



# Are we getting there?

## Age-friendly transport across Greater Manchester

*Greater Manchester Older People's Network Conference Report*  
*Liz Jones, Macc*



ambition  
for  
ageing

## Table of Contents

The findings of the conference.....	3
Executive Summary .....	3
Section I – Introduction .....	5
Section II: The aims and objectives of our January 2018 conference .....	5
Section III - Key themes.....	6
Section IV: Recommendations.....	7
Appendices .....	8
Appendix 1 – Overview of conference content.....	8
Appendix 2: Findings from the conference workshop .....	8
Examples of age friendly transport.....	9
General:.....	9
Buses:.....	10
Community Transport .....	10
Charities and volunteer driver Schemes .....	11
Metrolink/Trams .....	11
Taxis .....	11
Transport to hospitals .....	11
How is GM transport not age friendly? What needs to change? .....	12
General.....	12
Walking:.....	13
Buses:.....	13
Metrolink/Tram.....	14
Community transport.....	14
Trains.....	15
Taxis .....	15
Volunteer Driver Schemes .....	15
Hospital Travel.....	15
Appendix 3: Questions generated by delegates .....	15

## Executive Summary

The development of a truly age-friendly transport system across Greater Manchester would not only serve older people – it would benefit all citizens.

We know that transport is the most commonly cited issue for older people and yet it is the area in which people feel least empowered to influence and effect change.

Good transport links are essential to support community networks and prevent social isolation. Older people need a good transport system in order to continue to lead fulfilling, healthy and active lives.

They need transport that is affordable, accessible, flexible and reliable. It must be accessible to older people with mobility issues, sight and hearing impairments – as well as other disabilities – and be dementia friendly.

In this report, we bring together the thoughts and ideas of participants attending our conference on 17 January, which we ran in conjunction with Ambition for Ageing and Macc. On the basis of what we heard, we have made a series of recommendations. We believe that an action plan building on these recommendations would go some way to making a more age-friendly transport system in Greater Manchester (GM).



## The findings of the conference

Discussions at the conference indicate that GM already has a lot of positive examples of age-friendly transport at neighbourhood, local and GM levels. Developing and learning from these, we have the potential to develop a truly age-friendly transport system which would not only benefit older people, but all GM citizens.

However, much needs to change. Older people need to be better informed about their transport options and what support is available. Providers and the public need to be better informed about older people's needs, particularly in relation to invisible disabilities such as dementia.

Strategy and policy makers need to continue to work with older people to design, plan and develop transport services. Collaborative work needs to take place involving health, transport and older people in order to tackle systemic problems.

Finally, there needs to be ongoing commitment to work together for change, plus an acknowledgement that the opinions of older people – experts by experience – are uniquely valuable in planning for future provision.



# Age-Friendly Transport in GM - Our Recommendations

1

Transport service options for older people need to be **mapped at GM, local and neighbourhood levels**. Populations not well served by public transport should be identified and **assessed for potential social isolation and bespoke solutions planned and executed**.

2

When **transport services are cut or changed**, an **equalities impact assessment** should be carried out, looking specifically at **how older people would be affected**. For example, if and when the bus service is reregulated this should be done in consultation with older people to ensure that it becomes as age-friendly as possible.

3

**Smaller bespoke bus services** should be considered, encouraging **social links as well as meeting transportation needs**. Investment in **community transport** should be included as a strategic aim across GM.

4

Transport services need to be **designed according to age-friendly principles and consider the range of potential challenges for older people**. Older people's services need to be designed to take account of transport needs and provide integrated solutions where required.

5

Information on service options should be **better publicised and offered in a variety of accessible formats**. This information needs to be given at relevant times when an older person's needs may be changing, such as at the point of surrendering a driver's licence or meeting with a sensory assessment team. At the same time, a wider education campaign should raise public awareness of the potential needs of older passengers, particularly regarding 'invisible disabilities'.

6

Transport maps should include **more, and accessible, information** such as proximity to hospitals and health centres, public toilets and seating areas which would support journey planning.

7

Action should be taken to **empower older people to voice concerns and to influence change**. Opportunities need to be established and supported to ensure that **older people can be involved in design, planning and decision making**. Clearer mechanisms need to be developed, with designated officers to **support people to resolve their transport issues**.

8

**Volunteer car lift schemes** should be included in overall GM strategy with **proper support and training offered around insurance**.  
*(Note - this should not be seen as any kind of alternative to an efficient and effective community transport system)*

9

Providers and authorities should work in **partnership with the GM Older People's Network** to develop an agreed standard for **awareness training**. Training should be provided for all drivers and transport providers, including taxi-drivers. **Existing good practice should be identified and clearly publicised** to encourage providers and individual drivers to prioritise age-friendly standards.

10

Older people should be **offered training and support to access digital services** which could make their travel easier and more economical.

## Section I – Introduction

In this report we have brought together the thoughts and ideas of participants who attended our conference and made recommendations accordingly. We believe that action based on our recommendations will support the development of a more age-friendly transport system in Greater Manchester.

Transport is an intrinsic part of ensuring that any area is age-friendly. Although it is important to everyone, changes that occur in people's lifestyles as a result of ageing, can mean that transport becomes an even greater priority. It is the means by which people continue to be part of their communities, to generally get out and about, access money, food and shopping, to visit friends and relatives and attend health appointments.

Older people make a considerable contribution to society via their work, volunteering and general participation and need suitable transportation to continue to do this.

Although the proportion of older car drivers continues to increase<sup>1</sup>, reliable, serviceable and frequent public transport is an absolute priority, with 40% of people aged 60 or over in Great Britain using local bus services at least once a week<sup>2</sup>.



## Section II: The aims and objectives of our January 2018 conference

The conference on 17 January 2018 brought together older people from across GM, representatives from older people's organisations, transport providers and policy/strategy makers. We planned the attendance so that approximately 50% of the participants were older people and 50% organisational representatives and that all GM areas were represented. Balancing the participation in this way, we acknowledged the importance of personal experience and the unique and vital knowledge that older people bring to understanding age-friendly transport issues. In total, just under 100 people attended the event, with around 80 participating in the workshop in the morning.

The aim of the day was to think and talk broadly about transport for older people across GM. We particularly wanted to hear about the issues on the agenda for policy and strategy makers and the issues that are key for older people at both local and GM wide levels.

We also wanted to identify where these concerns and priorities dovetailed and whether there were gaps in provision, or specific problems that may have been overlooked.

To read about the conference content and debate in more detail, see Appendix 1



<sup>1</sup> Between 1995/7 and 2013 the proportion of people in Great Britain aged 70+ holding a licence increased from 38% to 62%. National Travel Survey 2013, Department for Transport, 2014

<sup>2</sup> National Travel Survey 2011, Department for Transport 2012

## Section III - Key themes

### Comparing what's working with what isn't, and why

In the workshop, participants discussed how age-friendly the transport system was at present according to their own experience. The positive examples of age-friendly transport across GM include:

- The concessionary travel pass is an invaluable and generally flexible resource for older people
- volunteer car lift schemes are a vital support for many older people.
- Metrolink, regulated by Transport for Greater Manchester (TFGM), is generally highly regarded.
- Particular features and particular services supported older people to access the places they wanted and needed to go in comfort.

However, there are many features of the GM transport system that make travel difficult for older people. These include:

- some geographical areas are much better served than others, potentially creating areas where older people could become chronically isolated and unable to access the services they need
- transport staff and the general public are not always aware of older people's needs, particularly in relation to invisible disabilities
- there is a lack of knowledge amongst older people about what options and services are available so many miss out on their best option
- digital technology can support a more age-friendly experience but not all older people are confident using it

### The need for age-friendly design and planning

The design of transport is fundamental and needs to take account of the wide range of potential challenges for older people. Vehicles themselves need to be designed accordingly, with space for wheelchair users and designated seating for those with reduced mobility. Stations, stops and interchanges need age-friendly features such as drop-off areas, comfortable seating, shelter and clean, working toilets. Lifts should always be available and need to be properly maintained at all times. Information and maps need to be provided to support people with journey-planning in the light of their potential challenges.

The design of all services for older people needs to consider transportation as a priority so that services can reach those most at risk from social isolation. Representatives from transport need to be present at all vital stages of planning age-friendly work which is not always the case.

### The need to be heard and to have influence

Older people want to be involved in design, planning and decision making. At the moment, they are concerned that their views, ideas and knowledge are not valued, and they fear they have no real power to influence and effect change.

The regulation of transport services is currently so complicated that older people often feel disempowered to influence when things go wrong or the system is not working for them

### Accessing health services

There are particular issues for older people accessing hospital and health appointments. The current system makes it impossible for many older people to access appointments before 11am, because their concessionary passes do not allow them to travel before 9:30am, resulting in missed appointments and an adverse potential impact on health.

Journeys to hospital appointments can be particularly stressful for older people and it is not always well known or publicised which tram stops and bus routes are closest to each hospital, making journey planning difficult.

### Moving to a better bigger picture

An age-friendly transport system is not just for older people. Many of the factors that make transport work for older people are equally supportive to other marginalised or undervalued groups such as disabled people, parents or carers of young children or people with economic challenges.

Such groups are not fixed and people can experience different challenges at different stages of their lives where they will identify more acutely with the need for these changes. The development of a truly age-friendly transport system across Greater Manchester would not only serve older people – **it would benefit all citizens.**

## Section IV: Recommendations

On the basis of the themes identified in Section III of this report, the GMOPN makes the following recommendations:

1. Transport service options for older people need to be mapped at GM, local and neighbourhood levels. Populations not well served by public transport should be identified and assessed for potential social isolation and bespoke solutions planned and executed.
2. When transport services are cut or changed, an equalities impact assessment should be carried out, looking specifically at how older people would be affected. For example, if and when the bus service is reregulated this should be done in consultation with older people to ensure that it becomes as age-friendly as possible.
3. Smaller bespoke bus services should be considered, encouraging social links as well as meeting transportation needs. Investment in community transport should be included as a strategic aim across GM.
4. Transport services need to be designed according to age-friendly principles and consider the range of potential challenges for older people. Older people's services need to be designed to take account of transport needs and provide integrated solutions where required.
5. Information on service options should be better publicised and offered in a variety of accessible formats. This information needs to be given at relevant times when an older person's needs may be changing, such as at the point of surrendering a driver's licence or meeting with a sensory assessment team. At the same time, a wider education campaign should raise public awareness of the potential needs of older passengers, particularly regarding 'invisible disabilities'.
6. Transport maps should include more, and accessible, information such as proximity to hospitals and health centres, public toilets and seating areas which would support journey planning.
7. Action should be taken to empower older people to voice concerns and to influence change. Opportunities need to be established and supported to ensure that older people can be involved in design, planning and decision making. Clearer mechanisms need to be developed, with designated officers to support people to resolve their transport issues.
8. Volunteer car lift schemes should be included in overall GM strategy with proper support and training offered around insurance. (Note - this should not be seen as any kind of alternative to an efficient and effective community transport system).
9. Providers and authorities should work in partnership with the GM Older People's Network to develop an agreed standard for awareness training. Training should be provided for all drivers and transport providers, including taxi-drivers. Existing good practice should be identified and clearly publicised to encourage providers and individual drivers to prioritise age-friendly standards.
10. Older people should be offered training and support to access digital services which could make their travel easier and more economical.

# Appendices

## Appendix 1 – Overview of conference content

Participants heard a presentation and then attended a workshop, where they summarised their key priorities and came up with questions. Some of the questions were posed to Andy Burnham, Mayor of Greater Manchester and a panel of experts in the afternoon. The rest of the questions have been submitted to TFGM for responses. [Andy Burnham's address](#) and the expert panel discussion can be viewed on Youtube.

Andy Burnham finished his address to the network by saying: “We want to be guided by you in making sure that we prioritise the right things”.

*“We should work towards a point where older people can influence the transport systems they experience.”*

In this report we have brought together the thoughts and ideas of participants and made recommendations which we believe if adopted will go some way to making a more Age-Friendly Transport System in Greater Manchester.

[Dr Mark Hammond, Manchester School of Architecture, presented on “Transport: Scale and Influence”](#). Mark explained that although transport was the most commonly cited issue for older people, it was also the area in which people felt least empowered to influence. He went on to outline ways in which changes could be made by focusing on different scales, working on a community or neighbourhood level where larger scale approaches were not effective. Mark illustrated the potential benefits of a neighbourhood approach, building on local assets, whilst acknowledging that older people needed to have agency on larger scales too.

## Appendix 2: Findings from the conference workshop

Participants took part in a workshop on age-friendly transport. They sought to define what an age-friendly transport system might look like in Greater Manchester. We asked the question: “Are we getting there?”

Our objective was to elicit positive examples and features that we might build on, and identifying issues that would need to be addressed. Participants were divided into nine groups and asked to identify examples or features of age-friendly transport as well as examples of problems or features that were not age-friendly. All groups included both organisational representatives and older people from different areas in Greater Manchester. Participants provided both local examples and more general considerations. The main findings made have been collated in the points below according to key focus areas.



## Examples of age friendly transport

### General:

Transport needs to support people to go where they want to. The city centre was considered well connected and well served with public transport - the Metro shuttle was thought a good service.

- Transport is important to help people get out and about and access services, appointments and groups. It was thought vital that charities and organisations existed to support this.
- Where charities provided services for older people it was usually helpful for them to have their own transport service for their own sessions.
- Choice was important and participants noted that this was plentiful in Manchester.
- Participants noted the value of community understanding around the invisible disabilities that were sometimes linked to older age. An age-friendly journey might include someone giving up their seat on the bus or tram or not being impatient when someone was taking more time than the average. This required the awareness of passengers as well as the driver or provider.
- Cost was an important consideration - participants mentioned that it was easier for older people to attend meetings in the daytime, but not with an early start, because it was cheaper.
- Information and safety are important considerations. Travel Shop, which is available at most GM bus stations, was considered a good service, offering not only information but also a space where people feel safe.

*“Having a free bus pass is great. It is flexible enough to make it effective for travelling around Greater Manchester.”*

- Accessibility was vital. Passenger assistance, like that offered at Manchester Piccadilly train station, was a valuable service for people with mobility issues.
- The hailer cards were cited as a good scheme for blind or partially sighted travellers.
- Electronic information showing arrival times (at both Metrolink and Bus Stops) was thought to be valuable.
- Flexibility was important – The TFGM concessionary pass was valued for this flexibility. The option to use taxi vouchers was appreciated whereby people pay £30 and receive £120 of taxi vouchers per annum.
- Participants noted the potential benefits of digital technology such as bus apps. These could be good and were sometimes cheaper although not all participants were confident in using them and did not necessarily have access to smart phones.
- The QR codes app was also good for some participants but not everyone was confident in using it or had access to this service



## Buses:

- Local Link was considered a good service but only operated in the south and north of GM, leaving a six-mile barrier.
- Participants noted that orbital routes were important and should be prioritised. The 409 was noted as a well-run example.
- Lowering the boarding point for people requiring extra support and waiting for passengers to sit down before moving were given as examples of age-friendly practice – this relies on the courtesy of individual drivers.
- Some excellent practice noted by individual drivers supporting people to negotiate a tricky system – a participant had witnessed an 85 bus driver going out of his way to help a passenger move to a correct service, flagging down another bus driver so that his passengers could move from one vehicle to another.
- In Leigh the guided bus V1/V2 – taking people to the hospital (MRI) – was considered to be an invaluable service.
- In Bolton town centre the Metroshuttle free bus was a helpful service for people with mobility issues.
- New Stagecoach buses have markings on the floor for wheelchair users.

## Community Transport

- Participants noted that community transport was important, not just for getting out and about but also for promoting social networks. As community transport is quite local and often supports people with something in common it can create a space for people to connect in a way not often seen on larger buses serving a broader population.
- Ring and Ride was seen as an invaluable service. Benefits included that it was door to door and the cost was low. It was also felt to be reliable and accessible, with features such as the tail-lift and space for wheelchairs. It was useful for booking an outing for a small group as well as for appointments.
- Ring and Ride drivers can be sympathetic and supportive when they know clients – “It’s really important to have regular drivers.” It was felt that the driver training was generally of a good standard and that many drivers would provide a personalised service, for example carrying shopping to a passenger’s door when required
- Easy Go Community Transport in Stockport was thought to be a generally good service
- In Tameside Manchester Community Transport run small buses to Ashton that stop outside the door (or very close by) every 30 minutes.
- Community transport was particularly valuable in areas that were hilly, making walking more challenging.

## Charities and volunteer driver Schemes

- Volunteer driver schemes could be a lifeline for people with mobility issues and carers who did not have access to their own transport. These services were often used for traveling to appointments, often in relation to health.
- This can happen on an informal basis where friends provide and receive lifts for each other.
- Timebanking was mentioned as a good model that might support volunteer driving schemes. Those providing lifts might receive support of a different kind according to their particular needs.
- Community Cars, Volunteer Drivers, Chorlton Good Neighbours and similar schemes in Stockport, Trafford and Rochdale were all cited as good volunteer driver schemes.
- In Tameside, “Miles of Smiles” was mentioned as an example of a good service that was subsidised – taking patients to appointments and providing an escort. It was noted that it needed more volunteers.
- North City Nomads was cited as a good initiative providing older people the opportunity to participate in trips.

## Metrolink/Trams

- Participants felt that the tram was “fast, clean and comfortable”. They mentioned the value of the level access and regular timetable and noted that it had good access for wheelchair users.

## Taxis

- Taxi Transfers in Salford was cited as a good service that focused on older people. One participant who used them regularly mentioned that they specialised in accessible vehicles and have appropriate driver training.

## Transport to hospitals

- Hospital transport was recognised as a vital service for older people. Participants mentioned various service such as the shuttle taking passengers from the tram stop to Salford Royal.
- Travel from Bolton to Manchester hospitals was thought to be relatively straightforward via the train and free bus and worked well for appointments after 11am.
- Patient transport for getting to and from hospital was appreciated.



- The service provided by the Red Cross at Wythenshawe hospital was given as an example of good practice for people needing support attending hospital appointments, although this is only a pilot scheme at present.

# How is GM transport not age friendly? What needs to change?

## General

- Where transport is not age-friendly this could have a big impact on the mental health, wellbeing and connectedness of individuals.
- When services were cut or changed this could make an area that had been age-friendly cut-off, leading to social isolation.
- It was noted that in London the oyster card was free for women over 60, although the pension age had been increased. It was felt that this unfairly favoured those living in London.
- Participants noted that the transport system was so complicated that it was difficult to know who was accountable - people did not know where to complain if needed.
- Although both taxi vouchers and concessionary passes were thought to be positive – participants noted that an individual's needs varied over time, depending on factors such as state of health and weather. They questioned whether there could be a more flexible option whereby either of these could be used flexibly – this had a particular impact for those under financial pressures who could not afford taxis.
- Safety was an important issue and some participants had been put off using trams due to Anti-social behaviour.
- It was important that journeys were comfortable and older people have to consider mobility, energy levels and breathlessness. It was also important that there were available toilets that were well maintained.

- Design of transport facilities was important. Participants noted the need for more bus shelters as well as insufficient or uncomfortable seating. Some older people need to have a seat rather than have to perch. Participants noted that in some bus shelters you could not see the bus coming.

- Lifts needed to be available and working at train and tram stops.

- It was felt that trains and trams prioritised younger people getting to work.
- Participants found issues with the Get Me There system and hoped that a system more like the London oyster card could be implemented and used across all transport.
- Lack of information was a strong theme and participants felt particularly badly informed about Ring and Ride and Community Transport, blue disability badges and Bus Pass and Taxi Voucher options. Some participants had never heard of the taxi voucher scheme. People wanted to be better informed about timetables, connections and changes and wanted this in accessible formats. Some participants had difficulty reading the displayed timetables.



- Electronic information on arrivals and departures is currently only available at tram stops and some bus and train stations - participants hoped that this could be implemented more widely.
- Across all services, participants highlighted the importance of driver understanding. Participants did not always feel treated with respect or understanding. Participants suggested that perhaps drivers were aware of the repercussions of making the adjustments required to make their service more age-friendly. Lowering the boarding platform or waiting for a passenger who was taking longer than average to pay or to sit down could make an already late service later. Not all drivers appeared to have awareness of accessibility needs.
- It was felt that training was needed for drivers across all services – buses, community transport and taxis - and that this should include dementia awareness and that of other invisible disabilities and difficulties associated with older age.
- Age UK Oldham had wanted to offer training to bus drivers because of an increased number of falls on public transport but there were no takers.
- Not all key services were on main routes creating difficulties for those using public transport.
- Participants noted the need for training about digital services but also that not everyone could afford or was able to use a smartphone, even if this training was provided.
- Participants voiced concerns that consultation was not just box ticking and wanted assurances that their views would be taken on board and that action would be taken based on their recommendations.

### **Walking:**

- The condition of the pavement was very poor in lots of areas which made walking difficult for older pedestrians with mobility issues.
- It was felt that compared to other cities, Manchester did not prioritise pedestrians.

### **Buses:**

- Participants were frustrated at the variation in fares between one provider and another.
- The reliability of bus services was very variable and in particular areas was not reliable enough for hospital or other appointments that were not flexible.
- Some drivers struggled to get the ramps out on buses – it was felt that these could be better designed.
- The timing of buses was frustrating for participants – for example the 561 and 562 and 525 and 527 often arrived at the same time.
- Buses did not always go to the places that participants wanted to go. In Bolton, since the bus station has been moved, the bus does not go to Bolton Market. This is impacting on the area as well as individuals.
- There were problems with services being cancelled in congestion – people reported seeing “out of service” buses that clearly had passengers on board which became active when reaching the local bus station.
- Particular services (such as the 85) have differing services with some going to more places than others - it is not clear which you’re boarding at a given time.

- Metrolink – people are not always 100% sure which route to take.
- Night bus services were not thought to be as good.
- The fact that bus passes could not be used before 9:30am caused difficulties, particularly in relation to attending early medical appointments. Participants wondered whether half-fare could be charged before 9:30am.
- Participants felt that the bus companies did not seem interested in the needs of people and that cuts or changes were made without thought to the impact.
- In Tameside the bus service Belle Vue to MRI has been cancelled, despite it being well patronised – this was a valuable service for older people.
- Particular problems were reported with the 345 service bus on the New House Farm Estate in Stockport - there is no evening or weekend service, no bus shelters or timetables displayed and times were constantly changing with some buses reported to be not fit for service. Participants felt that the timetable was not coordinated with other buses or trains.
- The new Bolton Interchange was experienced as confusing. Participants reported that the consultation around this was poor and that although feedback had been sought there did not appear to have been formal consultation. Participants felt that the result was not age-friendly – there is no tannoy system, no markers for people with visual impairment as the floor was all one colour and the layout was confusing. There was also no drop-off facility.



### **Metrolink/Tram**

- Although the Metrolink was generally well thought of, not everyone in Greater Manchester could access this. It was felt that Stockport and other areas were missing out in not being on the Metrolink.
- One participant noted that the tram ramp was too high for wheelchair users.

### **Community transport**

- Participants felt that community transport was not sufficiently prioritised and in some areas people were isolated because of a lack of provision.
- Some participants felt that Ring and Ride was unreliable and uncoordinated. The lack of flexibility had an impact on participants. Particular issues were that they would only cross boundaries by 2 miles and that booking was limited to 7 days in advance. Participants also noted that although pick up was guaranteed, journey time was not. The length and duration of the journey was often felt to be too long. It was felt that there were not enough buses. Some participants thought that there should be more space for wheelchairs.
- Participants were unhappy that the qualifying age for Ring and Ride had changed to 70, which was not in line with retirement age.
- When drivers were not regular, taking people to regular clubs or activities this could cause problems.

## **Trains**

- Train stations were not all accessible for older people with mobility issues. Lifts did not always work. Levenshulme was cited as inaccessible.

## **Taxis**

- Local taxis were “a mixed bag”. Some companies were thought to be better than others and individual drivers varied.
- Taxis were expensive and not always accessible.

## **Volunteer Driver Schemes**

- There is worry and misinformation about the legalities of volunteer driver schemes, particularly in relation to insurance.
- More volunteers are needed for volunteer driver schemes.

## **Hospital Travel**

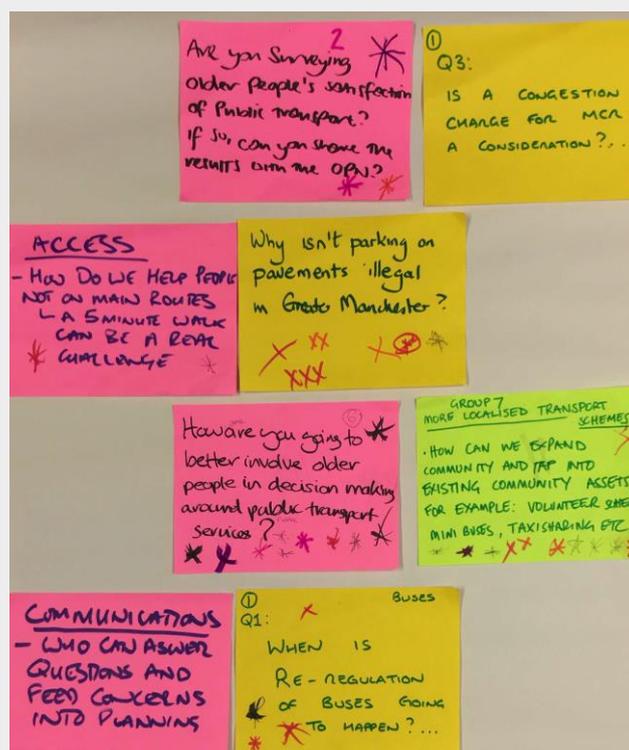
- Getting to hospital appointments was noted as a particular problem for older people, particularly when appointments were before 11am. Within the current system, it was often not possible for older people to attend early appointments but they were routinely given. This seemed to be a particular issue for some participants in rural or semi-rural areas.
- Poor transport links could lead to missed appointments which had a knock-on impact on health. When transport links were not good, journeys added extra stress.
- Bus routes do not always run all the way from home to hospital which can result in massive journey times - one participant reported that a journey from Salford to Wythenshawe hospital for a cancer appointment took four hours.
- It was not always well known which tram and bus stops were near which hospitals
- Good services such as the Red Cross Home Delivery Service in Wythenshawe were not seven days/week.

## **Appendix 3: Questions generated by delegates**

The following 23 questions were raised by participants during the course of the morning workshop. Some were posed to Andy Burnham and the expert panel in the afternoon. The rest have now been submitted to Transport for Greater Manchester and the Greater Manchester Ageing Hub for responses.

1. How will we prioritise investment and coordination of community transport schemes (such as Ring and Ride)?
2. How do we get a complimentary, localised, fully accessible, funded, door to door transport service?
3. How can the design of transport be improved? This can include better information, bus stops, seating, interchanges, training etc.
4. How can we ensure that there is a consistent good level of training for understanding various needs across all transport?
5. How can we expand and better tap into existing community assets, such as volunteer schemes, minibuses, taxi sharing etc?

6. How are you going to better involve older people in decision-making around public transport? Are bus drivers currently given training run by older people/people with disabilities? If not, could they be in future?
7. How do we involve older people in designing new provision For example, there are issues with the new Bolton interchange which could potentially have been avoided with a better commitment to co-design.
8. Why can't free bus pass be used before 9:30am when a lot of hospital and health appointments are made before 9:30 am?
9. Can we develop a more comprehensive network for Park and Ride?
10. It is difficult to access toilets at main transport stations/interchanges. Can transport maps highlight local toilets and flag up community toilet schemes and/or publicise other nearby toilets?
11. Why isn't parking on pavements illegal in Greater Manchester?
12. Is a congestion charge for Manchester a consideration looking ahead?
13. How do we propose to make community transport more age-friendly, along the lines of the Ring and Ride scheme?
14. When is re-regulation of buses going to happen?
15. Can transport links/routes be linked or better integrated with hospital and health care locations? For example, having maps on display of bus, tram and train routes, indicating stops and routes for local hospitals and health centres.
16. Promotion what's currently available, such as taxi vouchers, hailer cards etc. While these are available, they are not sufficiently known about. How do people find out about these? Can they be promoted more widely and at relevant times?
17. Are you surveying older people's satisfaction of public transport? If so, can you share the results with the GMOPN?
18. Do you think it is right to ask people to surrender their bus pass in order to qualify for the taxi voucher scheme? Could both offers be flexible?
19. How do we help people not on main routes? Even a five-minute walk can be a real challenge.
20. Who can we can communicate with to get answers to questions and to be able to feed our ongoing concerns into transport planning?
21. Can we have real-time information displays at bus stops, as the case with trams and trains?
22. How are you going to better synchronise the bus, tram and train services?



Once we have received responses, we will publish a set of replies on our website at [www.manchestercommunitycentral.org/policy-and-influence/gm-older-peoples-network](http://www.manchestercommunitycentral.org/policy-and-influence/gm-older-peoples-network)

