

# Out-of-home mobility for older people in Gt Fishponds: Issues and opportunities

Report for Bristol Ageing Better  
November 2016



## This report

This study was undertaken by the Centre for Transport and Society (CTS) at the University of the West of England (UWE), and was commissioned by Bristol Ageing Better (BAB). BAB is “*a partnership of individuals and organisations working together to reduce isolation and loneliness among older people in Bristol*”, funded by the Big Lottery Fund through its Fulfilling Lives: Ageing Better programme. More information about BAB can be found at: <http://bristolageingbetter.org.uk/>

## Disclaimer

The responsibility for the content of this publication lies with the author, it does not necessarily reflect the views of Bristol Ageing Better. Details of services and facilities quoted in the report were correct at the time of publication.

## Document authors

The author of this report is: Ian Shergold (UWE)

## Published: November 2016

Please address any queries or comments in relation to this document to:

Ian Shergold. Research Fellow  
Centre for Transport & society  
Department of Geography and Environmental Management  
Faculty of Environment & Technology  
University of the West of England,  
Frenchay Campus  
Coldharbour Lane  
Bristol BS16 1QY  
Tel: 0117 3281178  
Email: [ian2.shergold@uwe.ac.uk](mailto:ian2.shergold@uwe.ac.uk)

## Table of Contents

1	Introduction.....	1
1.1	This document.....	1
1.1.1	‘Older people’.....	1
1.2	Area studied.....	2
1.3	Demographics of Gt Fishponds.....	2
1.3.1	Population.....	2
2	The impact of health on the mobility of older people.....	5
2.1	Older age and physiological mobility restrictions.....	5
2.2	Health issues in Fishponds.....	6
3	Current transport choices in Gt Fishponds.....	9
3.1	Use of the car.....	9
3.2	Travel options other than the car.....	10
3.2.1	Local bus services.....	11
3.2.2	Flexible Transport services.....	13
3.2.3	Volunteer Drivers.....	16
4	Exploring potential needs.....	17
4.1	Access to healthcare.....	17
4.1.1	Access to GPs surgeries.....	17
4.1.2	Perceptions of access issues for patients.....	17
4.1.3	Access to Hospital(s).....	18
4.2	Access to shops and services.....	19
4.3	Access to social activities.....	19
4.4	Access to other transport.....	20
4.5	Walking issues.....	20
5	Exploring mobility options.....	21
5.1	Service provision.....	21
5.2	Expansion of services.....	22
5.3	Future funding issues.....	23
6	Potential Interventions.....	25
6.1	Additional transport services.....	25
6.2	Environmental improvements.....	25
6.3	Information about services.....	26
6.4	Training in how to use mobility services.....	26
6.5	Making more of existing resources.....	27
6.6	Other potential interventions and approaches.....	27
7	Conclusions.....	29



# 1 Introduction

## 1.1 This document

This report is an output from a study of transport-related out-of-home mobility issues experienced by older people in the Gt Fishponds area of Bristol. The report captures the results of this research, offering insights into mobility issues in the area, and providing suggestions for interventions that might help to address some of the perceived problems.

The study carried out a series of 'desktop' and interactive research activities with older people and service providers in Gt Fishponds. Attendance at a lunch club provided the opportunity to speak directly with older people, as did on-street surveys in two main shopping areas. Interviews were conducted with transport operators, with staff at health facilities, and with those involved in social activities offered to older people. Time was also spent observing older people in a range of locations across Gt Fishponds, and visiting residential areas to better understand transport facilities and the walking environment.

The remainder of this chapter considers the demographic characteristics of the area in question, while Chapter 2 explores mobility issues more generally for older people, helping to identify some specific groups that may be more at risk of mobility deficits. Chapter 3 reviews current transport options available in the area. Chapter 4 explores the views of older people about transport provision, and Chapter 5 looks at the situation from the perspective of transport operators. Chapter 6 contains a series of potential interventions to improve mobility opportunities, with Section 7 a series of general conclusions.

### 1.1.1 'Older people'

Whilst 'older age' is often seen in a negative light it is worth noting that older people are not a heterogeneous group, and there will be a wide range of abilities, attitudes and behaviours across people who might range from 60 to 100 and over.

Older people are commonly categorised into age-related sub-groups to better reflect common characteristics, with those aged variously 75, 80 or 85 and over often termed the 'older-old'. Such a categorisation can be important in respect of mobility: as people age, so are their travel opportunities (and horizons) likely to diminish – most radically for car users, if and when they lose access to a car.

It can also be useful to also consider older people and mobility through a lens such as health, with Sixsmith et al. (2013 p7)<sup>1</sup> classifying older people as 'Healthy and active seniors', 'People living with chronic disease', 'People with mild cognitive impairment' and 'People with dementia'. Whilst the latter group are beyond the direct scope for this study it is possible to see how health can have a direct impact on the ability to engage in out-of-home activity, and this is considered further in Chapter 2.

---

<sup>1</sup> Sixsmith, A. & Gutman, G.M. 2013, Technologies for active ageing, Springer, New York.

## 1.2 Area studied

The Greater Fishponds area as studied is an area of Bristol located a couple of miles North East of the city centre (see Figure 1).

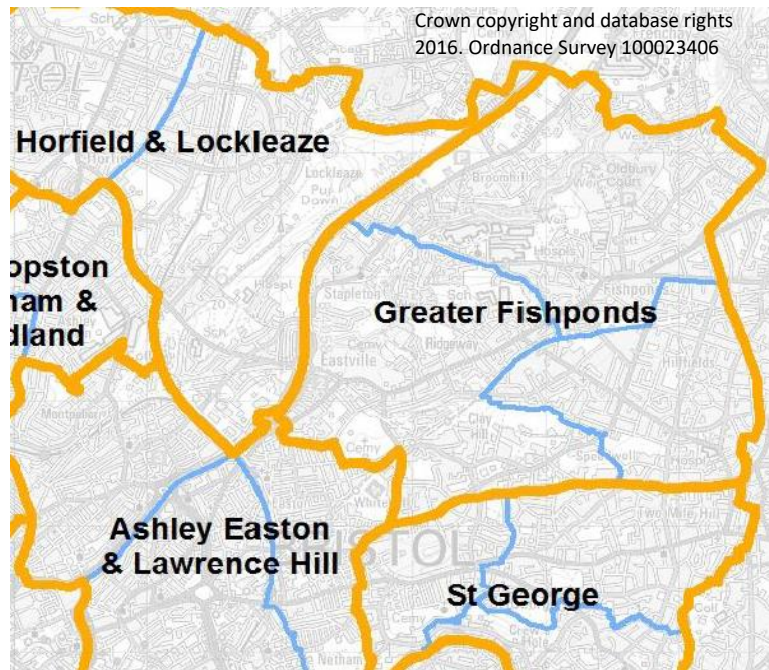


Figure 1 Bristol city Council: Gt Fishponds Neighbourhood Partnership area.



Figure 2 Bristol city Council: Wards in Gt Fishponds

It is made up of three Wards, Eastville, Hillfields and Frome Vale. The northern and eastern boundaries of the area are with wards in South Gloucestershire, and not Bristol.

## 1.3 Demographics of Gt Fishponds

### 1.3.1 Population

The population of the area is approximately forty thousand, of whom around 14% are aged 65 and over. In this latter respect, this proportion is slightly higher than the average across the city (13.3%)

## Out-of-home mobility for older people in Gt Fishponds: Issues and opportunities

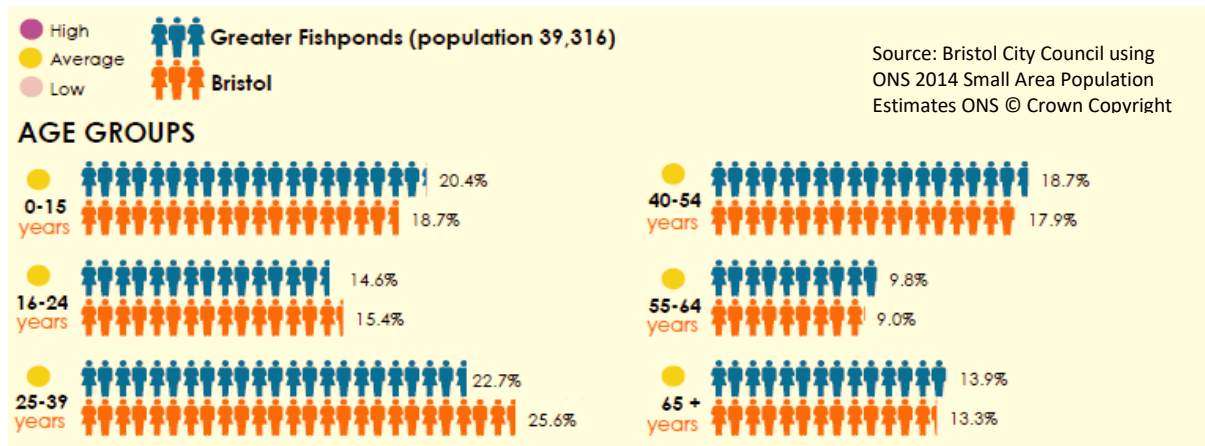


Figure 3 Population Estimates for Gt Fishponds. Chart Source: Bristol City Council Gt Fishponds Neighbourhood Partnership Statistical Profile 2016 v1, June 2016

There is variance though in this ratio within the three wards that make up Gt Fishponds. In Eastville, (population 13,948 ) it is 10.7%, Hillfields (12,612), 13.3% and Frome Vale (12,756), where some 18.5% of the population is aged 65 and over.

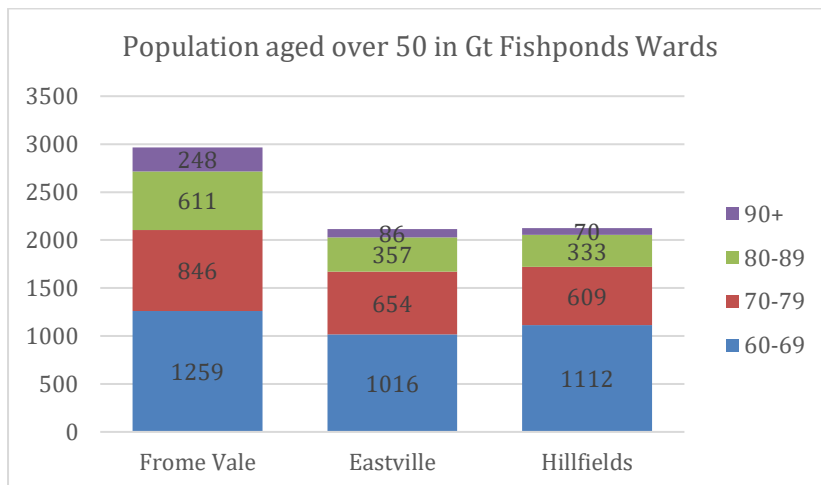


Figure 4 Age breakdown of people 60+ in Gt Fishponds wards

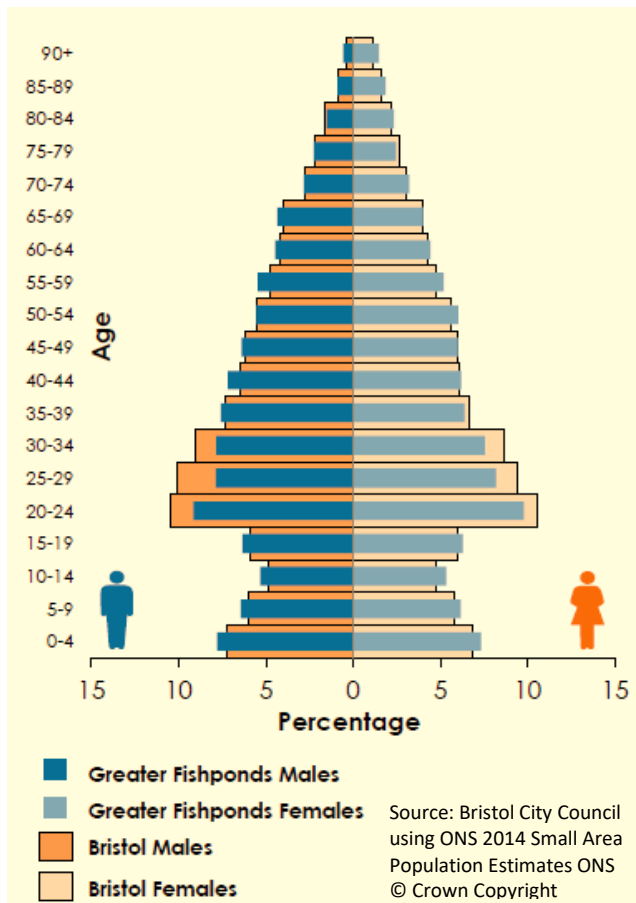
Looking specifically at this breakdown of numbers of older people in the study area, it is clear that the Frome Vale area also has a greater number of 'older-old'. This may in part reflect a number of residential facilities specifically aimed at older people which are located in the area.

An indicator of higher numbers of older women than older men in the area is seen in life expectancy, with women likely to outlive men by over 5 years on average.



Figure 5 Expectancy in Gt Fishponds. Chart source: Bristol City Council Gt Fishponds Neighbourhood Partnership Statistical Profile 2016 v1, June 2016

## Out-of-home mobility for older people in Gt Fishponds: Issues and opportunities



Bristol city Council have also produced a breakdown by 5 year age-band across Fishponds in their neighbourhood report for the area. It is possible to see from this that the proportion of people in the older age groupings are more likely to be average, or slightly above average for Bristol, whilst they are less than average in the 20-35 groups. This again suggests an 'older' population in this area than in other parts of the city. (Although the numbers of those under 20 is also above average for Bristol, which may also reflect new, younger migrants to the City in some parts of the neighbourhood perhaps).

Figure 6 Population Pyramid for Gt Fishponds. Chart source: Bristol City Council Gt Fishponds Neighbourhood Partnership Statistical Profile 2016 v1, June 2016



## 2 The impact of health on the mobility of older people

Whilst mobility is important for those of any age, it can be argued that there are particular issues and benefits for those in later life – and a particular set of issues to consider for those who face restricted access to means of getting around. The role of mobility for older people is explored widely, both in the academic and policy-related literature, in national and international studies, and in the wider work of older people’s advocacy groups. Important issues emerging from this literature concern older people’s quality of life, their ‘wellbeing’<sup>2</sup>, and their health.

It is possible to see some general issues relating to ageing which will have implications for mobility. For example, an individual’s own personal mobility status (often related to health) will impact on the ability to use different forms of transport, including access to a car.

### 2.1 Older age and physiological mobility restrictions

The UK National Travel survey reports an indication of overall physical mobility abilities for older people across the UK. It is clear that constraints increase for the 70+ group, with 32% of those aged 70 and above recording a mobility difficulty compared to only 13% of those aged 60-69

*Table 1 Personal mobility status. DfT National Travel Survey 2014*

Mobility status*	All aged 16+	16-49	50-59	60-69	70+
All adults (aged 16+):					
With a mobility difficulty	9	3	7	13	32
No mobility difficulty	91	97	93	87	68
Total %	100	100	100	100	100
Males:					
With a mobility difficulty	7	3	6	11	26
No mobility difficulty	93	97	94	89	74
Total %	100	100	100	100	100
Females:					
With a mobility difficulty	11	3	8	16	37
No mobility difficulty	89	97	92	84	63
Total %	100	100	100	100	100

\* The NTS definition of having a mobility difficulty is based on those adults who responded to say they have difficulties travelling on foot, by bus or both. Those that said they only have difficulty getting in / out of a car are classified in this table as having no mobility difficulty.

There is also a gender imbalance, with more women in their 60s and 70+ recording problems, for the older group reaching 37% as opposed to 26% of men. Such mobility difficulties can impact on people’s ability to get in and out of vehicles, or their ability to drive their own vehicle. Lack of facilities such as

<sup>2</sup> In research exploring mobility and older age, the term wellbeing is seen to encompass both the notions of ‘happiness’ and life satisfaction’ as well as the more practical interpretation ‘fulfilment of needs’ (Nordbakke, S. & Schwanen, T. Transport, unmet activity needs and wellbeing in later life: exploring the links. *Transportation*, Volume 42, Issue 6, 2015, pp 1129-1151).

a seat at bus stops, and a poor walking environment to access the stop may also be important factors in respect of use of public transport.

Similar issues could also impact on the number of journeys being made per person per year, with the reduction in trips (see Table 2 below) perhaps reflecting the difficulty that people face in making journeys – suggesting a need for accessible vehicles in any transport solutions.

Table 2 Number of trips made / personal mobility status. DfT National Travel Survey 2014

Trips made per person per annum					
Mobility status	All aged 16+	16-49	50-59	60-69	70+
With a mobility difficulty	569	729	676	639	454
No mobility difficulty	981	982	1,016	1,029	859

## 2.2 Health issues in Fishponds

Further evidence around the impact of health issues on mobility can be seen by looking at information from the 2011 Census about numbers of people experiencing some degree of ‘limiting long term health condition’. Bristol City Council report in their neighbourhood statistics that 27% of those in Gt Fishponds reported such a problem in the most recent Census (against an average of 24% across Bristol). Again there is quite a variation in this across the three Wards, Eastville 27%, Hillfields 29%, and Frome Vale: 24%. Figure 7 below charts those over 65 without access to a car, and with a disability or long term health problem (mapped to Output Area - the lowest geographical level of national Census reporting).

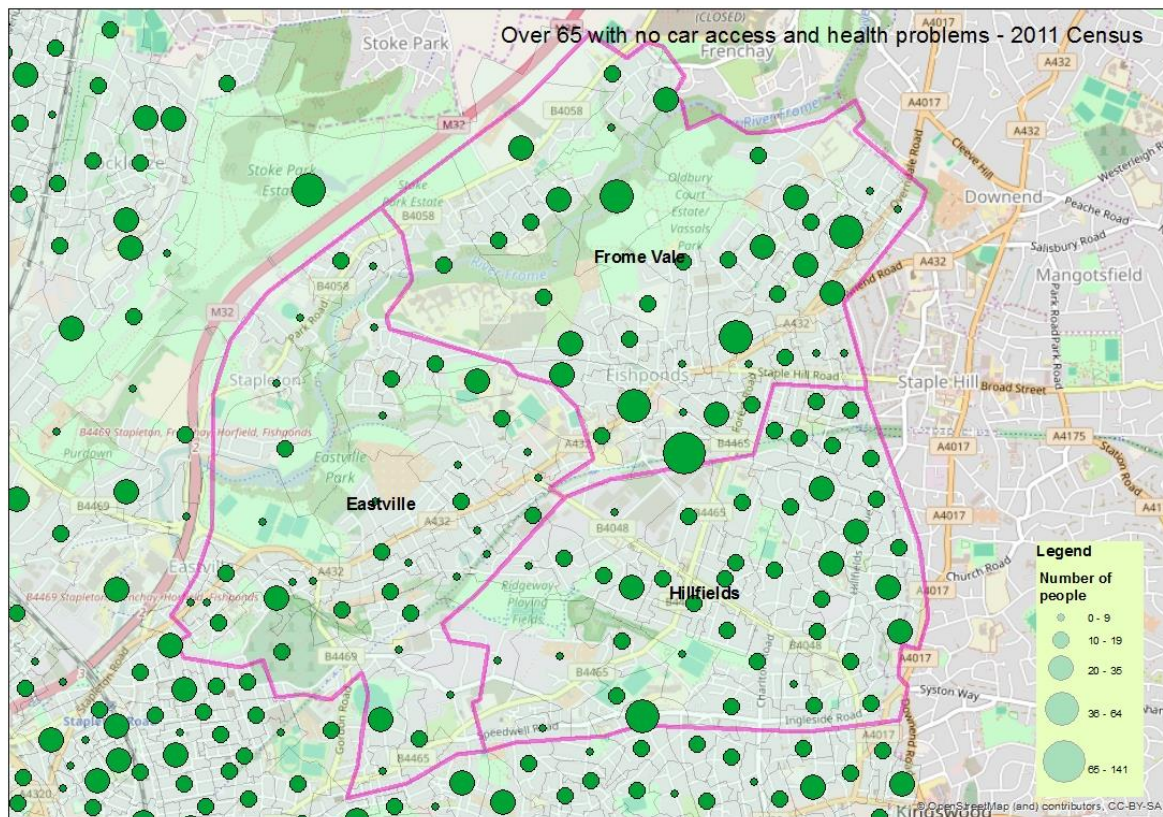


Figure 7 Census 2011, Persons over 65 with no car access and long-term health or disability issues

Relatively high numbers of people can be seen to be in this situation along the main arterial route in the neighbourhood, the Fishponds Road, (illustrated by the the larger green circles). This perhaps suggests that older people here are actively choosing to be near transport and other facilities and services. There are also steady levels of such households across the Hillfields estate, suggesting a relatively high number of older people with mobility needs which may not be well served by public transport for example.



### 3 Current transport choices in Gt Fishponds

This section of the report contains information about the current transport options in Gt Fishponds. It identifies existing services and routes for public transport, as well as considering provision for those who continue to drive and use the car as their means of transport. Some consideration is also given to the potential for walking and cycling in the area as a means of transport.

#### 3.1 Use of the car

The car is likely to be the most common form of transport used by older people in Gt Fishponds. The proportion of older people holding driving licences nationally has been growing steadily over recent decades (see Fig 7 below), and this is likely to also be the case in this area. What is noticeable is that the proportion of older women with a licence in their 70s has increased from a few percent to nearly 50% over the last forty years, but that half are still without licences (having either given up, or never acquired one). The proportion of men with a licence and aged over 70 is now around 80%, although in both instances this does not necessarily mean that cars are owned and driven.

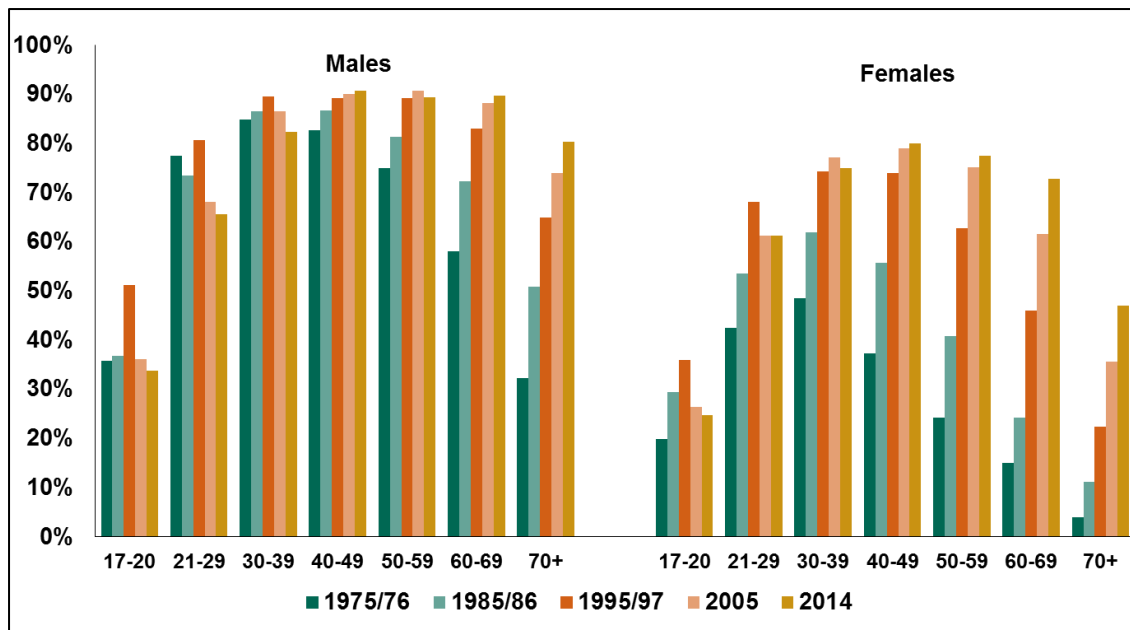


Figure 8 Driving Licence holding by age and gender: England, 1975/76 to 2014. Source: DfT National Travel Survey 2014.

Notwithstanding health and financial issues, the car is likely to remain the transport mode of choice for older people as long as is possible. As a consequence some consideration is given to levels of car access before this section moves on to consider the transport options for those who either do not have access to a car, or have given up access.

Several older people who currently drive were spoken to as part of the data collection exercise. Notwithstanding comments about current traffic problems in Fishponds – in part seen to flow from long-running public transport improvement works happening across the city, the car was seen as a practical and desirable option for those still capable of driving. The extensive car parks available at the main supermarkets on the Fishponds Road (Morrisons offer two hours free parking for example) were also seen to provide access to the remainder of the retail area. During observation in the Morrisons

car park, a number of older people were seen to arrive with younger companions, suggesting that lifts are also commonly being used to facilitate shopping trips. All four GP Practices in the area had parking (albeit limited), with the two surgeries on Beechwood Road also benefitting from a council operated car park which again offers two hours free parking. Cossham Hospital, located in the south-east corner of the study area, also has parking availability on site – although limited, and in some instances a little way from the hospital itself.

Older people are though the group most likely to have given up driving, and whilst it is not possible to access data on figures specifically for older people, the 2011 Census does provide general data across the area. Thus in 2011, 4,187 Households in Gt Fishponds reported that they didn't have access to a car (around 26.4%), although this was lower than the level seen across all of Bristol (28.9%). Figure 9 below illustrates when men and women with no access to a car in their household are compared that it is women who are more likely to be in this situation (the lighter-coloured bars on the map below – with numbers ranging from 1-75, again mapped to a census Output Area). As in the earlier chart there is a clustering of non-drivers along the Fishponds Road.

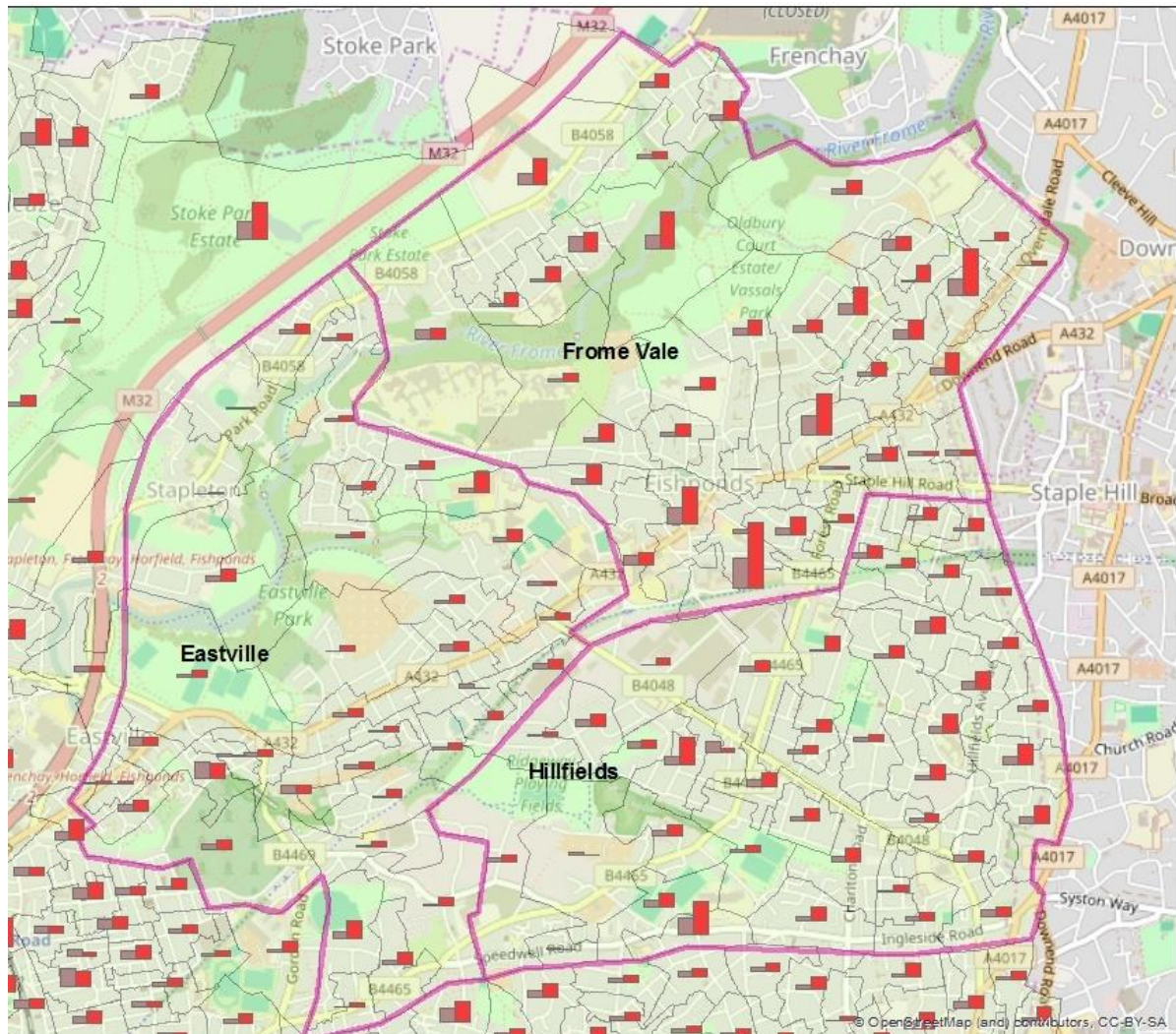


Figure 9 Census 2011. No access to a car in a household by gender

### 3.2 Travel options other than the car

There are a range of transport and mobility options other than the car available to older people in the Gt Fishponds area, many in common with other similar urban areas within the City of Bristol. These

include commercial services such as buses and taxis, as well as a number of 'flexible' transport operators and other specialist transport services. These latter services are characterised by the need to be a member of a particular scheme and to pre-book your travel. They offer door-to-door services in return, often in accessible vehicles.

Walking and cycling are of course options for those with the physical capability, and a key element of infrastructure within the neighbourhood specifically supporting these modes is a length of the Bristol-to-Bath cycle path. This then providing an off-road link, (running broadly parallel to the south of the Fishponds road), between the city centre and destinations all the way to Bath.

### 3.2.1 Local bus services

The bus services currently operating in Gt Fishponds can be seen on the route map shown below. At present all services are run by the operator *First West of England*.

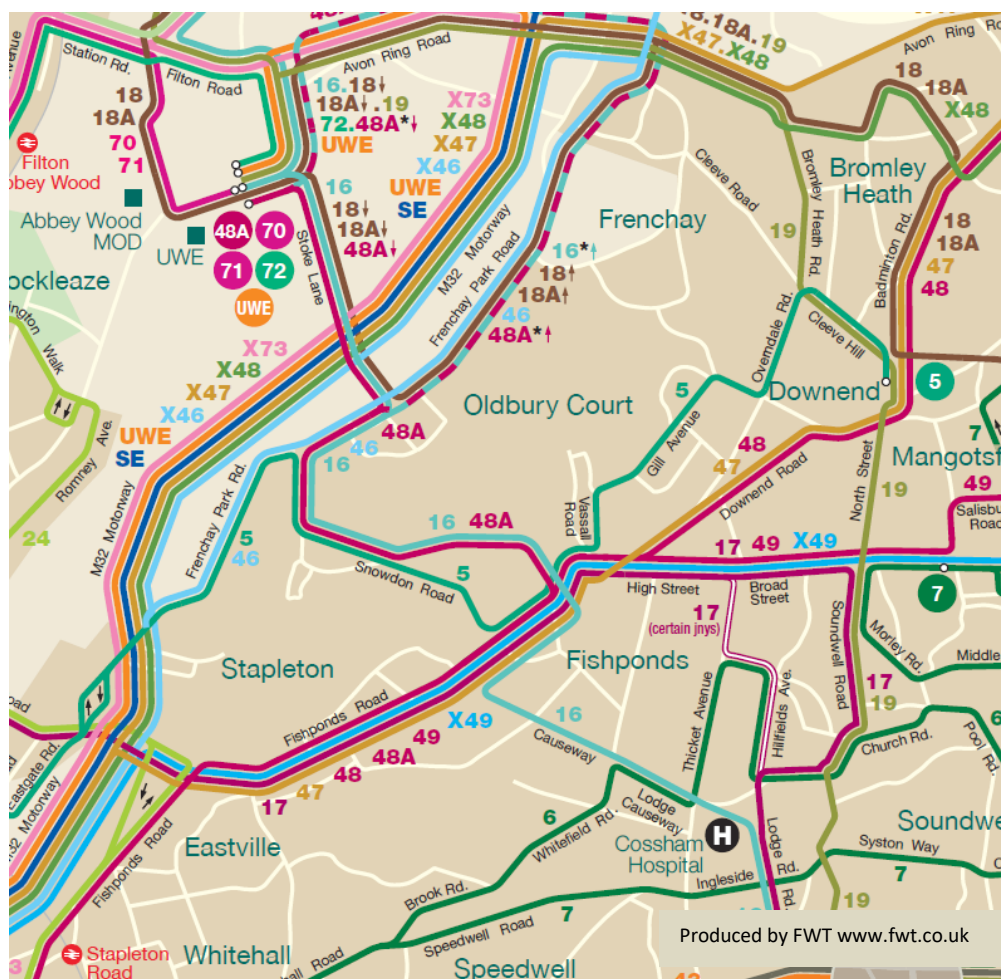


Figure 10 First Bus Bristol Route Map (extract covering Fishponds).

As can be seen from the map, most routes operate via the Fishponds road, and then either to the UWE university campus at Frenchay (upper left of map), to Staple Hill (mid-righthand side of map), or the City Centre (bottom left). There are a smaller number of services operating into the residential areas of Fishponds either side of the main route.

## Out-of-home mobility for older people in Gt Fishponds: Issues and opportunities

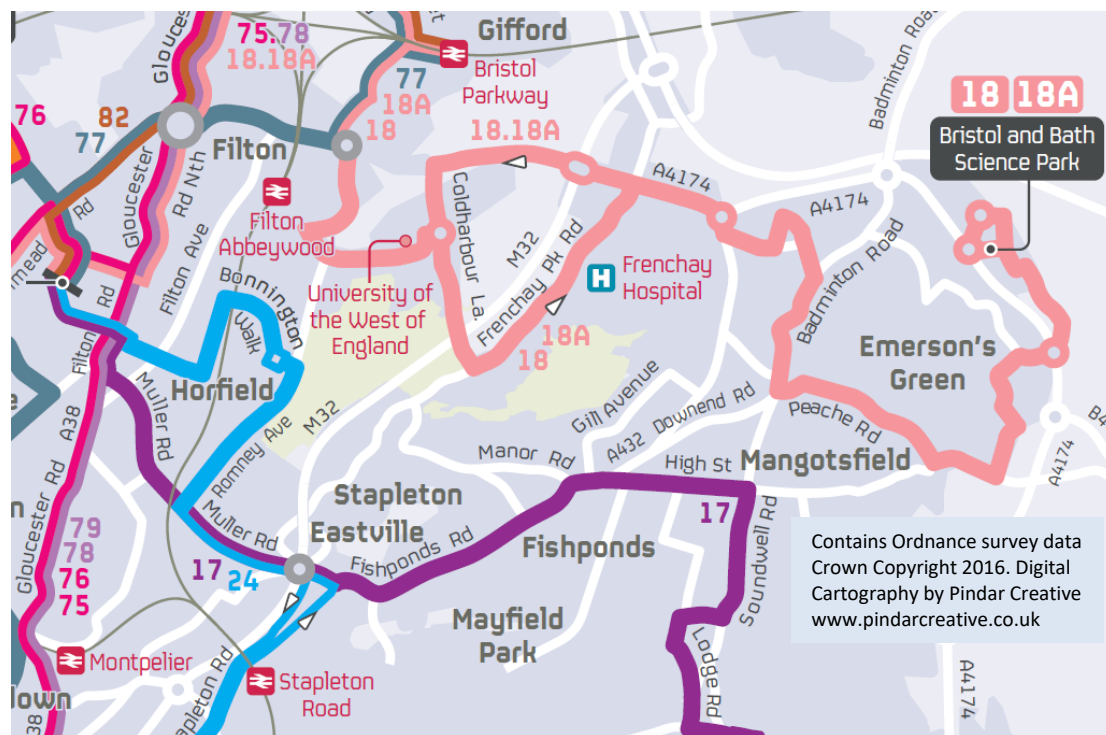
Service frequencies for the routes operating in the Gt Fishponds area are as follows:

*Table 3 Bus routes serving Gt Fishponds, Bristol*

Route	Mon-Fri	Sat	Sun	Destinations
No5.	Every 30 mins	Every 30 mins	Every 30 mins	City centre - Downend
No16.	Once an hour	Once an hour (8-5)	-	Longwell Green – Parkway Station
No19.	Every 30 mins	Every 30 mins	Once an hour (9-5)	Bath – Parkway Station
No46.	Every 30 mins	Once an hour	Once an hour (9-7)	City centre - Yate
No48.	Up to every 15 minutes	Up to every 15 minutes	Up to every 30 minutes	City centre – Emersons Green
No48A.	Up to every 15 minutes	Up to every 15 minutes	Up to every 30 minutes	City Centre - UWE
No49 / X49*	Up to every 15 minutes	Up to every 15 minutes	Up to every 30 minutes	City centre – Emersons Green

\*Service interleaved with No48

Buses running on the main corridor (Fishponds Road) can be very frequent, particularly during the day.



*Figure 11 First Bus services to Southmead Hospital (extract covering Fishponds)*

There are also buses that connect parts of Gt Fishponds directly with Southmead Hospital (top left of map) and Cossham Hospital (lower right of map). For those that can access these routes, they can provide a regular service to Southmead that runs until past 11:00pm. The 17 also serves Cossham hospital.



Table 4 Bus routes serving hospitals in Gt Fishponds, Bristol

Route	Mon-Fri	Sat	Sun	Destinations
No17.	Every 30 mins	Every 30 mins	Hourly	Southmead Hospital - Keynsham
No18 / 18A.	Every 30 mins	Every 30 mins	Hourly (10-7)	Lyde Green – Henbury / Avonmouth

Older people in Bristol (of State Pension age) can also take advantage of the national concessionary fares scheme on public transport, meaning free travel at certain times of the day. In Bristol the pass can be used:

- on journeys starting within Bristol, Bath and North East Somerset, North Somerset or South Gloucestershire, Monday to Friday from 9am to 4am and anytime Saturday, Sunday or public holidays.
- on Park and Ride services and on Bristol community transport services

In addition, those who are blind or partially sighted can use a bus pass for free travel at anytime on journeys starting and finishing in Bristol. Those older people who live in South Gloucestershire (e.g. communities to the East and North of Fishponds) can use their pass:

- In South Gloucestershire, Bristol, North Somerset and Bath and North East Somerset, from 9.00am Mondays to Fridays and all day weekends and Bank Holidays

### 3.2.2 Flexible Transport services

As well as the scheduled public transport services in the area, there are also a range of more flexible transport options available in Gt Fishponds. These range from community Transport services to not-for-profit operators offering services more akin to taxis, but with potentially more accessible vehicles. The following were found to have some ability to provide mobility in the area:

- Bristol Community Transport
- Social Access (previously Bristol dial-a-ride)
- The East Bristol Advice Centre, operating as 'Accessible Transport 4 U'

Although not operating out of Gt Fishponds, flexible services from neighbouring S.Glos do bring older people into the area to use facilities (such as lunch clubs for example). Primarily this is:

- Kingswood Community Transport

Other vehicles from specific communities were also observed delivering older people to shopping facilities, for instance a minibus was seen to offload a dozen or so older women at the Morrisons supermarket during an observation. When quizzed about the service it was described as a regular, weekly journey using a vehicle from a community in Barton Hill, driven by a volunteer.

#### Bristol Community Transport

Bristol Community Transport (BCT) purport to be the largest community transport operator in Bristol (in terms of both size of fleet and number of passengers carried). Based in Bedminster (to the south of the city centre), BCT operate a fleet of 48 vehicles that are used by over 800 not-for-profit organisations in and around Bristol. They claim to have provided over 100,000 passenger trips to community group members – and over 80,000 individual transport trips to socially isolated people in

Bristol in the last year<sup>3</sup>. BCT is part of the HCT Group, itself a 'social enterprise'. HCT operate a range of transport services, including London red buses, social services transport, school transport, Park and Ride, and community transport, and their website states that they provide over 20 million passenger trips on their buses every year.

There are two parts to the HCT organisation in Bristol, a commercial bus operator (currently running some park-and-ride services) and BCT. The commercial buses are not operating into Fishponds at present. BCT offer three services:

1. **A Car Club:** Currently a handful of users with Fishponds postcodes. BCT is not actively marketing this part of their service at present, and is also involved in upgrading the technology in vehicles so they can be left at 'remote' locations as opposed to having to return to the depot always.
2. **Group transport:** There are over eighty organisations registered to use the group transport services with postcodes in the Fishponds area, with groups mainly involving youth, disability and older people's organisations. Only about a quarter of the registered groups in Fishponds were active over the last 12 months, but some specifically addressing older people's needs are high-volume users. Groups are mainly using vehicles in the day-time, with limited evening use. The expectation is that most older people's groups are likely to be daytime use, whereas youth groups are more likely to use in evenings, weekends etc.
3. **Community bus services.** There are no community bus services in Fishponds at present, although BCT operate 5-6 such services in other parts of the city.

All drivers at BCT are volunteers apart from drivers of the Community Bus. There is an expectation that 80% of bookings will come from around 20% of users. Most users will use a service once a year or so, whilst 50% of users might use a service once a week, and 20% 2-3 times a week. Use tends to be quite localised.

BCT receives a grant from Bristol City Council (BCC), part of the revenue of the business, which comes with conditions that it be used to provide services within Bristol. Outside of those monies BCT is not constrained, so focusses on providing a service to all people in Bristol, even if that means a journey into S. Glos for instance. In this context, BCT are not bound by the boundaries of the city.

BCT would like to extend its services to more users, and is piloting new schemes in parts of the city, for example deploying vehicles into the communities where they might be used with its recently launched 'Join-Book-Drive' service.

### **Social Access (formerly Bristol dial-a-ride)**

Social Access (SA) originated as Bristol Dial-a-Ride in 1988, an Industrial and Provident Society run by volunteers with a single accessible minibus based in Bedminster and funded by Bristol City Council (BCC). The organisation has expanded over the years as funding has become available, with minibuses purchased for each area of Bristol. By 2005 the service was Citywide. The organisation and vehicle fleet has continued to grow since, and now offers a wide range of mobility services to its members. It was rebranded as Social Access in 2012 to reflect the organisation's development as a 'Social Enterprise'. The new name brand was also intended to provide an umbrella under which to expand

---

<sup>3</sup> HCT Group. Celebrating social impact in Bristol, [http://hctgroup.org/about\\_us/hct\\_group\\_news/553/Celebrating%20social%20impact%20in%20Bristol](http://hctgroup.org/about_us/hct_group_news/553/Celebrating%20social%20impact%20in%20Bristol)

the range of services offered, and to help change public perception that Dial-a-Ride services were only available to 'older people'.

All services are delivered city-wide, are demand responsive and door-to-door. To use services, people have to first become members of SA, then phone in to book a journey. SA receive funding from BCC to provide city-wide transport for disabled and older people. Other resources are raised through fundraising, other services, and donations. There is an active service user forum involved in the development of new transport services, who also provide feedback on any pilot implementations.

SA currently provide three types of transport service:

1. **Dial-a-ride:** Door-to-door service using a range of vehicles including minibuses. This service operates 9-5 Monday-Friday, and is membership based.
2. **Personal Car Service:** This service was introduced in 2015 at the request of users, particularly to cater for needs of those wanting to access health care. In part the need for this service was changes in health service practices meaning that appointments would fall outside of dial-a-ride operating times. SA have noticed a shift of members from dial-a-ride to this scheme (currently there are over 300 members of the Personal Car Service). Vehicles operate from early morning to 11:00pm, and now extend into journeys facilitating people going on holiday with attendant medical equipment which would not be possible on conventional public transport. Fares are similar to taxis.
3. **Excursion Service:** 'Quality of life' trips. Destinations chosen by passengers which then becomes an annual program of trips.

The dial-a-ride service attracts a subsidy from BCC, whilst the other services operate a full-cost model, and as consequence charge a higher rate for journeys.

There are no restrictions on trip-purpose, and passengers self-assess as to whether they need to use the service, SA don't decide. It is noted though that walking issues are the most important issue. Passengers can join one or more services on offer.

There is a 'fuzzy boundary' with S. Glos in terms of facilitating journeys that might cross over into nearby areas. The only other restriction on services is whether there is a vehicle available at the time required.

Bristol Dial-a-ride used to be based at the Vassall Centre in Fishponds itself, and that might explain why they have a strong membership base in the Frome Vale area.

Around 80-90% of passengers are over 65, with 50% over 80, and users are mainly older females.

#### **Accessible transport 4 U**

A not-for-profit community interest company formed in January 2013 (to take over a service that started in december 2000), that provides accessible transport services (all vehicles capable of carrying a wheelchair), for those with mobility problems which stops them using public transport. Users self-assess needs. Provides a door-to-door service, and drivers will go into a house or a destination if required. The service operates across all of Bristol, S. Glos and N. Somerset (serving anyone within a 50-mile radius of Bristol city centre. The vehicle depot and office are based in Staple Hill, the neighbourhood adjacent to Gt Fishponds to the East. Services typically start at 7:00am in the morning but will operate 24/7, 365 days a year. At present all drivers are paid, although volunteers are also encouraged.

The transport services offered can be seen via online resource listings and the service is known to local authorities. There is limited publicity, as word of mouth already means that there is as much demand as can be coped with. It is not just older and disabled people who use the service, they also carry many younger less-able people as well. Bookings are asked for at least a week in advance.

Funding is independent of local authorities, based on a self-financing model (at-cost service). There is a one-off lifetime membership fee and then journey costs depend on the vehicle being used, and the journey length. People are invoiced for the cost, so there is no payment to the driver, which avoids delays in passengers leaving vehicles and the issue of carrying money in vehicles.

The service currently makes between 400-500 journeys a week.

The service has added trips to seaside (*Buckets and spades*), and outings (*Candy-floss trips*) in recent years - the latter being a program of excursions delivered over the year which people can book ahead.

Transport 4 U is now looking to potentially introduce a new service which will be more targeted at older people, providing access to social and other journeys for those at risk of isolation. It would address the needs of those who are perhaps unsure about using public transport or going out on their own. This service is still in a development and fundraising phase at present so not publicised to potential users.

### 3.2.3 Volunteer Drivers

It is also worth noting the role that 'volunteer drivers' play in delivering mobility for some older people in respect of access to particular events / organisations. Several times during this study there were instances where volunteer drivers were active, for example collecting older people from their homes to take them to lunch clubs, or afternoon tea clubs, and then returning them home afterwards. In some instances there might be a small payment made, but in others not. It is likely that there are other instances of this happening in respect of other activities (and also the much wider issue of lifts from family, friends and neighbours which is not discussed here). What was apparent from discussions about these volunteer drivers is that they tend to be uniquely attached to the activities involved (so people involved with a specific church for example, or perhaps related to an attendee at an event but also picking up others). Thus, although providing a very valuable service, they were doing this in isolation, and without any wider coordination or combining of such services across the area.

## 4 Exploring potential needs

As well as understanding the current availability of transport in Gt Fishponds, this study also attempted to collect older people's views on accessibility in the area. To do so it carried out a number of small-scale data collection exercises involving older people and those that organise activities aimed at this group. This exercise has provided data not only on the functional and objective deficiencies but also on some of the wider perceptions about accessibility in the area. Input to this section was collected through on-street surveys, attendance at a lunch club for older people, and a series of interviews with event organisers. Such events might be seen as being more 'discretionary' reasons to travel, notwithstanding their contribution to quality of life. There are also more 'necessary' journeys to be made, for shopping for food and to access healthcare for example. To try and uncover issues relating to these latter journeys, contact was also made with the four GP Practices in the area to understand their perspective on older people's travel for healthcare.

### 4.1 Access to healthcare

#### 4.1.1 Access to GPs surgeries

Several respondents to the on-street survey made comments about access to their GP. For those travelling along Fishponds Road there were few issues raised in respect of using local buses to access their GP. This was not the case though when talking to respondents on Lodge Causeway. Here, several older people mentioned problems accessing their doctor via bus, one saying that it would require a change of bus (on Fishponds Road), and that he would typically allow two hours for a visit to the GP (after ensuring that his appointment fitted with the hourly bus service from Hillfields). Another participant reported that she had recently spent £28 on a taxi to reach her GP as the bus she had planned to catch had not appeared. This experience seemed to reflect wider concerns about the reliability of local bus services in this part of Gt Fishponds – an area that has recently seen a campaign to maintain bus services that were under threat of removal.

Interestingly, none of the people quizzed in the on-street survey were users of Community Transport or Dial-a-ride type services, or had tried them either. One older man was still a driver of his own car, and would use that for journeys involving his wife who was house bound – whilst he travelled by bus for journeys just involving him, to avoid driving.

#### 4.1.2 Perceptions of access issues for patients

Three of the four GP surgeries provided a phone interview for this study. In two instances the Practice Manager, and in the third a member of the reception team responded in the absence of the Practice Manager. The initial questions in each case were:

- A. Do you perceive there to be a problem for some older people in accessing the surgery (for example leading to missed appointments)?
- B. Does the surgery deploy any particular mechanisms to try and address such issues?

In general the response to the Question A. was that the surgeries were not aware of any particular issues in general in respect of older people coming to their practice, although they acknowledged that some would have difficulties. These might be related to physical problems (including being unwell of course), the cost of getting a taxi, or problems trying to arrange a lift. It was noted by a couple of the surgery's that many older people would attend having been given a lift by family, friends or a carer.

In response to Question B. A range of approaches were being deployed to help (older) people attend. These included:

- One surgery noted that if someone had a problem getting to the surgery, then they would go out to see them instead.
- In another, the staff were happy to be '*more flexible*' in respect of booking appointments to help those with a known transport issue.
- Several of the surgeries explicitly mentioned the ability to talk to a doctor on the phone, and one at least was experimenting with an '*online*' service (text-based as opposed to video), which would lead to a call-back from a Doctor. This was not specifically aimed at older people, but a service for all patients. There was some suggestion from one practice of older people being more likely to favour face-to-face consultations, but no strong evidence of this.
- The accessibility of the Practice was also seen as important, with all of the premises considered to be fully-accessible.
- One surgery pointed out that they would often call for a taxi for a patient to get home, but that they offered no other 'transport service', and the patient would need to pay for the taxi themselves.
- When patients were travelling from a care-home one GP would try and schedule appointments together to make things easier (it wasn't clear if the care homes in question had their own transport?).

One surgery had in the past tried to put together a scheme whereby patients could group together to share transport, but this had not been successful, and had not really taken off. Part of the reason for this was thought to be concerns about insurance for the person providing the 'lifts'.

When quizzed about providing information about alternate means of transport, one practice said they used to suggest people got in touch with 'dial-a-ride', but actually they weren't sure if that service was still operating.

As a consequence of having this conversation, one Practice Manager decided that they would add some transport and accessibility questions into their next patient survey, to better understand the level of transport difficulty being experienced by their patients.

#### **4.1.3 Access to Hospital(s)**

Comments were made about access to Southmead Hospital by some participants in the on-street survey. The direct link to the hospital on the relatively new No.17 was seen to be useful, and usable provided you lived near the route, but for others getting to hospital was now a problematic journey, potentially involving a change of bus.

Some lunch club attendees also raised the issue of cost in respect of getting to Southmead Hospital in particular, whether this was on a Community Transport service, or more especially by taxi (a figure of £18 for the journey was quoted by one older lady). There also seemed to be a situation whereby travel to Southmead on community Transport might be relatively cheap, but the return would then be more expensive (this may have involved community transport originating in S.Glos?). Another problem with the latter service was that it would only run to 5:00pm at night, and this would not cover some later appointments potentially (and it may be the case that some medical services are running later at the hospital as part of efficiency measures?).

Concerns were raised by lunch club attendees about the recent closure of the nearby Frenchay Hospital meaning longer journeys were now needing to be made to Southmead. The lunch club participants also commented on the No.17 bus, which again was seen as helpful by some, but for others who did not live on the route less so, with a similar double bus journey required. No mention was made of travel to the other major hospital in Bristol, the BRI<sup>4</sup>, at this event.

#### **4.2 Access to shops and services**

Visits were made for this study to the two main shopping areas in Fishponds to observe and survey older people. Regular visits of Social Access and Kingswood CT vehicles were seen at Morrisons supermarket on the Fishponds Road, both delivering and picking up older people. There are bus stops outside the supermarket, and it is around 150 metres from this supermarket to the 'High Street'. The area, and the adjacent Aldi and Lidl stores are also accessible by mobility scooter, and many older people were also seen to be using walking aids. There were fewer older people (people of any age in fact late-morning on a Monday) visible at the Lodge Causeway shopping area, but of those seen many were again using walking aids of one description or another. Use of such aids in both locations was commonplace amongst older people.

The shopping trips facilitated by the community transport services were appreciated by those using them, and they provided a regular trip for the (mostly) older women that were using them. One point worth noting is that whilst some vehicles arrived relatively full, it was also apparent that on occasion a vehicle such as a minibus might only have a single passenger being delivered / collected.

#### **4.3 Access to social activities**

There are many activities aimed at older people, and many organisations running activities in the Gt Fishponds area, as evidenced by the 2015/16 area asset-mapping exercise carried out by Bristol Ageing Better. Questions were asked about access to activities in the on-street survey for this study, and a number of contacts were made to better understand any problems there may be in attending such events. Three daytime activity organisers were interviewed, and a session of one lunch club visited.

There was consistent feedback amongst older participants that activities would mainly be undertaken during the day, with a reluctance (particularly amongst older women) to go out to events in the evening. When specifically asked if they could get to the activities they wanted, the response was usually yes.

Many of the attendees at the lunch clubs are travelling by one or other of the transport services detailed above (including travel into the Fishponds area on the Kingswood CT service). For those attending a lunch club at one of the churches in the area the transport to the event was actually provided in the main by volunteers at the church itself, whilst the organiser of a regular tea-party for older people also called on volunteers specific to that event to provide transport.

Some other event organisers thought that their participants mostly came by car, but that people would provide lifts to those less able to travel independently, so transport issues were avoided.

---

<sup>4</sup> Bristol Royal Infirmary (BRI) located in Bristol city centre

#### 4.4 Access to other transport

Although not a specific area of questioning, the issue of getting to Bristol Parkway railway station did come up in one conversation as problematic.

#### 4.5 Walking issues

For those with the capacity and ability to walk then this is a mode that is used. Several attendees at the lunch club had walked a short distance to be there for example, and their residential proximity to the main shopping area in Fishponds and a Doctors Surgery meant that this was a commonplace means of getting around. For many others walking longer distances was not an option, although several people who used a 'stroller' type device were still actively using bus services for example. Others though felt they were too frail to walk to a bus stop (or use a bus service), and therefore now relied on community transport or other door-to-door services.

It was also noted in one of the interviews, that parts of the area of study are relatively isolated, or poorly served by public transport. For example, the Broomhill / Begbrook and Stapleton neighbourhoods are separated from the facilities and services on the Fishponds Road by the green space afforded by the River Frome valley. This is seen to be a physical barrier to reaching the latter, both for walking, and for public transport which can only use a limited number of routes to bridge this divide. Whilst not a barrier as such, the extent of the Hillfields estate could also be seen as problematic, with only one route through the area by public transport, and services such as shopping and health located outside the estate.

Several people raised the issue of 'conflict' between cyclists and pedestrians as problematic. One person cited issues in 'shared space' on the main shopping street, whilst a couple of others talked about problems on the Bristol-Bath cycle path which as noted above also traverses the Gt Fishponds area.



## 5 Exploring mobility options

Interviews were carried out with representatives of the three principal door-to-door transport services serving older people in the Gt Fishponds area, as well as the local bus provider First West of England. In addition, an interview was sourced with a potential new entrant to the demand-responsive transport field who is looking to deploy commercial services in some parts of Bristol / S. Glos in 2017, and a more community orientated service in Easton as part of an EU-funded research project.

The intention of these interviews was to provide some insight into the 'supply' of transport, as well as helping to identify barriers to additional service or particular problems faced by service providers in this part of Bristol.

### 5.1 Service provision

It is clear that in the current regulatory and economic regime that local bus services will continue to be mainly focussed on mass movement along primary corridors in the city – including through Gt Fishponds. There is though scope for new routes to be developed, as is evidenced by the services introduced in response to local authority and health service requests to better serve the recently re-developed and extended Southmead Hospital. Very visible public support for some bus services at risk in Gt Fishponds has also seen them continue (at present). This focus on primary corridors does though provide opportunities for other services to backfill gaps that develop, perhaps also feeding into local bus services as well.

All of the door-to-door transport providers made it clear that their services are offered city-wide, albeit their presence may be more visible in certain parts of the city. To that end, Bristol community Transport and Social Access tend to broadly function in different areas of the city, but as was made very clear in the interviews not exclusively. It also appears to be the vision of Bristol City Council that there is a more unified approach to providing services in the future. The third provider of transport services, Transport 4 U serves anyone in a 50 mile radius of Bristol City Centre, whilst their office / vehicle base is in the adjacent neighbourhood to Fishponds.

Historically (pre-2005), it seems as though community transport operators in the city delivered services via dedicated vehicles in particular parts of the city. These would operate over relatively short distances (typically up to 3 miles), and serve local communities with journeys such as regular shopping excursions. Following user pressure this model changed, so that subsidy money was available to support trips anywhere in Bristol. The consequence of this has been a reduction in numbers of journeys as passengers may want to travel longer distance and thus keep vehicles occupied for longer.

To optimise the use of vehicles (and drivers), the individual operators have each looked to group together their passengers making regular journeys, such as shopping runs to the supermarkets for example. This is more difficult in respect of individual requests to destinations such as hospital appointments, where the journey time and destinations are less likely to be common. One response to this issue has been to use smaller vehicles for those trips, to allow minibuses to be focussed on journeys for groups of people. At times though this may mean that sometimes one person is being carried in a bigger vehicle than necessary, which may be the only one available. The move towards multi-occupancy of vehicles, although driven largely by falling funding levels could also have positive social impacts, through helping to address isolation.

Operators recognize that the older population (and also the youth population) is growing, and there is a common aspiration to deliver more services to older people in the future. There is also a realisation

that future services might involve new and different models, introducing additional options such as 'community buses' into areas, or placing vehicles in the community itself (akin to the car club approach). Such new approaches may become increasingly important if local bus services continue to retreat back to primary corridors only – even in a densely populated city neighbourhood like Fishponds.

There is the potential to develop an additional tier of transport filling the gap between pure door-to-door services and diminishing local bus services. This could offer an important extra level of mobility for older people in Fishponds, addressing some of the needs expressed by those not living on the main bus routes.

## 5.2 Expansion of services

It is widely perceived by the operators that there is unmet demand in Gt Fishponds, as in other parts of the city, manifest in the number of requests that have to be declined. This is even more of a problem if people are looking for transport after 5:00pm at night, or if you live outside of the borders of a service that is funded by a particular local authority. Funding then is a key constraint on providing more services, and tended to be the first issue raised in discussion about service expansion. However, there is also a degree of realism that there is unlikely to ever be enough funding to meet every demand, both in respect of local authority funding and through charges paid by passengers.

A secondary area of concern is in respect of recruitment of drivers. For those services reliant on volunteers, there is always an issue in respect of finding sufficient people (many of whom are older people themselves). For the services with paid drivers, this presents cost issues. In both cases it is also seen as important to have drivers with some empathy with passengers, with a desire to help improve the quality of life for the people they transport. One operator expressed some concerns about the ability to recruit the 'right' people at present.

One area that has perhaps not been exploited fully by the door-to-door operators is marketing of their services – evidence of which was seen in some levels of confusion in inputs to this study as to what services were available (or even what they are called). This ranged from limited marketing as an operator was already at capacity and could not cope with more custom, to marketing being on hold until the future funding regime and direction for community transport type services in Bristol is known (not likely until sometime mid-2017). Other new mobility offerings are also receiving limited marketing at present as pilots are developed. Potentially, better marketing of local bus services could also offer benefits to older people, particularly following concerns about services being changed or removed. The cards that First can provide to people with particular needs to inform a driver when they travel (whether that be problems with balance, hearing or sight) are also perhaps not as well known as they should be – undermining some older people's confidence in using local bus services.

New technology could be both a boon to door-to-door services, as well as a potential barrier to some older users. One issue in particular is booking of journeys, primarily done by phone at present. Whilst older people are seen to becoming more 'tech savvy', moving to online booking presents both benefits and problems. Cost savings, and potentially more effective journey allocation on the one hand, but the risk of a 'digital divide' for those who cannot afford or know how to use the necessary technology. Interfaces can and will evolve going forward, but there will be a need to 'educate' people with any move to newer technology, such as online booking. Changes such as this could also in part be facilitated by deploying 'booking points' in locations such as a doctors surgery or supermarket for example.

New commercial transport services starting to emerge in Bristol are predicated on web-based technologies (for example the taxi services Uber and Slide), and advanced scheduling and routing software which match travel demand to supply. There is likely to be some cross-fertilisation of such software into tools used by community and not-for-profit operators.

As already highlighted above, inefficient use of vehicles is costly in respect of driver time and resources, so it is critical for more effective future use of funds to minimise the empty spaces moving around the city across the different operators – a problem confounded at present by the current silo model of territorial funding. At present some operators are using in-house, or community transport specific tools (as commercial offerings can be very expensive), but it is likely that to optimise all services across the city some move towards systems that could underpin new models of delivery might prove necessary.

One of the key journey purposes delivered by door-to-door operators is to health facilities, and this provides several opportunities to better integrate delivery. Either from a simple approach of booking transport at the same time as an appointment is made, or by the health service (GP and Hospital) looking to facilitate journeys at the same time for those known to be travelling via community transport for example, or to ensure appointments for such patients are made at a time of day that can be supported by operators. Some attempts at some of these approaches had already been tried in Fishponds, and lessons should be taken from that (less successful) experience in order to gain the benefits it might offer.

### 5.3 Future funding issues

One of the issues that local authority funded services are having to contend with at present is the uncertainty over future funding levels. Funding for CT services in the city has been provided on a year-to-year basis over recent years - making it difficult for organisations to confidently plan ahead. Current funding expires in March 2017.

Proposals for a revision of the funding approach for community transport were issued by Bristol City Council for consultation in 2013<sup>5</sup>. These included a clear statement of the types of service the authority might be able to fund: *'demand responsive' door to door transport for shopping, leisure and social activities*, whilst noting that scarce funding would not extend to: *'group vehicle hire, trips to medical appointments, and transport for clients of day care services'*. As a consequence, these latter services would not be funded directly by the council's community transport budget. Other key elements of the proposals were plans to split the city into delivery areas (with a preference for just three), open competition for the grants across CT suppliers, and an expectation that organisations might work together to deliver services. It is not clear as to whether funding allocation from April 2017 will follow these proposals.

It is also unsure as to what effect the new 'unified' West of England authority might have on funding levels and allocation. In particular what impact this might have on the localised funding of providers in each local authority area?

What is likely is that all services which receive some degree of local authority funding will need to consider operating on lower levels in the future – meaning better optimisation of current practice, and the need to look for opportunities to do more with less. It will not be possible to extend or expand

---

<sup>5</sup> Community Transport in Bristol: Commissioning Strategy For Consultation. Bristol City Council (2013)

services without this unless alternate funding streams can be found, including perhaps moving towards a full-cost recovery model and higher charges for users of the service. Another option may be to think about monetising the benefits others receive from the services provided by the door-to-door operators, such as the health service avoiding missed appointments as a result of transport difficulties.

## 6 Potential Interventions

Drawing on the data collection activities described above, there are a number of areas in which potential interventions to improve mobility for older people in Gt Fishponds seem to be evident. As noted in Section 5.3 above, funding from Bristol city Council (BCC) for community transport in the city is currently available up until March 2017. It is not clear what level this might be going forward, so whilst this section of the report considers potential for additional services, there may also be a need to consider new funding mechanisms to continue existing levels of service.

### 6.1 Additional transport services

Additional funding would allow any of the current door-to-door operators to extend their services, although all accept that they would still be unlikely to be able to meet demand. The potential for more targeted additional services does though potentially exist in several areas:

- This might be in respect of services to specific destinations, such as Southmead Hospital for example outside of 9-5 operational hours for CT and dial-a-ride type services.
- It could be the deployment of additional vehicles in Gt Fishponds for 'community use' at any time. This could help to facilitate more services that target evening and weekend activities for older people, responding in particular to issues of isolation as a consequence of limited activities in those periods.
- It might be through the introduction of a community bus service into the areas of Gt Fishponds that are currently less-well served by public transport, or are at risk of potentially losing services which are not seen to be commercially viable.

It is possible to see that there are significant differences between the potential mobility of those living on or near the primary transport corridor through Fishponds and those who don't. Looking at these latter areas holistically as a community, and exploring the mobility options across each would help to understand the most appropriate response to mobility shortfalls, perhaps suggesting a return in part to the earlier model of community based vehicle(s) serving a specific community as well as city-wide solutions.

### 6.2 Environmental improvements

In respect of environmental improvements that might help improve the mobility choices of older people, there are two particular areas of concern that could be addressed. The first is in respect of the geographical barriers in the area, the Frome Valley and the Bristol-to-Bath cycle path. Incremental improvements could be made to the walkability of the former, but this is unlikely to have any significant impact on those with walking or other physiological issues. It is noted that attempts are already being made to reduce cycle speeds at certain points on the cycle path to make crossing easier, and further steps like this could be made. Additional crossings on new infrastructure, such as bridges, would seem to be unlikely in a time of scarce funding at local authority level.

An area that could be more readily addressed is in respect of the quality of bus stops. The main routes through fishponds are well served with stops with shelters and seats and in many instances 'real-time information' about buses. Away from these locations though the facilities soon revert to just a post (with a paper timetable). No shelter, and no seat mean make it less likely that some older people would consider using such a stop – particularly on a service that only runs hourly and may not be seen as reliable.



There are no doubt significant costs associated with building better bus stops, at least some of which would fall to the local authority, and again it is understandable that priorities at present may fall elsewhere. This might be especially the case for a stop which is currently located on a poorly used service which may be at risk.

Should community bus services be introduced, then consideration should be given to where such services might stop, beyond existing locations perhaps, to include places where people can gather and wait in more comfort?

*Figure 12 Post and timetable bus stop in the Hillfields estate*

### **6.3 Information about services**

There would seem to be scope for more information about the range of existing door-to-door services to be made more widely available. For example in locations that older people need to travel to. The confusion over what services that were available, and relatively little knowledge of services such as Transport 4 U suggest that an effective information / marketing campaign would be beneficial – providing the operators could cope with any additional demand that might be created. For those services that are cost-based this might be less of an issue, whilst those that require a subsidy may prefer not too attract more custom. Providing information through local print media such as the monthly *'Fishponds Voice'* could be a relatively efficient route to reach people in the area for example.

There is also potentially an image issue to be addressed by providers. Whilst those people using the various services discussed here have no issue, it was apparent in the on-street data collection that community transport and dial-a-ride was considered to be a service for those less-able and 'older people' (even if the participant matched both descriptions). In fact none of the respondents to the survey said they had ever used such a service.

### **6.4 Training in how to use mobility services**

Another potential area of intervention (related to information) is around helping older people understand how to 'use' some of the mobility options available. The fact that most services are membership-based, and there is a process involved in booking may present a barrier to some potential users. Also, knowing where you might be able to travel, and how you decide if you can use a particular service could also be reasons some people might not consider using them. BCT noted a service they have introduced in other cities called 'Travel Training', which they have used to help people travel independently on public transport. Such an approach (and it has been trialled in other European countries for example) could help those who have never travelled this way before, or those whose circumstance might now have changed through disability for example.

## 6.5 Making more of existing resources

There would appear to be some opportunities to draw on the goodwill of those people who are 'volunteer drivers' for specific activities, to perhaps see if they might be better coordinated, and potentially encouraged to consider offering additional journeys. This might be facilitated by the creation of a Fishponds area volunteer driver scheme perhaps. Such a scheme could explore the possibilities of a mileage charge (legislation permitting charging for lifts having been enacted in recent years for example), and the use of new technologies as an enabler – something more akin to the more socially-minded 'rideshare' idea before it took a more determinedly commercial turn with services such as Uber.

## 6.6 Other potential interventions and approaches

- **Lifts to the GP.** It was reported earlier that one of the GP surgeries had attempted to implement a ride-share scheme for patients coming to their practice, but that this had failed to take-off, in part through concerns about insurance issues. The simple task of gaining greater clarity about such issues could help such schemes become established, and perhaps the insurance industry could be engaged to issue clear guidance on how best to address such concerns. Also attempts could be made to explore best practice in area such as this, perhaps looking to see how GPs in areas poorly served by transport options (such as rural areas) might address problems for their older patients.
- **Community-level analysis.** Looking at a community, or 'geographical area' of a city as a way of understanding mobility shortfalls, and appropriate solutions could provide a more localised way of understanding what the gaps in provision might be, and how you might shape services in an area to resolve those gaps. This seems to be a mechanism that could provide real benefit for some parts of Gt Fishponds, such as the Hillfields area for example.





## 7 Conclusions

The Gt Fishponds neighbourhood sits between inner-city Bristol, and more suburban areas. It is not unique in Bristol in respect of numbers of older people, nor in terms of the transport provision available (focussed public transport routes and a resource-constrained door-to-door sector). As a consequence, it provides a useful case study in which to explore mobility issues facing the growing older population of the city.

The older people in Fishponds are not a single homogenous group with a common set of out-of-home mobility demands. There are differences as a result of factors such as age, gender and health, and the ability to address their needs is greatly impacted by the level of access to a car – which in the earlier stages of later life provides a simple continuation of existing travel behaviours. However, as people age and become more likely to encounter health constraints then the focus of travel might change (more need for access to healthcare for example), and mobility choices can become more constrained.

In general, it would seem that ‘older old’ females without access to a car are likely to be the sub-group with potentially the greatest number of unmet needs. This might suggest that the Frome Vale ward is the part of Gt Fishponds that may be experiencing potentially more issues in respect of this particular study – identified as having a greater number of older old women. In respect of the journey purpose and function, it also appears to be the case that in broad terms it is the ‘discretionary’ travel that is more likely to be unmet as older people age, or where circumstances limit access to mobility choices.

For those who can access the main transport corridor in Fishponds there appears to be good mobility options from public bus services, whilst those without this access have more problems if they do not have access to a car. There are alternatives available for those that meet appropriate criteria, but providers acknowledge that they cannot meet demand at present, let alone after what is expected to be a reduced funding settlement from local authorities in coming years. Whilst other avenues of funding are being pursued by the providers of door-to-door services it is also possible that different models of mobility provision may need to be considered in the future – perhaps less siloed than at present.

It is possible to see that there are a range of potential interventions that might be made (outside of the local authority funding review) which could make positive changes to provision of services for older people. These range from physical infrastructure and vehicles through to better information, marketing and training. It is also apparent that a key element in ensuring success for any of these changes will be to fully engage with the users of services, and the communities that they live in to ensure that any change is addressing the actual needs of those living there.

On a wider scale, flexible transport services are seen as a key element of transport systems moving forward, and the emergence of a range of such services looking to better match transport supply and demand also holds much promise for the community transport and accessible transport domain. New methods and approaches, new business models and above all new technologies are helping to move concepts such as ‘mobility as a service’ forward, and hold the promise of helping to deliver a better mobility solution for all older people in areas like Gt Fishponds.

