

Annex B

Framework Accessibility Strategy

Contents

Chapter 1 - Introduction	1
1.1 Context and Structure	1
1.2 Background.....	1
1.3 What is accessibility?.....	2
1.3.1 Access to Education and Skills.....	2
1.3.2 Access to Employment	2
1.3.3 Access to Health Facilities	3
1.3.4 Access to Healthy Affordable Food	3
1.4 Rural Accessibility and Social Exclusion	3
1.5 Oxfordshire’s Priorities	3
Chapter 2 - Defining the Vision and Objectives	4
2.1 Introduction.....	4
2.2 Setting the Strategy in the Context of Wider Corporate Policies	4
2.3 National Context	5
2.4 Regional Context.....	5
2.5 Local Context.....	6
2.5.1 Economic Development and Jobs	6
2.5.2 Housing	6
2.5.3 Education.....	6
2.5.4 Health and Social Services	7
2.5.5 Social Inclusion.....	7
2.6 Accessibility in the Local Transport Plan	7
Chapter 3 - Developing the Strategy	10
3.1 Introduction.....	10
3.2 Developing the Framework Accessibility Strategy	10
3.2.1 Consultation	12
3.2.2 Focus Groups.....	12
3.2.3 Transaction and Consultation on the Draft Provisional LTP	12
3.2.4 Theme-specific workshops	12
3.2.5 Partnership Working.....	13
3.2.6 Corporate Communications	13
3.2.7 Oxfordshire Rural Community Council (ORCC) and Oxfordshire Rural Transport Partnership (RTP)	13
3.2.8 Oxfordshire Local Strategic Partnership	14
3.2.9 District Councils.....	14
3.2.10 Oxfordshire Crime and Disorder Reduction Partnership	14
3.2.11 16-19 Education Transport Partnership.....	14
3.2.12 Cross-boundary Discussions	15
3.2.13 Analysis of Social Exclusion Information (Oxfordshire in Detail: OCSI June 2004)	15
3.2.14 Analysis of Geo-demographic data to Identify Disadvantaged Groups	17
3.3 ACCESSION™ - Stage 1 Strategic Accessibility Audit.....	20
3.3.1 Data collection, checking and manipulation.....	20
3.3.2 Selection of plots and Accession runs	21
3.3.3 Accessibility maps and threshold calculations.....	23
3.3.4 Interpretation of accessibility maps.....	25
3.3.5 Access to Healthy Affordable Food	25
3.3.6 Access to Major Centres	25
3.3.7 Access to Town Centres.....	25
3.3.8 Access to Education	26
3.3.9 Access to Employment	26
3.3.10 Access to Health	27
3.4 Prioritisation of areas, issues and groups for action.....	27
3.5 Implementing Local Area Action Plans	28

Contents

Chapter 4 - Framework Accessibility Strategy and Future Development.....	30
4.1 Introduction.....	30
4.2 Accessibility Priorities	30
4.3 Framework Accessibility Strategy; Vision and Objectives	30
4.4 Developing Targets for the LTP	31
4.5 Summary of Strategy Development to Date.....	32
4.6 Future Development of the Strategy	33

Chapter 1 - Introduction

Accessibility is about getting to the key services that we need - either by being able to travel to a service or by a particular service being available where it is needed - Accessibility is not just about transport, it is also about the location, design and delivery of services

1.1 Context and Structure

This Framework Accessibility Strategy has been prepared as part of the County Council's Provisional 2nd Local Transport Plan (LTP) 2006/7 to 2010/11. It outlines the overall vision, objectives and the broad approach to be taken to improve accessibility in the county. A Final Accessibility Strategy will accompany the March 2006 submission of the 2nd LTP.

- **Chapter 2 Defining the Vision and Objectives** sets out the broad vision and objectives and priority to be placed on accessibility issues in the county. It provides a description of how these objectives are integrated with the wider vision for the county and identifies the accessibility implications for the wider transport policies adopted in the 2nd Local Transport Plan.
- **Chapter 3 Developing the Strategy** outlines the work that has been undertaken to inform the development of the Accessibility Strategy. Specifically, it provides an indication of the accessibility priorities for the county in terms of specific geographical areas or destinations and groups. It provides information on partnership working which has been undertaken or is being progressed to develop the strategy.
- **Chapter 4 Framework Accessibility Strategy and Future Development** contains the framework Accessibility Strategy and outlines how the County Council intends to develop its final Accessibility Strategy, including how we will work with key partners, prioritise works and use the analytical tools available to further develop the strategy and targets.

1.2 Background

The Oxfordshire Plan identifies Oxfordshire as a remarkable county, where a rich environment and cultural heritage is combined with educational and scientific excellence. Yet, despite this widespread affluence and success, there are areas of localised urban deprivation and dispersed rural deprivation, with an increasing gap between rich and poor.

Oxfordshire is a predominantly rural county with 78% of the land area under agricultural management. 38% of the total population live in rural areas (defined as settlements of less than 5,000 people). This inevitably means that facilities are more dispersed and therefore there are more significant accessibility problems than in more urbanised locations.

Improving accessibility and reducing social exclusion are important objectives that cut across many of the policies and plans of the County Council including the County and District Community Strategies, departmental service plans and the Oxfordshire Plan. This Accessibility Strategy provides an opportunity to consolidate and build on the County Council's existing objectives and policies for improving accessibility. Achieving these objectives will be central to improving the overall quality of life in the county and delivering Oxfordshire's Local Transport Strategy as detailed in the Local Transport Plan 2006/7-2010/11.

1.3 What is accessibility?

Accessibility is about getting to the key services that we need - either by being able to travel to a service or by a particular service being available where it is needed. Poor accessibility can restrict our life chances. It can affect the job opportunities which are available to us, the quality of the education that we get and our health and general wellbeing. Good accessibility is important for everyone but is particularly important for the most disadvantaged groups. These include those living on low incomes and those with specific support needs (elderly, mobility impaired, young etc). Many of these groups do not have access to a car and are reliant on other modes of transport to gain access to everyday services.

Accessibility is not just about transport, it is also about the location, design and delivery of services and should be a process which helps the County Council to achieve consistency between all of its aims. Accessibility planning can also assist with the assessment and implementation of best value, joint working and effective service delivery by defining many of the links between transport and non-transport policy (e.g. access to health facilities, work, education, shopping and leisure).

The main focus of this strategy is on accessibility for four key service areas: access to education and skills, employment, health and healthy affordable food. These are the areas which have the greatest impact on an individual's quality of life and can thus combine to socially exclude individuals or groups from the wider community.

1.3.1 Access to Education and Skills

County Council policies identify a need to raise the level of educational attainment and skills across the county. Difficulties with transport can prevent people from participating in learning, or restrict their choice of learning and the quality, subject matter or type of learning that they attend. For many people education is fitted in around other commitments such as childcare or employment. Lack of early-years childcare can restrict employment opportunities for parents and limited library opening hours can make it difficult for people to access the resources they need to improve their skills. This often means that several journeys are linked together or there is a short window of time to get to facilities. Often these can be difficult to serve by public transport.

1.3.2 Access to Employment

County Council policies identify a need to sustain and improve the county's economy. Inadequate or expensive transport is rarely the only barrier to employment, but it can be a significant factor. Poor transport can prevent people from taking up, and keeping, employment opportunities and can restrict their choice of jobs. This could be the result of a lack of available transport opportunities, the prohibitive cost of transport fares, or even job-seekers limited travel horizons. In recent years there has been a growth in employment opportunities in non-central locations in the county. These locations are, almost by definition, poorly served by public transport compared to major centres. In addition, the employment base in the county is skewed towards jobs in the professional sectors, notably science, medical and education with employees travelling from a wide catchment. For some sectors, there is a growing trend towards 24 hour shift patterns or short, intensive working weeks.

There are still pockets of significant deprivation, although, on the whole, Oxfordshire is an affluent county deprivation is still significant. In particular, the gap between those who are included and those who are excluded is widening, with social exclusion not just being related to unemployment but also to rates of pay, terms and conditions and job security. In many cases, particularly in rural areas, transport solutions may not be the only, or best, way of tackling these problems effectively. Therefore this strategy promotes a wide-ranging approach which seeks to break down the barriers to employment.

1.3.3 Access to Health Facilities

The location or provision of health services can affect how or whether people access the healthcare that they need, and reinforce social exclusion affecting disadvantaged groups disproportionately. On the whole, general health is good across the county, although there are some 'hotspots' of poor health in the main urban areas. Like other areas of the country, the county has an ageing population which creates increasing challenges for health provision. In recent years there has been a centralisation of hospitals in the county, in particular to sites in the Headington and Marston areas. At the same time there have also been initiatives to make the health service locally accessible including drop-in centres and NHS direct, a telephone helpline. Engaging successfully with partners in the health sector will be key to ensuring that issues relating to access to health facilities are addressed through the development of this Strategy.

1.3.4 Access to Healthy Affordable Food

Nutrition experts say that a combination of bad diet and lack of exercise is making obesity a serious threat in the UK. Although it is not possible to dictate how and what people eat, it is possible to encourage a diet of healthy foods and ensure that they are accessible to all. Living on a low income can also present physical obstacles to eating well. Without access to a car, supermarkets, which are often located in edge-of-town locations, can be difficult to get to. Many of the solutions to poor diet, such as farmers markets, provide high cost alternatives and are thus less accessible to those on low incomes who are likely to have the poorest diets.

1.4 Rural Accessibility and Social Exclusion

As a predominantly rural county, facilities within the county are consequently more dispersed. Identifying social exclusion in rural areas is more difficult than in urban locations because it tends to be geographically scattered. Furthermore, the gaps between the 'haves' and the 'have nots' are often bigger in rural areas than urban areas. These factors combined present significant challenges to improving accessibility. In many cases, transport itself may not be a feasible solution and other measures, such as making facilities more local should be considered.

1.5 Oxfordshire's Priorities

This framework Accessibility Strategy seeks to deliver accessibility improvements for access to education, employment, health facilities and healthy affordable food. However, initially priority is placed on delivering accessibility improvements for access to employment and access to health facilities. Focussing on these two areas not only enables specific identified accessibility problems to be tackled but also ensure consistency between the County Council's corporate aims and the Local Transport Strategy. Further evidence to support this approach is provided in Chapter's 2 and 3.

Chapter 2 - Defining the Vision and Objectives

The County Council's Vision is to improve the quality of life of all people living in Oxfordshire - Helping people to fulfil their potential - Protecting our environment - Safeguarding our communities - Sustaining prosperity - and Raising our performance.

Accessibility is one of the threads which run through these objectives

2.1 Introduction

This Chapter identifies how the broad vision and objectives of the Accessibility Strategy, including the priority to be placed on accessibility issues in the county, has been developed. It provides a description of how these objectives are integrated with the wider vision for the county and identifies the accessibility implications of the wider transport policies adopted in the Local Transport Plan.

2.2 Setting the Strategy in the Context of Wider Corporate Policies

Delivering accessibility improvements is about much more than just ensuring that transport is available. It is also about:

- Where key facilities are provided and whether people live close to them;
- How they are delivered, for instance whether they can also be provided remotely thereby reducing or removing the need to travel;
- How they are designed, for example whether they are accessible to those with mobility restrictions;
- When they are provided - whether they are provided at the times when public transport access is a viable option;
- How much getting to them costs the user;
- Whether people can rely on, or know about, the transport options available; and
- How secure or safe people feel getting to the facility.

To meet all of these challenges the framework Accessibility Strategy has been fully integrated with the wider objectives and vision of the County Council. This will ensure that delivery of the strategy takes place in all service areas, achieving best value for money.

The County's corporate vision (set out in the Oxfordshire Plan) is to:

Improve the quality of life of all people living in Oxfordshire.

Within this vision, the County Council has identified a series of corporate objectives. These are:

- Helping people to fulfil their potential (working towards an equal and inclusive society);
- Protecting our environment;
- Safeguarding our communities;
- Sustaining prosperity; and
- Raising our performance.

The promotion of equality and social inclusion is a corporate commitment standing alongside, and integrating with, the County Council's values. Indeed the County Council has now strengthened its commitment to social inclusion, by making it one of its core values to ensure a joined up approach through all areas of local government policy. The County Council is committed to:

- Protecting and supporting young, older and vulnerable people;
- Promoting the cultural life of the County; and
- Making Oxfordshire a better place to live and work

Accessibility can be seen as a thread which runs through these objectives, thereby helping to deliver the County’s vision. For example, in order that people can fulfil their potential they need to be able to access the facilities they need, such as education services or suitable employment opportunities. Breaking down the barriers to social exclusion, thus improving quality of life, is central to the County’s vision. This strategy identifies some of the ways in which this can be achieved.

Other policies that also provide the context for this Accessibility Strategy are considered in the following paragraphs.

2.3 National Context

As detailed in Making the Connections: Final Report on Transport and Social Exclusion, the government is committed to an inclusive society stating that no-one should be seriously disadvantaged because of where they live within 10 - 20 years. Delivering accessibility to work, learning, healthcare, shopping and leisure is key to achieving this inclusive society and to achieve this aim it will require a joined up approach between health, education, housing, spatial planning, employment, regeneration, social services and transport.

Transport has a significant part to play to enable people to get to key services, at a reasonable cost, in a reasonable time and with reasonable ease. As one of the shared priorities for transport, the government expects all authorities to develop an accessibility strategy to understand the links between social exclusion and transport and to develop transport solutions that can help improve the lives of those most at risk of social exclusion.

The following Table 2.1 summarises the role transport can play to achieve a more inclusive society.

Table 2.1: The Role of Transport in a More Inclusive Society

Policy Source	The role that transport can play: key strategy elements set out at the national level
Making the connections: Final Report on Transport and Social Exclusion	<ul style="list-style-type: none"> • Development of an Accessibility Strategy to consider whether poor transport provision is a contributory factor to social exclusion and to determine solutions to reduce exclusion such as innovative bus services, better information, better planning, travel concessions etc.
Securing the future: Delivering the UK Sustainable Development Strategy	<ul style="list-style-type: none"> • Consider ways of improving transport provision for those living in deprived communities and socially excluded groups where currently access to services such as education and healthcare are poor.
Transport White Paper: A Network for 2030, July 2004	<ul style="list-style-type: none"> • Find ways of making key services more accessible so that people have a real choice about when and how they travel - improving the availability of public transport through flexible services, community transport, better timed services etc.) • Improving conditions for pedestrians and cyclists • Improving travel information and awareness • Reducing the costs of travel through concessions

2.4 Regional Context

The Regional Spatial Strategy for the south east, (known as the draft South East Plan) has a core objective to improve the quality of life in the South East, of which Oxfordshire is part, by 2026, measured in terms of social well-being, the economy, environment and the management of the region’s natural resources. Within the region, the strategy emphasises the need to reduce economic and social disparities between the east and west of the region

whilst catering for the need for strong and sustained economic growth and significant levels of new housing development.

The following Table 2.2 summarises the role that transport plays at the regional level.

Table 2.2: The Role of Regional Transport

Policy Source	The role that transport can play: key strategy elements set out at the regional level
Regional Transport Strategy	<ul style="list-style-type: none"> • Consider innovative approaches to rural issues including the promotion of demand responsive services in areas of poor accessibility. • Focus on making best use of the existing transport network and provide new infrastructure only where this helps to improve the environments and communities affected.
Regional Economic Strategy	<ul style="list-style-type: none"> • Recognise the continuing requirement for rural transport across the region along with a particular focus on ensuring access to market towns and the centres of rural services. • Secure a sustainable transport network that accommodates both public and private transport to enable the efficient movement of people and freight around the region.

2.5 Local Context

It is important the framework Accessibility Strategy is set in the context of the local policy framework, including policies for economic development and jobs, housing, education, health and social services and social exclusion. These implications of policies in each of these areas are considered in more detail below.

2.5.1 Economic Development and Jobs

The County's economic strategy is set within the context of the Regional Economic Strategy and seeks to improve and sustain the county's economy. It seeks to do this through a number of objectives and policies that are directly influenced by accessibility issues such as:

- Fulfilling the employment potential of all the citizens by increasing participation in the labour market and matching skills to job opportunities;
- Improving the competitiveness of the Oxfordshire economy to achieve a gross domestic product (GDP) per capita that ranks among the top ten regions in Europe; and
- Locating new employment development mainly in, or adjoining, urban areas or in existing concentrations of employment.

2.5.2 Housing

The Oxfordshire Structure Plan (currently under review) envisages significant future growth in the number of houses. The majority of this development is likely to be in, or close to, existing urban areas and there is an identified need for a significant proportion of this development to be affordable. The challenge will be to ensure that new development is effectively planned and implemented in ways that support local accessibility and assist in delivering wider Accessibility Strategy objectives.

2.5.3 Education

At the county level the need to raise standards, widen participation and promote inclusion is outlined in County Council policies and strategies including the Oxfordshire Education Development Plan (2002). Improving education is also a key element of the Community Strategy (2004) which seeks to enhance the quality of life, self-esteem and economic prosperity of Oxfordshire people by promoting lifelong learning.

2.5.4 Health and Social Services

The Social and Healthcare plan (2004 to 2007) sets out the County Council's priorities. These core priorities feed into the County Council's corporate objectives, including:

- Educational attainment - to improve results for secondary schools in line with County Council targets;
- Child protection - to strengthen services for children at risk of neglect or abuse, and families at risk of breakdown;
- Delayed discharges from hospital - to ensure that people are able to leave hospital when they are fit to do so;
- Support for older people - to increase the number of people receiving intensive home care support;
- Better use of our property - to use our assets more effectively; and to improve the environment of our schools and other public buildings; and
- Partnership (affordable housing) - to increase the availability of affordable housing for people working in essential services.

Since 2003, the County Council has had the powers to scrutinise health services outside its control. A Joint Health Overview and Scrutiny Committee has been set up to raise standards of health provision.

2.5.5 Social Inclusion

Social inclusion, accessibility and transport are inherently inter-related and equality and social inclusion are long-standing and core corporate commitments. The County Council's Social Inclusion Strategy seeks to:

- Protect and support young, older and vulnerable people;
- Promote the cultural life of the county; and
- Make Oxfordshire a better place to live and work.

2.6 Accessibility in the Local Transport Plan

Accessibility was an important part of the County Council's first Local Transport Plan and continues to be a key corporate priority through the Council's work in addressing social exclusion.

This Provisional Local Transport Plan to 2011 details the County Council's longer-term Local Transport Strategy which has a key objective:

- To improve access to jobs and services, particularly for those most in need, in ways which are both safe and sustainable

To realise this longer-term aim, the County Council has developed a series of long-term objectives:

- To manage the County's system of transport networks in support of a strong local and regional economy;
- To improve access to services, particularly for those without access to car;
- To improve the safety of travel; and
- To minimise the impact of travel on the environment.

Delivering the objectives of this accessibility strategy will be key to achieving these longer-term objectives - for instance, accessibility is key to supporting a strong local and regional economy and can help to improve access to services for disadvantaged groups including those without access to a car. As such, one of the core objectives for this five-year local transport plan is delivering accessibility. Other objectives include tackling congestion, safer roads, improving air quality and improving the street environment.

Each of these objectives is linked in their outcomes. For example, improvements to public transport may improve accessibility and also help to tackle congestion, or providing mobile services may reduce the need to travel. Therefore, accessibility is an important component part of the LTP and delivering accessibility improvements is a key priority for the County Council.

The Local Transport Plan includes a number of actions for each of the shared priorities and supporting strategies which will have contribute to the objectives of the Accessibility Strategy. Tables 2.3 and 2.4 illustrate the contribution of these actions and strategies to the accessibility strategy objectives.

Table 2.3: Contribution of Core LTP Actions to Accessibility Strategy Objectives

Actions to deliver the shared priorities (see Chapter 3 of main document)	Contribution to the Accessibility Strategy
Manage, develop and maintain the county's road network to reduce the impact of bottlenecks (including roadworks) and make better use of existing road capacity to improve the flow of traffic	Improves access for all (can include reallocation of road space to sustainable modes)
Make public transport faster, more reliable and more user friendly	Improves perceptions of accessibility as well as journey quality
Make walking and cycling safer and more convenient	Improves local accessibility
Enable people to make better informed travel choices	Improves perceptions of accessibility
Manage parking to support transport improvements and initiatives	Encourages use of sustainable modes for access
Ensure that new development is located in such a way as to prevent congestion problems from being created or exacerbated	Encourages the use of accessible and sustainable modes
Improve the design and layout of the highway where necessary to address known safety problems	Improves conditions for vulnerable road users and reduces accessibility barriers
Better management of vehicle speeds	Improves conditions for vulnerable road users and reduces accessibility barriers
Provide effective road safety education, training and publicity	Improves access to information and reduces accessibility barriers, particularly for walking and cycling
Ensure that new development is planned in such a way as to prevent road safety problems from being created or exacerbated	Improves conditions for vulnerable road users and reduces accessibility barriers
Ensure that financial support for public transport services and improvements to infrastructure is focussed on the areas that need it most	Helps to prioritise areas where accessibility issues are most severe and have the biggest effect on overall quality of life
Develop Oxfordshire's walking and cycling networks to improve travel choices and for people in areas of poor accessibility	Improves local accessibility
Develop partnerships to improve accessibility to services	Helps to ensure that accessibility improvements deliver the best corporate value for money
Ensure that new development is located in such as way as to prevent accessibility problems from being created or exacerbated	Helps to ensure that new developments are accessible
Find ways to encourage the use of vehicles with lower exhaust emissions	Improves the local environment and overall quality of life

Table 2.4: Contribution of the Wider Strategies in the Local Transport Plan to Accessibility Strategy Objectives

Local Transport Plan Strategies	Contribution to the Accessibility Strategy
Network development	<ul style="list-style-type: none"> • Recognises the role of specific routes for cycling, walking and public transport • Encourages specific traffic, including Freight to use defined routes resulting in more local road space for cycling and walking
Bus Strategy	<ul style="list-style-type: none"> • Provides one of the key means of securing transport-related accessibility improvements by working in partnership to provide improved bus access to key facilities, improving the provision and quality of accessible transport and developing innovative public transport solutions to accessibility issues in rural areas
Rail Strategy	<ul style="list-style-type: none"> • Encourages low-cost local station accessibility improvements • Continues to encourage the rail industry to provide improvements to service levels and new stations
Cycling and Walking	<ul style="list-style-type: none"> • Provides one of the key means of securing local transport-related accessibility improvements • Encourages new infrastructure which improves the quality of access
Development control	<ul style="list-style-type: none"> • Ensures development is located where it is most accessible and shorter trips to local facilities are possible
Casualty reduction strategy	<ul style="list-style-type: none"> • Improves actual and perceived safety and improves accessibility, particularly by cycling and walking
Travel Plans	<ul style="list-style-type: none"> • Improves perceptions of accessibility • Improves accessibility for specific destinations in particular school and work
Parking	<ul style="list-style-type: none"> • Improves the reliability of journeys • Provides enhanced demand for public transport • Encourages use of sustainable modes • Prioritisation of parking provision for disabled
Rights of Way Improvement Plan	<ul style="list-style-type: none"> • Improve existing public paths for all users and would be users and improve the extent, use and accessibility of the network

Chapter 3 - Developing the Strategy

Working in partnership with key stakeholders and service providers and the wider the community, as well as a thorough understanding and presenting the evidence of problems and issues, is the key to developing a successful strategy

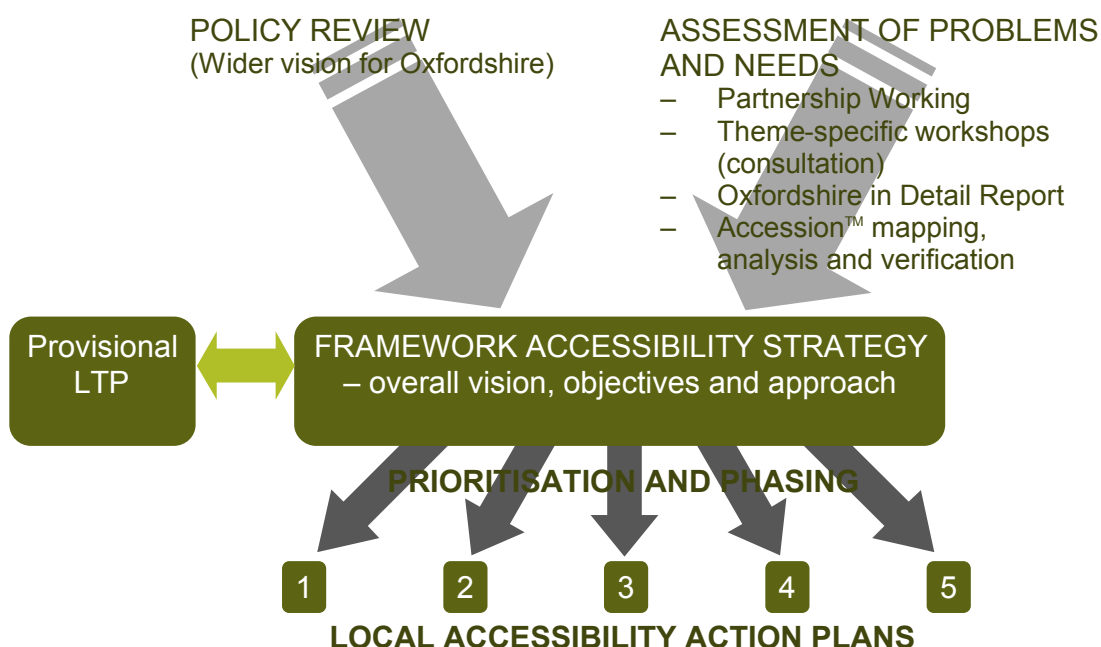
3.1 Introduction

This Chapter outlines the work that has been undertaken to inform the development of the Accessibility Strategy and includes an interpretation of the results of mapping using *Accession*. It provides an indication of the accessibility priorities for the county in terms of specific geographical areas or destinations and groups. In addition, it provides information on partnership working which has been undertaken, or is being progressed to develop the strategy.

3.2 Developing the Framework Accessibility Strategy

Central to the development of the Accessibility Strategy is an objective and systematic understanding of accessibility issues and needs across the county. Improving accessibility and reducing social inclusion was a key priority in the 1st LTP and a considerable amount of work on improving accessibility in Oxfordshire has already been done by the County Council and its key partners. Therefore, in addition to the use of analytical tools developed specifically for this process, there was a need to review any existing evidence available. Figure 3.1 demonstrates how this strategy has been developed.

Figure 3.1: Development of the Accessibility Strategy



The recommended process used to develop accessibility assessments is shown in Figure 3.2. This framework Accessibility Strategy has been developed using information from Stage 1, the strategic accessibility audit. The strategic audit provides a broad overview of accessibility issues in the county. A final Accessibility Strategy will accompany the March

2006 submission of the 2nd LTP and local accessibility assessments (Stage 2) will be used to inform this. Further information on the process that will be used is contained in Chapter 4.

Figure 3.2: Recommended Process for Developing an Accessibility Strategy



Table 3.1 identifies all the sources of information which have been considered and details how each has been used to inform the development of the strategy. Further information on each of these sources of information is detailed in the following paragraphs.

Table 3.1: Development of the Accessibility Strategy

Source of information	How it informs the strategy
Policy Review	Identifies how the Accessibility Strategy sits within the County Council's wider vision and objectives (see Chapter 2).
Consultation (theme specific workshops)	Informs key partners about the Accessibility Strategy. Provides local information on problems and needs which can then be used to verify the results of the mapping audit.
Partnership working	Informs key partners about the Accessibility Strategy. Provides links to non-transport sectors. Identifies possible partnering arrangements through which objectives of the strategy can be delivered.
Analysis of Social Exclusion Data (Oxfordshire In Detail)	Identifies areas where there are concentrations of people at risk of social exclusion. Helps to identify priority areas for action.
Accession mapping	Identifies areas where access to services is poor. Identifies areas where there are concentrations of people at risk of social exclusion.

3.2.1 Consultation

Information has been drawn from a number of pieces of consultation undertaken as part of the development of the 2nd LTP. This includes the results of focus groups held across the county, consultation undertaken via the Transaction website and on the Draft Provisional LTP and theme-specific accessibility workshops.

3.2.2 Focus Groups

Focus groups were held across the county to seek the views of the general public on the LTP shared priorities, including accessibility. The results of these focus groups suggested that accessibility was seen as more of a problem in rural areas of the county and specifically for disadvantaged groups of the population, with the elderly and disabled being mentioned specifically. It was thought that many of the solutions which tackle issues such as congestion or road safety would also help to improve accessibility. Measures that were mentioned specifically included improvements to the frequency and reliability of bus services and more flexibly-routed transport in rural areas such as 'dial-a-ride' or 'taxi-buses' to cater for disadvantaged groups without access to a car.

3.2.3 Transaction and Consultation on the Draft Provisional LTP

Local people and stakeholders were asked to provide feedback via the Transaction website. Consultees were asked to consider which of a number of measures would, in their opinion, help to improve accessibility. The responses were as follows.

- Improved bus facilities (where there is a limited service) (25%);
- Improved bus facilities (where there is no service) (24%);
- New cycle routes/tracks (19%);
- Improved routes for pedestrians (17%); and
- Better information (15%).

Consultation on the Draft Provisional Local Transport Plan was undertaken in April/May 2005 with District Councils, Parish Councils, former Oxfordshire transport forum members, members of the Oxfordshire Community Partnership Transport Ambition Group, members of the Oxfordshire Community Partnership Steering Group and Councillors. The feedback from this consultation raised a number of issues which have been considered as part of the development of this Accessibility Strategy. In particular, it was suggested that there is a need to place greater emphasis on rural transport issues.

3.2.4 Theme-specific workshops

Four theme specific workshops covering access to the main journey purposes of education, employment, healthy affordable food and healthcare were held in October/November 2004. Each workshop focussed on informing key partners about the process, identifying problems and areas of needs, identifying possible solutions and exploring possible areas of joint working between key partners. The range of stakeholders invited included:

- JobCentre Plus;
- Local employers;
- Education establishments;
- Voluntary organisation;
- County Council officers;
- Health Trusts;
- Connections;
- Learning and Skills Council;
- Local Strategic Partnerships; and
- Public transport operators.

A further workshop was held with Health Trusts in April 2005 to establish a greater understanding of access to health issues in the county. The workshops provided a useful forum to identify key areas of concern and to identify where partnership working might

help to solve identified problems. A summary of the findings from the workshops is provided in Appendix A.

3.2.5 Partnership Working

Partnership working is essential to the success of accessibility planning, providing an important link into other non-transport sectors and ensuring that these sectors have due consideration for accessibility issues when formulating their own strategies. This can be done in two ways - either by building on existing, established partnerships or by bringing together new theme-specific partnerships to discuss specific issues. Developing effective partnership working takes time and effort. However, there are a number of existing partnerships in the county that are already considering accessibility or transport issues. Therefore, it is considered that a combination of these existing and new partnerships would be used to develop the Accessibility Strategy. The following sections provide details of existing partnerships which have been, and will be used, to develop the Accessibility Strategy. Initial meetings have been held with each of these partnerships to identify their potential role in the Accessibility Planning process and to assess what information they have on accessibility problems and needs across the county. Statements of support from many of the key partners, or partnerships, have been provided as part of the development of the Accessibility Strategy and these are included at Appendix B.

3.2.6 Corporate Communications

It is important that accessibility planning issues become part of all activities of the County Council, and although guidance on this issue has been issued to other departments from central Government, there was an identified need to raise corporate awareness of the Accessibility Strategy within the county.

The County Council's Management Team (CCMT) has been fully briefed on the development of the Accessibility Strategy, why it is being developed and the role of the County Council as a whole in enhancing Accessibility across the authority, including any actions necessary from their respective Directorates.

The County Council also has a Social Inclusion Officer who has a responsibility for ensuring that all County Council policies are seeking to address social exclusion issues. A Scrutiny Review of Social Exclusion was completed in 2004 and the recommendations of this review are in the process of being implemented, including extending the Social Inclusion Reference Group to a wider group of stakeholders.

3.2.7 Oxfordshire Rural Community Council (ORCC) and Oxfordshire Rural Transport Partnership (RTP)

Oxfordshire's Rural Community Council (ORCC) works in partnership with all the District Councils, the County Council and a range of voluntary organisations in the County to improve the quality of life in rural areas, especially for the disadvantaged. Oxfordshire's RTP was formed in October 2002 and was established specifically to promote local rural transport issues in the County. The aim of the RTP is to promote social inclusion in rural areas by ensuring that everyone is able to access a range of key services. The RTP officers have close working relationships with rural communities in Oxfordshire and were able to provide local knowledge on rural accessibility issues as well as specific research that has been undertaken. The meeting with RTP officers identified a number of important themes:

- The RTP has a good knowledge of specific issues affecting rural communities and should be involved in the development of the Accessibility Strategy, and in particular with local accessibility assessments; and
- The community transport sector will have a vital role to play in delivering the Accessibility Strategy.

ORCC hosted a conference on rural social exclusion in November 2004 called "Breaking Down the Barriers". This conference identified that a broad brush picture of social exclusion across the county does not tell the whole story and that it tends to be geographically scattered, making it difficult to identify on an area basis. However, one way

of identifying rural social exclusion could be to look at the percentage of social housing provision in the county. The parishes of Berinsfield, Chinnor and South Moreton all have above 35% social housing. Arccott, Ascott-under-Whychwood, Bletchingdon, Clanfield, Cuddersdon, Hethe, Langford, Mapledurham and Towersey all have over 20% social housing.

3.2.8 Oxfordshire Local Strategic Partnership

The Oxfordshire Community Partnership (OCP) brings together different sections of the community - private, public and voluntary organisations, community groups and local people - to improve local services and the quality of life for those who live and work in Oxfordshire. The OCP has an important part to play in the development and delivery of the Accessibility Strategy as its purpose is to make the linkages between the policies and objectives of its wide membership. The OCP has a number of ambition groups including:

- Key workers and housing;
- Safe and supportive communities;
- Transport;
- Economic prosperity;
- Education and life-long learning;
- Environment;
- Health and wellbeing; and
- Recreation, culture and leisure.

Improving accessibility and reducing social exclusion are important issues which cut across the work of all ambition groups. However, it is the responsibility of the transport ambition group to ensure that accessibility objectives and policies are considered by the other ambition groups. This group will also be responsible for liaising with the other ambition groups, via the steering group, to ensure that any non-transport measures developed as part of the Accessibility Strategy are progressed. A presentation on accessibility was given to the facilitators' network meeting which includes a representative from each of the ambition groups.

3.2.9 District Councils

District councils along with their Local Strategic Partnerships have a key role to play in the delivery of the Accessibility Strategy. Each of the five districts has developed a Community Strategy in which accessibility and transport have an important part to play. This partnership will be particularly important when local accessibility assessments are being developed after July 2005 and also with the forthcoming Local Development Frameworks. District councils provided significant input to consultation on the draft Provisional Local Transport Plan and amongst other things, highlighted the importance of ensuring the rural areas are adequately considered, a key component of this accessibility strategy.

3.2.10 Oxfordshire Crime and Disorder Reduction Partnership

The Crime and Disorder Reduction Partnership (CDRP) is a statutory partnership established to address crime and the fear of crime in communities. There are both county and district level partnerships. A meeting with the county partnership identified that accessibility issues had been raised across the county, but that the nature and strength of these issues varied with many being linked to road safety or traffic management issues. Further work will be undertaken to identify the potential role for the CDRP in the future development of the Accessibility Strategy.

3.2.11 16-19 Education Transport Partnership

The Oxfordshire 16-19 transport partnership is a statutory partnership (under the Education Act 2000) and seeks to address the transport issues that are faced for students between the ages of 16-19. Several members of the 16-19 transport partnership attended the theme-specific workshops and provided useful inputs on the problems and issues. This partnership will provide a useful forum to develop specific issues as part of the local accessibility assessments.

3.2.12 Cross-boundary Discussions

Cross-boundary accessibility issues provide an important context for the framework Accessibility Strategy. Discussions have been held with neighbouring authorities to discuss common transport issues. These discussions have also included consideration of accessibility problems and areas of common working. However, it is recognised that at this early stage in the accessibility planning process many authorities are still analysing accessibility problems and issues. Therefore, it is proposed that the County Council will host a cross-boundary Accessibility Planning issues seminar to allow further discussion of these issues.

3.2.13 Analysis of Social Exclusion Information (Oxfordshire in Detail: OCSI June 2004)

Oxfordshire in Detail' is a report prepared for the Social Inclusion Group at the County Council by OCSI (Oxfordshire Consultants for Social Inclusion) and draws together information from a number of key social inclusion sources to give a detailed picture of social exclusion and deprivation across the County. The report provides information on ten key themes:

- Population structure;
- People out of work;
- People living on a low income;
- Children living in low income households;
- Health, sickness and disability;
- Education and skills;
- Housing and households;
- Crime;
- Indices of deprivation 2004; and
- Other information.

Table 3.2 provides a summary of the themes which have specific relevance to this strategy. It reveals that although, in general, levels of deprivation in the county are low when compared to the rest of the country, there are concentrated pockets of deprivation and disadvantage, the majority of which are in urban areas. The information from the OCSI report has been used to identify specific wards within the County where deprivation is greatest. These locations are shown on Figure 3.3 and include:

- Northfield Brook, Blackbird Leys, Littlemore, Barton and Sandhills, Carfax, St Marys, Cowley (Oxford);
- Grimsbury, Castle, Ruscote and Neilthrop (Banbury);
- Caldecott (Abingdon);
- Central (Witney);
- Chipping Norton;
- Northbourne (Didcot);
- Bicester;
- Berinsfield (South Oxfordshire); and
- Charlbury (West Oxfordshire).

Table 3.2: Oxfordshire In Detail (OCSI: 2004)

Key theme	Summary and main 'hotspots'
People out of work	There are pockets across all of the 5 districts that have significant levels of people in receipt of Jobseekers Allowance, Incapacity Benefit and Severe Disablement Allowance.
	The majority of these people are concentrated in Oxford, but there are also hotspots in urban areas across the county including Abingdon, Bicester, Banbury, Chipping Norton and Didcot.
	Key comparative fact As a whole, the county has low levels of people workless through both unemployment and sickness compared to other counties.

Key theme	Summary and main 'hotspots'
Low income	<p>There are significant pockets with high rates of income deprivation - more than one in five of all people aged 60 and over in the Oxford wards of Northfield Brook, St Mary's and Carfax are income deprived, while in six wards across the county more than one in ten of all people aged 16 and over are income deprived.</p> <p>The distribution of people living on low income across Oxfordshire shows that the majority of wards showing high proportions of income deprived people are concentrated in urban areas such as Oxford, Banbury, Abingdon, Didcot and Carterton.</p> <p>Key comparative fact Compared with England and the South-East region, Oxford has relatively small proportions of people living on low incomes (those in receipt of low income benefits such as Income Support and Income Based Jobseekers Allowance).</p>
Health, sickness and disability	<p>A relatively high proportion of the population provide informal care to family or neighbours.</p>
Education and skills	<p>There are relatively high rates of full-time students and low numbers of adults with no qualifications (consistently better than England and south-east levels).</p> <p>These figures do not seem to be adequately reflected in the pupil performance levels at school (pupils achieving 5 or more A-C GCSE level which is roughly equal to the England average).</p> <p>Two factors are likely to contribute to this. First, the influx of large numbers of students and highly qualified adults into the county and secondly, exam results for children attending independent schools are not available for analysis in the same way as for state-maintained primary, middle and secondary schools. The pupil performance figures for Oxfordshire are therefore likely to under-estimate the true figure for the county.</p> <p>Key comparative fact Overall health in Oxfordshire is good compared to other areas of England.</p>
Indices of deprivation	<p>There are clusters of more deprived areas across the county with the areas experiencing the highest levels of multiple deprivation concentrated in the south east of the city of Oxford.</p> <p>The component domains of deprivation reveal that areas in south east Oxford and Banbury also experience high levels of employment, income, health and disability and education skills and training deprivation.</p> <p>There are pockets of deprivation in Berinsfield, Kidlington, Abingdon, Didcot, Witney and Chipping Norton.</p> <p>For the barriers to housing and services domain, large parts of Oxford and rural Oxfordshire are deprived, due to the lack of affordable housing and the lack of access to services.</p> <p>Key comparative fact Overall Oxfordshire shows relatively low levels of deprivation when compared with England as a whole.</p>

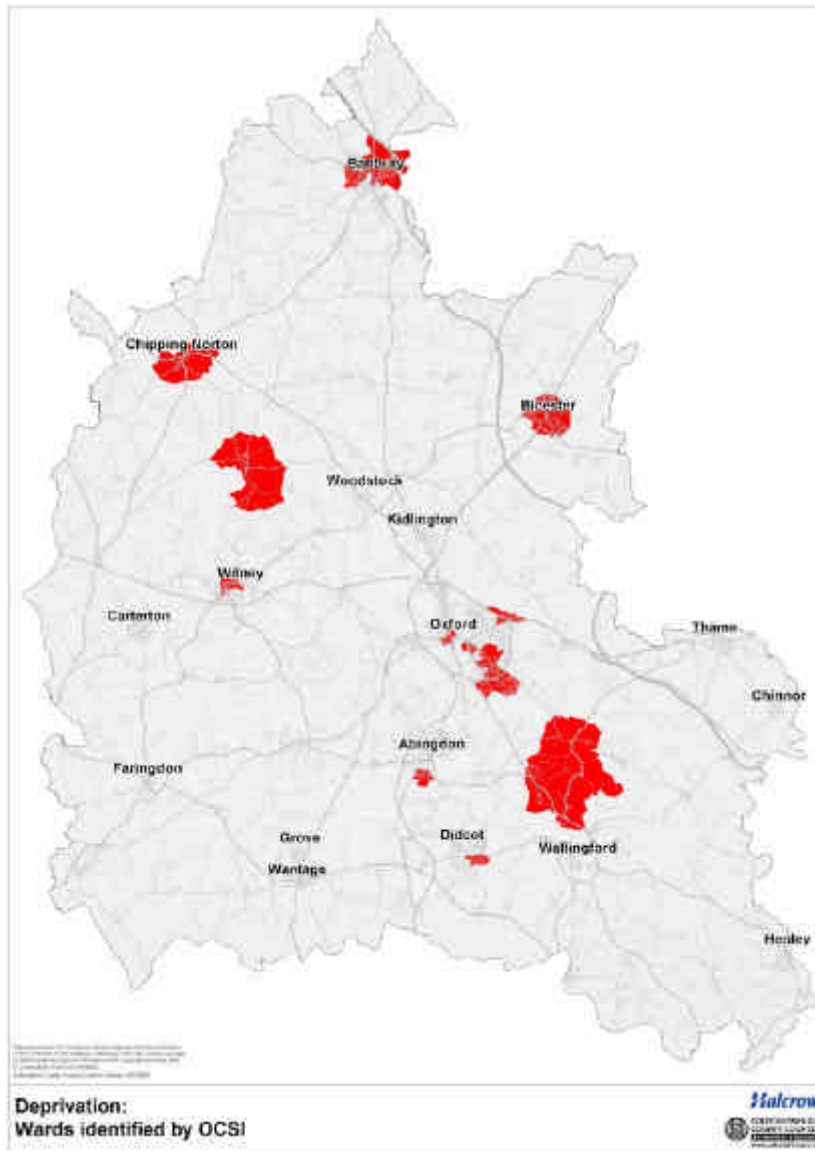


Figure 3.3: Areas of Deprivation

3.2.14 Analysis of Geo-demographic data to Identify Disadvantaged Groups

In addition to the work carried out by OCSI, further analyses of demographic data has been done to highlight issues relating to specific groups in the County.

Population

The spread of population across Oxfordshire reflects the locations of the towns and villages in the county, as shown by population densities in Figure 3.4.

Within the overall population, there are groups who have specific support needs and who may not have access to essential facilities which others take for granted. Some of these groups may not have access to a car and are therefore reliant on other modes of transport. Specific groups that have been identified include:

- Young people (16-24);
- Old People (65+);
- People with a Low Income;
- People with disabilities; and
- People without access to a car.

In Oxfordshire:

- 74% of people are of working age (between 16 and 74)
- 13% are young people (aged between 16 and 24)
- 15% are over 65
- 13% have a limiting long-term illness
- 4% live with a low income
- 18% of households have no car available to them

Young people (16-24)

Between the ages of 16 and 24, limits on opportunities, education requirements and financial constraints are especially high, and interlinked. It is thus of particular importance that younger people are specifically included in assessments. Figure 3.5 shows that the proportion of young people across the county broadly mirrors the urban areas, with the highest concentrations within Oxford (reflecting student populations).

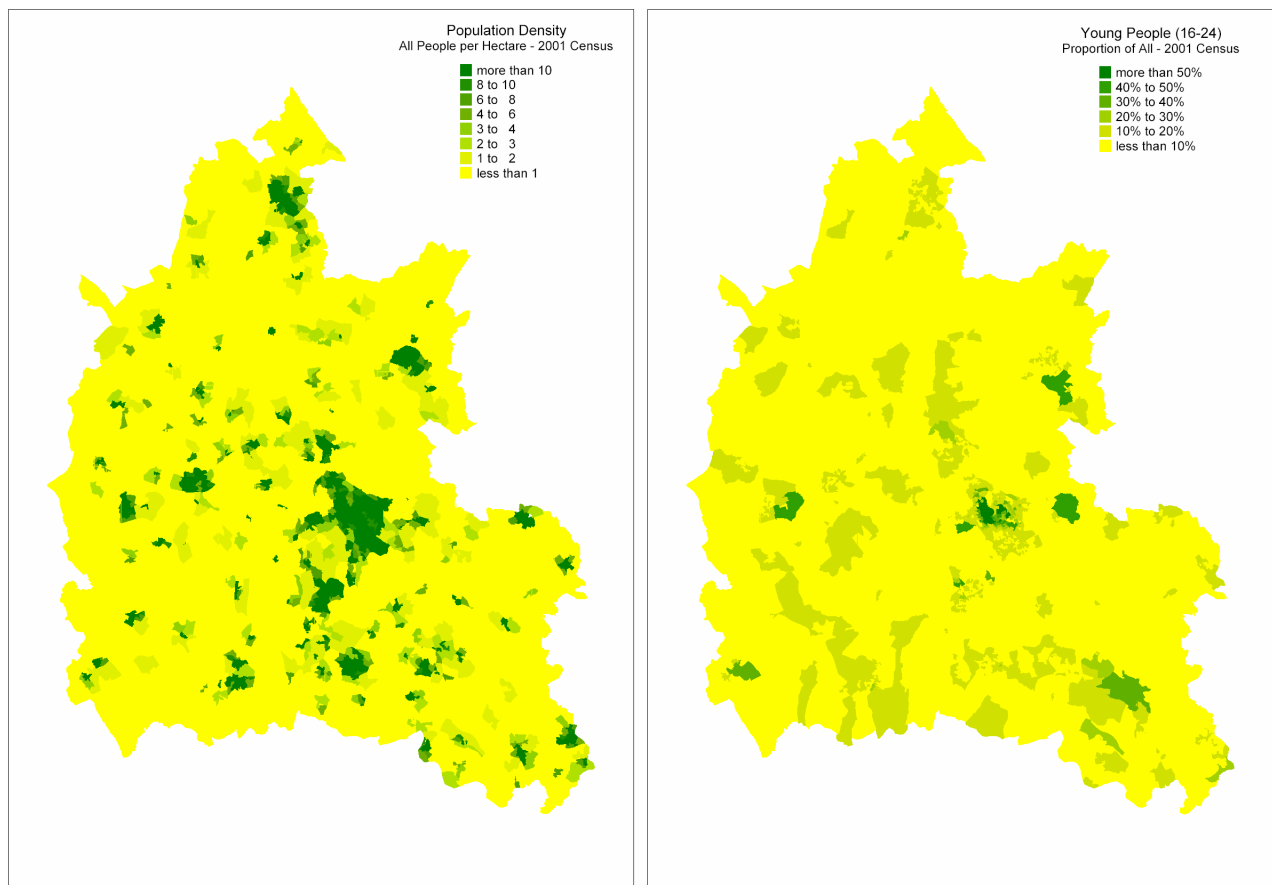


Figure 3.4: Population density

Figure 3.5: Young people (aged between 16 and 24)

Old People (65+)

People over 65 represent approximately 15% of the county's total population. However, it is noticeable from Figure 3.6 (which shows the spread of older people across the county) that while the proportions in rural areas are typically around the average at 10%-20%, within urban areas, the proportions are typically lower than the average. Furthermore, apart from some notable small-area exceptions (such as in small sections of Oxford and Henley), the areas with the largest proportion of older residents are rural or semi-rural.

People with disabilities

Counting the number of people who are 'disabled' is problematic, as a number of datasets can include elements of the population who could be described as such. For instance, there are number of disability-related benefits, some of which can be claimed in multiple. A suitable comprehensive proxy is the 'Long-term Limiting Illness' dataset from the 2001 Census, although it should be noted that this is self-assessed criteria in the census. Around 13% of the population is thus recorded in Oxfordshire, and Figure 3.7 shows the proportions of people across the county. It can be noted that there is broad correlation between the areas with the highest level of long-term limiting illness and those with the highest proportion of elderly residents.

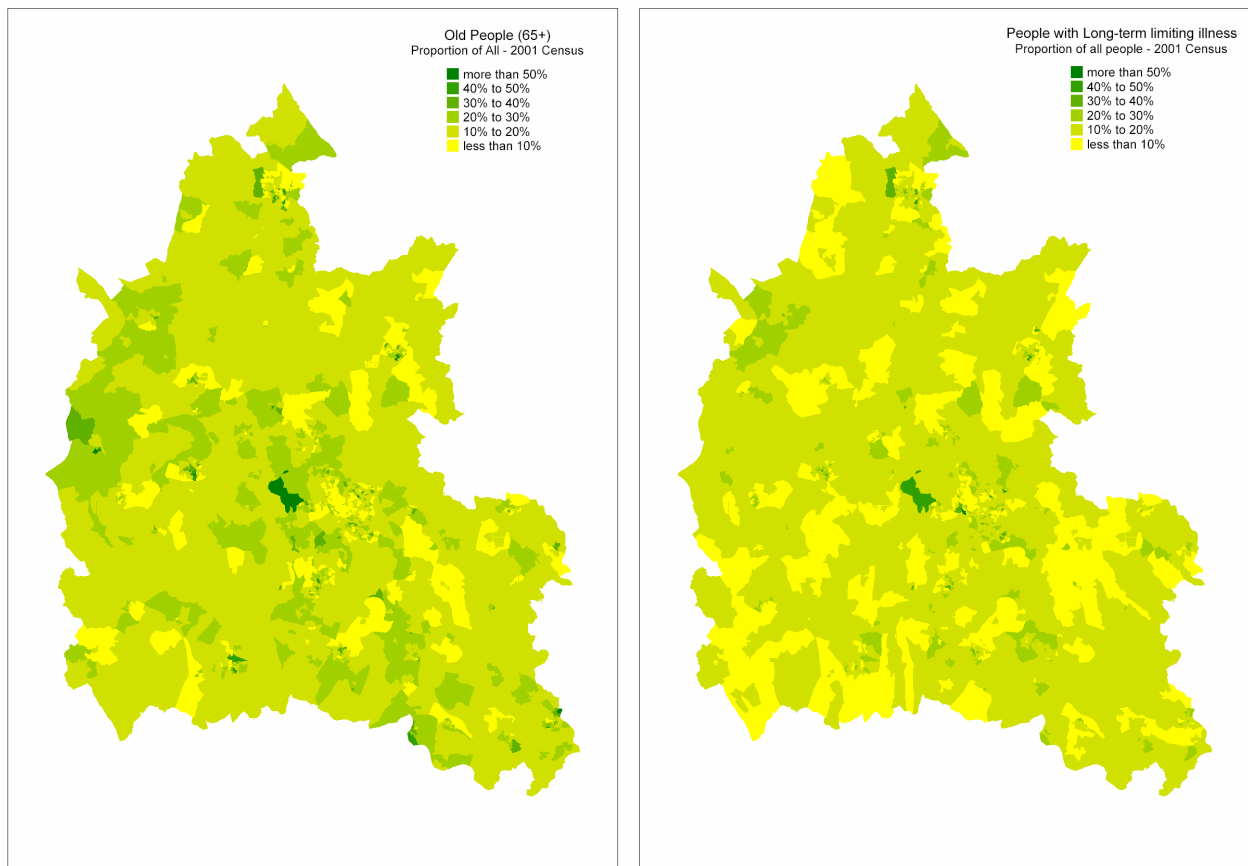


Figure 3.6: Old People (65+)

Figure 3.7: People with Long-term limiting illness

People with a Low Income

It is not possible to evaluate directly the number of people who receive a 'low income'. However, OCSI have identified that claimants of Income Support and Job-Seekers Allowance (Income-Based) represent a good proxy. Figure 3.8 shows the spread of people with low income across the county. It is immediately noticeable that areas with the greatest concentrations of people on low incomes are the urban areas, in particular sectors within Oxford. These areas largely coincide with those identified from IMD research.

Car Ownership

The level of car ownership in Oxfordshire is generally higher than the national average, with only around 18% of households having no access to a car (27% in England and 20% for the South East as a whole). Clearly though, people without access to a car are one of the groups of people that may suffer from social exclusion as a result of not being able to access key services easily. This may be of particular relevance if there is a lack of supply of services locally, or that these services are poorly served by public transport. Figure 3.9 shows the spread of car ownership across the county - specifically the proportion of households with no access to a car. The pattern follows that of built-up areas, with a

greater proportion of households with no car in Oxford and the other main towns. However, there are also some more rural locations with lower car ownership.

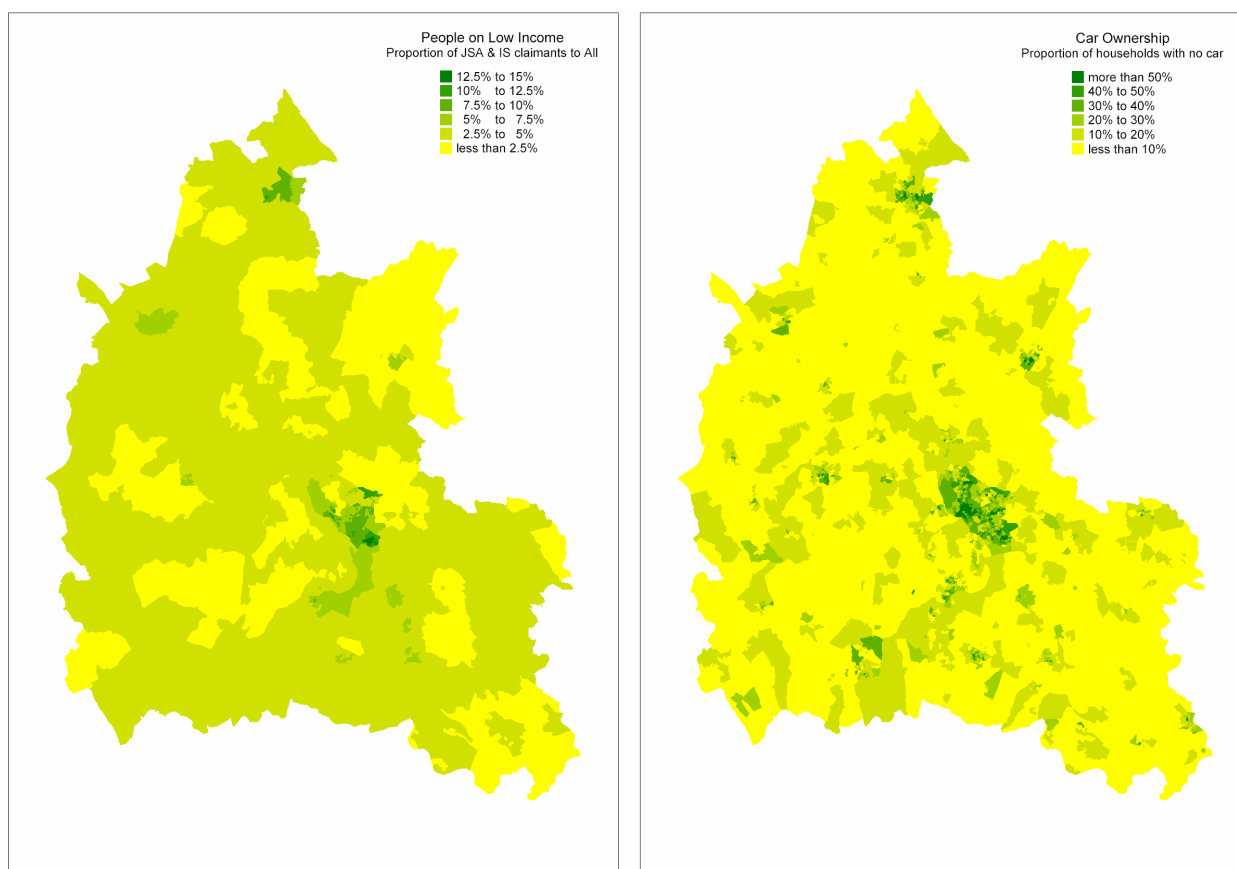


Figure 3.8: Low Income
Figure 3.9: Car Ownership

3.3 ACCESSION™ - Stage 1 Strategic Accessibility Audit

The Strategic Accessibility Audit helps to ensure that accessibility issues are addressed in a systematic and objective way. *Accession* is an accessibility mapping software package developed for the Department for Transport and provided to local authorities and other service providers for use in analysing accessibility issues. It enables access to/from defined origins and destinations by both public and private transport to be measured and mapped, allowing comparisons to be made between access availability for a variety of destination purposes, in distinct geographical areas and across different time periods.

Accession has been used to undertake a strategic accessibility analysis of Oxfordshire during the preparation of this framework Accessibility Strategy. Analyses have been undertaken to assess journey opportunities related to the four key destination purposes of education, employment, health and (food) shopping facilities.

3.3.1 Data collection, checking and manipulation

The initial stage of the audit was used to gather the basic information used by *Accession*. This includes transport network information for both public transport services and roads, and the locations of origin and destination to be analysed.

Accession has been designed to make use of key network datasets that are prepared and maintained for other existing uses. This includes public transport information used by the regional Traveline journey planner systems and road networks from Ordnance Survey. Road and public transport network information was collected for Oxfordshire and, as far as possible, the surrounding authorities. Public transport information available for the audit consists only of public bus services; neither the statutory school bus network or rail services

were available in formats that *Accession* can use at present. Manipulation and checking of data was also necessary to overcome some features and deficiencies in the data.

Locations of origins and destinations are defined in geographical terms using Ordnance Survey co-ordinates. Some of this information was provided directly by the DfT. Additional data was collected from the County Council's own records (such as education establishments), consultation, published sources and limited survey work.

The collation of destination information, and subsequent verification of the plots produced, has highlighted that the selection of places/destinations to analyse is of particular importance. As such, the strategic audit has followed defined paths of assumptions that should be borne in mind when considering the results; in some instances, sensitivity tests carried out using differing assumptions have also been used as part of determining destination sets.

For instance, the DfT's guidance on accessibility plans notes that 'major centres' can be a proxy for a range of facilities, as the co-location of facilities is most likely in these sorts of places. In seeking to define what is meant by a 'major centre' it was decided that a second level of 'centre' should also be analysed: namely 'town centres'. These are defined as locations within and around the county that have a range of local facilities.

Similarly, it is difficult to define exactly what constitutes an employment location, in particular as employment opportunities clearly have to be appropriate to the level of skills of potential employees. As such, two sets of employment location proxies have been derived, reflecting the dispersed nature of some employment types (using wards as a basis) and also with reference to specific selected locations. In addition, major centres and town centres would also be considered employment locations, as indeed would specific facilities, such as education sites and related employment.

There was also a need to define what is meant by access to healthy affordable food. For the purpose of this analysis, supermarkets have been used as a proxy, although it is recognised that there are many other locations where it is possible to buy healthy affordable food, for example farmers markets or local farm shops. These facilities will be considered in more detail as part of the local accessibility audits.

The definition of supermarkets and hospitals has evolved as the analysis has progressed. Clearly, the selection of facilities to include can have a profound effect on the ensuing assessment of the areas that have access to them. Several levels of 'hospital' and 'supermarket' can be defined by following fairly arbitrary criteria relating to the size of the facility and the availability of services and/or products. After initially assessing access to relatively small facilities, it was decided that access to these generally smaller 'local' facilities does not inform the strategic picture as well as that to larger facilities, and that issues relating to smaller sites should be dealt with at a more detailed level as appropriate; for example in considering the range of services and opening hours of a local hospital.

This demonstrates that good local knowledge about the location and operation of facilities is critical to the analysis undertaken. This will enable more detailed local accessibility assessments, covering access to specific destinations, to be undertaken after July 2005.

3.3.2 Selection of plots and *Accession* runs

The strategic audit consists of the analysis of a series of 11 destination types which were analysed, covering the 4 key groups, from which journey time threshold calculations have been carried out. Destination types were chosen to represent different aspects of the key groups. Modes used in the assessment included Bus (with walk access to/from the bus) and Car. As noted earlier, train services are not included due to data availability issues. Table 3.3 outlines the *Accession* runs carried out in this series.

The choice of destination types, key time thresholds for access and associated time periods for public transport, was made with reference to the core indicators suggested in the DfT's

guidance on accessibility planning. The intention was not to seek to replicate these indicators; moreover it is acknowledging that these are journey purposes that the Social Exclusion Unit has identified as having the most impact on life chances.

It is suggested in the guidance that cycle assessments also be carried out. However, whilst *Accession* can consider a 'cycle' mode, it is difficult to adequately represent in the road network the specific requirements of, and issues affecting, cyclists (for example the 'deterrence' factor that gradients may present to *some* cyclists). Some additional tests were carried out to assess *Accession's* treatment of cycle access, and this indicated that the pattern of cycle accessibility to specific destinations generated by *Accession* was broadly similar to that for cars, albeit with longer journey times.

Bus-based Park and Ride is also an important mode within Oxfordshire, specifically for Oxford itself. However, it was considered that bus and car modes would provide an appropriate spread of access coverage as part of a strategic audit covering the whole county and the full range of facilities. Some exploratory tests have been carried out to determine the ability of *Accession* to model the Park and Ride access within Oxford, and there is potential to consider this further at a more detailed local level.

Table 3.3: *Accession* runs carried out

Purpose	Key Time Threshold	Mode	Time Periods (Bus/Walk)
Access to Centres			
Major Centres - places within Oxfordshire and surrounding areas with the full range of employment opportunities and shopping, including major comparison shopping multiples, as well as key education and health locations	15 mins	Bus/Walk Car	0900-1000, 1300-1400, 1800-1900
Town Centres - centres within Oxfordshire and surrounding areas with a reasonably comprehensive range of local employment opportunities and shops, including some of the smaller national multiples	15 mins	Bus/Walk Car	0900-1000, 1300-1400, 1800-1900
Access to Food			
Supermarkets - 'superstores' within Oxfordshire and surrounding areas from the biggest brands (Tesco, Sainsburys, Asda/Wal-Mart, Morrisons/Safeway and Waitrose)	15 mins	Bus/Walk Car	0900-1000, 1300-1400, 1700-1800
Access to Education			
Further Education - institutions with adult learning courses, located in Oxfordshire	30 mins	Bus/Walk Car	0800-0900, 1300-1400, 1700-1800
Primary Schools - located in Oxfordshire	15 mins	Bus/Walk Car	0800-0900, 1500-1600
Secondary Schools - located in Oxfordshire	20 mins	Bus/Walk Car	0800-0900, 1500-1600

Purpose	Key Time Threshold	Mode	Time Periods (Bus/Walk)
Access to Employment			
Employment (ward-based) - a set of Oxfordshire locations representative of the dispersed nature of general employment, based on ward centroids adjusted to built-up areas	20 mins	Bus/Walk Car	0800-0900, 1300-1400, 1700-1800
Employment (selected) - selected locations in Oxfordshire and surrounding areas, representing opportunities for greater availability of employment, both amount and variety	20 mins	Bus/Walk Car	0800-0900, 1300-1400, 1700-1800
Access to Health Facilities			
Dentists - located within Oxfordshire and surrounding areas	15 mins	Bus/Walk Car	0900-1000, 1300-1400, 1700-1800
GPs Surgeries - located within Oxfordshire and surrounding areas	15 mins	Bus/Walk Car	0900-1000, 1300-1400, 1700-1800
Hospitals - 'general' hospitals offering the full range of patient care facilities, located both within Oxfordshire and surrounding areas	30 mins	Bus/Walk Car	0900-1000, 1400-1500, 1700-1800

3.3.3 Accessibility maps and threshold calculations

Maps showing accessibility by public transport (bus & walk) and car in the form of journey time contours were produced for each of the *Accession* runs outlined above, specifically for each of the destination purposes (and time periods for public transport assessments). Figures 3.10 and 3.11 are examples of *Accession* outputs, which show access to town centres by public transport/walk and by car. Further accessibility maps are contained in Appendix C.

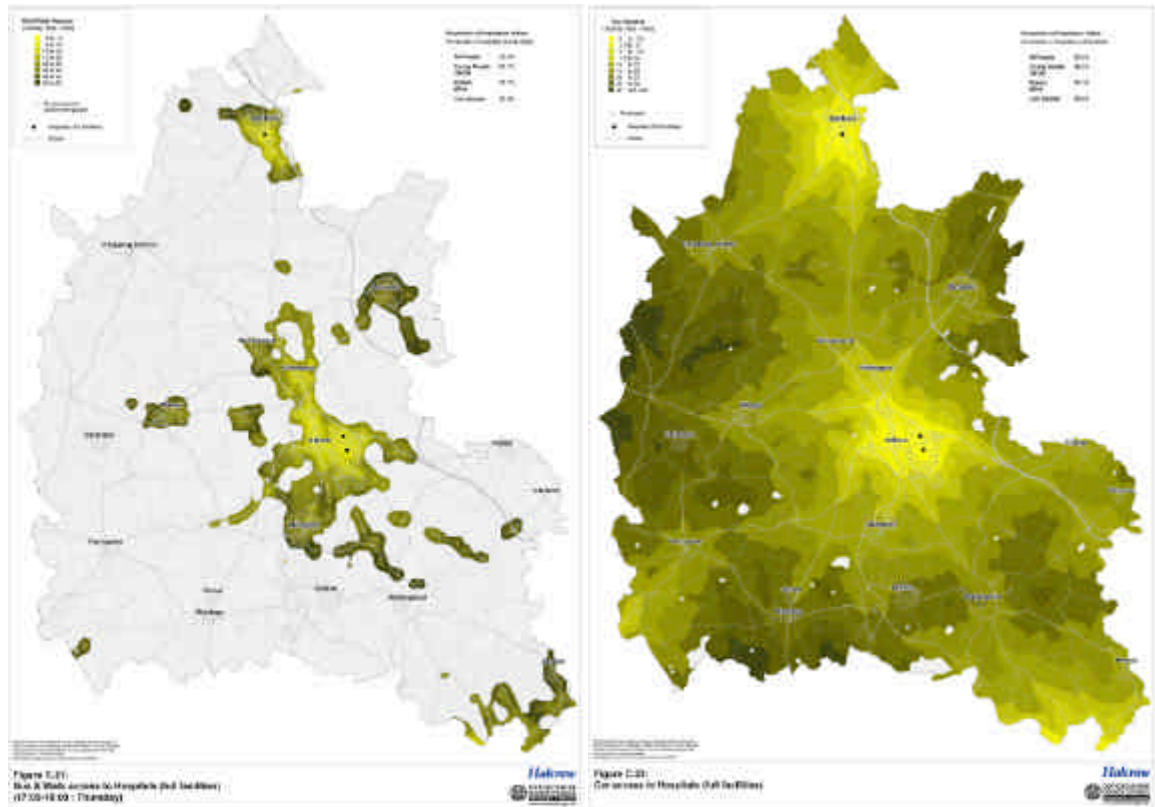


Figure 3.10: Bus and Walk Access to Hospitals
Figure 3.11: Car Access to Hospitals

For each run, threshold-based calculations were also carried out to determine the number of people in various Oxfordshire populations within key journey times of the various destinations by public transport and car. Thresholds are also contained in Table 3.3 and have also been drawn from the DfT’s definitions of core indicators, in particular the lower time threshold outlined in the guidance - which is, in turn, related to the median time for trips to the specific destinations as determined by the National Travel Survey.

As well as identifying the effect on the total number of people, other populations considered in time threshold calculations have also sought to identify the numbers of particular disadvantaged groups that are within (or not) the time thresholds. The disadvantaged groups included have been derived from analysis and consultations carried out as in developing the strategy. The results of these calculations are contained in Appendix D.

The population groups/sectors included are:

- *All people* - drawn from the 2001 Census at Output Area (OA) level;
- *Young people* - also taken from the Census at OA level, and defined as people between the ages of 16 and 24;
- *Elderly people* - again from the Census at OA level, and defined as people aged over 65; and
- *People with a low income* - it is difficult to determine specific figures for the number of people in this category, as, while information on personal income is collected by the Inland Revenue, this is confidentially held. OCSI in their research determined that an appropriate proxy for ‘low income’ is to consider the sum of people claiming Income Support and Job-Seekers Allowance (Income-Based). This is available at ward level, and has been disaggregated to OA level using total and unemployed populations as a basis for disaggregation.

3.3.4 Interpretation of accessibility maps

The initial *Accession* plots produced have been reviewed and have helped to inform the development of the 2nd LTP. They have also formed the basis for cross boundary discussions. Further workshops will also be held to allow discussion of the maps and it is recognised that local knowledge will be essential in reviewing the accuracy of these plots.

It is recognised that at present, due to data availability, the mapping work which has been undertaken focuses specifically on the analysis of access by public transport/walk and car. Further information on the County's cycle network, in particular off road routes, is required in order to analyse cycle accessibility. It is anticipated that this information will be collected as part of the local accessibility audits after July 2005. These more local analyses will be important to ensure that access by a range of modes is considered.

3.3.5 Access to Healthy Affordable Food

97% have access to supermarkets within 15 minutes by car
50% are within 15 minutes by public transport/walk

The analysis shows that 97% of the county's population have access to supermarkets by car within a 15 minute threshold and that almost half of the county's population (between 46-48% depending on time of day) have access to supermarkets by public transport within 15 minutes. The elderly are less likely to have access by public transport than other groups. The majority of the areas which have poor or no access by public transport are rural areas of the county where there is lower population density and dispersed deprivation. When compared to the deprivation 'hot-spots' in the county it is apparent that all of these have good access to supermarkets. There is little difference across the time periods that have been considered.

3.3.6 Access to Major Centres

57% have access to a major centre within 15 minutes by car
25% are within 15 minutes by public transport/walk

The analysis shows that 57% of the county's population have access to a major centre within 15 minutes by car. A quarter of the county's population (between 23-27% depending on time period) have access by public transport/walk within a 15 minute time period. The elderly group are least likely to have access to a major centre. The proportion with access by public transport/walk to major centres is much lower than for other destination sets reflecting the fact that there are only two major centres in the county. Consequently, the settlements of Abingdon, Bicester, Carterton, Chipping Norton, Didcot, Faringdon, Wallingford, Wantage/Grove, Witney, and many rural areas do not have access within 15 minutes; however, many do have access to local town centres.

3.3.7 Access to Town Centres

97% have access to a town centre within 15 minutes by car
45% are within 15 minutes by public transport/walk

The analysis shows that 97% of the county's population have access to a town centre within 15 minutes by car. Under half (between 45-47% depending on time period) have access to a town centre by public transport/walk. The elderly are less likely to have access than other groups. Deprived areas which have poor access include Berinsfield, Charlbury, Chinnor, south Oxford and South Moreton.

3.3.8 Access to Education

**99% have access to a primary school within 15 minutes by car
85% are within 15 minutes by public transport/walk**

The analysis shows that almost 100% of the county's population have access to primary schools within a 15 minute period by car. 85% of the county's population are within a 15 minute by public transport/walk. This figure is higher than for other destination sets because of the number of dispersed locations of primary schools. It should also be borne in mind that, if the contracted school bus network was to be included all pupils outside the 3 mile statutory distance would have access by bus to their nearest appropriate school. Areas where access is less good for the conventional public transport network include villages in Cherwell District and West Oxfordshire. Disadvantaged groups, particularly low income groups, are slightly more likely to have access to primary schools by public transport/walk.

**99% have access to a secondary school within 20 minutes by car
65% are within 20 minutes by public transport/walk**

The analysis shows that almost 100% of the county's population have access to their nearest secondary school within a 20 minute time period by car. Between 64-65% (depending on time period) have access within a 20 minute time period by public transport/walk. Disadvantaged groups are slightly more likely to have access by public transport/walk and slightly less likely to have access by car. As for primary school, if the contracted school network was to be included it would be apparent that all pupils over the statutory 3 miles from their nearest appropriate school would have access by public transport. Access to secondary schools is poorest from rural areas and from the periphery of urban areas such as Abingdon, Banbury, Bicester, Didcot Wallingford and Witney. There is better access to secondary schools in the morning peak.

**99% have access to further education within 30 minutes by car
70% are within 30 minutes of further education by public transport/walk**

The analysis shows that almost 100% of the county's population have access to further education within a 30 minute threshold by car. Almost three quarters of the county's population (between 70-74% depending on time period) have access to further education by public transport/walk. Disadvantaged groups are slightly more likely to have access to further education by public transport/walk and slightly more likely to have access to further education by car. The majority of the areas where there is poor access are rural. Rural deprived areas with poor access include South Moreton. There are also areas of limited access in Abingdon, Banbury, Bicester, Didcot and south Oxford all of which correspond to identified deprivation 'hot-spots'. There is little difference between accessibility across the different time periods that have been considered.

3.3.9 Access to Employment

**99% have access to an employment area within 20 minutes by car
70% have access by public transport/walk**

The analysis shows that almost 100% of the county's population have access to their nearest ward based employment within a 20 minute time period by car. Between 79-80% (depending on time period) have access by public transport/walk. The majority of the identified deprived areas have good access by public transport/walk. It is mainly rural areas which have poorest access by public transport, and it should be noted that the analysis considers access to the nearest employment site, which will not necessarily match the skills of the job-seeker. There is better access in the morning and evening peak hours than the middle of the day.

The analysis shows that almost 100% of the county's population have access to their nearest selected employment site within a 20 minute time period by car. Between 70-72% (depending on time period) have access by public transport/walk. Deprived areas that have poor access to the selected employment sites include Berinsfield, Chinnor and Littlemore. However, it should be noted that the nearest employment site will not necessarily provide an appropriate opportunity which matches with the skills of a job-seeker. There is better access in the morning and evening peak hours than during the middle of the day.

3.3.10 Access to Health

99% have access to a hospital within 20 minutes by car
40% are within 30 minutes by public transport/walk

The analysis shows that almost 99% of the county's population have access to a hospital within 20 minutes by car. Between 40-41% (depending on time period) have access to a hospital within 30 minutes by public transport/walk. The elderly are least likely to have access by public transport whilst the young and those on low incomes are most likely to have access. In general, access to hospitals is poorer than for other facilities, and this reflects the concentration of provision in the Oxford area. Different hospitals within the county perform different medical functions and further, more local analysis will be required to determine the levels of access for specialist and general medical functions. Deprived areas which have poor access to hospitals include Berinsfield, Bicester, Charlbury, Chinnor, Chipping Norton, Didcot, south Oxford and South Moreton. In addition there is also poor access from other settlements including Faringdon, Henley-on-Thames, Wallingford and Woodstock. Access to hospitals is best in the morning peak.

99% have access to a GP surgery within 15 minutes by car
60% are within 15 minutes by public transport/walk

The analysis shows that 99% of the county's population have access to a GPs surgery within a 15 minute time period by car. Between 59-63% (depending on time period) have access to a GPs surgery within 15 minutes by public transport/walk. The elderly are least likely to have access by public transport to GPs surgeries. In general deprived areas across the county have good access to GPs surgeries with the exception of Chinnor and South Moreton with the poorest access being from rural areas. Access to GPs surgeries is best in the morning peak.

99% have access to a dentist within 15 minutes by car
65% are within 15 minutes by public transport/walk

The analysis shows that 99% of the county's population have access to a dentist within a 15 minute time period by car. Between 62-65% (depending on time period) have access to a dentist within 15 minutes by public transport/walk. The elderly are least likely to have access to dentists by public transport. Access to dentists is generally good across the deprived areas of the county with the poorest access being in the rural areas. Access to dentists is best in the morning peak.

3.4 Prioritisation of areas, issues and groups for action

A wide range of accessibility issues have been identified and clearly the County Council cannot tackle all of these at once. Therefore, there is a need to refine the issues and to prioritise areas of work over the LTP period. The prioritisation process that has been used to do this is as follows:

- Where disadvantage is greatest, there are a concentration of people at risk of social exclusion or where the accessibility of a single service is poorest.

- Where accessibility improvements are likely to make the greatest contribution to delivering the authority's wider objectives and those of the county and district Local Strategic Partnerships.

Table 3.4 draws together the information presented in this Chapter and shows how this prioritisation process has been achieved. It includes an assessment of the level of accessibility which identified disadvantaged areas have, the type of disadvantaged groups which are specifically affected, the general levels of access to that service, the importance to the wider vision and the LTP as well as identifying its priority for action in the Accessibility Strategy.

It can be seen that for access to hospitals disadvantaged areas have poor levels of access by public transport, the elderly are particularly badly affected and the general level of access to the service is poor, therefore it is given a high priority. Employment had a mixture of poor and good access by public transport in disadvantaged areas, there are no identified disadvantaged groups affected, general levels of access are average but the importance to the wider vision and LTP is high, therefore it is given high priority.

Table 3.4: Identification of priority issues to be taken forward to the strategy

Access to facility	Disadvantaged areas - level of access	Specific disadvantaged groups most affected	General level of access to the service by public transport	Importance to the wider vision and the LTP	Priority
Supermarkets	Good access	Elderly	Poor	Low	Medium
Town centres	Poor access	Elderly	Average	High	Medium
Major centres	Poor access	Elderly	Poor	High	Medium
Primary schools	Good access	-	Good	Medium	Low
Secondary schools	Good access	-	Good	Medium	Low
Further education	Poor access	-	Average	Medium	Medium
Employment (ward)	Good access	-	Average	High	High
Employment (selected)	Poor access	-	Average	High	High
Hospitals	Poor access	Elderly	Poor	High	High
GPs	Poor access	Elderly	Poor	High	High
Dentists	Good access	Elderly	Average	Average	Medium

Note: If the general levels of access by public transport at the strategic level has been identified as poor, this does not mean that access by all modes, for example walk/cycle, is necessarily poor and further work will be required as part of the local accessibility assessments to ensure that access opportunities by all modes are considered.

This prioritisation process will be reviewed once more detailed information is available from the local assessments and it is likely that changes will be made. However, it is likely that the following schedule (presented in Table 3.5) for local accessibility assessments will be followed to ensure that issues are tackled in order of priority over the LTP period.

3.5 Implementing Local Area Action Plans

The County Council reviews its subsidised bus services across the County by a process of 8 rolling area reviews. Each year 2 area reviews are undertaken and these include all bus subsidy arrangements and all home-to-school mainstream transport contracts. In order to achieve synergy between the public transport review process and the accessibility strategy, it is proposed that the local accessibility assessments should help to inform the review process. The following table sets out the key dates for the area reviews and identified the date by which an accompanying local accessibility assessment is required.

Table 3.5 - Public Transport Review Dates

Area	Implementation date	Date local accessibility assessment required by
Banbury	June 2005	-
Bicester and Kidlington	December 2005	-
Abingdon and Oxford	June 2006	October 2005
Eynsham and Witney	December 2006	April 2006
Thame and Wheatley	June 2006	October 2006
Faringdon and Wantage	December 2007	April 2007
Didcot, Henley and Wallingford	June 2008	October 2007
Charlbury and Chipping Norton	December 2008	April 2008
Banbury	June 2009	October 2008
Bicester and Kidlington	December 2009	April 2009
Abingdon and Oxford	June 2010	October 2009
Eynsham and Witney	December 2010	April 2010
Thame and Wheatley	June 2011	October 2010
Faringdon and Wantage	December 2011	April 2011

The area reviews target access to the settlements identified. This can include services from the surrounding areas. Therefore, the local accessibility assessments will be undertaken on an area basis to inform the public transport area review. Each local assessment will consider access to all destinations and will identify where public transport improvements (alongside other accessibility measures) will help to solve identified problems. Stakeholders will be consulted on possible service changes to address identified accessibility problems (along with other possible changes to address other issues), tenders invited for revised services and new contracts awarded taking account of the cost, levels of usage, the views of consultees and the contribution which the service makes to improving accessibility. Problems will be prioritised as outlined in Table 3.4 and issues related to health and employment tackled first.

Priority issues to be tackled will be considered:

Where disadvantage is greatest, there are a concentration of people at risk of social exclusion or where the accessibility of a single service is poorest.

Where accessibility improvements are likely to make the greatest contribution to delivering the authority's wider objectives and those of the county and district Local Strategic Partnerships

Chapter 4 - Framework Accessibility Strategy and Future Development

This framework Accessibility Strategy provides the foundation for the improvement of accessibility in Oxfordshire. Changes to the framework Strategy will be made following additional accessibility mapping and analysis undertaken as part of the local accessibility assessments, and the ongoing discussions with key stakeholders

4.1 Introduction

This Chapter details the Framework Accessibility Strategy and outlines how the County Council intends to develop its Accessibility Strategy including how it will work with key partners, prioritise works and use the analytical tools available to further develop the strategy and targets.

4.2 Accessibility Priorities

The work undertaken to inform this Framework Accessibility Strategy has identified a number of areas, groups and issues on which the strategy should focus.

The Strategy will focus on improving access to all facilities, but specifically access to employment and health facilities. These priorities have been determined because:

- They have a key role to play in delivering the County Council's wider priorities.
- Analysis has shown that levels of access, particularly for disadvantaged groups, are generally poorer to these facilities.

The strategy will also focus on improving access for disadvantaged groups and specifically for the elderly because analysis has shown that this group has poorer access than other groups.

4.3 Framework Accessibility Strategy; Vision and Objectives

This framework Accessibility Strategy provides the foundation for the improvement of accessibility in Oxfordshire. It is anticipated that following further work, changes to the framework Strategy will be made. These changes will be necessary as a result of additional accessibility mapping and analysis undertaken as part of the local accessibility assessments, and the results of ongoing discussions with key stakeholders.

A final Accessibility Strategy will accompany the March 2006 submission of the 2nd LTP.

Overarching Vision of the Framework Strategy

- To work in partnership with all service providers to deliver accessibility improvements for the most disadvantaged groups or areas

The Objectives of the Framework Strategy

Making Accessibility a Corporate Consideration of the County Council

- To ensure accessibility issues are considered by all service areas to enable County Council policies to be developed and implemented with these considerations at the core.
- To ensure that partnership working is used effectively to bring together resources from wherever necessary to deliver accessibility improvements.

Delivering Accessibility Improvements

- To deliver accessibility improvements for access to all facilities, but with an initial focus on improving access to health and access to employment.
- To deliver accessibility improvements for all groups and areas but with a priority focus on disadvantaged groups and areas with the poorest access.

Access to Education and Skills

- To work with partners to undertake further work to understand in detail the accessibility problems faced by those seeking education or skills training.
- Increase the proportion of the population within good access to further education provision, with a particular focus on: disadvantaged areas (priority areas - south Oxford, Abingdon, Banbury, Didcot, Bicester, South Moreton and other deprived rural areas) and disadvantaged groups.
- Promote the take up of school travel plans to increase accessibility at the local level.

Access to Employment

- To work with partners to undertake further work to understand in detail the barriers that job-seekers face when seeking employment.
- Increase the proportion of the population with good public transport access to a suitable variety of employment opportunities, with a particular focus on disadvantaged areas (priority areas - Littlemore, Berinsfield and Chinnor) and disadvantaged groups.
- Promote the take up of employer travel plans to increase accessibility at the local level.

Access to Health Facilities

- To work with partners to undertake further work to understand in detail, the spread of health sector provision and requirement.
- Improve access to hospitals by public transport, with a particular focus on disadvantaged areas (priority areas - south Oxford, Chipping Norton, Didcot, Banbury, Berinsfield, Charlbury, South Moreton and other deprived rural areas) and disadvantaged groups (priority group - the elderly).
- Develop innovative public transport solutions to increase the proportion of the population with good access to a GP surgery, with a particular focus on disadvantaged areas (priority areas - rural areas, Chinnor and South Moreton) and disadvantaged groups (priority group the elderly).

Access to Healthy Affordable Food

- In urban areas - to work with partners to increase local affordable healthy food options and awareness of these options, with a particular focus on disadvantaged groups (priority group - the elderly).
- In rural areas - to work with partners to deliver innovative public transport solutions to increase the proportion of the population with good access to a supermarket by public transport.
- Increase local affordable healthy food options and awareness of these options, with a particular focus on disadvantaged areas (rural, dispersed) and disadvantaged groups (priority group - the elderly).

4.4 Developing Targets for the LTP

The Department for Transport has identified a number of core indicators against which it will measure accessibility. These indicators will be calculated at Census Super for 2004, 2005, 2007 and 2010. These include:

- % of a) pupils of compulsory school age b) pupils of compulsory school age in receipt of free school meals within 15 and 30 minutes of a primary school and 20 and 40 minutes of a secondary school by public transport;
- % of 16-19 year olds within 30 and 60 minutes of a further education establishment by public transport;

- % of a) people of working age (16-74) b) people in receipt of Jobseekers' allowance within 20 and 40 minutes of work by public transport;
- % of a) households b) households without access to a car within 15 and 30 minutes of a GP by public transport;
- % of a) households; b) households without access to a car within 30 and 60 minutes of a hospital by public transport; and
- % of a) households; b) households without access to a car within 15 and 30 minutes of a supermarket by public transport.

In order to assess the effectiveness of the Accessibility Strategy, the County Council will seek to monitor the outcomes of various initiatives and where possible specific targets will be developed to gauge success.

The County Council is required to develop one target for accessibility for inclusion in the LTP. The development of local targets will mirror the accessibility priorities identified in Chapter 3. This approach will ensure that realistic targets are developed to measure specific local outcomes. Therefore, targets relating to health and employment have been developed for the first year of the LTP. For subsequent years, the targets will relate to the specific local accessibility action plans.

A local indicator for access to employment has been developed because the strategic accessibility audit identified a number of limitations with measuring access to local employment. These include:

- People do not necessarily access the most local employment
- The most local employment does not necessarily match with the skills available
- Jobseekers are often unemployed because there is no local match for their skills

Therefore, a local indicator has been devised which takes account of range of local employment opportunities in town centres. These are considered to be a good proxy for a range of skills.

The indicators which will be set are:

- Core indicator - % of a) households; b) households without access to a car within 30 and 60 minutes of a hospital by public transport; and
- Local indicator - % of people of working age able to access three or more town-centre employment opportunities within 30 or 60 minutes by public transport

LTP Targets relating to accessibility are reported in Chapter 13 of the Provisional LTP.

4.5 Summary of Strategy Development to Date

To date this framework strategy has considered the following:

- Consistency with national, region and local policies;
- Reflected the long-term vision of the County Council and specifically its local transport strategy;
- Been informed by detailed analysis of accessibility and social inclusion problems and opportunities through a variety of analytical techniques; and
- Been influenced by extensive stakeholder involvement and initial partnership working.

Chapter 3 demonstrated the range of information that has already informed the framework Accessibility Strategy. This work has provided a strategic overview of accessibility in the county and has resulted in the identification of an overarching vision for improving accessibility.

4.6 Future Development of the Strategy

The next stage will be to undertake local accessibility assessments which will help to inform the development of the Final Accessibility Strategy. These assessments focus on identified priority areas, groups or issues and assist in the specification and implementation of more detailed accessibility action plans. Local partnerships will be developed and used to deliver the local assessment.

Between July 2005 and March 2006 it is proposed that two local accessibility assessments will commence. The first local assessment will focus on access to health facilities in identified disadvantaged areas, with a particular focus on the elderly. The second local accessibility assessment will focus on access to employment in disadvantaged areas for disadvantaged groups, in particular the unemployed.

The local assessments will include a review of existing local evidence held by partners, both published and unpublished. For specific areas, this might include research reports, consideration of local development frameworks or local policies and transport related information such as pedestrian, cycle or other infrastructure audits. For destinations, this might include detailed research to understand local requirements, provision and opportunities, such as the availability of specialist and non-specialist medical services. Detailed mapping audits using *Accession* will also be undertaken where appropriate. This will draw heavily on research to understand the roles of specific destinations and will make use of *Accession's* ability to focus on local areas and networks. Where appropriate or possible, this will include consideration of information related to other aspects affecting accessibility such as cost, reliability and security. In the event that the review of evidence and local mapping audits identifies specific 'gaps' in information, new surveys, research or consultation will be undertaken.

As part of the further development of the Strategy, the County Council will:

- Identify and prioritise policies and schemes that will deliver the best possible value for money;
- Maximise the use of existing assets, both transport and non-transport;
- Continue to build successful partnerships to deliver the strategy;
- Develop a robust method of measuring the success of the strategy through its target setting and monitoring programme; and
- Continue to ensure that every opportunity is taken to maximise the contribution of the Accessibility Strategy to the other shared priorities and the County Council's Local Transport Strategy.

The Overarching Vision of the Framework Strategy is to work in partnership with all service providers to deliver accessibility improvements for the most disadvantaged groups or areas

Appendix A - Results of the theme-specific workshops

Education workshop

- More could be done to promote integration between education transport and conventional transport - the move towards 'children's services' will mean a need to foster better links between education and transport.
- Co-ordination with special educational needs transport should be investigated as often there are areas of overlap.
- 16-19 year olds have problems gaining access to education.
- Extended school hours will cause problems with access by public transport and more should be done to extend the hours which people can get to educational services as they are often undertaken alongside other activities.
- Although the perception is that urban areas are well served by public transport, the reality can be different.
- Joint ticketing is a major issue.
- The Increased Flexibility programme provides young people with more links to work-based learning and should be promoted.
- The ring-a-ride service to Ruskin College is an example of good practice which provides access to learning for older groups.
- Travel plans were seen as positive ways to improve access.
- The idea of making education transport available to the public was considered positive and the Brookes bus was cited as an example of where this works well.

Health workshop

- Dial-a-ride services don't go to health facilities; it is up to health authorities to provide this sort of transport. The dial-a-ride services should be expanded to provide more capacity. The typical week in advance booking system is a massive boundary to its use.
- Access to information on public transport is vital along with better promotion of it.
- The design of new buses should incorporate wheelchair facilities and bus stops should all be designed with the use of wheel chairs in mind.
- Bus access to the John Radcliffe Hospital relocation should be a high priority. Moving around hospital sites can be daunting, particularly to such groups as the elderly and those with only a very basic level of English.
- Travel Plans at hospitals should be developed.
- Mobile medical services should be promoted and used where practicable. This may not provide the same level of service as traditional static practices but it could provide a basic level of service. Mobile services could provide a means of delivering medicines to homes or collection points.
- There is the potential for IT services to provide advice and possible diagnosis for example NHS Direct. However, this should only compliment medical treatment, not be the sole supplier.
- The causes of ill health should be tackled, particularly problems associated with obesity. The promotion of walking and cycling features highly in such work. The "healthwalk" initiative should be encouraged.
- The system of subsidies should be re-examined in order that the disabled and the old get greater help. Extend it to taxis as well.
- Parking for the disabled should be increased, particularly at transport interchanges and medical facilities.

Employment workshop

- Unemployed people are so dispersed around the county, often pockets of unemployed are in single figures.
- Where jobs do exist there seems to be in some cases a lack of knowledge of bus services and some potential employees may not take up job offers because they are unaware of an available bus service.
- Works buses are sometimes provided - for example by Milton Park and Oxford Brookes University.
- The accessibility of one-stop-shops is of major concern and one suggestion was to make these services mobile so they can provide advice to rural parts of the county. Access by foot or cycle is important.
- Harwell is particularly difficult to access by non car modes and bus access to Wantage and Grove is difficult.
- Car sharing has a role to play and Milton Park has a good example of such a scheme in operation. Oxford Brookes has a similar scheme in mind, in conjunction with Oxford University and the hospitals in Oxford.
- Accessibility planning has a role in sustainable economic development and the planning system should enable facilities to be put close to where people live.
- Revenue generated from Section 106 agreements provides a good source of funding for improving accessibility.
- Dial-a-Ride systems in their present form maybe too inflexible for many work journeys. Co-ordination between services would help.
- The hours of operation of public transport also present problems - only operates until 6pm in many places, which limits opportunities.
- The case of the new X15 bus service shows how partnership working can produce very positive results. It shows that by working hard to draw in businesses as well as public sector organisations these partnerships will work.
- Opportunities to encourage use of broadband and working from home should help.
- Long stay car parking prices are high at train stations and this penalises people from parking at train stations.

Food workshop

- It is important to provide access to healthy food for those on low incomes.
- More information is needed on specific access to food and issues around food.
- Tendency for new stores to be opened, particularly larger ones, on the edge of urban areas. Issues of large enough sites will always be problematic for central areas. Most of the larger supermarket groups are concentrating their efforts on the smaller sites.
- Sure Start working on project to improve access to food.
- Farmers markets seen as important provider of fresh food, but these markets may not be held regularly enough to suite some and not necessarily affordable for those on low incomes. Good in promoting locally produced food. Could there be some form of subsidy provide for these.
- Local farmers should be encouraged to provide food in their localities.
- Mobile shops should be encouraged, providing useful service to smaller communities
- Use of IT / Internet shopping. Those who are on low incomes may well not have credit cards or any credit worthiness and so this avenue is closed to them. There could be scope for an IT facility to be established in villages where people could use computers for shopping and other internet based services. This could be part of wider village initiatives and Tackley village hall is an example of good practice in this area.
- In urban areas, the access to large stores is poor, particularly Oxford, priority should be to provide better bus services.

- Need for free bus service to access supermarkets, however, in some cases they may be too restrictive and take people away from other shops and services. Could these be improved to increase the range of goods and services accessible?
- Those from ethnic minorities who want to use traditional ingredients are often prevented from purchasing these apart from sources in Oxford. There are significant numbers of Chinese in the south of the County and there is a Chinese supermarket in central Oxford. This presents access problems.
- New housing developments are now incorporating local shops and services in them. However, sometimes these are not filled until the whole development is complete which could be some time and so those who move into the early phase of a development will not have access to these services. Those living in social housing will be badly affected by this as they are less likely to have everyday access to private cars.
- In rural areas, local facilities should be encouraged, although they don't always make a profit, some form of support required. Mobile shops could fill gaps.
- Bus services tend to be introduced at a later stage when a development is completed and so those who move in to the first completed homes will not benefit from a bus services that may have been negotiated through the development control process.
- Villages where small affordable housing developments are built often do not have access to good sources of food. Those on low levels of income, living in these new developments, may suffer from paying higher village prices and a limited range of food and services.
- The use of allotments has much potential to improve the supply of fresh fruit and vegetables.

Appendix B - Statements of Support from Key Partners

Oxfordshire Rural Transport Partnership (ORTP)

Oxfordshire Rural Transport Partnership (ORTP) aims to:

- promote social inclusion in rural Oxfordshire by ensuring, as far as possible, that everyone in rural Oxfordshire is able to access the following:
 - a) *employment*
 - b) *shops and commercial services*
 - c) *leisure, cultural and social activities*
 - d) *health and welfare services*
 - e) *education and training*
 - f) *statutory service centres*

and supports Oxfordshire County Council (OCC) in its Accessibility Planning Strategy.

ORTP believes that the strategy will significantly assist in meeting its aims and will work with OCC to implement the strategy. At the same time the ORTP will continue to work to ensure that individuals and small clusters of people, suffering from a lack of access to the services shown above, achieve the same level of access as those in larger groups or areas more likely to be identified in the implementation of the strategy.

Oxfordshire Rural Community Council (ORCC)

Oxfordshire Rural Community Council (ORCC) aims to improve the quality of life for those who live or work in rural Oxfordshire.

Through its work programme, ORCC aims to achieve:

- Strong, vibrant and active rural communities across Oxfordshire
- Effective rural community action initiated and led by people themselves
- Access to key services for all individuals and groups in rural communities
- Empowerment, equality and inclusion for everyone in rural communities
- Policies and programmes that are influenced by the needs of rural communities
- Sustainable and long term social and economic improvements in rural communities

ORCC recognises the importance of partnership working to help achieve these aims and is keen to work closely with Oxfordshire County Council (OCC) on its Accessibility Planning Strategy.

Equality of opportunity is vital if rural communities are to be sustainable and strong and ensuring access to key services is fundamental in achieving this. ORCC recognises that the Accessibility Planning Strategy is a cross-sector tool that can help with this process. In addition, ORCC will continue to work directly with rural communities to identify local needs and dispersed, 'hidden' deprivation. The organisation's findings will be made available to OCC to inform their Accessibility Planning Strategy.

Appendix C - Accession Plots

Strategic Accessibility Mapping

Plot of locations:

- Major Centres, Town Centres & Supermarkets
- Primary Schools, Secondary Schools & Further Education
- Employment (ward-based and selected main sites)
- Hospitals, GP Surgeries & Dentists

Accessibility Maps

- C.1 : Bus & Walk access to Major Centres (09:00-10:00 : Thursday)
- C.2 : Car access to Major Centres
- C.3 : Bus & Walk access to Supermarkets (major stores) (09:00-10:00 : Thursday)
- C.4 : Car access to Supermarkets (major stores)
- C.5 : Bus & Walk access to Town Centres (09:00-10:00 : Thursday)
- C.6 : Car access to Town Centres
- C.7 : Bus & Walk access to Primary Schools (09:00-10:00 : Thursday)
- C.8 : Car access to Primary Schools
- C.9 : Bus & Walk access from Secondary Schools (15:00-16:00 : Thursday)
- C.10 : Car access to Secondary Schools
- C.11 : Bus & Walk access from Further Education (17:00-18:00 : Thursday)
- C.12 : Car access to Further Education
- C.13 : Bus & Walk access to Employment (by ward) (09:00-10:00 : Thursday)
- C.14 : Car access to Employment (by ward)
- C.15 : Bus & Walk access to Employment (selected main sites) (09:00-10:00 : Thursday)
- C.16 : Car access to Employment (selected main sites)
- C.17 : Bus & Walk access to Dentists (13:00-14:00 : Thursday)
- C.18 : Car access to Dentists
- C.19 : Bus & Walk access to GPs Surgeries (09:00-10:00 : Thursday)
- C.20 : Car access to GPs Surgeries
- C.21 : Bus & Walk access to Hospitals (full facilities) (17:00-18:00 : Thursday)
- C.22 : Car access to Hospitals (full facilities)

Appendix D - Journey time threshold calculations

Destination Set	Mode	Time Period	Threshold (mins)	Population within journey time thresholds							
				All People		Young People 16-24		Elderly People 65+		Low Income	
Major Centres	Bus/Walk	0900-1000	15	140,261	23.2%	30,489	40.5%	18,369	20.9%	8,883	36.1%
	Bus/Walk	1300-1400	15	139,818	23.1%	30,688	40.8%	18,627	21.2%	8,708	35.4%
	Bus/Walk	1800-1900	15	161,806	26.7%	33,175	44.1%	22,360	25.5%	9,698	39.5%
	Car		15	346,315	57.2%	51,610	68.6%	51,563	58.7%	16,439	66.9%
Supermarkets	Bus/Walk	0900-1000	15	287,697	47.5%	45,410	60.4%	41,633	47.4%	14,236	57.9%
	Bus/Walk	1300-1400	15	280,262	46.3%	44,942	59.7%	40,040	45.6%	13,581	55.3%
	Bus/Walk	1700-1800	15	298,364	49.3%	46,831	62.2%	41,599	47.4%	14,140	57.5%
	Car		15	581,079	96.0%	73,284	97.4%	83,725	95.3%	23,625	96.1%
Town Centres	Bus/Walk	0900-1000	15	274,165	45.3%	43,911	58.4%	39,369	44.8%	13,709	55.8%
	Bus/Walk	1300-1400	15	269,461	44.5%	44,011	58.5%	38,974	44.4%	13,521	55.0%
	Bus/Walk	1800-1900	15	287,147	47.4%	45,720	60.8%	40,353	46.0%	14,259	58.0%
	Car		15	584,634	96.6%	73,412	97.6%	84,929	96.7%	23,842	97.0%
Further Education	Bus/Walk	0800-0900	30	438,353	72.4%	59,882	79.6%	63,025	71.8%	19,137	77.9%
	Bus/Walk	1300-1400	30	449,572	74.3%	61,261	81.4%	63,828	72.7%	19,927	81.1%
	Bus/Walk	1700-1800	30	424,502	70.1%	58,988	78.4%	59,465	67.7%	19,097	77.7%
	Car		30	602,225	99.5%	74,798	99.4%	87,302	99.4%	24,271	98.8%
Primary Schools	Bus/Walk	0800-0900	15	512,204	84.6%	67,310	89.5%	72,878	83.0%	23,418	95.3%
	Bus/Walk	1500-1600	15	511,908	84.6%	67,189	89.3%	72,868	83.0%	23,386	95.2%
	Car		15	602,207	99.5%	74,795	99.4%	87,301	99.4%	24,271	98.8%
Secondary Schools	Bus/Walk	0800-0900	20	386,934	63.9%	55,679	74.0%	54,979	62.6%	18,132	73.8%
	Bus/Walk	1500-1600	20	391,808	64.7%	56,302	74.8%	55,524	63.2%	18,411	74.9%
	Car		20	602,176	99.5%	74,793	99.4%	87,297	99.4%	24,270	98.8%
Employment - wards	Bus/Walk	0800-0900	20	480,896	79.4%	64,319	85.5%	68,581	78.1%	20,920	85.1%
	Bus/Walk	1300-1400	20	477,865	78.9%	64,167	85.3%	67,933	77.4%	20,779	84.6%
	Bus/Walk	1700-1800	20	481,947	79.6%	64,389	85.6%	68,348	77.8%	20,960	85.3%
	Car		20	602,212	99.5%	74,795	99.4%	87,302	99.4%	24,271	98.8%
Employment - selected	Bus/Walk	0800-0900	20	432,211	71.4%	60,354	80.2%	60,779	69.2%	19,523	79.4%
	Bus/Walk	1300-1400	20	421,611	69.6%	59,349	78.9%	59,052	67.2%	19,223	78.2%
	Bus/Walk	1700-1800	20	433,586	71.6%	60,336	80.2%	60,664	69.1%	19,568	79.6%
	Car		20	602,214	99.5%	74,795	99.4%	87,302	99.4%	24,271	98.8%
Dentists	Bus/Walk	0900-1000	15	392,855	64.9%	55,675	74.0%	56,768	64.6%	18,122	73.7%
	Bus/Walk	1300-1400	15	382,370	63.2%	54,665	72.7%	55,434	63.1%	17,829	72.5%
	Bus/Walk	1700-1800	15	378,060	62.4%	54,346	72.2%	55,218	62.9%	17,268	70.3%
	Car		15	601,824	99.4%	74,770	99.4%	87,247	99.4%	24,261	98.7%
GPs Surgeries	Bus/Walk	0900-1000	15	382,013	63.1%	54,701	72.7%	54,201	61.7%	17,585	71.6%
	Bus/Walk	1300-1400	15	376,631	62.2%	54,468	72.4%	53,445	60.9%	17,151	69.8%
	Bus/Walk	1700-1800	15	358,204	59.2%	52,480	69.7%	51,984	59.2%	15,510	63.1%
	Car		15	602,015	99.4%	74,780	99.4%	87,272	99.4%	24,265	98.7%
Hospitals	Bus/Walk	0900-1000	30	246,222	40.7%	42,884	57.0%	34,820	39.7%	13,330	54.2%
	Bus/Walk	1400-1500	30	236,045	39.0%	41,839	55.6%	33,092	37.7%	12,658	51.5%
	Bus/Walk	1700-1800	30	223,539	36.9%	39,984	53.1%	32,245	36.7%	12,351	50.3%
	Car		30	600,886	99.3%	74,705	99.3%	87,066	99.1%	24,234	98.6%