

FRAMEWORK ACCESSIBILITY STRATEGY

1 Introduction

In line with DfT Guidance, we are developing an accessibility strategy for submission to Government in March 2006. In this context, 'access' refers to the ability of all members of society, particularly those who are disadvantaged, to access key facilities and services.

The following paragraphs provide a statement on the approach being taken and describe progress made towards the full accessibility strategy by setting out:

- Greater Manchester's vision and objectives for accessibility (Section 2);
- the approach that will be taken to developing a full Accessibility Strategy (Section 3);
- progress so far on the development of the Accessibility Strategy (Section 4);
- the links between the Accessibility Strategy and other transport and non-transport strategies (Section 5).

2 Objectives of the Accessibility Strategy

The primary objective of the Accessibility Strategy is to ensure that all residents of Greater Manchester, particularly those who are disadvantaged, can access those facilities that affect their life chances:

- employment,
- healthcare,
- learning,
- food shops.

This objective is consistent with Government priorities, as set out in the DfT's "Guidance on Accessibility Planning in Local Transport Plans" (Dec 2004). However, there is evidence that the health and well-being of people are affected by their ability to access leisure and cultural activities¹. Research has been commissioned into the importance disadvantaged people attach to accessing such activities, as well as to accessing facilities such as non-food shopping, Post Offices, banking, cash machines, legal services, pharmacies, opticians, etc (see box "Access Priorities & Travel Horizons Research Terms of Reference"). It is anticipated that this research will assist in the development of a secondary objective concerning access to additional services and facilities.

¹ See for instance "National Service Framework for Older People", DoH, March 2001, particularly Chapter 2, Section 8.

Access Priorities & Travel Horizons Research Terms of Reference

Access Priorities

To identify services other than food shops, healthcare, jobs and learning, which people wish to access (e.g. leisure facilities, sports facilities, post offices, banks, faith centres, cash points, non-food shopping, financial and legal services, etc.) and to establish and understand the priorities that they attach to this access.

To identify how these services and associated priorities vary according to demographic characteristics.

Travel horizons

To identify how far people would be prepared to travel if there were suitable public transport - i.e. what are their travel horizons?

To understand how travel horizons vary according to journey purpose, demographic characteristics and other significant factors.

To understand what determines people's travel horizons. To what extent are people's travel horizons the result of:

- psychological constraints such as limited outlook, lack of confidence, etc (i.e. 'all in the mind');
- rational calculations (whether it is worth incurring long journey times to access a low paid, part-time job, expectations over service unreliability and its consequences, assessments of safety and security issues, etc);
- material constraints (constraints on carers, parents, etc).

It is expected that concept of 'travel horizon' will be unpacked during the study:

- What is the most appropriate way of measuring travel horizons? Time and cost could be more useful measures than distance.
- Does 'travel horizon' embrace frequency in any sense? People might be prepared to travel an hour each way every month, but not every day.

3 Approach to developing a full Accessibility Strategy

Underlying principles

Our aim is to develop an Accessibility Strategy which is²:

- (1) evidence-based,
- (2) outcome-oriented,
- (3) inclusive (i.e. based on partnership),
- (4) integrated with wider strategies.

² These principles will also be adopted in local accessibility projects.

The rest of this section deals with the first three principles; integration with wider strategies is dealt with in Section 5.

Evidence-based

The Accessibility Strategy will use evidence to:

- Identify residential areas or destinations suffering from poor access.
- Identify barriers to access.
- Prioritise access issues.
- Determine appropriate resources to allocate to different access issues.
- Evaluate alternative solutions.

Evidence can take a number of forms, including:

- Accessibility mapping and measurement.
- Local knowledge.
- Market research.
- Economic appraisal of potential solutions.

Strategic Accessibility Assessment and register of accessibility issues

Using *Accession*, we are carrying out a Strategic Accessibility Assessment. By working with strategic partners, this assessment will be 'reality checked'. It is anticipated that additional issues, not evident from mapping will also be identified (an example of the use of local knowledge).

We will compile and maintain a prioritised 'register' of accessibility issues. This will be a dynamic register developed with partners and updated as issues are addressed, new issues emerge and circumstances change. With our strategic partners, we will develop a method of prioritisation that is, as far as possible, objective.

Prioritisation and allocation of resources will be key issues in the development of the Accessibility Strategy. Relevant considerations for prioritisation include need, geographical spread, likelihood of quick wins and likelihood of match funding. Relevant considerations for allocating resources include: the existing allocation of resources; how to assess the relative importance of different services (e.g. health compared with learning); how to achieve synergies between access to different services; how to ensure that resources are allocated fairly and how to ensure they are not used up in the first batch of local accessibility projects. (Although accessibility planning involves making better use of existing resources, we need to address the question of what geographic boundaries should be used to define 'existing resources'.)

Whilst strategic accessibility mapping needs to be rigorous and comprehensive, it also needs to be understood by people not familiar with the subject. There is also a need to avoid being overwhelmed by a multiplicity of analyses (i.e. becoming 'data rich and knowledge poor'). For this reason strategic accessibility mapping is focusing on:

- threshold measures showing the proportion of the population within certain travel times of key facilities; and

- indices showing the effective opportunities available to residents of different origin zones (e.g. the number of jobs that can be accessed)³.

Travel horizons and access priorities

The research study referred to in Section 2, which also addresses travel horizons, will inform the development of the Accessibility Strategy (see box “Access Priorities & Travel Horizons Research Terms of Reference”).

Cross-sector benefits

There is a need for better information on cross-sector benefits of better access, both to assist in engaging partners in accessibility planning and to assist in financial evaluations of proposed solutions. A review of research on the impact of “Did Not Attends” in the health sector – which in part can be attributed to poor access - has been undertaken (see box “Impact of DNAs”) and the planned DfT research on cross-sector benefits more generally will be utilised when it becomes available.

Outcome-oriented

The prime purpose of the Accessibility Strategy will be to meet the broad outcome of improved access to key services and quality of life opportunities. The means are secondary and will encompass a wide range of individual outputs that hold the potential to contribute to the overarching accessibility objective. Methods of ensuring better access could involve:

- Better location of facilities.
- Better transport: walking, cycling, public transport, other means (e.g. moped loans).
- Changes in the method of service delivery: e.g. changes in appointments systems or mobile delivery of services.
- Improved awareness among users of their options for access: for instance, clearer and more accessible public transport information.

In conjunction with our Strategic Accessibility Partners we will establish an agreed set of indicators and CSMART (**C**hallenging **S**pecific **M**easurable **A**chievable **R**elevant and **T**imed) targets. In order to establish targets that are realistic and challenging we will need to start from the current base position, which will be established by the Strategic Accessibility Assessment. The impact of existing transport and land use plans (including those of our partners) will then need to be taken into account to establish how the agreed indicators would change in the absence of an Accessibility Strategy. The final and most challenging stage will be to examine the impact of indicative actions to improve accessibility to derive challenging yet realistic targets, and to establish the appropriate timing of these targets. In establishing realistic targets, we will also need to take account of differences in rural and urban areas of the county.

³ Hansen / Gravity indices, in technical terms.

Impact of DNAs (Did Not Attend)

DNAs (Did Not Attend) are incidents of non-attendance by patients for hospital and clinic appointments. According to Hospital Activity Statistics 2004/05 (Q3) in England, 9.2% of patients failed to attend a first appointment while a further 11.1% failed to attend subsequent appointments.

The cost to the NHS of outpatient DNAs appears to be in the region of £60 – £70 per missed appointment:

- In 1996/97 the Department of Health estimated that 6 million appointments were missed, at a cost of £61 each¹.
- Research carried out in Belfast in 2002 put the cost of a missed appointment as £65, with an annual cost to the NHS between £300 and £366 million p.a. in England alone².
- KPMG Consulting have calculated that the actual cost of missed appointments amounts to £262m per annum, at an average cost of £67³.

Evidence from a report for the Institute of Healthcare Management suggested that around 9 million GP appointments and 4 million practice nurse appointments are missed each year⁴. The cost of a missed GP appointment is estimated as at least £18⁵. This would make the cost to the NHS of missed appointments with a GP around £162 million p.a. Missed appointments also add increased pressure to waiting list management and mean that patients do not receive treatment.

The above costs are short-term costs. Delays in the diagnosis and treatment of illnesses are often a consequence of DNAs. In the long run, this can lead to serious consequences for the individual, more costly treatment by the NHS and wider impacts on society and the economy.

¹ Missed Hospital Appointments and Transport, Prof K Hamilton and M Gourlay, University of East London, 2002

² Journal of the Royal Society of Medicine, June 2002

³ What Patients Really Think of the NHS, KPMG, 2002

⁴ Institute of Healthcare Management, August 2004

⁵ A Ready Reckoner of Staff Costs in the NHS, 1998, Vol 1, PSSRU, University of Kent in Canterbury.

Inclusiveness / Partnership Working

Strategic Accessibility Partnerships

The pursuit of lower costs and greater efficiency has, over the last couple of decades, meant that many key services have been centralised and / or relocated. Whatever the benefits, there are often external costs to such locational decisions which are borne by users (longer, more costly journey times) and by local authorities (provision of extra road capacity, more financial support for bus services). It seems quite possible that, had these external costs been fully taken into account, different decisions might have been taken in some cases.

There is a need for greater understanding and co-operation between service providers, local authority planning departments and transport authorities to ensure that today's decisions do not become tomorrow's access problems, and to work jointly to overcome existing access problems. Against this background, we intend to establish three strategic, Greater Manchester level accessibility partnerships covering access to:

- Education and training
- Employment
- Health and food

The partnerships will fulfil a number of roles (see box "Role of Strategic Accessibility Partnerships" opposite) and will represent the following "constituencies":

Education and training	Employment	Health and food access
<ul style="list-style-type: none"> • LEAs • Post-16 Partnerships • FE Colleges • The Learning and Skills Council • Connexions NW 	<ul style="list-style-type: none"> • JobCentre Plus • Employers • Local authority departments dealing with Economic Regeneration 	<ul style="list-style-type: none"> • Strategic Health Authority • PCTs • NHS Hospital Trusts • NHS Mental Health Trusts • Greater Manchester Ambulance Service • Food retailers (supermarkets and local shops)

Role of Strategic Accessibility Partnerships

- To provide input to the Strategic Accessibility Assessment for their topic area, including:
 - reality checks of accessibility maps,
 - identifying problems not evident from mapping,
 - assistance in prioritisation of accessibility issues.
- To contribute research evidence from experience and consultation within their own sector to inform needs and priorities.
- To commission research of general relevance to accessibility in their particular field (e.g. into the cross-sector benefits of better access).
- To identify barriers to meeting accessibility targets.
- To identify available and appropriate resources at Greater Manchester level.
- To identify and agree a range of local targets for measuring accessibility.
- To identify, develop and oversee the implementation of strategic level initiatives for their particular field.
- To act as a springboard for local partnerships. The strategic partnership will give local partners the confidence that the problem has been identified and judged important by colleagues from their particular field. In addition, the strategic partnership should be able to help with providing appropriate local contacts.
- To act as forums for sharing best practice - for instance, initiatives identified in local AP projects that have wider relevance.
- To monitor progress in improving access in their particular field.
- To develop shared ownership of accessibility issues.
- To provide specialist knowledge of the relevant service theme.

Local accessibility partnerships

It is anticipated that initial work for local accessibility activities (local accessibility assessments and resource audits) will be carried out by public sector partners. Stakeholders (e.g. operators and representative groups) will be involved as work progresses to solution identification and evaluation, with the precise point at which stakeholders are involved varying according to circumstance.

Cross-boundary partnerships with neighbouring authorities

Many access issues cross the county boundary. We will work with colleagues in neighbouring authorities to ensure that these issues are addressed. Particular issues include information and ticketing.

5 Progress so far

Strategic Accessibility Assessment

In order to stimulate debate with partners, we have established an initial register of access issues in the county. It is envisaged that this will be a dynamic register which can be updated as new issues are identified with partners and existing issues are resolved. This register will be used as a basis for prioritising, with partners, issues that need to be addressed.

The register was compiled after a series of meetings between GMPTE and the 10 local authorities of Greater Manchester, prior to the availability of *Accession*. Through local knowledge of officers, an initial list of accessibility issues was identified. While specifics varied according to district, a number of themes emerged, in particular:

- Access to hospitals.
- Access to industrial estates / business parks.
- Access from particular residential estates.
- Evening and Sunday access.

The register is currently being updated by strategic accessibility mapping using the DfT-sponsored *Accession* package. The revised register and maps will be discussed with our Strategic Accessibility Partners and further amended in the light of these discussions.

Establishing partnerships

Strategic and Local Accessibility Partnerships

In order to launch the Strategic Accessibility Partnerships referred to in Section 3, we are organising a conference of potential strategic partners for 14th July. This *Access All Areas* conference aims to gain the commitment of potential partners in the employment, education, health and food sectors to Strategic Accessibility Partnerships (SAPs) and to establish how these would work in practice.

The Health Reference Group initiated by GMPTE in February 2004 provides a springboard for the Health and Food SAP. The aim of the Health Reference Group is to ensure the links between health and transport are recognised by professionals working in these two fields and to facilitate joint working to address issues of mutual concern. As result, some useful working relationships between the transport and health sectors have been established and a number of the projects described below (under *Pilot Local Accessibility Planning Projects*) stem from contacts made in the Health Reference Group. Initiation of the Stepping Hill Hospital and Leigh Infirmary pilots projects was also facilitated by pre-existing local partnerships involving the relevant hospital, PCT, District Council and GMPTE.

Neighbouring authorities / Cross boundary working

Two cross-boundary partnerships provide models for closer working with all our neighbouring authorities.

In the west of the county, GMPTE has been leading a partnership of local authorities (Merseytravel, Warrington Borough Council, St Helens Borough Council and Wigan Borough Council) in a study of the public transport issues in the Culcheth, Ashton, Newton-le-Willows and Golborne areas.

The objective of the study was to generate proposals for improving public transport that support local and national policy objectives. In particular, the study was required to:

- establish the transport baseline and understand the strengths and weaknesses of public transport within the study area;
- generate and appraise options for improvement;
- develop and appraise a final public transport strategy for the area.

Although this study was commissioned and largely carried out while the national Accessibility Planning agenda was developing, many of the underlying principles of AP were used in examining access to a range of goods and services. The study has demonstrated the ability of the neighbouring authorities to work closely in partnership and is regarded as a model for other cross boundary studies.

This partnership is now being developed into an implementation group to deliver many of the improvements identified during the course of the study. The value of this partnership working has been ably demonstrated with the authorities working together to discuss with developers the plans for a Railfreight distribution depot at the former Parkside Colliery site.

GMPTE also works closely with Lancashire County Council and Blackburn with Darwen Borough Council, through the East Lancashire Partnership (ELP). GMPTE and ELP have worked together on a joint project⁴ to understand and address barriers to transport between East Lancashire and Greater Manchester, focusing on physical, commercial, institutional and psychological barriers. Although this work did not originate in Accessibility Planning, there are clear links; in particular many people travel from East Lancashire to Greater Manchester for employment, higher education, specialist healthcare and leisure. The study identified interchange and information as particular areas to improve and a work programme to address these issues is currently being implemented.

Pilot Local Accessibility Planning Projects

In order to get a better understanding of the Accessibility Planning process, a number of pilot projects are being undertaken. These projects have largely been established on an opportunistic basis rather than through a rigorous assessment of priority (which would have required the Strategic Accessibility Assessment to be completed first). Apart from improvements in access, the primary reasons for undertaking these projects are (a) to gain experience of the Accessibility Planning process and (b) to demonstrate the benefits of Accessibility Planning to potential partners. In carrying out the pilot activities described below, it has clearly been necessary to establish a

⁴ Part funded by the EU as part of the LiRa2 project (see <http://lira-2.com>).

number of local partnerships. Where possible, the approach has been to use existing forums.

Stepping Hill Hospital (Stockport)

Stockport Primary Care Trust, Stockport NHS Foundation Trust, Stockport MBC, Greater Manchester Ambulance service and GMPTE are working in partnership to improve access to Stepping Hill Hospital for patients, visitors and staff. Using accessibility mapping and information provided by Stockport NHS Foundation Trust (including surveys of staff and inpatients) a number of access issues have been identified. An outline resource audit has been carried out and a range of potential solutions identified. Some of these are low-cost, quick-wins and are being progressed with the intention of implementing by March 2006. Others will be evaluated to establish which are feasible and provide value for money.

Leigh Infirmary

GMPTE is working, in partnership with the Wrightington, Wigan and Leigh NHS Trust, to examine accessibility to Leigh Infirmary for patients, visitors and staff. The study has evolved from an earlier PTE proposal to provide Demand Responsive Transport (DRT) services in the Hag Fold area of Atherton and has been expanded to seek to identify improvements in access to the hospital from the wider catchment area around the Atherton, Tyldesley and Leigh areas.

The PTE has been working with the Trust to carry out questionnaire surveys of staff, patients and visitors to collect baseline data which will be used, in conjunction with accessibility mapping, to highlight areas for further detailed work.

Access to basic facilities in Oldham

This project is in its early stages. It is 'origin based' and will examine the difficulties faced by residents of three residential areas in Oldham in accessing basic facilities such as employment, education and training, fresh food, healthcare, leisure, financial services, etc. The initial partnership is between Oldham MBC and GMPTE; this partnership will be expanded to include others, including community groups, as work progresses.

The project will examine travel from the Holts estate, the Alt estate and the Fitton Hill / Hathershaw areas, which are all linked by the existing high frequency, cross-town bus service 425. Initial accessibility maps have been produced and the accessibility assessment will be further informed by research carried out by GMPTE in 2004 in Fitton Hill and new primary research on accessibility problems for residents in Holt and Alt, together with local knowledge of the accessibility partners.

North East Greater Manchester health service reconfiguration programme

The NHS in the north east of Greater Manchester is embarking on a significant reorganisation of clinical services. Bury PCT, Heywood and Middleton PCT, North Manchester PCT, Oldham PCT, Rochdale PCT and The Pennine Acute Hospitals Trust are collectively developing these proposals under the heading of the North East Sector Reconfiguration.

GMPTE is providing advice and accessibility maps for some of the options for the allocation of clinical services to inform the public consultation programme in Autumn 2005.

Greater Manchester, East Cheshire and High Peak Children, Young People and Families Network

The Children and Families Network is working with the Association of Greater Manchester Primary Care Trusts to redesign and modernize maternity services across the county. One model being considered is to have a reduced number of obstetric units providing consultant-led care, supplemented by a number of midwife-led units.

The Network wishes to examine the issues of accessibility to each of the 13 existing maternity units and the effects that a reduction in the number of delivery suites would have on women's ability to access them. GMPTE has been advising the Network on securing consultancy support to the accessibility assessment which will be used to inform a planned public consultation programme in Autumn 2005.

Integrating Accessibility Planning with wider activities

For Accessibility Planning to be effective, it will need to be integrated ('mainstreamed' into the work of all relevant departments of AGMA authorities and their partners. The two examples below illustrate how access issues are already given priority in our work.

Planning and Public Transport

Accessibility planning involves ensuring that facilities are located and designed so that they can be easily accessed by people who don't have access to a car, and who therefore rely on alternative modes of transport such as public transport, cycling and walking. Difficulties in accessing work places and key facilities are as much due to their location, as to the quality of transport provision. Consequently there is a need for strong links to be made between transport and land-use planning in order to achieve the best results.

GMPTE already works closely with District Councils to maximise the public transport accessibility of new development proposals, and currently makes representations on a whole range of planning applications, and encourages local planning authorities to give a high priority to ensuring that new developments are accessible by public transport, and to consider this issue at an early stage in the planning process.

Currently GMPTE assesses planning applications to ascertain their degree of accessibility to public transport, and does this by measuring the walking distance to either a railway station / Metrolink stop, or bus stop. The frequency of services is also examined. The criteria currently being used to assess accessibility are under review, and will be considered as part of this accessibility planning work, but the principles will remain the same, i.e. to determine whether or not a development can be accessed satisfactorily by public transport.

If a proposed new development does not satisfy the current accessibility criteria, GMPTE will recommend to the Districts that they request a developer contribution toward the provision of public transport, through a legal agreement, and there are numerous examples of where planning decisions have been influenced in favour of better access, in particular health facilities, schools and major retail developments.

GMPTE is currently producing guidance on this issue, which will include suggestions for monitoring. It is the intention for GMPTE to agree with the Districts how to

contribute to the development control process. This will enable new developments to be located and designed so that they can be accessed easily by public transport.

Integrated Social Needs Transport

GMPTA/E, working with four representative AGMA local authorities and Greater Manchester Ambulance Service, has carried out a best value review of social needs transport. In part, this was motivated by the SEU's *Making the Connection* report which, among other things, highlighted the scope for the different agencies who provide social needs transport to collaborate in order to deploy existing resources more efficiently.

The objective of the review was:

To enhance social inclusion by providing better, more integrated and more cost-effective transport services to those people with special or social needs irrespective of the nature of the service originator, so that these people can travel where they need to go at the time that they need to be there.

The likely costs of a range of options and the effects on users and “commissioners” of transport were considered by the review. It was concluded that a framework for full co-operation between all social needs transport operating agencies and interoperability of services across agency boundaries would give best value for money, would meet consultees’ aspirations and was achievable. Nevertheless, reaching agreement with partners on the practicalities of such a system is a considerable challenge and GMPTA/E is appointing a project manager to take this forward. The delivery of this project will provide significant opportunities for the achievement of the Accessibility Strategy’s objectives and close working will be maintained to ensure that these synergies are realised in practice.

4 Integration with wider strategies

Introduction

We will strive to ensure that the Accessibility Strategy is integrated with wider strategies. That is not to say that tensions between different strategic objectives will not arise and that trade-offs will not be necessary. A possible area of tension lies in the policies and strategies of our accessibility partners and one of the many benefits of engaging with these partners will be a better understanding of their policies, strategies and aspirations.

Regional and Sub-regional Strategies

The broad regional policy framework for accessibility is the Regional Spatial Strategy (RSS) which incorporates the Regional Transport Strategy (RTS). RSS was created when Regional Planning Guidance was given development plan status in September 2004. Policies in the current RSS deal with accessibility and mobility in both urban and rural areas of the region. National guidance published in 2004 requires the RTS to set a strategic framework for public transport to improve accessibility to jobs and key services.

Although an early review of the RSS was commenced in March 2004 the transport elements of this were withdrawn in August. A full review of the current RSS/RTS commenced in summer 2004. It is expected that a policy on accessibility will be incorporated into the Spatial Development Framework of the draft RSS which is likely to be submitted in January 2006.

The review of RSS is required to take account of “The Northern Way Growth Strategy” which is a regeneration based strategy for the whole of Northern England based on the recognition of “City Regions”. This has led to the development of a sub regional strategy for the Manchester City Region that embraces Greater Manchester County, Warrington and large areas of North Cheshire. This is complemented by an economic strategy for the City Region Development Programme that builds on the Greater Manchester Economic Strategy.

The delivery of the economic regeneration of Greater Manchester and the wider region of North West England is underpinned by Public Service Agreements. In the case of PSA2 this commits Government “to making sustainable improvements in the economic performance of all English regions and over the long term, to reducing the persistent gap in growth rates between the regions”. A series of regional and sub-regional strategies have developed to pursue these objectives, including *The Northern Way Growth Strategy*, *The Greater Manchester Strategy* and the *Manchester: Knowledge Capital Growth Strategy*. In working towards these strategies, the authorities and our partners are committed to ensure that future economic benefits are attainable for all. The Accessibility Planning approach set out here provides the opportunity to support this strategic approach to regeneration.

Development Planning: Local Development Frameworks

It is important that land use and public transport policies are integrated at an early stage in the development plan process, so that new development is easily accessed by public transport. Under the first Greater Manchester LTP, the Greater Manchester authorities established an integrated approach to transport and land-use planning. This will be re-affirmed in the second LTP. The partnership-based accessibility planning approach will provide new opportunities to support the integration of land-use and transport planning in practice.

All ten Districts are now progressing their Local Development Frameworks (LDFs) which will ultimately replace their Unitary Development Plans (UDPs). Their Local Development Schemes (LDSs) have already been submitted to the Government and these identify a range of Local Development Documents (LDDs) to be prepared. These will all be the subject of consultation, and it will be important for responses to include suggestions as to how policies will address issues of Accessibility Planning.

PG13 identifies a number of ways in which this can be done and which need to be taken into account when preparing development plans. In summary these include:

- Locating major new developments in town centres or close to major public transport interchanges.
- Accommodating housing principally within urban areas and with increased density at locations highly accessible by public transport, walking and cycling.
- Ensuring development comprising jobs, shopping, education and health services offers a realistic choice of access by public transport, walking and cycling.

- Ensuring strategies in development plans and Local Transport Plans complement each other.
- Giving priority to pedestrians, cyclists and public transport, and providing them with more road space.
- Considering how to reduce crime and fear of crime.
- Safeguarding sites and routes, which are critical in developing infrastructure to widen transport choices.

The importance of public transport accessibility is also emphasised in PPG3 (Housing), PPS6 (Planning for Town Centres) and PPG4 (industrial, commercial development and small firms).

The Social Exclusion Unit report: 'Making the Connections: Final report on transport and social exclusion' (February 2003) concluded that the mutually reinforcing trends of increased car use, decline of local services and growth of 'out of town' facilities have exacerbated exclusion. Although there has been a huge rise in mobility for people with access to a car, for those who rely on alternative modes to the car, such as walking and public transport, access to work, learning and healthcare has become more difficult. Planning and transport policies in the past have been responsible for car dependent development which has exacerbated social inclusion and it is now becoming apparent that these policies need to be changed to ensure that new development is located so that it can be accessed by public transport, cycling or walking. It will therefore be really important for the Local Development Documents (LDDs), which are integral to the LDF, to take account of accessibility planning, so that new development is located where everyone can easily access it and so that it is socially inclusive.

Bus strategy

About 85% of public transport journeys in Greater Manchester are by bus. The quality of the bus network and bus services will therefore have a very significant impact on accessibility. Many elements of the bus strategy have a direct bearing on access, including:

- Development of a high frequency network within walking distance of as many people as possible.
- Measures to improve service quality (including reliability, vehicle quality and accessibility and integration with other modes).
- Investment in Quality Bus Corridors.
- Investment in bus stops, shelters and interchanges.
- Development of seamless ticketing covering the whole of a passenger's journey on one ticket.
- Development of feeder services to fixed track modes.
- Improving safety and security for drivers and passengers.
- Provision of high quality and accessible information.
- Future of supported services / implications of budget 2005 on accessibility

Demand responsive transport (DRT) – including that provided by Community Transport (CT) organisations - plays an important role in providing access for people without access to a car. There are 20 DRT services in Greater Manchester. While these are generally successful, they have largely been introduced on an

experimental basis and there is a need to develop a clear strategy to guide the implementation of DRT in the county. As well as taking account of the vital role of CT, such a strategy will be closely linked to a strategy for supported services, which are also an important means of ensuring that those without access to a car are able to reach key facilities. GMPTE intends to develop these two parallel strategies – DRT and supported services – to complement the Accessibility Strategy.

Personal security - crime and fear of crime

GMPTE's Multi Modal Tracking Survey and DfT research show that safety and security is consistently the travelling public's second most important concern, after reliability. Crime (and fear of crime) can be a barrier to access in two ways:

- It deters people from walking, cycling and using public transport.
- It can materially affect the availability of public transport (e.g. services can be withdrawn because of repeated attacks on buses and / or drivers; information at bus stops can be destroyed through vandalism).

In order to address crime and fear of crime, GMPTE is in the process of developing a three year (2005 - 2008) framework to achieve noticeable and sustainable reductions in public transport-related crime and disorder and an improvement in passenger perceptions of personal safety and security. Three priorities are identified in the framework:

- Anti-social Behaviour
- Criminal Damage
- Perceptions

Criminal damage and anti-social behaviour have been prioritised because they are observed by users and non-users alike. They are known as Indicator Crimes because they have a significant negative impact on people's perceptions of safety. An individual does not need to be the victim of a crime to be affected by it: witnessing a crime - or hearing of a crime from a witness - can lead to feelings of insecurity, vulnerability and fear. One incident of crime or anti-social behaviour could have a negative impact on a significant number of people.

GMPTE's approach to addressing crime and fear of crime mirrors its approach to Accessibility Planning, with a strong emphasis on:

- Partnership working, particularly with public transport operators and Crime and Disorder Reduction Partnerships.
- Integrating ('mainstreaming') consideration of crime into the work of all relevant GMPTE departments.

Greater Manchester Local Transport Plan Draft Maintenance Strategy

The Greater Manchester Local Transport Plan Draft Maintenance Strategy is a framework for the ten highways authorities in Greater Manchester and Greater Manchester Passenger Transport Authority to determine how their maintenance programmes can best be delivered on a countywide basis.

A robust and well-maintained highway structure serving a full hierarchy of transport movement forms the backbone of any Accessibility Strategy.

The maintenance strategy is there to deliver an accessible, safe, reliable, and sustainable transportation system. Accessibility is addressed in a number of ways including:

- Ensuring the network availability and reliability for all users, including public transport, pedestrians and cyclists.
- Maximising value to the community by seeking to incorporate integrated facilities (e.g. bus, cycle and pedestrian facilities) as part of maintenance programmes.
- Provide safer streets through maintaining and improving lighting on the network.
- Within areas of deprivation, ensuring recognition is given to physical links to the wider communities.
- Ensuring maximum accessibility for all users during maintenance works, and effective communications mechanisms to inform stakeholders at the earliest possible stage of any possible delays or barriers to access.

Greater Manchester Walking Strategy

The Greater Manchester Walking Strategy (Aug 2002) includes the following observation:

The experience or perception of walking both as a main mode and as a link between other modes affects the whole journey. A disincentive to walk at one stage can be a deterrent to the whole trip, including potential use of public transport. (p9, para 4.2)

Although this statement was made in a chapter on personal security and road safety, it has a general relevance and underlines the importance of the walking environment to people's ability to access key facilities.

The Greater Manchester Walking Strategy therefore plays a crucial role in delivering access. It addresses barriers to walking in the physical and social environment, which in turn impact on the distance and time required for walking.

The action plan derived from the strategy aims to improve the overall appearance, safety (personal security and road safety) and usefulness of the pedestrian network. The action plan focuses on key walking routes, which are defined as those which link two or more key places. The latter include district centres, major employment sites, hospitals, educational establishments, public transport interchanges, leisure facilities, parks and recreational areas - illustrating the clear link between the Walking Strategy and Accessibility Strategy.