

A balanced transport package for heavily frequented venues

OPTIMUM²: The European Approach to Mobility Management Tested in the Field

The problems are familiar: daily recurring local congestion and parking overflow caused by huge numbers of visitors and staff at hospitals and business parks. Mobility management – the quest for a balanced combination of alternative transport options – is a way to get things moving again. Lessons learned from taking a uniform approach in ten British and Dutch projects are due to be collected in a digital European mobility-management “Cookbook”.

Many business premises and parks, hospitals and heavily frequented venues suffer from poor accessibility. Mobility management focuses especially on such bottlenecks in urban areas. In many cases, the solution can be found in reducing solo car use by encouraging the use of public transport, as well as commuting by bicycle, moped or scooter. Mobility management’s target groups consist of staff, customers and visitors who participate in commuter, business and social/recreational traffic. In order to cope with the growing traffic load in the UK, the Netherlands and the rest of Europe, it will become increasingly important to employ mobility management. The OPTIMUM² project intends to provide that special impetus (see “Objectives”).

The OPTIMUM² Approach

OPTIMUM² stands for “Optimal Planning Through Implementation of Mobility Management”. In this European project eight partners from the UK and the Netherlands take an identical approach to solving the problems related to the accessibility of heavily frequented venues (see Figure 1 and Table).

This approach begins by asking five basic questions, which determine the starting point:

1. What are the travellers’ wishes and needs?
2. Based on these wishes and needs, which services are on offer and how can we ensure they are used to full capacity?
3. How do we inform the traveller about the services on offer and the best way to use them?
4. How can we contain the use of cars from the initial stage of zoning and building plans?
5. How can authorities force businesses, if necessary, to systematically contain the use of cars?

There are many types of heavily frequented venues. The characteristics of these venues differ widely, and with them the ways of improving accessibility. Traffic build-up near an amusement park, for example, calls for a different set of measures than the traffic issues at a business area where most of the staff work regular hours.

In this project the choice was made to test the OPTIMUM² approach at two types of locations:

1. Business areas, where staff mostly travel by car during rush hour;
2. Hospitals, frequented by many incidental visitors at various hours of the day.

Five Pillars

Using the questions above, the following five pillars support the approach:

1. Putting the traveller centre stage
2. Developing marketing activities
3. Communication and integrated travel information
4. Mobility management as a permanent factor in plan making
5. Enforcement as an option

Details of these pillars follow below, illustrated by field examples taken from the ten local projects. These projects are in full swing. Plans are being devised, measures are being

prepared and implemented. Therefore the selected examples only give an impression at this moment in time. And so, other measures or developments may prove to be even more effective at a later stage of the project.

Ad. 1. Putting the traveller centre stage

Under the banner of OPTIMUM² and together with the travellers and companies involved the partners will devise measures to improve accessibility, which they will also implement jointly. There are various ways of finding out what travellers want. One often-used way is a survey. For the business areas of Amsterdam-Zuidoost, the postal codes of 30,000 staff were collected. Half of them were sent a survey by email. Thousands of staff completed and returned the survey.

A survey was also held among staff at the Goudse Poort business area, where in addition a user panel was established which will search for ways to improve the area's accessibility. At Gelre Hospitals an extensive study was conducted among patients, visitors and suppliers. Next, measures were developed and implemented through user groups. In the Southwark main business area local user groups have been installed, composed of business representatives, for example. Local authorities ask these user groups for advice when zoning plans or investments in the region are on the agenda.

Ad. 2. Developing marketing activities

Actually influencing transport supply and demand increases the success of mobility management. Marketing plays a crucial role in this process. Marketing is often equated with communication. That is a mistake. Marketing is broader: it includes customer service, price and (the quality of) the transport on offer.

With the ten projects, not only the number of marketing activities is remarkable, but so is their range.

Royal Devon and Exeter Hospital, for instance, has its own P&R 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.

At the Amsterdam-Zuidoost business areas, the use of carpool vans has been made more attractive. The vans have been granted the one-time right of using the emergency lane and the bus lane, along with the public-transport buses.

Gelre Hospitals have a shuttle service that connects the three hospital locations 13 times a day. A marketing campaign is to increase the number of passengers even further. Here, too, a bicycle concept has been created, called *Trappers* (pedals) which awards staff with bonus points each time they come to work by bicycle. Staff can use these bonus points to "purchase" all sorts of products and services (as in a customer reward programme).

For the Ede business area a private transport system has been set up, using minibuses 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. This is done for the same rate as public transport.

At the Goudse Poort business park the area itself is marketed, along with separate measures. The mobility card, for instance, gives access to all the different modes of transport (bus, parking space, loan bicycle). Each staff member obtains the card free of charge; it also put at the disposal of visitors. Printing adverts on the card makes it possible to supply it free of cost. The card registers its user and gives its holder access to the transport modes.

Ad. 3. Communication and integrated travel information

Tailored information is an absolute condition for anyone making the switchover from a car to another means of transport. The project is developing various information systems that will supply motorists and other travellers with the live travel information, plans and alternatives. These systems have a common feature: relevant data are collected digitally in order to plan a journey.

Colchester General Hospital opted for an integrated travel information system for patients, staff and visitors. They can access information on the hospital's website with 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 polyclinic. The hospital further has a mobility management system that keeps an up-to-the-minute record of the number of available parking spaces. The result of their query can help travellers choose, if they wish, an alternative form of transport before departing.

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 have a real-time travel information system. This system supplies the traveller with travel information at bus stops and on a digital screen above the hospital's central reception desk. It displays the time schedule of the next buses. The system can also be accessed through the Internet. Hospital staff can even register their "own" stop in the computer in advance (by bookmarking it). Posters hung all over the hospital grounds show where the bus stops are located. That way, patients can see how to get to the bus stops 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. This is convenient especially for those patients who do not live in the Preston region.

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 the mobility facility point is being set up along with an interactive system including a website, which will supply staff and clients with travel, route and traffic information. The mobility facility point helps companies tackle their mobility issues. For new businesses the facility point draws up travel plans in order to improve mobility at the new venue.

Ad. 4. Mobility management as a permanent factor in plan making

The objective of this pillar is to integrate mobility management as a fixed item from the very start of spatial development plans, building plans and transport solutions. This increases the chance of success for mobility management.

For example, the planning of the construction activities at the Zuidas business area is linked to the traffic model of Amsterdam. This way, insight is given into the effect that construction work has on traffic. It also gives insight into the effect of the increasing use of, for example, public transport, bicycles and carpooling on the accessibility of the business areas.

At the Royal Devon and Exeter Hospital extension, mobility is expressly taken into account, for example by integrating the construction of the bus stops for the park & ride service into the building plans, and by distributing information packages to new staff.

Gelre Hospitals' building plans turned out to require an adaptation of the zoning plan. That allowed the Province of Gelderland to draw extra attention to accessibility and parking. Gelre Hospitals has made mobility management a fixed item in the planning and implementation of their reorganisation process.

For the yet to be developed business areas in Ede a comparatively new instrument has been used: "local traffic performance". Supply and demand are brought together in an early stage of the plan development, and realistic transport alternatives to cars are investigated.

At the Goudse Poort business area, mobility management was integrated into planning from the start of the restructuring process. In such plan making, the zoning plan is usually made first. The city council of Gouda, however, first made a kick-off document for the restructuring process, which describes the preferred direction for the area's development. Investors are expressly involved with the making of plans – including accessibility plans – for Goudse Poort. This takes place in a constructive manner, for they are well aware of the importance of accessibility in keeping the business area attractive, also in the long run. This is a novel approach in the Netherlands. The owners organisation (project developers, in this case)

appreciate accessibility being taken seriously. They consider a good accessibility of the location to be in their own interest.

Ad. 5. Enforcement as an option

So far, neither the British nor the Dutch government has forced any business or organisation to utilise mobility management. It is possible, however, that in future the accessibility of heavily frequented venues will require extra measures. OPTIMUM² therefore puts incentive and enforcement measures to the test that the authorities take to encourage the practical application of mobility management.

For the Amsterdam-Zuidoost business areas a temporary fiscal arrangement was made with the tax department. Inland Revenue allowed companies to give their staff the so-called Zuidoost public-transport pass free of tax as long as the large-scaled reconstruction work was going on at the nearby motorway. (In the meantime the work has been completed and holders of the Zuidoost Pass have been made a follow-up offer.) This will certainly 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. A-locations can be easily reached by public transport. At such venues the standard parking value for part of the area is one parking space per ten staff members. Under the Environment Management Act the city council of Amsterdam can force companies to map their traffic and transport use. The council can then decide to make additional demands to reduce the number of cars. The council cannot, however, enforce the taking of concrete measures (yet).

Conversely, in the UK local authorities are forcing Royal Devon and Exeter Hospital to reduce transport by use of a transport plan. To do so, the hospital is searching for good-cop measures (carrots) to avoid taking bad-cop measures (sticks). To give some examples: making staff pay for parking permits, buses subsidised by the hospital and a park & ride shuttle-bus service to the hospital.

Gelre Hospitals intend to reduce the use of cars such that only 70 per cent of the allowed number of parking spaces is needed. In 2004, regulated parking was therefore introduced for staff, visitors and patients, as was paid parking for visitors and patients. Together with the city councils the hospital is looking for a suitable location for a park & ride area.

The town council of Ede intends to search for collective solutions for parking at the new Ede business area. That way, space can be utilised more efficiently and companies are encouraged to increase their awareness of their car-use habits. Standard parking values and the spatial preconditions for the allotting of land can serve as leads. A proposal has been made to root mobility in the park management as early as with allocation. To this end, the council is considering, among others, to oblige 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 companies are allowed in the new situation than in the present one. This results in more room for office buildings. The town council of Gouda is opting for a high-quality environment with no parking in the street. Parking remains possible 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 receive proper facilitation. In combination with a centrally located car park and additional mobility services, the area's accessibility will improve. Goudse Poort will become more attractive, resulting in a higher price per square metre of land.

A European Network

OPTIMUM² is the follow-up to OPTIMUM-1. The latter's focus was to investigate the opportunities and possibilities of including mobility management in the various spatial planning processes at the earliest possible stage. This project did not lead to concrete results or projects. OPTIMUM² is focused on testing the approach in the field as well as seeing to a wide dissemination of the results. This is done through the local projects in the UK and the Netherlands. However, as the approach is intended for 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, but also in legislation, transport systems and planning instruments. It is only too possible for a measure to be successful in one country and yet fail in another.

To develop a successful approach to mobility management for all of North-West Europe, the transnational approach was taken. For that purpose the OPTIMUM² Network was established. Within this network an exchange takes place of knowledge and experience gained. Knowledge from outside the project will be introduced and tested in the OPTIMUM² approach, whereas (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. At the ten local projects many measures are already being implemented. In the end, it is the result that counts. The project has put together a team consisting of delegates from SenterNovem, the University of Westminster and Loughborough University. This team will promote co-operation and the exchange of knowledge between the local projects, and will monitor and evaluate the results. In the period 2007-2008 a digital “Cookbook” will be made available through the Internet, which lists the methods, measures and results of OPTIMUM² for various transport issues. Visit www.optimum2.org for further information.

In Brief

- OPTIMUM² is a European project that aims to improve the accessibility of heavily frequented venues in urban areas by taking a uniform approach to mobility management.
- In the UK and the Netherlands there are now 10 local projects in full swing where users and stakeholders are putting this approach into practice.
- Through the OPTIMUM² Network, OPTIMUM²'s successes will be disseminated all across North-West Europe.

[figure 1]

Objectives

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

- Testing the user-oriented OPTIMUM² approach
- Achieving major improvements in mobility management in Europe
- Working out the practical details of 10 mutually co-ordinated local projects
- Developing means and methods that can also be used in other regions
- Monitoring and assessing the results
- Composing a “Cookbook” with guidelines for the practical application of the user-oriented approach
- Building an extensive European network of partners who will apply the OPTIMUM² approach
- 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.

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[table]

Partner	Project
Province of Noord-Holland (NL)	Amsterdam: Southern Business Areas
	Hilversum: Mediapark Business Park
Essex County Council (UK)	Colchester: General Hospital
Lancashire County Council (UK)	Lancashire: Teaching Hospitals
London Borough of Southwark (UK)	Southwark: Main Business Area
City of Edinburgh Council (UK)	Edinburgh: Business Areas & Hospitals
Royal Devon and Exeter Hospital (UK)	Exeter: Royal Devon and Exeter Hospital
Province of Gelderland (NL)	Apeldoorn: Gelre Hospitals
	Ede: Business Area
Province of Zuid-Holland (NL)	Gouda: Goudse Poort Business Park
SenterNovem (NL) assists the partners with their monitoring and assessing of the local projects.	

Table. Partners and local projects working within the framework of OPTIMUM²

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