

Annex 2 – Technical Note: Assessment of travel times and accessibility to health facilities for the Proposed Ansty Farm Development (Site 736)

Prepared by M T Hurley for and on behalf of residents of Broxmead House, Broxmead Lane, Cuckfield, RH17 5JH in response to the Mid Sussex District Plan Review 2021-2039 Regulation 18 Public Consultation.

19 December 2022

Summary

The focus of this technical note is around the pedestrian access to the proposed Site and residents' access to critical health services in relation to the needs of disadvantaged residents. We examine the Promoters proposals as set out in the document entitled: "Land adjoining Ansty, A Strategic Development Site in Mid-Sussex District, prepared by Fairfax and Savills, February 2021." We undertake detailed travel time, distance and topographical analyses and illustrate the challenges which would be faced by disadvantaged residents. Our findings are:

- The proposed Site does not include any critical health services and it is proposed that residents go to Cuckfield for these.
- The pedestrian access at the North of the proposed Site does not provide a viable route to Cuckfield
- Distance and travel times stated by the promotor to health facilities in Cuckfield are misleading
- Results from our analyses of distance and travel times along with topographical analyses are presented
- The distances, travel times and topography that need to be navigated by disadvantaged residents to access health facilities would pose immense challenges
- The design and location of the proposed development at Ansty Farm is likely to be contrary to: MSDC Equality Impacts Assessment (EqIA) – 2022, The Department of Transport, Inclusive Mobility, 2021 Guidance, the requirements of the Equality Act and the public sector Equality Duty set out in the Equality Act 2010.

We consider that the proposals as set out to develop this Site would unfairly affect certain disadvantaged residents and should be rejected on this basis.

The proposed Site does not include many critical services and it is proposed that residents go to Cuckfield for these.

1. The proposals for the Site rely on a number of "existing local services" which are located in Cuckfield. The proposed Site does not include the supply of critical health services for example a doctors's surgery, a pharmacist, a dentist an optromatist. Residents at the proposed Site would need to travel to Cuckfield to obtain access to these services. Figure 1 shows critical services provided at Cuckfield along with various other annotations. We will consider the practicalities of accessing services such as these from the proposed Site.

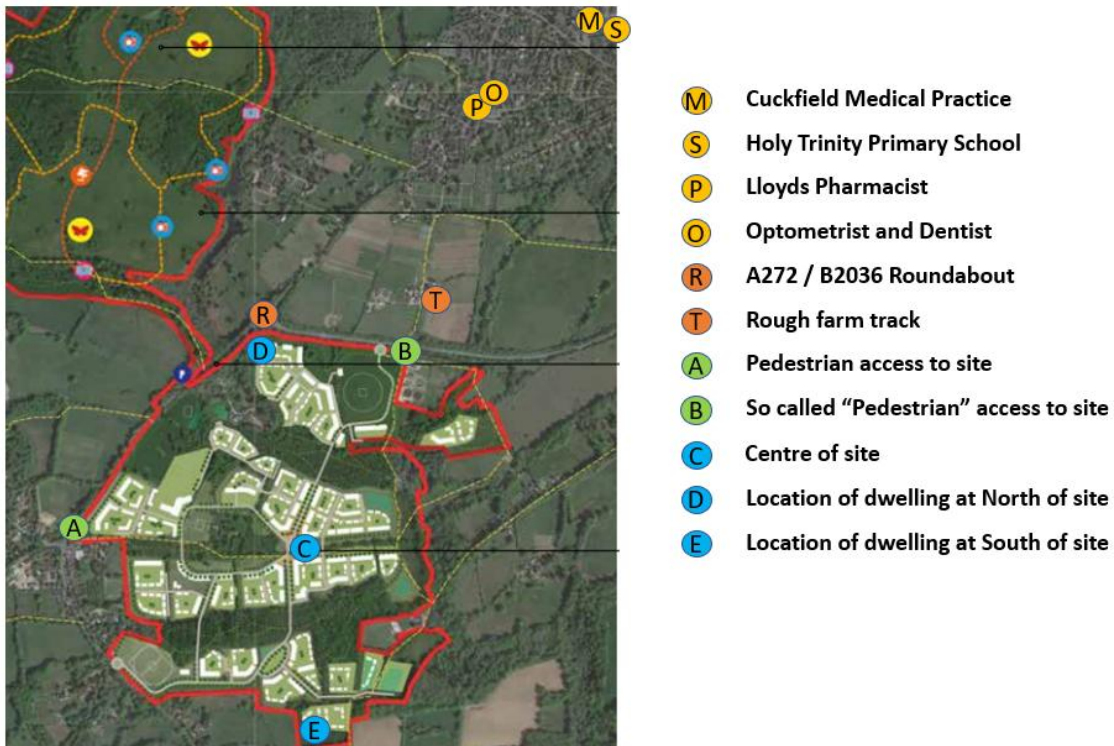


Fig 1 - Proposed Site and local area with annotations. Taken from the proposals "Land adjoining Ansty, A Strategic Development Site in Mid-Sussex District, prepared by Fairfax and Savills, February 2021", with various annotations added, showing some of the critical health services not located at the Site but in Cuckfield (in orange).

The proposed pedestrian access at the North of the proposed Site does not provide a viable route to Cuckfield

- North of the Site is the busy A272. The promoters show a proposed pedestrian access (marked B) on the A272. Their Site Isochrone analysis suggests that this access point can be used by pedestrians to walk to Cuckfield either by using the footpath and unmade track (marked T), or walking first alongside the A272 westwards (for about some 450 meters on the grass verge), then along the B2036. The footpath and track are unmade and are unsuitable for pushchairs or wheelchairs. The footpath and track are not lit. Crossing the A272 at that point would be dangerous. There is a grass verge runs alongside the busy A272 which would not be possible for wheelchair use. There is no paved footpath. There is no lighting. The promoter does not address any of these points in the proposals and must assume that this access is not to be used by residents at the site with pushchairs or wheelchairs.



Fig 2 - Annotated Google Earth image, showing Northern boundary of the Site adjacent to the A272

3. MSDC Equality Impacts Assessment (EqIA) – 2022 states that the Council will: *Implement DPD policies on housing site allocations within the identified indicative phasing period to ensure development is responsive to the needs of disabled people, including in regard to design, accessibility, transport, community facilities and local services, infrastructure and housing mix.*
4. This “so called” pedestrian access point B appears contrary to MSDC Equality Impacts Assessment (EqIA) – 2022 and, even for able-bodied residents at the proposed Site, this would not be a safe and realistic pedestrian route into Cuckfield. We therefore consider that the only viable pedestrian access to the proposed Site to access Cuckfield is that shown at Ansty Cross (labelled A in Fig 1).

Distance and travel times from the proposed pedestrian access at Ansty to Cuckfield High Street are innacurate

5. The promoters proposals list “local facilities” in Cuckfield, and the supposed distance from Site to reach these:
 - *Place of Worship – 650m, 9 minutes’ walk*
 - *Public House – 750m, 9 minutes’ walk*
 - *Dentist – 900m, 13 minutes’ walk*
 - *Doctors’ Surgery – 1.6km, 21 minutes’ walk*
 - *Primary School – 1.6km, 22 minutes’ walk*
6. We do not know how the promotor arrived at these figures.
7. As we have shown the proposed Pedestrian access from point B is unsafe / discriminatory and residents of the proposed development will be required to use the primary pedestrian access (from point A at the boundary of the Site at Ansty Cross).
8. We have carried out distance and travel time analysis as shown in Appendix A, utilising pedestrian access point A and consider various locations of critical health facilities in Cuckfield accessed from different locations of dwellings within the Site. Results from our analysis show that distances from the centre of the Site (point C in Fig 1) to various health facilities are approximately. To the dentist, optomotrist and pharmacist is approximately 2.59 km taking 34 minuites to walk (at a speed of 4.6 km/hr) from the centre of the Site. To the doctor it is approximately 3.3 km taking 43 minuites to walk (at a speed of 4.6 km/hr) from the centre of the Site.
9. The results presented the promotor for access to critical facilities in Cuckfield from are misleading as they do not appear to take account of the need for pedestrians to use access point A and do not take into account the distance required to be travelled from the centre of the Site.

Additional Distance and travel times from within the proposed Site along with scenarios for disadvantaged residents

10. According to the promotor, the proposed Site at Ansty Farm covers some 98 hectares, so many residents would have additional distances to cover (in addition to those shown above) to reach the centre of the Site (location C) in Fig 1. Furthermore, the terrain and topography is not taken into account for the necessary route pedestrians would need to take to get to Cuckfield. The combination of these three issues would pose significant challenges for many disadvantaged residents. These points are illustrated with a number of scenarios:

Scenario 1.

11. Here, a disabled person who needs a wheelchair to get around lives in the centre of the proposed Site at location C. She needs to go to the optometrist and dentist (in Cuckfield at location O in Fig 1) and does not own a car.



- A** Pedestrian access to site
 - C** Location of dwelling at Centre of site
- Distance from C to A is ~2170 ft (0.66 km)
Climb from C to A is ~15 m

Fig 3 – Annotated Ordnance Survey map, showing the distance from location C to the pedestrian entrance to the proposed Site at Ansty (location A).

12. The distance to the pedestrian entrance (location A) is approximately 0.66 km with a climb of approximately 15 metres (see Fig 3). She then needs to wheel a further 1.93km from location A with descents of 25m and climbs of 55m to get to the optometrist and dentist (see Appendix A). This is a total round-trip distance of 5.2km with 95 metres of uphill and 95 metres downhill. Along the busy section from A to O there are some long sections (each over 100 meters in length) with gradeints of around 1 in 13
13. The Department of Transport, Inclusive Mobility, 2021 report states that it provides guidance for: *“use by anyone designing and installing public realm schemes and improvements, including local authorities and their consultants, highways practitioners, and urban designers. It applies to both new build schemes and upgrades to existing layouts. It is primarily aimed at transport infrastructure and the public highway but much of its advice is relevant to private land accessible to the public. It provides good practice on designing the public realm to be accessible to all and should be followed as a matter of course for all such schemes. The use of this guidance will support creating and maintaining an inclusive and accessible built environment, and related activities carried out in compliance with requirements of the Equality Act and the public sector Equality Duty set out in the Equality Act 2010.”*
14. Section 4.3 of Inclusive Mobility covers the topic of Gradients and states: *“Generally, pedestrian environments should be level, which means that there should be no gradient in excess of 1 in 60. Effort should be made to ensure that the route is smooth, since even small dips or gaps in paving joints might present a hazard such as to people who use a stick or a crutch. If a level route is not feasible, then gradients should not exceed 1 in 20. (A slope steeper than this is generally defined as a ‘ramp’)...”*

... “Even if a pedestrian route has no slopes in excess of 1 in 20, it is important that there are level sections, or ‘landings’, at regular intervals. This is to provide people with an opportunity to rest; where possible accessible seating should be provided on such landings. A level landing should be provided for every 500mm that the route rises. The length of each landing should be equal to at least the width of the ramp...”

... “Gradients steeper than 1 in 20 can be managed by some wheelchair users, but only over very short distances (1000mm or less), for example on a ramp between a bus entrance and the pavement. Even over these short distances the maximum gradient used should be no more than 1 in 10. As a general rule, however, 1 in 12 should be the absolute maximum. Not only is the physical effort of getting up a steeper gradient beyond many wheelchair users, but there is also a risk of the wheelchair toppling over.”

15. The design and location of the proposed development at Ansty Farm would require our disabled resident to wheel extreme distances for her round-trip the dentist (circa 5.2 km) and she would have to deal with ramps of around 1 in 13 for over 500 meters of her journey. For our disabled resident, the location of the proposed Site appears contrary to the guidance provided by the Department of Transport and the requirements of the Equality Act and the public sector Equality Duty set out in the Equality Act 2010.

Scenario 2.

16. Here, a single parent with a pre-school child and baby in a pushchair lives in a dwelling at the North of the proposed Site at location D. He needs to go to the pharmacist (in Cuckfield at location P in Fig 1) and does not own a car. The distance to the pedestrian entrance (location A) is approximately 1.43 km with a descent of approximately 15 meters and a climb of approximately 30 metres (see Fig 4). He then needs to push the pushchair, holding the hand of the pre-school child, a further 1.93km alongside a busy road from location A to get to the pharmacist. This is a total round-trip distance of 6.7 km with 130 meters of uphill and 130 meters downhill (see Appendix A). This journey will be a serious challenge to navigate safely.

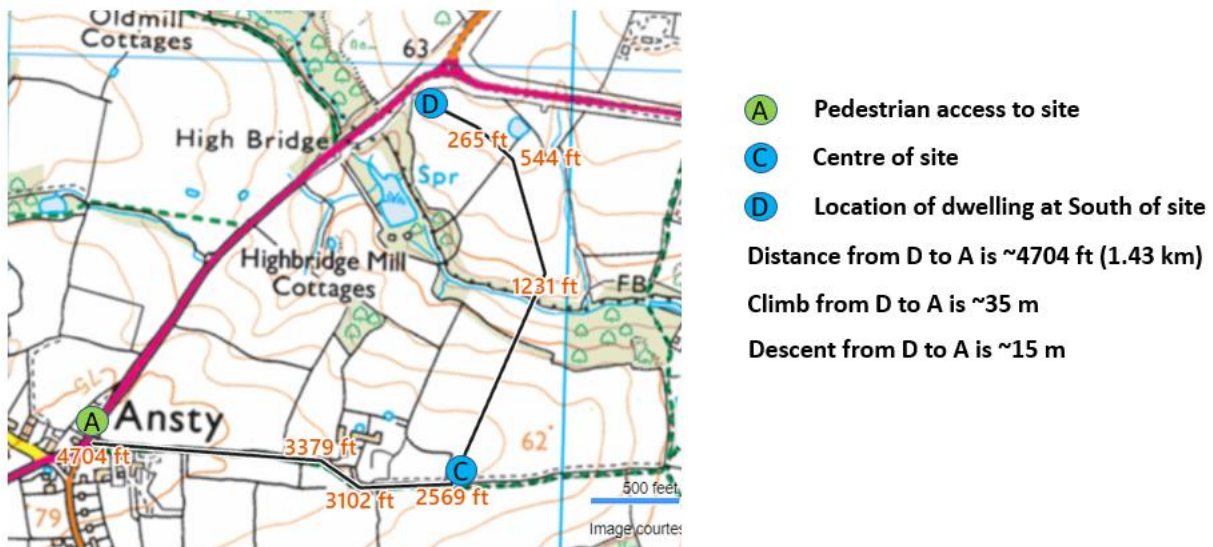


Fig 4 – Annotated Ordnance Survey map, showing the distance from location D to the pedestrian entrance to the proposed Site at Ansty (location A).

17. MSDC Equality Impacts Assessment (EqIA) – 2022 states that the Council will: “Implement DPD policies on housing site allocations within the identified indicative phasing period to ensure development is responsive to the needs of different age groups, including in regard to design, accessibility, transport, community facilities and local services, infrastructure and housing mix”

18. The design and location of the proposed development at Ansty Farm would require our single parent resident to push his baby’s pushchair alongside a busy road and travel extreme distances for his round-trip the pharmacist (circa 6.7 km) and he would have to deal some 130 meters of uphill and 130 meters downhill. The walking time for this trip at a speed of 4.6 km/hr (based on the google maps speed) would take 87 minutes. We walk slower than this and it is likely that our single parent resident pushing a pushchair and holding the hand of his pre-school child would walk slower and the round-trip would take over one and a half hours. For our single parent, the location of the proposed Site appears contrary to the provisions of MSDC Equality Impacts Assessment (EqIA) – 2022

Scenario 3

19. Here, an elderly resident who uses a stick to walk, with lives at the South of the proposed Site at location E. He needs to go to the doctors (in Cuckfield at location M) and does not own a car. The distance to the pedestrian entrance (location A) is approximately 1.3 km with a climb of approximately 30 metres and descent of 10m (see Fig 5). He then needs walk a further 2.65km from locaiton A to get to Cuckfield Medical Practice (1.93km to get to the Pharmacist (see Fig 4) and a further 0.72km to get to the doctors. This is a total round-trip distance of 7.9 km with 150 meters of uphill and 150 meters downhill (see Appendix A)

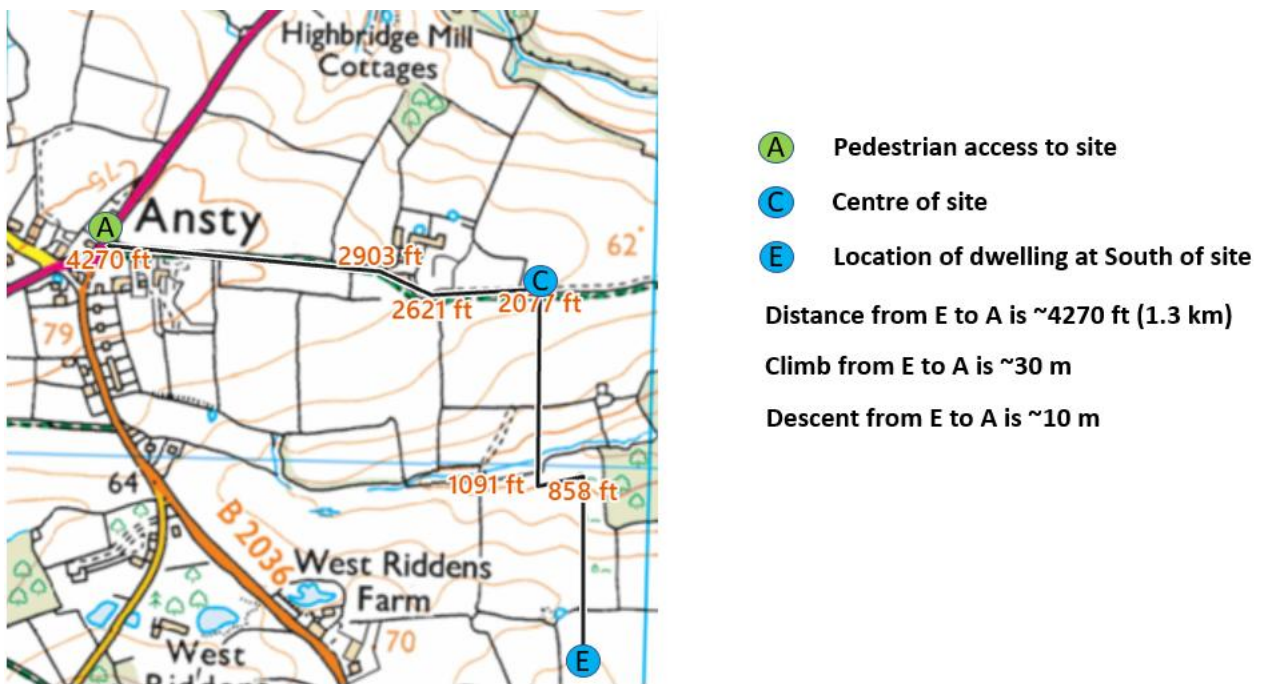


Fig 5 – Annotated Ordnance Survey map, showing the distance from location E to the pedestrian entrance to the proposed Site at Ansty (location A).

20. MSDC Equality Impacts Assessment (EqIA) – 2022 states that the Council will: *“Implement DPD policies on housing site allocations within the identified indicative phasing period to ensure development is responsive to the needs of disabled people, including in regard to design, accessibility, transport, community facilities and local services, infrastructure and housing mix.”*

Implement DPD policies on housing site allocations within the identified indicative phasing period to ensure development is responsive to the needs of different age groups, including in regard to design, accessibility, transport, community facilities and local services, infrastructure and housing mix

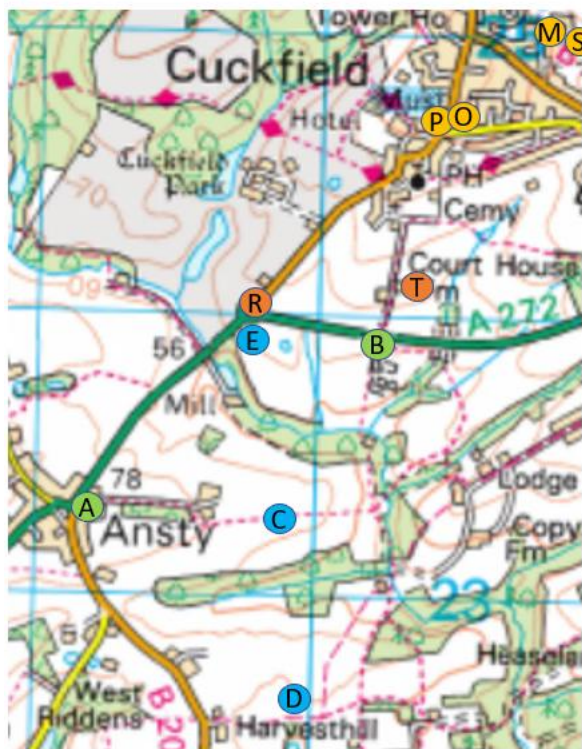
21. The design and location of the proposed development at Ansty Farm would require our elderly resident to walk alongside a busy road and travel extreme distances for his round-trip the doctors (circa 7.9 km) and he would have to deal some 150 meters of uphill and 150 meters downhill. As a sense of scale, this is greater than the ascent / descent of Ditchling Beacon from Underhill Lane in Ditchling. For our elderly resident, the location of the proposed Site appears contrary to the provisions of MSDC Equality Impacts Assessment (EqIA) – 2022

Conclusions

22. The design and location of the proposed development at Ansty Farm appears to be contrary to: MSDC Equality Impacts Assessment (EqIA) – 2022, The Department of Transport, Inclusive Mobility, 2021 Guidance, the requirements of the Equality Act and the public sector Equality Duty set out in the Equality Act 2010.
23. We consider that the proposals as set out to develop this Site would site unfairly affect certain disadvantaged residents and should be rejected on this basis.

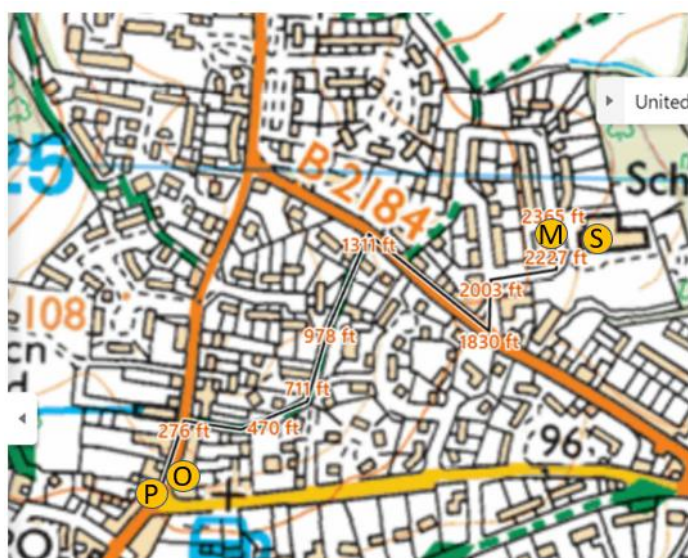
Appendix A: Travel time, distance and topographical analyses

We have carried out distance and travel time analysis as shown in Appendix A. We utilise Ordnance Survey data, distance measurements from Bing maps OS views and travel times / distance measurements from Google maps and calculations using Excel. Figures A1 to A4, in combination with Figures 3 to 5 in the main report are used to calculate the results shown in the tables below.



- (M)** Cuckfield Medical Practice
- (S)** Holy Trinity Primary School
- (P)** Lloyds Pharmacist
- (O)** Optometrist and Dentist
- (R)** A272 / B2036 Roundabout
- (T)** Rough farm track
- (A)** Pedestrian access to site
- (B)** So called "Pedestrian" access to site
- (C)** Centre of site
- (D)** Location of dwelling at North of site
- (E)** Location of dwelling at South of site

Fig A1 Ordnance Survey map, with various annotations added, showing some of the critical health services and facilities not located at the Site but in Cuckfield (in orange) along with points of reference near and in the Site.



- (M)** Cuckfield Medical Practice
- (S)** Holy Trinity Primary School
- (O)** Optometrist and Dentist
- (P)** Lloyds Pharmacist

Distance from P to M is ~2365 ft (0.72 km)

Climb from P to M is ~15 m

Descent from P to M is ~15 m

Fig A2 – Annotated Ordnance Survey map, showing the distance from the Pharmacist to Cuckfield Medical Practice and Holy Trinity School



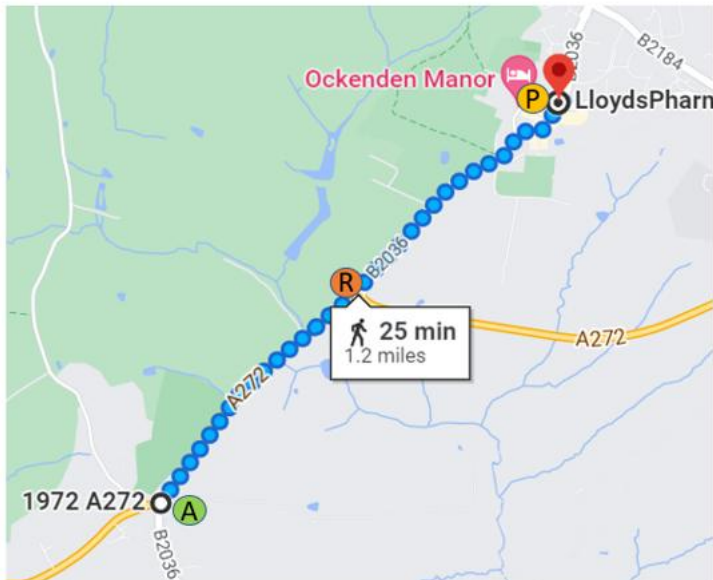
- P Lloyds Pharmacist
- O Optometrist and Dentist
- R A272 / B2036 Roundabout
- A Pedestrian access to site

Distance from A to P is ~1.2 miles (1.93 km)

Climb from A to P is ~55 m

Descent from A to P is ~25 m

Fig A3 – Annotated Ordnance Survey map, showing the distance from the Site pedestrian entrance A to the Pharmacist (P)



- P Lloyds Pharmacist
- R A272 / B2036 Roundabout
- A Pedestrian access to site

Walk from A to P is ~25-30 mins

Fig A4 – Google maps extract showing distance and walking times from the Site pedestrian access in Ansty to the Pharmacist in Cuckfield.

The average speed from Google maps is 4.6 km/hr. Note, it took us closer to 30 mins for this trip, which is an average speed of 3.9 km/hr

Tables showing distances, climbs, descents and travel times for various trips from proposed Site locations to critical services in Cuckfield. Travel times calculated using an average speed of 4.6 km/hr

Journey	Route (Fig 1 and A1)	Distance km	Climb m	Decent m	Time min	Round Trip	Distance km	Climb m	Descent m	Time min
Entrance A to Dentist	A to O	1.93	55	25	25	AOA	3.86	80	80	50
Entrance A to Optomotrist	A to O	1.93	55	25	25	AOA	3.86	80	80	50
Entrance A to Pharmacist	A to P	1.93	55	25	25	APA	3.86	80	80	50
Pharmacist to Doctors	P to M	0.72	15	15	9	PMP	1.44	30	30	19
Centre of Site to Entrance A	C to A	0.66	15	0	9	CAC	1.32	15	15	17
Dwelling D to Entrance A	D to A	1.43	35	15	19	DAD	2.86	50	50	37
Dwelling E to Entrance A	E to A	1.30	30	10	17	EAE	2.60	40	40	34

Centre of Site to Pharmacist	Route (Fig 1 and A1)	Distance km	Time min
Centre of Site to Entrance A	C to A	0.66	9
Entrance A to Pharmacist	A to P	1.93	25
Total	C to A	2.59	34

Centre of Site to Doctor	Route (Fig 1 and A1)	Distance km	Time min
Centre of Site to Pharmacist	C to P	2.59	34
Pharmacist to Doctors	P to M	0.72	9
Total	C to M	3.31	43

Scenario 1 Journey	Route (Fig 1 and A1)	Distance km	Climb m	Decent m	Time min	Round Trip	Distance km	Climb m	Descent m	Time min
Centre of Site to Entrance A	C to A	0.66	15	0	9	CAC	1.32	15	15	17
Entrance A to Optomotrist and Dentist and Pharmacist	A to O	1.93	55	25	25	AOA	3.86	80	80	50
Total	C to O	2.59	70	25	34	CPC	5.18	95	95	67

Scenario 2 Journey	Route (Fig 1 and A1)	Distance km	Climb m	Decent m	Time min	Round Trip	Distance km	Climb m	Descent m	Time min
Dwelling D to Entrance A	D to A	1.43	35	15	19	DAD	2.86	50	50	37
Entrance A to Pharmacist	A to P	1.93	55	25	25	APA	3.86	80	80	50
Total	D to P	3.36	90	40	44	DPD	6.72	130	130	87

Scenario 3 Journey	Route (Fig 1 and A1)	Distance km	Climb m	Decent m	Time min	Round Trip	Distance km	Climb m	Descent m	Time min
Dwelling E to Entrance A	E to A	1.30	30	10	17	EAE	2.60	40	40	34
Entrance A to Pharmacist	A to P	1.93	55	25	25	APA	3.86	80	80	50
Pharmacist to Doctors	P to M	0.72	15	15	9	PMP	1.44	30	30	19
Total	E to M	3.95	100	50	51	EME	7.90	150	150	102