A balanced transport package for heavily-frequented venues

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The aim of OPTIMUM² is to use mobility management to offer a successful and innovative approach to problems related to the accessibility of heavily-frequented venues in urban areas. This is to be achieved by meeting the following objectives:

- testing the user-oriented OPTIMUM² approach;
- achieving major improvements in mobility management in Europe;
- working out the practical details of ten mutually co-ordinated local projects;
- developing means and methods that can also be used in other regions;
- monitoring and assessing the results;
- drawing up a ‘cookbook’ giving guidelines for the practical application of the user-oriented approach;
- building an extensive European network of partners who will apply the OPTIMUM² approach; and
- determining where else, beyond the UK and the Netherlands, the OPTIMUM² approach can be tested – possibly also at other types of venue, such as amusement parks, (sports) events and museums.

Further information on the OPTIMUM² project is available from the project website at http://www.optimum2.org

How do we inform travellers about the services on offer and the best way to use them?

How can we act to contain the use of cars at the initial stage of land use and development planning?

If necessary, how can authorities force businesses to systematically contain the use of cars?

There are many types of heavily-frequented venues. The characteristics of these venues differ widely, and consequently so too do the ways of improving accessibility. Traffic build-up near an amusement park, for example, calls for a different set of measures from those required by traffic issues arising in a business area, where most of the staff work regular hours.

The project tests the OPTIMUM² approach in two types of locations:
- business areas, where staff mostly travel by car during rush hour; and
- hospitals, frequented by many incidental visitors at various hours of the day.

Using the answers to the questions above, the following five ‘pillars’ support the approach:
- putting the traveller at centre stage;
- developing marketing activities;
- communication and integrated travel information;
- mobility management as a fundamental factor in plan-making; and
- the enforcement of mobility management measures as an option.

Details of the measures being taken under each of these headings are illustrated here through examples drawn from the ten local projects. These projects are currently in full swing, with users and stakeholders
putting the approach into practice, and plans being devised and measures prepared and implemented. The selected examples presented give an impression of the approach being taken – other measures or developments may prove to be even more effective at a later stage of the project.

**Putting the traveller at centre stage**

Various means are being used to determine what the travellers and companies involved in the local projects want. In the business areas of Amsterdam-Zuidoost, thousands of staff completed and returned a survey, distributed by post and e-mail. A survey was also conducted among staff at the Goudse Poort business area, where a user panel was also established to search for ways to improve the area’s accessibility. At Gelre Hospitals (located at three sites) an extensive study was conducted among patients, visitors and suppliers, with measures subsequently being developed and implemented through user groups.

In the Southwark main business area local user groups have been instigated – for business representatives, for example – and are consulted by the local authority when development or investment plans are being formulated.

**Developing marketing activities**

Actively influencing transport supply and demand increases the success of mobility management. Marketing plays a crucial role in this process. Although marketing is often equated with communication, it is actually a much broader activity, and covers areas such as customer service and the price and quality of the transport on offer. Within the ten local projects, the number of marketing activities is remarkable, as is their range.

Royal Devon and Exeter Hospital, for instance, has its own park and ride area, with shuttle-buses for staff, patients and visitors. Staff who do not have an annual season ticket for public transport receive a 33 per cent discount on a public transport ticket upon showing their staff pass.

In the Amsterdam-Zuidoost business areas, the use of car-pool vans has been made more attractive by granting them the right to use the emergency lane and the bus lane, along with public transport buses.

Gelre Hospitals has a shuttle service that connects the three hospital locations 13 times a day, and it runs a marketing campaign to increase the number of passengers even further. There is also a bicycle scheme, called Trappers (pedals), which awards staff bonus points each time they come to work by bicycle, which can be used to ‘purchase’ all sorts of products and services (as in a customer reward programme).

In the Ede business area a private transport system has been set up, using mini-buses driven by a staff member of one of the participating companies. The driver picks up colleagues at their home and brings them back at the end of the day. Fares are charged at the same rate as public transport.

At the Goudse Poort business park the area itself is marketed, yielding transport benefits. For example, each staff member can obtain a free mobility card which gives access to various modes of transport (bus, parking space, loan bicycle). The cards are also available to visitors. The revenue from adverts printed on the cards makes it possible to supply them free of charge.

**Communication and integrated travel information**

The ready availability of accurate, reliable and relevant information is an absolute condition for anyone making the switch-over from car use to another means of transport, and the OPTIMUM² project is developing various digital information systems that will supply motorists and other travellers with ‘live’ travel information, plans and alternatives.

Colchester General Hospital has opted for an integrated travel information system for patients, staff and visitors, which enables them to access information on the hospital’s website using their mobile phones or via kiosks at railway stations and bus stops, in libraries or in the hospital’s entrance hall. A special feature is that GPs can arrange their patients’ transport themselves, or can provide detailed travel information when making an appointment for treatment in a hospital clinic. The hospital also keeps an up-to-the-minute record of the number of available parking spaces.

Staff working at the Amsterdam-Zuidoost business areas receive tailor-made travel advice. A travel information system is also being developed especially for new staff and staff who are moving house.

Lancashire Teaching Hospitals (comprising Chorley and South Ribble Hospital and Royal Preston Hospital) operates a real-time travel information system, supplying travel information (such as the schedule of the next buses) at bus stops and on a digital screen above the hospital’s central reception desk. The system can also be accessed through the internet. Posters displayed in the hospital grounds show where the bus stops are located, allowing patients to see how to get to them while still inside the hospital. Text messages provide travellers with live travel information at bus stops that are not yet equipped with real-time travel information.

Royal Devon and Exeter Hospital has its own agency that provides travel information, either directly or by telephone or through the internet. A patient making a hospital appointment automatically receives travel information. In addition, the hospital provides live travel information in the entrance hall.

At the Ede business area, a mobility facility point is being set up to help companies tackle their mobility issues, along with an interactive system (including a website) which will supply staff and clients with travel, route and traffic information. The facility point also draws up travel plans for new businesses.

**Mobility management as a fundamental factor in plan-making**

The objective here is to integrate mobility management as a fundamental element of spatial development plans, building plans and transport solutions right from the start, thus increasing the chances of success. For example, the planning for construction activity at the Zuidas business area in Amsterdam is linked to the city’s traffic model, to allow...
Zuidoost pass have been made a follow-
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nearby motorway was undergoing large-

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of bus stops for the park and ride service 

Hospital, mobility is expressly taken into 

and car-pooling on the accessibility of the 

increasing use of public transport, bicycles 

also allows the effects of, for example, the 

out to require an adaptation of the local 
zoning plan, which allowed the Province of 

Gelderland to draw extra attention to 

accessibility and parking. Gelre Hospitals 
has subsequently made mobility 

management a fundamental factor in the 
planning and implementation of its re-

organisation process.

For the yet-to-be-developed business 
areas in Ede, ‘local traffic performance’ 
has been used – a comparatively new 

instrument bringing supply and demand 

measurements together at an early stage 
of plan development, thus allowing 
realistic transport alternatives to cars to be 

investigated.

Mobility management was integrated 
into planning from the start of the 

restructuring process at the Goudse Poort 

business area. Whereas the zoning plan is 
usually drawn up first, Gouda’s city 
council began with a document setting 
out the preferred direction for the area’s 
development. Investors and project 
developers are then expressly involved 
with the making of plans for Goudse Poort – including accessibility plans. 
Investor involvement is constructive, as 
investors are well aware of the importance 
of accessibility in keeping the business 
area attractive in the long run. This is a 

novel approach in the Netherlands.

Enforcement as an option

So far, neither the British nor the Dutch 
authorities have forced any business or 
organisation to utilise mobility 
management. However, it is possible that 
in future the accessibility of heavily-

frequented venues will require extra 
measures. OPTIMUM² is therefore aiming 
to put to the test incentive and 
enforcement measures that authorities 
may take to encourage the practical 
application of mobility management.

For example, in the Amsterdam-
Zuidoost business areas a temporary fiscal 
arrangement was made with the tax 
department, whereby companies were 
permitted to give their staff a ‘Zuidoest 
pass’ for public transport tax-free while a 

nearly motorway was undergoing large-
scale reconstruction. (The work has since 
been completed and holders of the 
Zuidoost pass have been made a follow-

up offer.) This should serve as a precedent 
for other projects in the Netherlands.

The city council has granted the 

business areas in the south rim of 

Amsterdam the status of a so-called ‘A-

location’ – for locations that can be easily 
reached by public transport. At such 

venues the standard parking allocation 
for the area is one parking space per ten 

staff members. Under the Environment 
Management Act the city council can 

force companies to map their traffic and 

transport use and can then decide to 

make additional demands to reduce the 

number of cars. The council cannot, 
however, (as yet) enforce the taking of 

concrete measures.

In the UK, Royal Devon and Exeter 

Hospital is obliged by the local authority 

to produce a transport plan to reduce 

transport use. The hospital is aiming to 
develop a plan through ‘carrot’ measures, 
such as bus travel subsidised by the 

hospital and a park and ride shuttle-bus 

service to the hospital, rather than ‘stick’ 

measures, such as making staff pay for 
parking permits.

Gelre Hospitals intends to reduce the 
use of car trips to the extent that only 70 
per cent of the permissible number of 
parking spaces is needed. Consequently, 
in 2004 regulated parking was introduced 

for staff, visitors and patients, as was paid 
parking for visitors and patients. Together 

with the local government, the hospital is 
looking for a suitable location for a park 

and ride area.

The town council of Ede is searching 
for collective parking solutions at the new 

Ede business area, so that space can be 
used more efficiently, and companies are 
encouraged to increase their awareness of 
their car-use habits. Standard parking 
densities and spatial preconditions for 
allocating development land can serve as 
leads. A proposal has been made to root 

mobility considerations in the business 
park management at the earliest stage in 
the development process, and the council 

is considering, among other things, 

obliging companies to draw up a transport 

plan when they purchase land.

In the new zoning plan for the Goudse 
Poort business area, fewer parking spaces 

near company premises are allowed than 

was formerly the case, resulting in more 

room for office buildings. The town 
council is opting for a high-quality 
environment with no parking in the 
street, but with parking at communal 
parking areas. Indoor parking is another 
option, but comes at high cost.

Companies are prepared to manage 
their use of cars, but only if they benefit from 
proper facilities. In combination with a 
centrally-located car park and additional 

mobility services, the area’s accessibility is 
set to improve.

A European network

OPTIMUM² is the follow-up to an 

earlier project, OPTIMUM-1. The latter’s 
focus was to investigate the potential for 

including mobility management in the 

various spatial planning processes at the 

earliest possible stage – it did not lead to 

concrete results or projects. OPTIMUM² is 
focused, instead, on testing the approach 

in the field, through local projects in the 

UK and the Netherlands (as well as widely 

disseminating the results).

As the approach is intended to 

applicable in all of North West Europe, it 
is of great importance to know whether 

(parts of) the approach and the measures 

work in other countries as well. There are, 

after all, differences in culture and attitude, 
and also in legislation, transport systems 

and planning instruments. It is all too 
possible for a measure to be successful in 

one country and yet fail in another.

Consequently an ‘OPTIMUM² network’ 

was established to allow knowledge and 

experience gained to be exchanged, and so 

help to develop a transnational approach.

Knowledge from outside the project will be 

introduced and tested in the OPTIMUM² 

approach, while (parts of) the OPTIMUM² 

approach will be put to the test elsewhere 
in North West Europe. The OPTIMUM² 

network is made up of mobility 

management experts from all eight North 

West European countries: Belgium, 

France, Germany, Ireland, Luxembourg, 

the Netherlands, Switzerland and the UK.

Implementation

The OPTIMUM² project started in 2004 

and will run until mid-2008. Many 

measures are already being implemented 
in the ten local projects. In the end, it is 

the results from the projects that will 
count. A team has put together – 

consisting of delegates from SenterNovem 
(the Netherlands Agency for Energy and 
the Environment) and Loughborough 
University, Napier University, Edinburgh 

and the University of Westminster – to 

monitor and evaluate the results and 

promote co-operation and the exchange 
of knowledge between the local projects.

Towards the end of the project a ‘cookbook’ 
of good practices will be available on the 

internet, listing the methods and 

measures used and results from OPTIMUM² 

on various transport issues.

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