



Shropshire Local Transport Plan 3

Evidence Base

Part 5: Accessibility and Health

December 2010

1. Accessibility

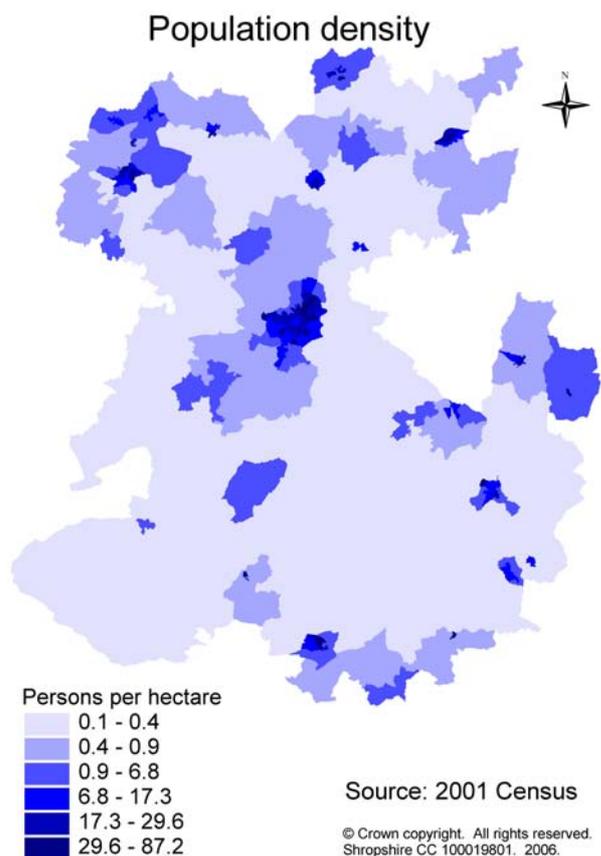
Shropshire has one of the lowest levels of population density in England at just 0.92 people per hectare. This means that people often have to travel significant distances to reach shops and services. It also makes it difficult to support public transport services.

Table 5.1 Statistical neighbours – size population and population density, 2008

	Size in hectares	2008 Population	Population Density Persons per Hectare
Worcestershire	174,051	557,600	3.20
Gloucestershire	270,454	582,600	2.15
Suffolk	386,359	717,700	1.86
Norfolk	549,834	850,800	1.55
Somerset	351,392	525,800	1.50
Wiltshire	326,534	465,500	1.40
Dorset	297,293	407,800	1.37
Devon	663,166	754,700	1.14
Lincolnshire	610,260	698,000	1.14
Shropshire	319,730	292,800	0.92
Herefordshire	217,973	179,300	0.82

Source: 2008 Mid Year Estimates, Office for National Statistics 2010, Crown Copyright 2010

Figure 5.1 Population density Shropshire



Access to services

One area where much of Shropshire is considered to be deprived is in access to services - the rural nature of the county means that many residents have to travel much further to access facilities and services than they would do in a more urban area. Travel distances to key services for Shropshire and the English average are shown in the table below.

Table 5.2 Percentage of households within Shropshire and England within set distances of facilities, 2007

	Kms	0-2	2-4	4-6	6-8	8-10	10+
Bank/Building Society	Shropshire	59.6	11.3	10.7	9.2	5.5	4.6
	England	79.4	13.2	4.1	2.0	0.9	0.4
Cash Point	Shropshire	78.7	11.9	7.5	1.5	0.3	0.0
	England	94.5	3.7	1.3	0.4	0.0	0.1
Doctor	Shropshire	70.7	13.1	10.9	4.5	0.7	0.0
	England	90.7	6.2	2.3	0.6	0.1	0.1
Job Centre	Shropshire	33.1	15.4	7.4	7.6	7.1	29.4
	England	41.6	29.2	12.2	6.1	3.9	7.0
Public House	Shropshire	87.8	10.3	1.8	0.1	0.0	0.0
	England	98.3	1.6	0.1	0.0	0.0	0.0
Petrol Station	Shropshire	73.0	15.2	8.7	2.5	0.4	0.2
	England	89.9	7.6	1.9	0.5	0.1	0.0
Post Office	Shropshire	84.4	12.1	3.3	0.2	0.0	0.0
	England	96.7	2.9	0.3	0.0	0.0	0.1
Primary School	Shropshire	73.0	15.2	8.7	2.5	0.4	0.2
	England	97.5	2.2	0.3	0.0	0.0	0.0
Secondary School	Shropshire	55.5	15.7	11.4	9.9	5.4	3.5
	England	80.9	11.6	4.2	2.0	0.8	0.5
Supermarket	Shropshire	61.2	9.8	10.5	7.6	5.2	6.0
	England	87.0	7.3	3.2	1.5	0.6	0.4
NHS Dentist	Shropshire	63.7	8.5	11.1	9.7	5.0	1.5
	England	86.3	7.4	3.5	1.7	0.8	0.3

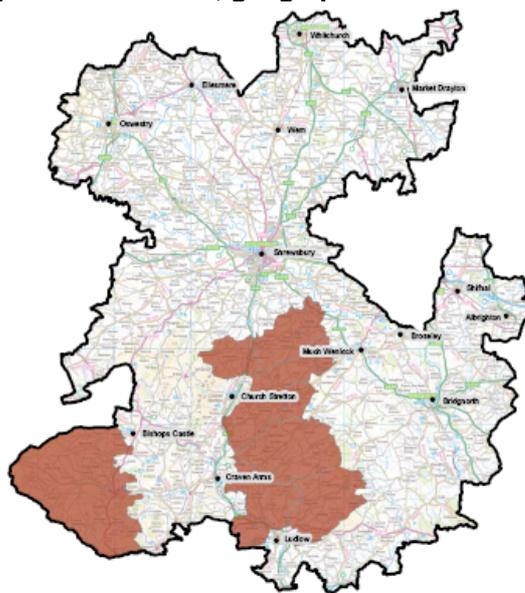
Source: Rural Services Series, 2007 The Countryside Agency Crown Copyright, 2010

There is a continuing trend towards the closure of rural services which will further increase the distances people need to travel to reach services.

The falling pupil demography in Shropshire, combined with low levels of education funding, threatens further school closures in Shropshire. This will further reduce access to schools. However, there is also scope to further develop remaining schools and other education buildings as centres within their localities, with assets that can benefit children, young people and the wider community¹

Some rural areas of Shropshire are classed as within the 1% most deprived in the country in terms of access to services. These are shown on the map below:

Figure 5.2 IMD 2007, geographical barriers to housing and services. Top 1% deprived areas



Source: IMD 2007, Communities and Local Government and ONS, Office of National Statistics
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Shropshire County Council, 10/21/06/01, 2008

¹ Draft schools organisation policy, Shropshire Council 2010

Despite these statistics, it is important to note that a large proportion of those living in the most remote areas of Shropshire choose to live there and enjoy a comparatively affluent lifestyle and as such would not be considered to be deprived. Furthermore, car ownership is extremely high in rural areas and commuting patterns suggests that most people living in the most remote parts of Shropshire have sufficient mobility to access employment.

Access to a car

The 2001 census showed that 17.7% of Shropshire households did not have a car compared with more than a quarter of West Midlands' and UK households. Dependence on a car is similarly high in neighbouring Herefordshire as well as in the rest of Shropshire's statistical neighbours.

Household car ownership in Shropshire's urban areas is closer to the national average at 77.5%; but is very high in rural areas, with only 8.3% of households in these areas without a car in 2001.

Table 5.3 Numbers of households without a car (2001 census)

	No. of households	No of households with a car	%
Rural	39,523	3,259	8.3
Urban	77,728	17,462	22.5
Total	117,251	20,721	17.7

While there is only a small number of non-car owning rural households they are spread throughout the rural areas of Shropshire. This makes it particularly difficult to provide public transport services for these households.

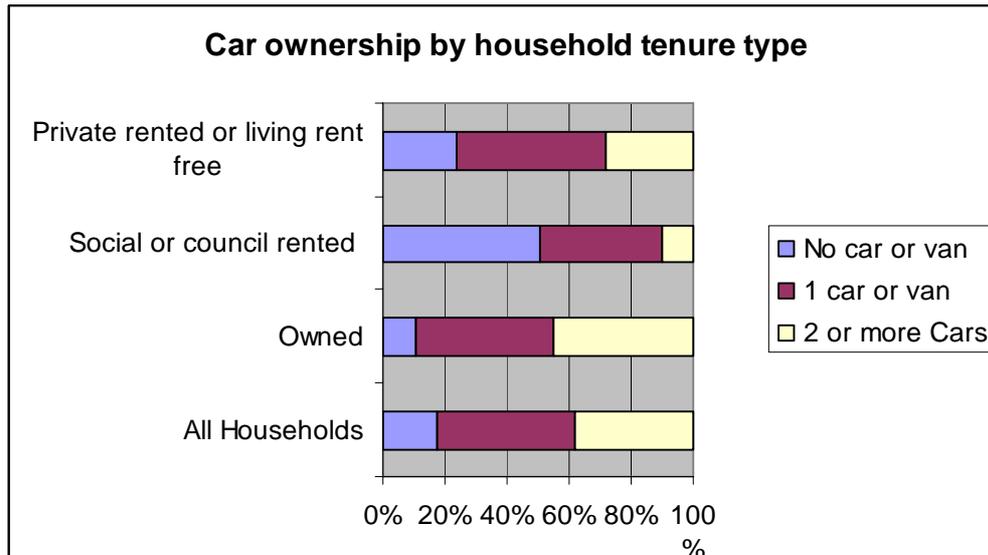
Table 5.4 Proportion of households owning no, one or more cars (English average)

	No car	One car	Two or more cars	Cars per household
Lowest real income	54%	37%	8%	0.56
Second level	36%	46%	18%	0.85
Third level	17%	49%	34%	1.26
Fourth level	10%	42%	48%	1.51
Highest real income	10%	39%	51%	1.51
All incomes	25%	43%	32%	1.14

Source: National Travel Survey, 2007

National Travel Survey data shows a strong link between income and car ownership. In Shropshire this link is also shown to be strong. It can be seen that around 50% of those living in council or social rented houses and over 20% of those privately renting do not have a car, compared to less than 10% of home owners. See table below (source ONS 2001 census data):

Figure 5.3 Car ownership by household tenure type



Geographically, it can be seen that the areas with the highest proportion of households without a car are generally in the larger urban areas. Parts of Oswestry, Shrewsbury, Ludlow, Market Drayton, Shifnal and Whitchurch have more than a quarter of households without a car.

Figure 5.4 % of Shropshire households with no car

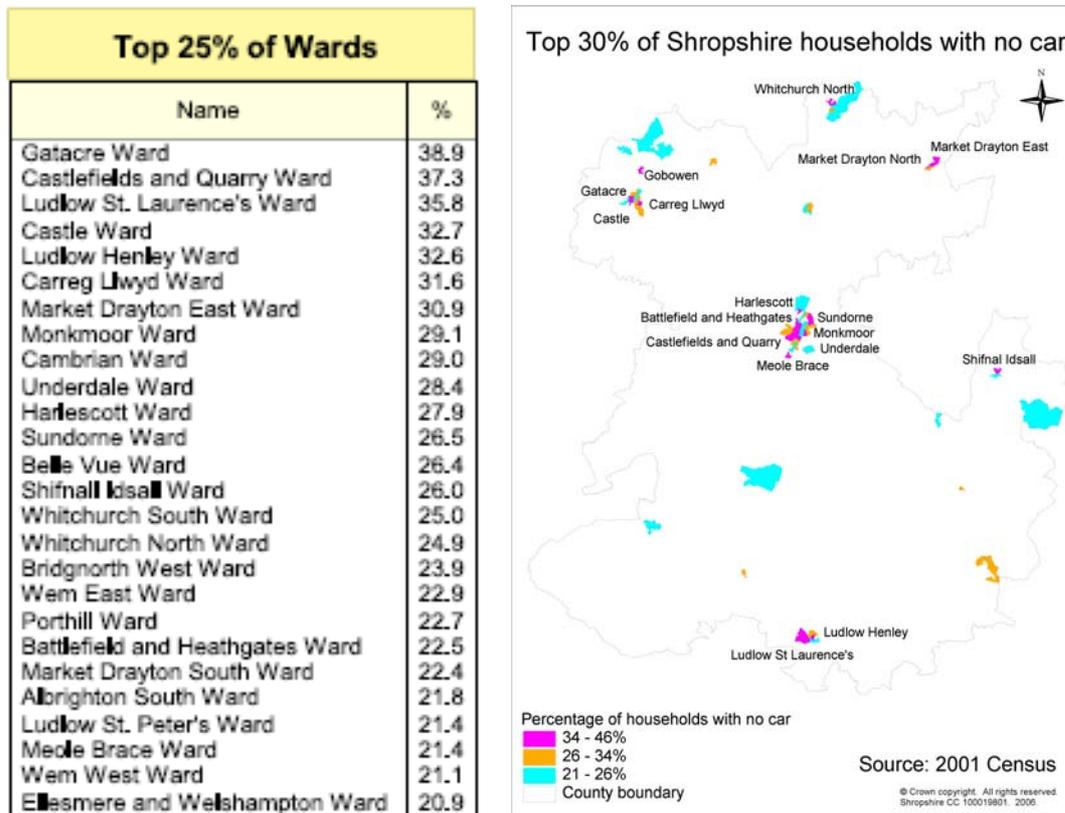
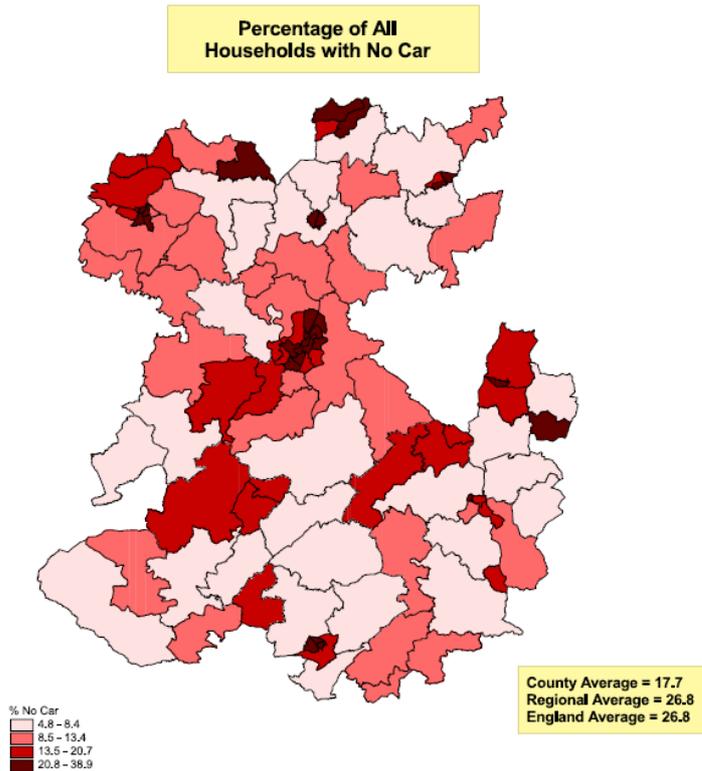


Figure 5.5 Percentage of households with no car



Many of the areas with low car ownership are also areas with higher than average levels of income deprivation, long term limiting illness and older people.

Figure 5.6 Areas with a large population of older people in Shropshire

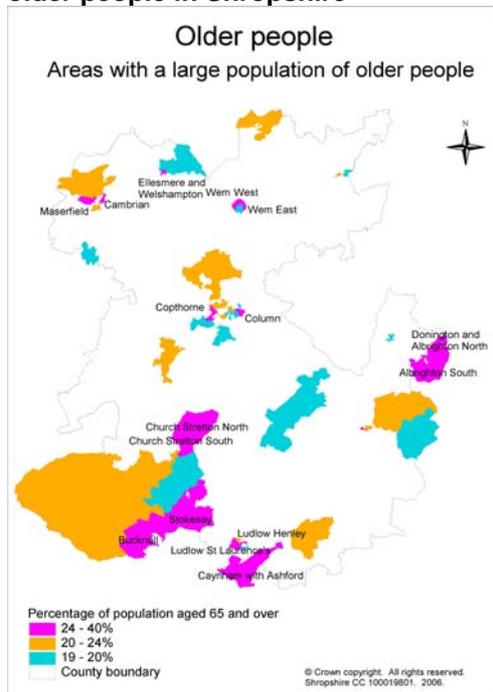


Figure 5.7 Percentage of people with a long-term limiting illness

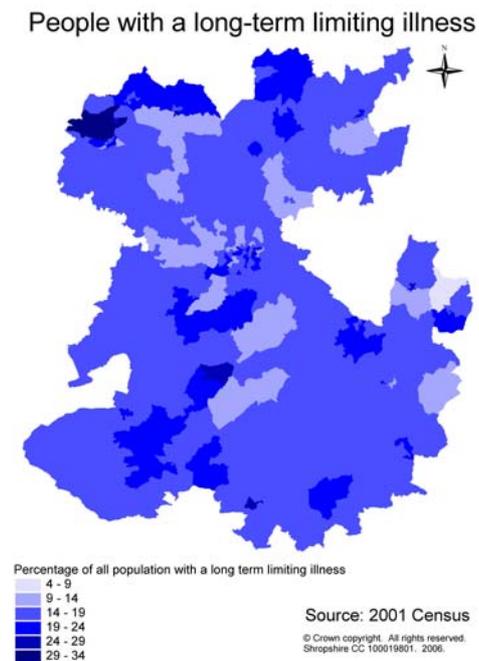


Figure 5.8 Areas of deprivation in Shropshire

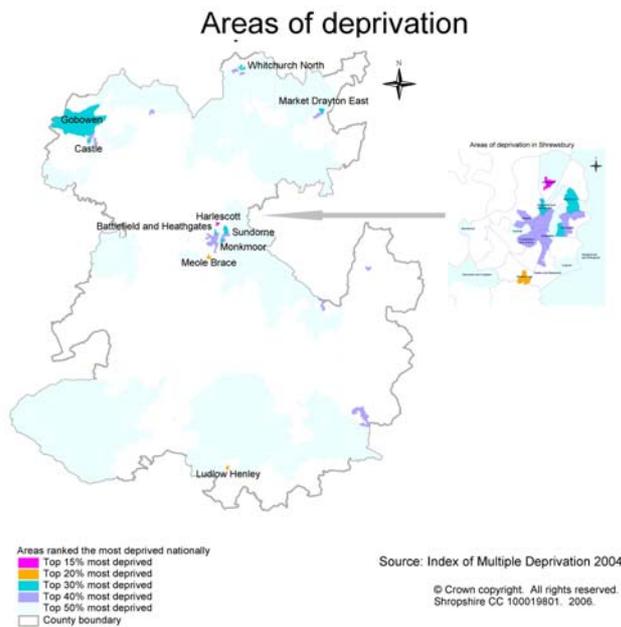
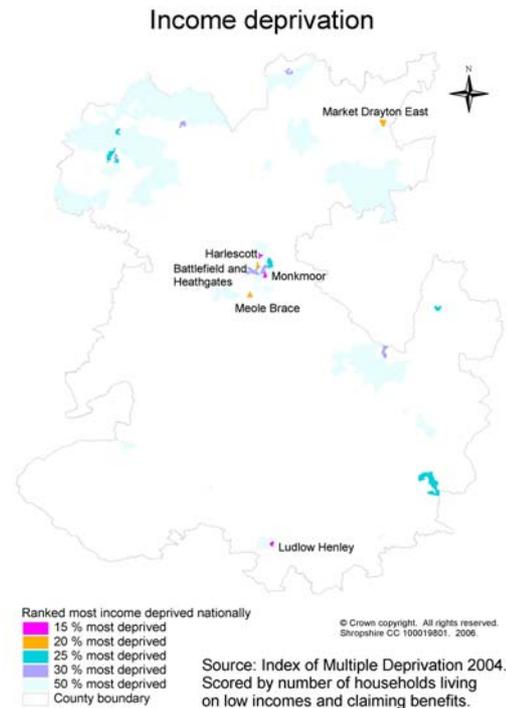


Figure 5.9 Income deprivation in Shropshire



Accessibility by journey type

Accessibility mapping undertaken for the second LTP showed that destinations for which access by public transport, foot and cycle is poorest are:

- Hospitals
- Major towns e.g. Shrewsbury, Telford
- Post 16 learning establishments

Other destinations which would benefit from access improvements include:

- Employment destinations
- Market towns and supermarkets
- Public libraries and leisure centres
- NHS Dentists and GPs

The times and frequencies at which transport services are available can significantly affect accessibility. Key examples are:

- Access to employment opportunities where transport services are not available on the required days or at the required times of day.
- Access to shopping, leisure and tourism opportunities in evenings and on Sundays
- Access to health services when times of public transport services do not coincide with appointments
- School transport provision not meeting the demands from new educational choices.

- The main employment areas in Shropshire are concentrated in Shrewsbury and the larger market towns, with access to employment a greater issue in more rural locations. However, an increasing proportion of businesses are now located on the edge of towns, with business parks in particular attracting businesses which might previously have been located in town centres; these edge of town developments are more difficult serve with public transport.

A representative sample of Shropshire adults were asked how easy they found it to get to a specific range of facilities²

- The most easily accessible places were identified as 'local shops', 'post offices', 'parks', 'doctors' and 'supermarkets' (over 90% of respondents found these services "easy to get to").
- The least accessible places were identified as 'hospital' (20% respondents found it "difficult to get to"); 'council offices'; 'child care'; 'public transport' and 'sports centres' (10% of respondents found these four services "difficult to get to").

The difficulty of access for people in rural areas who do not have a car was a key concern raised during the wider LTP2 consultation. 56% of respondents to a public questionnaire³ were concerned about bus services, the vast majority requesting improvement to the provision of rural bus services.

Areas with poor accessibility

Areas where there is greatest risk of social exclusion include:

- Rural areas of the county where there are limited services and poor transport provision - affecting people without access to a car.
- Areas with high levels of multiple deprivation - the most severe deprivation occurs within the urban areas of Shrewsbury, Ludlow, Oswestry, Market Drayton and Whitchurch, and the rural area of Gobowen.

Older people

Older people often do not have access to a car and can be reliant upon lifts from friends and family, public transport or community transport and travel by foot to access services. There are high proportions of older people in both urban and rural areas of the county.

The areas with the highest proportions of older people are Church Stretton, Craven Arms, Ludlow and surrounding areas, Albrighton, Wem, Oswestry and Ellesmere and parts of Shrewsbury.

Detailed consultation with older people was undertaken during the LTP2 preparation⁴. Key concerns and aspirations included:

- Better public transport provision on Sundays
- Access to hospitals, health and social care is a particular concern for older people.

People with mobility impairments

² People's panel, August 2004, Shropshire County Council

³ LTP consultation February 2005, 63 self selected respondents

⁴ Through public meetings, questionnaires and a discussion meeting with representatives of the Senior Citizens Forum

People with disabilities are often reliant upon public transport or community transport to access services.

There are high proportions of people with disabilities in both urban and rural areas of the county. In the urban areas of Wem, Church Stretton, Bishops Castle, Ludlow, Craven Arms, Shifnal, Ellesmere and parts of Shrewsbury, as well as some rural areas around these towns as well as Clee and Gobowen wards, over 23% of the population have a long term limiting illness.

People with particular mobility requirements can have the access to services and opportunities restricted through physical barriers, poor design of facilities and lack of appropriate services

Detailed consultation with people with disabilities⁵ for LTP2 highlighted the following key accessibility concerns and aspirations:

- Extend times of operation of community transport services to enable disabled people to get to work opportunities and leisure activities
- More rural bus services and more opportunities for evening/ weekend travel
- Support for low floor buses and accessible community transport services - need to expand
- Improved transport information
- More consultation with disabled people on the details of transport and traffic schemes
- Ensure the detailed design of highway infrastructure meets disabled peoples needs
- Enforcement of parking to prevent blocking of disabled parking facilities and dropped kerbs
- Access to specific support services offered for people with disabilities

Children and young people

Poor accessibility for children and young people can limit their independence and opportunities. For young people of working age high costs of car ownership and limited public transport can limit their options for training and work.

Detailed LTP2 consultation with children and young people⁶ highlighted that there is seen to be a lack of public transport in rural areas, other than school buses, that is tailored to meet their needs. This is seen as reducing their independence, restricting access to after school activities and reducing leisure opportunities. Poor transport is seen as being one facet to the commonly recognised problem of “there being nothing for young people to do” in many small towns and rural areas. Consultation found that:

- Young people are often dependent upon lifts for non-school travel, due to either the lack of alternatives or safety and security concerns of parents.
- Young people have aspirations to be able to undertake more independent access, particularly for leisure purposes.
- Access to extra-curricular activities at schools is difficult for some rural pupils
- Children would particularly like to be able to cycle more, and would like more cycle routes.

⁵ Specific questionnaire survey of disabled people and discussions with county and local level access groups

⁶ Detailed questionnaires and travel diaries with a range of young people

- Young people support better facilities for walking including slower traffic speeds, more crossings, shorter routes and better security.
- Young people consider many bus services to be poor, and would like more frequent, reliable and faster bus services, cheaper fares and cleaner, better quality buses. Older age groups want access to evening and weekend work and leisure opportunities at reasonable cost.
- Young people raised concerns over the high costs of transport; some found that taking a part time job was not financially viable once the costs of public transport to travel to work had been taken into account.

People on low incomes

Many people in Shropshire with relatively low incomes will run a car out of necessity and can find the costs a burden.

For people unable financially or practically to run a car they can encounter even greater accessibility issues due to the costs and availability of public transport.

Limited and expensive public transport is cited as one of the factors influencing worklessness and ability to get into work in the Neighbourhood Employment and Skills Plans for Harlescott, Meole Brace, Sundorne, Oswestry Castle and Ludlow Henley.

The key financial aspects of accessibility are the costs of transport for people on low incomes who are not currently entitled to concessionary travel

The local transport plan 2 consultation highlighted that:

- For those on low incomes the cost of travel is a significant burden, particularly in rural areas.
- Car ownership is expensive, especially for young people who need to pay high insurance premiums.
- Reliance on public transport, including taxis is necessary to fill gaps in provision and is also expensive.
- Low income mothers of young children who do not have access to a car demonstrated the difficulties they experience in reaching services such as health and shopping facilities which are beyond walking distance when low floor buses are not available.

Information

Expanding the availability and improving the format of information about transport services and local opportunities can significantly contribute to enhanced accessibility.

LTP consultation has highlighted demand for enhanced information across all modes of transport and destination types.

Quality and safety of the environment

Improving safety and security, and creating an environment more attractive for walking and cycling, can help to significantly improve accessibility. Safety and security concerns can be a real barrier, particularly for vulnerable groups, to travel by foot, cycle and public transport.

2. Health

The general health benefits achieved through regular physical activity include a 20-30% reduced risk of premature death for adults and a 50% reduced risk of developing chronic diseases such as coronary heart disease, cancers, stroke and type 2 diabetes⁷. People who are not sufficiently physically active run twice the risk of a fatal heart attack as compared to those who are.

Despite an improvement in levels of physical activity since 1997⁸, only a small proportion of the population (39% of men and 29% of women) say they achieve the recommended levels of at least 30 minutes of moderate activity for adults at least five times a week⁹. Around 14 million adults fail to achieve even one 30-minute session per week. Similarly, only 31% of boys and 22% of girls aged 4-15 meet the Chief Medical Officer's recommendations for children's physical activity (5 x 60 minute sessions per week)¹⁰.

Estimates for the annual costs to the NHS nationally as a result of physical inactivity are between £1 billion and £1.8 billion. The costs of lost productivity to the wider economy have been estimated at around £5.5 billion from sickness absence and £1 billion from premature death of people of working age. Taken together, these costs total approximately £8.3 billion every year^{11,12}.

Health Inequalities

Fair Society, Healthy Lives, The Marmot Review of health inequalities identified a series of recommendations to tackle the health inequalities that persist within England. The Review found that there remains a social gradient in health – the lower a person's social position, the worse his or her health.

Transport enables access to work, education, social networks and services that can improve people's opportunities. However, the relationship between transport and health are multiple, complex and socio-economically patterned, for example there is a clear social gradient in access to work and services, with greater freedom to travel, linked to increased car ownership, as income increases.

The review recommends that to reduce the steepness of the social gradient in health, actions to tackle social inequalities must be universal, but with a scale and intensity that is proportionate to the level of disadvantage. A concept the review terms 'proportionate universalism'. Therefore the Review recommends that policies seeking to increase active travel should consider their impact on health inequalities, and work to target communities progressively across the social gradient.

The report supports a move towards an increase in active travel and public transport use, both as a way of directly increasing levels of physical activity and in turn improving health, but also because of its role in developing more sustainable communities.

7 Davis, A. et al., 2005. Making the Case: Improving Health through Transport. London: Health Development Agency

8 Craig, R. & Mindell, J., 2008. Health Survey for England 2006. London: the NHS Information Centre

9 Department for Transport. (2003). The Future of Air Transport White Paper

10 Department of Health, 2004. At least five a week: evidence on the impact of physical activity and its relationship to health, London: Department of Health

11 Allender S et al. (2007) 'The burden of physical activity-related ill health in the UK', Journal of Epidemiology and Community Health 61: 344-348

12 Ossa D and Hutton J (2002) The economic burden of physical inactivity in England. London: MEDTAP International

Transport and Health

The DfH has identified¹³ that the key and repeating message from the available evidence base is that transport has the opportunity to significantly influence the health and wellbeing of communities by:

improving access and accessibility to income, employment, housing, education, services, amenities, facilities and social networks crucial to maintaining a healthy vibrant and cohesive community;

- influencing the quality of the urban environment (air quality, noise, severance and risk of collision) with social, mental and physical health outcomes; and
- influencing lifestyle and behaviour with opportunities to either prevent or compound many of the UK's key economic, social, mental and physical health issues (and associated health care costs).

It identifies that the key health pathways associated with transport include:

- lifestyle, particularly levels of physical activity and inactivity,
- access, accessibility and community severance;
- economic health;
- safety (risk of trips, strain and collision);
- crime;
- congestion and stress;
- air quality;
- noise.

Obesity¹⁴

- In reception, almost one in four of the children measured was either overweight or obese.
- In Year 6, this rate was nearly one in three; A baby born to a family where both parents are obese has a 70-80% chance of becoming obese
- It has been estimated that, if current trends continue, about 60% of adult men, 50% of adult women and about 25% of all children under 16 could be obese by 2050.
- Nationally, among both boys and girls, obesity prevalence rates were higher in the lowest income group.

Figure 5.10 Obesity trends among children aged 2-15, England, by sex, 1995-2005



13 Transport and Health Resource, Delivering Healthy Local Transport Plans, DfH, Jan 2011

14 Healthy weight and healthy lives for Shropshire's children and young people 2009-2012

Healthy weight and healthy lives for Shropshire’s children and young people 2009-2012 identified the need to address the environmental barriers to achieving a healthy weight e.g. food access, active transport.

Table 5.5 Levels of obesity in Shropshire primary schools

	Reception			Year 6		
	Overweight	Obese	Overweight or obese	Overweight	Obese	Overweight or obese
Shropshire	14.4%	10.3%	24.7%	16.1%	17.6%	33.7%
England	13.3%	9.8%	23.1%	14.6%	18.7%	33.3%

Physical activity

Within Shropshire’s towns walking plays a significant role as a transport mode. For example, 15% of workers living in Shrewsbury travel to work by foot, compared to 10% nationally. Similarly in many towns levels of cycling are higher than the national average, particularly in Shrewsbury where 7% of residents travel to work by cycle. However, there is the potential to significantly increase cycling and walking rates, especially in view of the fact that across the county approximately 46% of employees travel less than five miles to work.

Shrewsbury has been identified as a Cycling Town, and significant improvements to cycle facilities coupled with promotion are underway in a bid to increase the level of cycling.

Focus group evidence: older people activity survey¹⁵

The danger of cycling the roads was also highlighted as a reason why individuals did not cycle around the area. Many wanted to, but given the rural roads with often large machinery and lorries on them, they felt unsafe to do so.

Overall, respondents found it easy to both exercise and be active where they live. The majority, because they lived in rural areas, had easy access to the countryside from their homes and regularly accessed walks/paths from their front door or the main town from where they live in the county (i.e. Oswestry, Ludlow, Whitchurch). Those in the suburbs of Shrewsbury often walked into the town, to the shops, by the river or went to regional venues e.g. Attingham Park National Trust property for a walk.

Unfortunately, though, the biggest concern for those in the more rural areas was the quality and upkeep of the footpaths in their area. Some avoided such paths as they had been ‘churned’ up by horse riders and others were not used simply because they were un-kept (i.e. overgrown, brambles, broken styles). Further, a few also complained that canal tow paths were littered with dog dirt. One respondent also stated that the colour coding route system for Shropshire Wildlife Trust walks was extremely confusing.

¹⁵ Physical Activity Focus Groups for Social Marketing Project

Figure 5.11 % of people taking a 30 minute walk at least once a week

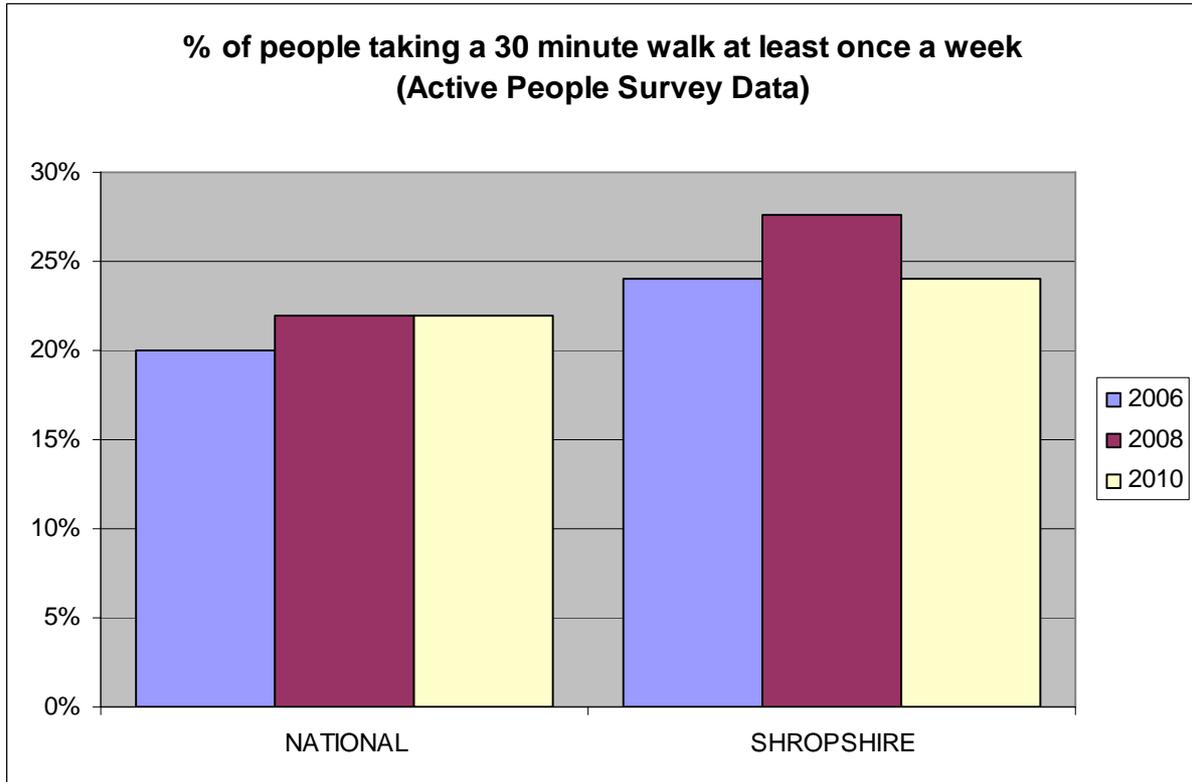
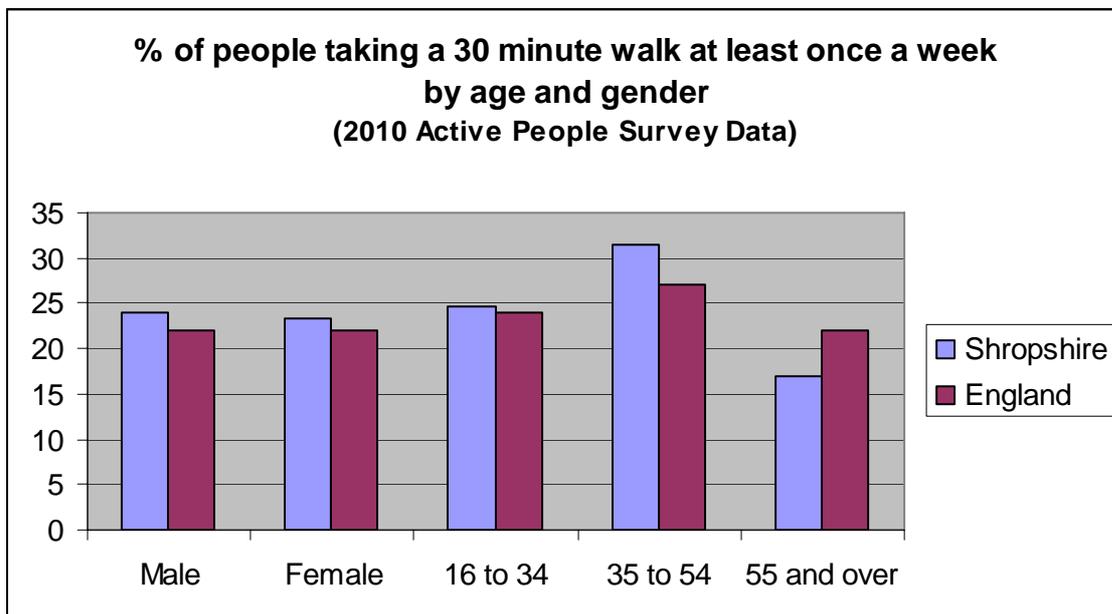


Figure 5.12 % of people taking a 30 minute walk at least once a week



Around a quarter of Shropshire adults take regular recreational walks. Recreational walking is higher in all age groups in Shropshire than nationally except in the older age group.

Figure 5.13 % adults making at least one recreational cycle for at least 30 minutes at moderate intensity

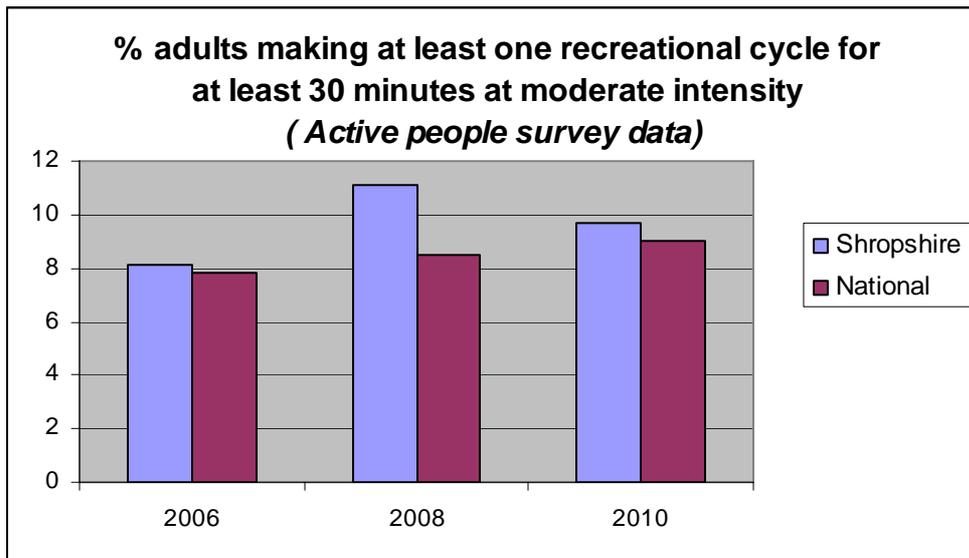
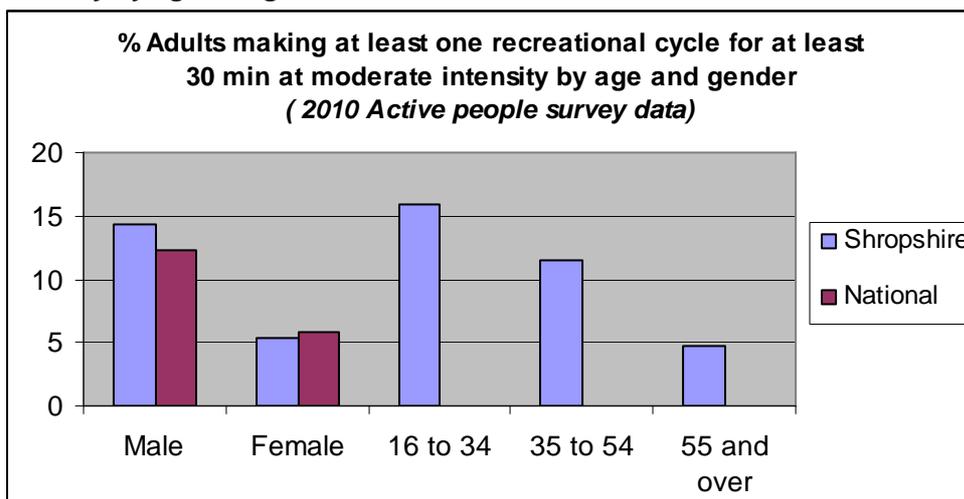


Figure 5.14 % adults making at least one recreational cycle for at least 30 minutes at moderate intensity by age and gender



Around 9% of Shropshire adults make regular recreational cycle rides, slightly higher than the national average. Men are significantly more likely to cycle than women, and the level of female recreational cycling is actually lower than the national average. Younger people are also significantly more likely to cycle than older people.

3. Swot analysis

<p>Strengths</p> <ul style="list-style-type: none"> • Overall, Shropshire is considered to be a relatively affluent area, ranked 106th most deprived out of 149 county and unitary authorities • Car ownership levels are relatively high as many people need a car out of necessity due to lack of public transport and the need to access services and employment. In 2001, only 17.7% of Shropshire households did not own a car. In rural areas, only 8.3% of households had no car. Most people without access to car live in urban areas where they have access to public transport and other services. • Many people choose to live in Shropshire because of its rural nature and have sufficient mobility. • There are higher levels of walking and cycling to work in Shrewsbury. • Between 2008-11 Shrewsbury was a cycling town; this has provided better cycling infrastructure and promotion. • Shropshire's rural nature means that it is easy for people to access green areas for leisure and exercise and there are high levels of recreational walking in Shropshire. 	<p>Weaknesses</p> <ul style="list-style-type: none"> • Falling pupil demography in Shropshire, combined with low levels of education funding (per head) threaten further school closures. • Lack of public transport in rural areas • Low population density in rural areas makes it difficult to provide services. People have to travel significant distances to access services. • High dependency on cars. Many people run a car out of necessity and find it a financial burden. • Poor levels of accessibility to health care including hospitals; leisure centres; and post 16 establishments by public transport, walking and cycling. • Poor accessibility for young people reliant on public transport or lifts limits options training and work. • Limited public transport options on weekends and evenings. • Concerns over upkeep of rights of way.
<p>Opportunities</p> <ul style="list-style-type: none"> • The highest concentrations of deprivation are visible mainly within the urban areas • Introduction of ShropshireLink has provided good foundation for providing more flexible public transport services and providing better access in rural areas. • Expanding availability and improving format of information about transport services and local services can significantly contribute to enhanced accessibility. • Improving perception of safety and security can help encourage walking and cycling and remove barriers to accessibility. • Decriminalised parking enforcement allows council to prevent illegally parked vehicles blocking dropped kerbs and crossing facilities. • 46% of journeys to work under 5 miles 	<p>Threats</p> <ul style="list-style-type: none"> • Rural communities have been affected by the loss of local services such as village shops, post offices, garages and pubs • Almost a fifth of residents are aged 65 or over. The demographic shift of an ageing population has been more rapid in Shropshire, with the number of people of retirement age increasing by 26.6% since 1991. This is attributable to the immigration of people wishing to retire to the area and higher than average out migration of young people. Each year, the County gains additional 200-400 migrants of retirement age. • Pockets of hidden rural deprivation also exist throughout Shropshire related to issues of isolation and access to services. • Businesses locating on edge of town developments – harder to access by public transport.

<p>are currently made by car – good opportunity for modal shift.</p>	<ul style="list-style-type: none">• People on low incomes/unemployed more adversely affected by poor accessibility. Recession and increased levels of unemployment may lead to people needing to travel further for work.• Higher than average levels of childhood obesity – growing health problems in the future.
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