

An increasing number of Buckinghamshire residents will, at some time or other, be required to travel to general or specialist hospitals in or outside Buckinghamshire which are not their closest and most commonly used hospital. The general hospitals outside Buckinghamshire most frequently used (or visited) by Bucks residents include:

- Wexham Park Hospital (Slough)
- John Radcliffe Hospitals (Oxford)
- Milton Keynes General Hospital
- Luton & Dunstable Hospital (Luton)
- Mount Vernon (Northwood)

For longer inter-county or out of county journeys public transport access for out-patients and visitors is often very difficult, extremely burdensome in terms of travel time, and costly. The problem is a county wide one, but is arguably most serious in the far northern and north-western parts of Buckinghamshire.

The other main areas of concern identified include:

- All the general hospitals are outside the town centres with few direct bus routes necessitating the use of more than one bus from most areas
- Car parking at our general hospitals, and hospitals used by Buckinghamshire residents outside the County, is considered a major problem
- Visiting hours policies are not necessarily well co-ordinated with public transport service times, or vice versa
- For many rural areas, especially in the north of the county, accessing hospital services at times when they are needed demands access to a car. Conventional rural bus services are unlikely to offer the flexibility necessary
- Voluntary car schemes play an important role in providing access to hospitals and GP surgeries, particularly from more rural parts, but are generally on the decline
- Transport and accessibility does not appear to be systematically considered when making locational and service planning decisions

Primary healthcare services

The national core indicator for access to a GP surgery is a useful measure of access to GP services in Buckinghamshire, but is not a good proxy for access to other primary healthcare services, such as opticians and dentists which are much more variably located. Figure A10 shows that GP surgeries are clustered in the main towns but are also found in many of the smaller market towns.

Levels of access in terms of travel time to GP surgeries by bus and / or walking are therefore far better than for general hospitals as would be expected. Once again rural areas off the main corridors have limited or no access on a frequent basis, although once again these contain a relatively small proportion of the population. There is also a gap in bus service provision in the afternoon in rural areas south of Buckingham and west of Aylesbury.

Table A5 illustrates that between 63% and 77% of Buckinghamshire residents are able to reach a GP surgery within 15 minutes, and between 85% and 91% within 30 minutes, suggesting that access is generally good. Again, households with no car and low-income groups appear to have significantly better access than the wider population.

Conventional rural bus services do not offer flexibility for a relatively short visit to a surgery, meaning an extended stay until the bus service returns (for people in many rural areas, accessing GP services at times when they are needed therefore requires access to a car, or a home visit). This is seen to be one of the biggest problems facing people in rural areas, especially in more remote parts of Aylesbury Vale.

Consultation and research has revealed further problems in accessing primary healthcare services:

- The trend for GP practices to consolidate into fewer, larger health centres, and associated closure of smaller surgeries, causes difficulties for some patients, especially those without access to a car
- Some of the most deprived estates have inadequate local access to primary care services e.g. Castlefield, Micklefield and Southcourt

- Problems with accessing GP services is leading to increasing pressure on Primary Care Trusts to arrange home visits. It has been estimated that about 70% of home visit patients could safely attend the surgery if they could access convenient and affordable transport with both health and efficiency gains
- New GP out-of-hours services are likely to be further centralised, making them even less accessible, particularly in rural areas
- The distribution of other primary care services such as pharmacies, opticians, and dentists (particularly those open to NHS patients) in the rural areas and smaller towns, and sometimes in more deprived parts of the parts of the larger towns, is perceived by those without access to cars, to be inadequate

Our performance, measured against the national access to healthcare indicators, is reasonable and demonstrates better access for households with no cars and low-income groups. However, it is clear that there are significant issues we need to address, including:

- Access to general hospitals in and beyond the county in the light of increasing specialisation and relocation of services
- Access to GP surgeries and other primary care services, especially from outlying and remote rural areas.

5.2.4 Resources for healthy living

We believe that healthy living is about more than just access to food shops and so have defined four important elements:



- Food shopping
- General shopping and other services
- Physical activities
- Leisure and social activities

Food shopping

One of the national core indicators has been revised to focus specifically on access to major food stores. The mapping audit (see figure A11) shows that access to large foodstores by public transport and on foot is reasonable across the county, reflecting the distribution of stores. However, as with other destinations considered, rural areas have little or no access away from the main corridors. The measurement of this indicator is shown in the table below.

Although we consider this to be a fairly useful indicator it has its limitations: there are a wide range of means of access to healthy and affordable food, not reflected in this indicator. For instance in Buckinghamshire this mapping audit does not take account of:

- The subsidised bus services we provide to secure access from rural areas to local towns (often on market days)
- The 'shopper buses' provided by large supermarkets
- The importance of local food stores and markets, especially to less advantaged groups

DfT Core indicator	Current Performance
Percentage of: a) households; b) households without access to a car ... within 15 and 30 minutes of a major supermarket by public transport	34% of households (47% of non-car owning households) are within 15 minutes of a major supermarket by public transport 78% of households (86% of non-car owning households) are within 30 minutes of a major supermarket by public transport

We also recognise the importance of the intermediate medium-sized foodstores, usually located in our few larger town centres, and intend to include these in future modelling. Some sections of the population at risk of poor food access also rely on home delivered meals or meals eaten at day centres.

The evidence therefore suggests that although public transport and walking access to major food stores in Buckinghamshire is not very high, access to healthy and affordable food generally is not as great a problem as it might otherwise appear. This is not to say there is no problem, or room for improvement, but more detailed research is necessary. A study was recently completed for the adult social care service and Older People's Partnership which we will consider.

General shopping, leisure & social activities, and basic services

Although we recognise their importance, at this stage we have not considered access to important ancillary services such as post offices and banks/ATMs, which are often needed on a local scale. They will be considered in local accessibility assessments. However we have begun to consider access to general goods shopping and other basic services such as council and public service offices, which are generally only found in a small number of larger centres in and near Buckinghamshire. Because of Buckinghamshire's population geography there are limited opportunities for leisure activities locally for many people, depending on their preferences.

Originally the DfT proposed a national indicator for access to major centres, which could have been an effective proxy measure of access to these types of services and general shopping (as well as centres with an extensive range of leisure and recreational activities, employment, primary healthcare etc). However this proposal was dropped.

For our own strategic assessment however we have considered it useful to model access to regional or major centres and significant local centres (defined as 'Areas of retail activity' by the ODPM) at various times of the day and night. The

result is shown in figure A12. Once again southern Buckinghamshire enjoys better access than northern areas, because of the concentration of facilities in the south. Generally, rural areas are characterised by lengthy journeys or no access at all. Access in the morning and afternoon periods is similar, although some areas around Buckingham have no afternoon access. Late night access is generally poor, with most areas (apart from Uxbridge, Aylesbury and High Wycombe) having no access at all.

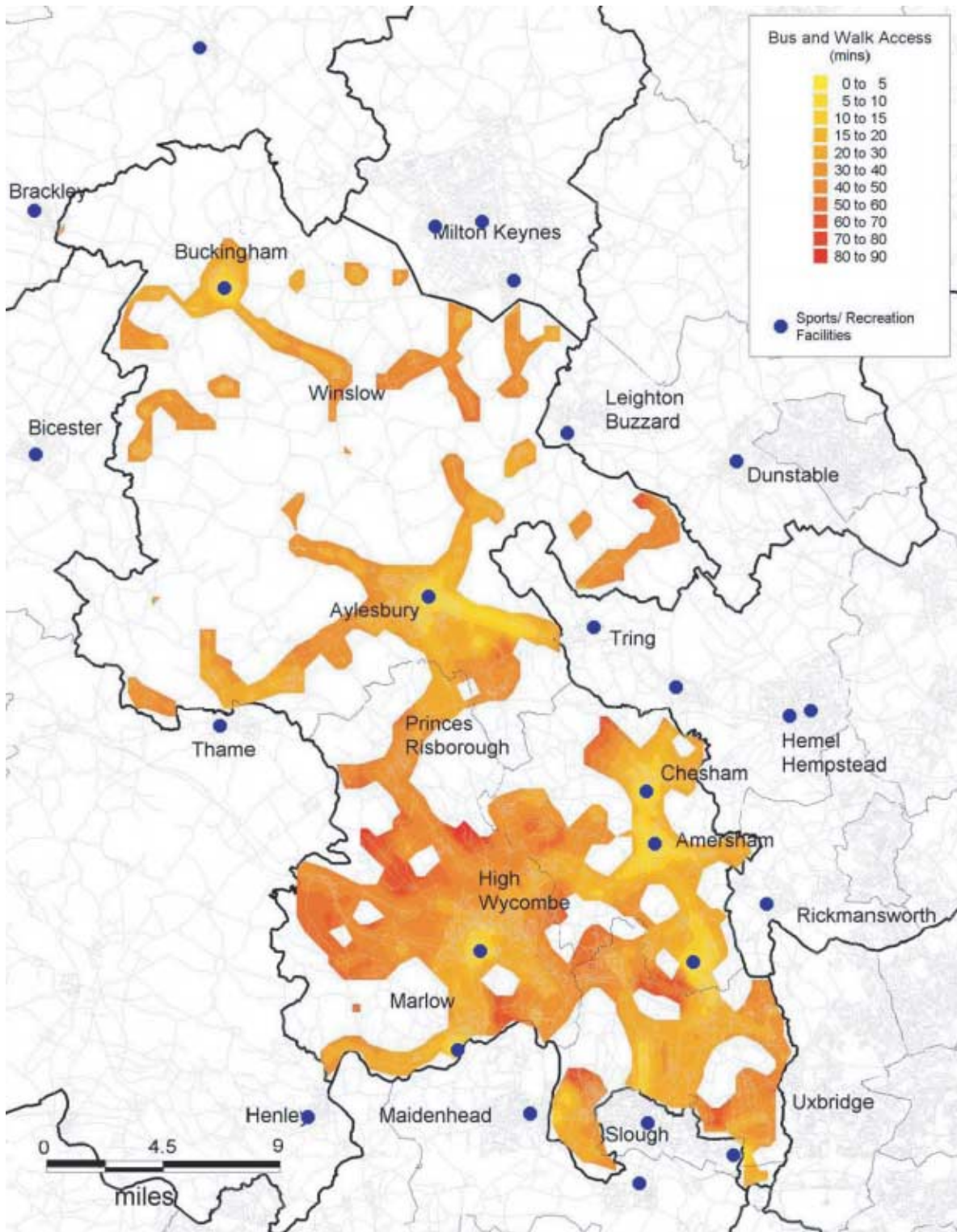
Physical activities

Two aspects of physical activity have been considered - access to public recreational centres and the countryside. Access to good walking and cycling opportunities for utilitarian purposes could be another good measure, though this has not yet been considered.

There are no national core indicators for any of the above activities, however we have specifically undertaken modelling of access to the few public recreational centres in the area (see figure A13). Access to these is reasonable in the south of the county because most facilities are in the main urban areas, but rural areas have limited or no access. This is especially true for areas between Buckingham and Aylesbury. Access across the day is similar for all time periods, although rural areas have no access in the afternoon. Apart from the main towns evening access is very limited, and non-existent in rural areas to the north of the county (with the exception of the area close to Buckingham).

Modelling public transport access to the countryside is the reverse of access to urban centres, and shows the limitations faced by those wishing to access remote rural areas for recreation/leisure (and employment). The available evidence suggests that certain segments of the population are currently under-represented in both these types of physical activity, and that poor non-car access is perceived to be an important barrier. Although the availability of public transport, and the duration of travel may be a problem to some, travel cost, lack of knowledge, inadequate information, and other accessibility barriers are undoubtedly also factors.

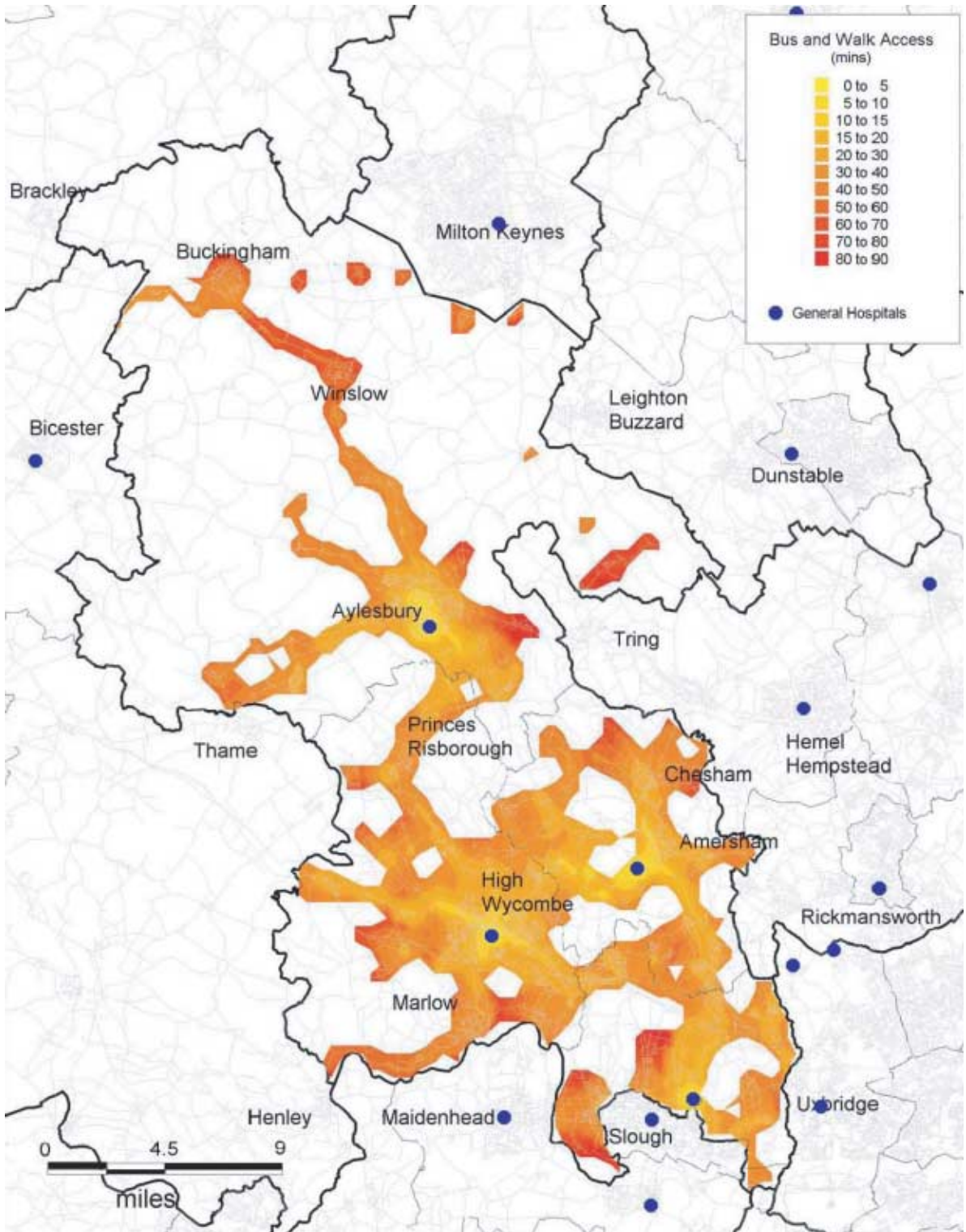
Figure A12 - Bus and walk access to sports/recreation



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Figure A13 - Bus and walk access to centres of leisure



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5.3. Geographical analysis of local accessibility

In the previous sections we have looked at accessibility from the perspective of specific social groups and key services and activities. The purpose of this section is to analyse the 'Buckinghamshire accessibility problem' in terms of its various inter-related components, in order to begin constructing a comprehensive and systematic accessibility strategy. To this end we have divided the 'accessibility problem' into an 'inter-urban problem', a 'rural problem', and an 'urban problem'.

5.3.1 The inter-urban accessibility problem

Buckinghamshire has a very distinctive geography with significant implications for accessibility, travel, and economic development. Like many parts of the South East, large parts of southern, central, and eastern Buckinghamshire lies within a rectangle formed by four major development and movement corridors consisting of:

- the 'Western Corridor' stretching between London and South Wales
- the main north-south corridor linking the southern ports with the major industrial regions of the West Midlands and north-west England
- the 'Oxford-Milton Keynes-Cambridge arc' identified as a corridor for economic growth
- the main north-south corridor from London to the Midlands and the North

Within this rectangle of major economic development, Buckinghamshire is predominantly a semi-rural and sparsely populated county: just over one-third of the population live in medium-sized towns with populations between 40,000 and about 70,000 (Aylesbury, High Wycombe, and the adjoining towns of Amersham and Chesham), while the rest (i.e. slightly over 300,000) live in small towns, villages, and isolated rural households.

The fact that there is no sufficiently large town in Buckinghamshire capable of supporting a full range of key services and large numbers of jobs, and therefore acting as the main focal point for most activities and inter-urban public transport, results in a highly dispersed pattern of activity and travel for many needs (e.g. healthcare, retail, employment, and post-secondary education).

An important consequence of this geography is that there are unusually high levels of out-commuting from Buckinghamshire to London and the surrounding more economically developed

areas. Strategic road and rail corridors running north - south and northwest - south-east are generally more well-developed than those running east-west. Associated with this, with the exception of London, public transport connectivity to most major employment and urban centres and public transport nodes outside Buckinghamshire is relatively limited.

5.3.2 The rural accessibility problem

Social exclusion is a growing concern in rural areas, one of the main underlying reasons being fundamental change associated with high levels of migration and other forces.

In many areas wealthier people are moving in while poorer people are moving out. Although this is primarily because of the rising cost of housing/lack of sufficient affordable housing, public transport accessibility to jobs and services, and high transport costs have also been found to be a major cause of exclusion difficulties, with wide-ranging adverse implications for the economy and society in rural areas.

Accessibility in rural areas has been in decline for a long time. There has been a continuing loss of local shops and other services and changes in the local job market that, together with rising social expectations, has fuelled an increased need to travel. At the same time there has generally been a contraction in the availability of public transport in these areas - and reduced access on foot or by bicycle.

The result, in parts of 'rural' Buckinghamshire, is a sparse and infrequent pattern of bus services - often running nearly empty along similar routes, and in the same way, as they have done for many years. These bus services generally cater solely for a captive market. Although the community transport sector is growing steadily, it is still not on a sufficient scale to meet all expressed demand, and even less so all 'needs', and faces difficult barriers to substantial growth.

Most of these services (off the core routes) are almost wholly dependent on the Council's financial support to provide a 'safety net' that meets people's basic 'social needs' - usually interpreted as access to food shopping.

The cost of maintaining this 'safety net' has escalated well above the rate of inflation in recent years (see figure A14), while at the same time passenger numbers in the rural areas are continuing to fall on most routes - leading to the continued loss of some services. The current system is clearly unsustainable both in purely transport terms, and arguably also in terms of its



social and economic impacts.

We recognise that there are many important needs not being catered for adequately by the present public transport system, and that it is becoming harder for people in the rural areas to take up jobs and get to key services and activities. This contributes to out-migration as already mentioned, but also to an important less visible feature, i.e. many households in rural areas spending a higher proportion of their incomes on car ownership and operating costs than urban households.

Regarding cycling and walking, it is probably true to say that the full potential of these modes in providing links from villages to key destinations in neighbouring towns and villages has not been exploited sufficiently in Buckinghamshire. We also recognise that more attention needs to be paid to pedestrian access to bus stops and addressing personal security concerns in rural areas.

5.3.3 The urban accessibility problem

Although the problem of accessibility in Buckinghamshire is often thought to be mainly a ‘rural’ one, it is not confined to such areas. Although large parts of our main towns are well-served by bus services operating mainly on radial routes to and from the town centre, during the

day, evenings and weekends, and many core bus services have been significantly improved with County Council funding and support in recent years, it appears that many residents do not feel that current services are adequately meeting their transport needs. This was confirmed by a survey undertaken by MORI in 2003 in four relatively deprived wards in High Wycombe, Aylesbury and Chesham:

- Residents without access to a car reported difficulty in accessing health services, council offices, recreational and leisure activities, supermarkets, pharmacies, and cash points
- The lack of access to private transport seems to seriously curtail residents’ ability to be involved in any kind of community activity

Our own “Activity and Travel Needs Survey” in 2004 found that for those with limited car access in relatively deprived neighbourhoods in Buckinghamshire:

- journeys to hospitals and clinics were considered to be the most difficult and expensive
- activity patterns were much more limited than those with full or partial access to the car
- use of childcare, education, recreational and



leisure services, and participation in work, was more limited than could be explained by demographic factors

- those that did try to engage in these types of activities experienced above average difficulty and cost in doing so, which may explain their low activity rates

The reasons for this situation are complex and often the result of a combination of accessibility and other barriers including:

- not all residential parts of these towns are equally well served
- many cross-town services are difficult because of the quality of interchange
- there is limited provision for orbital journey patterns
- relatively poor provision for late night-early morning work shift patterns - when many less-skilled workers may need to travel
- the taxi alternative is considered to be prohibitively expensive by many
- the loss of local neighbourhood facilities e.g. local food shops, pharmacies, and even GP surgeries, is often more pronounced in deprived areas where they are most needed
- the shift of many large retail outlets, and employers, to edge of town locations, which, for many people without cars, are difficult to reach
- even our larger towns do not necessarily have a full range of services or employment opportunities, often requiring that people make journeys outside the immediate urban area, or that activities are suppressed
- concerns about personal security on and around public transport

Although the main focus of many people's accessibility concerns is understandably public transport services, the local access groups and voluntary organisations representing disabled people and the elderly in Buckinghamshire, remind us that we still have some way to go to ensure physically accessible whole journey chains.

Programmes to promote walking and cycling, and address pedestrian road safety problems, have sometimes made significant contributions to local level accessibility, particularly to town centres, schools, and train stations. However, many of these measures have up to now not concentrated sufficiently on access to local bus stops, local neighbourhood facilities and other key facilities,

or dealing with small impediments and community safety deterrents.

Transport programmes have also arguably concentrated more on specific measures rather than on developing comprehensive walking and cycling networks that enhance connectivity and therefore overall accessibility by non-car means.

5.3.4 Consequences of the current local accessibility situation

Accessibility in Buckinghamshire is currently such that getting to many places by means other than the car is, for many, at best very difficult and sometimes costly. Unsurprisingly many households consider car ownership, and even multiple car ownership, as not just a luxury or status symbol but as an absolute necessity. In 2001 only 13% of Buckinghamshire households had no access to their own car or van, compared to 19% in the South East and almost 27% in England. Even in the three largest urban areas in Buckinghamshire, only just over 18% of households had no access to a car, while in the rest of the county the rate was under 11%.

The high levels of car ownership that many households in this area feel necessary contributes to the high local cost of living, and there is anecdotal evidence that it may lead to cuts in other important areas of household expenditure.

The relatively low level of access to job opportunities within Buckinghamshire contributes to comparatively high average journey to work distances by residents: for instance, the (median) average journey is 8.6 km - the highest in the South East, and 34% higher than the South East average (UK Census, 2001). This has important implications for traffic congestion and the environment.

Accessibility planning in Buckinghamshire is therefore not just about catering for those individuals and households without access to a car, but about creating genuine travel choices for most households, and encouraging a better distribution of land use activities.

Our emerging accessibility strategy attempts to grapple with the accessibility problem on all three of the geographical levels discussed above, and not only deal with the symptoms of the problem but also try to address the underlying causes.



6 DEFINING OUR ACCESSIBILITY VISION, OBJECTIVES, INDICATORS AND TARGETS

6.1 National policy objectives

The primary purpose of accessibility planning is to promote social inclusion, and this objective is embedded in the shared priority for transport. National priorities are to improve access to, and outcomes in relation to:

- education & training (learning)
- employment
- healthcare
- healthy lifestyle resources

To provide a common basis for measuring success, the DfT has established six core national accessibility indicators for measuring public transport (and pedestrian) access (using journey time) to the following types of facility:

- primary and secondary schools
- further education establishments
- employment centres
- general hospitals
- General Practitioner surgeries
- large supermarkets

The DfT has however stated that it will not be narrowly prescriptive in determining the focus of local accessibility planning, as it wants to encourage local authorities and their partners to determine priorities reflecting local needs and circumstances. Although we are not obliged to set targets relating to the above indicators we are expected to report against them.

6.2 Our local accessibility vision and objectives

Our accessibility vision for Buckinghamshire in 2011 flows from national objectives and the strategic objectives and vision in the Buckinghamshire Community Strategy and other local plans. It expresses the County Council's aspirations for what it is able to achieve through its planning, service delivery, and community leadership roles, with regard to improving the relationship between transport, accessibility and social inclusion, and thereby provides a guiding principle for internal and external partnership working.

We welcome the fact that the DfT has not been prescriptive in setting mandatory accessibility indicators and targets, and instead has encouraged authorities to identify supplementary

local accessibility indicators, ideally outcome-based, in support of the wider vision and objectives for the area, and based on our prioritisation of accessibility and social exclusion-related problems.

BUCKINGHAMSHIRE ACCESSIBILITY VISION

“an integrated transport and land use system, and joined-up service delivery, that provides improved participation in work, education, and a range of leisure activities, as well as providing easier access to healthcare services, healthy and affordable food shopping, other basic services and activities, helping meet the essential needs of those who live, work, shop and make use of services in Buckinghamshire.”

We recognise the danger of focusing only on improving access to a limited number of facilities or activities and paying insufficient attention to others because of the systemic, inter-related nature of social exclusion (and multi-purpose nature of much transport provision). We are conscious of the difficulties experienced by people, especially those living outside the main towns, in accessing other services besides those targeted in the national indicators.

The list of facilities in table A6 encapsulates our understanding, based on consultation and experience, of the types of services and other facilities that are most essential to social inclusion. Clearly we cannot address access to all these services and activities in detail in the strategic assessment. The ease of access to them will vary significantly around the county, and we will be examining access needs in relation to them in more detail through a series of local action plans that will be developed over the LTP period.

Although we might not be able to immediately provide or ensure adequate access to all services or activities, we recognise the need to develop a strategy that aspires to improve access to these within the resources available to us and our partners, and when opportunities present, depending on identified priorities.

Some services and activities might easily sit under different themes. For example, childcare has been placed under the employment theme, not education, to indicate its importance to women and lone parents participation in employment.

Table A6: Key services and activities that promote social inclusion

<p>HEALTHCARE</p> <ul style="list-style-type: none"> • General Hospitals • GP surgeries & primary health clinics • Dentists (NHS) • Pharmacies • Opticians • Community Hospitals • Mental Health Hospitals <p>HEALTHY LIVING</p> <ul style="list-style-type: none"> • Foodstores and food markets • Mobile food delivery • Recreational/sports centres • Leisure centres • Country parks • Main walking & cycling leisure routes • Childrens centres <p>EDUCATION</p> <ul style="list-style-type: none"> • Pre-school education • Primary schools • Secondary schools • Establishments with sixth forms • Further education colleges • Adult education centres 	<p>EMPLOYMENT</p> <ul style="list-style-type: none"> • Distribution of jobs • Larger town.city centres • Large workplaces, business parks, industrial estates • Job centres • Pre-school childcare • Out-of-school childcare <p>RETAIL & LEISURE</p> <ul style="list-style-type: none"> • Town/city centres with range of general shopping • Town/city centres with day and night time leisure activities • Youth centres <p>OTHER SERVICES</p> <ul style="list-style-type: none"> • Libraries • Public internet access facilities • Banks/ATMS • Post offices • Social security/benefit offices • Council offices • Social care & other community centre services
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6.3 Emerging priorities and strategic indicators

Our analysis of current accessibility problems and needs (section 5) has begun to shape our views about the strategic priorities to be addressed, and our general approach. We have identified a number of strategic issues that appear to be important under each theme, and identified a number of local strategic indicators that we propose to adopt. Most of these we will not set targets against, but will be used for local

performance management and evaluation of the impact of our policies. At this stage we propose to adopt only one indicator against which we will set a target.

Through consultation with partners and other stakeholders we have identified those issues that are currently seen as the most important (in bold). Some further work has taken place with our partners and target groups to determine which of these should be taken forward, and on what time scale.

Healthcare

Access to Healthcare priorities

- access to **GP surgeries, especially from deprived urban areas and rural areas**
- access to **general hospitals both inside the County and in adjoining areas**
- access to **NHS mental healthcare facilities used by Bucks residents**
- access to other primary healthcare services e.g. dentists, opticians, pharmacists, particularly for those living in rural areas

We propose to routinely monitor accessibility to each of the three main hospital sites in the county and, with our partners in the Buckinghamshire Hospitals NHS Trust and Mental Health Trust, will be addressing the need to ensure that access to specialist hospital services is considered as a key element in the review of hospital services in the County. We therefore propose to adopt a local accessibility indicator (i.e. ALI 1/1a) to each of the three general hospital sites in Buckinghamshire, and to work closely with health agencies to develop improved accessibility to each of the sites.

Local indicators 1/1a

% of households within 60 minutes of each of the three general hospitals in Buckinghamshire by a public transport service operating at least once an hour

% of other households able to access a flexible transport service to a general hospital

We propose to adopt a similar local indicator (i.e. ALI 2/2a) to enable us to monitor accessibility to primary healthcare facilities. We believe that, in areas not served by the core public transport network, access to a hospital or GP surgery by public transport requires the availability of a flexibly-timed and possibly door-to-door service - either a demand responsive bus service or voluntary car scheme. We therefore propose to consider a further local indicator to measure the availability of flexible transport services for journeys not possible using conventional public transport services.

Local indicators 2/2a

% of households within 30 minutes of a GP surgery by a core public transport service operating at least once an hour

% of other households able to access a flexible transport service to a GP surgery

Contribution to wider local objectives

Action to address the accessibility priorities mentioned above would make positive contributions to the community strategy, particularly the 'Healthy Communities' objectives, and would similarly contribute to achieving the NHS's main objectives and targets.

Healthy lifestyle resources

Access to healthy living priorities

- access to **large and medium-sized foodstores, or alternatively healthy and affordable food, particularly for the elderly and those without private transport**
- public transport access to public sports/recreational centres
- public transport access to major attractions in the countryside
- public transport access to major centres (with an extensive range of shopping and leisure activities)

We consider that a strategic local indicator that reflects accessibility to centres containing a wide range of services and activities should be adopted for this theme. We therefore propose to adopt the ODPM's definition of 'Areas of Town Centre Activity' to define those town centres in and around Buckinghamshire (see Appendix 1) that offer a set minimum level of retail and commercial activity, and also other types of opportunity. This indicator is discussed in the employment section below.

Contribution to wider local objectives

Action to address the accessibility priorities mentioned above would make positive contributions to the Community Strategy, particularly the 'Healthy Communities' objectives, and would similarly contribute to achieving the NHS's main objectives and targets.

Employment

Access to employment priorities

- public transport access to **Aylesbury and High Wycombe town centres**
- public transport access to major urban centres within commuting distance of **Buckinghamshire**

- public transport access to large workplaces, business parks and industrial estates
- access to employment for people living in rural areas without private transport
- access to employment during the transition from education or unemployment to work
- access to out-of-school childcare, particularly in rural areas and smaller towns

Following consultation with stakeholders, we propose to direct our focus on access to employment around the ease of accessing regional and local strategic town centres (see Appendix 1) within which a range of employment opportunities exists. The local indicator (ALI 3) is described below.

Local Indicator 3

Percentage of households within 30 minutes of a regional or local strategic town centre by a public transport service operating at least hourly

It is against this multi-purpose indicator that we have decided to set our Accessibility Targets for the next LTP period

Currently 80% of households in the County are able to access a town centre by public transport within 30 minutes, on at least an hourly basis weekdays.

We recognise, however, that this indicator does not provide that meaningful a measure of accessibility to employment and we will work with partners to identify a better and more useful type of measure.

Contribution to wider local objectives

Action to address the accessibility priorities mentioned above would make positive contributions to the Community Strategy, particularly the economic objectives, and would similarly contribute to the achievement of Job Centre Plus's main objectives and targets.

Learning

Access to learning priorities

- access to good pre-school education, particularly in the rural areas
- **public transport, walking and cycling access to primary and secondary schools in the larger towns**

• **public transport access to further education colleges, particularly from rural areas and in the evenings**

- public transport access to adult education, particularly in the rural areas
- physically and learning disabled people's access to post-compulsory education
- Public transport, walking and cycling access to Sure Start Children's Centres
- Public transport, walking and cycling access to schools that are implementing an Extended Services Programme

In section 5.2.1 we mentioned that the availability of good public transport in the three main urban areas could play an important role in improving pupils access to secondary schools - extending choice for those not qualifying for free school transport, many of whom are presently transported to and from school by car. This would also help reduce congestion at peak travel times and contribute to improved road safety around schools.



We therefore propose to introduce a local indicator (ALI 4) to help monitor progress towards reducing the need for car use to schools in the main urban areas.

Local indicator 4

Percentage of pupils of compulsory school age living in the main urban areas within 15 minutes of:

- a primary school,
- a grammar school and
- an upper school

... by public transport

Lack of flexibility has been identified as a significant accessibility barrier to post-compulsory study for 16-19 year olds. We will therefore introduce a local indicator (ALI 5) to monitor the proportion of students aged 16-19 who have access to more flexible public transport services to their school or college.

Local indicator 5

Percentage of students aged 16-19 in receipt of subsidised transport whose transport offers flexibility of travel times

Contribution to wider local objectives

Action to address the accessibility priorities mentioned above would make positive contributions to the Community Strategy, and would similarly contribute to the objectives of the Learning & Skills Council, Bucks Lifelong Learning Partnership, and the Adult Education Services.

Physical accessibility

Physical accessibility is a general theme and priority to which we are required to give full consideration.

Physical accessibility priorities

- to ensure that the actions of the County Council, and others in the transport field, conform to the requirements of the 1995 Disability Discrimination Act
- to ensure the development of a physically accessible whole transport system

Contribution to wider local objectives

Action to address the accessibility priorities mentioned above would make positive contributions to the Community Strategy, particularly objectives for older people and the environment.

Community safety

Community safety is a general theme and priority to which we are required to give full consideration.

Community safety and access priorities

- to ensure that the fear of crime and anti-social behaviour does not act as a barrier to travel, particularly by public transport and on foot.

Contribution to wider local objectives

Action to address the accessibility priority mentioned above would make positive contributions to the Community Strategy.

Next steps

In terms of the priorities to be addressed, we recognise that journey time may not always be the most appropriate or useful accessibility indicator for some of the journey types mentioned above. The local objectives and indicators we choose in the future may need to

take account of other types of accessibility barriers that are locally relevant, for example:

- the physical accessibility of the transport system
- public transport availability and reliability
- personal security while travelling
- the cost of travel
- travel information and awareness

Furthermore, we are aware that accessibility is not a true outcome and end in itself - social inclusion and its associated wider objectives are. Although we can only directly influence accessibility, and accessibility is only one of the determinants of these types of outcome, we believe that monitoring and evaluation of accessibility planning should go beyond purely measuring changes in accessibility opportunities. This will to an extent involve integrating accessibility monitoring with that of our partners, and attempting to measure the 'added value' gained by co-operation. Further work still needs to be done to try establish a meaningful framework.

Further attention needs to be given, in consultation with our partners, to identifying shared local objectives and local accessibility indicators that measure and reflect the contribution that improved accessibility can make to wider objectives.

Our analysis leads us to conclude that to fundamentally improve accessibility and promote greater social inclusion in rural and urban areas, our main accessibility priority in the next LTP period should be to review the structure of the local public transport system and mainstream accessibility planning.

The focus on a range of strategic priorities will help complement and inform the development and implementation of our bus strategy, and local action plans in communities across the county. We believe that such an approach will provide a sound framework for overcoming many accessibility barriers and addressing most accessibility needs.

7 DEFINING OUR GENERAL APPROACH

7.1 Introduction

Our strategy for improving accessibility consists of a three-pronged approach:

- **MAINSTREAMING**
 - external bodies
 - corporately
 - within Transportation Service
- **THEMATIC ACCESSIBILITY ACTION PLANNING**
 - Learning, healthcare, healthy living, employment, and town centres
- **LOCAL COMMUNITY ACCESSIBILITY ACTION PLANNING**

Engaging with partner organisations



Effective partnership-working is crucial to the success of all the above mentioned approaches for three main reasons:

- Improving accessibility is not just about transport: the location, design and delivery of other services has a significant impact
- A variety of organisations are involved in providing transport for different sections of the community, or to different services, and these could generally be better planned and co-ordinated
- If it is well integrated, Accessibility Planning can 'add value' to specific initiatives in other policy areas, particularly those aimed at broadening participation

People's ability to get to jobs and services can be significantly improved by factoring accessibility into decisions taken in other policy areas such as land-use, health and education. Conversely, a failure to consider the likely accessibility consequences of decisions can have unintended, adverse implications for specific groups.

Research has shown that other organisations have an important role to play in all 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** consisting of co-ordinated and complementary initiatives, and including accessibility considerations in policy development and delivery
- **implementing and monitoring action plans**

For internal 'mainstreaming' a strategy group has been set up within Transportation to begin looking at the necessary changes to working practices, policies and strategies, and the results so far are described in section 7.2.

With regard to what we have called 'thematic' action planning, we have begun to work with strategic service-delivery partners and representatives of specific target groups to identify accessibility needs and priorities and develop cross-cutting 'thematic' action plans. This type of plan will be about accessibility to specific types of service or activities, and will consist mainly of countywide and/or group-targeted actions, though some actions may have a specific local focus where necessary. In section 7.3 we will briefly outline progress with this work.

For 'local community' action planning we propose to develop local area action plans with representatives of the local communities such as the proposed Community Transport Partnerships. The main focus of these partnerships and plans will be on local transport services and multi-modal accessibility in specific geographical communities.

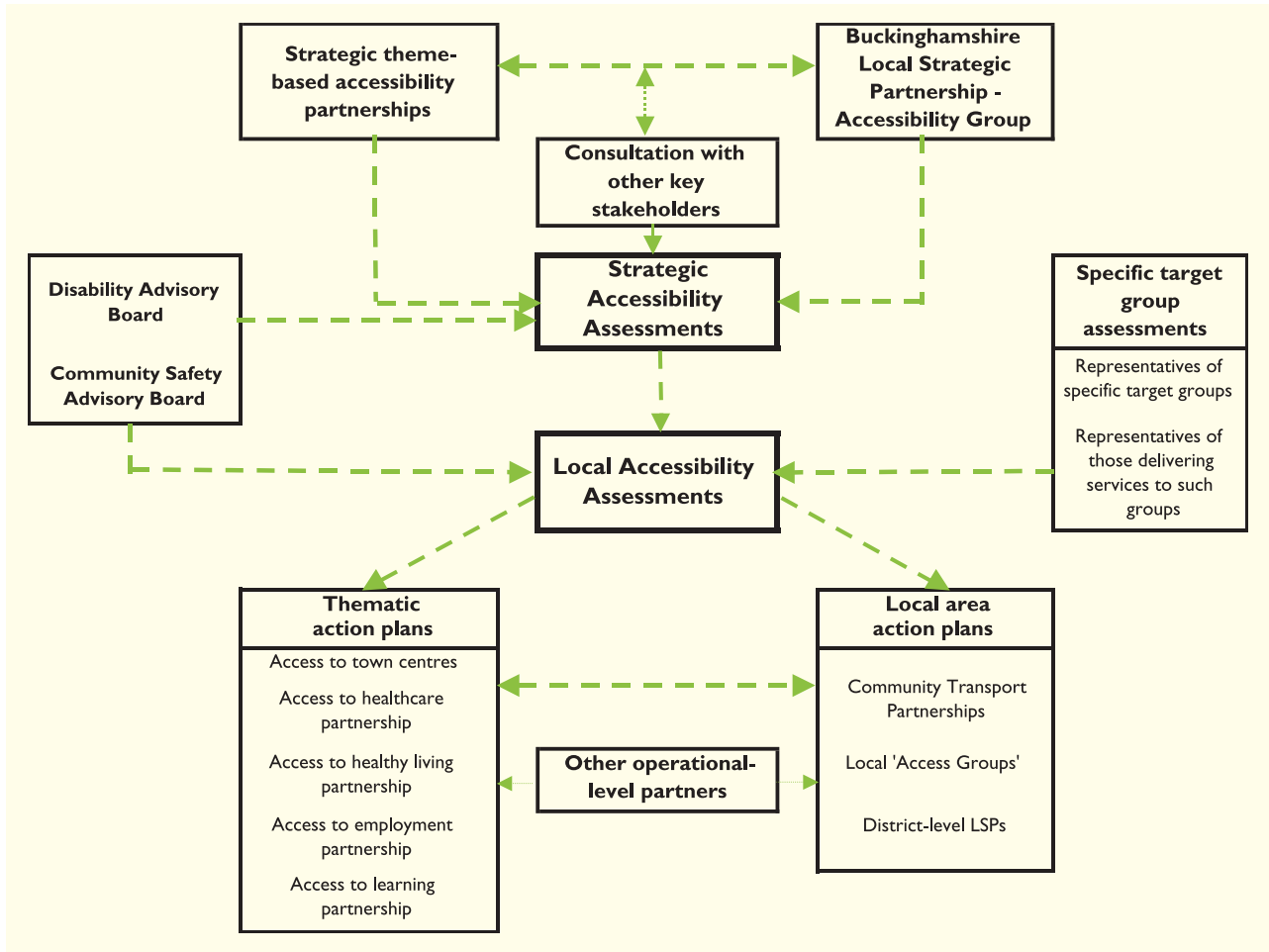
Relating to all three of the above streams of work, we have persuaded the county-level Community Safety Responsible Authorities Group to act as an expert advisory board for us in relation to community safety. We also propose to also establish a similar countywide expert disability advisory board. We intend to integrate these boards into our decision-making processes e.g. making them formal consultees on significant proposals.



In practice there must be high levels of integration, between all three streams of accessibility planning. Figure A15 attempts to

show schematically how the stages and parts of the process - and the partnerships associated with each stage fit together.

Figure A15: Map of accessibility planning partnerships



7.2 Mainstreaming Accessibility Planning

7.2.1 Introduction

To be effective accessibility planning needs to be 'mainstreamed' throughout the strategies, policies and programmes of the transport authority, and other Services across the Council. In addition, we will need to try to ensure that accessibility impacts are routinely taken into account by relevant external bodies when planning, locating, and delivering services and jobs.

Accessibility planning in Buckinghamshire has a strong corporate planning basis on which to build. In 2004 a corporate Best Value Review of Social Inclusion was undertaken to assess the effectiveness of the Council's approach for dealing with social exclusion issues and groups at risk of exclusion, and to identify ways that this could be improved.

The importance of accessibility planning as a corporate initiative was recognised when it was included as a primary action in the Review's action plan. The final plan also emphasised the importance of a change in culture within the organisation, to which end a set of guiding principles for officers and members was created.

Our recent Best Value Review of Transportation (2005) reviewed how our services and activities are planned, managed and delivered, in the light of current and expected needs and obligations. One of its purposes was to ensure that accessibility and social inclusion objectives and principles are given due consideration in our internal decision-making processes, and operational arrangements.

Our general approach to mainstreaming accessibility within the Transportation Service includes the following elements:

- Routinely identifying opportunities to improve access to key locations, reduce risk from crime & disorder, and minimise or ameliorate negative accessibility impacts
- Incorporating accessibility objectives into service, business and other plans
- Developing processes to identify and, where practical, address individuals' accessibility needs
- Reviewing resource allocation to take greater account of accessibility and social inclusion objectives
- Developing assessment and evaluation processes that incorporate these issues and objectives
- Building these subjects into all public consultations, and ensuring that accessibility disadvantaged groups are encouraged to participate
- Including knowledge of these subjects in job descriptions and person specifications, and establishing training programmes to develop knowledge and skills in these areas
- Ensuring that clear responsibility is assigned for accessibility and that procedures are put in place to require all reports, where appropriate, to spell out the potential impacts on accessibility
- Developing clear and targeted communication, marketing, and awareness raising strategies to promote accessibility within Transportation, corporately, and externally

The following is the general approach that we propose to mainstream accessibility corporately and externally by:

- Ensuring that there is high-level political and managerial commitment
- Ensuring that accessibility (for those at risk of social exclusion) is adopted as a corporate objective

- Building accessibility planning objectives into corporate plans, including the Community Strategy
- Ensuring that plans are joined up and complementary
- Building accessibility objectives into corporate initiatives
- Identifying and agreeing shared or inter-related targets
- Making use of cross-cutting reviews to look at how accessibility is addressed across the Council
- Ensuring that policy and service developments consider and assess the implications of proposals through accessibility impact assessments, and public consultation takes account of accessibility and reaches accessibility-disadvantaged groups
- Developing information systems throughout the organisation to plan and manage all activity related to accessibility
- Identifying and overcoming barriers to effective joint-working between Services, between Transportation and with external agencies

In the following sub-sections, mainstreaming accessibility planning has been considered under the following themes:

- Physical accessibility for the less mobile (7.2.2)
- Community safety (7.2.3)
- Public transport accessibility (7.2.4)
- Highway planning (7.2.5)
- Pedestrian and cycling accessibility (7.2.6)
- Travel planning, information and marketing (7.2.7)
- Integrated land use and transport planning (7.2.8)
- Mobility substitutes (7.2.9)



7.2.2 Physical accessibility for the less mobile

The accessibility needs of all accessibility-disadvantaged people are our concern, however those of disabled people are especially important in light of the Disability Discrimination Act 1995 (DDA), and the recently acquired duty to actively promote disabled equality.

The Council's immediate aim is to ensure that - within the local transport environment - the actions of all relevant agencies, including the Council itself, conform to the requirements of the 1995 Act. Its longer-term aim is to ensure the development of an accessible transport system in which disabled people enjoy the same opportunities to travel as other members of society.

We recognise and will take account of the following issues when considering transport services and facilities for the disabled and attempting to meet the statutory requirements of the DDA:

- the need to identify the specific needs of disabled groups to ensure appropriate provision wherever possible
- the need to avoid, as far as is practicable and affordable, the adverse effects of disability on individual's transport needs
- the need to resolve conflicts arising from differing needs of disabled groups, and ensure a balance is struck between facilities provided for able and disabled people
- the need to consider disabled people across the whole journey chain, and working with public transport operators, land use planners, and property developers, ensure our actions are complementary.

The range of disabilities that affect personal mobility is large. In particular an accessible transport system needs to take account of:

- people who have difficulty walking or who use a wheelchair
- sight and hearing impaired people
- people with communication or learning disabilities

- a wider range of people, including the less physically able and those with luggage, heavy shopping or young children

For many disabled people the private car remains the most suitable mode of transport for their day-to-day mobility. We will therefore continue to ensure that their needs are not overlooked and that wherever possible, our policies and actions treat them in an equitable and fair manner.

We will, where possible, employ the following measures to overcome mobility-related obstacles and help satisfy the specific needs of disabled people:

- liaising with access and other disabled representative groups to help identify mobility/ accessibility problems and achieve solutions that will enable disabled people to play a fuller part in society. In particular we propose to establish a Disability Advisory Board consisting of experts from the voluntary sector
- adopting current recommended DfT or DPTAC standards when upgrading or developing new transport infrastructure
- making appropriate provision for the needs of severely disabled car users when developing our parking policies
- increasing the availability of fully accessible buses in two ways:
 - Specifying, subject to resources, vehicles that meet the current accessibility standards for any new contracted local bus services, especially for routes on which the elderly or disabled are likely to be heavily dependent
 - Continuing to work with commercial bus operators to upgrade services on the core bus network through the establishment of Quality Bus Partnerships, where we contribute to the cost of upgrading the quality of buses to meet full DDA standards as part of a wider package of quality and frequency enhancements

- working with Dial-a-Ride providers to broaden the availability of accessible community transport to the wider population
- assisting public transport operators implement staff disability awareness training

7.2.3 Community safety and accessibility

The Crime and Disorder Act 1998 requires that local authorities work together with other partner organisations, to tackle crime and disorder. Section 17 of the Act lays down a “*duty on local authorities ... to exercise their various functions with due regard to their likely effect on, and do all they reasonably can to prevent crime and disorder in their area.*” This requirement needs to be considered more systematically in and through accessibility planning.

While some of our activities already impact on community safety they tend to do so in an ad hoc and unsystematic manner possibly because this has not been seen as an explicit transport policy aim.

We, and our partners, share three general objectives for incorporating community safety within accessibility planning:

- to improve personal security within and around the public transport system, and in the pedestrian environment more generally
- to improve road safety in the pedestrian and cycling environment, particularly where high traffic volumes and/or speeds lead to ‘community severance’
- to improve access, particularly by public transport, bicycle, or on foot, to social activities, key services, and jobs, particularly where it is perceived to be linked to anti-social behaviour and crime

The county-level Responsible Authorities Group has agreed to act as our expert advisory board. We intend to integrate this board into our decision-making processes, e.g. making them formal consultees on significant proposals.

7.2.4 Public transport and accessibility

While not downplaying the contribution that other modes of transport and wider solutions can potentially make to meeting people's access needs, or prejudging the outcomes of individual local accessibility assessments, public transport is undoubtedly the core element of our accessibility strategy.

Our analysis has led us to conclude that to fundamentally improve accessibility and promote social inclusion our main accessibility priority should be to review the structure of the local public transport system. Rural public transport in particular clearly needs to move beyond acting

only as a 'safety net' to meet basic needs, as this is becoming increasingly unsustainable.

Restructuring will be based on accessibility planning principles with the explicit aim of improving accessibility and inclusion, as well as tackling traffic congestion. The box below outlines how accessibility is being mainstreamed in our public transport service planning.

Our bus strategy builds on the strategic framework and policies contained in the Regional and Sub-Regional Plans outlined in Section 2.3. Our future strategy therefore aims to improve accessibility by focusing on the following main elements:

Mainstreaming accessibility planning case study: Public transport service planning

Accessibility planning has influenced the development of our bus strategy in several important ways:

- Underpinning the network planning model we have adopted of strategic urban centres ('hubs') and key public transport interchanges ('nodes') linked by high frequency, high demand public transport corridors ('spokes'), in turn linked to local area 'cells' where travel demand is dispersed and lower and non-conventional services predominate
- Informing the identification of a hierarchy of regional/major and local strategic centres providing a wide range of services, jobs and other activities, and acting as strong attractors (see appendix 1)
- The strategic centres in turn inform the identification of strategic core routes (linking regional/major centres) and local core routes (linking local strategic centres or a strategic centre and a local centre)
- Informing the development of a set of desired bus service Accessibility standards that set minimum standards related to common accessibility barriers (see appendix 4)

Given the importance of the core network to the success of our accessibility and bus strategy, we have decided to define access to strategic town centres as a separate thematic action plan. Using the set of service standards and definition of the key corridors we have begun to undertake 'gap analysis' to identify missing links and other service deficiencies in current services.

Strategic Hubs and Nodes

For purposes of accessibility planning for Buckinghamshire, urban centres and major interchanges identified as strategically important within Buckinghamshire and neighbouring areas, have been identified from a combination of official classifications. They have been separated into two categories: regional or major centres, and local strategic centres, and are shown in figure A16 (see also appendix 1).

Many strategic local nodes such as bus interchanges and train stations lie within these hubs, but some also lie outside them, such as Haddenham & Thame Parkway, coachway interchanges, and other train

stations in or near smaller centres.

The network of strategic hubs offers access to a range of key facilities, a vast number of job opportunities, and the strategic nodes offer high frequency onward travel by bus, coach, train, and plane to wider destinations.

We aim to develop or promote high quality interchange facilities in the major centres within Buckinghamshire, and also in some local strategic centres where an important need is identified. A major example, is the 'Aylesbury Public Transport Hub' proposal. In February 2006 we learnt that funding has been secured through the Community Infrastructure Fund to develop this major transport hub in Aylesbury by 2008.

Figure A16 - Proposed core inter-urban bus network including strategic 'hubs' and 'spokes'

