whether or not it should be pursued. One approach is to use accessibility software to model and compare the impacts of particular interventions (see Technical Annex).

4. Although this can be a very useful tool, authorities should recognise that consideration of travel-time issues alone is not necessarily appropriate. Other factors, such as safety, travel cost, readily available easy to understand travel information, or frequency of service may be equally, if not more, important. The involvement of partners and targeted consultation with local communities in option appraisal will help to ensure that any planned actions address the actual problems experienced by the people who are affected. Involving the agencies that will be responsible for the delivery of new or improved services will also allow any practical barriers to delivery to be identified from the outset.
5. In appraising options, authorities should consider the wider impacts that they might have; for example the impact on the wider community as well as on the group or activity that is being targeted. For example, actions to improve access to education might also have resultant benefits for access to employment. Option appraisal should also consider the impacts of potential actions on transport and wider objectives, other than accessibility. In devising options authorities should be careful that improving accessibility for one group does not disadvantage another group with accessibility needs. For example improving accessibility for urban areas whilst reducing it for rural areas.
6. Value for money should be a key consideration in appraising options. Where a choice has to be made between alternative actions, or where a list of potential schemes/policies have to be rationalised for more detailed analysis, partnerships are encouraged to consider prioritising potential actions according to those that offer the greatest accessibility benefit or improvement per unit of financial investment. In such instances, the core or local accessibility indicators can be used as a measure of the benefit associated with the proposed action. For example, local authorities might prioritise the funding of local bus services by supporting those bus services offering the greatest potential accessibility benefit per unit investment. However, this represents a very simple approach to scheme/policy evaluation. Authorities should follow the principles of the more robust New Approach to Transport Appraisal (NATA), simplifying the approach when applying it to transport schemes or policies with a small monetary value. For major transport schemes authorities must follow NATA. (See Technical Annex)

Identifying barriers

7. Identification of barriers will prove useful in refining options. This should include identifying fundamental barriers, such as regulatory and statutory barriers, that would prevent an action being pursued, together with potentially surmountable barriers.
8. The availability of resources to implement actions was a barrier, and an opportunity, encountered in all of the pilots. Resources, in this context, means more than just funding streams, although this is clearly an important aspect. Resources should include:
 - the availability of staff across the relevant members of the partnership to assist at different stages in the process;
 - the skills and capacity of staff;
 - existing and potential budgets;
 - the potential for income from users of services;
 - voluntary and community sector resources;
 - efficiencies gained through joint working; and
 - the availability of accessible locations.

9. Emphasising the benefits for each sector is likely to be the best way to secure joint funding, and by developing actions that tie in closely with each sectors' objectives, targets and performance management systems. Such benefits should be construed broadly. For example, if patient attendance improves as a result of improved transport provision or information, then the potential savings will be to treatment budgets, rather than transport budgets. By following this approach, all of the pilot partnerships are now committed to the further consideration or development of new and innovative jointly-funded solutions to the problems that they have identified.
10. Proposed actions are likely to call on existing budgets as much as utilising new funding opportunities. Authorities and their partners should therefore consider how existing budgets could be targeted or deployed more effectively. For example, authorities might chose to review their allocation mechanisms for support of socially necessary bus services to see if it can be focussed more effectively and support accessibility aims more closely.
11. The pilots found it useful to be pragmatic in their approach to option appraisal. Taking forward options with the opportunity for funding and with stakeholders sufficiently committed to implementing them was found to be a successful approach. However, accessibility strategies should have a good balance of short-term and long-term actions and authorities and their partners should ensure that opportunism does not mean that longer-term, possibly more sustainable, options are neglected. Short-term gains may be necessary to demonstrate the benefits of accessibility planning and ensure partners' commitment but longer-term interventions are likely to be more significant in fundamentally improving accessibility.

Stakeholder engagement

12. Engagement with stakeholders that have a role in the delivery of proposed actions is an important step in informing option appraisal. Bodies such as bus operators, community transport operators, walking and cycling groups, Ambulance Trusts, GPs and schools could be typically engaged at this point. For example, in Merseyside, the Broad Green Hospital Trust used accessibility mapping to demonstrate to the local bus operator the benefits that alteration of a bus route and the movement of a bus stop would bring, as part of a package of measures, to improve accessibility to the hospital. The partners are now working towards taking forward these changes with the operator as part of the local action plan.
13. Having identified actions, pilots found it useful to assign an appropriate leader to take each action forward and refine it at the action planning stage. The leader need not necessarily be from within the local transport authority: pilots found it most effective to spread responsibility for taking forward action across the local partnership accordingly to responsibilities and expertise.

Resources

14. Resources available for improving accessibility will vary from area to area, initiative to initiative and partnership to partnership. The following section indicates some resource that might be considered.

Time and Skills

15. Staff time across the partnership is required for each stage of accessibility planning and having staff with the correct skills for each stage will make the process quicker and more effective. Accessibility planning will need a range of skills, from technical mapping and modelling skills, through transport planning and engineering knowledge, to skills in facilitating joint working. Partnerships should look to exploit the time and skills available across the range of bodies represented.
16. As accessibility planning will be part of the second round of LTPs, local transport authorities will be expected to take a lead role. They will have a particularly important role in the strategic mapping audit.

17. However, other partners might be better equipped to take on certain roles within the accessibility planning process and this is encouraged. For example, the access to health pilots found that the PCTs were best placed for monitoring improvements in accessibility. Similarly the pilots identified initiatives in the draft local action plans that Jobcentre Plus, Local Education Authorities and local planning authorities were in a better position to take forward due to the skills, expertise and responsibilities of their staff.

Data

18. Data and information play a vital role in the strategic and local assessments, option appraisal and action planning. DfT is supplying as much relevant centrally available data as possible to local transport authorities, but it is likely that additional local data will be necessary to help tailor actions to the particular needs of local communities. Each of the partners in the pilots proved to be a valuable source of information about their sector and the impact that accessibility has on that sector.

Local authority transport resources

19. In unitary, county and metropolitan district authorities, transport responsibilities are often spread across a number of local authority functions or departments - typically social services and education, in addition to transport. The transport budgets held by these departments, the contracts they let, and the vehicles that they are responsible for could be valuable resources for the accessibility planning process and might be better targeted to meet the accessibility needs of communities. Authorities should consider where and how appropriate integration between these functions and forms of transport could lead to better accessibility and better use of resources.

20. In addition to utilising existing funds, it should also be possible for local authorities to demonstrate that accessibility interventions are key to the successful delivery of the authority's wider policies and objectives, and so increase the internal allocation of revenue funding towards accessibility initiatives.

Funding streams for local transport interventions might include:

Resource Holding Body	Funding Stream	Key Information
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<p>Local authority (ODPM)</p>	<p>Formula Grant</p>	<p>General revenue funding provided from the ODPM through the Formula Grant Distribution System by use of Formula Spending Shares.</p> <p>Formula Grant is provided as a block grant, and local authorities have considerable freedom as to how they allocate their grant provision between services.</p> <p>The Environmental, Protective and Cultural Services funding block allocates Formula Grant for local authority transport services, including supported bus services.</p> <p>Local authorities in England spent approximately £260m in 2002/03 in fulfilment of their duty to secure socially necessary bus services not provided commercially. Accessibility planning should help to clarify criteria for defining what is socially necessary much more clearly than has been possible in the past.</p> <p>The Education and Personal Service funding block allocates Formula Grant funding for education and social services transport.</p>
<p>Local Authority (DfT and DfES)</p>	<p>School Travel Adviser Budget</p>	<p>The DfT and DfES are jointly making £7.5 million available to local authorities for each of the years 2004-05 and 2005-06 to support the development and implementation of school travel plans.</p> <p>This funding enables local authorities to employ school travel advisers to work with schools and help them develop and implement school travel plans.</p>

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<p>Local Transport Authority (DfT)</p>	<p>Rural Bus Subsidy Grant</p>	<p>A targeted grant to improve access to jobs and services and widen choice in rural areas.</p> <p>Totalled £137 million for 2001/02 - 2003/4 and has been extended to 2005/06.</p> <p>Government intends to link payment to improved accessibility outcomes.</p>
	<p>Rural Bus Challenge Fund</p>	<p>301 projects to a total value of £110 million supported since 1998.</p> <p>£20.3 million awarded to 42 rural bus projects in 2003.</p> <p>The 2003 RBC was the last in its current form and successor arrangements are being considered. The possibility of further Kickstart schemes is also being considered.</p>
	<p>Urban Bus Challenge Fund</p>	<p>106 projects, to contribute to regeneration of deprived urban areas through improved transport provision, to the value of £53 million supported since 2001.</p> <p>£19.6 million awarded to 40 urban bus projects in 2003.</p> <p>The 2003 UBC was the last in its current form and successor arrangements are being considered. The possibility of further Kickstart schemes is also being considered.</p>
	<p>Local Transport Plan capital funding</p>	<p>Annual capital funding linked to Local Transport Plans and Annual Progress Reports.</p> <p>Comprises maintenance, block allocation for minor schemes and major schemes allocation (for schemes costing over £5m).</p> <p>£8.4 billion over 5 years; £1.9 billion allocated for 2004/05.</p>

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Schools (DfES)	School Travel Plan Capital Grant	<p>DfES is making up to £20m per year available for 2004-05 and 2005-06 for schools that draw up robust travel plans. Typical sized primary schools will receive £5,000 and typical secondary schools £10,000.</p> <p>The aim is for the money to be spent on projects identified in the school travel plan, and must be spent on capital items on the school site.</p>
Learning and Skills Councils (DfES)	Transport Partnership Funds	<p>Statutory requirement under the 2002 Education Act for every LEA to have a 16-19 transport policy statement.</p> <p>Transport Partnership funds are paid directly by LSCs to LEAs to be used by the 16-19 transport partnerships to address transport problems for those in further education. LEAs must work in partnership with their local LSCs, colleges and Passenger Transport Authorities.</p> <p>The funding may be used to provide individual and/or group services and support. It may be delegated to particular members of the partnership if necessary to deliver the overall policy.</p> <p>Funding is not to be used to replace existing transport funding by any partner.</p> <p>£39 million to be allocated to partnerships from 2003/4 to 2005/6.</p>

21. The way services are delivered should also be considered, such as the opening times of schools that could be staggered to better utilise existing transport provision, or the co-ordination of health appointments and transport services, potentially through targeted booking systems.

Land-use planning resources

22. The Royal Liverpool Hospital example (see Appendix B) shows the significant impact that locational decisions can have on accessibility and social inclusion. Land-use planners, the land-use planning system and influencing the location of major travel generators, such as schools, hospitals and employment centres, will be crucial to the long-term sustainability of improved accessibility.

23. Accessible locations for development, and existing accessible sites for the co-location of services, will therefore be important resources. Authorities and their partners should actively consider directing or encouraging development towards these accessible areas. The work of the partnerships should also inform the consultation required to develop Local Development Frameworks to ensure that messages on accessibility are taken into account.
24. Planning obligations could prove to be a useful source of revenue to support transport interventions. Also known as section 106 agreements, they are typically agreements between local planning authorities and developers negotiated in the context of granting planning consent. They provide a means of enabling proposed development to proceed and addressing the direct impacts of new development, by securing developer contributions, including towards transport infrastructure and services.

Health sector resources

25. The pilots were able to identify and utilise a range of health budgets including:

Resource Holding Body	Funding Stream	Key Information
Primary Care Trusts (DoH)	Mainstream Budgets	<p>PCTs have been allocated £148.3 billion in resource funding and £10.1 billion in capital funding for the period 2003/04 - 2005/06.</p> <p>PCTs have the local flexibility to allocate these resources as they see fit to meet the targets laid out in the Planning and Priorities Framework</p> <p>Specific budgets that were utilised during the pilots include publicity budgets for improving travel information and Health Partnership Funds.</p>
Department for Culture, Media and Sport	5-a-day fund	From the New Opportunities Fund £10 million has been allocated to 66 PCTs to lead multi-agency partnerships to implement community-wide food projects.

26. The NHS currently manages a significant transport resource through the Patient Transport Service and non-emergency patient transport. There are likely to be opportunities for partnerships to make better use of these resources to improve accessibility for patients through better targeting and integration of transport services. The TAP scheme in Cornwall and the integration of social service and non-emergency patient transport in Nottinghamshire (see Appendix B) are two examples of how better use of resources have improved accessibility.

Welfare to work resources

27. Jobcentre Plus has a number of funding streams that can be used to address accessibility issues:

Resource Holding Body	Funding Stream	Key Information
Jobcentre Plus Offices	Adviser Discretion Fund	Local Managers have the discretion to allocate small amounts to help people move into work, including through initiatives to improve transport and accessibility for jobseekers.
	Travel Information and Journey Planning Fund	£3 million fund to improve travel information and journey planning in Jobcentre Plus offices.
	Travel to Interview Scheme	Extended from April 2003 to cover claimants of more benefits, including Incapacity Benefit, and local journeys costing over £4 on a discretionary basis.
	Transport Projects Fund	£5 million fund to support employment-related transport projects run by Action Teams for Jobs in 63 districts suffering from high employment deprivation.

Crime and Disorder resources

28. Crime and Disorder Reduction Partnerships (CDRPs) are statutory bodies at the unitary, county and metropolitan borough level, bringing together a range of partners with an interest in reducing crime.
29. CDRPs should be able to provide useful information on crime and fear of crime issues that act as a barrier to accessibility. They are required to perform crime audits and develop a crime strategy. Questions on crime and fear of crime on or around public transport in these audits could provide useful information for the accessibility planning process (see Technical Annex for more information).
30. CDRPs also hold a range of funds that could potentially be utilised to address crime and fear of crime issues that are affecting accessibility. These include:

Resource Holding Body	Funding Stream	Key Information
CDRP (Home Office funding managed by Government Offices for the Regions)	Building Safer Communities (BSC)	Combines the 'Safer Communities Initiative fund', 'Communities Against Drugs programme' and 'capacity building fund' £80m available in total 2004/5 to CDRPs

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	Basic Command Unit Fund	<p>Funding to help the police play full and active roll in CDRP strategy delivery.</p> <p>Focus on front line delivery and partnership working.</p> <p>Total allocation of approx, £50m in 2004/5 to CDRPs.</p>
	Operation Gate-It	£2.3 million available for 2004-2006 for environmental improvements to reduce anti-social behaviour including alley gates, lighting, CCTV and landscaping to improve security.
Local Authority/CDRP (ODPM and Home Office funding managed by Government Offices for the Regions)	Neighbourhood and Street Wardens Programme	<p>Total programme with grants worth £90.5m with:</p> <p>£18.5m available for Neighbourhood Wardens;</p> <p>£25m available for Street Wardens; and</p> <p>£22.5m available for Street Crime Wardens.</p>

Geographically specific resources

31. There is a range of European, national and local funds focused on specific areas, particularly areas of high deprivation, which might be utilised for accessibility issues. These include:

Resource Holding Body	Funding Stream	Key Information
Regional Development Agency	Single Programme	RDAs receive joint funding from DTI, ODPM, DfES, Defra and DCMS to spend on meeting a range of targets including on employment, regeneration and sustainable growth.
	European Social Fund (ESF) Objective 1	<p>In England, only available for Cornwall, Isles of Scilly, S. Yorkshire and Merseyside</p> <p>Most ESF is available via LSCs and Jobcentre Plus, providing 100% funding</p> <p>Some ESF is available through Government Offices but this requires at least 25% match funding</p>

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	European Social Fund Objective 2	<p>Funding to renew industrial, urban, rural and fisheries areas that are in decline</p> <p>Projects funded include community wardens, environmental improvements, neighbourhood assessments etc</p> <p>Funding allocation depends on project and local circumstances</p>
	European Regional Development Fund	<p>Funding for physical regeneration and infrastructure development projects</p> <p>Contributes up to 50% of costs (75% in Objective 1 areas)</p> <p>The current scheme has £3.7bn available between 2000-2006</p>
	English Regional Development Programme	<p>Administered by Defra with EU and Government funding</p> <p>Funding to address economic, social and environmental needs within the countryside</p> <p>£1.6 billion available between 2000 and 2006</p>
88 NRF areas (ODPM)	Neighbourhood Renewal Fund	<p>Addresses local needs by improving health, tackling worklessness, tackling crime and raising educational standards and improving the physical environment</p> <p>Funding of £975m for 2004/2005 - 2005/06</p> <p>Spending plans determined locally</p>
39 NDC areas (ODPM)	New Deal for Communities	<p>39 communities receive a total of just under £2billion over 10 years</p> <p>Key objective to pilot approaches to improve health and the physical environment , tackle worklessness and crime, and raise educational standards</p>

Freedoms and Flexibilities

32. There are clearly significant resources held by the various accessibility planning partners, and they should explore ways of more effectively utilising these resources to meet joint objectives. Some authorities might consider pursuing ways to formally pool or share resources in a common fund to support accessibility initiatives. Pooling of resources and joint-funding does already exist in some local authorities and is something that is likely to develop within accessibility planning over time.
33. Local authorities and other bodies already have a range of powers that can be utilised to pool and share resources. The Health Development Agency report *Pooling Resources Across Sectors: a report for local strategic partnerships*²⁰ (<http://www.hda-online.org.uk/documents/poolingresources.pdf>) details the various ways that organisations can share resources at the local level and the current freedoms that exist to assist them. These include:
- The Local Government Act 1999: this has made it possible to remove quickly any legislative barriers to the pooling of budgets for services that promote best value and allows local authorities to enter into partnership with other agencies.
 - New powers to enable health and local authority partners to work together more effectively, as outlined in the 1999 Health Act. This provided significant flexibilities for NHS bodies and local government to pool budgets, integrate services and/or delegate the commissioning of particular services to a lead partner. Money may be transferred from the NHS to any health-related function of local councils (and, where the voluntary sector is the recipient, the voluntary sector) where the PCT or Trust is satisfied that "the purpose of the transfer is related to NHS functions or the health of individuals; and that such a transfer is to fund services to improve the health of the local population more effectively than the equivalent expenditure in the NHS". This power might be particularly relevant for authorities that choose to focus on issues relevant to access to health care.
 - The "wellbeing power" in the Local Government Act 2000 is a power of first resort to encourage innovative service provision and partnership working. This power allows local authorities to do anything that will improve the social, economic and environmental wellbeing of their communities, as long as the action is not prohibited by law. Authorities might consider how these powers can be utilised to support accessibility planning.

²⁰ www.hda-online.org.uk/documents/poolingresources.pdf

Chapter 6: measures to tackle accessibility barriers

Summary

The accessibility assessments, options appraisals and resource identification can directly inform the development and delivery of accessibility strategies and action plans, including through:

- **integration of accessibility considerations into authorities' strategic transport policy development and funding criteria**, for example to assist in:
 - the prioritisation of tendered bus service funding, use of Rural Bus Subsidy Grant and non-statutory concessionary fares provision;
 - development and assessment of the accessibility impacts of wider transport projects and schemes, including major transport schemes;
 - development and delivery of travel planning initiatives; and
 - development of integrated transport initiatives which improve accessibility and make better use of resources.
- **integration of accessibility considerations into strategic policy development and delivery in other service sectors**, for example:
 - for decisions on the location of new education and health facilities;
 - in development of Local Development Frameworks;
 - for assessment of planning applications and identifying subsequent requirements for travel planning and/or section 106 agreements;
 - for performance monitoring, e.g. health equity audits; and
 - for criteria for transporting non-emergency patients to NHS sites.
- **specific schemes and initiatives to improve accessibility for the identified priority issues and areas**, including:
 - improving transport availability;
 - reducing the cost of travel;
 - reducing the need to travel, including through mobile delivery of services and locating services where they are accessible by public transport, walking and cycling;
 - improving physical accessibility;
 - improving conditions and provision for walking and cycling;
 - improving travel information and awareness;
 - co-ordinating the timing of services;
 - improving accessibility through demand management measures; and
 - addressing crime and the fear of crime in and around transport.
- **highlighting areas for further investigation**, such as:
 - the impact of accessibility on post 16 education take-up and drop-out rates, and school non-attendance; and
 - the impact of accessibility on employee retention and recruitment problems.

1. Option appraisal should enable authorities and their partners to refine the list of potential actions into a list of focussed, tightly defined actions, time scales, resources, targets and lead delivery partners. Accessibility planning should be seen as an ongoing and evolving process. Similarly, action plans should be dynamic and regularly reviewed to assess whether they continue to meet the identified accessibility objectives and priorities.
2. Action plans should consider both the delivery of specific accessibility initiatives and aligning wider policy, planning and funding considerations towards improving accessibility. They should aim to maximise links with, and add value to, existing initiatives both in transport (e.g. travel planning activities) and other sectors.
3. It is for local authorities, in consultation with their partners and communities, to determine the specific types of initiative that are most appropriate for tackling local accessibility problems, based on their accessibility assessments. The following sections describe some of the types of mechanisms for delivering improved accessibility that might be identified through the action plans.
4. Provisional action plans developed in the pilots were wide ranging in terms of:
 - the number, scope and nature of the different actions, including a range of transport, service delivery and location-based actions;
 - the range of partners associated with their delivery, including assignment of lead roles to partners from different sectors, as appropriate; and
 - the time scale associated with their delivery, from very short term to long term in nature.

Incorporating accessibility in wider transport policy development and delivery

5. Authorities are encouraged to make use of their accessibility assessments, and the core and local indicators (see chapter 7), to help them to target use of relevant funding streams - such as supported bus services and Rural Bus Subsidy Grant - and to monitor the effectiveness of services supported by these funding streams in terms of improving accessibility.
6. Assessments can also be used to aid the assessment of the distribution of accessibility impacts, by people group or area, of proposed transport projects, including road, rail, tram, walking, cycling and other schemes. Use of accessibility planning tools can help illustrate how proposed transport projects deliver accessibility and wider economic benefits, for example through enhanced mobility of the workforce and jobseekers.

Incorporating accessibility in policy development and delivery in non-transport focussed services

7. Similarly, accessibility planning partners are encouraged to make use of the accessibility assessments, and core and local indicators, to help them to target use of relevant funding streams and to monitor the effectiveness of relevant policies and decisions (including those on location) in terms of improving accessibility.
8. Following the accessibility planning pilots, the following examples show the way accessibility assessments and indicators are being used:
 - by Nottinghamshire to adapt tendered bus services to accommodate the needs of new employment developments; to assist negotiations with developers on the requirements of their travel plans; and to inform the marketing of bus services (for example to people in no-car households).
 - by Greater Manchester partners to ensure that the secondary school building programme "schools for the future" includes accessibility criteria (led by Wigan Metropolitan Borough Council);

- by Greater Manchester partners to consider how accessibility criteria can be incorporated in development of Local Development Frameworks, and then include these criteria (led by Wigan Metropolitan Borough Council);
- by Lincolnshire partners to demonstrate and test the use of accessibility modelling techniques to inform decisions on new health facilities serving both wide and local areas. These findings will be used to inform the development and application of checklists and protocols for the location of new health facilities for use by the health service and land use / spatial planners. It is being developed by East Lindsey District Council, in consultation with Lincolnshire County Council and NHS Estates and reviewed by the partners. East Lindsey PCT will lead on use of the protocol and checklist prior to a planning application being made, with East Lindsey DC leading on their use post-application;
- by Merseyside partners, particularly the Strategic Health Authority, to monitor PCT performance on health equity audits across North West England and travel plans by Hospital Trusts (using the core accessibility indicators). The partners will also be using the assessments to inform site selection of local health centres based on accessibility criteria;
- by Merseyside partners, to improve targeting of health improvement marketing approaches with information on access to food to those most in need, building on work from the Healthy Cities campaign, and utilising Heart of Mersey and PCT publicity budgets. The partners are also developing accessibility criteria under which planning applications for food shops and supermarkets will be assessed for clarification in LDFs and LTPs and are working through the Food Industries Forum to encourage supermarkets to develop in known gaps.

Improving transport availability

9. Buses have a key role to play in delivering improved accessibility and social inclusion. Authorities, with other providers and operators in the private, public and voluntary/community sectors, should consider the scope for addressing accessibility problems through improved public transport availability, including through the use of flexible transport services and by extending the bus network.
10. Where the scale of transport need is not such as to warrant a conventional service, or where some more specialist provision is required to target the accessibility needs of a particular disadvantaged group or location, or where there is particular merit, for example on regeneration grounds, in a community-based service, then authorities, with their partners, should consider the scope for a community transport solution. The use of taxis and private hire vehicles should also be considered where local bus services are not commercially sustainable. Authorities should also consider how different transport modes can work together to improve accessibility.
11. The Department for Transport has recently introduced a number of measures to support flexibly-routed and demand-responsive services, including:
 - Guidance on Flexible Transport Services²¹, (www.dft.gov.uk/stellent/groups/dft_localtrans/documents/page/dft_localtrans_504004.hcsp) published in July 2002, setting out current legislation and examples of good practice;
 - Extension of Bus Service Operators' Grant²² (BSOG) (www.dft.gov.uk/stellent/groups/dft_localtrans/documents/page/dft_localtrans_503955.hcsp) to cover a range of non-profit making, flexibly-routed services, including dial-a-ride and community transport schemes for use by particular categories of passengers;

²¹ www.dft.gov.uk/stellent/groups/dft_localtrans/documents/page/dft_localtrans_504004.hcsp

²² www.dft.gov.uk/stellent/groups/dft_localtrans/documents/page/dft_localtrans_503955.hcsp

- New regulations, introduced in February 2004, to make it easier to register local bus services whose routes and timings are not fixed and extension of BSOG to such services; and
 - From 2004, the extension of Rural Bus Subsidy Grant to demand-responsive and taxi or private hire vehicle based schemes.
12. Initiatives to improve quality, reliability and punctuality, leading to greater use of local bus services, will mean that more services are commercially sustainable and available to provide better access to jobs and essential services.

Reducing the cost of travel

13. The cost of travel can be a major barrier to accessibility for some people. Authorities should consider ways of addressing this, including optimising walking and cycling networks and promotion of those modes, working with Jobcentre Plus, 16-19 transport partnerships, operators and others, through the provision of discounted and integrated travel schemes.
14. Under the Transport Act 2000, everyone aged 60 and over and disabled people (including those with mental health conditions) are entitled to at least half-price bus fares in their area, with a free annual pass. Local authorities are free to offer more generous concessions and alternative schemes if they choose to do so, including travel across a wider area.
15. In some areas, local authorities (at district level in shire areas) include travel vouchers or tokens in their concessionary fare schemes for older and disabled people as an alternative to the statutory minimum half bus fare. In some cases, these tokens or vouchers are valid for use for taxis / private hire vehicles as well as on buses, so improving accessibility in areas not well served by buses, or for people who find it harder to get to or get on a bus.

Reducing the need to travel

16. The delivery of services in accessible places and at accessible times is as important as accessible and affordable transport provision. Also, in some areas, provision of services directly to people, through mobile delivery and other mechanisms, might be more appropriate than the provision of transport to get people to those services.
17. Authorities and partners should use their knowledge of local accessibility issues and their accessibility assessments to influence the location of new development and services, or the relocation of existing services, and planning policies (also see 6.7 on incorporating accessibility in policy development and delivery in non-transport focussed services). New developments or relocations that take insufficient account of transport and accessibility considerations can have significant accessibility implications for local communities.

Improving physical accessibility

18. Part 3 of the Disability Discrimination Act (DDA) 1995 covers access to goods, facilities and services. Since 1 October 1999, service providers have been obliged to take reasonable steps to change practices, policies or procedures that make it impossible or unreasonably difficult for disabled people to use a service. From October 2004, service providers will have to take reasonable steps to remove, alter, or provide reasonable means of avoiding physical features that make it impossible or unreasonably difficult for disabled people to use a service.

19. The DfT, with the Institution of Highways and Transportation and a number of other professional bodies, has published *Inclusive Mobility*²³ (www.dft.gov.uk/stellent/groups/dft_mobility/documents/page/dft_mobility_503282.hcsp) which offers guidance on best practice design of public transport infrastructure and the pedestrian environment.
20. The DfT will issue guidance on *Evaluating Measures to Enhance the Mobility of Older and Disabled Persons* to assist authorities in identifying the types of problems likely to be faced by mobility impaired groups, as an input to preparing local accessibility assessments and action plans. This will follow the conclusion of an ongoing research project. Authorities should also consider the needs of other groups that are likely to experience reduced mobility such as the pregnant and people with children in buggies.
21. Authorities should also recognise, in considering options to improve accessibility, that for some disabled people, cars remain the only viable way of getting around. Authorities should therefore consider the needs of disabled people as motorists.

Improving provision for walking and cycling

22. In June 2004 the Department for Transport published *Walking and Cycling: an action plan*²⁴ (www.dft.gov.uk/stellent/groups/dft_sustravel/documents/page/dft_sustravel_029200.hcsp). The action plan sets out measures across government to increase levels of active travel by creating places to walk and cycle and influencing travel behaviour through training, education, marketing and promotion.
23. Walking and cycling are cheap and healthy modes of travel which not only minimise environmental impacts, but are also adaptable to the needs of the individuals providing choice as to time, route and speed. Local authorities should therefore seek to ensure that accessibility plans incorporate walking and cycling as a priority, maximising the opportunities to connect people to jobs and services through networks which reduce delay, diversion and danger. Authorities should consider the benefits of improving routes and facilities, maintaining them in a more usable condition, improving Rights of Way in both urban and rural areas, and making routes safer, more secure, and more attractive. Improved information on, and promotion of, walking and cycling might also be valid solutions within accessibility plans.
24. *Travelling to school: a good practice guide*²⁵ (www.dft.gov.uk/stellent/groups/dft_sustravel/documents/page/dft_sustravel_023992.pdf) , issued jointly by the Department for Education and Skills and the Department for Transport, explains how local transport and education authorities can work together with schools to develop strategies that combine 'hard' and 'soft' measures to enable and encourage more walking and cycling to school.

Improving travel information and awareness

25. Lack of awareness of public transport options, and limited travel horizons can also be barriers to accessibility. Authorities and their partners should explore ways of improving the provision and accessibility of information, for example through travel planning and through the provision of travel information by education and health service providers.

²³ www.dft.gov.uk/stellent/groups/dft_mobility/documents/page/dft_mobility_503282.hcsp

²⁴ www.dft.gov.uk/stellent/groups/dft_sustravel/documents/page/dft_sustravel_029200.hcsp

²⁵ www.dft.gov.uk/stellent/groups/dft_sustravel/documents/page/dft_sustravel_023992.pdf

26. Authorities should be aware of the importance of information for different groups; for some disabled people, particularly those with mental health conditions or learning disabilities, accessible public transport information, suitably trained front line transport staff, or specific travel training are key factors in reducing fear of using public transport and therefore enabling them to access public transport. Authorities should also consider how information and awareness can help to enable visually impaired people to make transport choices.

Co-ordinating the timing of services

27. Authorities, with their partners, should explore the scope for co-ordinating the timing of transport services with education and health care provision, and with employers' shift patterns.

Improving accessibility through demand management measures

28. As well as their well-understood role in tackling congestion, many initiatives aimed at managing demand for transport services by bringing behavioural change are particularly relevant to accessibility. These can be grouped together as a 'soft' approach to demand management and are often referred to 'soft factors'. The primary aim of these has been to reduce car use but the benefits go wider than this. Because they give people a genuine alternative to using their car, programmes to promote sustainable travel can provide quick, comparatively inexpensive benefits in terms of social inclusion, accessibility, regeneration and pollution. They include local programmes to encourage school, workplace and personalised travel planning, improving public transport information and marketing services; setting up websites for car share schemes and supporting car clubs; teleconferencing and teleworking.

29. For example soft measures to help improve accessibility could include:

- Personalised travel planning as a tool to help people move back into work by showing them that they can get to a job or interview without having to buy a car first;
- Providing demand-responsive taxi/minibus services, social car schemes such as through local Community Transport organisations or using taxis or private hire vehicles as "missing" links to serve more remote places or for specific members of a community. This may especially be the case in some rural areas where conventional bus services may not be cost effective;
- Car clubs or car share schemes for local communities, workplaces or new developments.

Addressing crime and the fear of crime in and around transport

30. Authorities should work with operators, schools and local education authorities, the police and Crime and Reduction Partnerships to jointly address problems of crime and safety in and around transport through initiatives such as CCTV cameras, improved waiting and interchange facilities, and enhanced staff presence.

'Further work' / issue-based actions

31. The accessibility planning process is also likely to raise the need for longer-term actions to help guide future accessibility initiatives. The text below describes some such activities identified in the pilots.
- Following the Devon access to learning pilot, the local education authority (supported by the transport co-ordination service) is to carry out further analysis to investigate post 16 take-up and drop-out rates, and assess the impact of accessibility on school truancy and non-attendance rates to guide future development of transport services.
 - Following the Greater Manchester access to learning pilot GMPTE (with support from education authorities and colleges) is to assess student drop-out in relation to accessibility, to guide procurement of bespoke transport services in vulnerable areas.

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- Following the Nottinghamshire access to employment pilot, Nottinghamshire County Council (supported by Jobcentre Plus) is developing a specification for a system to effectively gather and exploit Jobcentre Plus data, including that on jobseekers, in a form that can be readily utilised for accessibility planning. The partners are also investigating the transport needs of people who remain largely excluded from the job market, such as younger people with challenging behaviour, and solutions to those needs.
- Following the Tyne and Wear access to employment pilot, Jobcentre Plus (supported by Nexus) are investigating employee retention and recruitment problems, with the aim of developing additional public transport links and devising personalised public transport travel plans to be issued in Job Centres.

Chapter 7: Measuring success - performance monitoring framework

Summary

- DfT, together with CLWGAP and other government departments, has identified six core accessibility indicators, based on total journey time to jobs and services, which will be calculated centrally for all LTP authorities.
- DfT has also developed a composite indicator, which combines the core indicators, to help authorities prioritise and target action. This will also be calculated centrally, and made available to authorities.
- Local authorities are encouraged to establish local accessibility indicators to supplement the core indicators and monitor performance. These should be focussed on locally identified priority issues, groups and areas.
- Local authorities will be expected to identify at least one locally appropriate accessibility target, based on the core or local accessibility indicators, or both.
- Authorities should provide evidence in support of their choice of local accessibility indicators and targets in their accessibility strategy.
- Authorities are encouraged to use core and local indicators to assess the distribution of accessibility impacts of transport schemes on different areas or communities. They are also encouraged to use these indicators to monitor the effectiveness of funding streams in meeting accessibility objectives.
- Similarly, authorities and their partners are encouraged to use core and local indicators in option appraisal and performance monitoring in non-transport sectors, including in planning and locational decision making.
- Comparative indicators illustrate the difference in accessibility experienced by different areas or people groups. They can be particularly useful for accessibility planning in identifying and monitoring action to close potential gaps in accessibility experienced by different areas or sections of the community.

General principles

1. Authorities will be expected to establish accessibility indicators, targets and monitoring frameworks capable of demonstrating the contribution that the proposed initiatives will make towards delivery of accessibility objectives.
2. Accessibility indicators and targets may be used for several reasons, including:
 - To help identify and rank geographical areas, communities or priorities where action or initiatives should be targeted;
 - To monitor progress in achieving key strategic outcomes;
 - To monitor the performance of individual projects; and
 - To monitor progress in delivering actions that contribute towards key outcomes.

Local authorities should distinguish between targets and indicators being used for different reasons.

3. This chapter focuses on indicators to be used for performance management purposes at the strategic level, and project-level indicators that can be used for monitoring delivery of action plans and the individual initiatives contained within them. These indicators, their wider uses (e.g. within initial accessibility assessments) and other types of indicator, are discussed more fully in the Technical Annex.
4. Accessibility planning requires a strong evidence base of the problems, and the effectiveness of interventions to address them. This was an important theme running throughout the accessibility planning pilots, which identified the utility of three separate, but inter-linked, indicator sets:
 - Core accessibility indicators, measured and used consistently across all LTP authorities, for monitoring broad differences and changes in accessibility;
 - Locally derived performance indicators that focus on policy priorities and problems for that area (e.g. target people groups, areas or trip purposes);
 - Project level indicators, which focus on measuring performance and costs and benefits of specific projects within the local accessibility action plans.
5. The DfT, together with CLWGAP, has established a series of core indicators, focussing on journey time, against which all authorities will be measured. The DfT will undertake the measurements according to a common methodology and will make the results of these indicators available to authorities on an annual basis. Authorities should report these core indicators, at the LTP level, through their APRs to enable DfT to build up a national picture of accessibility.
6. Authorities are encouraged to identify supplementary local accessibility indicators that reflect the progress being made towards tackling their particular accessibility problems. These may link to the core indicators or cover influences on accessibility such as cost of travel, availability of information, reliability of services, and safety in and around transport. The local indicators that authorities report on through their APRs should, as far as possible, be directly related to progress in achieving key accessibility outcomes at the strategic level.
7. Authorities will be expected to establish at least one local target for improving accessibility, based on either the core or local indicators, or both. Whilst it is not mandatory to establish targets for the core indicators, authorities are encouraged to frame targets in such a way as to be consistent with the approach taken by the core accessibility indicators. However if, based on their assessment of local accessibility problems and priorities, an authority considers that journey time is not a key determinant of local accessibility in their area, they should frame targets around other influences on accessibility, based on their local accessibility indicators. Authorities should provide evidence in support of their choice of accessibility indicators and targets.
8. Assessment of authorities' performance will be based on performance against these local targets.
9. Detailed guidance on definitions, calculation methodologies and data sources for the core indicators, and further guidance on identifying appropriate local indicators and targets are provided in the Technical Annex.

Core accessibility indicators

The following accessibility outcomes will be core indicators for all Local Transport Plan (LTP) areas, for the next LTP period. These indicators will be measured centrally by DfT based on a common methodology and consistent, centrally available, data sets.

10. The results of these calculations will be made available to local authorities as soon as possible, and updated annually thereafter.
11. All the indicators relate to total travel time by 'public transport'. Public transport includes:
 - registered bus services;

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- flexibly routed services which are available to the general public, and which have a defined area of operation (though comprehensive data on these may not be available for the 2004 indicators); and
- walk and, where appropriate (secondary school, further education, work, major centres), cycle modes.

12. The indicators are:

% of a) pupils of compulsory school age²⁶; b) pupils of compulsory school age in receipt of free school meals within 15 and 30 minutes of a primary school and 20 and 40 minutes of a secondary school by public transport

% of 16-19 year olds within 30 and 60 minutes of a further education establishment by public transport

% of a) people of working age (16-74); b) people in receipt of Jobseekers' allowance within 20 and 40 minutes of work by public transport

% of a) households b) households without access to a car within 30 and 60 minutes of a hospital²⁷ by public transport

% of a) households b) households without access to a car within 15 and 30 minutes of a GP by public transport

% of a) households; b) households without access to a car within 15 and 30 minutes of a major centre by public transport

13. The indicators relate to the journey purposes identified by the Social Exclusion Unit as having the most impact on life chances, with the exception of food shopping for which no appropriate national data set could be currently identified. However, the use of an indicator of access to major centres has wider benefits, enabling access to a much wider range of opportunities to be considered.

14. Subject to further work within DfT and DfES it is expected that, from 2005, the education indicators will incorporate school contract services. In the meantime, where data are available, authorities are encouraged to provide DfT with details of the stopping, routing and timetable patterns of school contract services, for inclusion in the calculations.

15. The thresholds for these indicators are based on an analysis of the National Travel Survey, which provides a measure of the total travel time for actual trips, corresponding as closely as possible to those used in the proposed indicators. The lower threshold is usually approximately the median time (that is the time boundary that includes half of the trips), with the upper threshold set at twice the lower one.

16. For each core indicator²⁸ it is possible to compare accessibility for the entire relevant population for that journey purpose and those deemed to be an appropriate proxy for people at risk of social exclusion. For example, comparison is possible between accessibility for people of working age and those in receipt of Jobseekers' allowance; or between accessibility for all households and those without access to a car.

²⁶ Separate calculations will be performed for primary and secondary schools for the relevant pupils.

²⁷ This indicator may be amended to focus on hospitals with an outpatients' facility, once these data become available.

²⁸ With the exception of the 16-19 education indicator. The indicator may subsequently be amended to include those in receipt of full Education Maintenance Allowances, when these are rolled out in autumn 2004.

17. Comparative indicators such as these (discussed in detail in the Technical Annex) can be used to highlight potential disparities in accessibility between different groups in the community. This can help enable authorities and their partners to target those areas with the greatest disparity between groups and those likely to be more dependent on public transport who would benefit most from improvements in accessibility via the public transport system.
18. Threshold based core indicators should consider both the percentage and absolute number of people or households within the threshold. This is because some areas with a high proportion of people or households within the threshold may actually comprise a relatively small number of individuals or households. Equally, in some areas a small percentage of people or households within the threshold may actually comprise a relatively large number of individuals or households. DfT will therefore provide authorities with both percentage and absolute numbers for the core indicators. Descriptions and full details of the calculation methodologies for the core indicators are in the Technical Annex. DfT intends to make the results of these calculations at LTP and authority level (and ward level, where appropriate) available to authorities.

Other indicators to be provided by DfT

19. The core accessibility indicators are threshold-based measures that consider accessibility to the nearest opportunity. They are useful for monitoring progress since they can be understood easily and are deemed to be sufficiently robust when used to compare progress over time.
20. However, in order to assess accessibility to the range of different destinations of a particular type, rather than the nearest, continuous measures should be used. They are capable of reflecting the degree of choice available to individuals or households. Continuous measures can also provide a useful means of assessing accessibility within an area and monitoring change over time. They can be useful for strategic mapping audits to help identify areas with the poorest accessibility to inform where to target action. DfT will, therefore, also calculate the equivalent indicators to those detailed above using a continuous measure.
21. DfT has also developed an approach to combine different indicators in order to help authorities identify and rank local areas with poor accessibility. This will be done by combining the continuous based core indicators, discussed in the paragraph above, to produce a 'composite' measure. It should assist local authorities in undertaking an initial identification of the areas with the greatest multiple accessibility and social exclusion problems, in which action could be targeted. This approach is similar to that taken by the Index for Multiple Deprivation, but with the primary focus on accessibility.
22. Descriptions and full details of the calculation methodologies for both the continuous and composite indicators are in the Technical Annex. DfT intends to make the results of these calculations at LTP, authority and ward level available to authorities.

Local accessibility performance indicators

23. The above core indicators focus on journey times to jobs and services by public transport, walking and, where appropriate, cycling. As such, they are unlikely to present a complete picture of accessibility in an area. Accessibility problems and solutions vary significantly between local areas and, in some areas, journey time might not be the most appropriate measure of local accessibility.
24. Local authorities are, therefore, encouraged to develop performance indicators in support of their local accessibility objectives, based on their assessment and prioritisation of local accessibility problems. Wherever possible, authorities are encouraged to use outcome based indicators. Measures such as the number of actions to be implemented or the number of stakeholders consulted can be easier to measure but are of limited value and are not recommended.

25. Local indicators might be formulated in a similar way to the journey time core indicators, but be targeted at local priorities such as:
- specific disadvantaged people groups, for example broken down by employment status, mobility (car owner/driver, physical or sensory disability or mental health conditions, health), age or gender;
 - specific areas and locations, such as designated areas associated with particular funding initiatives, rural and regeneration areas;
 - other destination types, such as smaller service centres not covered by the core indicator, food shops, leisure facilities, or other centres such as day centres for elderly people or those with mental health problems; and/or
 - include other transport service types that are of importance for local accessibility, such as community and voluntary transport and patient transport services.
26. Authorities can also set different thresholds in their local indicators, where these have been shown to be appropriate locally.
27. Local indicators might also reflect influences on accessibility other than journey time that are of local importance to accessibility, such as:
- the cost of transport;
 - reliability;
 - safety and security;
 - timing of services;
 - route continuity or severance; and
 - travel information or awareness.
28. Informed by the accessibility planning pilots, the following table identifies some examples of the type of local indicators that encompass influences on accessibility other than journey time. Some of these could be considered, and developed, by local authorities to complement the national indicators. This list is not meant to be exhaustive, and does not necessarily contain the most appropriate indicators for all areas; it is illustrative only, and authorities are free to identify other indicators deemed to be more appropriate locally, particularly those falling within one of the categories listed above.

Potential examples of local indicators, informed by the pilots

Type	Example indicator	Potential uses
General access to services and facilities	% of population able to reach city centre / market town in 30 minutes	Core indicator to monitor impact of additional bus routes to city centre / market town facilities and services
	Number of daily bus journeys to city/town centre	Monitor changes in bus use to access facilities and services
Pedestrian Access	Number of pedestrian journeys into the town centre/ hospital/ school	Monitor impact of improvements to pedestrian environment e.g. improved street lighting

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Physical access	% total bus network served (by vehicle mile) by fully accessible low floor vehicles	Intermediate indicator to monitor progress in target to implement fully accessible low floor vehicles on whole network
	Number of bus stops and transport interchanges which meet good practice standards for access by disabled people	Intermediate indicator to monitor progress with target
Satisfaction	% of passengers satisfied with bus service (reliability, safety, information, condition, etc.)	Monitor impact of improvements e.g. improved reliability, information, bus stops
	Number of referrals to Traffic Commissioner of bus reliability problems arising from complaints from users	Intermediate measure to monitor bus service reliability
Group specific	% of young people with access to public transport in the evenings and at weekends	Monitor impact of improved availability of evening and weekend services for Young people
Affordability	Cost of bus fare per mile to x destination relative to equivalent petrol and parking cost / taxi fare	Monitor relative affordability of public transport services
	Take-up of non-statutory concessionary fares by job seekers/ young people / carers/ etc.	Monitor impact of non-statutory concessionary fare interventions
Information	% of bus stops with travel information displays	Monitor access to information
	% job centres/ GP surgeries / in receipt of travel information	
	Is information available in Pictogram/different languages/ Braille/Minicom?	
	Take up of the Hospital Travel Costs Scheme by low income groups including activity on publicising scheme to these groups	
	% of hospitals offering travel information service to patients and visitors	
Economic impact	Accessibility of unemployed residents in to regeneration area	Monitoring accessibility of new job opportunities for targeted groups

E-accessibility	% of population able to access the internet and use a credit card to order home food deliveries	Inform policy on the effectiveness of home delivery systems
Crime / fear of crime on and around public transport	Number of incidents recorded on public transport	Monitor effectiveness of measures to reduce crime and fear of crime on and around public transport
	Proportion of people who feel unsafe walking in their neighbourhood at night	Monitor effectiveness of reducing fear of crime

Accessibility targets

29. All authorities will be expected to produce at least one accessibility target, which will be monitored through the LTP process, based on the core accessibility indicators, their local accessibility indicators, or both. Authorities are encouraged to consider the basis on which they will produce a target and include an indication of what level this target might be in their provisional LTP. However, authorities will not be expected to confirm this target, nor to give actual target levels until submission of their completed accessibility strategies in their final LTPs in March 2006. Authorities should then use 2004-05 figures as a baseline. Targets should be quantified outcomes indicating a direction and degree of change by a specified future date.
30. Authorities may wish to include improved performance in accessibility in their Local PSA proposals, once they have assessed accessibility in their areas according to the methodology laid out in this guidance and the Technical Annex. If authorities decide to do this accessibility should be a local priority and the stretch performance should offer good value for the performance reward money. Local PSA 'pump priming' funding could help lay the foundations for significant improvements in performance in this area.
31. The pilots identified objectives that could be further developed into targets for improving the accessibility of particular areas or groups, and reducing the disparity in accessibility between particular areas or groups, for example:
- To increase the % of no car households, jobseekers and economically active population with access to all jobs within 30 and 60 minutes travel time by public transport in Bassetlaw;
 - To narrow the gap in accessibility to hospitals with outpatients departments and GPs between no car households and all households, in all parts of the North West Strategic Health Authority area;
 - To narrow the gap in accessibility to after school and evening classes between students in no car households and all households;
 - To increase access to food shops for no car households.
32. Other local authorities have already developed, or are developing, accessibility targets, for example:
- Central Leicestershire had a target that major employment destinations should be reachable in 30 minutes by public transport by 60% of non-car owners. This target was reached in 2001-02 and is being revised to: increase by 5% the number of people in Central Leicestershire within a 30 minute journey time by public transport of each selected site, including hospitals, universities, industrial estates and district centres.
 - Surrey has a target to increase the proportion of the population who have good access (20 minutes) by public transport to town centres, to 40%; and schools and colleges, to 54%, by 2006.

- West Yorkshire is developing accessibility targets based on providing better accessibility for people living within disadvantaged areas. It is considering setting higher targets for wards within the top 10% (nationally) of deprived wards (as measured through indices of multiple deprivation) than in the areas as a whole.

Reporting on indicators and targets

33. In their accessibility strategies authorities should set out what local performance indicators and targets they have established for the LTP period. DfT will only expect authorities to report progress against the core indicators, local targets and any **strategic** local performance indicators that they develop; the latter should be relatively few in number. Authorities should include **outcome-focussed indicators and targets** that are relevant to the local public and Government, but should not include all indicators used by the local authority in assessing accessibility, helping to identify priorities, and monitoring progress against specific schemes and initiatives.
34. When reporting against the core indicators, strategic local performance indicators, and locally defined targets through their APRs, authorities should report separately the impact on rural and urban areas. They can do this by providing a split at local (ward) level using the new rural and urban area classifications (http://www.statistics.gov.uk/geography/bulletins/bulletin2004_14.asp) now available on the National Statistics geography webpages (see para 4.8). **Authorities should only provide a commentary where the figures diverge significantly from what they forecast.**
35. Where an authority deems that the change reflected within their core indicators alone does not represent an accurate indication of accessibility changes that have occurred, it has the option of providing brief supporting evidence for this judgement in the APR (this is likely to be best done through the development of local performance indicators). Authorities are encouraged to review the strategic local accessibility indicators to ensure that they effectively capture performance in improving accessibility. Also, where relevant, authorities have the option of providing a **brief** explanation to account for any deterioration in accessibility shown by the core indicators.
36. Authorities should provide information on the trends of progress towards their accessibility targets as well as the future trajectory (see Technical Annex). It would also be useful if authorities could present the trend information for the core indicators in a simple graph form, although this is not mandatory.

Project level monitoring indicators

37. Authorities should consider establishing an appropriate set of easy to monitor project level indicators to identify whether or not the action plans, and the individual initiatives therein, are delivering on their stated objectives. This will allow remedial or supplementary actions to be identified and addressed at an early stage, and will demonstrate where initiatives have been successful, even though they might not be reflected as changes in the more strategic core and local performance indicators. **Such indicators need not be reported through LTPs and APRs.**
38. In addition to indicators measuring key accessibility outcomes, such as the core and local accessibility indicators, the accessibility planning pilots identified three types of indicator for monitoring the delivery of plans and specific initiatives:
 - Intermediate factors, which assist in delivering, or are likely to lead to accessibility improvements e.g. a reduction in crime rates;
 - Other outcomes, such as an increase in the number of public transport trips, which could be related to the accessibility benefits but do not measure accessibility change explicitly;
 - Action plan progress indicators, such as the number of tasks on which action has been pursued.
39. Some of the pilots have proposed monitoring approaches based on project level indicators, requiring the need for additional local data sets, including:

- In Merseyside, information on the numbers of local food stores selling fresh fruit and vegetables, to be collected by local environmental health officers as part of their regular surveys;
- In Wigan, drop out rates from further education, held by the colleges as part of their internal monitoring processes;
- In Devon, student satisfaction data obtained from local surveys;
- In Lincolnshire, surveys to monitor awareness of transport availability, and attendance statistics for health appointments which are held by Hospital Trusts and Primary Care Trusts;
- In Wiltshire, local communities' perceptions of access to food from regular surveys.

In many authorities, data on the perceptions of residents can be collected by adding appropriate questions to existing surveys, rather than by undertaking new surveys.

Monitoring delivery through other mechanisms

40. A number of mechanisms, other than indicators, might be used to monitor progress in delivery of the action plans and specific initiatives therein. For example, in Greater Manchester a local audit group has been proposed by GMPTE to manage progress against the deadlines set in the action plan and reviewing what impacts have been achieved. Other pilots have scheduled meetings of key partners every few months to discuss progress. In some authorities, the main forum for taking forward accessibility planning could be the Local Strategic Partnership, and in these cases the time scales for LSP meetings may provide useful regular reporting dates. In addition, annual progress reporting on local transport plans will present a natural opportunity for the partners to take stock of progress and delivery.

Use of the indicators in option appraisal and performance monitoring in other sectors

41. As discussed in Chapter 6, accessibility planning partners are encouraged to make use of the core and local indicators to appraise options and monitor the performance of wider planning and delivery in non-transport sectors. The text below provides examples of uses of the accessibility indicators, as identified by the pilots:

- To inform development of Local Development Frameworks (Greater Manchester);
- To ensure that accessibility criteria are included in the option appraisal for secondary school building programmes, such as "schools for the future" (Greater Manchester);
- To inform development of checklists and protocols for use by the health service and land use / spatial planners when reviewing the location of new health facilities (Lincolnshire);
- To monitor the performance of Primary Care Trusts on health equity audits across North West England (Merseyside);
- To monitor progress of travel plans by Hospital Trusts (Merseyside);
- To ensure that accessibility criteria are included in the site selection of new local health centres (Merseyside);
- To improve targeting of health improvement marketing approaches with information on access to food to those most in need (Merseyside).

Appendix A: Establishing partnerships

Summary

- Partnerships between local transport authorities and bodies from other sectors will be crucial to the success of accessibility planning.
- Partners have an important role to play in contributing to all stages of the process, although the size and composition of the partnership is likely to vary at different stages of the process.
- Authorities should attempt to build accessibility planning into existing partnerships, such as Local Strategic Partnerships and 16-19 transport partnerships, rather than creating duplicatory or unnecessary mechanisms.
- Partners in land use planning, health, education, welfare to work, and leisure will be receiving guidance on their potential roles from central Government. In the interim, the key to engaging other partners will be to show how accessibility contributes to delivery of their aims and objectives.

Why is a partnership approach needed?

1. A partnership approach is needed because, as Making the Connections made clear, accessibility is not just about transport; the location, design and delivery of other services has a significant impact. Also, a variety of local bodies have responsibilities for providing transport for different sections of the local community or to different services.
2. By factoring accessibility into decisions taken in different policy areas - including transport, land-use, health and education - people's ability to get to services that they need can be significantly improved. Conversely, a failure to consider the likely accessibility consequences of decisions can have unintended, adverse implications for local communities. To tackle accessibility issues effectively, a cross-sector approach is important to ensure that decisions and actions taken across a range of sectors contribute positively towards accessibility outcomes.
3. The pilots found that partner organisations had an important role to play in all of the stages of accessibility planning:
 - identifying and prioritising areas, groups and activities with particular accessibility problems;
 - generating and appraising options, and identifying available and appropriate resources for accessibility initiatives;
 - developing action plans and including accessibility considerations in policy development and delivery in all sectors; and
 - implementing and monitoring those plans.
4. There is unlikely to be a single correct make up of a partnership. Their composition and responsibilities will differ from area to area according to the differing needs and priorities of those areas. In general, the main partners in the pilots tended to be staff working at a high level within their organisation, who had:
 - responsibilities and objectives consistent with the aims of accessibility planning;
 - influence or control over service or transport provision;
 - resources for taking action; and
 - enthusiasm for tackling social exclusion, equity and accessibility issues.

5. Individuals with influence and enthusiasm can make a significant difference in terms of effectiveness of the partnership. These individuals - such as the Director of Public Health in the Lincolnshire access to health pilot and the Regional Director for the Strategic Health Authorities and the Associate Director of the North Mersey Future Health Care Project in the Merseyside access to health pilot - can provide the impetus to help make the process work.
6. However, involving individuals who are committed to the delivery of social inclusion, equity and accessibility benefits, and who realise that accessibility planning can help meet these aims, can often be more important than seniority for achieving success.

Engaging with partners

7. Authorities should consider building on, or mainstreaming accessibility into the responsibilities of, existing partnerships. These might include:
 - Local Strategic Partnerships (LSP) - e.g. in Tyne and Wear the pilot resulted in the creation of a Transport Forum within the LSP to address accessibility issues (see below for more detail on the potential role of LSPs);
 - 16-19 Transport Partnerships - under the 2002 Education Act, it is a statutory requirement for every LEA to have a 16-19 transport partnership in place to address the transport problems that face those in further education;
 - Rural Transport Partnerships or their successors, established in rural areas since 1998 to identify rural transport needs and to develop and implement solutions (see below for more detail on the potential role of RTPs);
 - Crime and Disorder Reduction Partnerships, established in all local authorities to tackle crime and fear of crime.
8. A number of central government departments have issued advice to facilitate the involvement required from a range of sectors. These are:
 - The Department of Health;
 - Department for Education and Skills;
 - Department of Work and Pensions / Jobcentre Plus;
 - Office of the Deputy Prime Minister; and
 - Department for Culture, Media and Sport.

This guidance is aimed at local bodies, including the NHS, LEAs, LSCs, Jobcentre Plus offices and local planning authorities, and details how they should participate in accessibility planning.

9. An effective way of engaging and maintaining partners' commitment to accessibility planning is to demonstrate the benefits that improvements in accessibility can bring in helping to meet their aims and objectives. Chapter 3 discusses some of these benefits, and authorities should seek to emphasise such synergies when engaging their partners. Similarly accessibility planning can contribute to the delivery of issues such as equity and Best Value, and these could be emphasised to gain partners' buy-in.

Potential roles of different partners

10. The pilots involved a wide range of different partner organisations, with those involved varying according, and appropriate, to the stage of the process. The pilots found that it was important to only include organisations that had a clear role or interest at each particular stage. Chapters 4 and 5 provide more details on the possible partners during the different stages.

11. The table below identifies the key partner organisations involved in the pilots and the contribution that each was able to make. Other bodies, such as bus companies, employers, community transport operators and ambulance trusts, were also involved, but mainly in less central roles. The pilots found that these groups had a very effective role to play after the initial accessibility assessment stage. Engaging these bodies was most effectively done when their potential role was clear, which is likely to be at the action planning and delivery stage. This list is not exhaustive as the pilots only focussed on the four main journey purposes identified by the SEU report, and authorities might choose to also consider other destinations and services that are of local significance.

Examples of partners' contributions during the pilots

Partner	Contribution
Local transport authorities	Lead role in driving process forward, managing transport interventions and facilitating / funding community and public transport initiatives.
Local highway authorities	Managing infrastructure changes including bus priority, pedestrian crossings, information and signage, safe routes to school.
Local planning authorities	Responsibility for land use planning policy, and consideration of accessibility impacts of planning proposals, including new education and health facilities and new retail and food outlets. Developing actions through land use planning policy, development planning and control, economic development, regeneration and neighbourhood renewal.
Jobcentre Plus (access to work)	Obtaining data, analysing problems and managing action planning priorities. Also as a funding provider via Advisor Discretion Fund, Transport Projects Fund etc.
Economic development service of local district councils	Hold useful data for access to work.
Local education authorities (access to learning)	Supervising the provision of education, and commissioning transport to education, particularly to meet statutory requirements. Responsibilities relate to: primary and secondary school pupils; new curriculum for 14-19 year olds; post-16 education, and lifelong learning.
Further education colleges (access to learning)	Funding transport services, providing information to students, monitoring transport problems and involvement in planning potential solutions.
School travel plan officers (access to learning)	Act as main link discussing accessibility issues with schools. Also link to local authorities.
Connexions (access to work and learning)	Delivery of actions offering personal support in seeking employment for those up to age 19. Involvement in access to learning issues.

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Learning and Skills Council (access to work and learning)	Provision of information on school-leaver destinations and involvement in access to learning issues.
Primary Care Trusts (access to health and food)	Responsible for ensuring equality of access in the delivery of primary health care. PCTs have a duty to provide or secure the provision of ambulance services, which could include Patient Transport Services. In some areas, PCTs work together, with one taking the lead on transport issues. Involved in food availability issues, through responsibility for promoting health eating, e.g. 5-a-day initiatives.
Acute NHS Trusts (access to health)	Delivering secondary health care, including accessibility issues under health inequalities and patient choice policies. Prepare Travel Plans for hospital sites. Hold the majority of contracts for non-emergency Patient Transport Services and have a role in the operation of the Hospital Travel Costs Scheme.
Strategic Health Authorities (access to health)	Provide strategic direction and performance manage local NHS.
Travelwise (access to health)	Joint health and transport funded officers supporting hospital and health centre travel plan processes.
Confederation of Passenger Transport	Representing local bus operators as providers of commercial and subsidised bus services.
Community, voluntary and project representatives	Management and planning roles highly project dependent, but include initiatives to promote healthy behaviour, support health improvement programmes and manage aspects of service delivery.
Social services (access to health and food. Also access to work, especially for people with disabilities)	Commissioning transport to social care and health facilities. Responsibility for social care of some potential target groups, including meals on wheels and other access to food initiatives.
Information support bodies	For example, public health research observatories, providing data on accessibility needs.
Environmental health officers (access to food)	Contact with food retailers and suppliers, involvement in public health issues, and providers of information of food availability.
Supermarkets (access to food)	Some provide bus services, home deliveries or branch stores to facilitate access to food.
Smaller retailers and local food producers (access to food)	Some involvement with healthy eating campaign.

Crime and Disorder Reduction Partnerships	Responsible for addressing crime and fear of crime issues. Source of data on crime issues and attitudes to crime / fear of crime through their audits. Delivery of crime reduction measures
Police	Source for street level crime data. Key partner for the introduction of measures to reduce crime and fear of crime.

Cross-boundary and inter-authority working

12. People's travel patterns and accessibility needs are not constrained by local government boundaries. Destinations such as hospitals and employment areas can make the need to consider cross-boundary accessibility particularly important. As well as working with a range of partners within their Local Transport Plan area authorities should, where necessary, work with neighbouring authorities and partners in neighbouring areas. Authorities should ensure that accessibility strategies and action plans take into account and address issues relating to cross-boundary travel.

The role of communities

13. As accessibility planning is intended to meet the needs of local communities, particularly those in disadvantaged groups and areas, it is important that authorities and their partners understand these needs and that actions are designed to address them.
14. Community consultation should be an integral part of accessibility planning: helping to identify accessibility problems and priorities, refine potential options and monitor progress towards delivery of objectives. Authorities and their partners should consider how consultation on accessibility issues could be mainstreamed within their existing consultation processes. However, consultation with "hard to reach" groups is likely to be particularly important as these groups are not typically well represented in most consultation exercises. (See the Technical Annex for more information on consultation with local communities and groups).
15. Authorities should also consider including representative bodies of groups at risk of social exclusion as partners in accessibility planning, especially when priorities and actions are directed at a particular group in the community. The inclusion of such bodies can serve as a good proxy for more in-depth consultation with these groups.
16. Experience from the pilots shows that the type of community engagement is likely to differ in scope and aim at different stages in the process. At the strategic assessment stage, broad consultation responses from existing and future exercises could be useful in identifying priorities. More focussed and targeted consultation exercises with particular groups, in defined areas or for defined issues, can also prove valuable at the option appraisal stage to "reality check" proposed actions. In the pilots, these included interviews and focus groups with delivery agencies and users. More information on the role of communities can be found in chapters 4 and 5.

The role of Local Strategic Partnerships (LSPs)

Local Strategic Partnerships are non-statutory, multi-agency bodies, which match local authority boundaries, and aim to bring together different parts of the public, private, community and voluntary sectors at the local level. LSPs represent one potential forum for accessibility planning as they often include representatives of the bodies that have a role in improving accessibility. In addition, LSPs in the 88 Neighbourhood Renewal Areas direct the allocation of Neighbourhood Renewal Funds (NRF), which represents a useful resource in accessibility planning.

However, LSPs are relatively new bodies and are at different levels of development. They have variable abilities and resources and, although they provide a focus for many important interests, they

do not have any executive powers. LSPs principally exist at the district level, meaning that, at the county council and PTE level, there may well be a number of different LSPs with different aims and objectives. County-level LSPs do exist but there is no hierarchy to LSPs meaning that they have no formal influence over the policies and actions of district LSPs within their boundaries although they should work together closely. Authorities should, therefore, consider what is the most appropriate spatial level to engage with LSPs in their area.

The role of LSPs in accessibility planning is likely to grow over time. Initially, the scale and level of involvement of the LSP will depend on its stage of development, the value that it can add to the process and the role that accessibility has to play in the priorities of the LSP, the Community Strategy and, where appropriate, the Local Neighbourhood Renewal Strategy (LNRS).

If authorities actively involve LSPs in accessibility planning it will be important to emphasise the benefits of engagement for them. Accessibility and transport issues regularly emerge as important issues for communities from consultation exercises. Therefore, in meeting the aspirations of their community it will be important for LSPs to engage with transport and accessibility issues in a way that has not occurred in all areas to date. Also, as Making the Connections made clear, measures to address accessibility make a valuable contribution to the range of other policy areas that LSPs are likely to be concerned with, namely the economy and employment, improving health, education and the physical environment, and reducing crime and the fear of crime.

There is no one model for involving LSPs in accessibility planning: an accessibility theme group could be formed, or it could be treated as a cross-cutting theme that all theme groups should address. However, if LSPs are to be actively involved in accessibility planning, experience from the work programme suggests that:

- A clear, positive commitment is needed by both the transport authority and LSP;
- Early agreement is needed to incorporate transport and accessibility issues within the Community Strategy and LNRS and to reflect any relevant priority issues from the Community Strategy within Local Transport Plans; and
- Accessibility needs to be recognised, and taken account of, in determining the priorities and strategy of the LSP. Transport authorities can help facilitate this by keeping the LSP informed of accessibility issues and providing senior representation for the LSP.

The role of Rural Transport Partnerships

Rural Transport Partnerships have been established in most rural areas of England between 1998 and 2002. They are non-statutory multi partner bodies which have developed action plans based on assessment of rural transport needs, and have started to implement a variety of solutions including new community transport initiatives; new or changed bus services; rail, walk and cycle improvements; market and research studies; and information and awareness initiatives.

Each partnership has been set up to meet local needs. Most cover whole counties, while some areas have one for each District (such as in East Berkshire), and some specific ones have been set up (e.g. Ral Partnerships). The membership varies but usually includes all the relevant Local Authorities, a representative of Parish Councils, the Rural Community Council, and other bodies often including Health Authorities and public transport operators or local businesses.

The prime aim of RTPs was that they should identify need and provide for it. They exist as one of the few initiatives that link 'top down' and 'bottom up' aspects of transport. In recent years many have expanded into a role of feeding into local authority policy on transport in rural areas, and some have combined forces with their LSP.

RTPs received Countryside Agency funding for setting up and maintaining them, but this is due to end with changes to the Countryside Agency's remit and the devolution of rural funding strategies. In

Guidance on Accessibility Planning in Local Transport Plans

some areas the RTPs may not continue, and local authorities should therefore work with their successors.

Appendix B: Case studies and examples

Partners' contributions

Development of a joint action plan for access to health - Lincolnshire accessibility planning partners

The Lincolnshire pilot partners intend to develop a joint action plan for access to health to accompany the next Local Transport Plan. This will set out the roles and commitments of different partners and how they will work together to improve access to health care within the county. Specific initiatives likely to be included are:

- co-ordinated information and booking systems, where appropriate, for Patient Transport Services, social services transport, public transport and community transport; and, potentially
- joint commissioning of transport to health care, social care and education.

Delivering health benefits

Health sector benefits: Cornwall's Transport Access for Patients (TAP)

In 2002, a partnership between Cornwall County Council, the (then) North Cornwall Primary Care Group, Cornwall Health Action Zone and the East Cornwall Rural Transport Partnership funded the TAP scheme, at a cost of £48,000, to deliver a single telephone line and call centre to co-ordinate all voluntary car schemes across the county. Last year, this TAP scheme took bookings for 7,000 health trips.

TAP2, utilising the call centre, was developed by West Cornwall Primary Care Trust to co-ordinate private transport to help 'un-block' beds at the Royal Cornwall Hospital when transfers could not be accommodated by the Ambulance Service. In the 11 months to February 2004 TAP co-ordinated the transfer of nearly 1,500 patients at a cost of nearly £230,000. This arrangement, although more expensive per patient than using the Ambulance Service, delivers a range of benefits by ensuring a faster turnover of patients (typically by 1-2 days) that would not otherwise have accrued:

- **Reduction in bed blocking** - freeing up beds has improved the admissions rate and reduced waiting lists. For example, the target for 2003/04 was to treat 41,000 emergency cases; by February 2004, over 54,000 patients had already been treated.
- **Reduction in wasted resources** - estimated savings of over £500,000 to the NHS, as a result of saving 1,500 patient days.
- **Reduction in aborted journeys** - leading to a saving of around £100,000 a year.

Honley Surgery - Access for Patients

In Honley, the GP's surgery provides transport for patients of the practice and two other local practices to and from the surgeries at no charge. The scheme was funded by the Honley surgery (£30,000), the Yorkshire primary care research network (£10,000 p.a. for 3 years), and the Countryside Agency (£30,000 p.a. for 2 years).

The benefits included:

- **Faster treatment** provided for patients and reduced stress on GPs from home visits.
- A **higher quality service** as patients have access to the full range of health services provided at the surgery compared to the limited care that can be provided by a visiting GP. The practice takes a 'one-stop-shop' approach so that when patients come into the surgery a variety of care can be provided as appropriate.

■ **Increased social inclusion.**

- **Time savings**, with an estimated value of more than £30,000 p.a. from reduced home visits, which have allowed a transfer of time to other primary care activities. The practice now offers chronic disease management clinics that it was not able to provide before.

Improving public and specialist transport services - Lincolnshire and Merseyside access to health care pilots

A number of resourced initiatives are planned by the Lincolnshire pilot partners including:

- Extension of Dial-a-Ride to Louth and the coast area of Mablethorpe (led by the Rural Transport Partnership)
- Introduction of two new "Interconnect" routes linking with a demand responsive "Call connect" services (led by Lincolnshire County Council, in collaboration with local bus operators).

These services will improve accessibility to Boston hospital and the proposed new Primary Care Campus in Mablethorpe.

Following the accessibility planning pilot, the Merseyside pilot partners are working towards the development of new bus routes, timings and frequencies to Mossley Hill, Halewood and Everton in a jointly funded initiative to improve patient, staff and visitor access to Broadgreen Hospital. The intention is to monitor these services through use of the core and local access to health care indicators.

Improving accessibility to food for those most in need - Wiltshire access to food pilot

The partners, led by Wiltshire County Council, have considered options for the delivery of "food to people" solutions for accessibility problems by identifying a range of food supply chains to act as an anchor for community based solutions. They are also investigating possible solutions to the use of skilled carers undertaking food shopping for housebound elderly residents.

Delivering education benefits

Delivering education benefits: integrating school travel with the local bus network - Sefton, Merseyside

In an outlying area of Merseyside with a rural hinterland, Sefton LEA has entered into a joint arrangement with Maghull High School and Merseytravel and contributes funding directly to Merseytravel.

In return, Merseytravel, in consultation with the school, has been able to provide extra bus services to the school and re-pattern those existing bus services to meet pupils' needs. At the same time, a late morning sweeper bus is provided to ensure the safety of those children who might miss the intended service. Following school, sweeper buses are also provided at 16:10 and 16.45 to facilitate **extra curricula activities**.

This provision has been achieved without any extra charge to Merseytravel or Sefton LEA. The school has conducted an in-house survey and pupils rate the service pattern to be extremely good (90% plus satisfaction ratings).

Reducing the costs of post-16 transport - Lancashire and Telford and Wrekin

Lancashire's LEA led pilot, developed in partnership with schools, colleges and bus operators, provides Post-16 students in East Lancashire with a card allowing free travel at all times on most buses. Scheme evaluation **shows increased levels of participation and retention at college**.

Telford and Wrekin's student travel scheme seeks to remove transport as a barrier to continuing in education. It was developed in partnership with local education providers, the LSC and local bus companies and provides subsidised travel at any time of the day during the college term. The scheme

has registered a 43% increase in take up in discounted student travel since its introduction in July 2002, and **analysis of the scheme has concluded that 25% of all flexi-student pass holders would not have gone to college without it.**

Hampshire review of school transport

Hampshire's Passenger Transport Group has examined its procurement process and introduced a range of initiatives under the 'Spend to Save' banner. In light of rising school transport tender costs, the Passenger Transport Group examined ways to reduce the costs of home to school transport whilst still meeting its statutory duties. A review of the current provision of services and their utilisation on an area-wide basis led to contract savings of £630,000 and an expectation of further savings of around £150,000 in 2003/4. In total the 'Spend to Save' initiative has led to savings of around £1 million a year with no reduction on the number of pupils carried.

School minibus scheme - Hampshire

One of the initiatives introduced under the 'Spend to Save' banner includes providing 17 schools with their own minibuses for home to school transport and other purposes during, and after, the school day.

The benefits include:

- One of the schools, Sundridge in Cowplain, north of Portsmouth, which caters for boys aged 11-16 with educational and behavioural difficulties, has experienced an improvement in attendance rates that is directly related to its participation in the scheme.
- Other participating schools have found fewer problems associated with vehicle graffiti and vandalism, pupils arriving at school "ready to learn" and greater opportunities to tackle truancy, given the greater control over transport and more regular contact with parents.
- Schools also use their minibuses to take pupils home from after-school activities, and take them on trips and to other events that would have been too expensive or difficult using other forms of transport.
- The scheme has also brought financial benefits to the schools, each typically receiving an extra £8,000 per annum.

Devon Sweeper Bus

In the Devon pilot the local authority is to pilot a sweeper bus for South Dartmoor College with a view to extending this across the county. This will enable students to gain better access to after school activities by reallocating under-used school transport provision in the evenings. This could lead to better accessibility at no extra cost.

16-19 transport: filling gaps in services

An evaluation of the 16-19 pathfinders showed that funds had been used:

- In Newcastle, to put in place an extensive gap-filling exercise where an additional 14 services were laid on by the PTE in response to requests from students, ensuring that there was minimal overlap with existing services;
- In Halton, to lay on 3 new services connecting existing FE colleges and sixth forms and a new FE college, which they expect to impact on student participation and retention;
- In Rochdale, to purchase 2 minibuses to move students between colleges to reduce the need for course duplication. The buses are used to target students living in deprived areas;
- On the Isle of Wight, to provide Multi-Purpose Vehicles (MPVs) to transport students between FE institutions, following agreement to a common timetabling for part of the week to enable students to access minority subjects only in one school.

'Life in the Bus Lane' is an established Post 16 partnership measure in North Devon to address the affordability and availability of public transport, and has received additional funding from the Rural Bus Challenge. The partnership comprises Devon County Council (transport co-ordination and education departments), North Devon College and First Bus. Following the accessibility planning pilot, the Devon partners are examining the merits of extending the initiative to students between 14-16, to reflect the new 14-19 curriculum, together with extending the new Devon Smartcard scheme. Planning and implementation will rest with Devon's Transport Co-ordination Service, supported by the LEA / LSC's 14-19 officer. Funding responsibilities will lie with the Devon's Education Directorate, FE colleges, the Post 16 transport partnership, together with pathfinder funding.

16-19 education transport: grants, travel passes and discounted travel

A number of LEA-led 16-19 transport partnerships have utilised funding to offer financial support to students either in the form of direct grants or discounted travel passes:

- Darlington designed a graduated approach, taking account of family income and level of deprivation in the area where they lived to define grant payments made in addition to the traditional grants;
- Stockton achieved agreement with local bus operators over 3 years to accept a more flexible student travel concession, offering unlimited travel within the area for full time FE students up to the end of the academic year in which their 19th birthday falls. It is also arranging for ticket machines to be issued to colleges to make access to tickets for students much more convenient.
- Leicester equalised the cost of travel between the city and the surrounding county scheme. The levelling up of the costs to students of the travel passes enabled all young people across the area to have access to the same benefits at the same cost.

Similar projects, and area-wide initiatives, could be considered by other partnerships, particularly when Educational Maintenance Allowances are rolled out in September 2004.

Delivering employment benefits

Improving access to work - Merseyside Joblink

In 2003, Merseytravel introduced a network of 18 "Joblink" services, funded by the Urban Bus Challenge, between deprived areas and employment areas, operating in areas or at times not covered by other bus services. The services operate between Monday and Friday and are tied to working hours, including shift working. For example, services typically arrive at the Deeside Industrial Park between 5:30am and 10:00pm, at roughly 2 hour intervals, and depart between about 7:00am and 11:00pm. In addition to fixed route services, there is a demand responsive services for people identified by their employer or training agency as in need of such a service because of disability. Jobcentre Plus is closely involved: through funding contributions; representation on working groups; and publicising the services to employers.

Metro Connect job link bus services - West Yorkshire

Metro, with the Aire Valley Leeds Access to Employment Network, introduced a flexible bus service in 2003 to connect some of Leeds' most deprived communities to the Aire Valley-Leeds employment area. The target wards had unemployment levels of 6-10%, low car ownership and no bus services linking them to the employment area. Around 3,400 businesses are located in the employment area, currently employing more than 13,000 people, and it is expected to grow to more than twice that size. Many of the employers do not require a large specialist skills base.

The service, which operates from around 6:00am - 11:00pm, also links to the South Leeds Family Learning Centre and a one-stop shop, providing access to training, health facilities, libraries, local housing offices, Jobcentre Plus, nursery and a lone parent adviser.

Wheels to work - Warwickshire and North Yorkshire

Warwickshire's 'Wheels to Work' scheme was launched by Warwickshire County Council in 1999, with ten mopeds for a pilot in the Southam area of Stratford-upon-Avon and its surrounding villages. Concerns had been raised over young people missing out on jobs and training because of accessibility problems.

In May 2001, the scheme went countywide, operating a total of 52 mopeds. To June 2003 the scheme provided 196 young people aged 16-25 with the loan of a moped to assist them gaining access to employment, training and educational opportunities. By March 2004 over 250 young people had benefited from participation with just five returning to unemployment. Meanwhile the County's fleet of mopeds has grown again to about 80.

North Yorkshire's successful 'Wheels 2 Work' scheme, established in the Hambleton and Richmond Districts in May 2001, has been expanded to take in the Ripon Hinterland in the Harrogate District, an area of high unemployment. The scheme targets over 16 year-olds who live in rural areas with inadequate public transport services, to enable them to access employment, training and educational opportunities. Participants are referred to the schemes by agencies such as the Employment Services, Connexions, Parish Councils and schools. Training on the bike is given free as part of the scheme. Helmets, waterproofs, gloves, and third party insurance are also provided free. Hire of the moped costs the users only £2.50 a week plus petrol for a moped costing around £1400. With a fleet of 40 mopeds, 12 bicycles and 2 electric bicycles the "Wheels 2 Work" scheme has in three years successfully helped nearly 200 people to find a job, apprenticeship or attend college.

Working with employers to extend transport availability - Nottinghamshire access to work pilot

Manton Colliery is to be redeveloped by a large retailer with some 1000 staff, operating three 8-hour shifts with the key changeover at 2pm. A Transport Impact Assessment has been submitted for the site, with provision for bus facilities. The retailer has indicated its willingness to support public transport and agreed to provide a sum of money to be held by the district council in a Sustainable Transport Fund. Support from the retailer would assist Nottinghamshire County Council in maintaining the viability of the existing tendered route to Manton Wood, extend it to Manton Colliery and also extend it to a circular route around some of the deprived wards in Worksop to improve access to existing sites.

Initiatives to overcome cost barriers to accessing employment - Tyne and Wear accessibility planning pilot

The partners aim to introduce discounted travel for those for whom affordability of transport is a key barrier to employment. Nexus will lead on the introduction of the concessions, in consultation with transport providers, Jobcentre Plus and other partners with a remit to support travel costs, by identifying the user groups they are able to support and helping to develop a single gateway for users to access the concessions.

Delivering wider accessibility benefits

Improving accessibility in deprived urban areas - Braunstone New Deal for Communities area

Leicester's most deprived ward, out of 13 in the 10% most deprived in the country, is North Braunstone. Community consultation highlighted a lack of access to local major employment sites. The Braunstone Community Association made a successful bid for Urban Bus Challenge money for a project to facilitate intra-estate transport, and provide links to new retail and employment destinations.

As a result, two new bus services started in January 2003, and by May 2004 were carrying 9,700 passengers a week. Surveys show people are using the services mainly for access to jobs, shopping and schools. They also provide links to the Leicester Royal Infirmary and a community health centre as well as to leisure facilities. The services have been so successful that it is hoped that they will be able to operate without subsidy within the lifetime of the funding. In addition, the City Council funds

the travel aid scheme where a fee of £1 entitles an unemployed person to claim half fare bus travel for a four week period.

Improving opportunities in rural areas "Corlink" - Cornwall County Council

In 2001 Cornwall County Council introduced the "Corlink" demand responsive transport service in three areas of the county identified, after research, public consultation, and stakeholder liaison, as being particularly isolated areas where people had accessibility problems. They revealed that - despite high car ownership - women, teenagers, people with disabilities and the elderly felt particularly isolated, and unable to access vital employment and education opportunities, health facilities, shopping and leisure.

Corlink, funded by Rural Bus Challenge funds, operates in areas where traditional bus services may be unable to provide a solution to accessibility needs due to the relatively small and scattered population. Patronage figures across the Bodmin and Bissoe Valley zones average at approximately 700 per week (in a sparsely populated area of approx. 2000), representing a 400% increase in the first 18 months of operation.

A survey in May 2003, showed that journeys to health, education and work made up around 31% of journeys, with 55% made up by shopping and leisure. Other surveys revealed that **38% of passengers would not have been able to make their journey at all without the scheme**, and that 80% of users were satisfied with the service (as opposed to 50% satisfaction with conventional services).

Urban demand responsive transport - Wythenshawe, Greater Manchester

The Wythenshawe scheme, funded by an Urban Bus Challenge grant and PTA funds, operates in an area of high deprivation south of Manchester. The intention was to improve access to Wythenshawe Hospital, where nurses and support staff faced difficulties in getting to work. There were also high levels of missed appointments; the average non-attendance rate for out-patients living in local wards was 19 per cent in 2000/01. The area also has low levels of literacy, poor educational attainment and low employment skills levels.

Services operate from 5.30am to 11.15pm, seven days a week, and have also improved accessibility to employment opportunities at times when public transport does not operate and in areas that are not well-served by conventional services. There are about 4,600 trips a month, plus unrecorded walk-ons. The figures are still increasing and the service is approaching capacity.

The scheme has helped partnership development between hospital and regeneration officers within districts. The PTE has been working with the Employment Regeneration partnership, which will subsidise fares for new employees and interviewees.

Meltham Minibus

Meltham is a small town south west of Huddersfield with a higher than average proportion of older people, lower than average car ownership and a declining employment market. The local Town Council, Kirklees Rural Transport Partnership, South Huddersfield PCG (now Primary Care Trust) and Metro (West Yorkshire PTE) have formed what is described as a "working and funding" partnership to provide and develop a local minibus service, centred in Meltham. The route is semi demand-responsive and can divert up to half a mile from published routes on request, with links to main bus and rail services. The minibus also provides a local parcel delivery and prescription delivery service, for a small charge. The aim of the scheme is mainly to reduce rural social exclusion, particularly amongst the older population.

The service costs £45,000 per annum, largely funded from Rural Bus Subsidy Grant, commenced in May 2001 and has carried more than 71,800 passengers to date, passenger numbers ranging between 550 and 700 per week. Subsidy now stands at £1.80 per passenger, low for a demand responsive service, and below the average cost per passenger for all Metro rural bus services.

Integrated ticketing - Chester Travelcard and Greater Nottingham 'Kangaroo' ticket

Cheshire County Council has introduced a travelcard in Chester acceptable to all four operators as a first step towards a County-wide scheme. The system is based on a smart card and charges £10 for £11 worth of travel. It is unique in being a commercial scheme applying to full fare paying users.

Nottingham City Council and Nottinghamshire County Council introduced an integrated ticketing system in November 2003 that allows unlimited adult day travel on all different bus services, trains and the tram. The ticket costs £3.20 and people living outside the Kangaroo area can buy an Add-On ticket for £2.00 on top of the normal day return fare giving them the same unlimited travel on Nottingham transport services. City Hospital offers subsidised Kangaroo tickets to its staff and this has helped contribute to an 11% increase in those using buses to travel to work.

Using accessibility planning to influence location decisions - Royal Liverpool Hospital

In Merseyside, the pilot examined the potential accessibility impacts of relocating the Royal Liverpool Hospital as part of a Strategic Outline Case for the Department of Health. This included:

- Mapping the available bus services to the current location and possible site for relocation;
- Mapping accessibility to those locations for a range of potentially socially excluded groups (no-car households, people with limiting long term illnesses and people with low level of education) as well as the whole population;
- Assessing the benefits or disbenefits of different locations, by wards;
- Mapping the accessibility impact that the different locations have on the catchments for both the Royal Liverpool and the city's other hospitals; and
- Mapping the changes in accessibility for actual patients to the different hospital locations.

It was found that the proposed new location resulted in accessibility reductions in 19 of the 26 wards affected, with reductions in accessibility of over 20% in 4 wards and, only marginal improvements in 2 of the 7 wards experiencing improved accessibility. This analysis is now being used by the Hospital Trust to inform their locational decision (see Technical Annex for diagrams).

Reducing crime and the fear of crime

Manchester's City Centre Safe initiative

Close partnership working between Greater Manchester police, the PTE, the City Council, bus companies and pub/club owners has enabled the introduction of 'secured' late night bus services in Manchester's city centre. The new bus routes have been subject to high profile policing, CCTV and help points have been implemented at bus stops and bus loaders have been employed to control behaviour. The multi-agency initiative has contributed to a 12.3% decrease in serious assaults during 2001/2 in Manchester's city centre, with over 20,000 people using the service each weekend. In Greater Manchester, each district has a "public transport champion" in the police, at inspector level or above.

Operation Safer Travel, West Midlands

A partnership set up between the police, Travel West Midlands, and the West Midlands PTE has been highly successful in reducing and detecting crime and antisocial behaviour on buses across the West Midlands. Sharing of data between agencies, enabling crime hotspots to be identified and targeted, has provided the foundation for this success. The partnership approach has contributed to a 61% reduction in the number of complaints about bus passenger assaults and a 42% decrease in physical assaults on drivers.

Improved Street Lighting - Middlesbrough

Consultation in Middlesbrough in 2001 revealed that 22% of residents were concerned about poor street lighting and that this impacted significantly on feelings of personal security and fear of crime. Of frequent bus users to the town centre, 38% thought better lighting at bus stops or shelters would improve journeys and 18% prioritised better lighting on the walk from home to the bus stop. Of those who rarely or never use the bus, 20% thought that better lighting at bus stops/shelters and 12% thought improved lighting from home to bus stops would impact their choice of travel mode.

Street lighting improvements were identified as a priority in Middlesbrough's first LTP and, in vulnerable areas, recognised as a key target for the provision of safer transport in the most recent CDRP strategy. Significant progress has been made in improving lighting on streets, in residential estates, on cycle-ways, footpaths and around bus stops. During 2002/3, 723 streetlights were installed, 2.3 kilometres of cycle and footway illuminated and 58 external bus stop lights installed in areas with poor lighting, poor lamp conditions and high crime rates.

A household survey showed that more residents feel safe walking alone at night in their neighbourhood than they did in 2001, with an 11% increase in those saying they feel safe or very safe. Amongst everyday bus users, feelings of personal security have improved, with a 10% increase in the number feeling safe walking in their neighbourhood at night. It is felt that the lighting improvements have contributed significantly to these results.

Example of a 'strategic' partnership

Lincolnshire access to health care pilot

In the Lincolnshire access to health care pilot the following organisations formed the 'strategic' partnership:

- Lincolnshire County Council;
- East Lincolnshire Primary Care Trust (lead PCT on transport for Lincolnshire);
- NHS Shared Services;
- United Lincolnshire Hospitals Trust;
- Lincolnshire Ambulance Trust.

In the access to education pilot in Devon the 'strategic' partnership was made up of:

- Devon County Council - Transport Co-ordination Services;
- Devon County Council - Education Directorate;
- Devon County Council - School Travel Plans co-ordinator;
- Devon County Council - Spatial Planning / Local Transport Plan team;
- Learning and Skills Council.

Option Appraisal

Option Appraisal in the Tyne and Wear and Wiltshire pilots

Partners in the Tyne and Wear and Wiltshire pilots found it helpful to consider the following questions when appraising a list of potential options:

- Are the proposed actions based on the 'reality checked' accessibility assessments?
- Do the proposed actions utilise resources identified in the resource audit?

- Do the actions encompass both transport and non-transport solutions?
- Are the proposed solutions compatible with stakeholders' strategies?
- Are the actions likely to attract 'political' support or a champion?
- Do the proposed actions pass a 'reality check'?
- Does the action add value to existing actions / arrangements?
- Are there any immediately obvious barriers that are likely to fundamentally hinder the process?
- Is there an overlap with other projects and can accessibility planning add value to this or would it duplicate effort unnecessarily?

Identifying barriers

Telford and Wrekin review of the local bus network

The Borough of Telford & Wrekin, in partnership with Arriva Midlands, has comprehensively re-drawn the network of local bus services, producing five quality partnership bus projects focussing upon the Borough's priority neighbourhoods (areas of greatest social and economic deprivation). The route changes and infrastructure improvements followed consultation with users and potential users over how to make the bus system more attractive.

The scheme was intended to arrest the long-term decline in bus patronage in Telford (approximately 3% per annum). It has been very successful, with patronage growth in Telford of 21% since the scheme was first introduced in 2000. Each of the five routes have seen patronage increases of over 15% with two routes experiencing patronage increases of over 40%.

Local authority transport resources

Using social service vehicles effectively - Nottinghamshire County Council

A Best Value review of transport within Nottinghamshire County Council (NCC) in 1999 confirmed that some of the social services vehicles managed by the SSTU (Social Services Transport Unit) were not being used as effectively as they might be. Although busy in the early morning and late afternoon providing passenger transport services to social services facilities, between 11am and 3pm 20% of the fleet and drivers were under used. Endeavours were then made by the SSTU to market this down time and, as a result, it was discovered that the East Midlands Ambulance Service (EMAS) was under extreme pressure to provide services to non-emergency patients attending hospitals throughout the county.

As a result of the marketing process, and in exercise of the "NHS Bodies and Local Authorities Partnership Arrangements Regulations 2000" which came into force on the 1 April 2000, the SSTU entered into a contract with EMAS for a number of passenger lift vehicles and drivers to be used on non emergency patient transport. The benefits of this have included:

- Much improved services for patients who are now conveyed in modern fully equipped passenger lift vehicles with trained drivers. The services provided have replaced the use of conventional taxis.
- A gross additional turnover for the SSTU of £78,000 in 2001/2, £105,000 in 2002/3 and £113,500 in 2003/4 providing a contribution to the core operating costs, thus reducing the unit costs of the primary functions, conveying people to and from social services facilities.
- Cost benefits for EMAS as a result of the partnership through very competitive terms applied to the contract.

The partnership has proved to be very successful and now operates during the evenings and at weekends as demands on the service for fully accessible transport to meet the needs of patients continues to increase.

West Sussex County Council

West Sussex has had a long history of 'non-standard' school start times. For example, one denominational school started lessons at 08.00 as long ago as 1976. The council has maintained staggered start times in rural areas, so that bus services can serve two or three schools, dropping off at the first school with an 08.15 start, a second school with an 08.30 start and a third with a 09.00 start.

Land-use planning resources

Surrey Retail Store

In Surrey, a 106 agreement with a retailer was originally earmarked for highway improvements that did not materialise. As the agreement between the County Council, the Borough Council and the retailer was based on highway improvements it was up to Surrey County Council (as highway authority) to negotiate permission for the use of the funds for a different purpose. Without this permission the agreement would have lapsed and the funds would have returned to the developer. Surrey County Council used their Public Transport Accessibility Model to demonstrate to the retailer how pump priming additional bus services would increase accessibility to the superstore, effectively increasing the catchment area of the store for public transport users. Having seen the benefits the retailer agreed to this different use of the funds.

Health sector resources

Worcestershire Transport and Health Partnership

The Partnership, with the County Council and three PCTs as core members, was motivated by NHS modernisation and reorganisation of acute care, meaning that patients would need to travel to different sites for their treatment. It was created to develop passenger transport services that are sensitive to health issues and needs, by promoting social inclusion and improving access to a range of health and other services and opportunities. The partnership has restructured, upgraded and enhanced existing public transport services, and provided new services. The NHS provides matching funding to the service improvements that the County Council undertakes.

Geographically specific resources

South Tyneside Transport Forum Accessibility Programme Fund - Tyne and Wear access to work pilot

The aim is to establish a flexible resource to support accessibility initiatives. The Fund is to be steered by a Transport Forum (a sub-group of the Local Strategic Partnership) which will comprise the private sector, South Tyneside Metropolitan Borough Council, the Community Sector, NEXUS and Connect, Connexions, Jobcentre Plus and any other agency as deemed appropriate by the Local Strategic Partnership Board. The Fund will initially utilise Neighbourhood Renewal Funds. Indicative NRF resource available is: 2004/5 £225,000 and 2005/6 £350,000. The Access Fund proposals suggest a wide range of actions, including:

- developing demand responsive, community transport and travel to work initiatives
- employment of Personalised Travel and Accessibility Planning Officers

Using accessibility assessments to inform transport funding and policies

Greater Manchester pilot partners are to use accessibility assessments to:

Guidance on Accessibility Planning in Local Transport Plans

- develop funding criteria for bus services which recognise the need for equitable funding;
- include accessibility requirements for students within design of the Wigan Bus Quality Network;
- investigate the scope for Bus Quality Partnerships to widen coverage of the public transport network in lieu of some bespoke services; and
- investigate whether changes to school opening and closing times could allow better use of resources in procuring transport.

Nottinghamshire pilot partners are intending to use outputs from the accessibility analysis to:

- measure the wider economic impact of major transport infrastructure projects, with particular reference to enhanced labour mobility and the widening of job search horizons for both the existing workforce and jobseekers;
- assess the relative priority which should be given to tendered services meeting employment needs;
- identify unmet travel needs and adjust the tendered bus network accordingly;
- assist in the identification of need for travel awareness support and monitor changes in the commercial bus network, with particular reference to access to jobs; and
- to assist in the identification of need for travel awareness support and in employee travel planning processes - both in the assessment of planning applications for new developments and in monitoring existing staff travel plans.

Following the pilots, **Merseyside** are intending to use the assessments and indicators in order to include access to food criteria for supporting bus services.

Following the SEU report, **Kent** County Council's criteria for all new supported bus services have been amended and are now considered in terms of how the service contributes to access to work, learning, health care and food shops.

Incorporating accessibility in policy development and delivery in non-transport focussed services

East Kent Health Transport Partnership

The partnership has recently altered the criteria for transporting non-emergency patients to hospital from only those who were medically unable to use public transport to include social criteria. This has appeared to decrease the number of 'did not attend' (DNAs) and help to ensure that health interventions are made at the right time, before a patient's health deteriorates with subsequent need for more serious and expensive care. It was intended, and work continues to ensure, that indicators, including the number of journeys and DNAs, are recorded to assess the impacts of changes of accessibility to health initiatives.

Improving transport availability

Demand responsive services - Cango, Hampshire

Hampshire, supported by Rural Bus Challenge funding, introduced Cango - an innovative flexible bus service that has improved transport provision and boosted bus use in the rural areas surrounding its market towns. The first seven services, introduced in Andover in June 2002, have brought a patronage rise of 46% over the four fixed route services that they replaced. The main users of the services are commuters and school children at peak times, and older people for shopping and health appointments at off-peak times. In addition to Andover, Cango has been introduced in:

- Leigh Park, improving access to the main employment areas, hospitals and local doctors' surgeries;
- New Forest, allowing residents to make direct journeys that were not possible on existing routes;
- Basingstoke and Deane, improving access for residents of local villages into Newbury, including the rail station; and
- The Hart area, in combination with community transport, improving access to local shops and the hospital, which is across the border in Surrey.

The Council has integrated demand responsive with statutory services to increase the revenue stream and reduce reliance on subsidy. Cango has meant that, despite the withdrawal of marginal services, improved levels of rural accessibility have been achievable.

Arranged Passenger Transport (APT), shared taxi scheme - Greater Manchester

The PTE introduced the first APT shared taxi services in 1998. There are now 8 services, typically operating from 6.30am to 11.00pm, with local variations. Each covers a relatively small area (with populations from 5,000 - 36,000), which lies more than 250m away from a bus route to prevent abstraction from local buses. Passengers are taken to an interchange point (either the intersection of two or more bus routes or a railway station) or to their destination. The latter tend to be limited to local shops and hospitals to reduce competition with taxis. Fares are pitched at a higher level than equivalent journeys on local buses, but lower than commercial taxis. On most routes, passengers pay £1 per trip (50p concessions).

APT makes 35,000 passenger trips each year and has helped to tackle social exclusion by providing a means of transport in areas that have no, or limited, local buses. Journeys are typically 5 miles in rural areas and 3-4 miles in urban areas - beyond reasonable walking distance. The majority of users are women (mainly over 50s) with no car available. They often have some form of mobility impairment and use the service for a variety of purposes, including shopping, leisure and travel to hospital, either as an employee or a visitor. The tailored operating hours have also enabled some residents to take up shift work.

3 of the 8 services are funded by the PTA. The other 5 rely on Rural Bus Subsidy Grant. Additional investment has also been made in improving infrastructure and waiting facilities at interchange points.

Reducing the cost of travel

NHS Travel Voucher Scheme - Worcestershire Transport and Health Partnership

The Partnership has introduced a NHS voucher scheme, offering bus travel to patients, visitors and staff, for a nominal fare. The vouchers are funded by the NHS, and distributed through the acute hospitals to those in need, including staff travelling between sites and patients attending out-patient appointments. Patients staying in hospital for a period of time are given a booklet of vouchers to give to visitors if they will be travelling by bus. In 2004, it is expected that some 50,000 passenger journeys will be made under the scheme.

Discounted Travel on Telford's Quality Bus Network

Telford's Quality Bus Network services have been supported by wider changes to the Council's discounted travel and student ticketing schemes designed to reduce the cost of travel to targeted groups:

- New bus cards for elderly and disabled residents have increased take up by over 40% in the last two years;
- A student travel scheme - analysis has showed that 25% of all flexi-student pass holders would not have gone to college without it;

- The services have also been actively promoted via local employers with subsidised season tickets made available to new starters from Jobcentre Plus and local recruitment agencies.

Post-16 subsidised transport scheme - Wiltshire

Wiltshire County Council's 16+ transport scheme provides assistance for those who wish to attend their local 'designated' school or college, or who can demonstrate the necessity of attending an alternative course at a more distant establishment. The colleges often choose to use Learner Support Funds to provide similar assistance to students who wish to attend their establishment through preference, but who do not meet the criteria for the Council's scheme.

Wiltshire's scheme currently provides a year's transport arranged at a subsidised cost of £240 (the average cost of providing the transport is around £600-700 per student per annum). This may be by public service bus, contract bus, or taxi or petrol allowance if no other transport is available. In a rural area where public transport may not be available, the provision of transport by the Council is an important element of the scheme - it would not be sufficient to offer an allowance to individual students towards the cost of fares. The £240 contribution is waived for families in receipt of certain state benefits, and payment by instalments is available to reduce the financial burden. Over 2,000 students a year are helped with access to FE by this scheme.

Reducing the need to travel

Access to rural primary health care - Worcestershire

The NHS is currently looking for a new site near Inkberrow for a rural GP surgery. Under the work of the Worcestershire Transport and Health Partnership, the NHS will ensure that, if the surgery opens on the planned site, it is located directly on the existing bus route which provides a flexi-link service to villages to the north of Inkberrow. Locating the surgery on this route, and the route of the existing fixed service between Worcester and Redditch, will improve access both to the GP and to wider services and facilities.

Stratton Mobile Health Unit - Cornwall

The need for the mobile surgery came about due to the retirement of a GP who held local surgeries in the villages in the Week St Mary, Morwenstow and Kilkhampton area, and the use of non-DDA compliant premises for branch surgeries. Closures would mean that some patients, many who are elderly with poor mobility and unable to drive, would need to travel up to 10km to reach the nearest health centre. Some 4500 patients will have access to the mobile surgery, plus holiday makers in the Bude area who will be able to attend for minor ailments/injuries each morning at the Town Car Park. The project is able to provide a higher quality service than the previous arrangement of branch surgeries. It breaks new ground in that it takes fully DDA compliant primary care facilities to the people, thus removing the need to travel to a medical centre. Initial trials started in December 2002 with the unit becoming fully operational in early 2003.

The Stratton Mobile Health Unit is a joint project funded by The Countryside Agency, Health Action Zone (HAZ), Cornwall County Council and Stratton Health Centre. The vehicle comprises a waiting room, soundproofed consulting room and treatment room. Normal manning consists of a GP, practice nurse or physiotherapist and driver/security person. An on board computer maintains patient records and enables standard prescriptions to be printed.

A recent user survey showed high levels of satisfaction, and Cornwall County Council is now considering introducing a similar scheme in the west of the county.

Improving physical accessibility

Improving access for people with visual impairments- Poole Council

As part of an initiative to improve bus services in Poole the Council bid for LTP funds to provide Real Time Information system (RTI) on major routes while also upgrading all stops that did not have shelters and raised kerbs. The RTI system is accessible for those with visual impairments, as it includes the provision of audible messages replicating the information shown on the visual display. To avoid noise pollution these announcements are activated by the use of a key fob issued only to people with visual impairments. This feature was introduced to the system after close consultation with disabled representative groups in Poole.

The total cost of the scheme was £1.6m, which includes £300,000 in private sector contributions from both the bus operator, who provided the equipment to be fitted to their vehicles, and a local Supermarket for the installation of an RTI display in their café.

Physical access issues to Broadgreen Hospital - Merseyside access to health care pilot

The partners are working towards a programme of improvements to the physical access to public transport, including short-term schemes for bus stop relocation, signage at / from Broad Green Merseyrail station and access from planned Merseytram line 2. Within the hospital site, the design team for the existing hospital redevelopment are working towards tackling physical access issues, including through consideration of an electric bus around the site.

Improving travel information and awareness

Tackling information barriers to access through the Broadgreen Hospital Travel Plan - Merseyside access to health care pilot

The partners are working towards provision of improved information on transport via on-site information points with general and specific information on transport services and by issuing general timetable information with appointments. The partners are also investigating systems for personalised travel information to be issued with appointments. Funding is being provided through the Broadgreen Hospital facilities management budget and through Merseytravel. Monitoring will be undertaken through annual user surveys.

Travel Options Planning Service - Doncaster Jobcentre Plus

TOPs, primarily a service offered to companies to develop Travel Plans, also offers season ticket discounts, transport information and tailored personal travel advice to workers. An officer has been funded through the Doncaster Neighbourhood Renewal Fund to work in offices in the Doncaster area, including Jobcentre Plus and Community Job Shops, to provide travel advice to job applicants.

16-19 travel training for students with learning difficulties or disabilities

A number of 16-19 transport partnerships have provided additional support for students with learning difficulties or disabilities, including the provision of mobility training.

- Hull's scheme, as part of the curriculum, enables students with special needs to consider use of public transport, practise skills in the school and gradually develop their independence. The end result can be a direct saving of money for the LEAs in terms of reduced expenditure on special needs transport.
- Through a mobility training scheme Rochdale has encouraged a number of young people to move from taxis to buses reporting dramatic reductions in expenditure as a result.

- In addition to offering mobility training, Bristol embarked on a marketing campaign ("Respect the Difference") to improve people's awareness of young people with special needs. This included driver training, a widespread poster campaign on local buses in association with the bus operator, and maps that were designed specifically to meet the needs of students with learning difficulties.

Co-ordinating the timing of services

Integrating local buses and school services and timings - Hampshire

Hampshire's Passenger Transport Group plans and procures home to school transport on behalf of the Local Education Authority. This has helped to make better use of resources; for example, some entitled pupils are given passes to use on local buses and trains, rather than dedicated services, which helps to support the local public transport network. Vehicles that are contracted for the school run are used for social services work for the rest of the day. A recent review has shown the potential for further integration, which would improve the level of service offered, could lead to a rise in patronage and would reduce the number of vehicles required on publicly funded routes by up to 20%. Dispersed settlement patterns have contributed to relatively inefficient use of home to school transport services, with these buses having an average occupancy of just 75%. The review found that staggering school start times could lead to annual savings of about £15,000 per contract and that co-ordinating school and bus timetables would allow some entitled to transfer to local buses, generating immediate cost savings.

Adapting school transport provision to provide for after school activities - Devon access to learning pilot

Devon are to trial the operation of a "Sweeper Bus" system to key localities in the afternoon to improve access to after school activities, by re-allocating under-utilised school transport provision due to pupils staying on for after school activities. Subject to this trial a model arrangement will be rolled out for all secondary schools. Devon's Transport Co-ordination Service is to plan and implement the transport changes, with support from the Education Directorate. It is hoped that the initiative will be cost-neutral in many cases, with the potential for savings to be achieved in areas where both schools and the LEA co-ordinate their transport provision.

Co-ordinating health appointments and public transport - Lancashire

Wyldefyre, a door-to-door transport service for people living in rural Wyre, Lancashire started operating in 2002. The service is managed by the local Community Transport Group, Lune Valley Transport and is funded by the Wyre NHS Primary Care Trust, Countryside Agency and Lancashire County Council. Revenue is generated through fares and contract work with Age Concern.

Wyldefyre in partnership with Blackpool Fylde and Wyre Hospital Trust, has an arrangement with Blackpool Victoria Hospital from April 2004, to trial carrying patients to anti-coagulant clinics when Patient Transport Service vehicles are unavailable. This has since been extended to other similar Hospital clinics.

Actual treatment times at the anti-coagulant clinic are short and this has allowed for the possibility of "fast tracking", which significantly cuts travel times for patients who travel to appointments on Wyldefyre. Wyldefyre arrives at the hospital twice daily and leaves an hour later, the fast tracking allows patients to receive treatment in time to allow them to return home on the outgoing vehicle.

Addressing crime and the fear of crime in and around transport

On bus security measures - Brighton and Hove Bus Company

Brighton and Hove Bus Company has invested nearly £500,000 in installing CCTV cameras throughout its entire bus fleet. Double deck buses use a six camera system while single deck buses

have a three camera system. Since people became aware that CCTV was installed, the company has noticed a decline in the level of anti-social behaviour.

In 2003, a number of high profile public checks were carried out on buses in conjunction with Sussex Police, mainly on Friday and Saturday evenings. For a 3-4 hour period, all buses passing the checkpoint were stopped with supervisors checking every passenger's ticket. Any anti-social behaviour, ticket fraud or suspected criminal activity was dealt with. This received excellent feedback from passengers and showed that police saw public transport as a high priority.

The company has also relaunched an initiative that encourages police officers to travel on buses both on and off duty by giving free travel on production of a warrant card.

Personal security improvements - Warrington Borough Council

To improve the general environment and personal security of bus passengers, 260 bus shelters in Warrington have been replaced with glass panelling, improved lighting and bus service information. These improvements have reportedly been effective in making passengers feel more secure waiting for buses and has led to increased ridership. Effective partnership working between Warrington Borough Council, Adshel, bus operators and Cheshire police has been the foundation for this initiative. Particularly important has been the close working relationship between bus operators and the police in identifying hotspots of bus shelter vandalism and graffiti and the targeting of them by the police.

Partnership working in Lincolnshire

Partnership working in Lincolnshire

In the Lincolnshire pilot, backing was gained at the outset from the Council's corporate management team, and subsequently from the Health and Social Care Partnership, a joint body comprising Chairmen and Chief Executives of health trusts and Social Services' Portfolio Holder and Director. This signalled the clear commitment of the authority, making high level engagement of partners easier to achieve.

Appendix C: Glossary

Accessibility - Accessibility, in this context, is whether people, particularly those from disadvantaged groups and areas, are able to reach the jobs and key services that they need, particularly health care, education and food shops, either by travelling to those services or by having those services brought to them.

Accessibility assessment - An overall assessment of accessibility made up of a mapping audit and a review of existing knowledge and experience. An assessment is used to identify and prioritise areas, groups or activities that have particular accessibility problems. Mapping audits on their own and reviews of existing knowledge and experience on their own can only provide part of the picture on accessibility. Accessibility assessments can occur at the strategic and the local level. Strategic-level assessments should identify the key areas, groups and barriers for each theme that authorities and their partners wish to tackle. Local-level assessments should concentrate on these prioritised areas, groups or barriers to gain a more detailed picture of what the problems are and so inform measures to tackle them.

Accessibility strategy - An authority's overall vision, objectives and work programme for improving accessibility. The accessibility strategy should be developed in the context of the wider vision for the area, as set out in authorities' community strategies, and should consider how accessibility improvements can help to deliver other objectives, for example on the development of jobs and housing. It should be evidence-based, including an assessment of the accessibility needs and problems of their area, set out the accessibility priorities within the LTP period, and demonstrate how a range of interventions can address these problems.

Acute NHS Hospitals Trusts - Acute NHS Hospitals Trusts are independent statutory bodies that manage hospitals and as such are responsible for acute services (medical and surgical treatments).

Ambulance Service NHS Trusts - Ambulance Service NHS Trusts are the bodies responsible for providing ambulance transport to hospitals.

Core Accessibility Indicators - The Department for Transport will calculate six core accessibility indicators centrally for all Local Transport Plans areas using a common methodology and consistent, centrally available, data sets. These core indicators examine time-based access to jobs and key services for the whole population and for a proxy group representing those likely to experience social exclusion. The core indicators are related to the journey purposes highlighted in the Social Exclusion Unit report as having the most impact on life opportunity. They focus on access to primary and secondary schools, access to further education, access to work, access to hospitals, access to GPs and access to major centres.

Crime and Disorder Reduction Partnership - Crime and Disorder Reduction Partnerships (CDRPs) were established by the 1998 Crime and Disorder Act in each local authority area. CDRPs are partnerships between the police, local authorities, police and fire authorities, primary care trusts, health authorities, probation service, the voluntary sector, and local residents and businesses. Since 2004 Passenger Transport Authorities (if relevant) have also been invited to participate in the partnership. Every 3 years CDRPs conduct an audit of the levels of crime and disorder and misuse of drugs in their area, consult widely on the results and develop a 3-year strategy to address the highlighted issues.

Cross-sector benefits - Cross sector benefits are benefits that improved accessibility delivers for non-transport organisations. These benefits can be both financial and service related. For example improving access to a hospital can help to reduce the number of missed appointments, leading to a financial saving, but also enabling hospitals to improve the service they provide and meet their own targets.

Drug Action Teams - Drug Action Teams (DATs) are local partnerships charged with responsibility for delivering the National Drug Strategy at a local level, with representatives from the local authority

(education, social services, housing) health, police, probation, the prison service and the voluntary sector. The partnerships are responsible for the strategic planning and joint commissioning of substance misuse services for young people and their families. This is in line with national drug strategy and local priorities identified through the audit of crime and drug misuse carried out under the Crime and Disorder Act 1998, as amended by the Police Reform Act. The requirements on local Partnerships are now the same as CDRPs - an audit of need every three years and the development of a three year strategy which should be aligned with the local Children and Young People's Plan. Partnerships are still required to produce annual drug treatment plans in addition to the three year cycle. DATs are either integrating with Crime and Disorder Reduction Partnerships in unitary areas or working closer together in two tier authority areas.

Jobcentre Plus - Jobcentre Plus is an executive agency of the Department for Work and Pensions. It has been formed by merging the Benefits Agency and Jobcentre offices to offer an integrated work and benefits service.

Learning and Skills Council - The Learning and Skills Councils are non-departmental public bodies responsible for the strategic development, planning, funding, management and quality assurance of all post-16 education and training (excluding higher education) in England. There are 47 local Councils across England.

Local Strategic Partnerships - Local Strategic Partnerships are non-statutory, multi-agency bodies, which match local authority boundaries, and aim to bring together different parts of the public, private, community and voluntary sectors at the local level.

Local accessibility action plan - Accessibility strategies will be made up of a number of local accessibility action plans. These will be developed over time and set out in detail how the authority, together with its partners, intends to achieve the objectives and tackle the identified accessibility priorities. Authorities should outline these briefly within their APRs but are welcome to append more detailed descriptions as annexes.

Local Accessibility Indicators - In addition to the core accessibility indicators, authorities are encouraged to develop outcome-based performance indicators in support of their local accessibility objectives. These local accessibility indicators might be formulated in a similar way to the journey time core indicators but be targeted at other local priority groups or journey purposes. Local accessibility indicators might also reflect influences on accessibility other than journey time that are of local importance, such as the cost of transport, reliability, safety and security, timing of services and travel information.

Local Accessibility Targets - At least one accessibility target will be expected to be set through the LTP processes. These can be based on the core indicators, authorities' local accessibility indicators or both.

Mapping audit - A detailed mapping exercise focussed on particular accessibility issues using accessibility indicators and data. Typically this will utilise a geographic information system software tool. Mapping audits will occur at the strategic level to gauge where access to a particular service is poor (jobs, health care, education and food shops) and for which particular groups. Local level mapping audits will examine particular issues, areas and groups in greater detail.

Partners - Partners are representatives of local organisations that have a policy development as well as a delivery role. Partners should be involved in all stages of the accessibility planning process and actively involved in the accessibility assessment relevant for their sector / interests. Examples of partners that are likely to have a role in accessibility planning include Local Education Authorities, Primary Care Trusts and local planning authorities.

Primary Care Trusts (PCTs) - Primary Care Trusts are independent statutory organisations responsible for assessing the needs of their population, securing services to meet those needs and providing advice to prevent people developing illness. The PCT may commission NHS trusts or other PCTs to provide services or they may provide services directly. They also ensure general practitioner

(GP) based services and community based services, such as district nursing, school nursing and health services, are delivered to the patient.

16-19 Transport Partnership - Following the Education Act 2002, each Local Education Authority is required to form a 16-19 transport policy following consultation with key partners including: Colleges, Connexions Services, Learning and Skills Councils and Passenger Transport Authorities, where appropriate. The new act encourages a partnership approach between LEAs, local Learning and Skills Councils, Further and Higher Education Institutes, transport authorities and Connexions to develop a coherent and cost effective policy for 16-19 transport. The partnerships also have the freedom to include other organisations and agencies like Social Services, Health and the voluntary sector.

Stakeholders - Stakeholders are representatives of local organisations that have a delivery or representative role. They will not normally be involved in the assessment stage of the process, as their role will not be clear but have an important role to play in developing, appraising and delivering options. Stakeholders include organisations such as bus operators, community transport groups and representative bodies such as Age Concern.

Strategic Health Authorities (SHA) - Strategic Health Authorities are responsible for developing strategies for the local health services and ensuring high-quality performance. They manage the NHS locally and are a key link between the Department of Health and the NHS. They will also ensure that national priorities are integrated into local plans.

Travel Plan - A Travel Plan is a package of measures tailored to the needs of individual employers or schools and aimed at promoting greener, cleaner travel choices by reducing reliance on the car. A Travel Plan can address many different types of travel associated with the relevant site: commuter journeys by staff, business travel - undertaken by staff during the working day, visitors, deliveries, fleet vehicles etc. Dependent on the size, location and nature of the site a Travel Plan can be developed to address all or some of these issues. A Travel Plan typically contains a number of measures; e.g.: car sharing, promoting more use of public transport, encouraging walking and cycling, restricting or charging for on site car parking and supporting alternative work practices, such as teleworking, to reduce the need to travel. The exact balance of these measures depends on the type of organisation, the location of the site and the availability of other transport modes.

Travelwise - The National TravelWise Association (NTWA) is a partnership of local authorities and other organisations working together to promote sustainable transport. NTWA is a network of sectors, including local authorities, health sector, academic sector and passenger transport executives working together to promote healthy and sustainable transport. NTWA aims to reduce society's dependence on car use by: raising awareness of environmental, health, economic and social effects of car use; changing attitudes towards car use; promoting more sustainable modes of travel, and lifestyles which require less travel; encouraging action to change travel behaviour and reduce unnecessary car use.

Appendix D: Endnotes

Publications

Chapter	Title	Organisation	Website	Telephone number
1	<i>CPA - 2005- The way ahead.</i>	Audit Commission	www.audit-commission.gov.uk	0800 502030
1	<i>Making the connections</i>	Social Exclusion Unit	www.socialexclusionunit.gov.uk	0870 1226 236
1	<i>Guidance on Economic Impact Reports.</i>	Department for Transport	www.dft.gov.uk	0870 1226236
1	<i>Planning Policy Guidance 13: Transport</i>	Office of the Deputy Prime Minister	www.odpm.gov.uk	0870 1226236
1	<i>Going Places</i>	Audit Commission	www.audit-commission.gov.uk	0800 502030
3	<i>Choosing Health? Choosing a Better Diet: A consultation on priorities for a food and health action plan.</i>	Department of Health	www.dh.gov.uk	08701 555455
3	<i>Choosing Health? Choosing Activity: A consultation on how to increase physical activity.</i>	Department of Health	www.dh.gov.uk	08701 555455
3	<i>Keeping the NHS Local-A New Direction of Travel.</i>	Department of Health	www.dh.gov.uk	08701 555455
3	<i>Tackling Health Inequalities: A Programme for Action.</i>	Department of Health	www.dh.gov.uk	08701 555455

Guidance on Accessibility Planning in Local Transport Plans

3	<i>Improving Patient Access to Health Services: a National Review and Case Studies of Current Approaches</i>	Health Development Agency	www.hda-online.org.uk	0870 121 4194
3	<i>Local Government Act-Scrutiny of health guidance</i>	Department of Health	www.dh.gov.uk	08701 555455
3	<i>Success for all.</i>	Learning and Skills Council	www.lsc.gov.uk	0870 900 6800
3	<i>Rural White Paper</i>	Department for Environment Food and Rural Affairs	www.defra.gov.uk	08459 335577
3	<i>Sustainable Communities - building for the future</i> <i>Consultation paper on Planning</i>	Office of the Deputy Prime Minister	www.odpm.gov.uk	0870 1226236
3	<i>Policy statement 1 - Creating Sustainable Communities</i>	Office of the Deputy Prime Minister	www.odpm.gov.uk	0870 1226236
3	<i>Crime Reduction Toolkit</i>	Crime Reduction	www.crimereduction.gov.uk	01347 825058
3	<i>Audits and Strategies Toolkit</i>	Crime Reduction	www.crimereduction.gov.uk	01347 825058
4	<i>Health Equity Audit - A guide for the NHS.</i>	Department of Health	www.dh.gov.uk	08701 555455
4	<i>Improvement, expansion and reform - the next 3 years: priorities and planning framework 2003-2006.</i>	Department of Health	www.dh.gov.uk	08701 555455

Guidance on Accessibility Planning in Local Transport Plans

5	<i>Pooling resources across sectors: a report for local strategic partnerships.</i>	Health Development Agency	www.hda-online.org.uk	0870 121 4194
6	<i>Guidance on flexible transport systems.</i>	Department for Transport	www.dft.gov.uk	0870 1226236
6	<i>Extension of Bus Service Operators Guide (BSOG).</i>	Department for Transport	www.dft.gov.uk	0870 1226236
6	<i>Inclusive Mobility.</i>	Department for Transport	www.dft.gov.uk	0870 1226236
6	<i>Travelling to school: a good practice guide.</i>	Department for Transport	www.dft.gov.uk	0870 1226236

Useful websites

Chapter	Title	Website address
1	<i>Accessibility Planning website</i>	www.accessibilityplanning.gov.uk
1	<i>Neighbourhood Renewal Unit website</i>	www.neighbourhood.gov.uk
2	<i>MVA website</i>	www.accessiongis.com
3	<i>DfES 16-19 Transport support website.</i>	www.dfes.gov.uk/financialhelp/16-19transport
4	<i>Department for Transport website for guidance on the conduct of transport studies.</i>	www.webtag.org.uk/
4	<i>Information on the transport policy of the Countryside Agency.</i>	www.countryside.gov.uk/EssentialServices/Transport/

Case Study Contact Details

Non CLWGAP case studies

Guidance on Accessibility Planning in Local Transport Plans

Title	Name	Phone	E-mail
Cornwall - Transport Access for Patients (TAP)	Pam Price	01209 88 8228	Pam.Price@westprimeare.cornwall.nhs.uk
Lancashire's LEA led pilot	Mick Croft	01772 534581	mick.croft@env.lancsc.gov.uk
Braunstone - Improving accessibility in deprived urban areas.	Mark Carrara	0116 2222643	mark.carrara@braunstone.com
Cornwall- "Corlink"	Vicky Fraser	01872 322525	vfraser@cornwall.gov.uk
West Sussex - Staggered school times	Ian Gwenlan	01243 753535	Ian.Gwenlan@westsussex.gov.uk
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East Kent Health Transport Partnership	Geoff Prince	01303 222305	geoff.prince@nhs.net
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Worcestershire - NHS Travel Voucher Scheme	Alec Kendall	01905 760038	alec.kendall@sworcs-pct.nhs.uk
Worcestershire - Access to rural primary health care	Alec Kendall	01905 760038	alec.kendall@sworcs-pct.nhs.uk
Cornwall- Stratton Mobile Health Unit	Vicky Fraser	01872 322525	vfraser@cornwall.gov.uk
Doncaster- Travel Options Planning Service (TOPS)	John Ansari	0114 2211296	johna@sypte.co.uk
Lancashire - Wyldefyre	Kay Farrell	01772 531447	kay.farrell@env.lancsc.gov.uk
Brighton and Hove - Bus security measures	Nathan Cole	020 7944 2297	Nathan.Cole@dft.gsi.gov.uk
Warrington - Personal security operations	Barry Eaton	01925 442620	Beaton@warrington.gov.uk

Guidance on Accessibility Planning in Local Transport Plans

Surrey - Accessibility targets	William Bryans	020 8541 7222	william.bryans@surreycc.gov.uk
West Yorkshire - Accessibility targets	Paul Roberts	0113 251 7255	paul.roberts@wypte.gov.uk
Honley Surgery - Access for Patients	Helen Kitching	01484 303366	Helen.Kitching@GP-B85022.nhs.uk
West Yorkshire - Metro Connect job link bus services	Neil Holt	01132517288	Neil.Holt@wypte.gov.uk
Warwickshire - "Wheels to work"	Michelle Meacham	01728 577 154	Michelle.meacham@cswpconnexions.org.uk
North Yorkshire - "Wheels to Work"	Andrew Johnston	01609 761832	aj@ndvsa.co.uk
West Yorkshire - Meltham Minibus	Neil Holt	01132517288	Neil.Holt@wypte.gov.uk
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West Midlands - Operation Safer Travel	Louise Shepherd	0121 626 5394	l.shepherd@west-midlands.police.uk
Middlesbrough - Improved Street Lighting	Lesley Jackson	01642 728183	lesley_jackson@middlesbrough.gov.uk

CLWGAP Case Studies

For further information on any of the CLWGAP studies please contact the following people.

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