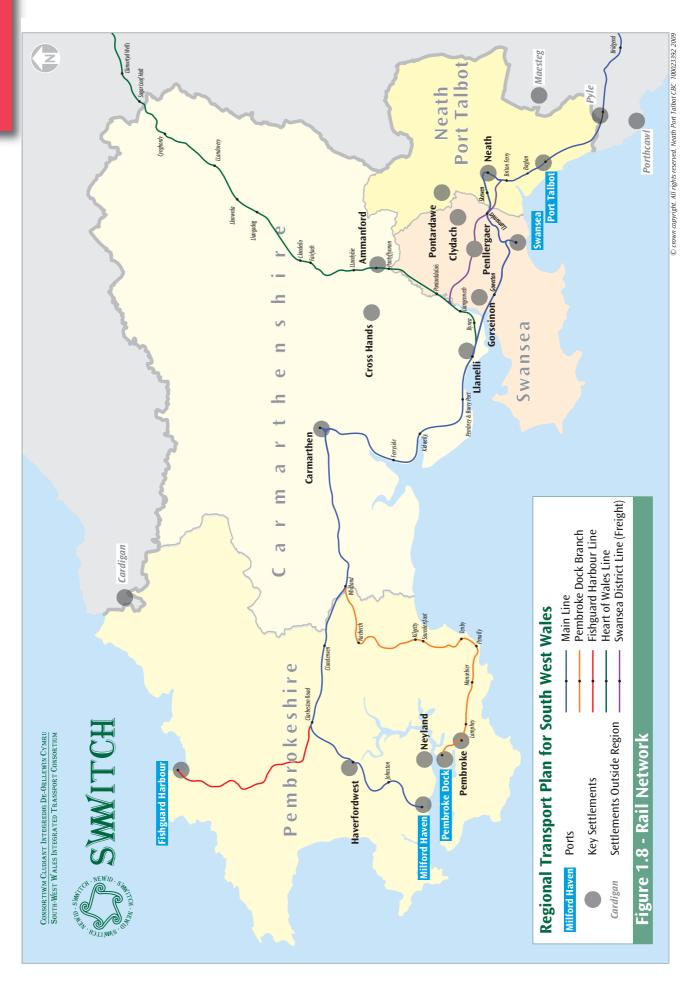
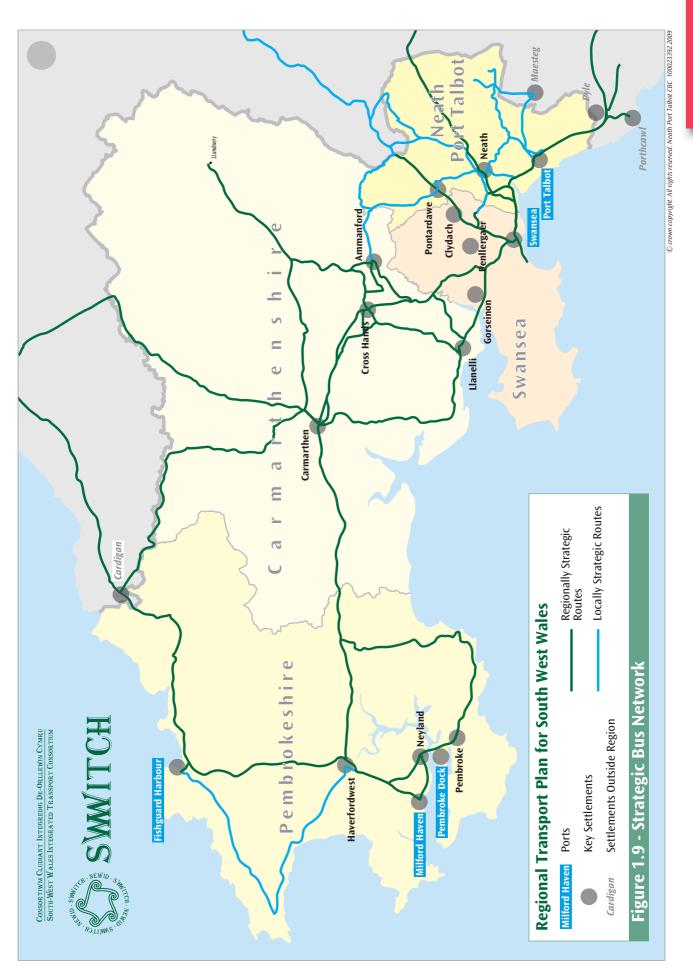
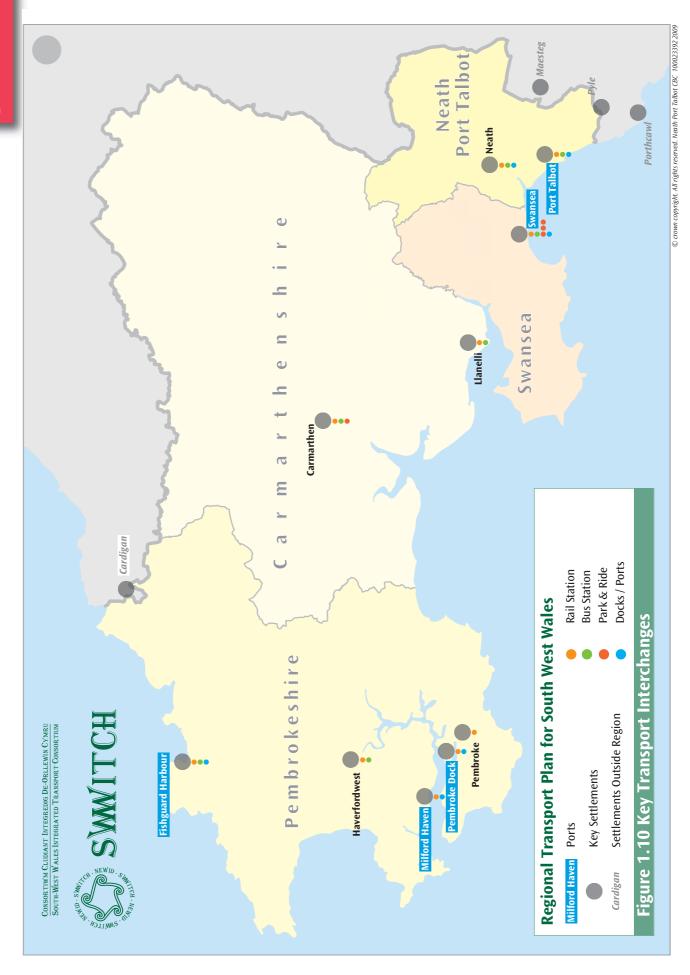
Chapter









## Strategic Level Accessibility Assessment

- 1.34 The RTP guidance requires consortia to carry out a Strategic Level Accessibility Assessment (SLAA). This is intended to help identify areas of poor access to key services and facilities across the region. Good access can be provided by delivering services where people need them or by ensuring they have easy and affordable access to services.
- 1.35 In order to monitor accessibility in a consistent way with WAG and other consortia, SWWITCH has used the Accession™ model. This is a computer mapping based model which is able to produce plans showing coloured contours representing the journey times to and from key services and facilities by inputting public transport information and average journey times for car journeys. Generally, two sets of maps are produced for each service destination showing journey times by car and by public transport to allow a comparison of the times it takes to travel by each mode. The process does not differentiate between those bus and rail services which are fully accessible and those which are not, so those whose mobility impairments preclude public transport (unless fully accessible vehicles are available) may have significantly poorer access than that shown in this assessment.
- 1.36 The outputs from the SLAA are a series of maps and supporting data which link the spatial contours of the maps to actual numbers of residents affected by poor access to a specific service or facility within in a specified time band. More information on the development and results of the SLAA, including all the mapping, is shown in Appendix J and key results of the assessment are shown in Table 1.1 (page 19). Examples of the maps produced for car and public transport to one service destination are shown on page 17 (Figures 1.11 and 1.12).
- 1.37 The results were used to consult with stakeholders and to determine the best way to address the poor access identified. Improved transport may not always be the appropriate solution, for example where it is possible to adjust hospitals or surgeries based appointment times to suit available public transport links. The consultation resulted in a prioritisation of the access problems as shown in Table 1.2 (page 20).
- 1.38 The SLAA has enabled SWWITCH, in consultation with Stakeholders, to adopt an Accessibility Strategy as one of the building blocks of the RTP. The assessment has also contributed to the analysis of problems and opportunities

## Key Connectivity between Key Settlements

as described on pages 18 - 20.

1.39 As part of the RTP process and also to support the WSP, SWWITCH has developed the Key Connectivity diagram to provide a quick insight into how easy it is to travel to and between settlements by public transport. The graphs do not provide an answer, nor are they a complete record of connectivity at any time or place



within a settlement. However, they do provide a snapshot and they help to highlight particular problems and where more investigation might be needed.

1.40 The full connectivity report is shown in Appendix K. It concludes that Swansea is the key settlement which has the best connectivity in the region and that generally the further west and north a key settlement is, the lower the level of connectivity. This pattern mirrors the population density and thus the pattern of public transport provided. The key connectivity graph for Swansea is shown as an example in Figure 1.13 on page 18.

Figure 1.11 - Accessibility to all Hospitals by Public Transport

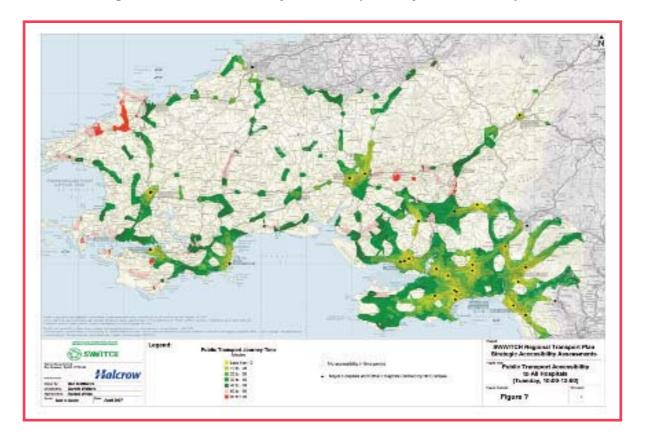


Figure 1.12 – Accessibility to all Hospitals by Car

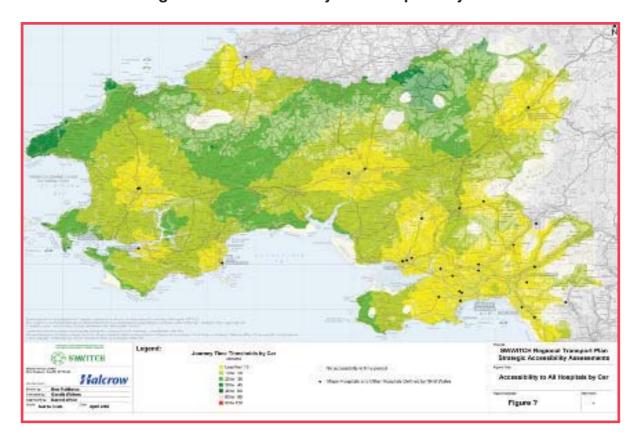
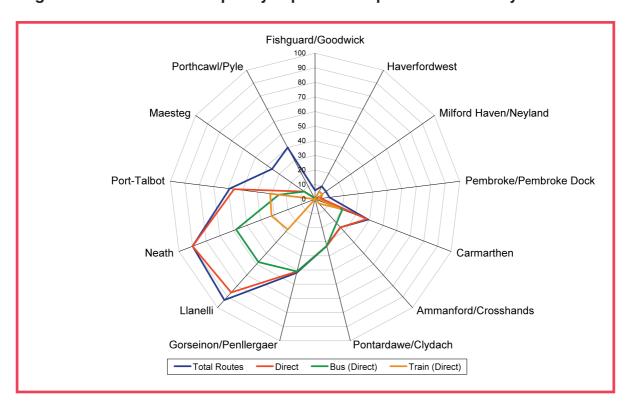


Figure 1.13 – Swansea: Frequency of public transport to all other Key Settlements



## **Analysis of Problems and Opportunities**

- 1.41 SWWITCH has used all the background research that has contributed to our understanding of current transport issues, including the SWWITCH Travel Pattern Research and the Strategic Level Accessibility Assessment, to identify the current problems with transport and access and how to develop current opportunities in the future.
- 1.42 This process has been enabled, strengthened and validated by extensive consultation to encourage users, providers and planners of transport to endorse, challenge or add to the identified problems and opportunities as shown in Figure 1.14 on page 21.
- 1.43 A full list of the Problems and Opportunities identified in the consultation workshops are set out in Appendix L. These form a part of the WelTAG appraisal and are summarised below:
  - Poor access to employment opportunities
  - Poor linkages/integration between transport, planning and economic development
  - Poor access to health care
  - Frequency of bus services poor
  - · Poor quality of buses access, comfort etc
  - · Frequency of train services poor
  - Public transport fares high, lack of ticketing options
  - Lack of alternative modes and information on them
  - Quality of interchanges (stations/stops etc) poor
  - · Poor integration between transport modes and services
  - Incomplete cycle network
- 1.44 The problems identified fall into five main categories:
  - · Poor access (by all modes) to employment opportunities and healthcare services
  - Poor integration at policy level and more operationally between and within modes and services



Table 1.1 – Key Results of the Strategic Level Accessibility Assessment

Education by PT, Tue 0700-0900  Education by Car tant Centres) by PT, Tue 0700-0900 tant Centres) by PT, Tue 0700-0900 tocations) by PT, Tue 0700-0900 seentative Locations) by Car Tue 1000-1200	≤ 60 mins 523,974 642,584 642,584 578,665 642,584 578,411 642,604	81.2% 99.6% 89.7% 99.6% 99.6%	≤ 60 mins Number of People 63,520 69,018	%
Number of P	523,974 642,584 642,584 578,665 642,584 578,411 642,604	89.7% 99.6% 99.6% 99.6% 99.6%	Number of People 63,520 69,018	%
006	523,974 642,584 578,665 642,584 578,411 642,604	81.2% 99.6% 89.7% 99.6% 99.6%	63,520	
006	523,974 642,584 578,665 642,584 578,411 642,604	89.6% 99.6% 99.6% 89.7% 99.6%	63,520	
0060-00	642,584 578,665 642,584 578,411 642,604	89.6% 89.7% 89.7% 99.6%	69,018	88.6%
0060-00	578,665 642,584 578,411 642,604	89.7% 99.6% 89.7% 99.6%	69,018	
0060-00	578,665 642,584 578,411 642,604	89.7% 99.6% 89.7% 99.6%	69,018	
0060-	642,584 578,411 642,604 535,999	99.6% 89.7% 99.6%		96.2%
0060	578,411 642,604 535,999	89.7% 99.6% 83.1%		
	642,604	99.6%	68,913	96.1%
	535,999	83.1%		
	535,999	83.1%		
		, , , , )	65,840	91.8%
All Hospitals by Car 642	642,584	<b>%9</b> '66		
Main Hospitals by PT, Tue 1000-1200	458,761	71.1%	22,380	80.0%
Main Hospitals by Car 629	629,909	92.6%		
GP Surgeries by PT, Tue 1000-1200 54	547386	84.8%	882'99	93.1%
GP Surgeries by Car 629	629,921	%9.76		
FOOD RETAIL				
Supermarkets by PT, Tue 1000-1200	557,779	86.5%	67,106	93.6%
Supermarkets by Car 642	642,584	<b>%9</b> ′66		
Post Offices by PT, Tue 1000-1200	590,617	91.6%	69,553	97.0%
Post Offices by Car 642	642,768	<b>%9</b> .66		
LEISURE				
Key Visitor Attractions by Car 642	642,836	<b>%9</b> .66		
Important Centres by PT, Sat 2000-2200	222,116	81.3%	64,500	89.9%