



**OFFICER REPORT TO LOCAL COMMITTEE
(ELMBRIDGE)**

**PROPOSALS FOR THE PERMANENT REMOVAL OF
A307 TARTAR HILL FOOTBRIDGE, PORTSMOUTH ROAD,
COBHAM**

14th JUNE 2012

KEY ISSUE & SUMMARY

Following the bridge strike in January 2012, the damaged bridge deck was removed from site. The remains of the sub-standard bridge and approach guardrail will be removed from site in the near future and this report considers whether or not any improvements to road crossing facilities in the vicinity of the bridge should be made in conjunction with the bridge removal.

OFFICER RECOMMENDATIONS

The Local Committee (Elmbridge) is asked to note and comment on the contents of this report.

1 INTRODUCTION AND BACKGROUND

- 1.1 Tartar Hill Footbridge was built in 1968, when the route was the old A3. On completion the current A3 in 1974/75, there was a significant reduction in traffic. While traffic has increased since then, the proportion of HGVs remains reasonably low and the road is subject to a 30pmh speed limit.
- 1.2 The bridge was hit by an overheight vehicle on the 23 January 2012. There were no pedestrians on the bridge at the time but the main span was damaged and had to be removed for safety reasons. Prior to this incident, the bridge was last hit in March 2010 but the 2012 strike was the first one where the damage was severe.
- 1.3 The bridge clearance is 5.06m (16'7") and, while this exceeds the statutory minimum clearance below which low bridge signing is needed by one inch, it is very low in comparison to the current minimum height requirement for a new footbridge of 5.7m.(18'8").
- 1.4 The haulage company responsible for the collision has admitted liability and the costs incurred as a result of the collision are being recovered.
- 1.5 The collision in January prompted consideration of whether it is appropriate to continue to maintain this sub-standard footbridge, particularly given the low proportion of pedestrians that chose to use it.
- 1.6 Most pedestrians crossing the A307 in close proximity to Tartar Hill footbridge do not use it to make their crossing. The majority choose instead to cross the road, south of the bridge using a traffic island close to the Health Centre, rendering the footbridge essentially redundant.
- 1.7 Technical Advice note (TA91/05) in the DfT Design Manual for Roads and Bridges states that :

“Bridges with steps or steep ramps represent the least suitable form of crossing for disabled people and should there for only be provided when other forms of crossings (at-grade or underpass) are not deemed appropriate.”

In this location, most pedestrian choose to cross the road at grade.
- 1.8 Having taken the above into account, Surrey County Council do not consider it appropriate to continue to maintain a footbridge in this location

2 ANALYSIS

- 2.1 The bridge is on the desire line for pedestrians on the east side of the bridge accessing the common for leisure purposes and for the pedestrian traffic generated by residents of 177 to 233 Portsmouth Road and Denby Road crossing the A307. This only accounts for for a small proportion of pedestrian journeys in this area.

- 2.2 Most pedestrians cross at the traffic island by the Health Centre rather than use the footbridge. It is often the case that pedestrians will stay on their desire line rather than divert to use a footbridge, if they perceive that they can cross adequately safely at road level.
- 2.3 A pedestrian survey of pedestrians crossing in the vicinity of the bridge was conducted over a ten-hour period from 7am till 7pm upon 13/03/2008. (A full detailed record of the count is contained in Annex 1 of this report).

	Close to end of guardrail south of footbridge	Via footbridge	Close to end of guardrail north of footbridge
All day Total (7am till 7pm)	186	35	6
AM Peak Total (8am till 9am)	37	8	2

No.s of pedestrian crossings (13/03/2008)

- 2.4 A pedestrian survey of pedestrians crossing in the same location after the footbridge deck had been removed. It was conducted over a ten-hour period from 7am till 7pm upon 03/05/2012 (A full detailed record of the count is contained in Annex 2 of this report).

	Close to end of guardrail south of footbridge	Footbridge Unavailable	Close to end of guardrail north of footbridge
All day Total (7am till 7pm)	192	-	9
AM Peak Total (8am till 9am)	60	-	2

No.s of pedestrian crossings (03/05/2012)

3 OPTIONS

- 3.1 Option 1 : Do Nothing
The bridge has not been available since the end of January and the pedestrian flow that it carried has been redistributed to other locations in the vicinity. This has resulted in a slight increase of usage of the alternative crossings nearby.
- 3.2 Option 2 : Improve alternative crossing options
Provide funding from the Bridge Budget to improve the alternative crossing facilities and implement speed control measures locally, as appropriate. (See Annex 3 for draft report)

The recommended option in the draft report will be developed further and the Structures budget will then fund the implementation of the final recommendation.

- 3.3 Option 3 : Provide a new footbridge that meets current standards
A new DDA (Disability Discrimination Act) -compliant bridge with low gradient approach ramps and high clearance would cost approximately £500,000. The high cost of such a structure is due to the lengthy approach ramps that would be needed. Apart from the availability of more economical and popular alternatives, other considerations include the land that would be needed and the ecological impact of any such proposal on Old Common. Such a structure would also clearly be far more visually intrusive than the current bridge.

4 CONSULTATIONS

- 4.1 Consultation leaflets outlining the reasons why it was proposed to remove the footbridge were delivered to houses in the general vicinity of the bridge on the 30th of March and the 2nd of April. Leaflets were also delivered to the Health Centre and St Andrews Primary School.
- 4.2 Feedback was requested by the 27th of April. And 52 individual letters/telephone calls and one petition were received during the consultation period.

The petition supports the retention of the footbridge in this location.

The individual responses covered a wide range of viewpoints but the three most popular comments were :

- The speed limit is exceeded/ignored by traffic on this stretch of road. Some enforcement or speed control measures are needed in this area to enhance pedestrian safety
- The island that gets used for crossings at Health Centre is inadequate. It is too small for family groups with pushchairs.
- If the bridge is to be removed, a better alternative than that which is available at present is needed. (a signal-controlled crossing was suggested by many.)

A selection of comments made in included in Annex 4.

5 FINANCIAL AND VALUE FOR MONEY IMPLICATIONS

- 5.1 The bridge was hit by an over-height vehicle on the 23 January 2012. The haulage company responsible have admitted liability and the costs incurred as a result of the collision are being recovered. The recommended option is not therefore driven by short-term financial pressures.
- 5.2 Maximum value for money is achieved by investing in the facilities that will be of benefit to most pedestrians and accessible to all. In the long term, it would not represent good value for money to invest in the existing sub-standard bridge or to replace it with a costly DDA compliant bridge.

6 EQUALITIES AND DIVERSITY IMPLICATIONS

- 6.1 The footbridge is not accessible to people with impaired mobility and is very difficult to negotiate for pedestrians with buggies or bicycles.

7 CRIME AND DISORDER IMPLICATIONS

- 7.1 During consultation, there were reports of cars having been hit by stones thrown from the bridge.

8 CONCLUSION AND REASONS FOR RECOMMENDATION

- 8.1 The current bridge structure is to be removed. The alternative option of replacing it with a DDA compliant bridge does not represent value for money. Therefore, alternative provision for pedestrians is currently being considered. (See Annex 3).

9 WHAT HAPPENS NEXT

- 9.1 The remains of the bridge and railings will be removed in the near future.
- 9.2 The options in the Annex 3 report will be worked up further and reviewed with the Chair, Vice Chairman and locally affected Members.

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