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OVERVIEW & SCRUTINY COMMITTEE

Monday, 28th February, 2022 at 7.00 pm in the Council Chamber

Membership:

Susan Erbil (Chair), Margaret Greer (Vice-Chair), Lee David-Sanders, Birsen Demirel, Mahmut Aksanoglu, Elif Erbil, James Hockney and Derek Levy

AGENDA - PART 1

- 1. WELCOME & APOLOGIES
- 2. DECLARATIONS OF INTEREST

Members of the Council are invited to identify any disclosable pecuniary, other pecuniary or non-pecuniary interests relevant to the items on the agenda.

3. CALL IN: NORTH MIDDLESEX HOSPITAL ACTIVE TRAVEL IMPROVEMENTS (Pages 1 - 190)

To review the decision of the Deputy Leader of the Council taken on 4 February 2022 as a result of the matter having been called-in.

4. CALL IN: FOX LANE AREA QUIETER NEIGHBOURHOOD (Pages 191 - 282)

To review the decision of the Leader of the Council taken on 7 February 2022 as a result of the matter having been called-in.

5. PETITION ON STOP ROADBLOCKS FOR PEDESTRIANS AND CYCLISTS (Pages 283 - 286)

To receive the petition from the Lead Petitioner, and in accordance with the Councils Petition scheme, allow consideration of the views expressed in the petition.

6. DATES OF FUTURE MEETINGS

The next meeting of the Overview and Scrutiny Committee is scheduled for Monday, 21 March 2022 (previously scheduled on 24 March 2022 due to purdah).

London Borough of Enfield

Overview & Scrutiny Committee

Meeting Date 28 February 2022

Subject: Call in – North Middlesex Hospital Active Travel

Improvements

Cabinet Member: Deputy Leader, Cllr Ian Barnes

Key Decision: KD 5372

Purpose of Report

1. This report details two call-ins submitted in relation to the following decision:

Portfolio decision taken on 4 February 2022. Details of this decision were included on Publication of Decision List No.48/21-22 Ref:2/48/21-22).

This decision has been called-in by the following members of the Council:

Councillors Fallart, De Silva, Rye, Smith, Vince, Thorp, and Alexandrou

Call in 2

Councillors Anderson, Gunawardena, Barry, Lemonides, Brown, Orhan and Alessandro Georgiou

In accordance with the Council's Constitution, Overview and Scrutiny Committee is asked to consider the decision that has been called-in for review.

Proposal(s)

- 2. That Overview and Scrutiny Committee considers the called-in decision and agrees to either:
 - (a) Refer the decision back to the decision-making person or body for reconsideration setting out in writing the nature of its concerns.
 - (b) Refer the matter to full Council; or
 - (c) Confirm the original decision.

When the Committee has considered the decision above and agrees one of the recommendations listed at (a), (b) or (c) above, the call-in process is completed. A decision cannot be called in more than once.

If a decision is referred back to the decision-making person or body; the implementation of that decision shall be suspended until such time as the decision making person or body reconsiders and either amends or confirms the decision, but the outcome on the decision should be reached within 14 working days of the reference back. The Committee will subsequently be informed of the outcome of any such decision.

Relevance to the Council's Plan

3. The council's values are upheld through open and transparent decision making and holding decision makers to account.

Background

4. The request to call-in the Cabinet decision was submitted under rule 18 of the Scrutiny Procedure Rules. It was considered by the Monitoring Officer.

The Call-in request fulfilled the required criteria and the decision is referred to the Overview & Scrutiny Committee in order to consider the actions stated under 2 in the report.

Implementation of the Portfolio decision related to this report will be suspended whilst the "Call-in" is considered.

Reasons and alternative course of action proposed for the Call in 1

5. Please see the reasons for call in and officer responses at appendix A to D. Proposed course of action is for referral back to the Deputy Leader.

Consideration of the Call in

6. Having met the Call-in request criteria, the matter is referred to the Overview and Scrutiny Committee in order to determine the call-in and decide which action listed under section 2 that they will take.

The following procedure is to be followed for consideration of the Call-in:

- The Chair explains the purpose of the meeting and the decisions which the Committee can take.
- The Call-in lead presents their case, outlining the reasons for call in.
- The Cabinet Member/ Decision maker and officers respond to the points made.
- General debate during which Committee members may ask questions of both parties with a view to helping them make up their mind.
- The Call in Lead sums up their case.
- The Chair identifies the key issues arising out of the debate and calls for a vote after which the call in is concluded. If there are equal numbers of votes for and against, the Chair will have a second or casting vote.

It is open to the Committee to either;

- take no further action and therefore confirm the original decision
- to refer the matter back to the decision maker with issues (to be detailed in the minute) to consider before taking its final decision.
- to refer the matter to full Council for a wider debate (NB: full Council may decide either to take no further action or to refer the matter back to the decision making person or body, together with the council's views on the decision).

Main Considerations for the Council

8. To comply with the requirements of the Council's Constitution, scrutiny is essential to good governance, and enables the voice and concerns of residents and communities to be heard and provides positive challenge and accountability.

Safeguarding Implications

9. There are no safeguarding implications.

Public Health Implications

10. There are no public health implications.

Equalities Impact of the Proposal

11. There are no equality implications.

Environmental and Climate Change Considerations

12. There are no environmental and climate change considerations.

Risks that may arise if the proposed decision and related work is not taken

13. There are no key risks associated with this report.

Risks that may arise if the proposed decision is taken and actions that will be taken to manage these risks

14. There are no key risks associated with this report.

Financial Implications

15. There are no financial implications

Legal Implications

16. S 21, S 21A-21C Local Government Act 2000, s.19 Police and Justice Act 2006 and regulations made under s.21E Local Government Act 2000 define the functions of the Overview and Scrutiny committee. The functions of the committee include the ability to consider, under the call-in process,

decisions of Cabinet, Cabinet Sub-Committees, individual Cabinet Members or of officers under delegated authority.

Part 4, Section 18 of the Council's Constitution sets out the procedure for call-in. Overview and Scrutiny Committee, having considered the decision may: refer it back to the decision-making person or body for reconsideration; refer to full Council or confirm the original decision.

The Constitution also sets out at section 18.2, decisions that are exceptions to the call-in process.

Workforce Implications

17. There are no workforce implications

Property Implications

18. There are no property implications

Other Implications

19. There are no other implications

Options Considered

20. Under the terms of the call-in procedure within the Council's Constitution, Overview & Scrutiny Committee is required to consider any eligible decision called-in for review. The alternative options available to Overview & Scrutiny Committee under the Council's Constitution, when considering any call-in, have been detailed in section 2 above

Conclusions

21. The Committee following debate at the meeting will resolve to take one of the actions listed under section 2 and the item will then be concluded.

Report Author: Marie Lowe

Governance & Scrutiny Officer

Email: Marie.Lowe@enfield.gov.uk

Date of report 18 February 2021

Appendices

Portfolio reports

Response to reasons for Call in

Background Papers

None

London Borough of Enfield

Portfolio Report

Report of: Richard Eason, Healthy Streets Programme Director

Subject: North Middlesex Hospital Active Travel Improvements

Cabinet Member: Deputy Leader, Cllr lan Barnes

Executive Director: Sarah Cary

Key Decision: KD 5372

Purpose of Report

1. The purpose of this report is to provide a summary of the North Middlesex Hospital Active Travel Improvements to date, outline the proposals, and invite a decision on whether to proceed with its implementation.

Proposal(s)

- 2. The design shown at Annex 1 is implemented on a permanent basis.
- 3. That the necessary permanent traffic orders are made based on the draft traffic orders TG52 / 1483 which were advertised on 6th October 2021 and are included at Appendix 1.

Reason for Proposal(s)

- 4. The Council has declared a climate emergency with a commitment for the Borough to become carbon neutral by 2040. Transport accounts for 34% of the Borough emissions, and therefore it is essential that this sector plays a key role in reducing emissions. Enabling an increase in active travel will form part of this response.
- 5. The Healthy Streets programme consists of a comprehensive range of interventions that collectively will enable more sustainable transport choices. As projects are knitted together and a coherent network of quiet streets and safe walking and cycling infrastructure on primary roads is delivered, longerterm change will be enabled.
- 6. North Middlesex Hospital Active Travel Improvements forms part of the Enfield Healthy Streets programme. Therefore, this report sets out the contribution this project can make to the wider context described above.

Relevance to the Council Plan

- 7. Good homes in well-connected neighbourhoods This project supports the Council's commitment to encourage people to walk and cycle, which improves connectivity of neighbourhoods. Delivering new cycling infrastructure and improving conditions for walking supports end to end journeys by active travel modes, enhances connections to public transport services and connects residents with town centres
- 8. Safe, healthy and confident communities The project, and the underlying Enfield Healthy Streets Framework¹, seeks to create healthier streets. This approach puts people and their health at the heart of decision making. It is a long-term plan for improving the user experience of streets, enabling everyone to be more active and enjoy the subsequent health benefits. Improvements for active travel seek to address road safety concerns and can reduce air pollution. There is also good evidence to show that active lifestyles lead to improved health outcomes.
- 9. An economy that works for everyone Wider investment in the walking & cycling network forms part of the Council's strategy to support our high streets and town centres by providing safe and convenient access to local shops and services. Improving active travel facilities will make a positive contribution to transport equity in Enfield. Walking and cycling are low-cost modes of transport that can improve access to opportunities. This project will provide more travel choices for the 32.5% of Enfield households who have no access to a car (a percentage that increases to 43.5% in the Upper Edmonton ward) and an alternative travel choice for the remaining households that do.
- 10. Climate action Increasing the density of the cycle network and enabling trips to be made by active and sustainable modes is unequivocally linked with the Council's cross-cutting theme of Climate Action and its commitment to create a carbon neutral borough by 2040. This project will create high-quality active travel infrastructure which can encourage everyone to enjoy active travel, contribute to an increase in active mode share, and reduce the dependency on private vehicles.

Background

11. The Enfield Healthy Streets Framework, which was approved by the Council Cabinet, sets out a range of activities that include creating a high-quality walking and cycling network. That document details how delivery of these activities achieves wider policy aims and objectives, such as those specified in the Mayor's Transport Strategy², Enfield Council Plan³, Enfield Local Transport Strategy⁴, and Enfield Joint Health and Wellbeing Strategy⁵.

 $[\]underline{https://governance.enfield.gov.uk/documents/s87876/Enfield\%20Healthy\%20Streets\%20Cabinet\%20Repor}\\ \underline{t\%20-\%20Final_020621.pdf}$

² https://tfl.gov.uk/corporate/about-tfl/the-mayors-transport-strategy

³ https://new.enfield.gov.uk/services/your-council/enfield-council-plan-2020-to-2022-your-council.pdf

⁴ https://new.enfield.gov.uk/services/roads-and-transport/enfield-transport-plan-2019-2041-roads.pdf

 $[\]frac{5 \text{ https://new.enfield.gov.uk/healthandwellbeing/wp-content/uploads/2020/04/LBE-JHWBS-FINAL-V5.0.pdf}{\text{ }}$

- 12. The North Middlesex Hospital Active Travel Improvements project aims to align with the policy context of local, regional, and national policies and strategies that seek to respond to the climate emergency and increase levels of physical activity, and post-pandemic to enable a green recovery. The strategic context is described in detail in the following section.
- 13. The North Middlesex Hospital Active Travel Improvements project builds upon the previous extension of Cycleway 1 between Park Road N18 and the A406 North Circular Road underpass at Tanners End Lane N18, which was delivered in early 2021 ('A1010S to North Middlesex Hospital Cycle Route' project) under Experimental Traffic Orders (ETO). The decision⁶ to implement the A1010S to North Middlesex Hospital Cycle Route on a trial basis and make the necessary ETO was taken by the Cabinet Member for Environment and Sustainability and came into effect on Wednesday 4 November 2020.

Main Considerations for the Council

Alignment with local, regional, and national policies and strategies

- 14. The North Middlesex Hospital Active Travel Improvements project is delivered in the context of local, regional, and national policies and strategies that seek to respond to the climate emergency, reduce traffic congestion and increase levels of physical activity, and post-pandemic, to enable a green recovery.
- 15. The Climate Change Act, amended in 2019, commits the UK to achieving net zero carbon emissions by 2050. The Government is supporting local authorities to encourage sustainable travel through its Active Travel Fund and the 2020 national walking and cycling strategy, Gear Change⁷. The strategy includes:
 - "That physical inactivity is responsible for one in six UK deaths (equal to smoking) and is estimated to cost the UK £7.4 billion annually"
 - "In order to really deliver a step-change in the UK, we must go further, faster. Millions more journeys need to be walked or cycled."
 - "The routes must be direct. They must be continuous, not giving up at the difficult places. They must serve the places people actually want to go and the journeys they actually want to make. If it is necessary to reallocate road space from parking or motoring to achieve this, it should be done"
 - "A quicker way of providing safe, low-traffic cycling is to close roads to through traffic, usually with simple point closures, such as retractable bollards, or by camera enforcement. This may be useful where the road is too narrow for a separated cycle lane."
- 16. The Government's Net Zero Strategy: Build Back Greener⁸, released in October 2021, sets out the Government's long-term plan to end the UK's

http://governance.enfield.gov.uk/ecSDDisplay.aspx?NAME=SD4020&ID=4020&RPID=93630236

 $[\]underline{https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/904146/gear-change-a-bold-vision-for-cycling-and-walking.pdf}$

⁸ https://www.gov.uk/government/publications/net-zero-strategy

domestic contribution to man-made climate change by 2050. Two transport key commitments in this plan are:

- "Increase the share of journeys taken by public transport, cycling and walking"
- "Invest £2 billion in cycling and walking, building first hundreds, then thousands of miles of segregated cycle lane and more low-traffic neighbourhoods with the aim that half of all journeys in towns and cities will be cycled or walked by 2030."
- 17. Additional guidance was published by the Secretary of State for Transport in July 2021⁹ to assist local authorities to meet their statutory network management duty. The guidance sets out high-level principles to help local authorities to manage their roads and identify what actions they should take, bearing in mind the ambitions set out in 'Gear Change'¹⁰. In particular, the guidance places emphasis on active travel and makes it clear that local authorities should continue to reallocate road space to people walking and cycling. It also stipulates that local authorities should introduce further active travel schemes, building on those already delivered, to support a green recovery from the Coronavirus pandemic.
- 18. The 2018 Mayor's Transport Strategy (MTS) sets the overall direction and objectives for transport across London. The MTS, and the supporting evidence¹¹ for the MTS, includes the following statements:
 - "A target for 80% of all trips to be made on foot, by bicycle or by public transport by 2041."
 - "74% of car trips could be made by a more sustainable mode, for example cycling, walking or public transport."
 - "Cycle travel grew by 133% London-wide and 221% in central London between 2000 - 2015. There is considerable opportunity to deliver growth in cycle travel, with more than nine million journeys currently made by a motorised mode every day that could be cycled instead."
 - "If everyone in London walked or cycled for 20 minutes each day, £1.7 billion in NHS treatment costs could be saved."
 - "Without further action, the average Londoner will waste 2.5 days a year sitting in congested traffic by 2041. Most congestion is caused by there being more traffic on a day-to-day basis than there is space for."
- 19. Active travel projects, such as the North Middlesex Hospital Active Travel Improvements, align closely with the following policies in the MTS:
 - "Policy 1: The Mayor, through TfL and the boroughs, and working with stakeholders, will reduce Londoners' dependency on cars in favour of active, efficient and sustainable modes of travel, with the central aim for 80 per cent of all trips in London to be made on foot, by cycle or using public transport by 2041."

⁹ https://www.gov.uk/government/publications/reallocating-road-space-in-response-to-covid-19-statutory-guidance-for-local-authorities/traffic-management-act-2004-network-management-in-response-to-covid-19

¹⁰ https://www.gov.uk/government/publications/cycling-and-walking-plan-for-england

¹¹ https://content.tfl.gov.uk/mts-supporting-evidence-challenges-opportunities.pdf

- "Policy 2: The Mayor, through TfL and the boroughs, and working with stakeholders, will seek to make London a city where people choose to walk and cycle more often by improving street environments, making it easier for everyone to get around on foot and by cycle, and promoting the benefits of active travel. The Mayor's aim is that, by 2041, all Londoners do at least the 20 minutes of active travel they need to stay healthy each day."
- "Policy 10: The Mayor, through TfL and the boroughs, and working with stakeholders, will use the Healthy Streets Approach to deliver coordinated improvements to public transport and streets to provide an attractive whole journey experience that will facilitate mode shift away from the car."
- 20. Transport for London's (TfL's) Healthy Streets for London¹² document sets out how TfL will put people and their health at the centre of decision making, helping everyone to use cars less and to walk, cycle and use public transport more. The Healthy Streets Approach is the framework underpinning the MTS. Key to the Healthy Streets Approach, are the ten Healthy Streets Indicators¹³.



Figure 1: Healthy Streets Indicators

21. The Enfield Healthy Streets Framework was approved by Cabinet in June 2021. The report sets out the framework for developing and delivering Healthy Streets projects which incorporates the Healthy Streets Approach. The framework identifies activities to deliver on local, London and national policy objectives. Active travel improvements are identified and discussed in Activity 1 (creating a high-quality walking and cycling network) and Activity 2 (making streets safer, reducing road danger and the number of people killed or

¹² https://content.tfl.gov.uk/healthy-streets-for-london.pdf

¹³ https://tfl.gov.uk/corporate/about-tfl/how-we-work/planning-for-the-future/healthy-streets#on-this-page-

seriously injured on Enfield's roads) of the Healthy Streets Framework. Annex A¹⁴ of the framework sets out the following:

- "Enfield's share of sustainable transport trips is amongst the lowest in London, with 31% trips walked, <1% cycled and 22% made on public transport. Correspondingly, the proportion of car trips exceeds the London average with 48% of trips made by private vehicles in Enfield, compared to 35% in London."
- "Enfield has a relatively large proportion of journeys that are
 potentially cyclable, with as many as 80% of car trips estimated to be
 of cyclable length. The 2016 TfL's Analysis of Cycling Potential
 confirmed that Enfield is within the top five London boroughs in terms
 of cycling potential. The analysis suggested that an additional
 315,000 trips could be cycled daily."
- "It can be seen that almost the entirety of Enfield can be traversed within a 20-minute cycle."
- "Continued growth in population is expected to cause further strain on the road and public transport network if the modal split trends remain."
- 22. As set out in the North Middlesex Hospital Active Travel Improvements Project Rationale¹⁵ document published on the project page, it is acknowledged that it will take a number of years to deliver the range of infrastructure projects that are necessary to enable longer-term change. It is likely generational change will be necessary to realise the full objectives of the Healthy Streets programme, which is recognised in the 2041 horizon of the Mayors Transport Strategy. Therefore, it is critical that immediate action is taken to develop infrastructure that will enable long term societal change.

Strategic importance of project

- 23. This project proposes an active travel route that will extend along Bull Lane N18, between the A406 North Circular Road underpass and the Enfield borough boundary with Haringey. This route will provide a continuation of Cycleway 1 and a future connection with Cycle Superhighway 1 (CS1) in Haringey. A map of the project can be found in Annex 2.
- 24. Cycleway 1 is a major North South active travel corridor, which forms part of TfL's strategic cycle network, and links the Turkey Street and Enfield Lock wards with Upper Edmonton. It consists of significant previous investments such as the 'A1010 North' project¹⁶, the 'A1010 South' project¹⁷, and the 'A1010S to North Middlesex Hospital Cycle Route' project¹⁸, which delivered approximately 8 km of cycle facilities.

 $^{^{14} \}underline{\text{https://governance.enfield.gov.uk/documents/s87877/Enfield\%20Health\%20Streets\%20Annex\%20A_Ad} \\ \underline{\text{ditional\%20Information.pdf}}$

¹⁵ https://letstalk.enfield.gov.uk/5787/widgets/17438/documents/15303

¹⁶ https://www.cycleenfield.co.uk/projects/a1010-north/

¹⁷ https://www.cycleenfield.co.uk/projects/a1010-south/

¹⁸ https://letstalk.enfield.gov.uk/a1010s-nmh

- 25. CS1 extends to Liverpool Street in central London and connects with Quietways and other Cycleways that provide further links to numerous other destinations in central London¹⁹.
- 26. Currently, there is a gap in Cycleway 1 connection with the borough of Haringey and further with CS1. This creates a severance in active travel connectivity and can result in fewer cycle trips taken along all of Cycleway 1 and CS1.
- 27. Bull Lane (the road outside the main entrance of North Middlesex University Hospital) lacks infrastructure suitable for all the different modes of active travel. The issues are accentuated by the insufficient and unsuitable crossing facilities. The footway parking that exists on the part of Bull Lane south of its junction with Wilbury Way and Bridport Road hinders the movement of pedestrians and people with reduced mobility.
- 28. Since North Middlesex University Hospital is one of the largest employers in the borough of Enfield with approximately 4,000 staff and serves over 350,000 people across a number of boroughs²⁰, improving walking and cycling access to the hospital from both Enfield and Haringey is essential and supports the hospital's strategic aims.
- 29. London Borough of Haringey are also proposing a continuation of the route in Haringey ('C1 Route to Queen Street via White Hart Lane' project²¹) which will connect to the existing CS1 and complete this strategic corridor.
- 30. The North Middlesex Hospital Active Travel Improvements project builds upon the cycle hub at North Middlesex Hospital which was delivered in 2020 and provides its staff with secure cycle parking, washing and changing facilities, clothes drying facilities, and personal storage lockers for running or cycling equipment.
- 31. Taking all the above into account, the following objectives have been set for this project:
 - Improve walking & cycling access to North Middlesex Hospital.
 - Contribute towards a long-term increase in the levels of active travel, both along the route and as part of a wider borough network.

Community and stakeholder engagement

32. On 12th March 2020 a Future Cycle Routes Workshop took place which focused on five potential projects that could be delivered as part of Enfield's Healthy Streets programme. One of those projects was the North Middlesex Hospital Active Travel Improvements. The purpose of the workshop was to present the potential routes to representatives from local community groups, hear their ideas, and gather their feedback and input for each route. Representation was made from the following community groups:

¹⁹ https://tfl.gov.uk/modes/cycling/routes-and-maps/cycleways

²⁰ https://www.northmid.nhs.uk/annual-report-20-21

 $[\]frac{21}{https://www.haringey.gov.uk/parking-roads-and-travel/roads-and-streets/road-safety/road-safety-consultations\#Road}$

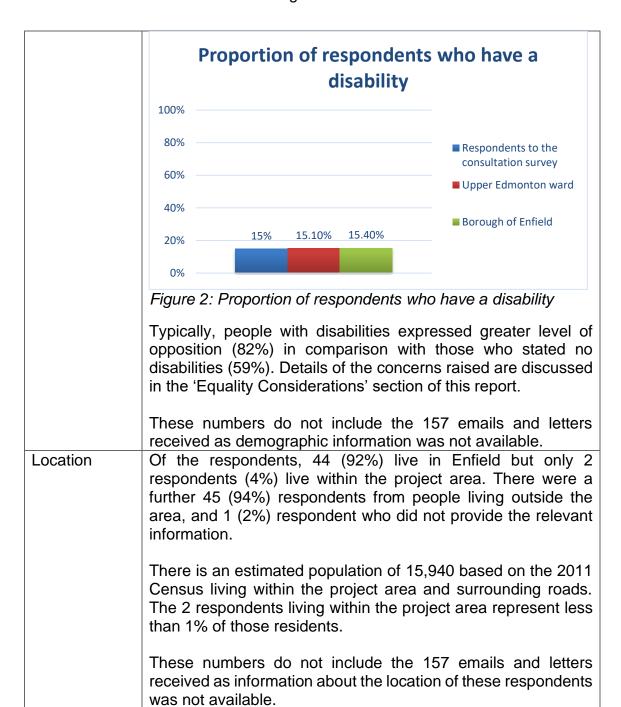
- Better Streets for Enfield,
- Residents of Edmonton Angel Community Together (REACT),
- The Enfield Society,
- Enfield Cycling Campaign,
- London Cycling Campaign, and
- Edmonton Cycling Club.
- 33. Following the release of funding for active travel in response to the Covid-19 pandemic, early work commenced on the project which included engagement with North Middlesex University Hospital, emergency services, waste collection, London Borough of Haringey, Transport for London, bus operators, and Tottenham Hotspur FC. The Council collaborated closely with these key stakeholders and involved them in the development of the proposals for this project. This engagement started in October 2020 and continues to date on a frequent basis.
- 34. In particular, North Middlesex University Hospital have expressed their support to an expansion of active travel routes, the extension of Cycleway 1, and the proposed changes to the current layout of Bull Lane. The Council will continue to work in partnership with the Hospital to support the health and wellbeing of the community.
- 35. A number of Dr Bike sessions, which offer free cycle safety checks with minor repairs for NHS staff, volunteers, and hospital visitors, were commissioned by Enfield Council and delivered by Cycle-Folk on a monthly basis between July 2021 and December 2021 at North Middlesex University Hospital. 62 people attended these sessions throughout the period. Out of the 6 London hospitals that Cycle-Folk have been delivering these services to, North Middlesex University Hospital recorded the highest attendance of Dr Bike sessions.
- 36. The ongoing dialogue with the key stakeholders has influenced the proposals and led to changes introduced to the design. For instance, the London Fire Brigade, the Metropolitan Police Services, and the London Ambulance Service have been continuously engaged in discussion throughout the development of the proposals for this project to ensure that the project will not impede their ability to carry out their services and responsibilities. This has led to the proposed Amersham Avenue N18 modal filter and the Bull Lane N18 bus gate being designed to maintain a key access route to the area for emergency services via an enforcement camera, which allows emergency vehicles through unhindered. In addition, vehicles being used for ambulance purposes have been exempted from the traffic orders necessary to support enforcement of the proposed restrictions along Bull Lane. This exemption covers non-urgent patient transport in the form of private ambulances, therefore enabling improved access to North Middlesex University Hospital. Engagement and discussion with the emergency services will continue post implementation of this project to ensure that there will be no significant impacts on their travel time.
- 37. Project briefings were provided at milestone dates to the Upper Edmonton ward Councillors, the Deputy Leader of the Council, and the Member of Parliament representing Edmonton.

- 38. Communications and engagement activities with the wider community regarding the project included:
 - A letter delivered in August 2021 to residents, businesses, and other organisations at approximately 4,000 addresses within the local area (which included Haringey) introducing the plans, informing them of the project page, and inviting them to the community engagement drop-in sessions and an online public webinar
 - Launch of Let's Talk project page in August 2021, hosting information on the project, frequently asked questions (FAQs), key dates for the project, documents, a space for community members to ask questions and get answers, information on the consultation, the electronic consultation survey, notices of the traffic orders, and project updates posted to the page
 - Posters with a map of the proposals and brief information on the project placed at public areas and staff rooms of North Middlesex University Hospital in September 2021
 - An online public webinar delivered in September 2021, recorded, and uploaded on the Let's Talk project page
 - Three community drop-in sessions that took place in September 2021 at Fore Street Library to discuss the proposed plans for active travel improvements, provide an overview of next steps, and answer any questions
 - A letter inviting residents, businesses, and other organisations to participate in the consultation and providing details of how to do so, delivered in October 2021
 - Social media activity through Facebook and Twitter to communicate the project information and the consultation to the wider community of Enfield in October 2021
- 39. Notice of the draft permanent traffic orders was published in the London Gazette and Enfield Independent newspapers on 6 October 2021. Any person could make any representations relating to the proposed order or object to the making of the proposed order. The statutory consultation period started on 6 October 2021 and ended on 31 October 2021.
- 40. The Council received responses during the consultation as per the instructions written in the Notice of the draft permanent traffic orders, the relevant letter that was delivered in October 2021, and the website update on the Let's Talk Enfield site. This included making any objection or any representation in writing, quoting the reference TG 1483 and stating the grounds on which it is made via any of the following means:
 - online via the consultation survey on the project page at http://letstalk.enfield.gov.uk/nmh-ati,
 - emailed to healthystreets@enfield.gov.uk, or
 - posted to Healthy Streets team, Enfield Council, Silver Street, Enfield, EN1 3XA.
- 41. Statutory consultees were sent notice of the traffic order and invited to provide an objection or representation on 15 October 2021. No formal responses were received.

42. Public consultation responses received during the statutory consultation period have been analysed by an external company and consolidated into a report which is at Appendix 2. An overview of the consultation report is discussed in Table 1.

Table 1: Overview of consultation report

Number of responses	There was a total of 205 responses to the statutory consultation. 48 responses were received via the online consultation. In addition to this, 157 emails and letters were received by the Council (this includes letters sent as attachments within an email).
Demographics	The proportion of responses per age bracket revealed that younger age groups were under-represented, with 19% of respondents having an age up to 44 years old against the 2011 Census percentage for the Upper Edmonton ward of 41.6%. Younger people in Enfield are less likely to drive than older people in the borough and are more likely to travel via active modes or multi modal travel. The overall responses are therefore influenced by the higher proportion of people above the age of 44 who participated in the consultation. The strong levels of engagement from an older demographic suggest that a digital first approach has not led to under-representation from older people; indeed, the opposite is the case
	The percentage of respondents from households with total annual income below £20,000 was 7%. This suggests an under-representation of people who are economically disadvantaged, as the proportion of households with an income of less than £15,000 in the Upper Edmonton ward according to the Enfield Council Ward Profile 2020 was 23.4%. Those on low incomes are less likely to own cars, meaning they are more likely to walk or cycle. Therefore, the reduced participation of a representative number of people from less prosperous backgrounds to the consultation should be considered within the context of promoting transport equity. Persons with a long-term health problem/disability were adequately represented in the consultation survey, based on the 2011 Census as shown in Figure 2.



- 43. Grounds for objections that were raised have been extracted from the consultation report and listed in Annex 3. The Council has carefully considered these and provided a response to each objection. The main areas of concern and support are discussed below.
- 44. The prime area of concern identified from the analysis of the consultation responses is around the perception that the proposals will reduce accessibility to North Middlesex University Hospital particularly for patients, visitors, and staff.
- 45. The proposals will only affect motor vehicle access to the Hospital from the South and through the section of Bull Lane south of its junction with Wilbury Way and Bridport Road. North Middlesex University Hospital will continue to be accessible for patients, visitors, and staff using private motor vehicles

through multiple alternative routes depending on the origin of the journey and the preferred hospital entrance. The Hospital has three entrances which are located at Bull Lane (main entrance), Bridport Road, and Sterling Way. Some of the possible routes from the South are listed below:

- White Hart Lane > Pretoria Road > Pretoria Road North > Bridport Road
- White Hart Lane > Pretoria Road > Shaftesbury Road > Commercial Road > Bridport Road
- White Hart Lane > Weir Hall Road > Wilbury Way > Bull Lane / Bridport Road
- A10 Great Cambridge Road > Wilbury Way > Bull Lane / Bridport Road
- A10 Great Cambridge Road > A406 North Circular Road > Silver Street > Sterling Way
- A10 Great Cambridge Road > A406 North Circular Road > Silver Street > Sterling Way > Bull Lane
- A10 Great Cambridge Road > A406 North Circular Road > Silver Street > Sterling Way > Gloucester Road > Bridport Road
- Fore Street > Sterling Way
- Fore Street > Sterling Way > Gloucester Road > Bridport Road
- Fore Street > Sterling Way > Bull Lane
- 46. The proposed active travel improvements, which include interventions such as a two-way segregated stepped cycle track and new zebra crossings for pedestrians and people who cycle, will increase accessibility to North Middlesex University Hospital by enabling trips to be made with additional modes of travel.
- 47. The second most prominent concern that was raised is around traffic reassignment to neighbouring roads and congestion.
- 48. The traffic survey data that has been collected shows that at the worst case, in which all of the following assumptions are true at the same time:
 - All motor vehicles currently using the southern part of Bull Lane have an origin or destination within the surrounding area,
 - The current journey of all motor vehicles passes through at least one of the points where either a bus gate or a modal filter is proposed,
 - None of the motor traffic currently using the southern part of Bull Lane will use the surrounding primary road network instead,
 - No people will choose alternative sustainable modes of travel,
 - No traffic evaporation will take place,
 - Motor vehicles currently using the southern part of Bull Lane will be evenly reassigned between Weir Hall Road and Pretoria Road, and
 - Motor vehicles will not spread even further within the local area's road network and therefore lessen the impact on Weir Hall Road and Pretoria Road,

the potential increase in two-way traffic flow at the peak hour on Weir Hall Road and Pretoria Road will be approximately between 3 and 5 vehicles per

- minute. This figure on an average 24-hour day drops to approximately between 2 and 3 vehicles per minute.
- 49. It should be noted that the project area is now part of the Ultra Low Emission Zone (ULEZ) as of 25 October 2021. ULEZ operates 24 hours a day, 7 days a week, every day of the year, except Christmas Day (25 December). It is currently not known what effect the ULEZ will have on travel patterns and consequently on any potential reduction in volumes of motor traffic that will use the roads within the project area.
- 50. Whilst the estimated increase in motor vehicles due to traffic reassignment could be considered small, additional considerations were made with regards to any potential impact on road safety and air quality outside Wilbury Primary school, which is located on Weir Hall Road.
- 51. To mitigate that, a School Street is proposed for Wilbury Primary school. The School Street would introduce a timed street closure outside the Weir Hall Road school gates at drop-off and pick-up time, restricting access to motor vehicles. The School Street would create a safer, more pleasant environment where children, parents and teachers can travel to school by foot, cycle, or other ways of active travel without the air pollution and road danger caused by motor traffic.
- 52. Traffic volumes and speeds and air quality in the area, including Weir Hall Road and Pretoria Road, will continue to be monitored after the project is implemented. The document which sets out the monitoring and evaluation that will be undertaken in response to the implementation of the North Middlesex Hospital Active Travel Improvements can be found in the project Monitoring Plan²² which is publicly available on the project page.
- 53. The supportive responses were primarily centred around the project improving safety for pedestrians and people who cycle, reducing motor traffic, encouraging active travel, and increasing connectivity with the Hospital and other destinations.

Safeguarding Implications

54. None identified.

Public Health Implications

- 55. The North Middlesex Hospital Active Travel Improvements project as outlined in this report can help make transport in the area more health-promoting by increasing physical activity through encouraging walking and/or cycling as a normal, everyday transport mode.
- 56. The positive effects of increased physical activity on health and wellbeing are well documented; it can help prevent and/or ameliorate a range of lifestyle related conditions, including obesity, type 2 diabetes, heart disease, stroke, some cancers, musculoskeletal issues, and poor cognitive and mental health.

²² https://letstalk.enfield.gov.uk/5787/widgets/17438/documents/18544

- Prevention of lifestyle related conditions can also lead to significant cost savings within health and social care services.
- 57. Such is the effect of physical activity upon health, that it has been calculated that a modal shift to levels of active transport similar to those in Netherlands would save the NHS £17 billion per year.
- 58. Achieving a modal shift towards active travel can also help reduce the health damaging effects of motorised transport including road traffic injuries, air pollution, community segregation, and noise.
- 59. Creating an environment where people actively choose to walk and cycle as part of everyday life has the potential to reduce health inequalities. This is due to the fact that income or wealth would become a less significant factor in a person's ability to travel within the borough and gain access to healthcare, employment, social networks, etc. Therefore, improving active travel in the Borough is likely to benefit those who are less prosperous and therefore likely to own motorised transport. Active travel can also be more cost-effective than other initiatives that promote exercise, sport and active leisure pursuits.
- 60. Climate change been named as one of greatest threat to human health in the 21st century. Reducing motorised traffic and promoting forms of active travel can help lower local greenhouse gas emissions that contribute to climate change and will lead to improvements in health of residents and the environment in the long run.

Equalities Impact of the Proposal

- 61. The Council is required to abide by the Public Sector Equality Duty under the Equality Act 2010 which states:
 - Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.
 - Advance equality of opportunity between people who share a protected characteristic and those who do not.
 - Foster good relations between people who share a protected characteristic and those who do not.
- 62. The above can be referred to as the three aims or arms of the general equality duty. The Act explains that having due regard for advancing equality involves:
 - Removing or minimising disadvantages suffered by people due to their protected characteristics.
 - Taking steps to meet the needs of people from protected groups where these are different from the needs of other people.
 - Encouraging people from protected groups to participate in public life or in other activities where their participation is disproportionately low.
- 63. A full Equality Impact Assessment was carried out following the method and process that is set out in the Equality Approach²³ document which is publicly available on the project page. The associated report is attached at Appendix

 $^{^{23}\} https://letstalk.enfield.gov.\underline{uk/5787/widgets/17438/documents/18546}$

- 3. Protected characteristic data was collected during the consultation and breakdowns are included in the associated report.
- 64. The Equality Impact Assessment does not consider that there are particular positive or negative impacts on groups with the following protected characteristics:
 - Gender reassignment
 - Marriage and civil partnership
 - Sexual orientation
- 65. The predominant theme for other protected characteristic groups is concerns around increased journey times. These journey times are particularly relevant to disabled people who may have limited travel choices as a result of their disability.
- 66. It should be noted that the current position in relation to congestion and journey times is not static. Open-source data from Uber²⁴ shows that daily average journey times between the centre of Upper Edmonton and Enfield Town Centre had increased by 4.5% in one year (when comparing the same 3-month periods prior to the Covid-19 pandemic of December 2018 February 2019 and December 2019 February 2020). Traffic volumes are growing year on year and the current position will not remain static. Without a significant change in trend, congestion and therefore journey times will increase irrespective of whether the proposed interventions are in place or not. In that respect, some of the matters raised will present themselves over time in both cases.
- 67. Notwithstanding, changes in traffic volumes and journey times will form part of the project monitoring that will need to be undertaken post implementation as per the project Monitoring Plan which is publicly available on the project page.
- 68. Getting a representative sample of all age groups in consultation has proved to be challenging. Persons under 29 representing only 4% of the sampled responses against a 2011 Census value that they represent 19.3% of the population. In contrast, 42% of the respondents had an age between 45 and 74 against a 25.3% proportion of the population shown by the 2011 Census.
- 69. Younger people are more likely to benefit from the scheme as they are likely to adopt more active travel behaviours on a long-term basis and less likely to drive. This was reflected on the consultation responses, with the younger age groups expressing higher levels of support in comparison with the older age groups.
- 70. Older people are more likely to have age related mobility issues which do not qualify as disability but may result in less likelihood of taking active travel choices owing to the discomfort experienced in extended periods of walking.
- 71. Those older individuals who are able to walk may exhibit slower movement and reaction time or use mobility aids for walking. The proposed new zebra crossings will benefit such older active travel users who require extra time to cross the street.

²⁴ https://movement.uber.com/

- 72. Individuals with disabilities represented 15% of the respondents to the consultation, a figure that according to the 2011 Census is largely in line with the percentages for both the Upper Edmonton ward and the borough of Enfield.
- 73. The consultation analysis revealed that people with disabilities appeared more concerned about the scheme when compared with non-disabled people. Specifically, 82% of respondents who stated that they had some form of disability did not support the scheme, whereas that percentage was 59% for people with no disabilities. This could be attributed to responses from individuals who may find it difficult to make use of sustainable means of transport and therefore rely on door-to-door transport services such as private cars, taxis, or Dial a Ride.
- 74. It should also be noted that 19% of the total consultation responses related to concerns about impacts on disabled people. These included a potential increase in journey times, congestion, and a difficulty in accessing the Hospital for their appointments. Carers who are charged with delivering goods or services for the benefit of disabled people may also be affected in similar ways.
- 75. In respect of pregnancy and maternity, expectant mothers and mothers who have recently given birth may have increased numbers of medical appointments. Where this travel is made by car it may take slightly longer, but where the journey is walked or cycled using the proposed new facilities or through the project area, it is likely to be less polluted and have reduced volumes of traffic. The Royal college of Midwifes recommends exercise such as brisk walking for new and expectant mothers are safer and quieter in the scheme area.
- 76. In respect of race, the consultation analysis showed that responses from people who identified as having an Asian, Black, or Mixed background was only 8% of the responses against a 2011 census proportion of 49%. However, 8% of respondents did not wish to state their ethnic group and 33% of respondents did not answer the relevant question.
- 77. The scheme will benefit ethnic groups who are disproportionately likely to walk ('Asian or Asian British', 'Mixed or multiple ethnic groups' and 'Other Ethnic Groups'), as well as 'Black and Black British' and 'Other Ethnic Groups' who are disproportionately likely to use public transport (as every public transport journey starts or ends on foot or cycle).
- 78. The number of respondents with a religious belief amounted to 27% against a 2011 census proportion of 81.6%. Furthermore, 4% of respondents stated a preference to not reveal their religion and 38% of respondents did not answer the relevant question. Creating environments that enable and encourage people to travel via active modes more often can lead to exercise being built into the day of those who have little time for sporting activities due to religious commitments and therefore benefiting them.
- 79. With regards to gender, females are more likely to use the bus, but less likely to drive or cycle. The scheme will improve access to bus stops on foot by

improving footways and creating new pedestrian crossings. Providing improved conditions for cycling is likely to benefit females, particularly due to higher number of trips they make on a daily basis compared to males, as well as their role in taking children to and from educational and recreational facilities.

- 80. In terms of socio-economic status, only 7% of the respondents declared a household annual income below £20,000 versus a 23.4% proportion of households with an income of less than £15,000 in the Upper Edmonton ward according to the Enfield Council Ward Profile 2020. People who are economically disadvantaged are less likely to own cars, meaning they are more likely to walk or cycle. Active travel is a low-cost form of transport. Enabling and supporting residents to walk and cycle will promote transport equity and help people on low incomes to access local services, education, training and employment.
- 81. The equality impact assessment indicates impacts on several characteristics both positive and negative. Negative impacts are predominantly concerned with increases in journey times by bus or car, which will need to be assessed as part of the monitoring undertaken post implementation.
- 82. The positive effects are largely based around groups who already use active travel or who are more likely to change their travel behaviour to more sustainable means of transport. The benefits also include improved safety for vulnerable people, better access to public transport, and improved connectivity for multi-modal journeys.

Environmental and Climate Change Considerations

83. Table 2 provides an overview of environmental and climate change considerations.

Table 2: Overview of Environmental and Climate Change Considerations

Consideration	Impact of Proposals
Energy consumption	Neutral
	There are no changes proposed to the current service delivery arrangements. Refuse vehicles will continue to be able to collect refuse from all residential properties, in some cases using different routes.
Measures to reduce carbon emissions	Positive
	Transport generates a significant amount of greenhouse gas emissions (33% of UK CO2 emissions in 2018). It is also making up 39% of borough-wide emissions as per the Climate Action Plan 2020. The primary contributor of

	 these emissions is on-road transport from cars. The proposals will enable: Increased levels of active travel by making journeys safer and more appealing. Reduced private vehicle trips by making alternatives equally attractive.
	In the shorter term, there may be some increase in carbon emissions on the surrounding primary road network.
Environmental management	Neutral
	The main impact will be in the implementation of the project and the resultant embedded carbon. Some recycled materials will be used, along with environmentally friendly planting.
	However, the main offset will be a forecast reduction in the use of private vehicles as noted above.
Climate change mitigation	Positive
	In the longer term, as part of a wider programme to encourage active and sustainable modes of travel, the project is expected to contribute towards reducing the negative environmental impacts of private motor vehicle use through reduced carbon emissions, lower rates of road traffic collisions and improved public realm. It should also be noted that the project area is now part of the Ultra Low Emission Zone (ULEZ) as of 25 October 2021. It has therefore been identified as a priority for the installation of electric vehicle charging infrastructure, which should further reduce localised emissions.
	There will be no long-term contracts entered into as part of this project that would introduce environmental risks and require mitigation measures to counteract any negative impacts on future climate change.

Risks that may arise if the proposed decision and related work is not taken

84. A number of risks have been identified and are summarised in Table 3.

Table 3: Identified risks of not making the proposed decision

Risk	Risk Description
Reduction in levels of active travel	The gap in cycling infrastructure from the A406 North Circular Road underpass to the Enfield borough boundary with Haringey will remain, potentially resulting in fewer cycle trips taken along all of Cycleway 1. This could affect the remaining active travel network due to lack of connectivity and stall or reverse the active travel uptake trends.
Motor traffic volumes on the unclassified/ residential roads within the project area continue to increase	Without the provision of alternative sustainable transport modes and subject to historic trends of increasing motor vehicles on unclassified/residential roads, traffic volumes are likely to continually increase. Increased hospital attendances, as a direct result of Covid-19 and knock-on impact of other conditions in treatment backlog, will result in greater demand for journeys towards the hospital. Increased demand by private car would see congestion, delays, and worsening of the reported parking issues in the area.
Delays in ambulance response times	Continued traffic volume increases within the area of the hospital, which is also used as an ambulance station, can cause congestion and hinder ambulance journeys.
Failure to provide a contribution climate crisis	Risks associated with this include continued traffic volume increases on unclassified/ residential roads within the area, restricting the opportunity for mode shift to more sustainable transport options. Transportation emits 34% of the borough's emissions, making it one of the largest sources of emissions of all sectors.
Reputational damage with regards to action on the climate emergency	The public's confidence in Enfield Council's ability to deliver on its Climate Action Plan and Health and Wellbeing Strategy may be reduced.
Small return on previous investments	Lack of active travel connection with North Middlesex University Hospital, which is one of the largest employers in the Borough, will lead to reduced

	use of the previous investment in active travel infrastructure and lower benefits. This infrastructure includes the whole of the current Cycleway 1 and the recently delivered cycle parking facilities at North Middlesex University Hospital.
Reduced future external grant funding allocations for local transport schemes	As stipulated in the Department for Transport's (DfT's) Gear Change, the authorities' performance on active travel will influence the funding they receive for other forms of transport.

Risks that may arise if the proposed decision is taken and actions that will be taken to manage these risks

85. A number of risks have been identified and are summarised in Table 4.

Table 4: Identified risks of making the proposed decision

Risk	Risk Description and Mitigation Action
Active travel journeys do not increase	A key objective of this project is to enable a longer-term increase in walking & cycling levels. To achieve this, the Council need to continue to take a comprehensive approach to enabling a shift to sustainable travel. This will include the continued provision of cycle parking, cycle training, Dr Bikes along with continuing to grow the network of safe cycle routes through a combination of segregated cycling facilities and linking together a network of quiet roads where the volume of motor traffic is not hostile to walking & cycling.
Disruption during construction Traffic volumes significantly increase	Traffic management arrangements will be designed to minimise disruption for ambulance and patient transport services, local residents, key workers, and visitors to North Middlesex University Hospital. Continuous discussions will be held with LAS and NMUH throughout the development of the traffic management plans. The 'new normal' of motor traffic volume is currently uncertain. Should the worst case occur where traffic volumes continue to increase and people choose to drive to attend

events at the Tottenham Hotspur
Stadium more after the pandemic than
before, then this could lead to more
significant impacts than those outlined
in this report. The Council will
therefore continue with monitoring
activity post implementation to be able
to identify any significant changes.

Financial Implications

Budget - capital

- 86. The estimated capital cost of implementation for the North Middlesex Hospital Active Travel Improvements capital scheme is approx. £1.245m. This will be financed by an external investment from the already approved Department for Transport (DfT) Active Travel Fund (ATF) Tranche 2.
- 87. Capital budget sufficient to accommodate spend estimates.

C201780 (all in £'000s)	2021/22	2022/23	Total
Approved budget	245	1,000	1,245
Spent + committed	76	0	76
Commitment	63	0	63
Remaining to spend	31	1,075	1,106
Estimated spend	170*	1,075	1,245
Budget remaining	75	-75	0
Grant financing	-245	-1,000	-1,245

^{*}ledger contains items not relating to this scheme - assumes these are corrected by journal

Budget - revenue

- 88. Future maintenance costs from this scheme will be contained within existing highway revenue budgets.
- 89. No impact on revenue budgets.

Borrowing

- 90. TfL is administering DfT ATF Tranche 2. Expenditure is fully funded by means of direct grant from TfL, hence no costs fall on the Council.
- 91. The release of funds by TfL is based on a process that records the progress of works against approved spending profiles. TfL make payments against certified claims that can be submitted as soon as expenditure is incurred,

ensuring that the Council benefits from prompt reimbursement of any expenditure.

92. No impact on borrowing.

Taxation

93. VAT Input tax to be recovered as usual – no other tax implications.

Legal Implications

- 94. Section 122 of the Road Traffic Regulation Act (RTRA) 1984 places a duty on the Council to exercise its functions, so far as practicable having regard to certain specified matters, to secure, as far as reasonably practicable, the 'expeditious, convenient and safe movement of vehicular and other traffic (including pedestrians) and the provision of suitable and adequate parking facilities on and off the highway'. The specified matters that the Council must also have regard to are the desirability of securing and maintaining reasonable access to premises, the effect on the amenities of any locality affected, the national air quality strategy, the importance of facilitating the passage of public service vehicles and of securing the safety and convenience of persons using or desiring to use such vehicles, and other relevant matters. In making a decision as to whether to implement the scheme and make the associated permanent traffic orders, regard needs to be had to this duty.
- 95. Section 6 of the RTRA enables the Council to make permanent traffic management orders.
- 96. The Local Authorities' Traffic Orders (Procedure) (England and Wales) Regulations 1996 prescribe the procedure to be followed in making these types of orders.
- 97. A decision as to whether to implement the scheme and make the associated permanent traffic orders must also be consistent with the Council's network management duty under section 16 of the Traffic Management Act 2004 ("the 2004 Act"). That is, the duty "to manage their road network with a view to achieving, so far as may be reasonably practicable having regard to their other obligations, policies and objectives, the following objectives (a) securing the expeditious movement of traffic on the authority's road network; and (b) facilitating the expeditious movement of traffic on road networks for which another authority is the traffic authority".
- 98. Section 149 of the Equality Act 2010 requires the Council to pay due regard to public sector equality considerations in the exercise of its functions. Such due regard should be had when taking the decision as to whether to implement the scheme and make the associated permanent traffic orders.
- 99. The recommendations contained within the report are in accordance with the Council's powers and duties as the Highway Authority.

Workforce Implications

100. None identified.

Property Implications

101. There are no property implications arising from the works envisaged in this report.

Other Implications - Network Management

102. S122 of the Road Traffic Regulation Act 1984 requires the Council to exercise the powers provided by the Act, so far as reasonably practical, to secure the 'expeditious, convenient and safe movement of vehicular and other traffic (including pedestrians). Section 16 of the Traffic Management Act 2004 also places a specific network management duty on local traffic and highway authorities:

"It is the duty of a local traffic authority or a strategic highways company ("the network management authority")] to manage their road network with a view to achieving, so far as may be reasonably practicable having regard to their other obligations, policies and objectives, the following objectives:

- (a) securing the expeditious movement of traffic on the authority's road network; and
- (b) facilitating the expeditious movement of traffic on road networks for which another authority is the traffic authority"
- 103. Guidance on this duty was originally published in 2004 and has been more recently updated in light of the coronavirus pandemic to place emphasis on active travel and reallocating road space for pedestrians and cyclists.
- 104. The guidance acknowledges that management of demand can play a role in helping meet the network management duty. In particular, paragraph 38 states:

"Government and local authorities have been looking at ways of reducing the demand so as to moderate or stem traffic growth even when the economy is growing. This has resulted in changes to land use plans, the establishment of school and workplace travel plans, and the promotion of tele-working amongst other things. More directly this has led to the desire to make cycling and walking safer and more attractive and the encouragement of public transport through ticketing schemes or better information, bus priority and quality initiatives, and congestion charging. These can all help to secure the more efficient use of the road network and successful measures can have an impact on its operation. They should not be seen as being in conflict with the principles of the duty and it is for the LTA to decide on the most appropriate approach for managing demand on their own network."²⁵

²⁵

- 105. Further network management guidance was published by the Secretary of State for Transport in July 2021 in response to the Coronavirus pandemic. This does not replace the original guidance published in 2004 but provides additional advice that needs to be taken into account and makes it clear that local authorities should continue to reallocate road space to people walking and cycling. In particular, it helps guide traffic authorities in how to meet the ambitions set out in the Department for Transport's vision for cycling and walking set out in 'Gear Change', published in July 2020. The 2021 guidance stresses the need for local authorities to "continue to make significant changes to their road layouts to give more space to cyclists and pedestrians". A range of measures are highlighted to maintain this 'green recovery', including:
 - "installing cycle facilities with a minimum level of physical separation from volume traffic; for example, mandatory cycle lanes, using light segregation features such as flexible plastic wands; converting traffic lanes into cycle lanes (suspending parking bays where necessary); widening existing cycle lanes to enable cyclists to maintain distancing. Facilities should be segregated as far as possible, ie with physical measures separating cyclists and other traffic. Lanes indicated by road markings only are very unlikely to be sufficient to deliver the level of change needed, especially in the longer term
 - modal filters (also known as filtered permeability); closing roads to motor traffic, for example by using planters or large barriers. Often used in residential areas, when designed and delivered well, this can create lowtraffic or traffic-free neighbourhoods, which have been shown to lead to a more pleasant environment that encourages people to walk and cycle, and improved safety
 - changes to junction design to accommodate more cyclists, as set out in LTN 1/20 – for example, low-level cycle signals, new forms of signal control such as 'hold the left turn' and two-stage turns"
- 106. From a network management perspective, some of the key points to note are:
 - TfL are the traffic authority for the A406 North Circular Road and A10 Great Cambridge Road and Haringey Council for Queen Street, White Hart Lane, and other roads within the project area. Both have been closely involved with the scheme and neither have raised objections to the scheme being implemented.
 - Paragraphs 45 and 46 detail the several alternative routes that could be taken to access key destinations, such as the North Middlesex University Hospital, and mention how accessibility will be increased due to the proposals enabling use of additional modes of transport.
 - As explained in paragraph 48, the estimated increase in motor vehicles on the surrounding road network due to traffic reassignment could be considered small.
 - During construction, network disruption and access to North Middlesex University Hospital for ambulance, patient transport services, local residents, key workers, and visitors will be kept to a minimum through the design of traffic management arrangements and continuous engagement with LAS and NMUH.

Options Considered

107. The alternative options summarised in Table 5 have been considered.

Table 5: Alternative options considered

Option	Comment
Do nothing	This is not recommended as this project is a key part of delivering against climate change and health & wellbeing objectives.
Implement the project as a trial with temporary interventions	A trial scheme with temporary interventions was considered. This option was discounted as the limited width on the existing carriageway made permanent civil works necessary to provide the required segregated cycle facilities.
Implement an area-wide Quieter Neighbourhood project	A wider neighbourhood approach to facilitating active travel by introducing traffic restrictions across the wider area between the A406 North Circular Road from the North, railway line from the East, White Hart Lane and Creighton Road from the South, and A10 Great Cambridge Road was explored. Such an approach would bring about positive benefits of quieter streets and segregation between commercial and residential areas. However, the potential traffic reassignment impacts on the already oversaturated approaches to the junction of A406 North Circular Road and A10 Great Cambridge Road could create further challenges at this junction. Therefore, a reduced scheme has been progressed at this time, with further analysis required for a wider scheme.
Implement segregated cycling infrastructure along the southern section of Bull Lane (south of its junction with Wilbury Way and Bridport	The southern section of Bull Lane is too narrow for a segregated cycle track along its entirety.
Road) instead of the proposed modal filters and bus gate	The proposed modal filters and bus gate will ensure the southern section of Bull Lane receives reduced traffic, becoming access only for residents and businesses. With traffic volumes along that section expected to be significantly lower following the introduction of the modal filters and the

bus gate, the active travel route will comply with TfL's New Cycle Route Quality Criteria²⁶, reducing or eliminating the need for segregated cycle facilities and removal of long stretches of parking spaces.

While removing any of the modal filters or the bus gate would create additional access points for residents and businesses, it would also create an opening for through traffic to pass, channelling that through traffic onto the southern section of Bull Lane. This would lead to traffic levels remaining too high to safely mix people who cycle with motor traffic.

Additionally, the proposed bus gate on Bull Lane will support and facilitate the delivery of the continuation of the route in Haringey ('C1 Route to Queen Street via White Hart Lane' project) which will connect to the existing CS1. Similar to Bull Lane, it is expected that the proposed bus gate will significantly reduce traffic volumes and speeds on Queen Street by making it access only. This will enable a safe link for cyclists travelling between White Hart Lane and Queen Street along the proposed extension to the C1 route.

Relocate the proposed bus gate on Bull Lane to Queen Street at a location near the intersection with Durban Road The Council have been working in collaboration with the London Borough of Haringey to agree on the optimum location for the proposed bus gate. While relocating the proposed bus gate further south would enable access to all businesses located on Bull Lane and Queen Street from the A406 North Circular Road, it would hinder vehicle access to the future Selby Urban Village²⁷ for residents of Haringey. Moreover, such a location would cause a potential severance of Hebden Terrace from the rest of Haringey.

Conclusions

²⁶ https://tfl.gov.uk/corporate/publications-and-reports/cycling

- 108. This report and the associated annexes and appendices set out a wide range of information relevant to this project. The core aims of this project are to improve walking and cycling access to North Middlesex University Hospital and contribute towards a long-term increase in the levels of active travel. Achieving such aims often requires reallocation of road space and measures to reduce motor traffic.
- 109. The project is supported by North Middlesex University Hospital, who have also expressed their support of similar environmentally sustainable proposals in Enfield delivered through Enfield Council's Healthy Streets programme. This project builds on previous investment at the Hospital with the provision of a cycle parking hub, in partnership with Transport for London. The Hospital are committed to enabling a greater number of their approximately 4,000 employees to be able to choose active travel. Creating this additional link is a key part of enabling that aim.
- 110. It is essential that additional links such as this one are implemented in order to build a strategic active travel network. A coherent network of walking and cycling routes needs to be created in order to enable greater levels of mode shift. This project provides an important addition to Cycleway 1, which would stretch for almost the entire length of the Borough from north to south. Providing this continuity enables more people to choose to cycle. Moreover, the Borough has worked in partnership with Haringey who have their own plans to continue this route and create a connection with Cycle Superhighway 1. With this additional link in place, a continuous route into central London will be created.
- 111. The number of responses to the consultation for this project was low when looking at the overall population. Approximately 4% of residents living within the project area made their voices heard through the consultation survey. The total number of responses (205) was also low in comparison with the population of the Upper Edmonton ward, which according to the ONS midyear estimate 2020 is estimated to be 20,092, as well as compared to the approximately 4,000 addresses where a letter inviting residents, businesses, and other organisations to participate in the consultation was delivered.
- 112. It is acknowledged that a number of objections have been raised on making these permanent changes. These objections have been considered by this report. A number of those objections were based on the perception that travel by private car would be severely limited by these plans. This report has clarified that this is not the case. Considering the policy context, the requirements of the climate action plan to enable more sustainable forms of travel, and the longer-term public health benefits, it is recommended that this project proceeds to implementation and that the relevant permanent traffic orders are made.

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Date of report: January 2022

Annexes

Annex 1 Plans of interventions

Annex 2 Project map

Annex 3 Responses to objections

Appendices

Appendix 1 Draft Traffic Orders TG52 / 1483

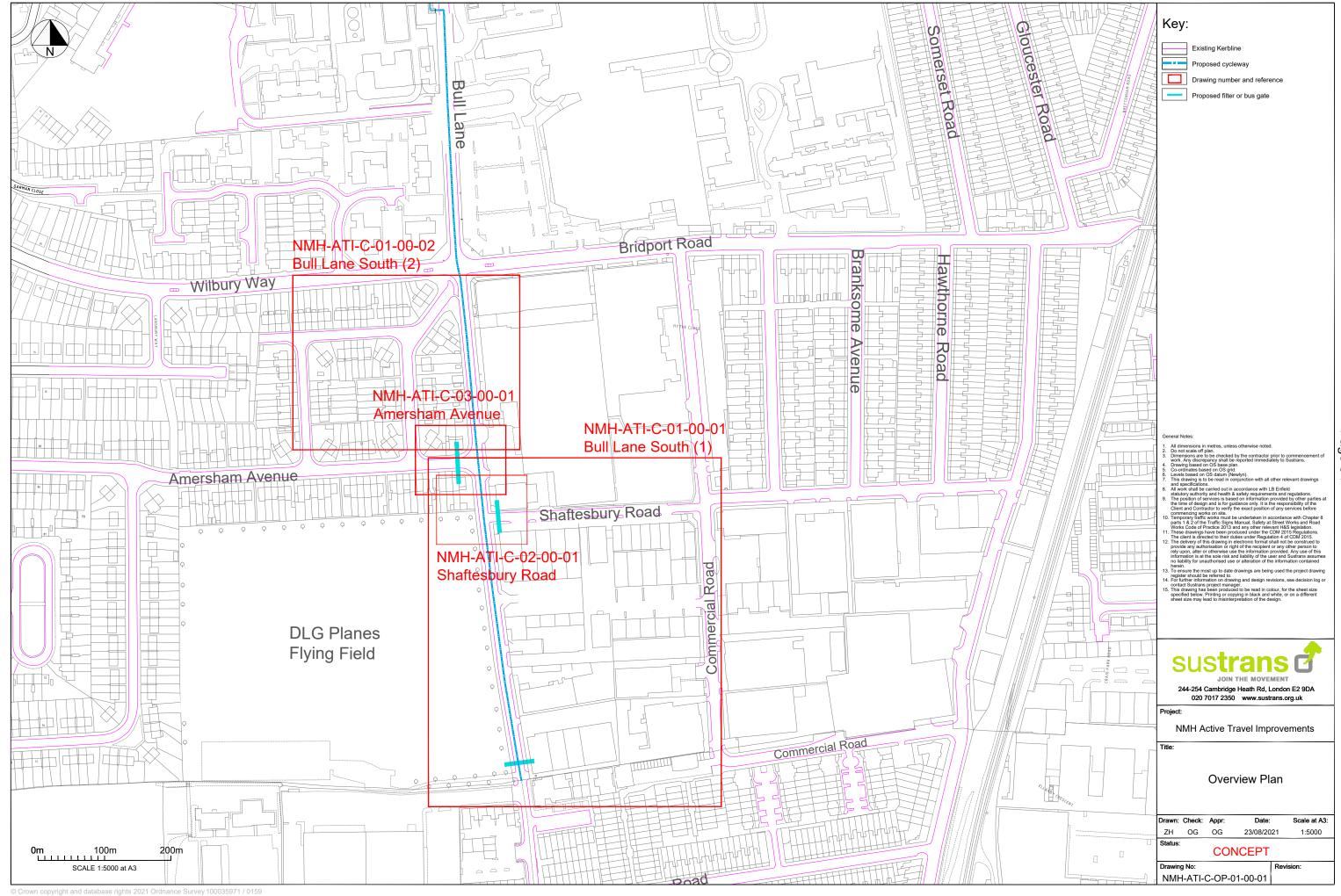
Appendix 2 Consultation analysis

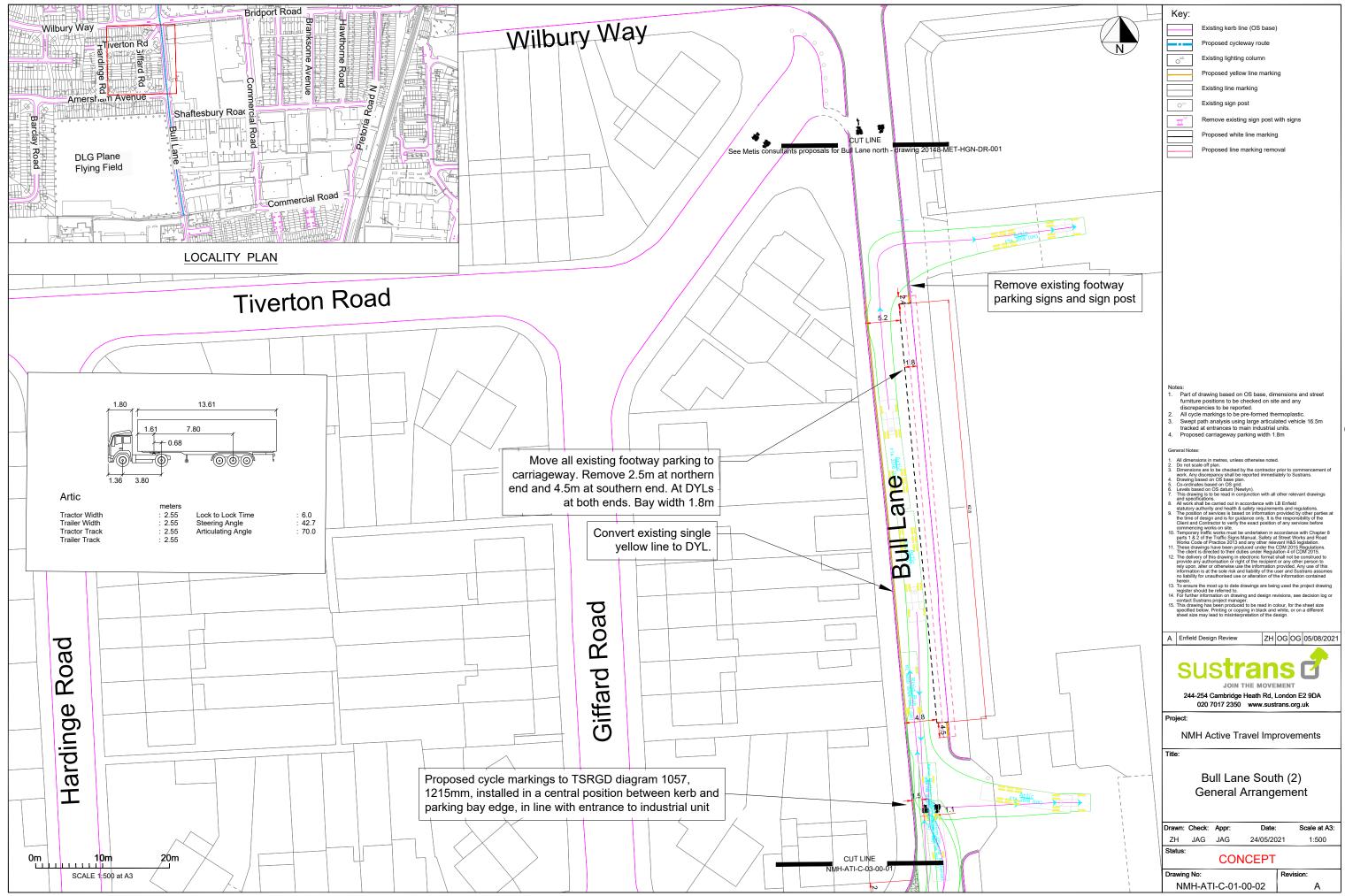
Appendix 3 Equality Impact Assessment (EqIA)

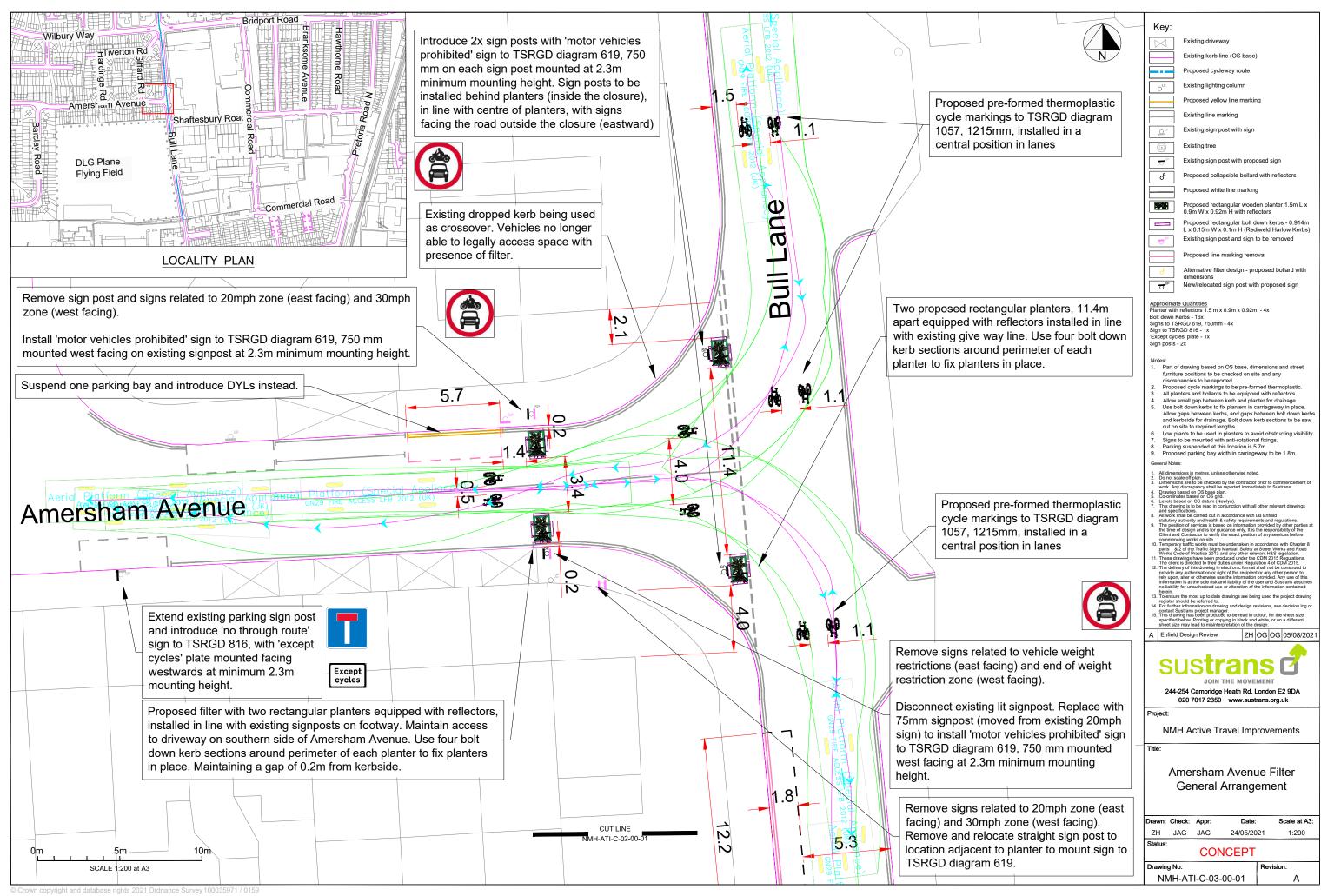
Background Papers

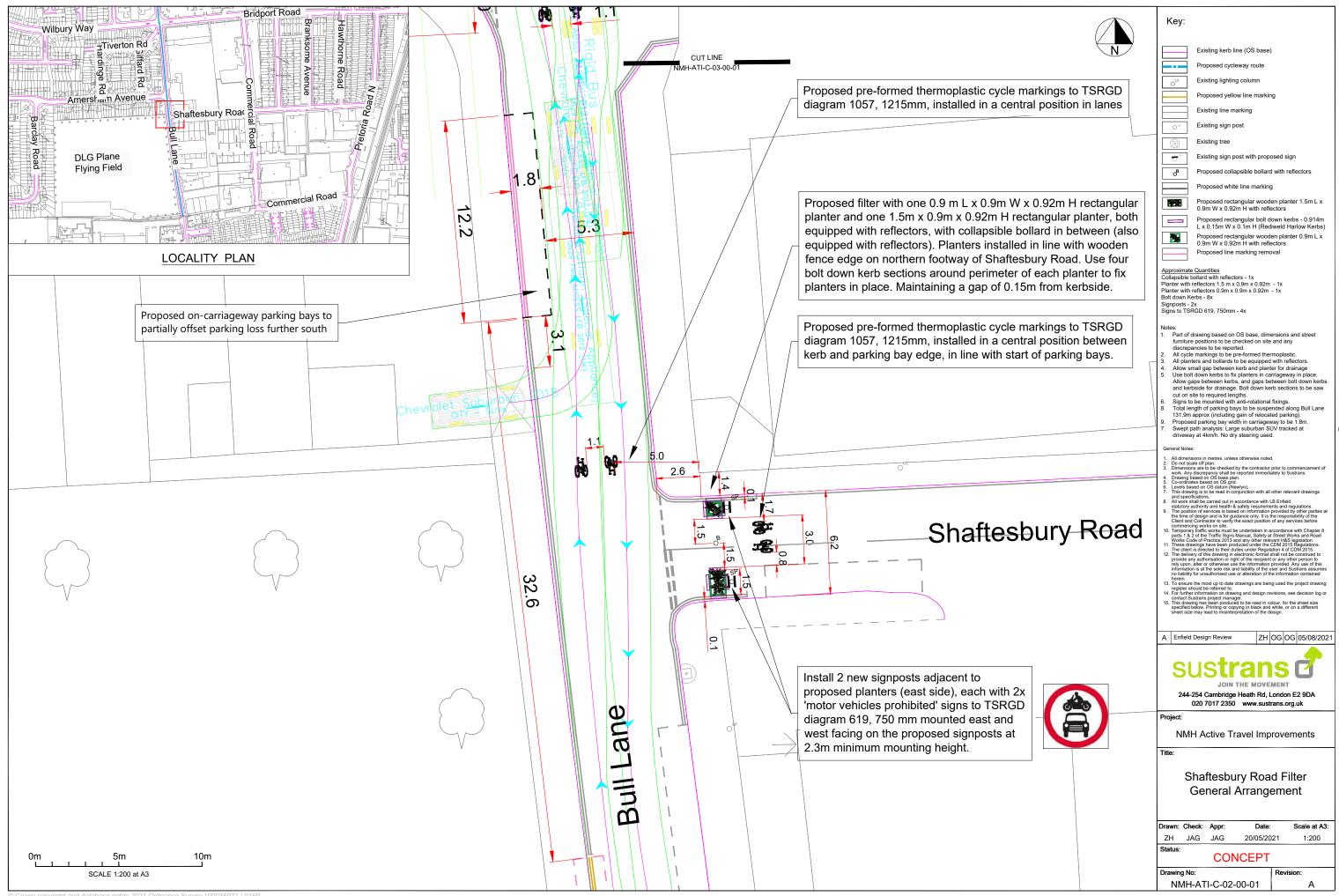
None

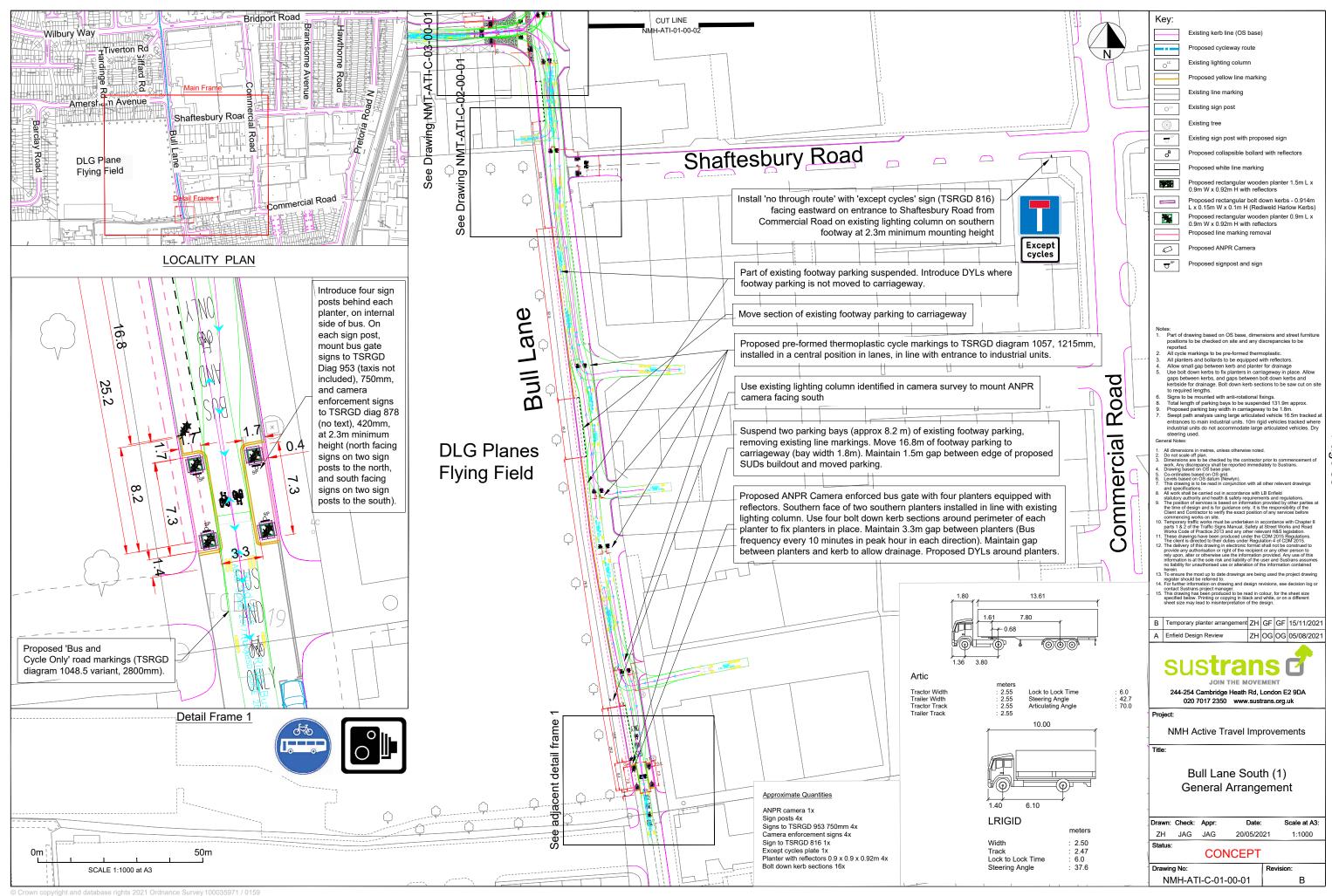
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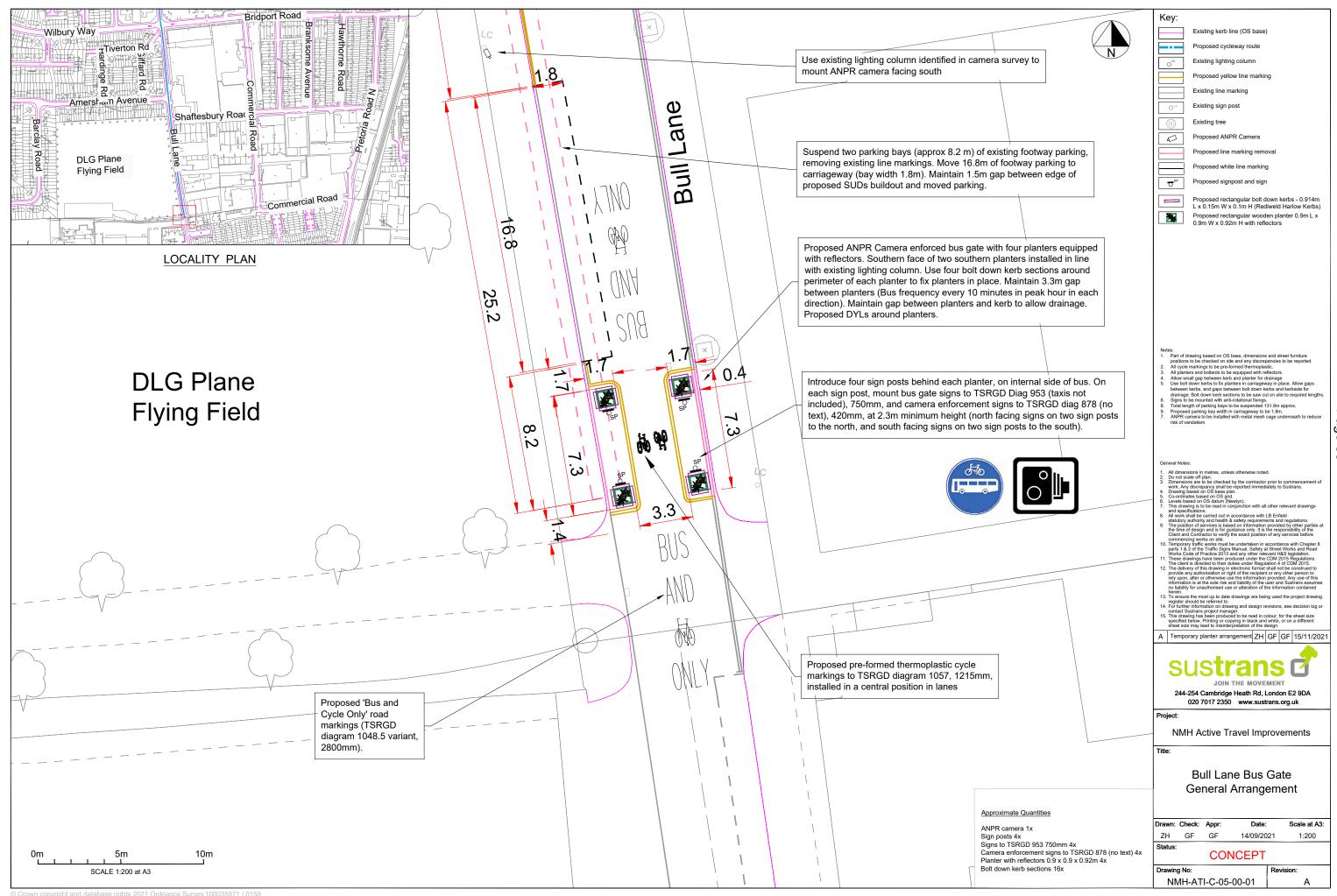








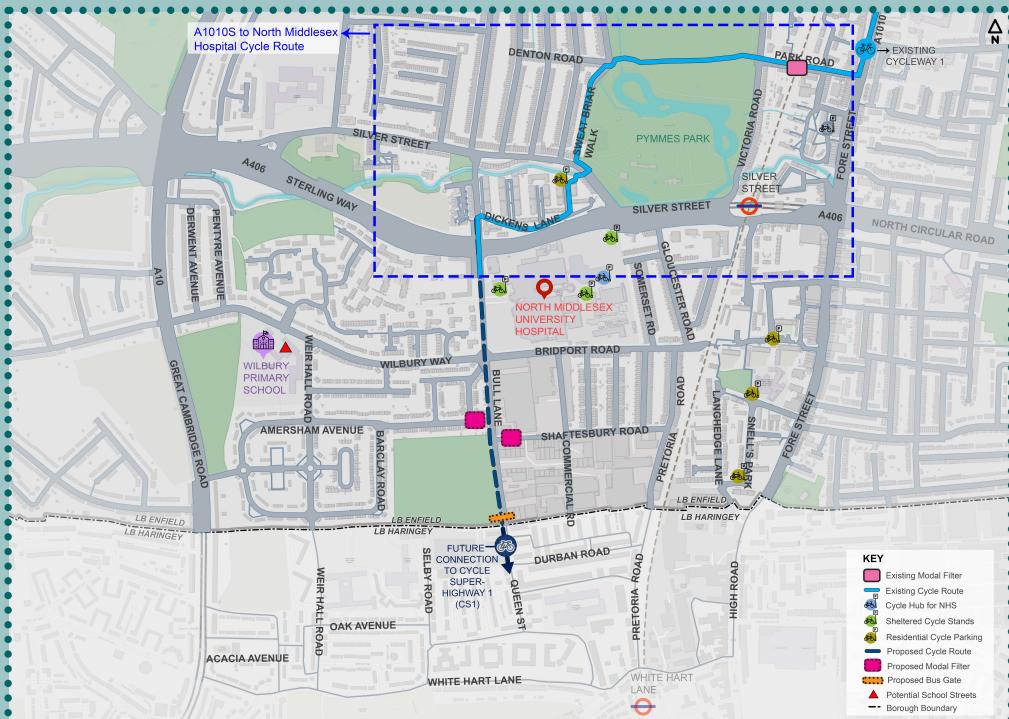




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North Middlesex Hospital Active Travel Improvements





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Annex 3

North Middlesex Hospital Active Travel Improvements - Responses to Objections

Objections raised

Objections have been taken from all communications throughout the consultation period between 6 and 31 October 2021. This annex is in addition to the main report and other supporting documents that form part of the report, which should also be considered as they also provide an indirect response to many of the themes raised. Objections raised broadly fell into the groupings below. Some may fall across more than one category but have only been listed once.

- Motor traffic, traffic related impacts, mobility and access
- Physical and mental health and / or safety
- Equalities
- Process and decision making of the project
- · Communications and engagement
- Design and infrastructure
- Miscellaneous
- Impacts outside of the scope of the traffic order

They are listed in each category in no specific order.

Ref	Nature of objection	LBE response
1.1	Objection that the scheme would reduce accessibility for healthcare professionals / carers / older people / young families / individuals with mobility issues to healthcare facilities	The proposals will only affect motor vehicle access to the Hospital from the South and through the section of Bull Lane south of its junction with Wilbury Way and Bridport Road. North Middlesex University Hospital will continue to be accessible for patients, visitors, and staff using private motor vehicles through multiple alternative routes depending on the origin of the journey and the preferred hospital entrance. The Hospital has three entrances which are located at Bull Lane (main entrance), Bridport Road, and Sterling Way. Some of the possible routes from the South are listed below:
		 White Hart Lane > Pretoria Road > Pretoria Road North > Bridport Road White Hart Lane > Pretoria Road > Shaftesbury Road > Commercial Road > Bridport Road White Hart Lane > Weir Hall Road > Wilbury Way > Bull Lane / Bridport Road A10 Great Cambridge Road > Wilbury Way > Bull Lane / Bridport Road A10 Great Cambridge Road > A406 North Circular Road > Silver Street > Sterling Way A10 Great Cambridge Road > A406 North Circular Road > Silver Street > Sterling Way > Bull Lane A10 Great Cambridge Road > A406 North Circular Road > Silver Street > Sterling Way > Gloucester Road > Bridport Road Fore Street > Sterling Way Fore Street > Sterling Way > Gloucester Road > Bridport Road Fore Street > Sterling Way > Bull Lane

		The proposed active travel improvements, which include interventions such as a two-way segregated stepped cycle track and new zebra crossings for pedestrians and people who cycle, will increase accessibility to North Middlesex University Hospital by enabling trips to be made with additional modes of travel.
1.2	Objection that the scheme would reduce accessibility for teachers to local schools	The proposals may affect motor vehicle access to Wilbury Primary School, Devonshire Hill Nursery & Primary School, and Haringey Sixth Form College through the section of Bull Lane south of its junction with Wilbury Way and Bridport Road. All three schools will remain accessible by private motor vehicles, whilst the route taken to access them may be different depending on the origin of the journey.
1.3	Objection that the scheme would displace traffic to nearby roads (e.g., Pretoria Road, Commercial Road) and cause congestion.	 The traffic survey data that has been collected shows that at the worst case, in which all of the following assumptions are true at the same time: All motor vehicles currently using the southern part of Bull Lane have an origin or destination within the surrounding area, The current journey of all motor vehicles passes through at least one of the points where either a bus gate or a modal filter is proposed, None of the motor traffic currently using the southern part of Bull Lane will use the surrounding primary road network instead, No people will choose alternative sustainable modes of travel, No traffic evaporation will take place, Motor vehicles currently using the southern part of Bull Lane will be evenly reassigned between Weir Hall Road and Pretoria Road, and Motor vehicles will not spread even further within the local area's road network and therefore lessen the impact on Weir Hall Road and Pretoria Road,

the potential increase in two-way traffic flow at the peak hour on Weir Hall Road and Pretoria Road will be approximately between 3 and 5 vehicles per minute. This figure on an average 24-hour day drops to approximately between 2 and 3 vehicles per minute.

It should be noted that the project area is now part of the Ultra Low Emission Zone (ULEZ) as of 25 October 2021. ULEZ operates 24 hours a day, 7 days a week, every day of the year, except Christmas Day (25 December). It is currently not known what effect the ULEZ will have on travel patterns and consequently on any potential reduction in volumes of motor traffic that will use the roads within the project area.

Whilst the estimated increase in motor vehicles due to traffic reassignment could be considered small, additional considerations were made with regards to any potential impact on road safety and air quality outside Wilbury Primary school, which is located on Weir Hall Road.

To mitigate that, a School Street is proposed for Wilbury Primary school. The School Street would introduce a timed street closure outside the Weir Hall Road school gates at drop-off and pick-up time, restricting access to motor vehicles. The School Street would create a safer, more pleasant environment where children, parents and teachers can travel to school by foot, cycle, or other ways of active travel without the air pollution and road danger caused by motor traffic.

Traffic volumes and speeds and air quality in the area, including Weir Hall Road and Pretoria Road, will continue to be monitored after the project is implemented. The document which sets out the monitoring and evaluation that will be undertaken in response to the implementation of the North Middlesex Hospital Active Travel Improvements can be found in the project Monitoring Plan which is publicly available on the project page.

1.4	Objection that the scheme would displace traffic to unsuitable roads (e.g. residential / narrow roads)	The roads where any potential motor traffic displacement may occur are in line with Bull Lane as well as many other similar roads across the Borough in terms of geometry, layout of on-street car parking spaces, and proximity to residential properties.
		The estimated increase in motor vehicles along other residential and/or narrow roads within the area due to traffic reassignment could be considered small, particularly because of the several alternative routes that could be taken which include primary roads such as the A10 Great Cambridge Road and the A406 North Circular Road.
1.5	Objection that the scheme would reduce air quality / causes excess pollution	Nitrogen dioxide (NO2) and particulate matter (PM10 and PM2.5) are generally considered to be the main pollutants of concern and road transport contributes to a significant proportion of these pollutants. The volume and movement of traffic can directly impact air quality. No substantial changes in either the volume or the movement of motor vehicles are expected from the introduction of the proposed interventions, and therefore no broad negative impacts on air quality are anticipated.
		Small improvements in air quality could occur with an overall increase in cycling mode share and have the potential to increase if a greater mode shift from private motor vehicles to cycling is achieved in the future.
		Air quality will be assessed as part of the monitoring post implementation of the scheme. Further details can be found at the project Monitoring Plan which is publicly available on the project page.
1.6	Objection that the scheme would reduce accessibility for emergency vehicles	Engagement has taken place with the London Fire Brigade, the Metropolitan Police Services, and the London Ambulance Service throughout the development of the proposals for this project to ensure that the project will not impede their ability to carry out their services and responsibilities. None of the emergency services have objected to the draft permanent traffic orders. Engagement and discussion with

		the emergency services will continue post implementation of this project to ensure that there will be no significant impacts on their travel time.
1.7	Objection that public transport or active travel are not suitable alternatives: • in general • due to disability • due to age • for families • due to covid-19 • due to longer journey times • due to safety	It is acknowledged that not all trips can be made by modes other than private car. The proposals will only affect motor vehicle journeys that are currently passing through the section of Bull Lane south of its junction with Wilbury Way and Bridport Road. The routes taken by motor vehicles through the area may be different depending on the origin and the destination of the journeys. All properties, including businesses, will remain accessible by private motor vehicles. The project encourages mode shift by making active travel safer and
		more attractive. The Mayor's Transport Strategy 2018 estimates that 74% of car trips could be made by a more sustainable mode. It is Enfield's portion of these trips being targeted by this project.
1.8	Objection that the scheme would cause longer journeys due to the need for detours, including specific objections about: • Increase in fuel bills or higher taxis fares. • Impact on work / working fewer hours • Impact on providing or receiving	The Council accept that some individual journeys that continue to be taken by private car may become slightly longer than the same journeys prior to the implementation of the project. However, since the likely traffic reassignment levels are anticipated to be low and most of the alternative routes are only slightly longer, any potential increase in journey times is expected to be minimal.
	care, due to the carer having less time after / before travelling	
1.9	Objection that the scheme would reduce accessibility for residents	The proposals will only affect motor vehicle journeys that are currently passing through the section of Bull Lane south of its junction with Wilbury Way and Bridport Road. There are multiple alternative routes that can be taken by motor vehicles through the area, which may be different depending on the origin and the destination of the journeys. Residents using private motor vehicles will continue to be able to

		access all properties. The proposed active travel improvements will increase accessibility for residents to properties in the area by enabling trips to be made with additional modes of travel.
1.10	Objection about potential negative impact on local businesses	All businesses within the area will remain accessible by private motor vehicles, whilst the route taken to access a business may be different.
		As part of the implementation of the project, the Council have invested in technological solutions to ensure that updates are effectively made to commercially available navigation solutions such as Google, TomTom, and Bing.
		Additional double yellow lines are proposed to create passing and turning points wherever that is possible.
1.11	Objection about the impact of the scheme and/or the impact of the proposed bus gate on bus journey times	The proposed interventions such as the removal of a short number of parking spaces along the northern section of Bull Lane, which create a narrow section of road where buses often have to stop and give way to oncoming traffic, and the bus gate will enable a smoother flow of bus traffic.
		The Council collaborated closely with bus operators and involved them in the development of the proposals for this project. The Council will continue to work with TfL to identify ways in which bus journey times can be improved across the Borough.
		Bus journey times in the area post implementation of the scheme will be monitored and analysed. Further details can be found at the project Monitoring Plan which is publicly available on the project page.
1.12	Objections that rat running would occur/increase (through hospital etc.)	The design of the scheme is not aimed at restricting the potential existing cut-through traffic within the area. No new through routes are being created by the proposed interventions.

1.13	Objection that the scheme would cause excess noise pollution	The estimated increase in motor vehicles on specific roads due to traffic reassignment could be considered small, therefore no excess noise pollution is expected.
1.14	Objection that the scheme would reduce accessibility for visitors,	The project does not impact journeys by public transport and enables more journeys to take place by active travel modes.
	tradespeople, refuse collection, and delivery drivers	For those who will need to access the area by motor vehicle, all properties, including businesses, will remain accessible, whilst the route taken to access a property or business may be different.
		As part of the implementation of the project, the Council have invested in technological solutions to ensure that updates are effectively made to commercially available navigation solutions such as Google, TomTom, and Bing.
1.15	Objection that the measure would reduce access to White Hart Lane from Bull lane/Queen Street	The proposed modal filters and bus gate aim to reduce traffic volumes along the southern part of Bull Lane, making it access only for residents and businesses, in order for the active travel route to comply with TfL's New Cycle Route Quality Criteria.
		While removing any of the modal filters or the bus gate would create additional access points for residents and businesses, it would also create an opening for through traffic to pass, channelling that through traffic onto the southern section of Bull Lane. This would lead to traffic levels remaining too high to safely mix people who cycle with motor traffic.
		Additionally, the proposed bus gate on Bull Lane will support and facilitate the delivery of the continuation of the route in Haringey ('C1 Route to Queen Street via White Hart Lane' project) which will connect to the existing CS1.
1.16	Objection that the scheme would cause increased congestion in some areas, while other areas benefit from reduced traffic	The likely traffic reassignment volumes and associated potential levels of congestion are anticipated to be low. A number of alternative options were considered and are discussed in more detail in Table 5

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of the main report. On balance, it was considered that the current layout offers the best solution.
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2 Ph	2 Physical and mental health and / or safety		
Ref	Nature of objection	LBE response	
2.1	Objection based on the scheme damaging local residents' mental health, including feeling stress, frustration, or anxiety	Whilst it is acknowledged that some people may feel this way, the project aims to encourage a shift in modes of travel and therefore reduce the dominance of motor traffic in the area.	
		In addition, the proposals aim to promote an increase of physical activity, through encouraging walking and/or cycling as a normal, everyday transport mode, thus positively affecting mental health.	
2.2	Objection that the scheme would reduce safety for pedestrians	The proposals include interventions that will improve pedestrian safety such as new zebra crossings and relocation of footway parking onto the carriageway. In addition, segregated cycling facilities are proposed wherever possible to prevent conflicts between pedestrians and people who cycle.	
		The designs have been through a safety assessment process.	
2.3	Objection that the scheme would reduce safety for children due to traffic or a perceived increase in pollution	The proposed active travel interventions, which include new crossings and segregated cycling infrastructure, will improve safety for children who travel by foot, cycle, or other active modes. The proposed School Street for Wilbury Primary school would further improve conditions by creating a safer environment without the air pollution and road danger caused by motor traffic.	
		The designs have been through a safety assessment process.	
		Air quality and road collision data will be monitored post implementation of the scheme. Further details can be found at the project Monitoring Plan which is publicly available on the project page.	
2.4	Objection based on the scheme would reduce safety due to crime/anti-social behaviour (especially when dark)	The Council acknowledges that some people have reported feeling less safe in the area due to crime. The proposals have undergone a crime and safety review by the Police to identify any areas of concern and address them by making any required changes where	

		possible. An increase in walking and cycling can create more 'natural surveillance' out on the streets.
		The Council will continue to work with colleagues and partners to review crime data and see if there will be any underlying trends in the data which may indicate negative changes in the crime landscape.
2.5	Objection that the scheme would reduce safety for cyclists	The proposals include interventions that will improve cycling safety such as a two-way segregated stepped cycle track and new zebra crossings for pedestrians and people who cycle. In addition, the proposed bus gate and modal filters will significantly reduce motor vehicle volume at the southern part of Bull Lane, making it suitable for cycling without dedicated cycling lanes, effectively creating a safe cycling street.
2.6	Objection that the scheme would reduce	The designs have been through a safety assessment process.
	safety for motor vehicles	A road collision data assessment forms part of the monitoring post implementation of the scheme. Further details can be found at the project Monitoring Plan which is publicly available on the project page.

3 Equalities		
Ref	Nature of objection	LBE response
3.1	Objection based on the view that the scheme would not impact everyone equally	The decision report contains the equality impact assessment where the impact on all protected characteristic groups is considered.
3.2	Objection based on the view that the scheme would disadvantage or not mitigate the impact on protected characteristic groups	The decision report contains the equality impact assessment where the impact on all protected characteristic groups is considered and relevant mitigating actions are included.
3.3	Objection based on the view that the scheme would disadvantage disabled people	The decision report contains the equality impact assessment where the impact on disability is considered.
3.4	Objection based on the view that the scheme would disadvantage older / younger people	The decision report contains the equality impact assessment where the impact on age is considered.
3.5	Objection based on the view that the scheme would disadvantage a particular sex	The decision report contains the equality impact assessment where the impact on sex is considered.
3.6	Objection based on the view that the scheme would disadvantage pregnant people / people with new-born babies	The decision report contains the equality impact assessment where the impact on pregnancy and maternity is considered.
3.7	Objection based on the view that the scheme would disadvantage a particular race	The decision report contains the equality impact assessment where the impact on race is considered.

4 Pr	4 Process and decision making of the project		
Ref	Nature of objection	LBE response	
4.1	Objection based on the view that the measures would benefit cyclists at detriment to others as cyclists only make up a small amount of population	The scheme is delivered in the context of local, regional and national policies and strategies that seek to respond to the climate emergency, reduce traffic congestion and increase levels of physical activity, and post-pandemic response to enable a green recovery. Improving on the current ratio of cars to pedestrians and cyclists, i.e., 'mode share' is key to these policies. An example of this is the Mayor's Transport Strategy which aims for 80% of all trips to be made on foot, by bicycle or by public transport by 2041.	
		The proposals are intended to increase the cycling levels along this route. The provision of safe infrastructure will enable more people to make the choice to cycle some of their local journeys. Evidence from other schemes indicates that the number of cycling journeys in the Borough are increasing where good quality infrastructure has been installed.	
4.2	Objection that the scheme is unnecessary / waste of money based on the perception that there are no congestion or safety issues in the area	The project objectives are not solely focussed on traffic or safety issues in the area. Improving provision for modes of active travel strongly aligns with national, regional and local guidance as set out in paragraphs 13 – 21.	
		This project will be implemented using funds from the Department for Transport specifically for schemes to help increase levels of active travel. The funding cannot be used for any other purpose. Should Enfield Council not use it for this type of project, it will likely be allocated to a different local authority for the same purpose. No contribution is made to this scheme by Enfield Council tax receipts.	
4.3	Objections based on a perceived lack of research and/or data collection prior to implementation	A range of qualitative and quantitative data was considered as part of the development of the proposals for the scheme, including traffic counts measuring the number and type of motor vehicles, cyclists and pedestrians, community engagement and consultation and equality	

		impact assessment. Further details can be found in the project Monitoring Plan which is publicly available on the project page.
4.4	Objection about the cumulative impact of other schemes (e.g. combination with Streetspace schemes, road closures, School Streets, ULEZ)	The scheme is delivered in the context of local, regional and national policies and strategies that seek to respond to the climate emergency, reduce traffic congestion and increase levels of physical activity, and post-pandemic response to enable a green recovery. Improving on the current ratio of cars to pedestrians and cyclists, i.e., 'mode share' is key to these policies. An example of this is the Mayor's Transport Strategy which aims for 80% of all trips to be made on foot, by bicycle or by public transport by 2041.
		North Middlesex Hospital Active Travel Improvements forms part of the Enfield Healthy Streets programme which consists of a comprehensive range of interventions that collectively will enable more sustainable transport choices. As projects are knitted together and a coherent network of quiet streets and safe walking and cycling infrastructure on primary roads is delivered, longer-term change will be enabled.
4.5	Concern about time of implementation during the pandemic (e.g. due to inaccurate data, low traffic levels, added stress)	Several sets of traffic data were used as part of the development of the proposals, including pre and post pandemic data. The latest set of traffic data which was used to validate the previous assessments was collected in December following the removal of restrictions due to Covid-19 and at a time when TfL are reporting that traffic has returned to 96% of pre-pandemic levels. Some monitoring of the project will continue post implementation of the project.

5 Communications and engagement		
Ref	Nature of objection	LBE response
5.1	Objections based on lack of consultation and/or undemocratic method	Communications and engagement activities with the wider community regarding the project included:
		 A letter delivered in August 2021 to residents, businesses, and other organisations at approximately 4,000 addresses within the local area (which included Haringey) introducing the plans, informing them of the project page, and inviting them to the community engagement drop-in sessions and an online public webinar Launch of Let's Talk project page in August 2021, hosting information on the project, frequently asked questions (FAQs), key dates for the project, documents, a space for community members to ask questions and get answers, information on the consultation, the electronic consultation survey, notices of the traffic orders, and project updates posted to the page Posters with a map of the proposals and brief information on the project placed at public areas and staff rooms of North Middlesex University Hospital in September 2021 An online public webinar delivered in September 2021, recorded, and uploaded on the Let's Talk project page Three community drop-in sessions that took place in September 2021 at Fore Street Library to discuss the proposed plans for active travel improvements, provide an overview of next steps, and answer any questions A letter inviting residents, businesses, and other organisations to participate in the consultation and providing details of how to do so, delivered in October 2021

		 Social media activity through Facebook and Twitter to communicate the project information and the consultation to the wider community of Enfield in October 2021
		Notice of the draft permanent traffic orders was published in the London Gazette and Enfield Independent newspapers on 6 October 2021.
		The Council adhered to the process and all that is required when implementing a project using a Permanent Traffic Order, including the conduct of the statutory consultation. In addition to the Council's statutory obligations, the Council provided additional communications as outlined above and responded to many enquiries about the project.
5.2	Objection about lack of and/or poor quality of information provided with regards to past and/or existing data collection	A project Monitoring Plan document was made publicly available on the Let's Talk Enfield project page. This document sets out both the data already collected and the monitoring and evaluation that will be undertaken in response to the implementation of the North Middlesex Hospital Active Travel Improvements project. The link for the Let's Talk Enfield site was provided in all communications.
5.3	Objection based on lack of publication of an equality impact assessment, demand studies, and robust assessments such as future modelling and monitoring information	The decision report contains the equality impact assessment. The project published a monitoring plan which set out the areas of focus for the monitoring and evaluation and explains the data-based assessments that this includes. FAQs were included on the Let's Talk project page to help explain the assessment regarding traffic reassignment impacts to the community. The key assessments have been reported against in the main report so that the decision maker can take into account these aspects when considering a decision.

6 Des	6 Design and infrastructure		
Ref	Nature of objection	LBE response	
6.1	Objection based on the design of this particular scheme despite support of its objectives	The proposed design is considered the best approach when taking into account the objectives and the other constraints in the area, such as the narrow width of the southern section of Bull Lane. The designs were developed by external consultants and reviewed by Enfield Council design engineers. Other designs were considered and are set out in the alternative options section of the main report along with commentary on reasons why they were not pursued.	
6.2	Objection based on the view that the scheme is poorly thought out / not responding to the area's problems	The proposed design is considered the best approach when taking into account the objectives and the other constraints in the area, such as the narrow width of the southern section of Bull Lane. The scheme seeks to address the issues mentioned in the Project Rationale document, which is publicly available on the project page, namely:	
		 Gap in Cycleway 1 connection with Haringey and further with Cycle Superhighway 1 (CS1) which provides a link to central London. Lack of infrastructure suitable for all active travel modes. Insufficient and unsuitable crossing facilities for all active travel users. Footway parking hindering the movement of pedestrians and people with reduced mobility. 	
6.3	Objection that cyclists do/would not use dedicated cycle infrastructure and continue to use pavements/roads	The dedicated cycle infrastructure is proposed to encourage more people to shift to active modes of travel, particularly those who are currently less confident to do so. There is no restriction on the use of roads by cycles. Cycling on footways is still unlawful and a matter for the local police.	
6.4	Objection that the scheme would impact hospital parking	The Hospital has three car parks with over 350 parking spaces. The scheme is not likely to make the parking situation materially worse for the Hospital. One of the aims of the scheme is to enable a shift from	

		use of private vehicles to alternative more sustainable modes of transport.
6.5	Objection based on the view that the scheme needs to be more ambitious, including suggestions for traffic calming measures (speed cameras, speed bumps, 20mph speed limits enforced, traffic lights) and/or vehicle restrictions (e.g. lorries)	The proposed design is considered the best approach when taking into account the project objectives as well as local needs and constraints in the area, whilst seeking to balance the often-competing demands of active travel users and motor traffic. Other designs were considered and are set out in the alternative options section of the main report along with commentary on reasons why they were not pursued.
6.6	Suggestion that there should be a focus on other cycling schemes (e.g. bike storage, street lighting)	The Council has a programme to increase cycle parking provision across the Borough to meet objectives of the Mayor of London's Transport Strategy. A number of cycle parking facilities exist in the area and more can be installed to match increasing demand as funding is identified.
		The existing lighting levels have been set in accordance with national design standards to suit the requirements of the area. The Council will continue to check any further queries that are raised about views of insufficient lighting at specific locations.
6.7	Objection that the scheme would make parking/loading more difficult for residents	43.5% of households in the Upper Edmonton ward have no access to a car. The scheme is not likely to make the parking situation materially worse for residents. One of the aims of the scheme is to enable a shift from use of private vehicles to alternative more sustainable modes of transport. Implementing further Controlled Parking Zone in the area could be investigated in the future if there is sufficient support and funding available.
6.8	Objection about the possible impact on local environment (e.g. high volume of street furniture) creating confusion	The proposed street furniture was kept to a minimum to avoid unnecessary clutter and prevent confusion whilst simultaneously achieving design and safety requirements.

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7 Mis	7 Miscellaneous		
Ref	Nature of objection	LBE response	
7.1	Objection based on the view that the scheme is not in line with climate objectives	The scheme is delivered in the context of local, regional and national policies and strategies that seek to respond to the climate emergency, reduce traffic congestion and increase levels of physical activity, and post-pandemic response to enable a green recovery. Improving on the current ratio of cars to pedestrians and cyclists, i.e., 'mode share' is key to these policies.	
		A Project Rationale document was published on the project page to help explain the rationale for the project and how this is aligned to climate objectives. Further details are discussed in the main body of the report.	

Ref	acts outside the scope of the traffic orde Nature of objection	LBE response
8.1	Objection based on the view that there is a lack of public transport options to the Hospital and/or that public transport links should be improved	The Hospital can be accessed by bus and rail. The nearest train station is Silver Street (approximately 10-minute walk), and the nearest Tube station is Seven Sisters (connects to the main line to get to Silver Street). White Hart Lane station is another train station, approximately 15-minute walking distance.
		 The following bus routes serve the hospital: 34 Barnet - Walthamstow Central station - Barnet 102 Edmonton Green - Golders Green 149 Ponders End to Waterloo Station 144a Edmonton Green - Muswell Hill 259 Edmonton Green - Kings Cross Station 279 Waltham Cross - Holloway
		 318 North Mid - Stamford Hill - North Middlesex University Hospital NHS Trust 444 Turnpike Lane - Chingford Station 456 Enfield Town via Winchmore Hill, to North Mid. 491 North Middlesex University Hospital - Waltham cross N279 Waltham Cross - Victoria Station stop at the junction of fore street and Angel Road W6 bus travelling from Southgate - Palmers Green - Edmonton Green
		As part of its response to the climate emergency, the Council has ongoing plans to enable more sustainable forms of travel across the Borough. As per the introduction of the new 456 bus service, the Council is committed to work closely with TfL to improve public transport links.

LONDON BOROUGH OF ENFIELD

AMERSHAM AVENUE N18, BULL LANE N18, SHAFTESBURY ROAD N18, TIVERTON ROAD N18, WILBURY WAY N18 - INTRODUCTION AND REMOVAL OF PEDESTRIAN CROSSINGS, INTRODUCTION OF MOTOR VEHICLE PROHIBITIONS AND AMENDMENTS TO PARKING PLACES AND WAITING RESTRICTIONS

Further information may be obtained from Traffic and Transportation, by emailing healthystreets@enfield.gov.uk

- 1. NOTICE IS HEREBY GIVEN that the Council of the London Borough of Enfield (the Council) propose to make The Enfield (Event Day) (Waiting Restrictions) (Amendment No. *) Order 202*, The Enfield (Waiting and Loading Restriction) (Amendment No. *) Traffic Order 202*, The Enfield (Event Day) (Parking Places) (Amendment No. *) Order 202*, The Enfield (Parking Places) (Pay and Display) (Various Roads, Upper Edmonton) (No. *) Order 202* and The Enfield (Prescribed Routes) (No. *) Traffic Order 202* under sections 6, 45, 46, 49 and 124 of and Part IV of Schedule 9 to the Road Traffic Regulation Act 1984, as amended.
- 2. The general effect of the Orders referred to in paragraph 1 of this Notice would be to:
- (a) increase the extent of the road closure area in Tiverton Road, at its junction with Bull Lane;
- (b) ban motor vehicles from entering or proceeding in Amersham Avenue N18, between the western kerb-line of Bull Lane and a point 12.5 metres west of that kerb-line;
- (c) ban the passage of motor vehicles in Shaftesbury Road N18, at a point at a point 3.7 metres east of the eastern kerb-line of Bull Lane;
- (d) ban vehicles, except buses and pedal cycles, from entering or proceeding in Bull Lane N18, between the northern kerb-line of gated entrance to Bull Lane Park and a point 8.8 metres north of that kerb-line
- (e) in Bull Lane N18:
 - (i) on the west side, opposite North Middlesex hospital car park, remove a pay and display parking place and replace it with double yellow line 'at any time' waiting restrictions;
 - (ii) on the east side, opposite the rear of Nos. 2, 2a, 4 and 4a Tiverton Road and Nos. 1 to 15 Giffard Road, relocate the event day 'SE' permit holders parking place onto the carriageway and reduce its length by 7 metres;
 - (iii) on the west side, at the rear of Nos. 2, 2a, 4 and 4a Tiverton Road and Nos. 1 to 15 Giffard Road, replace the existing event day single yellow line waiting restrictions with double yellow line 'at any time' waiting restrictions;
 - (iv) on the west side, at the side of No. 2 Amersham Avenue, provide 12.2 metres of event day 'SE' permit holders parking place;
 - (v) on the west side, remove the existing footway parking place between Shaftesbury Road the southern boundary of Bull Lane Park and replace it with double yellow line

'at any time' waiting restrictions and two event day 'SE' permit holders parking places (opposite No. 14 and No. 22);

- (f) in Amersham Avenue N18, remove the event day 'SE' permit holders parking place outside Nos. 1 and 3 and replace it with double yellow line 'at any time' waiting restrictions;
- (g) make minor amendments to the existing parking place definitions for Bull Lane so they better reflect how the scheme has been implemented on street (there would be no change to the way these parking places operate).
- 3. NOTICE IS ALSO HEREBY GIVEN that the Council propose to convert certain lengths of footway into cycle tracks, using powers under section 65 of the Highways Act 1980. Shared-use cycle tracks, for use by pedal cyclists and pedestrians, would be provided on the existing footway in Bull Lane.
- **4.** FURTHER NOTICE IS HEREBY GIVEN that the Council of the London Borough of Enfield (the Council) has approved, under section 23 of the Road Traffic Regulation Act 1984:
 - (a) the introduction of two new parallel (pedestrian and pedal cycle) crossings and one new zebra (pedestrian) crossings in Bull Lane N18 and Wilbury Way N18; and
 - (b) the removal of the existing zebra (pedestrian) crossing from Bull Lane N18, just south of the access road to North Middlesex University Hospital.

The extent of the new crossings including the associated zig-zag markings (which would prohibit all vehicles from stopping on them for any reason at all times) would be as specified in the Schedule to this Notice.

5. A copy of the proposed Orders and of the Council's statement of reasons for proposing to make the Orders can be inspected at the Town Library, 66 Church Street, Enfield EN2 6AX, Monday to Fridays 9am - 5pm inclusive.

The notice, draft orders, and statement of reasons can also be inspected online at: https://new.enfield.gov.uk/services/roads-and-transport/traffic-management-orders/

Copies of the notice, draft orders and Statement of reasons can also be obtained by emailing healthystreets@enfield.gov.uk or by writing to Traffic and Transportation, Civic Centre, Silver Street, Enfield, Middlesex, EN1 3XD (quoting reference TG52/1483).

- **6.** Persons desiring to object to the proposed Orders or make any other representations must do so by $27^{\rm th}$ October 2021. Any such objection or any representation must be in writing, quoting reference TG52/1483, and must state the grounds on which it is made. Objections or representations can be made in any of the following ways:
 - online via the consultation survey on the project page at http://letstalk.enfield.gov.uk/nmh-ati;

- emailed to: healthystreets@enfield.gov.uk; or
- posted to: Healthy Streets Team, Enfield Council, Silver Street, Enfield, EN1 3XA.

Dated 6 October 2021

David B Taylor Head of Traffic and Transportation

SCHEDULE

(Extent of the new parallel and zebra crossings including zig-zag markings)

Parallel Crossings - Bull Lane N18, from a point 10.4 metres north of the northern kerb-line of Watermill Lane northwards for a distance of 40.6 metres; and Wilbury Way N18, from a point 7.7 metres west of the western kerb-line of Bull Lane (measured on the southern side of Wilbury Way) westwards for a distance of 29.8 metres.

Zebra Crossing - Bull Lane N18, from a point 6.9 metres north of the northern kerb-line of Wilbury Way northwards for a distance of 27.3 metres.

AMERSHAM AVENUE N18, BULL LANE N18, SHAFTESBURY ROAD N18, TIVERTON ROAD N18, WILBURY WAY N18 - INTRODUCTION AND REMOVAL OF PEDESTRIAN CROSSINGS, INTRODUCTION OF MOTOR VEHICLE PROHIBITIONS AND AMENDMENTS TO PARKING PLACES AND WAITING RESTRICTIONS

The Enfield (Event Day) (Waiting Restrictions) (Amendment No. *) Order 202*, The Enfield (Waiting and Loading Restriction) (Amendment No. *) Traffic Order 2021, The Enfield (Event Day) (Parking Places) (Amendment No. *) Order 202*, The Enfield (Parking Places) (Pay and Display) (Various Roads, Upper Edmonton) (No. *) Order 202* and The Enfield (Prescribed Routes) (No. *) Traffic Order 202*

STATEMENTS OF REASONS

Enfield Council are proposing to implement an active travel route along Bull Lane N18.

The aim of this project is to provide a continuation of the recently implemented Cycleway 1 extension and a future connection with Cycle Superhighway 1 (CS1) in Haringey.

The total length of the proposed active travel route will be approximately 0.5km. It will extend from the A406 North Circular Road underpass at Bull Lane to the Enfield borough boundary at the southern end of Bull Lane.

The proposals feature a two-way segregated stepped cycle track on the northern part of Bull Lane (up to the junction with Wilbury Way), new crossings on Bull Lane and Wilbury Way for pedestrians and people who cycle, a bus gate at the southern end of Bull Lane, and modal filters at Amersham Avenue and Shaftesbury Road.

The proposed interventions will:

- Deliver a key active travel link which will provide improved access for key workers and visitors travelling to North Middlesex Hospital.
- Provide a quieter, safer, and more pleasant route that will encourage people to use active travel modes for more of their journeys.
- Reduce the volume of motor traffic on the part of Bull Lane south of its junction with Wilbury Way and Bridport Road, in order to encourage active travel. This can result in some motor vehicle drivers having to use different routes to access their destination.

Orders are being Made to support the above, in locations within the London Borough of Enfield.



THE COUNCIL OF THE LONDON BOROUGH OF ENFIELD TRAFFIC MANAGEMENT ORDER

202* No. *

The Enfield (Event Day) (Waiting Restrictions) (Amendment No. *) Order 202*

Made ** ****** 2020

Coming into operation ** ****** 2020

The Council of the London Borough of Enfield, after consulting the Commissioner of Police of the Metropolis, in exercise of the powers conferred by sections 6 and 124 of and Part IV of Schedule 9 to the Road Traffic Regulation Act 1984(a), and of all other powers thereunto enabling hereby make the following Order:-

- 1. This Order shall come into operation on **** 202* and may be cited as the Enfield (Event Day) (Waiting Restrictions) (Amendment No. *) Order 202*.
- 2. In this Order the expression "enactment" means any enactment, whether public general or local, and includes any order, bye-law, rule, regulation, scheme or other instrument having effect by virtue of an enactment and any reference in this Order to any enactment shall be construed as a reference to that enactment as amended, applied, consolidated, re-enacted by or as having effect by virtue of any subsequent enactment.

⁽a) 1984 c.27

- 3. Without prejudice to the validity of anything done or to any liability incurred in respect of any act or omission before the coming into operation of this Order, The Enfield (Event Day) (Waiting Restrictions) Order 2018(b) shall have effect as though:
 - (i) for the item numbered 6 in Schedule 1 to that Order there were substituted the item similarly numbered and set out in columns 1, 2 and 3 of Schedule 1 to this Order;
 - (ii) the item numbered 15 in Schedule 1 to that Order were omitted; and
 - (iii) for the item numbered 8 in Schedule 2 to that Order there were substituted the item similarly numbered and set out in columns 1, 2 and 3 of Schedule 2 to this Order.

Dated this * day of * 202*

Head of Traffic and Transportation (The officer appointed for this purpose)

⁽b) LBE 2018/47

SCHEDULE 1 (see Article 3)

1	2	
Item	Length of street	
6.	Amersham Avenue	
	(a) The west side, from a point 7.5 metres north of the common boundary of Nos. 155 and 157 Amersham Avenue to a point 5 metres south of the common boundary of Nos. 151 and 153 Amersham Avenue.	
	(b) The west side, from a point 6 metres north of the common boundary of Nos. 151 and 153 Amersham Avenue to a point 5 metres north-east of the common boundary of Nos. 147 and 149 Amersham Avenue.	
	(c) The north side, from a point 1 metre east of the common boundary of Nos. 107 and 109 Amersham Avenue to a point 5.5 metres west of the eastern wall of No. 103 Amersham Avenue.	
	(d) The north side, from a point 3 metres east of the eastern wall of No. 103 Amersham Avenue to a point 21 metres west of the western kerb-line of Weir Hall Road.	
	(e) The north side, from a point 12 metres east of the eastern kerb-line of Weir Hall Road to a point 18.5 metres east of the eastern kerb-line of Weir Hall Road.	
	(f) The north side, from a point 25.5 metres east of the eastern kerb-line of Weir Hall Road to a point 2 metres west of the western wall of No. 101 Amersham Avenue.	
	(g) The north side, from a point in line of the western wall of No. 93 Amersham Avenue to a point 1.5 metres west of the eastern wall of No. 91 Amersham Avenue.	
	(h) The north side, from a point 1.5 metres east of the common boundary of Nos. 87 and 89 Amersham Avenue to a point 1 metre west of the western wall of No. 85 Amersham Avenue.	
	(i) The north side, from a point 0.5 metres west of the common boundary of Nos. 83 and 85 Amersham Avenue to a point 1 metre west of the western wall of No. 81 Amersham Avenue.	
	(j) The north side, from a point in line of the common boundary of Nos. 79 and 81 Amersham Avenue to a point 1.5 metres west of the western wall of No. 77 Amersham Avenue.	

1	2
Item	Length of street
	(k) The north side, from a point 1.5 metres east of the common boundary of Nos. 63 and 65 Amersham Avenue to a point 1 metre west of the western wall of No. 61 Amersham Avenue.
	(1) The north side, from a point in line of the western wall of No. 57 Amersham Avenue to a point 1 metre west of the eastern wall of No. 55 Amersham Avenue.
	(m) The north side, from a point 0.5 metres west of the common boundary of Nos. 51 and 53 Amersham Avenue to a point 0.5 metres west of the common boundary of Nos. 49 and 51 Amersham Avenue.
	(n) The north side, from a point 0.5 metres west of the common boundary of Nos. 47 and 49 Amersham Avenue to a point 6 metres west of the common boundary of Nos. 43 and 45 Amersham Avenue.
	(o) The north side, from a point 3 metres east of the common boundary of Nos. 43 and 45 Amersham Avenue to a point 4 metres west of the common boundary of Nos. 31 and 33 Amersham Avenue.
	(p) The north side, from a point 10.5 metres east of the common boundary of Nos. 31 and 33 Amersham Avenue to a point 14 metres west of the western kerb-line of Hardinge Road.
	(q) The north side, from a point 9 metres east of the eastern kerb-line of Hardinge Road to a point 6.5 metres west of the common boundary of Nos. 19 and 21 Amersham Avenue.
	(r) The north side, from a point 4 metres east of the common boundary of Nos. 13 and 15 Amersham Avenue to a point 15.5 metres west of the western kerb-line of Giffard Road.
	(s) The north side, from a point 13 metres east of the eastern kerb-line of Giffard Road to a point 7.1 metres west of the common boundary of Nos. 1 and 3 Amersham Avenue.
	(t) The east side, from a point 7 metres north of the common boundary of Nos. 146 and 148 Amersham Avenue to a point 17 metres south of the common boundary of Nos. 142 and 144 Amersham Avenue.
	(u) The south-east side, from a point 1 metre north of the common boundary of Nos. 142 and 144 Amersham Avenue to a point 6.5 metres south-west of the common boundary of Nos. 138 and 140 Amersham Avenue.

1	2
Item	Length of street
	(v) The south side, from a point 13 metres north-east of the north-eastern wall of No. 134 Amersham Avenue to a point 5.5 metres west of the common boundary of Nos. 130 and 132 Amersham Avenue.
	(w) The south side, from a point 6 metres east of the common boundary of Nos. 126 and 128 Amersham Avenue to a point 6.5 metres west of the common boundary of Nos. 114 and 116 Amersham Avenue.
	(x) The south side, from a point 5.5 metres east of the common boundary of Nos. 114 and 116 Amersham Avenue to a point 23 metres west of the western kerb-line of Weir Hall Road.
	(y) The south side, from a point 22.5 metres east of the eastern kerb-line of Weir Hall Road to a point 2 metres west of the western wall of No. 112 Amersham Avenue.
	(z) The south side, from a point 0.5 metres east of the western wall of No. 100 Amersham Avenue to a point in line of the common boundary of Nos. 98 and 100 Amersham Avenue.
	(aa) The south side, from a point in line of the eastern wall of No. 86 Amersham Avenue to a point 26 metres west of the western kerb-line of Barclay Road.
	(bb) The south side, from a point 31 metres east of the eastern kerb-line of Barclay Road to a point 0.5 metres east of the common boundary of Nos. 70 and 72 Amersham Avenue.
	(cc) The south side, from a point 0.5 metres east of the common boundary of Nos. 66 and 68 Amersham Avenue to a point 4 metres west of the common boundary of Nos. 62 and 64 Amersham Avenue.
	(dd) The south side, from a point 1 metre east of the common boundary of Nos. 62 and 64 Amersham Avenue to a point 0.5 metres east of the common boundary of Nos. 58 and 60 Amersham Avenue.
	(ee) The south side, from a point 4.5 metres east of the common boundary of Nos. 48 and 50 Amersham Avenue to a point in line of the common boundary of Nos. 40 and 42 Amersham Avenue.
	(ff) The south side, from a point 3.5 metres east of the eastern wall of No. 36 Amersham Avenue to a point 2 metres west of the common boundary of Nos. 32 and 34 Amersham Avenue.

SCHEDULE 1 (see Article 3)

1	2
Item	Length of street
	(gg) The south side, from a point 9.5 metres east of the common boundary of Nos. 32 and 34 Amersham Avenue to a point 4 metres east of the common boundary of Nos. 4 and 6 Amersham Avenue.

SCHEDULE 2 (see Article 3)

1	2
Item	Length of street
8 -	Bull Lane
	1. The west side, from the northern kerb-line of the southernmost access to Bull Lane Park to a point 10.4 metres north of that kerb-line.
	2. The west side, from a point 27.2 metres north of the northern kerb-line of the southernmost access to Bull Lane Park to a point 104.1 metres north of that kerb-line.
	3. The east side, from a point opposite the northern kerb-line of the southernmost access to Bull Lane Park to a point 41.8 metres north of a point opposite that kerb-line.
	4. The east side, from a point 69.6 metres north of a point opposite the northern kerb-line of the southernmost access to Bull Lane Park to a point 43.8 metres south of the southern kerb-line of Shaftesbury Road

EXPLANATORY NOTE

(This Note is not part of the Order, but is intended to indicate its general purport).

This Order further amends The Enfield (Event Day) (Waiting Restrictions) Order 2018, so as to introduce "at any time" waiting restrictions in Bull Lane and Amersham Avenue, in support of additional provisions for cyclists, within the London Borough of Enfield.



THE COUNCIL OF THE LONDON BOROUGH OF ENFIELD TRAFFIC MANAGEMENT ORDER

202* No. *

The Enfield (Waiting and Loading Restriction) (Amendment No. *) Order 2020

Made ** ***** 2020

Coming into operation ** ****** 2020

The Council of the London Borough of Enfield, after consulting the Commissioner of Police of the Metropolis, in exercise of the powers conferred by sections 6 and 124 of and Part IV of Schedule 9 to the Road Traffic Regulation Act 1984(a), and of all other powers thereunto enabling hereby make the following Order:-

- 1. This Order shall come into operation on **** 202* and may be cited as the Enfield (Waiting and Loading Restriction) (Amendment No. *) Order 202*.
- 2. In this Order the expression "enactment" means any enactment, whether public general or local, and includes any order, bye-law, rule, regulation, scheme or other instrument having effect by virtue of an enactment and any reference in this Order to any enactment shall be construed as a reference to that enactment as amended, applied, consolidated, re-enacted by or as having effect by virtue of any subsequent enactment.

⁽a) 1984 c.27

3. Without prejudice to the validity of anything done or to any liability incurred in respect of any act or omission before the coming into operation of this Order, the Enfield (Waiting and Loading Restriction) Order 2012(b) shall have effect as though for the items numbered 35 and 1593 in Schedule 1 to that Order there were substituted the item similarly numbered and set out in columns 1, 2 and 3 of the Schedule to this Order;

Dated this * day of * 202*.

Head of Traffic and Transportation (The officer appointed for this purpose)

⁽b) LBE 2012/1

1	2	3	
35.	Bull Lane		
	(a) the east side		
	(i) between a point 13 metres south of the southern kerb-line of Sterling Way and a point 42 metres south of the southern kerb-line of Bridport Road;	A	
	(ii) between a point 29 metres north of a point opposite the northern kerb-line of Amersham Avenue and a point 7.4 metres south of the southern kerb-line of Shaftesbury Road.	А	
	(b) the west side		
	(i) between a point 13 metres south of the southern kerb-line of Sterling Way and a point 12 metres south of the southern kerb-line of Amersham Avenue;	A	
	(ii) between a point and a point 24.2 metres south of the southern kerb-line of Amersham Avenue and a point 122.3 metres north of the northern kerb-line of the southernmost access to Bull Lane Park;	A	
1593.	Amersham Avenue		
	(a) the north and north-west side		
	(i) between a point 7.1 metres west of the common boundary of Nos. 1 and 3 Amersham Avenue and its junction with Bull Lane;	A	
	(ii) between a point 10 metres west of the western kerb-line of Giffard Road and a point 10 metres east of the eastern kerb- line of Giffard Road;	A	
	(iii) between a point 13.5 metres west of the western kerb-line of Hardinge Road and a point 10 metres east of the eastern kerb- line of Hardinge Road;	A	
	(iv) between a point 12 metres west of the western kerb-line of Weir Hall Road and a point 12 metres east of the eastern kerb- line of Weir Hall Road;	A	

Page 78
SCHEDULE (see Article 3)

1	2	3
	(v) between its junction with Weir Hall Avenue and a point 9.5 metres south of a point opposite the common boundary of No. 152 Amersham Avenue and No. 6 Weir Hall Avenue;	A
	(b) the south and south-east side	
	(i) between the common boundary of Nos. 2 and 4 Amersham Avenue and its junction with Bull Lane;	A
	(ii) between a point 15.5 metres east of the western boundary of No. 84 Amersham Avenue and a point 10 metres west of the common boundary of Nos. 76 and 78 Amersham Avenue;	A
	(iii) between a point 12 metres west of the western kerb-line of Weir Hall Road and a point 12 metres east of the eastern kerb- line of Weir Hall Road;	A
	(iv) between its junction with Weir Hall Avenue and a point 9.5 metres south of a point opposite the common boundary of No. 152 Amersham Avenue and No. 6 Weir Hall Avenue.	A

EXPLANATORY NOTE

(This Note is not part of the Order, but is intended to indicate its general purport).

This Order further amends the Enfield (Waiting and Loading Restriction) Order 2012, so as to introduce "at any time" waiting restrictions in Bull Lane and Amersham Avenue, in support of additional provisions for cyclists, within the London Borough of Enfield.



THE COUNCIL OF THE LONDON BOROUGH OF ENFIELD TRAFFIC MANAGEMENT ORDER

202* No. **

The Enfield (Event Day) (Parking Places) (Amendment No. *) Order 202*

Made ** ***** 202*

Coming into operation ** ****** 202*

The Council of the London Borough of Enfield, after consulting the Commissioner of Police of the Metropolis, in exercise of the powers conferred by sections 45, 46 and 49 and 124 of and Part IV of Schedule 9 to the Road Traffic Regulation Act 1984(a) as amended, and of all other powers thereunto enabling hereby make the following Order:-

Citation and commencement

1. This Order may be cited as the Enfield (Event Day) (Parking Places) (Amendment No *) Order 202* and shall come into operation on ** ******* 202*.

Interpretation

- 2. (1) In this Order, "the Order of 2018" means the Enfield (Event Day) (Parking Places) Order 2018(b);
 - (2) Any reference in this Order to any enactment shall be construed as a reference to that enactment as amended, applied, consolidated, re-enacted by or as having effect by virtue of any subsequent enactment;

⁽a) 1984 c.27 (b) L.B.E. 2018/46

(3) Unless the context otherwise requires, any expression used in this Order which is also used in the Order of 2018 shall have the same meaning as in that Order.

Revocation of parking places

3. Without prejudice to the validity of anything done or to any liability incurred before the coming into operation of this Order, the Order of 2018 shall have effect as though the parking places numbered 172, 173, 174, 175, 176 and 177 in Schedule 1 to that Order were omitted.

- 4. (1) Each area on a highway comprising the length of carriageway of a street specified in column 2 of the Schedule to this Order and, bounded on one side of that length by the edge of the carriageway and having a width throughout of 1.8 metres is designated as a parking place.
- (2) The provisions of the Order of 2018 (other than Articles 3 and 17) shall apply to the areas designated as parking places by this Order as if in those provisions any reference to a parking place included a reference to an area designated as a parking place by this Order, as if any reference to Schedule 1 to the Order of 2018 included a reference to the Schedule to this Order.

Placing of traffic signs, etc.

- 5. The Council shall:
 - (a) place and maintain traffic signs indicating the limits of each parking place designated by this Order;
 - (b) place and maintain in or in the vicinity of each parking place designated by this Order traffic signs indicating that such parking place may be used during the permitted hours for the leaving only of the vehicles specified in Article 5 of the Order of 2018;
 - (c) carry out such other work as is reasonably required for the purposes of the satisfactory operation of a parking place.

Dated this ****** day of ****** 2020.

Head of Traffic and Transportation (The officer appointed for this purpose)

SCHEDULE (see Article 4)

1	2		
Item	Designated Parking Place		
*	Bull Lane	the west side, from a point 12 metres south of the southern kerb-line of Amersham Avenue to a point 24.2 metres south of that kerb-line.	
*	Bull Lane	the west side, from a point 104.1 metres north of the northern kerb-line of the southernmost access to Bull Lane Park to a point 122.3 metres north of that kerb-line.	
*.	Bull Lane	the west side, from a point 10.4 metres north of the northern kerb-line of the southernmost access to Bull Lane Park to a point 27.2 metres north of that kerb-line.	
*	Bull Lane	the east side, from a point 32.5 metres north of a point opposite the northern kerb-line of Amersham Avenue to a point 45.4 metres south of the southern kerb-line of Bridport Road.	
*.	Bull Lane	the east side, from a point 7.4 metres south of the southern kerb-line of Shaftesbury Road to a point 43.8 metres south of that kerb-line.	
*•	Bull Lane	the east side, from a point 41.8 metres north of a point opposite the northern kerb-line of the southernmost access to Bull Lane Park to a point 69.6 metres north of that kerb-line.	

EXPLANATORY NOTE

(This Note is not part of the Order, but is intended to indicate its general purport).

This Order amends the extent of parking places in Bull Lane N18, in support of additional provisions for cyclists, within the London Borough of Enfield. The Order also amends the designation of certain other parking places in Bull Lane to correct historical drafting errors.



THE COUNCIL OF THE LONDON BOROUGH OF ENFIELD TRAFFIC MANAGEMENT ORDER

202* No. **

The Enfield (Parking Places) (Pay and Display) (Various Roads, Upper Edmonton) (No. *) Order 202*

Made ** ***** 202*

Coming into operation ** ****** 202*

The Council of the London Borough of Enfield, after consulting the Commissioner of Police of the Metropolis, in exercise of the powers conferred by sections 45, 46, 49, 51 and 124 of and Part IV of Schedule 9 to the Road Traffic Regulation Act 1984(a) as amended, and of all other powers thereunto enabling hereby make the following Order:-

Citation and commencement

1. This Order may be cited as The Enfield (Parking Places) (Pay and Display) (Various Roads, Upper Edmonton) (No. *) Order 202* and shall come into operation on ** ******** 202*.

Interpretation

- 2. (1) In this Order, "the Order of 2017" means the The Enfield (Parking Places) (Pay and Display) (Various Roads, Upper Edmonton) (No. 1) Order 2017(b);
 - (2) Any reference in this Order to any enactment shall be construed as a reference to that enactment as amended, applied, consolidated, re-enacted by or as having effect by virtue of any subsequent enactment;

⁽a) 1984 c.27 (b) L.B.E. 2017/56

(3) Unless the context otherwise requires, any expression used in this Order which is also used in the Order of 2018 shall have the same meaning as in that Order.

Revocation of parking places

3. Without prejudice to the validity of anything done or to any liability incurred before the coming into operation of this Order, the Order of 2017 shall have effect as though the parking place numbered 4 in Schedule 1 to that Order were omitted.

Dated this ****** day of ****** 2020.

Head of Traffic and Transportation (The officer appointed for this purpose

EXPLANATORY NOTE

(This Note is not part of the Order, but is intended to indicate its general purport).

This Order removes parking space in connection with the provision of cycle tracks and pedestrian crossings, in support of additional provisions for cyclists, within the London Borough of Enfield.



THE COUNCIL OF THE LONDON BOROUGH OF ENFIELD TRAFFIC MANAGEMENT ORDER

202* No. **

The Enfield (Prescribed Routes) (No. **) Traffic Order 202*

Made ** ****** 202*

Coming into operation ** ****** 202*

The Council of the London Borough of Enfield, after consulting the Commissioner of Police of the Metropolis, in exercise of the powers conferred by sections 6 and 124 of, and Part IV of Schedule 9 to, the Road Traffic Regulation Act 1984(a) and of all other powers thereunto enabling, hereby make the following Order:-

Citation and commencement

1. This Order shall come into operation on ** ****** 202* and may be cited as the Enfield (Prescribed Routes) (No. **) Traffic Order 202*.

Interpretation

2. (1) In this Order:

"bus" and "pedal cycle" have the same meaning as in the Traffic Signs Regulations and General Directions 2016(b);

"cause" includes "permit"; and

"the Bull Lane bus gate" means that part of Bull Lane situated between the northern kerb-line of the southernmost gated entrance to Bull Lane Park and a point 8.8 metres north of that kerb-line.

⁽a) 1984 c.27 (b) S.I. 2016/362

- (2) Any reference in this Order to any enactment shall be construed as a reference to that enactment as amended, applied, consolidated, reenacted by or as having effect by virtue of any subsequent enactment.
- (3) Any reference in this Order to a numbered Article or Schedule shall, unless the context otherwise requires, be construed as a reference to the Article or Schedule bearing that number in this Order.

Prohibitions

- 3. No person shall cause any vehicle to enter or proceed in that part of Tiverton Road N18 that lies between the western kerb-line of Bull Lane and a point 1.9 metres north-east of a point in line with the north-eastern wall of No. 1a Tiverton Road.
- 4. No person causing any motor vehicle to proceed in a street specified in column (2) of the Schedule to this Order shall, upon reaching its junction with the street specified in relation thereto in column (3) of the Schedule, thereupon cause that vehicle to enter into that street specified in relation thereto in column (3) of that Schedule.
- 5. No person shall cause any motor vehicle to enter or proceed in Amersham Avenue N18, between the western kerb-line of Bull Lane N18 and a point 12.9 metres west of that kerb-line.
- 6. No person shall cause any vehicle other than a bus or pedal cycle to enter or proceed in the Bull Lane bus gate.

Exemptions

- 7. Nothing in Article 3 shall apply to any pedal cycle proceeding in a cycle track constructed in or by the side of the highway pursuant to Section 65 of the Highways Act 1980.
- 8. Nothing in Articles 5 or 6 of this Order shall apply:-
 - (a) to anything done with the permission of or at the direction of a police constable in uniform or a traffic warden; or

- (b) to any person who causes any vehicle to proceed in accordance with any restriction or requirement indicated by traffic signs placed pursuant to section 66 or section 67 of the Road Traffic Regulation Act 1984;
- (c) to any vehicle being used for ambulance, fire brigade or police purposes; or
- (d) in relation to any refuse collection vehicle, whilst being used for the purpose of the collection of refuse.
- 9. Without prejudice to the validity of anything done or to any liability incurred in respect of any act or omission before the coming into operation of this Order, The Enfield (Prescribed Routes) (No. 5) Traffic Order 2000(c) is hereby revoked.

Dated this ****** day of ****** 2020

David B. Taylor Head of Traffic and Transportation

⁽c) LBE 2000/200

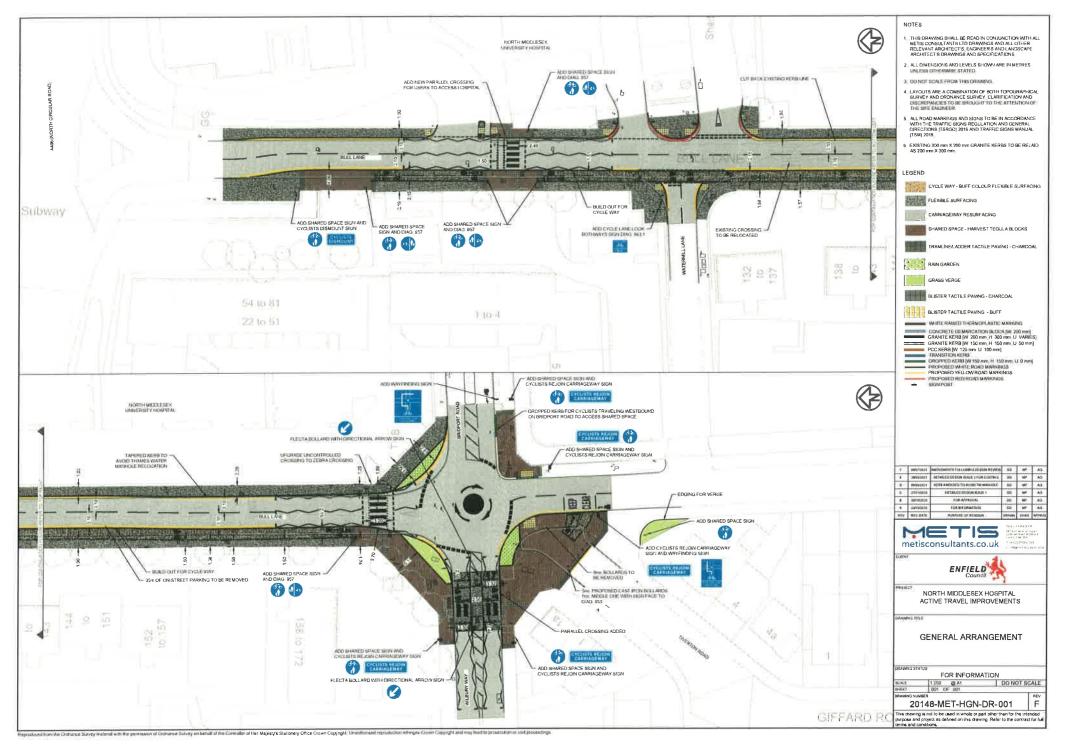
SCHEDULE (see Article 4) POINTS SUBJECT TO A 'NO MOTOR VEHICLES' PROHIBITION

Item No.	Street 1	Street 2
(1)	(2)	(3)
1.	point 3.9 metres east of	SHAFTESBURY ROAD, west of a point 3.9 metres east of the eastern kerb-line of Bull Lane
2.	point 3.9 metres east of	SHAFTESBURY ROAD, east of a point 3.9 metres east of the eastern kerb-line of Bull Lane

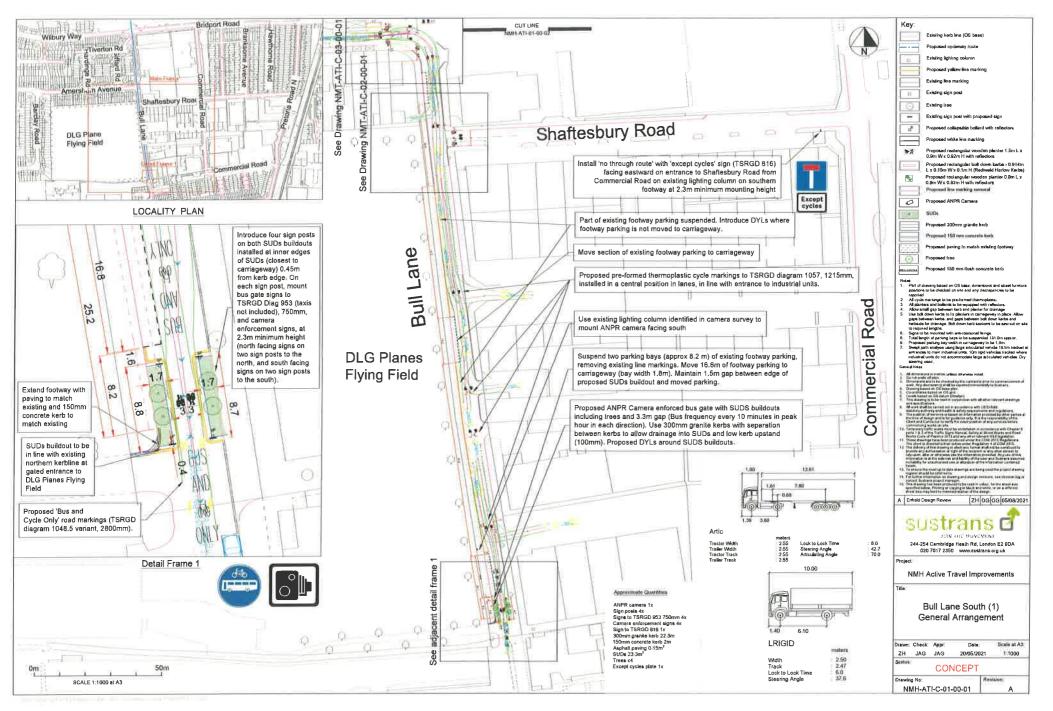
EXPLANATORY NOTE

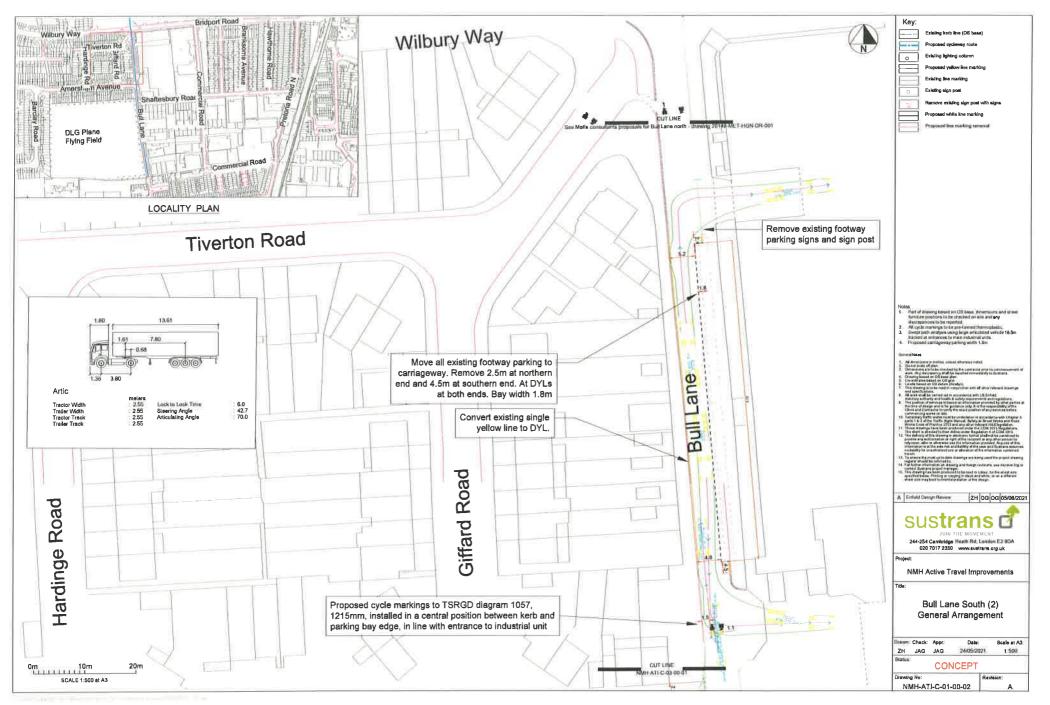
(This Note is not part of the Order, but is intended to indicate its general purport).

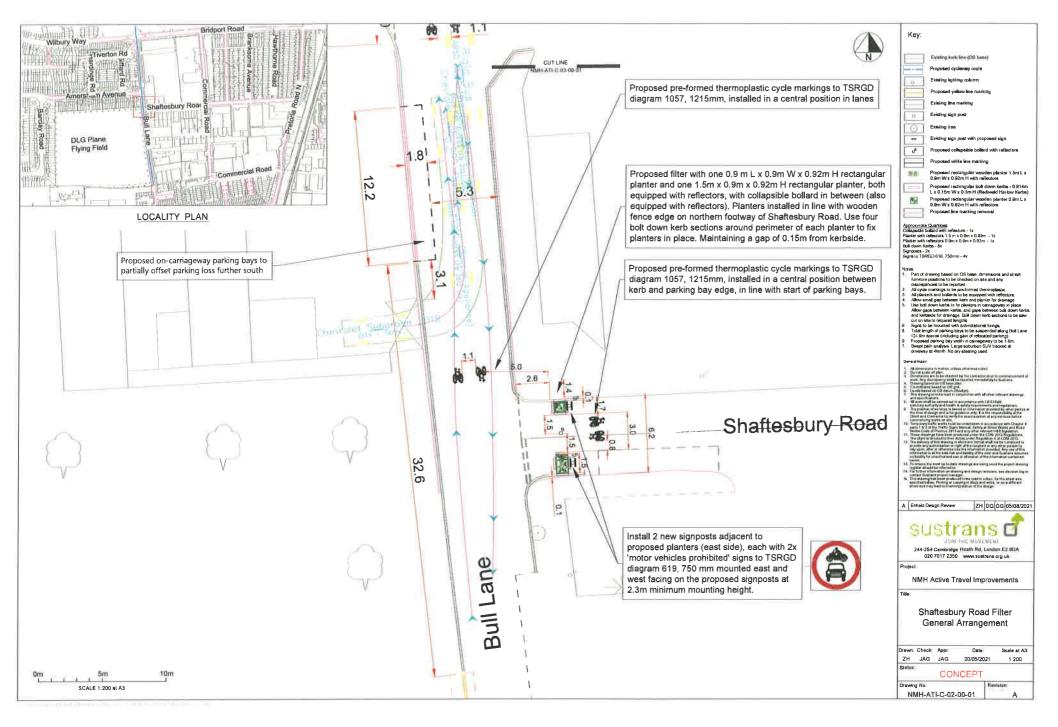
This Order provides a road closure, bus gate and two no motor vehicle restrictions in support of additional provisions for cyclists, within the London Borough of Enfield.

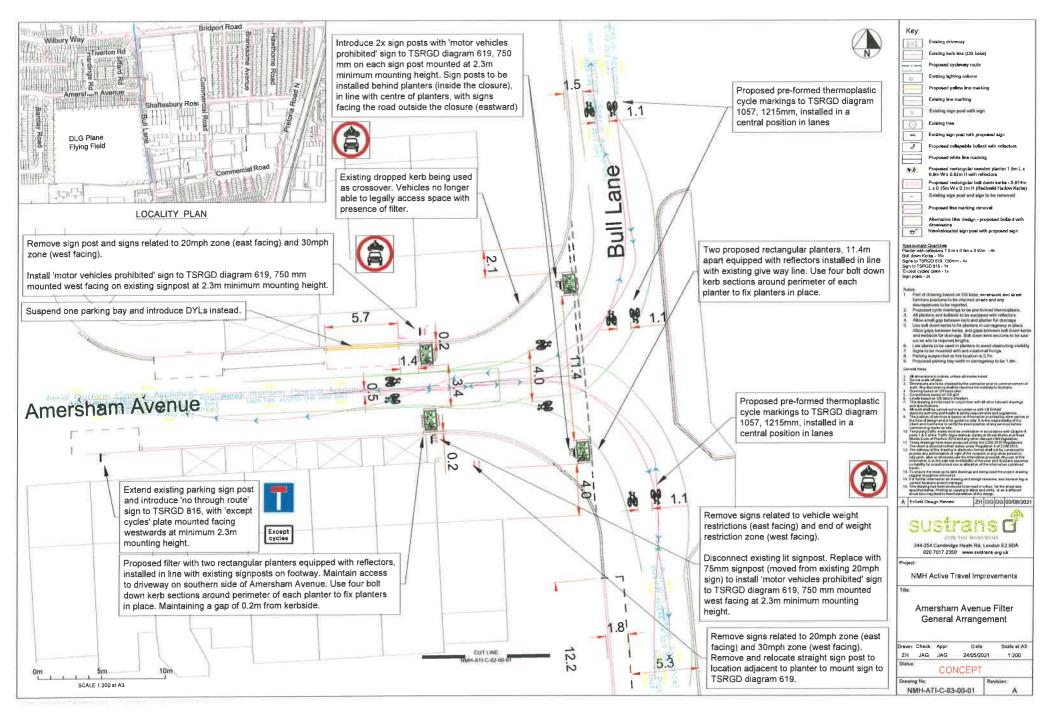












North Middlesex Hospital Active Travel Improvements: Consultation Analysis





Final Report January 2022

North Middlesex Hospital Active Travel Improvements: Consultation Analysis

Prepared by: Prepared for:

Steer London Borough of Enfield

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 $North\ Middlesex\ Hospital\ Active\ Travel\ Improvements:\ Consultation\ Analysis\ |\ Final\ Report$

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- B Full code frame from open question analysis



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1 Background

- 1.1 Steer was commissioned by LB Enfield to analyse responses to its statutory consultation for the proposed active travel route at Bull Lane N18 in the Upper Edmonton ward.
- 1.2 The proposal features a two-way segregated stepped cycle track on the northern part of Bull Lane (up to the junction with Wilbury Way), new zebra crossings on Bull Lane and Wilbury Way for pedestrians and people who cycle, a bus gate at the southern end of Bull Lane, a camera-enforced modal filter at Amersham Avenue and a standard modal filter at Shaftesbury Road. The total length of the proposed active travel route will be approximately 0.5km. It will extend from the A406 North Circular Road underpass at Bull Lane to the Enfield borough boundary at the southern end of Bull Lane.
- 1.3 The aim of the scheme is to provide a continuation of the previous Cycleway 1 extension (A1010S to North Middlesex Hospital Cycle Route) and a future connection with CS1 in Haringey. The scheme is funded by the Department for Transport (DfT) and will be delivered under Permanent Traffic Orders. The relevant draft traffic orders TG52/ 1483 were advertised on 6th October 2021.
- 1.4 The statutory consultation took place between 6 October 2021 and 31 October 2021. There were 205 responses, consisting of 157 emails/letters, and 48 survey submissions. Of the 157 email/letter responses, four were retractions to objections that respondents had submitted; three of these were matched to a response, but we were unable to match the fourth to a response in our dataset. This report presents the analysis of the responses received. Some analysis considers all 205 responses while other parts consider only the 48 survey responses; this is indicated by the n number beneath each graph.
- 1.5 Appendix A contains the graphs from a series of closed question responses and Appendix B contains the full code frame output from the open question responses.

Demographic profile of respondents

- 1.6 These demographic questions were optional so not all respondents provided an answer. Further, the results are only presented for the 48 respondents who completed the survey where these questions were asked, and exclude the 157 email/letter respondents. The headlines are:
 - One third of respondents stated they were female (33%) and just over a quarter male (27%).
 - The 60-74 age bracket had the most responses (23%), followed by 45-59 (19%) and 30-44 (15%).
 - Just over one quarter of respondents (27%) stated they were married. 38% of respondents did not provide an answer and a further 10% stated that they prefer not to say.



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- Over half of respondents stated that they do not identify as transgender (56%) and the remainder of respondents either did not provide a response or stated that they prefer not to say.
- Half of respondents stated that their ethnic group was white/white British (50%) and one third did not provide a response.
- Almost one third of respondents stated they are not religious (31%) and almost one quarter stated they were Christian (23%).
- Three-fifths of respondents stated they are not on maternity of leave or currently pregnant (60%). The remainder of respondents either did not provide a response or stated that they prefer not to say.
- Almost half of respondents stated that they are not disabled (48%) and 15% stated they
 do have a disability. Respondents were then asked to state the nature of their disability
 and types included physical/mobility impairment and learning difficulties.
- 8% of respondents stated that they are Blue Badge holders in Enfield; over half of respondents stated that are not.
- Half of respondents stated that they did not receive care assistance to their home and the remainder either did not provide a response or stated that they prefer not to say.
- 10% of respondents stated that they are a carer to an elderly and/or disabled person.
- Almost two-thirds of respondents did not state their annual household income (61%).
 Among those who did respond, the total annual income for households ranged from £10,000 to over £100,000.

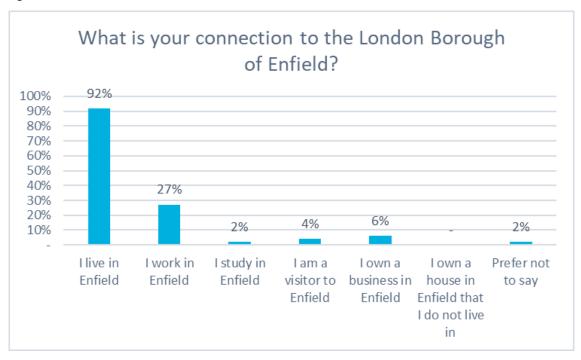


2 Closed question analysis

Connection to the area

2.1 Survey respondents were asked about their connection to the LB of Enfield and were able to select all categories that applied. The vast majority (92%) of respondents stated that they were local residents and just over one quarter stated that they work in Enfield (27%).

Figure 2.1: Connection to the area



n = 48

2.2 Respondents were also asked to state which postcode area they live in. Two responses (4%) came from N18, the area the scheme is situated in. Almost one third of respondents selected N13 (31%), an area located just under 1km from the proposed cycle route, while N21 and N9 were both selected by 15% of respondents.

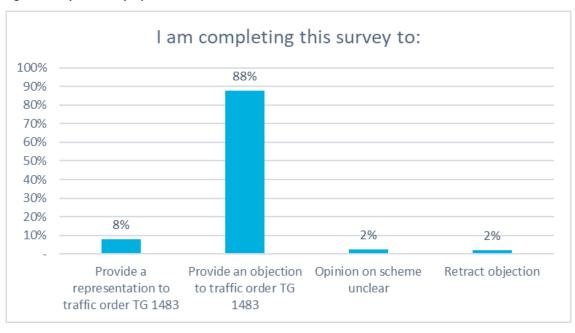
Opinions on proposal – support or object

2.3 Respondents were asked to state whether they were responding to provide an objection or representation to traffic order TG 1483. Based on the email/letter responses received, it has been inferred whether each response was to support, object or retract a previous response. Figure 2 below presents the results for both survey and email/letter respondents. It shows that 88% of respondents were providing an objection to the proposal, while 8% supported it.



Of the 180 objections received, four respondents provided a second email to retract their previous objection following clarifications on the proposal.

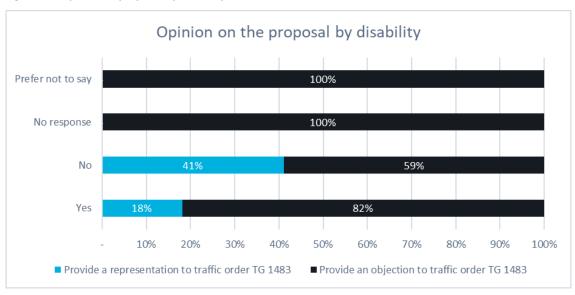
Figure 2.2: Opinions on proposal



n = 205

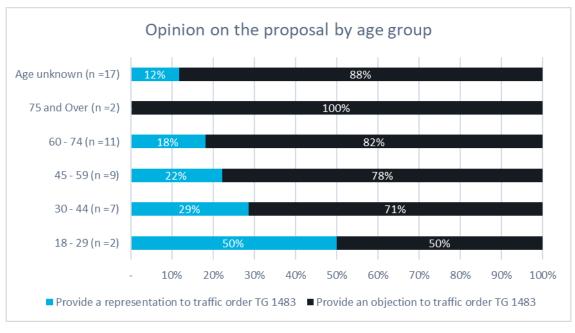
2.4 The level of support for and opposition to the proposal has been cross tabulated against demographic characteristics among survey respondents. Figure 3 below presents the level of support and opposition among those who stated they are disabled and those who stated they are not. It demonstrates that there is greater opposition to the proposal among disabled people, with 82% objecting, compared to 59% of those who stated they are not disabled.

Figure 2.3: Opinion on proposal by disability



2.5 Figure 4 below presents the support for the proposal split by age group and shows that there is greater support for the scheme among younger age groups, though it should be noted that there was a lower number of respondents within the younger age groups.

Figure 2.4: Opinion on proposal by age group





3 Opinions on proposal – open question analysis

- 3.1 Respondents to the survey were invited to respond to one of two open questions:
 - What representations on traffic order TG 1483 would you like to make?
 - On what grounds do you object to traffic order TG 1483?
- 3.2 In the survey, Question 1 received nine responses and Question 2 received 39. A further 157 responses were submitted via email/ letter. All the responses received were subject to open question (or thematic) analysis.
- 3.3 Open question analysis works by assigning or coding the points made by each respondent to one or more codes within a code frame. Each code is a point raised by respondents in their response. This enables the same or very similar points to be raised by multiple individuals (and expressed by individuals in a variety of ways) to be categorised within the code frame. From this it is possible to count how many times the same or very similar points have been raised by respondents.
- 3.4 We used the consultation responses to create a single code frame which encompasses both questions and includes the email/letter responses which were not particular to either question. This allows all responses to be coded together and avoids any duplication in the analysis. Codes were organised via theme, for example into equality, accessibility, safety, traffic, pollution, etc. and then separated into comments of 'support', 'concern', or 'amendments'.
- Table 1 presents the most frequent comments from the responses (top 20 codes) based on the 205 responses received. The full code frame is presented in Appendix B.

Table 3.1: Top 20 most frequent response codes

Theme	Code	Number	Percentage
Accessibility	Concern that the scheme would reduce accessibility for health care professionals / carers / to health care facilities	95	46%
Traffic	Concern that the scheme would displace traffic to nearby roads (e.g. Pretoria Road, Commercial Road) and cause congestion	78	38%
Pollution	Concern that the scheme would reduce air quality / causes excess pollution	54	26%
Equality - Disadvantage	Concern that the scheme would negatively impacting older people/young families and/or those with mobility issues who rely on the use of car/taxi to access the hospital	44	21%



Equality – Disadvantage	Concern that the scheme would disadvantage disabled people	38	19%
Equality – Disadvantage	Concern that the scheme would disadvantage older people	34	17%
Accessibility	Concern that the scheme would reduce accessibility for emergency vehicles	23	11%
Cyclists	Concern that the measure would benefit cyclists at detriment to others/cyclists only make up a small amount of population	22	11%
Consultation	Concern about lack of consultation / undemocratic method	22	11%
Safety	Concern that the scheme would reduce safety (non-specific)	18	9%
General	Concern about the schemes possible impact on local schools/ teachers	17	8%
General	Concern about the impact of the scheme on local residents (e.g. stress/frustration/anxiety/not specified)	17	8%
Accessibility	Concern that not all can make journeys by active modes, and rely on motor vehicles / buses (i.e. a car is necessary for some trips / lack of public transport options)	15	7%
Consultation	Concern about quality/lack of information provided (i.e. past/existing data collection) / suggest more information should be provided (e.g. via email, post, website, social media)	15	7%
Traffic	Concern that the scheme would cause longer journeys due to the need for detours	15	7%
Other	Campaign Response	12	6%
General	Oppose scheme – general, no further detail provided	12	6%
General	Concern that the scheme is unnecessary (e.g. not a congestion / safety issue in the scheme's area, waste of money)	12	6%
Other	Duplicate Response	9	4%
General	Support objectives (i.e. increasing cycle trips / cyclist safety) but oppose this particular scheme	9	4%
Consultation	Request for publication of EqIA, demand studies, robust assessments (i.e. future modelling and monitoring information)	9	4%

n = 205

3.6 The primary area of concern is around reduced accessibility to and from North Middlesex University Hospital for patients, visitors and health care professionals, with almost half of respondents raising this point (46%). 11% also raised concern about the impact on accessibility for emergency services and 7% about the impact on those who rely on private cars or buses for their journeys. Other areas of concern relate to traffic displacement to nearby roads (38%), and a subsequent reduction in air quality on those impacted roads (26%), that the scheme would benefit cyclists at the detriment to other road users (11%), the impact on schools for



both parents and teachers (8%), and the consultation itself, stating it is undemocratic (11%) or that the information provided is poor, with a request for more detailed information (7%).

- 3.7 Several respondents raised concern about various protected characteristic groups. Just over one fifth noted the potential negative impact on older or younger people with mobility issues who rely on private vehicle or a taxi to access the hospital (21%), while some respondents raised concern that the scheme would disadvantage specific protected groups, including disabled people (19%) or older people (17%).
- 3.8 Some respondents did provide supportive feedback for the proposal, these comments can be seen in Appendix B. The key points of support related to improved safety for cyclists and a reduction in vehicle traffic.
- 3.9 It is sometimes possible to identify responses that have been submitted at the behest of a campaign group ('campaign responses') if several respondents use identical or very similar wording. When these responses were encountered, they were noted but still included in the overall outcome of the analysis. We identified two campaign responses, one with four responses and the second with eight responses, though the points raised across both are similar and summarised below:
 - Concern about road closures/narrowing causing increased/displaced congestion and pollution;
 - Concern about reduced access to the hospital, including for vulnerable patients (older and/or disabled) as well as emergency services and health care professionals;
 - Concern about increased risk of accidents, especially the use of shared space between pedestrians and cyclists;
 - Concern about increased pollution levels impacting pupils, teachers and parents of Wilbury Primary School;
 - Suggestion for further consultation and engagement and risk assessments to be undertaken.
- 3.10 It should be noted that four respondents who opposed the scheme due to the impact on the roads surrounding Wilbury Primary School (which is located west of the proposed cycle route) retracted their objections following clarifications on the proposal; three of these retractions were matched with the retractions and the points raised in the objections have been excluded from the open question analysis. The fourth response could not be identified and so is still included in the open question analysis.

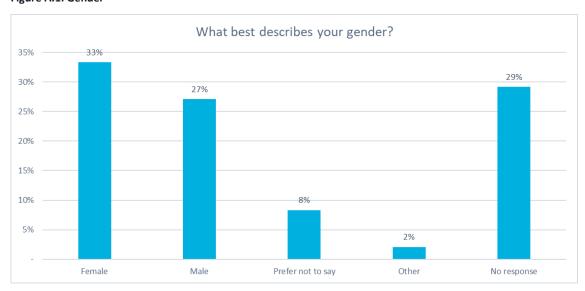




Appendices

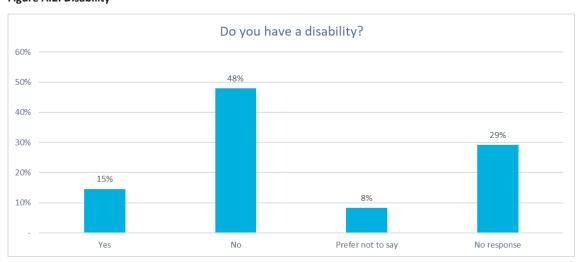
Appendix A: Charts from closed question analysis

Figure A.1: Gender



n = 48

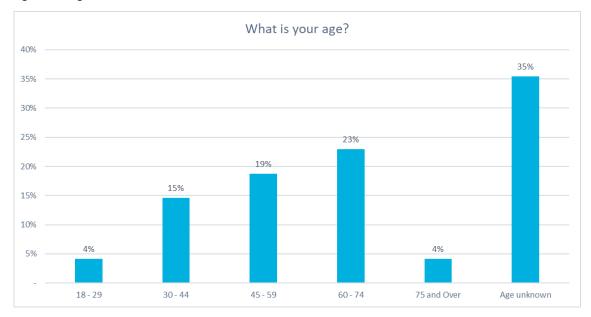
Figure A.2: Disability



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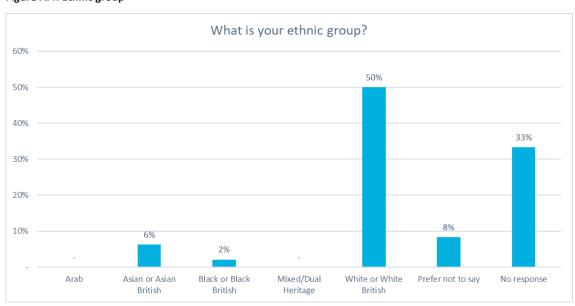
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Figure A.3: Age



n = 48

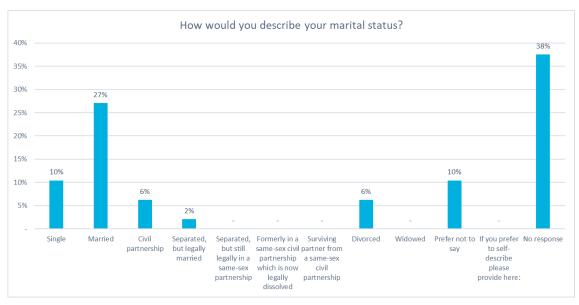
Figure A.4: Ethnic group



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Figure A.5: Marital status



n = 48

Figure A.6: Sexual orientation

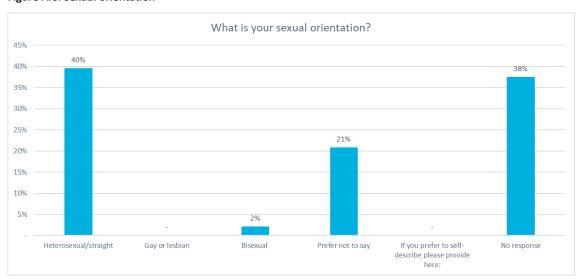
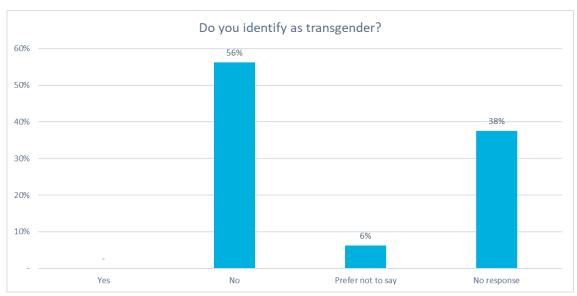
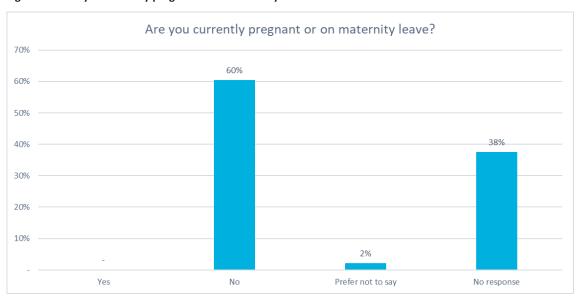


Figure A.7: Do you identify as transgender?



n = 48

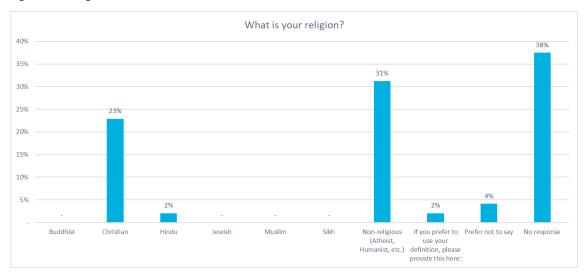
Figure A.8: Are you currently pregnant or on maternity leave?



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Figure A.9: Religion



n = 48

Figure A.10: Age group

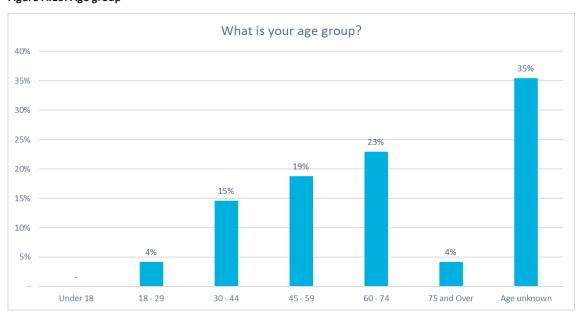
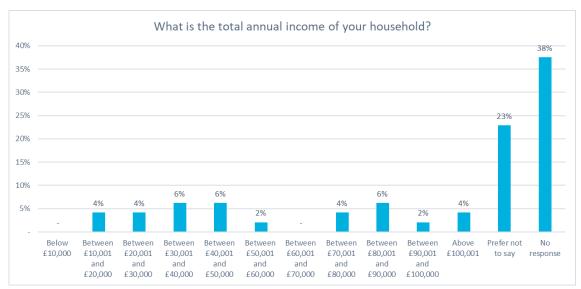


Figure A.11: Total annual household income



n = 48

Figure A.12: Do you receive care assistance?

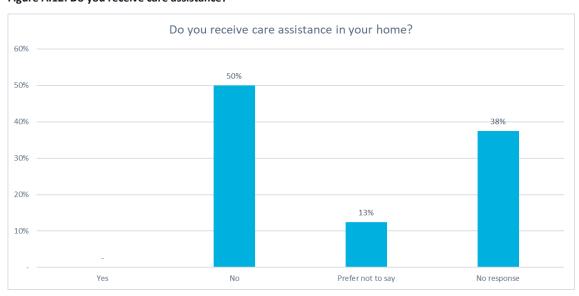
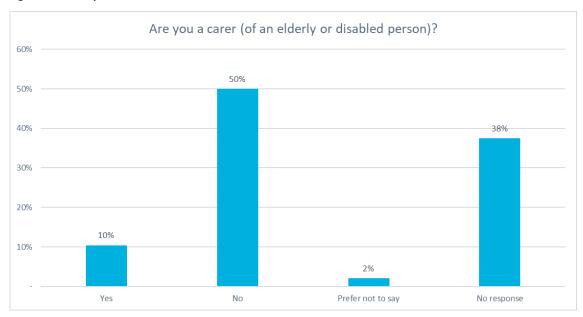


Figure A.13: Are you a carer?



Appendix B: Full code frame from open question analysis

Theme	Code	Number	Percentage
Accessibility	Concern that the scheme would reduce accessibility for health care professionals / carers / to health care facilities		46%
Traffic	Concern that the scheme would displace traffic to nearby roads (e.g. Pretoria Road, Commercial Road) and cause congestion		38%
Pollution	Concern that the scheme would reduce air quality / causes excess pollution	54	26%
Equality - Disadvantage	Concern that the scheme would negatively impacting older people/young families and/or those with mobility issues who rely on the use of car/taxi to access the hospital	44	21%
Equality - Disadvantage	Concern that the scheme would disadvantage disabled people	38	19%
Equality - Disadvantage	Concern that the scheme would disadvantage older people	34	17%
Accessibility	Concern that the scheme would reduce accessibility for emergency vehicles	23	11%
Cyclists	Concern that the measure would benefit cyclists at detriment to others/cyclists only make up a small amount of population	22	11%
Consultation	Concern about lack of consultation / undemocratic method	22	11%
Safety	Concern that the scheme would reduce safety (non-specific)	18	9%
General	Concern about the schemes possible impact on local schools/ teachers	17	8%
General	Concern about the impact of the scheme on local residents (e.g. stress/frustration/anxiety/not specified)	17	8%
Accessibility	Concern that not all can make journeys by active modes, and rely on motor vehicles / buses (i.e. a car is necessary for some trips / lack of public transport options)	15	7%
Consultation	Concern about quality/lack of information provided (i.e. past/existing data collection) / suggest more information should be provided (e.g. via email, post, website, social media)	15	7%
Traffic	Concern that the scheme would cause longer journeys due to the need for detours	15	7%
Other	Campaign Response	12	6%
General	Oppose scheme - general, no further detail provided	12	6%
General	Concern that the scheme is unnecessary (e.g. not a congestion / safety issue in the scheme's area, waste of money)	12	6%
Other	Duplicate Response	9	4%
General	Support objectives (i.e. increasing cycle trips / cyclist safety) but oppose this particular scheme	9	4%
Consultation	Request for publication of EqIA, demand studies, robust assessments (i.e. future modelling and monitoring information)	9	4%
General	Concern that the scheme is poorly thought out / not responding to the area's problems	8	4%
Accessibility	Concern that the scheme would reduce accessibility to the school	8	4%
Safety	Concern that the scheme would reduce safety for pedestrians	8	4%



General	Suggest proper research should be carried out prior to implementation	7	3%
Accessibility	Concern that the scheme would reduce accessibility for residents	7	3%
Public Transport	Concern about lack of public transport options to the hospital	7	3%
General	Support scheme - general, no further detail provided	6	3%
Traffic	Concern that the scheme would displace traffic to unsuitable roads (e.g. residential / narrow roads)	6	3%
Equality - Disadvantage	Concern that the scheme would disadvantage / does not mitigate the impact on protected characteristic groups (non-specific or all)	5	2%
Cyclists	Concern that cyclists do/would not use dedicated cycle infrastructure and continue to use pavements/roads	5	2%
Car Parking	Concern the scheme would impact hospital parking	5	2%
Businesses	Concern about potential negative impact on local businesses	5	2%
Other	Previous comment retracted	4	2%
Equality - Disadvantage	Concern that the scheme would not impact everyone equally (nonspecific)	4	2%
Public Transport	Concern about the impact of the scheme on bus journey times	4	2%
Public Transport	Concern about the impact of the proposed bus gates	4	2%
Financial	Concern about possible negative financial impacts (fuel, employment, additional childcare)	4	2%
Equality - Disadvantage	Concern that the scheme would disadvantage younger people	3	1%
Safety	Concern that the scheme would reduce safety for children	3	1%
Equality - Disadvantage	Concern that the scheme would disadvantage a particular sex	3	1%
Traffic	Concerns that rat running would occur/increase (through hospital etc.)	3	1%
Pollution	Concern that the scheme would cause excess noise pollution	3	1%
Amendment Requests	Suggestion that public transport links should be improved	3	1%
Support - Cyclists	Support as would be improving safety for cycling journeys	3	1%
Support - Traffic	Support as would be a reduction in traffic	3	1%
Other	Stakeholder response	2	1%
General	Concern about the cumulative impact of other schemes (e.g. combination with Streetspace schemes, road closures, School Streets, ULEZ)	2	1%
Equality - Disadvantage	Concern that the scheme would disadvantage pregnant people / people with new-born babies	2	1%
Accessibility	Concern that the scheme would reduce accessibility for visitors, tradespeople, refuse collection/ delivery drivers	2	1%



Accessibility	Concern that the measure would reduce access to White Hart Lane from Bull lane/Queen Street	2	1%
Safety	Safety concern about increased crime/anti-social behaviour (especially when dark)	2	1%
Traffic	Concern that the scheme would cause increased congestion in some areas, while other areas benefit from reduced traffic	2	1%
Amendment Requests	Suggestion that there should be traffic calming measures (speed cameras, speed bumps, 20mph speed limits enforced, traffic lights) e.g. on Windsor Road	2	1%
Amendment Requests	Suggestion that there should be a focus on other cycling schemes (e.g. bike storage, street lighting)	2	1%
Support - General	Supportive the scheme due to possible improved living environment (i.e. less stress, better health)	2	1%
Support- accessibility	Support the scheme due to improved accessibility to the hospital	2	1%
Support - Safety	Support the scheme as they would be improved safety (non-specific)	2	1%
Support - Pedestrians	Support as would be improving safety for pedestrian journeys making walking safer	2	1%
General	Concern about time of implementation during the pandemic (e.g. due to inaccurate data, low traffic levels, added stress)	1	0%
Equality - Disadvantage	Concern that the scheme would disadvantage a particular race	1	0%
Safety	Concern that the scheme would reduce safety for cyclists	1	0%
Safety	Concern that the scheme would reduce safety for motor vehicles	1	0%
Pollution	Concern the scheme is not in line with climate objectives	1	0%
Local Environment	Concern about the possible impact on local environment (e.g. high volume of street furniture), impacting on PCGs (e.g. confusion)	1	0%
Car Parking	Concern that the scheme would make parking/loading more difficult for residents	1	0%
Amendment Requests	Suggestion that certain vehicles should be restricted (e.g. lorries)	1	0%
Amendment Requests	Suggestion that the scheme needs to be more ambitious	1	0%
Support - Cyclists	Support as would be encouraging walking/cycling journeys	1	0%
Support - Pollution	Support as would be a reduction in noise pollution	1	0%
Support - Pollution	Support as would align with climate objectives	1	0%



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1.1	19 th January 2022	









Enfield Equality Impact Assessment (EqIA)

Introduction

The purpose of an Equality Impact Assessment (EqIA) is to help Enfield Council make sure it does not discriminate against service users, residents and staff, and that we promote equality where possible. Completing the assessment is a way to make sure everyone involved in a decision or activity thinks carefully about the likely impact of their work and that we take appropriate action in response to this analysis.

The EqIA provides a way to systematically assess and record the likely equality impact of an activity, policy, strategy, budget change or any other decision.

The assessment helps us to focus on the impact on people who share one of the different nine protected characteristics as defined by the Equality Act 2010 as well as on people who are disadvantaged due to socio-economic factors. The assessment involves anticipating the consequences of the activity or decision on different groups of people and making sure that:

- unlawful discrimination is eliminated
- opportunities for advancing equal opportunities are maximised
- opportunities for fostering good relations are maximised.

The EqIA is carried out by completing this form. To complete it you will need to:

- use local or national research which relates to how the activity/ policy/ strategy/ budget change or decision being made may impact on different people in different ways based on their protected characteristic or socioeconomic status;
- where possible, analyse any equality data we have on the people in Enfield who will be affected eg equality data on service users and/or equality data on the Enfield population;
- refer to the engagement and/ or consultation you have carried out with stakeholders, including the community and/or voluntary and community sector groups and consider what this engagement showed us about the likely impact of the activity/ policy/ strategy/ budget change or decision on different groups.

The results of the EqIA should be used to inform the proposal/ recommended decision and changes should be made to the proposal/ recommended decision as a result of the assessment where required. Any ongoing/ future mitigating actions required should be set out in the action plan at the end of the assessment.

The completed EqIA should be included as an appendix to relevant EMT/ Delegated Authority/ Cabinet/ Council reports regarding the service activity/ policy/ strategy/ budget change/ decision. Decision-makers should be confident that a robust EqIA has taken place, that any necessary mitigating action has been taken and that there are robust arrangements in place to ensure any necessary ongoing actions are delivered.



SECTION 1 – Equality Analysis Details

Title of service activity / policy/ strategy/ budget change/ decision that you are assessing	North Middlesex Hospital Active Travel Improvements
Lead officer(s) name(s) and contact details	Petros Ximerakis
Team/ Department	Healthy Streets / Place
Executive Director	Sarah Cary
Cabinet Member	Deputy Leader Cllr lan Barnes
Date of EqIA completion	22 nd December 2021

SECTION 2 – Summary of Proposal

Please give a brief summary of the proposed service change / policy/ strategy/ budget change/project plan/ key decision

Please summarise briefly:

What is the proposed decision or change?

What are the reasons for the decision or change?

What outcomes are you hoping to achieve from this change?

Who will be impacted by the project or change - staff, service users, or the wider community?

Enfield Council are proposing to implement an active travel route along Bull Lane N18, between the A406 North Circular Road underpass and the Enfield borough boundary with Haringey.

The aim of this project is to provide a continuation of Cycleway 1 and a future connection with Cycle Superhighway 1 (CS1) in Haringey. A previous extension of Cycleway 1 between Park Road N18 and the A406 North Circular Road underpass at Tanners End Lane N18 was delivered in early 2021 ('A1010S to North Middlesex Hospital Cycle Route' project – for more information please visit https://letstalk.enfield.gov.uk/a1010s-nmh).

The total length of the proposed active travel route will be approximately 0.5km. It will extend from the A406 North Circular Road underpass at Bull Lane to the Enfield borough boundary at the southern end of Bull Lane.



North Middlesex Hospital Active Travel Improvements forms part of the Enfield Healthy Streets programme, which is delivering schemes to enable walking and cycling across Enfield. The project is delivered in the context of local, regional and national policies and strategies that seek to respond to the climate emergency, reduce traffic congestion and increase levels of physical activity, and post-pandemic, to enable a green recovery. Nationally the government has committed to achieving net zero carbon emissions by 2050 and is supporting local authorities to encourage sustainable transport through its Active Travel Fund and the 2020 national walking and cycling strategy, Gear Change. The foundations for this Project Rationale are the Healthy Streets indicators adopted in the Mayor's Transport Strategy (MTS), which in turn provide the basis for Enfield's Healthy Streets programme.

Currently a number of issues in the area where the project is located have been identified as follows:

- Gap in Cycleway 1 connection with Haringey and further with Cycle Superhighway 1 (CS1) which provides a link to central London.
- Lack of infrastructure suitable for all active travel modes.
- Insufficient and unsuitable crossing facilities for all active travel users.
- Footway parking hindering the movement of pedestrians and people with reduced mobility.

Building on the wider policy context and issues described above, the following objectives have been set for this project:

- Improve walking & cycling access to North Middlesex Hospital.
- Contribute towards a long-term increase in the levels of active travel, both along the route and as part of a wider borough network.

The proposals feature a two-way segregated stepped cycle track on the northern part of Bull Lane (up to the junction with Wilbury Way), new zebra crossings on Bull Lane and Wilbury Way for pedestrians and people who cycle, a bus gate at the southern end of Bull Lane, and modal filters at Amersham Avenue and Shaftesbury Road.

The proposed interventions will:

- Deliver a key active travel link which will provide improved access for key workers and visitors travelling to North Middlesex Hospital.
- Provide a quieter, safer, and more pleasant route that will encourage people to use active travel modes for more of their journeys.
- Reduce the volume of motor traffic on the part of Bull Lane south of its junction
 with Wilbury Way and Bridport Road, in order to encourage active travel. This can
 result in some motor vehicle drivers having to use different routes to access their
 destination.

The authority does not currently have data specifically for people passing through the project area and any protected characteristics they may have. Therefore, the ward profile for the Upper Edmonton Ward has been used as the basis for the demographic data considered in the EqIA.



SECTION 3 – Equality Analysis

This section asks you to consider the potential differential impact of the proposed decision or change on different protected characteristics, and what mitigating actions should be taken to avoid or counteract any negative impact.

According to the Equality Act 2010, protected characteristics are aspects of a person's identity that make them who they are. The law defines 9 protected characteristics:

- 1. Age
- 2. Disability
- 3. Gender reassignment.
- 4. Marriage and civil partnership.
- 5. Pregnancy and maternity.
- 6. Race
- 7. Religion or belief.
- 8. Sex
- 9. Sexual orientation.

At Enfield Council, we also consider socio-economic status as an additional characteristic.

"Differential impact" means that people of a particular protected characteristic (eg people of a particular age, people with a disability, people of a particular gender, or people from a particular race and religion) will be significantly more affected by the change than other groups. Please consider both potential positive and negative impacts, and, where possible, provide evidence to explain why this group might be particularly affected. If there is no differential impact for that group, briefly explain why this is not applicable.

Please consider how the proposed change will affect staff, service users or members of the wider community who share one of the following protected characteristics.



Age

This can refer to people of a specific age e.g. 18-year olds, or age range e.g. 0-18 year olds.

Will the proposed change to service/policy/budget have a **differential impact [positive or negative]** on people of a specific age or age group (e.g. older or younger people)?

Please provide evidence to explain why this group may be particularly affected.

Evidence base

Table 1 presents the age distribution of the ward which covers the project area. This shows the ward generally follows the trend outlined above across Enfield with notable differences in the percentages of residents in the 5-14 age bracket higher than the Borough average, and the percentages of residents in the 65-74 and 75+ age bracket lower than the Borough average.

Table 1: Age distribution (2020) for study area and Borough average

Age distribution- 2020	Upper Edmonton ward (%)	Borough of Enfield (%)
0-4	7.4	7.0
5-14	16.5	14.5
15-24	13.0	11.4
25-34	15.4	14.5
35-44	15.2	14.6
45-54	13.1	13.4
55-64	9.8	11.1
65-74	5.2	7.0
75+	4.3	6.4

Source: ONS mid-year estimate 2020

Figure 1 presents London Travel Demand Survey (LTDS) data on how people travel around Enfield within each age category.

In general, younger people in Enfield walk and cycle more, and drive less than older people. The highest percentages of walking and cycling can be seen in those aged under 16, with 37 per cent of all trips made on foot or by bike. Those aged 65 and over have the lowest levels of walking and cycling, with 27 per cent of all trips, but the highest percentage of trips driven (or as a passenger in a car or van) at 52 per cent. Public transport use is disproportionally higher in 16 to 19-year-old group, making up 37 per cent of all journeys. This is 15 per cent higher than the nearest age group (those aged under 16).



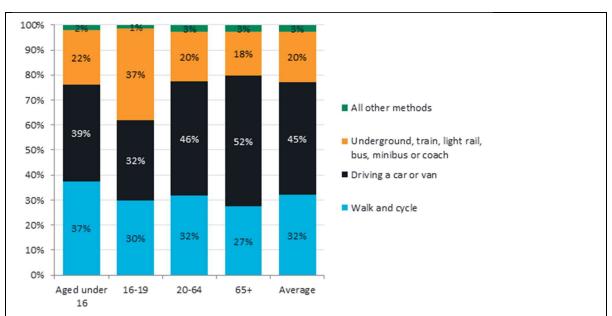


Figure 1: Mode share by Age in Enfield

Source: LTDS (2016/17, 2017/18 and 2018/19)

The proportion of Killed or Seriously Injured (KSIs) and Slightly Injured casualties per age category is shown in Figure 2 below. KSIs are higher than average for those age 60 and over (19 per cent) and those aged under 16 (14 per cent). As such, this indicates that these age groups are disproportionately more likely to suffer severe consequences if they are a casualty in a collision.

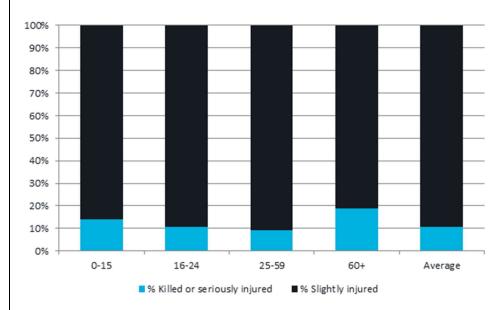


Figure 2: Percentage killed or seriously injured by Age in Enfield

Source: DfT Road traffic statistics (2019)

Differential impact assessment



People of young and old age are more vulnerable to poor air quality¹, and Upper Edmonton ward has younger mean ages when compared to other wards within the borough. An aim of the active travel improvements is to enable a mode shift, ultimately reducing emissions from private vehicle use and increasing active modes of travel, benefitting these age groups through improved air quality.

Younger people in Enfield are less likely to drive than older people in the borough and are more likely to travel via active modes or multi modal travel where for example part of a journey is by train and another part is cycled. Active travel improvements will benefit those who already use active travel modes, and therefore may disproportionately benefit younger people. However, the improvements are also likely to benefit those who do not currently use active travel modes by providing safer and more attractive conditions to do so. This may allow for a selection of residents which is more evenly dispersed across the age groups to partake in active travel modes – and reaping the health benefits associated with a more active lifestyle. Therefore, while the changes may initially disproportionately benefit younger people, over time there may be longer term benefits across the age groups that rectify this initial imbalance.

Older people are more likely to suffer from slight mobility impairments due to aging, which do not fall under the disability protected characteristic group. This can include slower movement and reaction time, and some may use mobility aids for walking. A reduction in motor vehicle traffic, due to a shift to alternative active modes of travel is likely to be particularly beneficial for those who require extra time to cross the street due to physical or visual impairments. The proposed new zebra crossings will also be beneficial for those with mobility issues, as they will provide additional safe crossing points and allow them to cross at their own speeds since drivers are required to wait.

One of the project objectives is to contribute towards a long-term increase in the levels of active travel. This will in turn reduce the volumes of traffic over time, therefore reducing the threat caused by motor traffic. While these improvements are likely to benefit all ages groups, as those aged under 16 and over 60 are disproportionally killed or seriously injured by motor traffic, they are likely to benefit the most from the changes.

While these measures are likely to create safer, healthier streets for residents of Enfield, they may lead to longer journey times for people who rely on private cars, taxis, or Dial a Ride. The scheme may also lead to short- or medium-term delays to motor traffic on arterial roads as traffic is redirected from minor roads in the area. Private cars, taxis or Dial a Ride are particularly popular for people aged 65 and over. Travelling can also be uncomfortable for some people, particularly for the elderly, therefore extended journey times could exacerbate this issue.

https://www.london.gov.uk/sites/default/files/air quality for public health professionals city of london.pdf



It is noted that some people may be more likely to use a private car as travel patterns and preferences change due to the pandemic. This may lead to increased journey times who rely on private cars, taxis, or Dial a Ride.

Mitigating actions to be taken

Investigate the impact on journey times using the immediate alternative routes.

Monitor bus journey times using TfL data, and consider mitigation measures if there is an impact.

Disability

A person has a disability if they have a physical or mental impairment which has a substantial and long-term adverse effect on the person's ability to carry out normal day-day activities.

This could include:

Physical impairment, hearing impairment, visual impairment, learning difficulties, long-standing illness or health condition, mental illness, substance abuse or other impairments.

Will the proposed change to service/policy/budget have a **differential impact** [positive or negative] on people with disabilities?

Please provide evidence to explain why this group may be particularly affected.

Evidence base

In Enfield, Census 2011 data shows that Enfield has a slightly higher per cent of residents with a long-term health problem/ disability compared to that across London. The Upper Edmonton ward percentages largely reflect those in Enfield, with fewer persons having a long-term health problem/disability 'limiting a little' than the Enfield average. This data is presented in Table 2.

Table 2: Persons with a long-term health problem/ disability in Enfield and Upper Edmonton ward

Persons with long-term health problem/ disability (2011)	Upper Edmonton ward (%)	Borough of Enfield (%)	London (%)
Limiting a lot	7.4	7.3	6.7
Limiting a little	7.7	8.1	7.4

Source: Census 2011



Disability types stated by those who live in Enfield and have a disability affecting daily travel (including old age) is shown in Figure 3 below. Mobility impairment represents the highest proportion (77 per cent) followed by impairment due to mental health (12 per cent). It should be noted that this data is based on a small sample, therefore results should be taken as a general indication only. It is important to note that various physical and mental disabilities can lead to travel limitations.

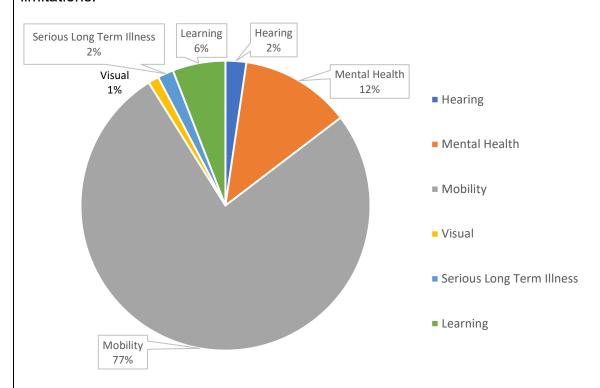


Figure 3: Disability types stated by those with a disability affecting travel

Source: LTDS (2016/17, 2017/18 and 2018/19)

Focusing solely on cyclists who have a disability, the Wheels for Wellbeing annual survey² shows that 72 per cent of disabled cyclists use their bike as a mobility aid, and 75 per cent found cycling easier than walking. Survey results also show that 24 per cent of disabled cyclists use their bike for work or to commute to work and many found that cycling improves their mental and physical health. Inaccessible cycle infrastructure was found to be the biggest barrier to cycling.

Mode split for people with a physical or mental disability is shown in Figure 4. When compared to the LTDS mode split of trips made by all people, car use for those with disabilities is lower (42.7 per cent compared to 45 per cent), bus use is greater (17.5 per cent compared to 13.7 per cent) and walking is marginally higher (31.1 per cent compared to 30.8 per cent).

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² Wheels for Wellbeing Annual Survey 2018



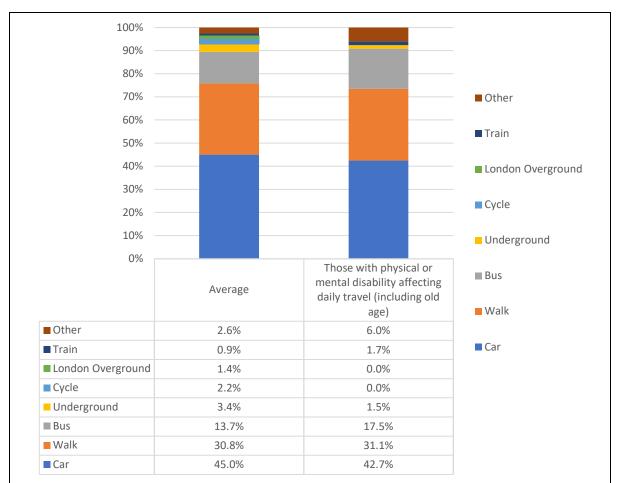


Figure 4: Mode split by those with a physical or mental disability affecting daily travel

Source: LTDS (2016/17, 2017/18 and 2018/19)

Let's Talk is the software platform engagement is conducted on. It meets and exceeds WCAG 2.1, the current global web accessibility standard.

Text, graphics, and figures should be able to be read by screen readers, and all content should be made available in alternative formats for those with visual impairments.

Braille can be made available on request or the opportunity offered to speak to someone over the phone or in person about the scheme.

Differential impact assessment

This particular scheme is more relevant to disability as it is in the area of a major hospital. This will result in increased proportions of carers and disabled people in the area.



Improved cycling conditions will benefit disabled cyclists and could potentially encourage people with disabilities to try cycling if their disability allows. Some disabled people rely upon cycling as their primary means of mobility.

Visually impaired people will be pedestrians in the affected area, users of public transport or passengers in other vehicles. Visually impaired people will have varying degrees of ability to see the changes in the environment around them. This will include changes to traffic flows or directions of traffic. Part of the cycle route will be shared between cyclists and pedestrians, therefore initially the change could be confusing. However, segregated facilities are being proposed to limit any conflicts between pedestrians and people who cycle, and aid the movement of pedestrians with visual impairments. Moreover, textured ground surface indicators, in the form of tactile paving, are proposed at crossing points and at points where shared spaces begin and end to assist pedestrians who are visually impaired by alerting them of the changes in the surrounding environment.

The proposed two new zebra crossings will also be beneficial for those with visual or mobility issues, as they will provide additional safe crossing points and allow them to cross at their own speeds since drivers are required to wait.

The proposed relocation of vehicle parking bays from the footway to the carriageway will remove the obstructions and increase the space available for walking. This will benefit disabled people, who are more likely to be pedestrians, and particularly wheelchair and mobility scooter users who require additional space as well as visually impaired people who may find it challenging to recognise vehicle obstructions.

The North Middlesex Hospital Active Travel Improvements may negatively impact on journey times for those with mobility impairments who may find it more difficult to walk or cycle, and therefore prefer the use of door-to-door transport services such as private cars, taxis, or Dial a Ride.

Mitigating actions to be taken

Investigate the impact on journey times using the immediate alternative routes.

Monitor demographic responses to consultation for adequate representation of disabled people.

Identify potential alternative travel routes to the local North Middlesex Hospital and monitor whether the scheme is having a disproportionate impact on those who make regular essential trips by car.

Monitor bus journey times using TfL data, and consider mitigation measures if there is an impact.

Post implementation, continue to review and monitor the scheme in collaboration with the Hospital to ensure no adverse outcomes present.



Gender Reassignment

This refers to people who are proposing to undergo, are undergoing, or have undergone a process (or part of a process) to reassign their sex by changing physiological or other attributes of sex.

Will this change to service/policy/budget have a **differential impact [positive or negative]** on transgender people?

Please provide evidence to explain why this group may be particularly affected.

It is considered that this scheme is unlikely to have a disproportionate impact on grounds of Gender Reassignment.

Mitigating actions to be taken

N/A

Marriage and Civil Partnership

Marriage and civil partnerships are different ways of legally recognising relationships. The formation of a civil partnership must remain secular, where-as a marriage can be conducted through either religious or civil ceremonies. In the U.K both marriages and civil partnerships can be same sex or mixed sex. Civil partners must be treated the same as married couples on a wide range of legal matters.

Will this change to service/policy/budget have a **differential impact [positive or negative]** on people in a marriage or civil partnership?

Please provide evidence to explain why this group may be particularly affected

It is considered that this scheme is unlikely to have a disproportionate impact on grounds of Marriage and Civil partnership.

Mitigating actions to be taken

N/A

Pregnancy and maternity

Pregnancy refers to the condition of being pregnant or expecting a baby. Maternity refers to the period after the birth and is linked to maternity leave in the employment context. In the non-work context, protection against maternity discrimination is for 26 weeks after



giving birth, and this includes treating a woman unfavourably because she is breastfeeding.

Will this change to service/policy/budget have a **differential impact [positive or negative]** on pregnancy and maternity?

Please provide evidence to explain why this group may be particularly affected

Evidence base

The birth rate in Enfield was 15.1 births per 1000 people in 2016, approximately 28 per cent above the national average that year of 11.8, though on par with the Outer London average of 15.0 per 1000 people. Therefore, it is statistically more likely for pregnant and maternal people to reside in Enfield than the national average, however this is near equal to Outer London.

Differential impact assessment

The North Middlesex Hospital has a maternity unit and provides specialist antenatal care. Any scheme in the area will therefore have a more significant effect in relation to pregnancy and maternity.

Reduction to traffic at the southern part of Bull Lane is likely to reduce conflict between different road users on the whole. In addition to the improved walking provisions as a result of the reallocation of the footway parking and new zebra crossings, this traffic reduction will create a safer environment, particularly for pregnant people and parents with infants and/or young children. This will also provide benefits to pedestrians travelling with prams who require additional time to navigate curbs when crossing the street. Quieter streets also mean that those traveling with prams are able to use the roadway to circumvent blockages across the pavement (e.g. if the pavement is too narrow to navigate due to bins). It is also noted that advice from the Royal College of Midwives³ highlights the importance of physical activity during pregnancy, such as brisk walking.

The implementation of the proposed bus gate on Bull Lane and modal filters on Amersham Avenue and Shaftesbury Road may negatively impact on journey times by motor vehicle for a portion of those who are pregnant and parents with infants and/or young children who may find it more difficult to walk or cycle, and prefer the use of door-to-door transport services such as private cars, taxis, or Dial a Ride.

Improvements in air quality over time as people make the shift to active travel modes of transport are likely to disproportionately benefit infants and children who are more vulnerable to breathing in polluted air than adults due to their airways being in development, and their breathing being more rapid than adults.

 $^{^{3} \ \}underline{\text{https://www.rcm.org.uk/media-releases/2019/september/rcm-comments-on-new-cmo-s-guideline-for-physical-activity-during-pregnancy/}$



Expectant mothers and mothers who have recently given birth may have increased numbers of medical appointments. Where this journey is made by car it may take slightly longer than prior to the project, but where the journey is walked or cycled using the proposed new facilities or through project the area, it is likely to be less polluted and have reduced volumes of traffic.

Mitigating actions to be taken

Investigate and monitor the impact on journey times to the maternity unit at North Middlesex University Hospital.

Race

This refers to a group of people defined by their race, colour, and nationality (including citizenship), ethnic or national origins.

Will this change to service/policy/budget have a **differential impact [positive or negative]** on people of a certain race?

Please provide evidence to explain why this group may be particularly affected

Evidence base

Table 3 presents the population of the study area by ethnicity. The most common ethnicity in the area is 'White British', albeit at a significantly lower percentage compared to the Enfield percentage. This is followed by 'Turkish' and 'Other Black African' ethnicities which appear at a higher percentage than the Enfield percentage.

Table 3: Population of Study area by ethnicity versus Borough

Ethnicity (2019)	Upper Edmonton (%)	Borough of Enfield (%)
White	15.1	38.3
British		
White Irish	1.0	1.9
Greek	0.8	1.2
Greek	2.8	4.7
Cypriot		
Turkish	12.7	7.6
Turkish	2.1	1.8
Cypriot		
Kurdish	2.2	1.2



White	7.3	6.7
Other		
White&	1.5	1.3
Black		
Caribbean		
White and	0.9	1.1
Asian		
White and	0.8	0.7
Black		
African		
Other	2.3	2.0
mixed		
Indian	3.3	3.3
Pakistani	0.7	0.7
Banglades	1.9	1.8
hi		
Chinese	0.6	0.7
Other	5.6	3.6
Asian		
Somali	5.3	2.7
Other	12.2	7.5
Black		
African		
Black	9.5	5.2
Caribbean		
Other	4.4	2.5
Black		
Other	6.8	4.2
Ethnic		
Group		

Source: Census 2011

The 2011 Census indicates that Enfield has the largest proportion of Greek and Turkish speaking people in the country⁴. The top five non-English languages within Enfield are shown in Table 4 and the main language within study area are shown in Table 5.

Table 4: Top five non-English languages within Enfield-2020

Top 5 non-English languages	Enfield (%)
Turkish	6.2
Polish	2
Greek	1.6

 $^{^{4}\,\}underline{\text{https://new.enfield.gov.uk/services/your-council/borough-and-wards-profiles/borough-profile-2020-your-council.pdf}$



Somali	1.1
Bengali (with Sylheti and	0.9
Chatgaya)	

Source: Enfield Borough profile 2020, Enfield Council

Table 5: Main languages of residents within the ward

Main languages of residents	Upper Edmonton (%)
English	65
Turkish	10
Greek	3
Polish	2
Persian/	2
Farsi	

Source: Census 2011

The most popular languages for which Enfield Council receives translation and interpreting requests are Turkish, Polish, Albanian, Somali, Bulgarian, British Sign Language and Romanian.

The Spring 2020 School Census records 195 languages or dialects being spoken by pupils who live in Enfield. As of Spring 2020, the top five non-English languages spoken by Enfield school pupils are shown in Figure 5.



Figure 5: Top five non-English languages spoken by Enfield school pupils

Source: Spring 2020 Enfield School Census

Based on average travel modes from the LTDS data presented in Figure 6 in Enfield all ethnic groups except for 'Other Ethnic Group' are more than likely to drive or be driven in a car or van than use any other mode. 'Other Ethnic Group',



'Asian or Asian British' and 'Mixed or multiple ethnic groups' are most likely to walk and cycle, with a mode share of between 35 and 43 per cent. It is important to note that the sample size of LTDS data is small, therefore these percentages may not accurately reflect the travel behaviours of each ethnic group.

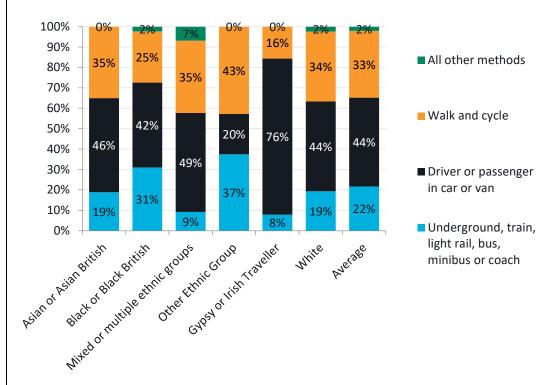


Figure 6: Mode share by ethnicity in Enfield

Source: LTDS (2018/19)

Differential impact assessment

The proposed measures will improve conditions for pedestrians and cyclists, by reducing conflicts with motorised vehicles. This will disproportionately benefit ethnic groups who are disproportionately likely to walk ('Asian or Asian British', 'Mixed or multiple ethnic groups' and 'Other Ethnic Groups'), as well as 'Black and Black British' and 'Other Ethnic Groups' who are disproportionately likely to use public transport (as every public transport journey starts or ends on foot or cycle). On the contrary, this scheme may cause increased congestion in the short to medium term on arterial roads as traffic is reassigned from the southern part of Bull Lane. As such, these impacts may disproportionately impact 'Black and Black British' and 'Other Ethnic Groups' who are disproportionately likely to use public transport.

With the exception of 'Other Ethnic Groups', car usage in Enfield is high. This means that longer journey times have some financial impacts such as increased cost of travel and increased commuting times. However, the delivery of this scheme has the potential to offer genuine alternatives to car journeys and reduce the reliance on cars within these ethnic groups.



It is important to note that reducing car dominance and car usage is a key aspect of Enfield's broader Healthy Streets strategy, and as such it is acknowledged that this disproportionate impact is necessary to facilitate a shift across Enfield to more sustainable, healthy and equitable modes.

Mitigating actions to be taken

There is often poor awareness of local walking and cycling schemes amongst those who rarely walk, cycle, or travel outside their immediate area, particularly in those who do not speak English at all, or it is not their first language. As such, all future consultation and engagement communications should continue to ensure that these groups are reached, for example by offering materials in appropriate languages and/or engaging through relevant community organisations.

Monitor demographic responses to the consultation for adequate representation of different race groups.

Investigate the impact on journey times using the immediate alternative routes.

Monitor bus journey times using TfL data, and consider mitigation measures if there is an impact.

Religion and belief

Religion refers to a person's faith (e.g. Buddhism, Islam, Christianity, Judaism, Sikhism, Hinduism). Belief includes religious and philosophical beliefs including lack of belief (e.g. Atheism). Generally, a belief should affect your life choices or the way you live.

Will this change to service/policy/budget have a **differential impact [positive or negative]** on people who follow a religion or belief, including lack of belief?

Please provide evidence to explain why this group may be particularly affected.

Evidence base

Table 6 presents the population of the Upper Edmonton ward by religion, and Figure 7 presents Census 2011 data on religion and belief in Enfield. The Upper Edmonton ward and Enfield overall is predominantly Christian, with a slightly higher proportion of the population identifying as Christian when compared to the London average. Muslim is the second most common religion or belief identified, with a significantly higher proportion than both the Enfield and London average. The proportion of the population identifying as 'other' or 'none' or did not state their religion in the Upper Edmonton ward is lower than those of Enfield and London. The Upper Edmonton ward and Enfield is also home to smaller



proportions of residents compared to the other faiths including Buddhist, Hindu, Jewish and Sikh.

Table 6: Religion composition of the study area compared to London and Borough

Religion	Upper Edmonton (%)	Borough of Enfield (%)	London (%)
Christian	50.0	53.6	48.4
Buddhist	0.6	0.6	1.0
Hindu	4.2	3.5	5.0
Jewish	0.2	1.4	1.8
Muslim	26.4	16.7	12.4
Sikh	0.3	0.3	1.5
Other/ none/ not stated	18.4	23.8	29.8

Source: Census 2011

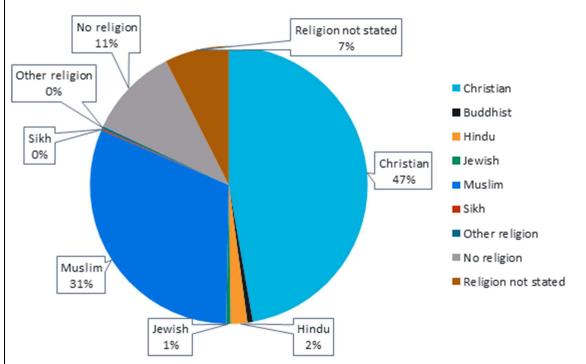


Figure 7: Breakdown of religion/ belief within Enfield

Differential impact assessment



Improving conditions for walking and cycling is likely to positively benefit those who follow a religion and regularly attend places of worship. Destinations such as this are generally local and have large walking and cycling catchments. Although it is acknowledged that this scheme is likely to increase journey times for some worshippers that live within the immediate project area and drive to their place of worship, they can still access their destination as they could before the scheme, sometimes using a slightly different route. It is also acknowledged that some residents attend places of worship outside the immediate project area. Journey times by motor vehicle to these locations may be longer.

Religious commitments can sometimes leave little time for sporting activities, for example, as young Asian Muslims attend mosque after school, they do not have much leisure time as those from non-religious backgrounds⁵. Therefore, creating environments that enable and encourage people to travel via active modes more often can lead to exercise being built into their day, rather than having to go out of their way to achieve it.

The scheme will in particular provide a direct active travel route to Silver Street Community Church, The Christian Pilgrims Church and The Gospel Centre.

Mitigating actions to be taken

Monitor demographic responses to consultation for adequate representation of different religious groups.

Sex

Sex refers to whether you are a man or woman.

Will this change to service/policy/budget have a **differential impact [positive or negative]** on men or women?

Please provide evidence to explain why this group may be particularly affected.

Evidence base

Table 7 presents the sex composition of the Upper Edmonton ward.

⁵ http://content.tfl.gov.uk/barriers-to-cycling-for-ethnic-minorities-and-deprived-groups-summary.pdf



Table 7: Sex composition of the Upper Edmonton ward

Distribution by sex	Edmonton	Borough of Enfield
2020 Mala	(%) 49.0	(%) 49.1
Male Female	51.0	50.9
i eiliale	31.0	50.5

Source: ONS mid-year estimate 2020

According to the Office for National Statistics (ONS) population estimates, in Enfield 49.1 per cent of residents identify as male and 50.9 per cent as female. This is very similar to the percentage split for London as a whole (49 per cent male, 51 per cent male).

Figure 8 presents the mode share by sex in Enfield. Walking more commonly used as transport by females, making up 33 per cent of all trips. This is 5 per cent higher than males. On average, females drive slightly less than males, making up 44 per cent of trips vs 46 per cent with males. Females are also use the bus more than males (15 per cent vs 13 per cent).

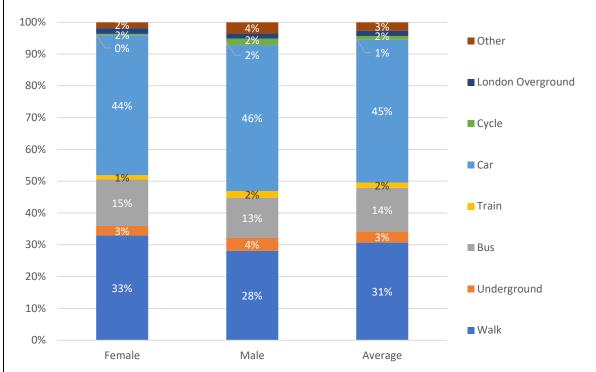


Figure 8: Mode share by sex in Enfield

Source: LTDS (2016/17, 2017/18 and 2018/19)

Across Greater London, research undertaken by TfL shows walking is the most commonly used type of transport by females (95 per cent walk at least once a week). Females are also more likely to use buses than males (62 per cent



compared with 56 per cent) but are less likely to use other types of transport including the Tube (38 per cent women compared with 43 per cent males).

Female Londoners take more trips on a weekday than male Londoners, 2.5 compared to 2.3⁶. This pattern however is reversed amongst older adults, with older female Londoners taking fewer weekday trips than older male Londoners, 2.0 compared to 2.2. It is important to recognise that females are more likely than males to be travelling with buggies and/or shopping, and this can affect transport choices.

Females aged 17 or over who are living in London are less likely than males to have a full driving licence (58 per cent compared with 72 per cent) or have access to a car (63 per cent of all females compared with 66 per cent of all males). These factors are likely to be related to the frequency of car use as a driver.

79 per cent of females in London report being able to ride a bike, compared with 91 per cent of males⁷.

Differential impact assessment

Females are less likely to drive in Enfield and are more likely to walk than males. They are also less likely to cycle. Improvements made to the safety and convenience of cycling reduce the barriers to cycling disproportionally faced by females and increase the percentage of females choosing to cycle.

Females are more likely to use the bus than males. As many public transport journeys start or ends on foot or cycle, improvements in safety and convenience to these networks will improve their access to public transport services. On the contrary, this scheme may cause increased congestion in the short to medium term on arterial roads as traffic is reassigned from minor roads within the immediate project area. As such, these impacts may disproportionately impact females who use buses more often than males.

Increasing residents' access to favourable cycling conditions is likely to disproportionately benefit females, particularly due to higher number of trips they make on a daily basis compared to males, as well as the higher proportion of them taking children to and from educational and recreational facilities. The intervention would reduce a significant barrier to cycling.

Following the recent murder of Sarah Everard, a national movement has highlighted the concerns of women and how safe they feel at particular times, notably at night. Reduced traffic volumes create a quieter environment which can heighten the apprehension of threat. This perception particularly impacts women making trips by foot or bicycle, as part of a public transport journey or a trip on its

⁶ https://content.tfl.gov.uk/travel-in-london-understanding-our-diverse-communities-2019.pdf

⁷ http://content.tfl.gov.uk/attitudes-to-cycling-2014-report.pdf



own. There is some concern that this perceived risk impacts women's willingness to make trips by active travel modes after dark. In contrast, an academic report⁸ suggested a positive improvement in the measured crime rate after introducing traffic reduction measures, similar to the bus gate and modal filters proposed for this scheme, such as those found in low traffic neighbourhoods. The report examined the impact on street crime of introducing low traffic neighbourhoods in Waltham Forest which was associated with a 10% decrease in total street crime and this effect increased with a longer duration since implementation.

Mitigating actions to be taken

Monitor bus journey times using TfL data, and consider mitigation measures if there is an impact.

Engage with the Metropolitan Police and associated Neighbourhood Community Safety teams to identify whether they have any specific security concerns in that area that may be exacerbated by the measures. Collect any information from the Metropolitan Police on crime levels and antisocial behaviour within the project area before and after implementation to ensure safety of those travelling.

Sexual Orientation

This refers to whether a person is sexually attracted to people of the same sex or a different sex to themselves. Please consider the impact on people who identify as heterosexual, bisexual, gay, lesbian, non-binary or asexual.

Will this change to service/policy/budget have a **differential impact [positive or negative]** on people with a particular sexual orientation?

Please provide evidence to explain why this group may be particularly affected.

It is considered that this scheme is unlikely to have a disproportionate impact on grounds of Sexual Orientation.

Mitigating actions to be taken

N/A

Socio-economic deprivation

⁸ https://findingspress.org/article/19414-the-impact-of-introducing-a-low-traffic-neighbourhood-on-street-crime-in-waltham-forest-london



This refers to people who are disadvantaged due to socio-economic factors e.g. unemployment, low income, low academic qualifications or living in a deprived area, social housing or unstable housing.

Will this change to service/policy/budget have a **differential impact [positive or negative]** on people who are socio-economically disadvantaged?

Please provide evidence to explain why this group may be particularly affected.

As outlined within the Enfield Transport Plan (2019), Enfield is one of the most deprived Outer London boroughs. Enfield is now the 12th most deprived London borough, whereas it was 14th in 2010. The Borough's overall ranking in the 2015 Indices of Multiple Deprivation remained unchanged from 2010 at 64th most deprived out of 326 English local authorities

Figure 9 presents a visual representative of deprivation across Enfield. Upper Edmonton area sits within the southeast of Enfield. In broad terms the eastern areas of Enfield have more levels of deprivation, whereas the west and northwest areas have the least. Figure 9 indicates the Upper Edmonton is among the most deprived wards in England.

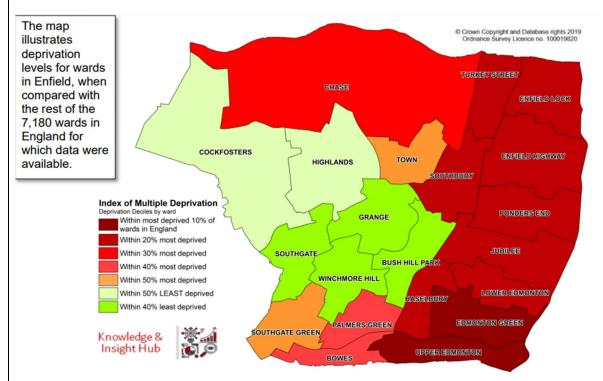


Figure 9: Deprivation in Enfield

Data source: Department for Communities and Local Government 2019



Table 8 presents the Upper Edmonton ward to have significantly higher proportions of households with incomes less than £15,000 and claiming Universal Credit than the borough average.

Table 8: Enfield and Upper Edmonton income, 2020

Income (2020)	Upper Edmonton (%)	Borough of Enfield (%)
Proportion of households with an income of less than £15,000	23.4	15.6
Households claiming Universal Credit (May 2020)	31.2	23.7

Data source: Ward Profiles 2020, Enfield Council

TfL research shows that low income Londoners tend to travel less frequently than Londoners overall – 2.2 trips per weekday on average compared to 2.4 among all Londoners. Among this group, a greater proportion of journeys are completed for the purposes of shopping and personal business: 31 per cent for Londoners with household income of less than £20,000 compared with 22 per cent all Londoners (in line with 31 per cent and 22 per cent observed in 2013/14).⁹

Londoners in lower income households are the most likely equality group to use the bus at least weekly; seven in 10 Londoners in households with an annual income of less than £20,000 do so (69 per cent).

Differential impact assessment

Active modes of travel present a low-cost form of transport and can connect people safely and quickly to local centres, as well as to stations as part of multi-modal longer distance journeys (e.g. into inner London). As such, the project will benefit these alternative methods and therefore are likely to disproportionately benefit those without access to cars.

People on lower incomes are less likely to be able to afford to adapt to the measures (e.g. buying a new bike), therefore may not experience the full benefits of the scheme compared to those from higher income backgrounds. This may mean that those on higher incomes disproportionately benefit from the scheme.

Mitigating actions to be taken.

It is recommended that the benefits of this scheme are advertised, with a specific focus on reaching those with lower households' incomes. This may include events in the community or advertising in local community centres, leisure centres or shops. Improved awareness of the upgrades to active travel conditions will increase the chances of people changing their travel behaviours.

⁹ https://content.tfl.gov.uk/travel-in-london-understanding-our-diverse-communities-2019.pdf



Specific consideration should be given to where traffic is likely to be reassigned to, to review the impact on adjacent properties when reviewing traffic data. This includes consideration for impact on buses which people from more disadvantaged areas are more likely to use more frequently.

Encourage lower income households to make use of free bike repair services, such as Dr Bike, and opportunities to access affordable cycles, such as second-hand bike markets.



SECTION 4 – Monitoring and Review

How do you intend to monitor and review the effects of this proposal?

Who will be responsible for assessing the effects of this proposal?

The project aims to improve conditions for those already walking and cycling and also to help make non-car transport options more attractive by making them safer, more accessible, and more convenient. It is acknowledged that the improvements may come at an ongoing inconvenience to drivers. The altering of traffic flow may add some level of complication to trips and may slightly increase the length of some car journeys made through the study area. However, access to all properties and locations is maintained. This impact will be felt disproportionately by individuals who rely upon cars as their primary or only mode of transport, which is common for elderly or disabled people and certain ethnic groups. It is important to carry out quality consultation with those who rely upon cars to minimise any adverse impacts.

The monitoring and evaluation for this project is critical for many of the recommendations set out in this EqIA. Alongside consultation and engagement, these are the primary means of monitoring benefits and disbenefits of the project. Activities include monitoring of traffic volumes including bus journey times and air quality, and engagement with emergency services. Consultation and engagement activities are planned to reflect relevant recommendations in this EqIA. The outcomes of monitoring, consultation and engagement will help to inform whether the project has been successful in achieving its objectives and in identifying, and if possible mitigating, the potential inequalities raised in this EqIA.

Because of the proximity with North Middlesex District Hospital, collaborative monitoring should be undertaken to continue to monitor and improve the scheme post installation.



SECTION 5 – Action Plan for Mitigating Actions.

Protected Characteristic	Identified Issue	Action Required	Lead officer	Timescale/By When	Costs	Review Date/Comments
Age and Disability	Longer journey times for people who rely on private cars, taxis, or Dial a Ride.	Investigate the impact on journey times using the immediate alternative routes.	Petros Ximerakis	During post implementation scheme monitoring	Included within scheme budget	Will be reviewed following evaluation of monitoring data collected as part of the project Monitoring Plan.
Age	Under- representation of younger people in consultation responses from other projects	Target engagement at those aged under 40 (and especially under 30) who are often under- represented in engagement.	Petros Ximerakis	During community engagement & consultation period	Included within scheme budget	22/12/2021 Social media posts were made on Facebook and Twitter to target younger people. Community engagement events were held at Fore Street Library.



Age, Disability, Race, Sex, and Socio-economic deprivation	Traffic reassignment onto main roads may delay bus services.	Monitor bus journey times using TfL data, and consider mitigation measures if there is an impact.	Petros Ximerakis	During post implementation scheme monitoring	Included within scheme budget	Will be reviewed following evaluation of monitoring data collected as part of the project Monitoring Plan.
Disability	Under- representation of disabled people in consultation responses from other projects	Monitor demographic responses to consultation for adequate representation of disabled people	Petros Ximerakis	During community engagement & consultation period	Included within scheme budget	22/12/2021 The proportion of consultation respondents with disability was representative of the proportion found in the 2011 Census.
Disability	Findings from consultation on other projects showed that disabled people had concerns about reaching locations such as hospitals within the area.	Identify potential alternative travel routes to the local North Middlesex Hospital and monitor whether the scheme is having a disproportionate impact on those who make regular essential trips by car.	Petros Ximerakis	During scheme design stages and post implementation scheme monitoring	Included within scheme budget	Will be reviewed following evaluation of monitoring data collected as part of the project Monitoring Plan.



Pregnancy and maternity	Negative impact on women who cannot travel actively to the hospital	Identify impact of journey times to the maternity unit at North Middlesex University Hospital.	Petros Ximerakis	During post implementation scheme monitoring	Included within scheme budget	Will be reviewed following evaluation of monitoring data collected as part of the project Monitoring Plan.
Race	Consultation analysis from other projects highlighted that the proportions of responses from Mixed, Asian, and Black respondents was lower than might be expected from the 2011 Census.	Monitor demographic responses to the consultation for adequate representation of different race groups.	Petros Ximerakis	During community engagement & consultation period	Included within scheme budget	22/12/2021 Proportion of BAME respondents to the consultation was 8%. However, 8% of respondents stated a preference to not reveal their ethnic group and 33% of respondents did not answer the relevant question.



Religion and belief	Consultation analysis on previous projects highlighted that there was potential under- representation of those with a religious belief in the consultation period.	Monitor demographic responses to the consultation for adequate representation of different religious groups.	Petros Ximerakis	During community engagement & consultation period	Included within scheme budget	22/12/2021 Proportion of respondents with a religious belief to the consultation was 27%. However, 4% of respondents stated a preference to not reveal their religion and 38% of respondents did not answer the relevant question.
Sex	Public perception of personal security due to the reduced 'passive surveillance' of passing motor traffic	Engage with the Metropolitan Police and associated Neighbourhood Community Safety teams to identify whether they have any specific security concerns in that area that may be exacerbated by	Petros Ximerakis	During scheme design stages and post implementation scheme monitoring	Included within scheme budget	At regular intervals post implementation of the scheme



		the measures. Collect any information from the Metropolitan Police on crime levels and antisocial behaviour within the project area before and after implementation to ensure safety of those travelling.				
Socio-economic deprivation	Active modes of travel present a low-cost form of transport and therefore are likely to disproportionately benefit those without access to cars.	Advertise the benefits of this scheme with a specific focus on reaching those with lower	Petros Ximerakis	During community engagement & consultation period	Included within scheme budget	22/12/2021 Community engagement events were held at Fore Street Library.



Socio-economic deprivation	Reassignment of motor traffic may disproportionately impact those on lower incomes who are more likely to live on busier roads.	Consider where traffic is likely to be reassigned to, to review the impact on adjacent properties when reviewing traffic data.	Petros Ximerakis	During scheme design stages and post implementation scheme monitoring	Included within scheme budget	22/12/2021 Likely reassignment routes have been identified and will be reviewed following evaluation of monitoring data collected as part of the project Monitoring Plan.
Socio-economic deprivation	People on lower incomes are less likely to be able to afford to adapt to the measures (e.g. buying a new bike).	Encourage lower income households to make use of free bike repair services, such as Dr Bike, and opportunities to access affordable cycles, such as second-hand bike markets.	Tina Uhrynowycz	Ongoing	Included within Healthy Streets programme budget	22/12/2021 Several Dr Bike sessions took place at North Middlesex University Hospital during and after the engagement & consultation period. A number of Second-Hand Bike Markets were held during the community



			engagement period.

CALL-IN OF DECISION

(please ensure you complete all sections fully)

Please return the completed original signed copy to: Claire Johnson, Democratic Services Team, 1st Floor, Civic Centre

Claire Johnson, Democratic Services Team, 1 1 1001, Owe Centre
TITLE OF DECISION: NORTH MIDDLESEX HOSPITAL ACTIVE TRAVEL IMPROVEMENTS
DECISION OF: DEPOTY LEADER OF THE COUNCIL
DATE OF DECISION LIST PUBLICATION: 4 FEBRUARY 2022
LIST NO: 48 21-22 248 21-22 KD 5372 (* N.B. Remember you must call–in a decision and notify Democratic Services Team within 5 working days of its publication).
A decision can be called in if it is a corporate or portfolio decision made by either Cabinet or one of its sub-committees, or a key decision made by an officer with delegated authority from the Executive.
(a) COUNCILLORS CALLING-IN (The Council's constitution requires seven signatures or more from Councillors to call a decision in).
(1) Signature: Print Name: CLARE DE SILVA
(2) Signature: Print Name: MARIA ALEXANDRU
(3) Signature: Print Name: A THORP
(4) Signature: Petallouf Print Name: PETER FALLART
(5) Signature: Lower SMITH Print Name: EDWAY SMITH
(6) Signature: Print Name: LRAN ENG
(7) Signature: MT Print Name: MTTE
(8) Signature: Dural Print Name: VWCE
(b) SCRUTINY PANEL RESOLUTION (copy of minute detailing formal resolution to request call-in to be attached).
NAME OF PANEL:
DATE OF PANEL:

CALL-IN OF DECISION

(please ensure you complete all sections fully)

Please return the completed original signed copy to: Claire Johnson, Scrutiny Team, 1st Floor, Civic Centre

TITLE OF DECISION: North Middlesex Hospital Active Travel Improvements

DECISION OF: Deputy Leader of the Council

DATE OF DECISION LIST PUBLICATION: 4 February 2022

LIST NO: 48/21-22 KD 5378

(* N.B. Remember you must call-in a decision and notify Scrutiny Team within 5 working days of its publication).

A decision can be called in if it is a corporate or portfolio decision made by either Cabinet or one of its sub-committees, or a key decision made by an officer with delegated authority from the Executive.

(a) COUNCILLORS CALLING-IN (The Council's constitution requires seven signatures or more from Councillors to call a decision in).

LEAD CLLR PETER FALLART

(1) Signature:Cllr Clare de Silva	Print Name:
(2)Signature: Cllr Maria Alexandrou	Print Name:
(3) Signature: Cllr Andrew Thorp	Print Name:
(4) Signature: Cllr Peter Fallart	Print Name:
(5) Signature:Cllr Edward Smith	Print Name:
(6) Signature: Cllr Mike Rye	Print Name:
(7) Signature: Cllr Glynis Vince	Print Name:

(1) Reason wh	y decision is	being called in	n :
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- The scheme will increase journey times for hospital patients who are elderly or who rely on private cars to access hospital services.
- Consideration should also be given to patients who may need to access North Middlesex Hospital Accident and Emergency by car. Bull Lane is the most direct route from the south of the Hospital.
- 82 percent of the objectors to the proposed traffic orders described themselves as having a disability.
- The report acknowledges the proposed Bus Gate on Bull Lane and modal filters on Amersham Avenue and Shaftesbury Road will lead to traffic displacement onto Pretoria Road and Weir Hall Road. Enfield Council has suggested introducing a school street outside Wilbury Primary School on Weir Hall Road as a mitigation measure. The School Street is not included as part of the scheme. The effects of both schemes should be considered together.
- The scheme is likely to displace traffic onto the already congested A10 Great Cambridge Road and A406 North Circular Roads. The Northbound A10 carriageway is often already severely congested south of the Great Cambridge Roundabout. This could impact journey times to the hospital. An assessment of potential displaced traffic onto these roads should be carried out.

(2)	Outline of	proposed	alternative	action
(2)	Outline of	proposea	aiternative	acu

Refer back to Deputy Leader for review of decision

- (3) Do you believe the decision is outside the policy framework?
- (4) If Yes, give reasons:

For Governance	Use	Only:
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Checked by Monitoring Officer for validation -

Name of Monitoring Officer:

Date:



February 2022

Officer Response: Conservative Group Call In – North Middlesex Hospital Active Travel Improvements project

Reasons for Call in summary by the Conservative Group:

Reason for call-in

1. The scheme will increase journey times for hospital patients who are elderly or who rely on private cars to access hospital services.

Officer response

Paragraph 45 of the report states that:

"The proposals will only affect motor vehicle access to the Hospital from the South and through the section of Bull Lane south of its junction with Wilbury Way and Bridport Road. North Middlesex University Hospital will continue to be accessible for patients, visitors, and staff using private motor vehicles through multiple alternative routes depending on the origin of the journey and the preferred hospital entrance." It also continues with listing a number of possible alternative routes from the South.

Acknowledging that the worst-case scenario is a trip originating from south of the proposed bus gate location (e.g., from Creighton Road), and comparing the average journey times at the peak hour between the current most direct route and the nearest two alternative routes to the Hospital main entrance, the average journey times are less than 10 minutes as follows:

- Bull Lane 3 to 6 minutes
- White Hart Lane > Pretoria Road > Pretoria Road North > Bridport Road > Bull Lane - 5 to 9 minutes
- White Hart Lane > Weir Hall Road > Wilbury Way > Bull Lane 5 to 8 minutes

Paragraph 18 of the report includes the following statement made in the 2018 Mayor's Transport Strategy (MTS):

"Without further action, the average Londoner will waste 2.5 days a year sitting in congested traffic by 2041. Most congestion is caused by there being more traffic on a day-to-day basis than there is space for."

Paragraph 21 of the report includes the following statement made in Annex A of the Enfield Healthy Streets Framework:

"Continued growth in population is expected to cause further strain on the road and public transport network if the modal split trends remain."

Paragraphs 66 and 67 of the report state:

"It should be noted that the current position in relation to congestion and journey times is not static. Open-source data from Uber¹ shows that daily average journey times

¹ https://movement.uber.com/

between the centre of Upper Edmonton and Enfield Town Centre had increased by 4.5% in one year (when comparing the same 3-month periods prior to the Covid-19 pandemic of December 2018 – February 2019 and December 2019 – February 2020). Traffic volumes are growing year on year and the current position will not remain static. Without a significant change in trend, congestion and therefore journey times will increase irrespective of whether the proposed interventions are in place or not. In that respect, some of the matters raised will present themselves over time in both cases.

Notwithstanding, changes in traffic volumes and journey times will form part of the project monitoring that will need to be undertaken post implementation as per the project Monitoring Plan which is publicly available on the project page."

Therefore, it is critical that action is taken to develop infrastructure that will enable a modal shift, in order to contribute to the reduction of congestion issues for those who need to travel by private cars.

Reason for call-in

2. Consideration should also be given to patients who may need to access North Middlesex Hospital Accident and Emergency by car. Bull Lane is the most direct route from the south of the Hospital.

Officer response

Similar to the officer response to point 1, the average journey times at the peak hour between the current most direct route and the nearest two alternative routes to the Hospital Accident and Emergency entrance at Bridport Road were compared. These are less than 10 minutes:

- Bull Lane 3 to 6 minutes
- White Hart Lane > Pretoria Road > Pretoria Road North > Bridport Road 4 to 8 minutes
- White Hart Lane > Weir Hall Road > Wilbury Way > Bridport Road 5 to 8 minutes

If no action is taken to enable a change in current travel choices, these journey times will increase irrespective of whether the proposed measures are implemented or not.

Reason for call-in

3. 82 percent of the objectors to the proposed traffic orders described themselves as having a disability.

Officer response

As explained in Table 1 and paragraph 73, 7 respondents to the consultation survey (15%) stated that they had some form of disability. From that 15% of respondents, 6 respondents (82%) did not support the scheme. Therefore, 12.3% of the total number of respondents (48) to the consultation survey did not support the scheme and described themselves as having a disability at the same time.

The number of objections which have been raised by this protected group has been acknowledged, carefully considered, and responded to in the report and the relevant

Appendix. A number of those objections were based on the perception that travel by private car would be severely limited by these plans. This report has clarified that this is not the case, identifying several available alternative routes.

The EqIA has also identified the potential negative impacts on this protected group, which will be assessed further as part of the monitoring undertaken post implementation.

Reason for call-in

4. The report acknowledges the proposed Bus Gate on Bull Lane and modal filters on Amersham Avenue and Shaftesbury Road will lead to traffic displacement onto Pretoria Road and Weir Hall Road. Enfield Council has suggested introducing a school street outside Wilbury Primary School on Weir Hall Road as a mitigation measure. The School Street is not included as part of the scheme. The effects of both schemes should be considered together.

Officer response

Paragraph 48 of the report explains that traffic reassignment <u>may</u> take place, as a response to one of the prominent concerns which were raised during the consultation. Pretoria Road and Weir Hall Road were mentioned as the two nearest neighbouring roads to Bull Lane.

The School Street was mentioned as a potential mitigation measure that would complement the scheme, but no decision has been made for its implementation although it will be considered in tranche 3 of our School Streets scheme later this year. In contrast, the report recommends the implementation of the North Middlesex Hospital Active Travel Improvements project irrespective of the introduction of the School Street.

Reason for call-in

5. The scheme is likely to displace traffic onto the already congested A10 Great Cambridge Road and A406 North Circular Roads. The Northbound A10 carriageway is often already severely congested south of the Great Cambridge Roundabout. This could impact journey times to the hospital. An assessment of potential displaced traffic onto these roads should be carried out.

Officer response

As per the officer response to point 4, paragraph 48 of the report explains that traffic reassignment <u>may</u> take place, as a response to one of the prominent concerns which were raised during the consultation. Pretoria Road and Weir Hall Road were mentioned as the two nearest neighbouring roads to Bull Lane, in order to indicate the potential worst-case traffic reassignment impact.

A similar worst case assessment can be made for A10 Great Cambridge Road and A406 North Circular Road using similar assumptions as those made in paragraph 48 of the report. Specifically, if all of the following assumptions are true at the same time:

All motor vehicles currently using the southern part of Bull Lane have an origin

- or destination within the surrounding area,
- The current journey of all motor vehicles passes through at least one of the points where either a bus gate or a modal filter is proposed,
- No people will choose alternative sustainable modes of travel,
- No traffic evaporation will take place,
- Motor vehicles currently using the southern part of Bull Lane will be evenly reassigned between the main alternative South to North routes, which include A10 Great Cambridge Road, Fore Street, Weir Hall Road, and Pretoria Road,
- All motor vehicles that will use the A10 Great Cambridge Road as an alternative route will turn into the A406 North Circular Road rather than Wilbury Way,
- All motor vehicles that will use Fore Street as an alternative route will continue onto the A406 North Circular Road > Bull Lane route via Sterling Way rather than turn into Gloucester Road or use the Sterling Way hospital entrance, and
- Motor vehicles will not spread even further within the local area's road network and therefore lessen the impact on A10 Great Cambridge Road, Fore Street, Weir Hall Road, Pretoria Road, and the Great Cambridge Roundabout,

the potential increase in two-way traffic flow at the weekday peak hour on:

- A10 Great Cambridge Road will be approximately 2 vehicles per minute. This figure on an average 24-hour day drops to approximately 1 vehicle per minute.
- A406 North Circular Road will be approximately between 3 and 5 vehicles per minute. This figure on an average 24-hour day drops to approximately between 2 and 3 vehicles per minute.

It should be highlighted that paragraph 106 of the report states that: "TfL are the traffic authority for the A406 North Circular Road and A10 Great Cambridge Road and Haringey Council for Queen Street, White Hart Lane, and other roads within the project area. Both have been closely involved with the scheme and neither have raised objections to the scheme being implemented."

CALL-IN OF DECISION

(please ensure you complete all sections fully)

Please return the completed original signed copy to: Claire Johnson, Scrutiny Team, 1st Floor, Civic Centre

TITLE OF DECISION: North Middlesex Hospital Active Travel Improvements

DECISION OF: Leader of the Council

DATE OF DECISION LIST PUBLICATION: 4th February 2022

LIST NO: 48/21-22 KD5372

(* N.B. Remember you must call—in a decision and notify Scrutiny Team within **5** working days of its publication).

A decision can be called in if it is a corporate or portfolio decision made by either Cabinet or one of its sub-committees, or a key decision made by an officer with delegated authority from the Executive.

(a) COUNCILLORS CALLING-IN (The Council's constitution requires seven signatures or more from Councillors to call a decision in).

LEAD – CIIr Daniel Anderson

(1) Signature: Print Name: Cllr Charith Gunawardena
(2) Signature: Print Name: Cllr Dinah Barry
(3) Signature: Print Name: Cllr Dino Lemonides
(4) Signature: Print Name: Cllr Ayfer Orhan
(5) Signature: Print Name: Cllr Anne Brown
(6) Signature: Print Name: Cllr Daniel Anderson

(7) Signature: Print Name: Cllr Alessandro Georgiou

(1) Reason why decision is being called in:

KD 5372 is being called in on the basis that the report fails to provide any evidence that the measures proposed are essential, nor does it seek to weigh-up the scale of the alleged benefits that would be expected to balance against the significant disbenefits that the proposed intervention would cause. There is also no evidence provided that the £1.245m scheme will reduce carbon emissions, nor is there any baseline data on walking or cycling and no evidence that this project will increase active travel.

(2) Outline of proposed alternative action:

Refer back to Cllr Ian Barnes, Deputy Leader of the Council for review of the decision.

- (3) Do you believe the decision is outside the policy framework?
- (4) If Yes, give reasons:

For	Governai	nce Use	Only
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Checked by Monitoring Officer for validation –	
Name of Monitoring Officer:	Date:

Reasons for call-in:

KD 5372 is being called in on the basis that the report fails to provide any evidence that the measures proposed are essential, nor does it seek to weigh-up the scale of the alleged benefits that would be expected to balance against the significant disbenefits that the proposed intervention would cause. There is also no evidence provided that the £1.245m scheme will reduce carbon emissions, nor is there any baseline data on walking or cycling and no evidence that this project will increase active travel.

The reasons for the call-in are summarised as follows:

- Inadequate community and stakeholder engagement
- The scheme will be significantly detrimental to older people, the disabled and expectant mothers
- The scheme will have a significantly detrimental impact upon other road users
- There will be traffic displacement which will worsen the quality of life for many
- The overview of consultation report contains flawed logic
- There is no evidence provided for claims made regarding Environmental and Climate Change Considerations
- The identified risks of not making the proposed decision contains flawed logic
- There is no evidence provided for the identified risks of making the proposed action
- There is no reference to TfL's managed decline, which could have huge consequences for the project's viability
- There are concerns over the financial viability of the project

These arguments are documented below:

Inadequate community and stakeholder engagement

The report states that the North Middlesex University Hospital, one of the largest employers in the Borough, have expressed support to an expansion to active travel routes and supports this project. However, the very nature and purpose of a hospital is not specific to the locality where it is situated. Its objective is to service the needs of a wide constituency well beyond borough boundaries. And given that North Middlesex University Hospital serves over 350,000 people across a number of boroughs and therefore is of substantial importance to those coming from far afield, it is concerning that there was no attempt to consult any of the patient base whatsoever when deciding on the viability of the project.

Equally, given the nature of the specialisms required in a hospital, the staff themselves would not be confined to the locality and yet there is no evidence presented that the 4,000 NHS staff, many of whom are likely to live nowhere near to

the hospital, were in any way actively consulted as to their views and the practicality of the proposed measures. The fact that posters with a map of the proposals and 'brief information' on the project was placed in public areas and staff rooms of the hospital seemingly attracted next to no significant response would itself suggest that this passive consultation process was flawed.

Regarding the Dr Bike sessions, the report suggests that between July 2021 and December 2021 Dr Bike offered free cycle checks with minor repairs for NHS staff, volunteers, and hospital visitors. However, just 62 people attended these sessions, or on average just over 12 people a month. This from a hospital that employs 4,000 staff, which is an appalling rate of engagement. It is even more concerning that these sessions at North Middlesex Hospital were the highest attendances for Dr Bike compared to five other hospitals. That's equivalent of just 1.5% of staff over those 5 months or 0.3% of staff in a given month. Hardly evidence of high levels of staff wanting to take up cycling.

Instead, the consultation drop-in sessions at Fore Street Library – again unlikely to attract any hospital staff, visitors, or volunteers, and even then, despite 4,000 leaflet drops in the immediate locality, the statutory consultation achieved a derisory 205 responses and of this only two responses (4%) were from the N18 postcode, where the scheme is situated. This extremely poor response for a major scheme with substantial implications demonstrates that the consultation process was flawed. Nonetheless even so, given that the report has sought to validate the consultation response, the vast majority of respondents (88%) opposed the proposals.

The failure to engage more widely with other road users to better understand the potential and substantial disbenefits of this £1.245m scheme is demonstrated by the decision to hold the Future Cycle Routes Workshop in March 2020. Participation was targeted at and therefore disproportionately skewed towards four cycling groups and therefore failed to give any consideration to other road user groups, such as motorists, bus operators, taxi drivers, NHS hospital staff, patients, visitors etc., all likely to be detrimentally impacted by this scheme. As a result, the scheme has been designed with the narrow view of a group that makes up just 2.5% of road users and even if the scheme was to attract more cyclists it would remain a tiny minority of road usersⁱ.

The scheme will be significantly detrimental to older people, the disabled and expectant mothers

Though a school street is proposed for Wilbury Primary School, which is welcome and should be introduced regardless of this proposal, the report itself acknowledges that other vulnerable groups are likely to be negatively impacted by the wider proposal, i.e., older people with age-related mobility issues which do not qualify as a disability; those with declared disabilities - 82% of which, as opposed to 59% of those without disabilities, who expressed substantial opposition to the scheme – who

it says 'may find it difficult to make use of sustainable means of transport and therefore rely on door-to-door transport services such as private cars, taxis, or Dial a Ride'; and their carers who are delivering goods and services. The report also admits that 19% of respondents raised concerns about the impact on the disabled, including an increase in journey times, congestion, and a difficulty in accessing the hospital for appointments. These are hugely significant issues which are simply glossed over.

Likewise, the report accepts in respect of pregnancy and maternity, expectant mothers who have recently given birth and may have increased numbers of medical appointments and rely upon the car may find their journeys will take longer. However, without any modelling exercise undertaken it is impossible to say how much longer – but that if they walk or cycle their journeys are likely to be less polluted and face reduced pollution. However, the report fails to appreciate the impracticality of women with new-born babies being able to cycle to their appointments. Nor, given the hospital has a patient base from several boroughs, does the report recognise the fact that many women who will be coming from some considerable distance, again making cycling, and walking completely impractical.

The scheme will have a significantly detrimental impact upon other road users The report glosses over the substantial impact the scheme will have on accessibility to the hospital from the South, and through the section of Bull Lane, south of its junction with Wilbury Way and Bridport Road, for those whom cycling, and walking is not a viable option and something which the consultation process has not in any way ascertained. The fact remains that even if cycling is substantially increased as a result of this scheme – for which there is no evidence to support that assessment – there will remain far more car users than cyclists' whose overall accessibility will be substantially reduced, and journey times increased leading to more pollution.

There will be traffic displacement which will worsen the quality of life for many The report even acknowledges that traffic is likely to be displaced on to neighbouring residential roads, particularly on Weir Hall Road and Pretoria Road, which the report says will be approximately between 3 and 5 vehicles per minute, but then attempts to downplay this by suggesting that on an average 24-hour day this drops to approximately between 2 and 3 vehicles per minute. However, this is hugely misleading because it is the peak hours that matter, which are when this impact is most likely to be felt.

The extent of the impact on residential roads can best be understood by comparison. 3 to 5 vehicles per minute is over half of the rate experienced on Fox Lane *prior* to the introduction of the low traffic neighbourhood scheme in that locality, but here the additional volume is on lesser residential roads so the impact will be much greater, thereby causing additional congestion and increased pollution.

Given how few respondents were from the N18 postcode (just two), it is clear that residents from Weir Hall Road and Pretoria Road, which is a narrow residential road, are unaware of the substantial impact this will have upon them. Neither has there been any attempt at modelling the impact of traffic diverted as one would expect from a project of this magnitude. So, we have no idea what the current level of traffic on these roads are in cars/minute peak hour, average speeds, and the current level of pollution; the additional traffic on their roads from the project in cars/minute peak hour; and the expected level of traffic, likely congestion, and expected average speed and forecast pollution level.

The overview of consultation report contains flawed logic

In Table 1 under Demographics, it states that 'Younger people in Enfield are less likely to drive than older people in the borough and are more likely to travel via active modes or multi modal travel. The overall responses are therefore influenced by the higher proportion of people above the age of 44 who participated in the consultation' and that 'the percentage of respondents from households with total annual income below £20,000 was 7%. This suggests an under-representation of people who are economically disadvantaged.' Both of these statements imply that because particular groups replied to the consultation the responses at a higher rate their interests are unfairly represented so must be ignored. But this is flawed logic. In truth the inverse is true. Those who are disproportionately impacted by the scheme are more likely to respond than those who aren't. That's the purpose of a consultation exercise to seek to elucidate those most affected.

However, the arguments are also incorrect because, as the consultation analysis shows, the Demographics questions were optional and most respondents either did not answer or because they submitted their response by email or letter were not even asked. Additionally, 61% of respondents did not even state their age so it is not possible to state with conviction that the overall responses were influenced by the higher proportion of people above the age of 44 who participated in the consultation. Even so, of those who did state their age the consultation analysis shows that even for those aged 18-29 50% opposed the scheme, whilst 71% of those aged 30-44 did so too. So, not a single age group showed majority support for the scheme.

Fundamentally however, the arguments are flawed because we are talking about a scheme that will detrimentally affect access to a hospital, the purpose of which is to treat sick people many of whom will be infirm or elderly and have conditions such as COVID-19 (12.1% of all deaths), Dementia and Alzheimer's (11.5% of all deaths), Ischaemic heart disease (9.2% of all deaths), Cerebrovascular disease (4.9% of all deaths), and Lung-based cancers (4.7% of all deaths)ⁱⁱ. It is the patients and their families, neither of whom have been surveyed, who are likely to be most detrimentally impacted by the scheme.

There is no evidence provided for claims made regarding Environmental and Climate Change Considerations

Table 2 purports to claim that the measures to reduce carbon emissions and climate change mitigation are positive, but there is no evidence at all that the measures will reduce carbon emissions with the table littered with statements such as 'the proposals will enable increased levels of active travel and...reduced private vehicle trips' 'is expected to contribute towards reducing the negative environmental impacts of private motor vehicle use' etc. being simply aspirational. However, the negative impacts, such as traffic being re-directed onto the two alternative routes, which will increase congestion, reduce traffic speeds to very low average levels and thereby massively increase pollutants and carbon emissions per mile, is downplayed as 'may be' and a mere 'short-term' effect.

The identified risks of not making the proposed decision contains flawed logic In Table 3 the report seeks to justify these measures because 'increased hospital attendances, as a direct result of Covid-19 and knock-on impact of other conditions in treatment backlog, will result in greater demand for journeys towards the hospital'. However, it is completely unreasonable and unrealistic to expect such patients who will have a multitude of conditions to cycle to the hospital for treatment.

There is no evidence provided for the identified risks of making the proposed action

In Table 4 under 'Active travel journeys do not increase' it states that 'A key objective of this project is to enable a longer-term increase in walking & cycling levels', but no baseline data has been provided on walking or cycling so it is impossible to measure what if any increases there may be. Indeed, there is absolutely no evidence that this scheme will increase active travel. Indeed, the evidence from the Bowes Primary Area Quieter Neighbourhood report showed that during the trial cycling actually decreased relative to roads that were not part of the project.

There is no reference to TfL's managed decline, which could have huge consequences for the project's viability

The report references both the 2018 Mayor's Transport Strategy (MTS) and Transport for London's (TfL's) Healthy Streets for London document as a main consideration for the project. However, the Mayor of London has recently stated that without a further and sustained injection of funding from the Government TfL faces a managed decline which means the complete cessation of the £483m Healthy Streets budgetⁱⁱⁱ. If confirmed this would mean the end of all walking and cycling schemes, a reduction to bus services by 18 per cent and the cutting of 100 bus routes, together with a 9 per cent cut in Tube services, likely, according to the Mayor, to result in the half of Londoners who own a car using their vehicles more. However, this substantial risk to the continued viability of the Healthy Streets Approach is not in any way

referenced in the report even though it would completely undermine the viability of this project and the Council's own Healthy Streets agenda.

There are concerns over the financial viability of the project

The estimated cost of the project is said to be £1.245m funding from the Department of Transport (DfT) Active Travel Fund (ATF) Tranche 2. However, given both the Bowes Primary and Fox Lane Area Quieter Neighbourhood schemes, which were on a much smaller scale, each ended up costing considerably more than originally stated, there is no detailed business case to show that the scheme will indeed deliver to budget, nor indeed what contingencies there will be in the event that the scheme goes significantly over budget, so it is impossible to say at this stage that there will be no impact on borrowing.

The report also suggests that the future maintenance costs from the scheme will be contained within existing revenue budgets and there will be no impact on revenue budgets. But given this is a substantial project making major infrastructure changes it is inconceivable that this will not detrimentally impact general road maintenance if the revenue budget is not increased.

https://www.london.gov.uk/questions/2015/1704

https://www.alzheimers.org.uk/blog/research-UK-biggest-killer-high-dementia-deaths

https://www.london.gov.uk/press-releases/mayoral/transport-network-must-be-funded-properly

February 2022

Officer Response: Community First Call In – North Middlesex Hospital Active Travel Improvements project

Reasons for Call in summary by Community First:

KD 5372 is being called in on the basis that the report fails to provide any evidence that the measures proposed are essential, nor does it seek to weigh-up the scale of the alleged benefits that would be expected to balance against the significant disbenefits that the proposed intervention would cause. There is also no evidence provided that the £1.245m scheme will reduce carbon emissions, nor is there any baseline data on walking or cycling and no evidence that this project will increase active travel.

The arguments for the call-in are in summary as follows:

- Inadequate community and stakeholder engagement
- The scheme will be significantly detrimental to older people, the disabled and expectant mothers
- The scheme will have a significantly detrimental impact upon other road users
- There will be traffic displacement which will worsen the quality of life for many
- The overview of consultation report contains flawed logic
- There is no evidence provided for claims made regarding Environmental and Climate Change Considerations
- The identified risks of not making the proposed decision contains flawed logic
- There is no evidence provided for the identified risks of making the proposed action
- There is no reference to TfL's managed decline, which could have huge consequences for the project's viability
- There are concerns over the financial viability of the project

These arguments are detailed below:

Reason for call-in

1. Inadequate community and stakeholder engagement

The report states that the North Middlesex University Hospital, one of the largest employers in the Borough, have expressed support to an expansion to active travel routes and supports this project. However, the very nature and purpose of a hospital is not specific to the locality where it is situated. Its objective is to service the needs of a wide constituency well beyond borough boundaries. And given that North Middlesex University Hospital serves over 350,000 people across a number of boroughs and therefore is of substantial importance to those coming from far afield, it is concerning that there was no attempt to consult any of the patient base whatsoever when deciding on the viability of the project.

Equally, given the nature of the specialisms required in a hospital, the staff themselves would not be confined to the locality and yet there is no evidence presented that the 4,000 NHS staff, many of whom are likely to live nowhere near to the hospital, were in any way actively consulted as to their views and the practicality of the proposed measures. The fact that posters with a map of the proposals and 'brief information' on the project was placed in public areas and staff rooms of the hospital seemingly attracted next to no significant response would itself suggest that this passive consultation process was flawed.

Regarding the Dr Bike sessions, the report suggests that between July 2021 and December 2021 Dr Bike offered free cycle checks with minor repairs for NHS staff, volunteers, and hospital visitors. However, just 62 people attended these sessions, or on average just over 12 people a month. This from a hospital that employs 4,000 staff, which is an appalling rate of engagement. It is even more concerning that these sessions at North Middlesex Hospital were the highest attendances for Dr Bike compared to five other hospitals. That's equivalent of just 1.5% of staff over those 5 months or 0.3% of staff in a given month. Hardly evidence of high levels of staff wanting to take up cycling.

Instead, the consultation drop-in sessions at Fore Street Library – again unlikely to attract any hospital staff, visitors, or volunteers, and even then, despite 4,000 leaflet drops in the immediate locality, the statutory consultation achieved a derisory 205 responses and of this only two responses (4%) were from the N18 postcode, where the scheme is situated. This extremely poor response for a major scheme with substantial implications demonstrates that the consultation process was flawed. Nonetheless even so, given that the report has sought to validate the consultation response, the vast majority of respondents (88%) opposed the proposals.

The failure to engage more widely with other road users to better understand the potential and substantial disbenefits of this £1.245m scheme is demonstrated by the decision to hold the Future Cycle Routes Workshop in March 2020. Participation was targeted at and therefore disproportionately skewed towards four cycling groups and therefore failed to give any consideration to other road user groups, such as motorists, bus operators, taxi drivers, NHS hospital staff, patients, visitors etc., all likely to be detrimentally impacted by this scheme. As a result, the scheme has been designed with the narrow view of a group that makes up just 2.5% of road users and even if the scheme was to attract more cyclists it would remain a tiny minority of road users.

Officer response

The community and stakeholder engagement were proportionate to the extent of the proposals and the potential effects of the scheme. Specifically, paragraph 38 of the report details the communications and engagement activities with the wider community. These included activities that sought to reach a wider geographic area such as social media activity through Facebook and Twitter, and posters at public areas and staff rooms of North Middlesex University Hospital that directed people to the Let's Talk project page where all information about the project is held.

The North Middlesex University Hospital NHS Trust Green Plan 2021-2026, released in July 2021, mentions that over 60% of the Hospital's staff live locally. It also states that:

"There has been an increased interest from staff around the issues of climate change, with a visible passion and determination to address this issue both on a personal level and at an organisational one. The Trust's Sustainability Forum was set up in 2020, outside of any formal governance structure or strategic requirement, and involves a wide range of clinical and non-clinical staff from diverse professional backgrounds. Forum members are united by a passion to address the impacts of climate change on an organisational level, and have brought their own expertise to the group, working together in their spare time to develop initiatives for reducing our carbon footprint." As part of the travel & transport area of focus, the Green Plan states:

"[...] promote sustainable forms of travel such as walking and cycling, additional facilities needed to support this, as well as identify what external improvements are needed locally to develop greener forms of travel such as improved cycle lanes, low traffic neighbourhoods [...]"

The above highlight the desire, drive, and commitment of the Hospital's staff towards walking and cycling to work. This can also be seen by the high occupancy of the recently delivered cycle hub.

Paragraph 27 of the report states that:

"Bull Lane (the road outside the main entrance of North Middlesex University Hospital) lacks infrastructure suitable for all the different modes of active travel. The issues are accentuated by the insufficient and unsuitable crossing facilities. The footway parking that exists on the part of Bull Lane south of its junction with Wilbury Way and Bridport Road hinders the movement of pedestrians and people with reduced mobility."

Moreover, paragraph 28 of the report states that:

"[...] improving walking and cycling access to the hospital from both Enfield and Haringey is essential and supports the hospital's strategic aims."

Taking into account demonstrable passion of the Hospital and its employees and the current issues described above, the proposed interventions will benefit the 4,000 doctors, nurses, and other staff and enable them to make sustainable travel choices.

Dr Bike sessions offer free cycle safety checks with minor repairs to those who need them. This cannot be directly linked to levels of cycling uptake, since only people who cycle and need a check or repair of their bike would attend the sessions. Instead, the higher level of attendance in comparison with the sessions delivered to other London hospitals suggests a higher proportion of people cycling to North Middlesex University Hospital. In general, as paragraph 31 of the report states, one of the objectives of this project is to "Contribute towards a long-term increase in the levels of active travel, both along the route and as part of a wider borough network".

As the 5th reason for call-in states "Those who are disproportionately impacted by the scheme are more likely to respond than those who aren't. That's the purpose of a

consultation exercise to seek to elucidate those most affected.". This suggests that the number of responses to the consultation indicate a relatively small impact of the scheme and explain the level of opposition. Generally, the Council must make decisions that consider the consultation responses alongside strategic and local context and longer-term benefits for the Borough as a whole.

The Future Cycle Routes Workshop also included local community groups such as Residents of Edmonton Angel Community Together (REACT) and The Enfield Society. Further community groups were invited but were not referenced in the report as they were not immediately local to the project. The inclusion of cycling groups was appropriate, as the objectives of the project are to:

- Improve walking & cycling access to North Middlesex Hospital.
- Contribute towards a long-term increase in the levels of active travel, both along the route and as part of a wider borough network.

Engagement with further road user groups was carried out separately, as described throughout the 'Community and stakeholder engagement' section of the report.

Reason for call-in

2. The scheme will be significantly detrimental to older people, the disabled and expectant mothers

Though a school street is proposed for Wilbury Primary School, which is welcome and should be introduced regardless of this proposal, the report itself acknowledges that other vulnerable groups are likely to be negatively impacted by the wider proposal, i.e., older people with age-related mobility issues which do not qualify as a disability; those with declared disabilities - 82% of which, as opposed to 59% of those without disabilities, who expressed substantial opposition to the scheme – who it says 'may find it difficult to make use of sustainable means of transport and therefore rely on door-to-door transport services such as private cars, taxis, or Dial a Ride'; and their carers who are delivering goods and services. The report also admits that 19% of respondents raised concerns about the impact on the disabled, including an increase in journey times, congestion, and a difficulty in accessing the hospital for appointments. These are hugely significant issues which are simply glossed over.

Likewise, the report accepts in respect of pregnancy and maternity, expectant mothers who have recently given birth and may have increased numbers of medical appointments and rely upon the car may find their journeys will take longer. However, without any modelling exercise undertaken it is impossible to say how much longer – but that if they walk or cycle their journeys are likely to be less polluted and face reduced pollution. However, the report fails to appreciate the impracticality of women with new-born babies being able to cycle to their appointments. Nor, given the hospital has a patient base from several boroughs, does the report recognise the fact that many women who will be coming from some considerable distance, again making cycling, and walking completely impractical.

Officer response

As explained in Table 1 and paragraph 73, 7 respondents to the consultation survey

(15%) stated that they had some form of disability. From that 15% of respondents, 6 respondents (82%) did not support the scheme. Therefore, 12.3% of the total number of respondents (48) to the consultation survey did not support the scheme and described themselves as having a disability at the same time.

The number of objections which have been raised by this protected group has been acknowledged, carefully considered, and responded to in the report and the relevant Appendix. A number of those objections were based on the perception that travel by private car would be severely limited by these plans. This report has clarified that this is not the case.

Paragraph 21 of the report includes the following statement made in Annex A of the approved Enfield Healthy Streets Framework:

"Enfield's share of sustainable transport trips is amongst the lowest in London, with 31% trips walked, <1% cycled and 22% made on public transport. Correspondingly, the proportion of car trips exceeds the London average with 48% of trips made by private vehicles in Enfield, compared to 35% in London."

"Enfield has a relatively large proportion of journeys that are potentially cyclable, with as many as 80% of car trips estimated to be of cyclable length. The 2016 TfL's Analysis of Cycling Potential confirmed that Enfield is within the top five London boroughs in terms of cycling potential. The analysis suggested that an additional 315.000 trips could be cycled daily."

This suggests that whilst there is a large number of car journeys that could be made with other sustainable means of transport, not all journeys are expected to be made by walking or cycling. Instead, the scheme aims to enable the switch of the short journeys currently made by private cars to alternative more sustainable modes of travel.

Acknowledging that the worst-case scenario is a trip originating from south of the proposed bus gate location (e.g., from Creighton Road), and comparing the average journey times at the peak hour between the current most direct route and the nearest two alternative routes to the Hospital main entrance, the average journey times are less than 10 minutes as follows:

- Bull Lane 3 to 6 minutes
- White Hart Lane > Pretoria Road > Pretoria Road North > Bridport Road > Bull Lane - 5 to 9 minutes
- White Hart Lane > Weir Hall Road > Wilbury Way > Bull Lane 5 to 8 minutes

The EqIA has also identified the potential negative impacts on both protected groups, which will be assessed further as part of the monitoring undertaken post implementation.

The Council has a responsibility to balance up any potential impacts and views with long term benefits to the local and regional areas and how these contribute towards national and global challenges.

Reason for call-in

3. The scheme will have a significantly detrimental impact upon other road users

The report glosses over the substantial impact the scheme will have on accessibility to the hospital from the South, and through the section of Bull Lane, south of its junction with Wilbury Way and Bridport Road, for those whom cycling, and walking is not a viable option and something which the consultation process has not in any way ascertained. The fact remains that even if cycling is substantially increased as a result of this scheme – for which there is no evidence to support that assessment – there will remain far more car users than cyclists' whose overall accessibility will be substantially reduced, and journey times increased leading to more pollution.

Officer response

Paragraphs 45 and 46 detail the multiple alternative vehicle routes to the Hospital's three entrances, as well as the proposed interventions that will increase accessibility for those using different modes of travel.

The exact increase in cycling for a particular section of a route cannot be easily and accurately predicted. However, paragraph 18 of the report references the 2018 Mayor's Transport Strategy (MTS) which states that:

"Cycle travel grew by 133% London-wide and 221% in central London between 2000 - 2015."

Moreover, the following statements are made in the report:

- Paragraph 5 "As projects are knitted together and a coherent network of quiet streets and safe walking and cycling infrastructure on primary roads is delivered, longer-term change will be enabled."
- Paragraph 18 "Without further action, the average Londoner will waste 2.5 days a year sitting in congested traffic by 2041. Most congestion is caused by there being more traffic on a day-to-day basis than there is space for."
- Paragraph 21 "Continued growth in population is expected to cause further strain on the road and public transport network if the modal split trends remain."
- Paragraph 108 "The core aims of this project are to improve walking and cycling access to North Middlesex University Hospital and contribute towards a long-term increase in the levels of active travel. Achieving such aims often requires reallocation of road space and measures to reduce motor traffic."

All of the above indicate that projects such as the North Middlesex Hospital Active Travel Improvements can contribute to an increase in cycling levels, as evidenced across London over the recent years, and a change in modal split trends that can provide increased accessibility for those less able to use alternative modes of travel.

Reason for call-in

4. There will be traffic displacement which will worsen the quality of life for many

The report even acknowledges that traffic is likely to be displaced on to neighbouring residential roads, particularly on Weir Hall Road and Pretoria Road, which the report says will be approximately between 3 and 5 vehicles per minute, but then attempts to downplay this by suggesting that on an average 24-hour day this drops to approximately between 2 and 3 vehicles per minute. However, this is hugely misleading because it is the peak hours that matter, which are when this impact is most likely to be felt.

The extent of the impact on residential roads can best be understood by comparison. 3 to 5 vehicles per minute is over half of the rate experienced on Fox Lane *prior* to the introduction of the low traffic neighbourhood scheme in that locality, but here the additional volume is on lesser residential roads so the impact will be much greater, thereby causing additional congestion and increased pollution.

Given how few respondents were from the N18 postcode (just two), it is clear that residents from Weir Hall Road and Pretoria Road, which is a narrow residential road, are unaware of the substantial impact this will have upon them. Neither has there been any attempt at modelling the impact of traffic diverted as one would expect from a project of this magnitude. So, we have no idea what the current level of traffic on these roads are in cars/minute peak hour, average speeds, and the current level of pollution; the additional traffic on their roads from the project in cars/minute peak hour; and the expected level of traffic, likely congestion, and expected average speed and forecast pollution level.

Officer response

Paragraph 48 of the report explains that traffic reassignment <u>may</u> take place, as a response to one of the prominent concerns which were raised during the consultation. Pretoria Road and Weir Hall Road were mentioned as the two nearest neighbouring roads to Bull Lane, in order to indicate the potential worst-case traffic reassignment impact.

Paragraph 48 of the report also highlights that that worst case could only happen if all of the following assumptions are true at the same time:

- All motor vehicles currently using the southern part of Bull Lane have an origin or destination within the surrounding area,
- The current journey of all motor vehicles passes through at least one of the points where either a bus gate or a modal filter is proposed,
- None of the motor traffic currently using the southern part of Bull Lane will use the surrounding primary road network instead,
- No people will choose alternative sustainable modes of travel,
- No traffic evaporation will take place,
- Motor vehicles currently using the southern part of Bull Lane will be evenly reassigned between Weir Hall Road and Pretoria Road, and
- Motor vehicles will not spread even further within the local area's road network and therefore lessen the impact on Weir Hall Road and Pretoria Road.

It can be understood from the above that that worst case impact is highly unlikely to materialize.

As the 5th reason for call-in states "Those who are disproportionately impacted by the scheme are more likely to respond than those who aren't. That's the purpose of a consultation exercise to seek to elucidate those most affected.". This suggests that the number of responses from the N18 postcode to the consultation indicate a relatively small impact of the scheme. Additionally, the 'Location' section in Table 1 of the report notes that:

"These numbers do not include the 157 emails and letters received as information about the location of these respondents was not available."

Paragraph 48 of the report provides information about the impact of traffic diverted in cars/minute peak hour for those specific roads where concerns have been raised through the consultation. Current levels of traffic, speed, and air quality have been and will continue to be collected for those and other roads in the area both pre and post implementation of the project. Paragraph 52 of the report explains that: "Traffic volumes and speeds and air quality in the area, including Weir Hall Road and Pretoria Road, will continue to be monitored after the project is implemented. The document which sets out the monitoring and evaluation that will be undertaken in response to the implementation of the North Middlesex Hospital Active Travel Improvements can be found in the project Monitoring Plan which is publicly available on the project page."

Reason for call-in

5. The overview of consultation report contains flawed logic

In Table 1 under Demographics, it states that 'Younger people in Enfield are less likely to drive than older people in the borough and are more likely to travel via active modes or multi modal travel. The overall responses are therefore influenced by the higher proportion of people above the age of 44 who participated in the consultation' and that 'the percentage of respondents from households with total annual income below £20,000 was 7%. This suggests an under-representation of people who are economically disadvantaged.' Both of these statements imply that because particular groups replied to the consultation the responses at a higher rate their interests are unfairly represented so must be ignored. But this is flawed logic. In truth the inverse is true. Those who are disproportionately impacted by the scheme are more likely to respond than those who aren't. That's the purpose of a consultation exercise to seek to elucidate those most affected.

However, the arguments are also incorrect because, as the consultation analysis shows, the Demographics questions were optional and most respondents either did not answer or because they submitted their response by email or letter were not even asked. Additionally, 61% of respondents did not even state their age so it is not possible to state with conviction that the overall responses were influenced by the higher proportion of people above the age of 44 who participated in the consultation. Even so, of those who did state their age the consultation analysis shows that even for those aged 18-29 50% opposed the scheme, whilst 71% of those aged 30-44 did

so too. So, not a single age group showed majority support for the scheme.

Fundamentally however, the arguments are flawed because we are talking about a scheme that will detrimentally affect access to a hospital, the purpose of which is to treat sick people many of whom will be infirm or elderly and have conditions such as COVID-19 (12.1% of all deaths), Dementia and Alzheimer's (11.5% of all deaths), Ischaemic heart disease (9.2% of all deaths), Cerebrovascular disease (4.9% of all deaths), and Lung-based cancers (4.7% of all deaths). It is the patients and their families, neither of whom have been surveyed, who are likely to be most detrimentally impacted by the scheme.

Officer response

The report does not ignore any consultation responses but states that some groups were under-represented or over-represented irrespective of whether they supported or opposed the scheme. These statements are then open to further consideration by the decision maker as they form their own conclusions.

The 'Demographics' section in Table 1 of the report clearly notes the limitation of the available demographic data by stating that:

"These numbers do not include the 157 emails and letters received as demographic information was not available."

Paragraph 112 of the report states that:

"It is acknowledged that a number of objections have been raised on making these permanent changes. These objections have been considered by this report. A number of those objections were based on the perception that travel by private car would be severely limited by these plans. This report has clarified that this is not the case. Considering the policy context, the requirements of the climate action plan to enable more sustainable forms of travel, and the longer-term public health benefits, it is recommended that this project proceeds to implementation and that the relevant permanent traffic orders are made."

Appendix 2 'Consultation Analysis Report' and Annex 3 'Responses to Objections' support that the report considered the views of all consultation respondents.

It is therefore inaccurate to suggest that the report ignores the views of specific participants to the consultation.

The Community and Stakeholder engagement associated with the project is set out at paragraphs 32-53 of the report. Those paragraphs provide information with regards to the extensive engagement that was carried out for this project. Without having any such private/personal data, it cannot be concluded that consultation participants did not include any patients or their families.

Reason for call-in

6. There is no evidence provided for claims made regarding Environmental and Climate Change Considerations

Table 2 purports to claim that the measures to reduce carbon emissions and climate change mitigation are positive, but there is no evidence at all that the measures will reduce carbon emissions with the table littered with statements such as 'the proposals will enable increased levels of active travel and...reduced private vehicle trips' 'is expected to contribute towards reducing the negative environmental impacts of private motor vehicle use' etc. being simply aspirational. However, the negative impacts, such as traffic being re-directed onto the two alternative routes, which will increase congestion, reduce traffic speeds to very low average levels and thereby massively increase pollutants and carbon emissions per mile, is downplayed as 'may be' and a mere 'short-term' effect.

Officer response

The statements included in Table 2 of the report are aligned with local, regional, and national policies and strategies.

For instance, as stated at paragraph 16 of the report, the Government's Net Zero Strategy: Build Back Greener, which was released in October 2021 and sets out the Government's long-term plan to end the UK's domestic contribution to man-made climate change by 2050, makes commitments to:

- "Increase the share of journeys taken by public transport, cycling and walking"
- "Invest £2 billion in cycling and walking, building first hundreds, then thousands
 of miles of segregated cycle lane and more low-traffic neighbourhoods with the
 aim that half of all journeys in towns and cities will be cycled or walked by
 2030."

That document also states that:

"Cycling and walking can help us tackle some of the most challenging issues we face as a society, not just climate change, but improving air quality, health and wellbeing, addressing inequalities, and tackling congestion and noise pollution on our roads. Increased levels of active travel can improve everyday life for us all."

In addition, the Department for Transport's Decarbonising Transport: A Better, Greener Britain, which was released in July 2021, makes the following statements:

- "Mode shift to active transport is one of the most cost-effective ways of reducing transport emissions."
- "Increased walking and cycling is projected to reduce car GHG emissions in England by 1–6 MtCO2 e between 2022 and 2050. Higher GHG reductions could potentially be achieved with complementary traffic restraint measures, making active travel relatively more attractive."

Paragraph 48 of the report explains that traffic displacement may take place and indicates the potential worst-case impact, which could be considered small. Paragraph 52 of the report continues to explain that:

"Traffic volumes and speeds and air quality in the area, including Weir Hall Road and Pretoria Road, will continue to be monitored after the project is implemented. The document which sets out the monitoring and evaluation that will be undertaken in response to the implementation of the North Middlesex Hospital Active Travel

Improvements can be found in the project Monitoring Plan which is publicly available on the project page."

This monitoring will then provide measurable outcomes against environmental and climate change considerations.

Reason for call-in

7. The identified risks of not making the proposed decision contains flawed logic

In Table 3 the report seeks to justify these measures because 'increased hospital attendances, as a direct result of Covid-19 and knock-on impact of other conditions in treatment backlog, will result in greater demand for journeys towards the hospital'. However, it is completely unreasonable and unrealistic to expect such patients who will have a multitude of conditions to cycle to the hospital for treatment.

Officer response

The statement made in Table 3 of the report regarding "increased hospital attendances, as a direct result of Covid-19 and knock-on impact of other conditions in treatment backlog" refers to elective care. Elective care covers a broad range of non-urgent services, usually delivered in a hospital setting, including diagnostic tests and scans and outpatient care. It is not unreasonable to suggest that a number of those patients will be able to make the journey to the Hospital using alternative sustainable modes of transport.

Reason for call-in

8. There is no evidence provided for the identified risks of making the proposed action

In Table 4 under 'Active travel journeys do not increase' it states that 'A key objective of this project is to enable a longer-term increase in walking & cycling levels', but no baseline data has been provided on walking or cycling so it is impossible to measure what if any increases there may be. Indeed, there is absolutely no evidence that this scheme will increase active travel. Indeed, the evidence from the Bowes Primary Area Quieter Neighbourhood report showed that during the trial cycling actually decreased relative to roads that were not part of the project.

Officer response

As per the response to item 6, the project is aligned with local, regional, and national policies and strategies that seek to increase active travel. Data for current levels of walking and cycling on several roads within the area has already been collected to form a baseline. Further data will be collected post implementation to enable a comparison.

Evidence from the Bowes Primary Area Quieter Neighbourhood report showed that some roads have seen decreases whilst other roads have seen increases, but if the total number of cyclists recorded is analysed in the project area, the data shows a higher number of cyclists in the post-scheme survey compared to the pre-scheme survey.

Reason for call-in

9. There is no reference to TfL's managed decline, which could have huge consequences for the project's viability

The report references both the 2018 Mayor's Transport Strategy (MTS) and Transport for London's (TfL's) Healthy Streets for London document as a main consideration for the project. However, the Mayor of London has recently stated that without a further and sustained injection of funding from the Government TfL faces a managed decline which means the complete cessation of the £483m Healthy Streets budget. If confirmed this would mean the end of all walking and cycling schemes, a reduction to bus services by 18 per cent and the cutting of 100 bus routes, together with a 9 per cent cut in Tube services, likely, according to the Mayor, to result in the half of Londoners who own a car using their vehicles more. However, this substantial risk to the continued viability of the Healthy Streets Approach is not in any way referenced in the report even though it would completely undermine the viability of this project and the Council's own Healthy Streets agenda.

Officer response

Walking and cycling projects such as the North Middlesex Hospital Active Travel Improvements are also supported by national policies and strategies including the Government's 'Net Zero Strategy: Build Back Greener' and the Department for Transport's 'Decarbonising Transport: A Better, Greener Britain'.

As paragraph 15 of the report states:

"The Climate Change Act, amended in 2019, commits the UK to achieving net zero carbon emissions by 2050. The Government is supporting local authorities to encourage sustainable travel through its Active Travel Fund and the 2020 national walking and cycling strategy, Gear Change."

This particular project, alonside some other projects that form part of the Enfield Healthy Streets programme are funded by the Department for Transport (DfT) Active Travel Fund (ATF). Therefore, this project is not dependent on the financial state of Transport for London.

Reason for call-in

10. There are concerns over the financial viability of the project

The estimated cost of the project is said to be £1.245m funding from the Department of Transport (DfT) Active Travel Fund (ATF) Tranche 2. However, given both the Bowes Primary and Fox Lane Area Quieter Neighbourhood schemes, which were on a much smaller scale, each ended up costing considerably more than originally stated, there is no detailed business case to show that the scheme will indeed deliver to budget, nor indeed what contingencies there will be in the event that the scheme goes significantly over budget, so it is impossible to say at this stage that there will be no impact on borrowing.

The report also suggests that the future maintenance costs from the scheme will be contained within existing revenue budgets and there will be no impact on revenue budgets. But given this is a substantial project making major infrastructure changes it is inconceivable that this will not detrimentally impact general road maintenance if the revenue budget is not increased.

Officer response

Officers are satisfied that the budget allocation is sufficient to deliver this project. The Bowes and Fox Lane Quieter Neighbourhood projects were delivered on an experimental basis and subject to incremental funding allocations that have covered the costs of implementation. This project will improve the footway and carriage way conditions within the project area, reducing/delaying the necessity for Council capital expenditure. The project is implementing standard highway interventions that do not require any specialized maintenance.



London Borough of Enfield

Overview & Scrutiny Committee

Meeting Date 28 February 2022

Subject: Fox Lane Area Quieter Neighbourhood

Cabinet Member: Cllr Caliskan

Key Decision: KD 5403

Purpose of Report

1. This report details a call-in submitted in relation to the following decision: Portfolio decision taken on 7 February 2022. Details of this decision were included on Publication of Decision List No.49/21-22 Ref:1/49/21-22).

This decision has been called-in by the following members of the Council:

Call in 1

Councillors, Gunawardena, Anderson, Barry, Lemonides, Brown, Orhan and Neville.

Call in 2

Councillors Alexandrou, Rawlings, Stevens, Smith, Dey, Vince, and Thorp.

In accordance with the Council's Constitution, Overview and Scrutiny Committee is asked to consider the decision that has been called-in for review.

Proposal(s)

- 2. That Overview and Scrutiny Committee considers the called-in decision and agrees to either:
 - (a) Refer the decision back to the decision-making person or body for reconsideration setting out in writing the nature of its concerns.
 - (b) Refer the matter to full Council; or
 - (c) Confirm the original decision.

When the Committee has considered the decision above and agrees one of the recommendations listed at (a), (b) or (c) above, the call-in process is completed. A decision cannot be called in more than once.

If a decision is referred back to the decision-making person or body; the implementation of that decision shall be suspended until such time as the decision making person or body reconsiders and either amends or confirms the decision, but the outcome on the decision should be reached within 14 working days of the reference back. The Committee will subsequently be informed of the outcome of any such decision.

Relevance to the Council's Plan

3. The council's values are upheld through open and transparent decision making and holding decision makers to account.

Background

4. The request to call-in the Cabinet decision was submitted under rule 18 of the Scrutiny Procedure Rules. It was considered by the Monitoring Officer.

The Call-in request fulfilled the required criteria and the decision is referred to the Overview & Scrutiny Committee in order to consider the actions stated under 2 in the report.

Implementation of the Portfolio decision related to this report will be suspended whilst the "Call-in" is considered.

Reasons and alternative course of action proposed for the Call in

5. Please see the reasons for call in and officer responses at appendix A to D. Proposed course of action is for referral back to the Leader.

Consideration of the Call in

6. Having met the Call-in request criteria, the matter is referred to the Overview and Scrutiny Committee in order to determine the call-in and decide which action listed under section 2 that they will take.

The following procedure is to be followed for consideration of the Call-in:

- The Chair explains the purpose of the meeting and the decisions which the Committee can take.
- The Call-in lead presents their case, outlining the reasons for call in.
- The Cabinet Member/ Decision maker and officers respond to the points made.
- General debate during which Committee members may ask questions of both parties with a view to helping them make up their mind.
- The Call in Lead sums up their case.
- The Chair identifies the key issues arising out of the debate and calls for a vote after which the call in is concluded. If there are equal numbers of votes for and against, the Chair will have a second or casting vote.

It is open to the Committee to either;

- take no further action and therefore confirm the original decision
- to refer the matter back to the decision maker with issues (to be detailed in the minute) to consider before taking its final decision.
- to refer the matter to full Council for a wider debate (NB: full Council may decide either to take no further action or to refer the matter back to the decision making person or body, together with the council's views on the decision).

Main Considerations for the Council

 To comply with the requirements of the Council's Constitution, scrutiny is essential to good governance, and enables the voice and concerns of residents and communities to be heard and provides positive challenge and accountability.

Safeguarding Implications

8. There are no safeguarding implications.

Public Health Implications

9. There are no public health implications.

Equalities Impact of the Proposal

10. There are no equality implications.

Environmental and Climate Change Considerations

11. There are no environmental and climate change considerations.

Risks that may arise if the proposed decision and related work is not taken

12. There are no key risks associated with this report.

Risks that may arise if the proposed decision is taken and actions that will be taken to manage these risks

13. There are no key risks associated with this report.

Financial Implications

14. There are no financial implications

Legal Implications

15. S 21, S 21A-21C Local Government Act 2000, s.19 Police and Justice Act 2006 and regulations made under s.21E Local Government Act 2000 define the functions of the Overview and Scrutiny committee. The functions of the committee include the ability to consider, under the call-in process,

decisions of Cabinet, Cabinet Sub-Committees, individual Cabinet Members or of officers under delegated authority.

Part 4, Section 18 of the Council's Constitution sets out the procedure for call-in. Overview and Scrutiny Committee, having considered the decision may: refer it back to the decision-making person or body for reconsideration; refer to full Council or confirm the original decision.

The Constitution also sets out at section 18.2, decisions that are exceptions to the call-in process.

Workforce Implications

16. There are no workforce implications

Property Implications

17. There are no property implications

Other Implications

18. There are no other implications

Options Considered

19. Under the terms of the call-in procedure within the Council's Constitution, Overview & Scrutiny Committee is required to consider any eligible decision called-in for review. The alternative options available to Overview & Scrutiny Committee under the Council's Constitution, when considering any call-in, have been detailed in section 2 above

Conclusions

20. The Committee following debate at the meeting will resolve to take one of the actions listed under section 2 and the item will then be concluded.

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Governance & Scrutiny Officer

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Date of report 18 February 2021

Appendices

Cabinet report

Response to Call in reasons

Background Papers

None

London Borough of Enfield

Portfolio Report

Report of: Richard Eason, Healthy Streets Programme Director

Subject: Fox Lane Area Quieter Neighbourhood

Cabinet Member: Cllr Caliskan

Director: Doug Wilkinson

Ward: Palmers Green, Southgate, Southgate Green,

Winchmore Hill

Key Decision: KD 5403

Purpose of Report

1. The purpose of this report is to provide details of the Fox Lane Area Quieter Neighbourhood (Fox Lane QN) trial measures introduced by means of Experimental Traffic Orders (ETOs) in September 2020. This report invites a decision on making the trial permanent.

2. The Fox Lane QN project objectives are outlined in the published Project Rationale¹ and published Statement of Reasons for the ETOs. This report sets out the activities undertaken during the trial to monitor the project and understand the extent to which the trial is contributing towards creating healthier streets (including the reduction of motor traffic speed and volume in the streets set out in the ETO), alongside any associated impacts. The prepublished monitoring plan² sets out how the trial will be assessed against these objectives.

Proposal(s)

- 3. That, in order to retain the operation of the Fox Lane Area Quieter Neighbourhood, the provisions of the following experimental traffic orders continue in force by means of permanent orders made under sections 6, 45, 46 and 84(1) of the Road Traffic Regulation Act 1984:
 - The Enfield (Prescribed Routes) (No. 6) Experimental Traffic Order 2020 (as amended)

¹ https://letstalk.enfield.gov.uk/2734/widgets/9482/documents/12256

² https://letstalk.enfield.gov.uk/2734/widgets/9482/documents/12257

- The Enfield (Waiting and Loading Restriction) (No. 187) Experimental Traffic Order 2020
- The Enfield (Goods Vehicles Loading Bay) (No. 5) Experimental Traffic Order 2020
- The Enfield (Residents and Shared Use Parking Places) (Palmers Green) (No. 1) Experimental Traffic Order 2020
- The Enfield (20 m.p.h. Speed Limit) (No. 2) Experimental Traffic Order 2020
- The Enfield (Prescribed Routes) (No. 5) Experimental Traffic Order 2021
- 4. Taking into account the various matters set out in this report, it is considered that the factors in favour of making the experimental traffic orders permanent outweigh the disbenefits and/or disadvantages of removing the trial.
- 5. It is further recommended that no Public Inquiry is required on this project on the basis that there has been significant opportunity for all views to be canvassed during the consultation period, including objections to making the orders permanent, and for these views to be presented to the decision-maker for consideration; the proposal does not contain issues which are particularly complex.
- 6. These recommendations should be considered in the knowledge that:
 - A subsequent report is to be produced as soon as possible which explores mitigation measures to improve access for residents with disabilities through potential exemptions and includes consideration of those with caring responsibilities.
 - The Council makes some small scale and short-term adjustments to the Southgate Circus roundabout to assist traffic flow.
 - The Council explores funding opportunities to conduct a more detailed design review of the options for Southgate Circus, accepting that this would require significant investment / partnership with TfL and therefore could not be delivered in the short to medium term.
 - Resident views are gathered on a future proposal to alter the current modal filter on the Meadway. Considerations may include the removal of this restriction entirely, or to operate it on a timed basis.
 - The filters on The Mall, Selborne Road and Oakfield Road are investigated with a view to consider whether to convert them from a bollard to a camera controlled filter, increasing permeability for the emergency services and for any future exemptions.
 - A further review is undertaken of traffic speed and volume on some roads outside of the scheme area to consider any additional mitigating actions.

- A post-project monitoring plan is developed to continue to carry out some high-level monitoring in this area of the Borough.
- Potential measures to mitigate some increases in bus journey times are reviewed.
- 7. Note that the Leader must make the decision in relation to the proposals in this report on the basis that the Council may reject or accept the future proposals set out in paragraph 6.

Reason for Proposal(s)

- 8. A number of experimental traffic orders were made to bring into operation the trial measures implemented in the Fox Lane QN. To enable the scheme to be retained, further orders need to be made under sections 6, 45, 46 and 84(1) of the Road Traffic Regulation Act 1984. To help inform the decision, the report sets out the progress made against the project objectives and objections to the scheme being made permanent, alongside details of the monitoring of this trial.
- 9. Key objectives of the project were to create healthier streets within the area, significantly reduce the volume of through motor traffic and enable a longer-term increase in walking and cycling levels. With transport accounting for 39% of the Borough's emissions, it is essential that this sector plays a key role in moving towards the goal of being a carbon neutral Borough by 2040. The Healthy Streets programme consists of a comprehensive range of interventions that collectively will enable more sustainable transport choices. As projects are knitted together and a coherent network of quiet streets and safe walking and cycling infrastructure on primary roads is delivered, longer-term change will be enabled. This report sets out the impacts for consideration of this particular project, set against this wider context.

Relevance to the Council's Corporate Plan

- 10. Good homes in well-connected neighbourhoods. This project supports the Council's commitment to encourage people to walk and cycle, which improve connectivity of neighbourhoods.
- 11. Sustain strong and healthy communities. The project, and the underlying Enfield Healthy Streets Framework, seeks to create healthier streets. This approach puts people and their health at the heart of decision making. It is a long-term plan for improving the user experience of streets, enabling everyone to be more active and enjoy the subsequent health benefits.
- 12. Build our local economy to create a thriving place. Wider investment in the walking and cycling network forms part of the Council's strategy to support our high streets and town centres by providing safe and convenient access to local shops and services.

³ https://new.enfield.gov.uk/services/environment/enfield-climate-action-plan-2020-environment.pdf

Background

- 13. This Quieter Neighbourhood project adopts a Low traffic neighbourhood (LTNs) approach. LTNs have been in use in London since the 1960s. They are increasingly being used in London and other cities in the UK and beyond to reduce through traffic in residential areas, aiming to increase levels of walking and cycling. The Enfield Healthy Streets Framework sets out a range of interventions, including Low Traffic Neighbourhoods, which was endorsed by the Council's Cabinet. Prior to the implementation of the more recent projects, there is a range of historic measures that the Borough has taken to 'filter' unclassified roads to address the problem of excessive motor traffic on roads that were not classified or designed with that function.
- 14. The project aims align with the policy context of local, regional and national policies and strategies that seek to respond to the climate emergency and increase levels of physical activity, and post-pandemic to enable a green recovery.
- 15. Enfield Council has received concerns from residents and Ward Councillors in the Fox Lane area for many years about the impact of motor traffic passing through the area. In response, conversations started back in 2014 as part of the Cycle Enfield programme. In 2019 an earlier trial was implemented which looked to introduce road narrowing's at junctions within the Fox Lane Quieter Neighbourhood area. That trial was looking to explore the extent of the impact of reducing the constant flow of traffic through the area, with the aim that these interventions would discourage people from a perceived 'short cut' and encourage motorists to use the principal roads which are designed for the purposes of carrying higher volumes of traffic. Data collected illustrated that this approach was not effective, with no significant reductions in traffic volumes. Indeed, the Council received feedback from residents that the junction narrowing created a more aggressive road environment, with drivers vying to get through the narrow junctions and then speeding up along the residential roads to 'make up lost time'. The trial was removed, with acknowledgement from the Cabinet Member of the time that if this approach did not work more robust measures would be considered.
- 16. Following further design work, the community were invited to provide feedback on revised plans for a Quieter Neighbourhood in late 2019 which adopted more robust measures, including modal filters (bollards) on many of the roads within the area. The Council listened to this feedback and in response, the designs were further revised, with a key change to create an increase in the number of access/exit points into the area. Conversations were also held with the emergency services who requested the use of some camera-controlled filters to enable unhindered access for emergency services vehicles. The trial implemented in September 2020 reflected the revised designs. The trial was implemented with funding provided by the TfL Streetspace programme. The interventions are shown in Annex 1.
- 17. The trial was introduced using a number of Experimental Traffic Orders (ETOs), which are valid for a maximum of 18 months. The Orders came into operation on 7 September 2020 and expire on 7 March 2022. The Local Authorities'

Traffic Orders (Procedure) (England and Wales) Regulations 1996 make provision for orders to be made giving permanent effect to the experimental orders, subject to a number of requirements being met, including:

- The notice of making containing the required statements;
- The deposited documents being available for inspection (allowing for the temporary arrangements made during the coronavirus pandemic);
- The deposited documents including a statement of the reason for making the experimental order;
- No variation or modification of the experimental orders was made more than 12 months after the order was made.

Main Considerations for the Council

Alignment with strategic context

- 18. The Fox Lane QN is delivered in the context of local, regional and national policies and strategies that seek to respond to the climate emergency, reduce traffic congestion and increase levels of physical activity, and post-pandemic, to enable a green recovery.
- 19. The Climate Change Act, amended in 2019, commits the UK to achieving net zero carbon emissions by 2050. The Government is supporting local authorities to encourage sustainable travel through its Active Travel Fund and the 2020 national walking and cycling strategy, Gear Change. The strategy includes:
 - "That physical inactivity is responsible for one in six UK deaths (equal to smoking) and is estimated to cost the UK £7.4 billion annually"
 - "In order to really deliver a step-change in the UK, we must go further, faster. Millions more journeys need to be walked or cycled."
 - "Low-traffic neighbourhoods will be created in many more groups of residential streets."
- 20. The Government's Net Zero Strategy: Build Back Greener⁴, released in October 2021, sets out the Government's long-term plan to end the UK's domestic contribution to man-made climate change by 2050. Two transport key commitments in this plan are:
 - "Increase the share of journeys taken by public transport, cycling and walking"
 - "Invest £2 billion in cycling and walking, building first hundreds, then thousands of miles of segregated cycle lane and more low-traffic neighbourhoods with the aim that half of all journeys in towns and cities will be cycled or walked by 2030."
- 21. Additional guidance was published by the Secretary of State for Transport in July 2021⁵ to assist local authorities to meet their statutory network management duty. The guidance sets out high-level principles to help local

⁴ https://www.gov.uk/government/publications/net-zero-strategy

⁵ https://www.gov.uk/government/publications/reallocating-road-space-in-response-to-covid-19-statutory-guidance-for-local-authorities/traffic-management-act-2004-network-management-in-response-to-covid-19

authorities to manage their roads and identify what actions they should take, bearing in mind the ambitions set out in 'Gear Change' 6. In particular, the guidance emphasises the need to implement and retain schemes that support a green recovery from the Coronavirus pandemic by encouraging walking and cycling.

- 22. The 2018 Mayor's Transport Strategy (MTS) set the overall direction and objectives for transport in London. The MTS, and the supporting evidence for the MTS, includes the following statements:
 - A target for 80% of all trips to be made on foot, by bicycle or by public transport by 2041
 - 74% of car trips could be made by a more sustainable mode, for example cycling, walking or public transport
 - The majority (58%) of car trips are made by London residents in outer London
 - Without further action, the average Londoner will waste 2.5 days a year sitting in congested traffic by 2041. Most congestion is caused by there being more traffic on a day-to-day basis than there is space for – traffic methods can help but ultimately, we need to reduce traffic volumes
 - Even in a densely populated city such as London, some journeys can only reasonably be made by car. But the amount of space that can or should be taken up by private road transport is limited, and the population is growing. As well as prioritising more space-efficient and sustainable modes, research suggests that most people agree that the limited remaining space should be prioritised for 'essential' traffic.
 - Poor air quality causes the equivalent of up to 9,400 deaths per year and an annual health cost of £1.4-3.7 billion
 - Without further action, London is expected to exceed World Health Organisation levels of PM2.5 until well after 2030.
- 23. Quieter Neighbourhoods align closely with the following policies in the MTS:
 - Policy 1: The Mayor, through TfL and the boroughs, and working with stakeholders, will reduce Londoners' dependency on cars in favour of active, efficient and sustainable modes of travel, with the central aim for 80 per cent of all trips in London to be made on foot, by cycle or using public transport by 2041.
 - Policy 2: The Mayor, through TfL and the boroughs, and working with stakeholders, will seek to make London a city where people choose to walk and cycle more often by improving street environments, making it easier for everyone to get around on foot and by cycle, and promoting the benefits of active travel. The Mayor's aim is that, by 2041, all Londoners do at least the 20 minutes of active travel they need to stay healthy each day.
 - Policy 6: The Mayor, through TfL and the boroughs, and working with stakeholders, will take action to reduce emissions – in particular diesel emissions – from vehicles on London's streets, to improve air quality and support London reaching compliance with UK and EU legal limits as soon as possible. Measures may include retrofitting vehicles with

⁶ https://www.gov.uk/government/publications/cycling-and-walking-plan-for-england

⁷ https://tfl.gov.uk/corporate/about-tfl/the-mayors-transport-strategy

⁸ https://content.tfl.gov.uk/mts-supporting-evidence-challenges-opportunities.pdf

- equipment to reduce emissions, promoting electrification, road charging, the imposition of parking charges/ levies, responsible procurement, the making of traffic restrictions/ regulations and local actions.
- Policy 10: The Mayor, through TfL and the boroughs, and working with stakeholders, will use the Healthy Streets Approach to deliver coordinated improvements to public transport and streets to provide an attractive whole journey experience that will facilitate mode shift away from the car.
- 24. TfL's Healthy Streets for London⁹ sets out how TfL will put people and their health at the centre of decision making, helping everyone to use cars less and to walk, cycle and use public transport more. The Healthy Streets Approach is the framework underpinning the MTS. Key to the Healthy Streets Approach, are the ten Healthy Streets Indicators ¹⁰, shown in Figure 1 below.



Figure 1 The ten Healthy Streets Indicators. Source: Lucy Saunders

25. The Enfield Healthy Streets Framework was approved by Cabinet in June 2021. The report sets out the framework for developing and delivering Healthy Streets projects which incorporates the Healthy Streets Approach. It provides greater clarity on the approach the Council will take to deliver on a range of policies already in place, including the Mayors Transport Strategy published in 2018. The framework identifies activities to deliver on these local, London and national policy objectives. Low Traffic Neighbourhoods are identified and discussed in Activity 1 (creating a high-quality walking and cycling network) of the Healthy Streets Framework. Annex A¹¹ of the framework sets out the following:

⁹ https://content.tfl.gov.uk/healthy-streets-for-london.pdf

¹⁰ https://tfl.gov.uk/corporate/about-tfl/how-we-work/planning-for-the-future/healthy-streets#on-this-page-

¹¹ https://governance.enfield.gov.uk/documents/s87877/Enfield%20Health%20Streets%20Annex%20A Ad ditional%20Information.pdf

- Enfield's share of sustainable transport trips is amongst the lowest in London, with 31% trips walked, <1% cycled and 22% made on public transport. Correspondingly, the proportion of car trips exceeds the London average with 48% of trips made by private vehicles in Enfield, compared to 35% in London.
- Findings from the 2016 analysis of Walking Potential conducted by TfL highlights that Enfield is within the top five Boroughs in terms of potentially walkable trips and of cycling potential. The analysis suggested that an additional 315,000 trips could be cycled daily.
- Between 2008 and 2019, the number of miles driven on Enfield's roads increased by 313,000,000.
- While the level of traffic on 'main roads' (A and B roads and motorways) has remained relatively constant since the 1990s, the volume of traffic using 'minor roads' (C and unclassified roads) has increased substantially since the late 2000s.
- Continued growth in population is expected to cause further strain on the road and public transport network if the modal split trends remain.
- 26. Government guidance 12 on roads classification states:
 - "The system of roads classification is intended to direct motorists towards the most suitable routes for reaching their destination. It does this by identifying roads that are best suited for traffic.
 - All UK roads (excluding motorways) fall into the following 4 categories:
 - A roads major roads intended to provide large-scale transport links within or between areas
 - B roads roads intended to connect different areas, and to feed traffic between A roads and smaller roads on the network
 - classified unnumbered smaller roads intended to connect together unclassified roads with A and B roads, and often linking a housing estate or a village to the rest of the network. Similar to 'minor roads' on an Ordnance Survey map and sometimes known unofficially as C roads
 - unclassified local roads intended for local traffic. The vast majority (60%) of roads in the UK fall within this category"
- 27. With reference to the above, the boundary roads of the Fox Lane QN are A roads:
 - A1004 High Street / The Green / Cannon Hill / Aldermans Hill
 - A105 Green Lanes
 - A111 The Bourne, Bourne Hill
- 28. As set out in the Fox Lane QN Project Rationale ¹³ document published on the project page, it is acknowledged that it will take a number of years to deliver the range of infrastructure projects that are necessary to enable longer-term change. An example of longer-term growth in active travel observed is

13 https://letstalk.enfield.gov.uk/2734/widgets/9482/documents/12256

 $^{^{12}\,\}underline{\text{https://www.gov.uk/government/publications/guidance-on-road-classification-and-the-primary-route-network/guidance-on-road-classification-and-the-primary-route-network}$

described in a study¹⁴ of LTNs in Waltham Forest. The study concluded that after three years, LTN residents did 115 minutes more walking per week and 20 minutes more cycling per week, compared to the control group.

Monitoring of the trial

29. The monitoring data and outcomes are discussed in Table 1. The project Monitoring and Evaluation Plan¹⁵ sets out the areas of focus for monitoring. In Table 1 each of the areas have been considered individually and the impacts assessed.



Figure 2 Roads monitored for traffic volumes and speeds, and traffic survey locations. The numbers show the survey location.

30. Two areas of focus set out in the Monitoring and Evaluation Plan are discussed in later sections within this report; 'Residents, businesses and stakeholders' views' are discussed in paragraphs 94 to 109 and 'equality considerations' are discussed in paragraphs 114 to 141.

Table 1: Project Monitoring

Traffic volumes	31. Traffic volumes were monitored via Automatic Traffic Counts (ATCs).
	32. Overall, on the surveyed local roads within the QN volumes of traffic have reduced by an average of 72%.

¹⁴ https://findingspress.org/article/17128-low-traffic-neighbourhoods-car-use-and-active-travel-evidence-from-the-people-and-places-survey-of-outer-london-active-travel-interventions

- 33. Three of the 24 sites surveyed within the QN have seen an increase in traffic. The Ridgeway and Harlech Road have seen a minor increase. On the Ridgeway in an average 24-hour period vehicle numbers have gone from 245 vehicles to 300 and on Harlech Road from 368 to 435. These are relatively modest increases and result in overall low volumes of traffic. Devonshire Road has seen higher flows of traffic owing to the conversion to two-way.
- 34.24-hour traffic volumes on the QN boundary roads have increased by 6% on average. The largest increase occurs on High Street, where volumes have changed from 17,523 to 19,402 vehicles (11%).
- 35. On the monitored roads on the wider network (beyond the internal and boundary roads) 24-hour traffic volumes have reduced by 5% on average. Some roads have seen an increase in average 24-hour traffic volumes. These vary by location as detailed in Appendix 1. A further review is recommended to be undertaken of traffic speed and volume on some roads outside of the scheme area to consider any potential mitigating actions.
- 36. The 24 hour increases in volumes on Winchmore Hill Road, High Street and The Bourne indicate potential for impacts on the performance of Southgate Circus. In the AM peak, a reduction in volumes on The Bourne is attributed to westbound queues developing back from Southgate Circus. In the PM peak, a reduction in volume on High Street is attributed to northbound queues developing back from Southgate Circus.
- 37. The surveys were carried out in March 2019 (pre-pandemic) and September 2021, when most Covid restrictions had been removed. Data collected in the days following the 24th September have not been used due to the fuel crisis that took place in this month as that may have impacted further travel patterns.
- 38. Further details of the analysis are in Appendix 1.
- 39. In addition to the ATC and traffic speed analysis, a review of Southgate Circus has been undertaken, which considers how traffic patterns have changed at the gyratory. The review is based on video surveys taken over a limited time, but nevertheless provides a useful insight into the operation of the junction. The report is included in Appendix 2. Some short-term interventions to improve the operation of the gyratory have been identified, which the Council will look to implement should the trial be made permanent. Some medium to long term interventions are also identified, which will be reviewed and considered following implementation of any short-term interventions. As part of the process of developing longer-term

proposals, Council Officers will meet on site and discuss with Ward Councillors to seek their views and observations of the area. Southgate Circus is, and has been for some time, a constraint on the local network, but is not dis-similar in terms of its performance compared to major junctions with restricted capacity across Enfield and London. Further infrastructure improvements to Southgate Circus, such as full signalisation, would require significant investment. There would also need to be heritage considerations for the area as part of any potential redesign, reflecting the listed status of the tube station. However, the feasibility of such options should be investigated further to identify possible longer-term solutions, subject to funding being identified.

- 40. The reported changes in the network should not be considered as only influenced by the Fox Lane QN. This project has been implemented during the pandemic which has created changes in travel patterns. It is not known what longer-term impacts the pandemic will have. The analysis in Appendix 1 includes a 'sensitivity test' which provides an estimate of the potential impact of the scheme if the pandemic had not happened.
- 41. Acknowledging limitations in the data and the unprecedented impacts of the pandemic, the traffic data does not suggest that the trial should not be made permanent.

Vehicle speeds

- 42. Vehicle speeds were monitored via Automatic Traffic Counts (ATCs). Details of the analysis is in Appendix 1.
- 43. Across the 24 surveyed local roads within the QN, vehicle speeds have reduced from an average of 22 mph to an average of 20 mph over a 24-hour period. Of the 48 sites measured (24 roads in both directions), 30 saw a reduction in average speed over the 24-hour period, 12 increased, and 5 have not changed. Of the locations where the average speed increased over the 24-hour period, speeds remain below 20 mph, with the exception of Amberley Road (22 mph), Ulleswater Road (23 mph) and Devonshire Road northbound (28 mph).
- 44. Traffic speeds on the QN boundary roads, reduced from an average of 25 mph to an average of 23 mph over a 24-hour period. High Street northbound in the PM peak and The Bourne in the AM peak have large decreases in speed (24 mph to 14 mph, and 29 mph to 17 mph, respectively. These decreases are likely the result of congestion associated with Southgate Circus during the peak periods.
- 45.On the wider network (beyond the internal and boundary roads), whilst there is some variation, most monitored roads experienced little change in average speed over the 24-hour period.

	46. The observed changes in traffic speeds do not suggest that the trial should not be made permanent.
Bus journey times	47. Bus journey times in the area have been analysed using iBus data supplied by TfL. Pre scheme journey times are an average journey for the period from September 2019 to February 2020, before travel restrictions were introduced due to the pandemic. Post scheme journey times are an average journey time for September and October 2021, following the lifting of restrictions. Details of the analysis is in Appendix 1.
	48. The data has been assessed for the AM, PM and Saturday peak periods. The Saturday peak has been assessed in addition to the AM and PM peaks as the high street areas of Palmers Green and Southgate Circus are likely to be busy on a Saturday.
	49. Some routes have seen increases of more than 60 seconds.
	These are: • W9 westbound (137 seconds in AM peak)
	121 northbound (98 seconds in PM peak, 103)
	seconds on Saturday)
	 298 northbound (61 seconds in PM peak, 159 seconds on Saturday)
	 299 northbound (72 seconds in PM peak, 116
	seconds on Saturday)
	 W6 westbound (111 seconds in PM peak, 187 seconds on Saturday)
	329 southbound (70 seconds on Saturday)
	W6 eastbound (68 seconds on Saturday)
	50. The increase for the W9 in the AM peak cannot be easily defined as this includes a Hail & Ride section. This means the journey times recorded within the iBus data may be considerably variable. It is likely that congestion on the approach to Southgate Circus on The Bourne is contributing to an increase in bus journey times.
	51. Highlighted increases in bus journey times on routes 121, 298, 299 and W6 are associated with routes that travel northbound on High Street as they approach Southgate Circus, which is evident in the data in both the PM peak and Saturday. Increases on routes 329 and W6 eastbound are associated with routes that travel southbound on Green Lanes, and eastbound along Aldermans Hill and into Green Lanes, respectively.
	52. Acknowledging the role of public transport in encouraging sustainable travel alongside active travel, the Council has identified the following interventions to be developed should the trial be made permanent. These include reviewing:

Pinch points caused by short sections of kerbside parking along Cannon Hill and Alderman's Hill Introducing fixed stops along sections of Hail & Ride to limit the number of stops and improve accessibility (W9 along Fox Lane, and W6 along Hedge Lane) Signal timings at key junctions in the area The above first two listed proposals would result in the removal of short sections of parking along the bus corridors and be subject to consultation. Interventions identified as part of a review of Southgate Circus discussed in paragraph 39 would also be expected to improve bus journeys that are impacted by congestion at Southgate Circus. 53. The Council will continue to work with TfL to identify ways in which bus journey times can be improved across the Borough and continue to review bus journey times in the area as part of the commitment to post-project monitoring. 54. The impacts on bus journeys identified, when considered in isolation, are not considered to be significant enough to not make the trial permanent. Pedestrian 55. Post pedestrian implementation surveys have been undertaken which shows significant volumes of pedestrians (900 in a 24-hour period) along Fox Lane. Baseline pedestrian data is not available. However, a post-project monitoring plan will be developed to continue to carry out pedestrian monitoring in this area, along with a number of other control sites. Cycling 56. Cycle volumes were monitored via Automatic Traffic Counts (ATCs). Details of the analysis is in Appendix 1. 57. Cycle volumes can be highly seasonal, and this should be taken into account when reviewing the data. A study carried out using DfT ATC data suggests a 20% increase in flows between September and March, based on data from 2012-2016. 58. The results show an overall increase in cycle numbers by an average of 121% (390 to 863 cycles) on the surveyed local roads within the Quieter Neighbourhood. 22 of the 24 monitored sites have increased. The increases range from an additional 4 cycles (on Parkway) over 24 hours to an additional 76 (on Old Park Road). Fox Lane (west of Selborne Road) has the highest post-scheme volume of cycles (128 over a 24-hour period). A reduction was recorded on Devonshire Road and Burford Gardens (16 to 10, and 12 to 1 respectively over a 24hour period).

- 59. Cycle numbers have also increased on average on boundary roads and monitored surrounding roads.
- 60. In addition to seasonal variation, there may be other factors that could influence the surveyed increase in cycle volumes. TfL has reported that cycling has generally increased across London as a result of the pandemic. There have also been a number of cycle schemes implemented across Enfield that may have also contributed to an increase in cycle activity since 2019.
- 61. Demand for cycle parking in the area is high, as shown in Figure 3. Whilst these trends cannot be directly attributable to the QN, they indicate a strong demand for cycle parking in the area.

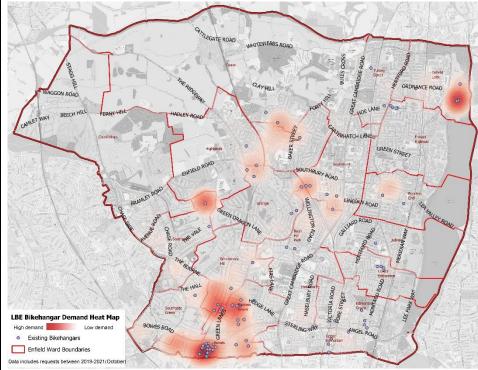


Figure 3 Cycle hangar demand heat map of requests between January 2019 and October 2021

62. One of the aims of projects such as this is to create a network of streets that when connected together will enable the development of safe corridors for walking and cycling on quiet streets. Where space allows, and as part of the development of a wider network, this approach can be complemented by segregated cycling facilities on primary roads. It should be acknowledged that changing travel behaviours is part of a longer-term programme that the Council is pursuing. Acknowledging the limitations of the data, the data suggests a positive trend in terms of increased cycling. This supports making the trial permanent.

Emergency services

63. In November 2020, in response to feedback from emergency services and to improve permeability through the area, the modal filter on Conway Road was amended from a bollard to camera enforced, enabling unhindered access to emergency services at this location. The Council remains committed to working with the emergency services and through regular dialogue will continue to be responsive to any issues raised.

London Ambulance Service (LAS)

- 64. Since the implementation of the trial in September 2020, there have been 22 incidents reported by the LAS. 13 of these were reported together to Enfield by the LAS only recently in late November 2021. The LAS were asked to provide feedback for input to this report. This representation has been included at Annex 2
- 65. To improve permeability and access for emergency service vehicles in the area, the Council will investigate converting the fixed modal filters (bollards) at Oakfield Road, The Mall and Selborne Road to camera enforced filters.
- 66. As part of the implementation of the project, the Council has invested in technological solutions to ensure that updates are effectively made to commercially available navigation solutions such as Google, TomTom and Bing. This enables the emergency services to update their own navigational systems as they deem necessary. The Council continues to work with the emergency services to gain more insight into the navigational approach that crews are taking if any delays occur, to help determine whether there are any further steps that can be taken to minimise any issues. The solution provider is now working with TfL and the large commercial providers to examine how changes can be made to support emergency services more effectively by providing navigation data which understands exemptions for emergency vehicles. This is a highly technical and developing market which will require a lot of development over time.

London Fire Brigade (LFB)

67.LFB has not reported any issues regarding the QN. The Council has not received any objections from the LFB. The LFB were invited to provide additional comment as part of the development of this report, no concerns were raised.

Metropolitan Police Service (MPS)

68. The MPS has not raised any incidents of delayed response due to this project. The Council has not received any objections from the MPS. However, in preparing for this report the MPS were contacted, informed that the report was being produced, and were offered an opportunity to provide comment. The MPS did not provide any specific comments other than confirmation that the project has not directly

affected their core policing responsibilities. Considerations on crime are addressed in the following section. 69. It should be noted that during the trial, where removeable bollards were used, following repeated vandalism, those bollards have been upgraded to a more advanced locking mechanism that the LFB carry keys for. The LAS and MPS have made their own operational decisions to not carry keys to removeable bollards. 70. On the basis of no objections from the emergency services, the potential for further use of ANPR and the Council to continue to work with the LAS to understand navigational issues, this area of monitoring is not viewed as a reason to remove the entire scheme. Crime and 71. Public mappable Police data has been reviewed in the Fox anti-social Lane QN area and the Southgate Green, Winchmore Hill, Palmers Green and Southgate wards. The QN is made up of behaviour these four wards which have seen the following changes +5% (Southgate Green), +5% (Winchmore Hill), +3% (Palmers Green) and -11% (Southgate). Within the specific QN area there has been a small change of +3%. 72. Details of the crime date, including a breakdown of offences by category, is included in Appendix 3. 73. To understand the impact on noise the Council employed specialist Noise consultants. The assessment shows that the effect of the scheme on road traffic noise on the internal roads of the QN has been largely beneficial. Most of the internal roads have observed significant beneficial changes in road traffic noise. A minor adverse change in road traffic noise has been calculated for Devonshire Road. Although an adverse change, this change is not significant. 74. On the surrounding roads, the calculated changes in road traffic are broadly negligible. There are no significant changes in road traffic noise on the surrounding roads. . 75. The impacts of the scheme on road traffic noise have been assessed using detailed noise modelling with the assistance of traffic data which has been obtained by surveys prior to, and after, the implementation of the QN. The assessment has addressed, as far as possible, the uncertainties relating to the irregular traffic flows associated with the Covid-19 pandemic. There are inherent uncertainties within the modelling and as such the results should not be considered exact, but represent the best possible estimates, using the best available data at the time the report was undertaken. 76. The assessment is included in Appendix 4. When considering the noise impact there is nothing to indicate that the scheme should not be made permanent.

Air quality

- 77. Local air quality monitoring by Enfield Council includes two diffusion tubes; one situated on Aldermans Hill at Devonshire Road and one on Winchmore Hill Road near Southgate Circus.
- 78. An air quality assessment was carried out by an external agency. The assessment focusses on nitrogen dioxide (NO2) and fine particulate matter (PM10 and PM2.5) as these are the main pollutants of concern associated with road traffic emissions.
- 79. Overall, whilst the scheme leads to changes in pollutant concentrations, the scale of the change in relation to total predicted concentrations are sufficiently small to lead to no significant effect, neither beneficial nor adverse.
- 80. The assessment shows that the predicted changes in annual mean PM10 and PM2.5 pollutant concentrations result in negligible impacts at all assessed locations. Impacts of changes in NO2 concentrations are described as negligible at most receptors, with the exception of two locations located along Green Lanes, where slight adverse impacts are predicted, and two locations at the junctions of Meadway/High Street and Fox Lane/Amberley Road where slight beneficial impacts are predicted.
- 81. The impacts of the QN on air quality have been assessed using detailed dispersion modelling and traffic data obtained by surveys prior to, and after, the implementation of the QN. A combination of local air quality monitoring and dispersion modelling is consistent with the Borough wide approach to air monitoring. Uncertainties associated with assessment, including those that would have influenced measured traffic data (i.e., the Covid-19 pandemic) have, to some extent, been taken into account within the assessment and conclusions. Traffic data affected by the fuel crisis in the September 2021 post-implementation traffic surveys were discounted from the traffic data analysis. There are inherent uncertainties within the modelling and as such the results should not be considered exact, but represent the best possible estimates, using the best available data at the time the report was undertaken.
- 82. The assessment is included in Appendix 5. In addition, diffusion tube data is included in Annex 2. Based on this data, it is not considered that the trial should not be made permanent.

Road collisions

83. Personal injury collision data is collected when the police attend an incident; this data is then collated by Transport for London and is passed on to boroughs on a six-monthly basis.

- 84. Typically for area wide schemes such as a Low Traffic Neighbourhood (LTN), personal injury collision data for the most recent three-year period is considered adequate to identify any collision patterns that engineering measures could address.
- 85. A personal injury collision search for the three year period to 7 September 2020 shows that there were 69 personal injury collisions within the Fox Lane QN area. Of these 69 collisions, 61 involved slight injuries and 8 serious injuries.
- 86. A personal injury collision search has been completed postimplementation. Data is available up to 30 June 2021 providing approximately 10 months of data. The results of this search indicate there have been 25 personal injury collisions within the QN area post implementation, 2 resulting in serious injuries and 23 in slight injuries.
- 87. The personal injury searches included the QN Boundary Roads, namely Green Lanes, Bourne Hill/The Bourne, Cannon Hill/Southgate High Street, Aldermans Hill and Green Lanes.
- 88. Whilst a trend cannot be established based on just 10 months of data, the information available to date does not suggest the Fox Lane QN has had a significant negative impact on personal injury collisions.
- 89. A summary of the personal injury searches and associated plans are included in Appendix 6.

Healthy Streets Indicators

- 90. The Healthy Streets check for designers has been utilised to review the Healthy Streets score for several roads in the QN. The tool is designed for use on a corridor, so a sample of streets within the QN and boundary roads have been assessed.
- 91. Several streets within the QN have increased their Healthy Streets score. Key to improving the score is an improvement on several roads of the 'reducing private car use' metric by introducing access restrictions for motorised traffic. This metric contributes to a higher score within the tool in seven out of the 10 indicators.
- 92. Further details of the assessment are included in Appendix 7.

Alignment against project objectives

93. The project had a number of objectives and an overall assessment of how these have been achieved is set out below:

Table 2: Alignment against project objectives

Project Objective	Project Outcomes
Create healthier streets in the Fox Lane Area in line with the Healthy Streets indicators 16	Several streets within the QN area have increased their Healthy Streets score. Key to improving their scores is an improvement on several roads of the 'reducing private car use' metric by introducing access restrictions for motorised traffic. This metric contributes to a higher score in seven out of the 10 indicators.
Significantly reduce the volume of through motor traffic on minor streets within the project area	Traffic volumes have decreased on monitored minor/ local streets within the QN by an average of 72%. The impact on boundary roads have experienced an average increase of 6%.
Enable a longer-term increase in the levels of walking and cycling within and through the scheme area	Significant increases in cycling levels have been identified. Walking data shows significant volumes of pedestrians within the residential area, with further monitoring to be conducted.

Community engagement

- 94. Details on earlier community engagement and the earlier trial implemented in this area is outlined at paragraphs 15-16.
- 95. Communications with the community regarding the project included:
 - Update of Let's Talk project page in October 2020, which hosts information on the project, FAQs, documents, the electronic consultation survey, and project updates posted to the page
 - A project flyer detailing the project background, a plan of the project, and information on the consultation delivered in July 2020
 - A notification letter with details of the construction delivered in August 2020
 - A letter inviting residents to participate in the consultation and providing details of how to do so, delivered in October 2020
 - The Deputy Leader and Healthy Streets Programme Director met with representatives of Fox Lane & District Residents Association on 21st January 2021 as part of the ongoing engagement and consultation process, to provide an opportunity to listen to different perspectives on the project.
 - A letter to Blue Badge Holders in the Fox Lane area inviting their participation in the disabled people and carers survey for the project, delivered in February 2021

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- Emails to survey participants who stated they were a carer or disabled person as well as Blue Badge Holders in the Fox Lane area, inviting their participation in the disabled people and carers survey for the project, sent February 2021
- A letter inviting residents to join an online public webinar and the closing date of the online survey, delivered in May 2021
- An online webinar with a Q&A session hosted on 26 May 2021
- A letter with information on the continued opportunity to comment on the traffic orders remaining open until 11 January 2022, delivered in November 2021.
- 96. Notice of the making of the ETOs was published in the London Gazette and Enfield Independent newspapers on 26 August 2020. A modification to The Enfield (Prescribed Routes) (No. 6) Experimental Traffic Order 2020 relating to Conway Road came into force on 19 November 2020. A new Prescribed Routes ETO was subsequently made on 30 June 2021 (The Enfield (Prescribed Routes) (No. 5) Experimental Traffic Order 2021) to correct a typographical error in the previous Conway Road modification notice. The new ETO came into operation on 12 July 2021, with the statutory period for objections ending six months later on 12 January 2022.
- 97. Statutory consultees were sent notice of the traffic order and invited to provide an objection or representation on 20 August 2020. Responses were received from the London Ambulance Service and Metropolitan Police. The LAS shared concerns from crews about delayed response times. The Metropolitan Police Service questioned access for emergency services through the filters on Meadway and Fox Lane, which was clarified. No further response or objections were received from the Metropolitan Police Service.
- 98. Grounds for objections that were raised have been extracted from the consultation report and listed in Annex 3. Common themes included objections regarding:
 - Motor traffic and traffic related impacts, and environmental impacts
 - Physical and mental health and/or safety
 - Equalities
 - The process and decision making of the project
 - Design of the QN and the infrastructure in the area

The Council have carefully considered these alongside all objections and provided a response to objections in Annex 4. Comments around an increase in journey times and congestion, and the associated impacts of these, were common in feedback received. Further to the responses provided in Annex 4, the Council is considering the extent to which alterations of the filter at the Meadway could respond to a number of the concerns raised. To listen further to residents, a survey is proposed. This would allow a further opportunity to hear the views of residents, both inside and outside the area, on potential changes to the Meadway filter. This filter could be removed entirely, which

would alter the shape of the existing Quieter Neighbourhood, or it could be amended to operate on a timed basis. Further discussions will also take place with the relevant Ward Councillors, with some support for change to Meadway already provided. However, no changes are proposed at this time, but the outcomes of a subsequent survey would be contained in a future report for consideration.

99. Responses via the consultation survey hosted on the project page received up to 11 July 2021 have been analysed by an external company and consolidated into a report which is at Appendix 8. An overview is discussed in Table 3. Objections and comments received after this date are discussed in paragraph 109.

Table 3: Overview of the consultation report (responses received up to 11 July 2021)

Number of responses	100. There was a total of 4126 responses from 2947 unique respondents to the online consultation survey, plus 30 responses received via a paper copy of the survey. In addition to this, 2755 emails were received by the Council (this includes letters sent as attachments within an email) from 1689 unique email addresses.
Location	101. Of the respondents, 1,310 (44%) live within the scheme area. There were a further 1,637 (55%) respondents living outside the area, and 30 who did not provide the relevant information. The 1,310 respondents living within the scheme area represent approximately 12% of the population of the scheme area. These numbers do not include the emails received from 1689 unique email addresses as demographic information was not available.
	102. There was significant variation in perceptions about the impacts of the scheme between respondents living inside and outside the area. These trends can be seen in Figures 4-1 to 4-9 of Appendix 8. In general, a greater number of respondents living inside the scheme reported positive impacts compared to those reporting negative impacts. There are some exceptions which are addressed in 'Equality considerations' in paragraphs 114 to 141. In contrast, for those living outside the area the number of respondents reporting positive impacts were well outweighed by those reporting negative impacts. This is reflected throughout the consultation report. This trend can also be seen in each of the sections listing 'Oppose' themes generated from open response questions. Typically, the majority of those raising the themes live outside the QN. The key underlying reason to the opposition stems from congestion and an increase in journey times.

- 103. Respondents were asked questions about how important some aspirations for the area are to them. The following four are related to the aims of the scheme:
 - 'Reduced number of motor vehicles cutting through the area'
 - 'Slower speeds of vehicles travelling in the area'
 - 'Feeling safe to walk and cycle in the area'
 - 'Improved air quality throughout the area'

Figure 5-4 of Appendix 8 shows that overall, the majority of respondents support these aspirations. The exception to this is 'reduced number of motor vehicles cutting through the area' which was typically not considered important by those living outside the area. This suggests that these respondents outside the scheme do not support the primary objective of this scheme, and this is reflected throughout the report in their responses. Car owners also contributed to a lower level of support for this aspiration.

Car ownership

- 104. Overall, car owners were more likely to report negative impacts on the scheme than non-car owners, and non-car owners were more likely to report positive impacts than car owners. This is evidenced by Figure 4-9 of Appendix 8. This trend is more noticeable in respondents living outside the QN area where a very small proportion of car owners reported positive impacts. Inside the QN area a higher proportion of both car owners and non-car owners reported positive impacts than negative impacts.
- 105. Car owners were over-represented in the consultation survey, based on the 2011 Census as shown in Figure 4. Note the census data only collects car ownership data at the household level, and the respondents' car ownership data was collected at the individual level.

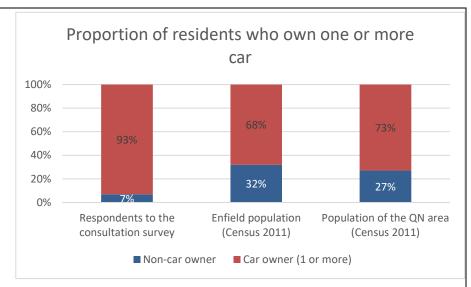


Figure 4 Proportion of residents who own one or more car

106. The responses to the survey are therefore influenced by the higher proportion of car owners who participated in the survey. This should be considered in the context of a project where a key aim is to reduce the dominance of the private car. It is also noted however that the majority of residents in the QN area are car owners.

- 107. A letter to Blue Badge holders was sent to residents in the area at the end of February 2021. The letter invited residents to participate in a survey, separate to the main consultation survey. This survey aimed to find out more about how people with disabilities and carers perceive the scheme to help inform the Equalities Impact Assessment for the scheme. A paper copy of the survey was included in the letter delivery. Additionally, all respondents to the main consultation survey who indicated they have a disability, receive care, or provide care to someone in the area, were sent an email advising them of the additional survey and how to participate. Outcomes of this survey is discussed in 'Equality Considerations' in paragraphs 114 141.
- 108. The Council engaged businesses in the area surrounding the Fox Lane QN during the period of Tuesday 17 August to Monday 6 September 2021. The purpose of engaging businesses at this time was to further understand themes and comments that had already been raised in order for the Council to consider impacts specifically on businesses in the area and offer a further opportunity to provide comment. Engagement consultants were appointed to visit businesses in the area to speak with business owners and managers and hear their comments. Respondents to the consultation survey that had stated they were a business owner in the area were emailed ahead of these visits to let them know that Council representatives would be visiting businesses to speak with them. Issues that were raised included:
 - A perceived increase in traffic particularly on boundary roads
 - A perceived reduction in footfall caused by increase in traffic, particularly on boundary roads

- A view that the Council is using the trial to generate income.
- 109. The statutory consultation period ended on 11 January 2022. Responses received up to and including 11 July 2021 are included in the consultation analysis at Appendix 8. Between 12 July 2021 and 11 January 2022, 15 letters were received, and 1315 emails received from 1143 unique email addresses. Objections and representations to the traffic orders received during this period have been reviewed. Responses to grounds for objections have been incorporated into Annex 3.

Safeguarding Implications

110. None identified.

Public Health Implications

- 111. The positive effects of increased physical activity on health and wellbeing are well documented; it can help prevent and/or ameliorate a range of lifestyle related conditions, including obesity, type 2 diabetes, heart disease, stroke, some cancers, musculoskeletal issues, and poor cognitive and mental health. Prevention of lifestyle related conditions can also lead to significant cost savings within health and social care services. If England were to match spending levels on cycling infrastructure in the Netherlands, the NHS could save £1.6 billion a year (Burgess 2013).
- 112. Achieving a modal shift towards active travel can also help reduce the health damaging effects of motorised transport including road traffic injuries, air pollution, community segregation, and noise. Creating an environment where people actively choose to walk and cycle as part of everyday life has the potential to reduce health inequalities. This is due to the fact that income or wealth would become a less significant factor in a person's ability to travel within the borough and gain access to healthcare, employment, social networks, etc. Therefore, improving active travel in the Borough is likely to benefit those who are less prosperous and therefore likely to own motorised transport. Active travel can also be more cost-effective than other initiatives that promote exercise, sport and active leisure pursuits.
- 113. Climate change been named as one of greatest threat to human health in the 21st century. Reducing motorised traffic and promoting forms of active travel can help lower local greenhouse gas emissions that contribute to climate change and will lead to improvements in health of residents and the environment in the long run.

Equalities Impact of the Proposal

- 114. The Council is required to abide by the Public Sector Equality Duty under section 149 of the Equality Act 2010 which states;
 - Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.
 - Advance equality of opportunity between people who share a protected characteristic and those who do not.

• Foster good relations between people who share a protected characteristic and those who do not.

These can be referred to as the three aims or arms of the general equality duty. The Act explains that having due regard for advancing equality involves:

- Removing or minimising disadvantages suffered by people due to their protected characteristics.
- Taking steps to meet the needs of people from protected groups where these are different from the needs of other people, where the steps involved in meeting the needs of disabled persons that are different from the needs of persons who are not disabled include, in particular, steps to take account of disabled persons' disabilities.
- Encouraging people from protected groups to participate in public life or in other activities where their participation is disproportionately low.
 Section 149 also states that compliance with the duties in this section may involve treating some persons more favourably than others; but that is not to be taken as permitting conduct that would otherwise be prohibited by or under this Act.
- 115. A full Equality Impact Assessment is attached at Appendix 9. A bespoke survey for blue badge holders was undertaken and focus groups have been run with disabled people to understand their needs better and delve deeper into the consultation responses. Protected characteristic data was collected during the consultation and breakdowns are included in the associated report.
- 116. In order to assess the Equality Impact, a baseline study of demographic data was completed, and initial impact assessed against previous similar schemes, academic research and publications. A presentation was given to the members Equality Board and during the experimental period consultation responses and emails were received. These were reviewed regularly for equality related content and as a result a specific disability related survey was commissioned. Focus groups were then held with disabled people and carers to better understand the detail of responses. Several public events were virtually held where the attendees provided comments and questions. The Equality Impact Assessment was reviewed and updated during this work and is attached at Appendix 9.
- 117. The Equality Impact Assessment does not consider that there are impacts on groups with the following protected characteristics:
 - Gender reassignment
 - Religion and belief
 - Marriage and civil partnership
 - Sexual orientation.
- 118. The predominant theme for other protected characteristic groups is concern around increased journey times and congestion. These journey times are particularly relevant to disabled people who may have limited travel choices as a result of their disability. However, the most important factor across the protected characteristics by far was whether the respondents lived inside or outside the area. People living outside the area tended to feel much more negatively towards the scheme.

- 119. It should be noted that the current position in relation to congestion and journey times is not static. Traffic volumes are growing year on year and the current position will not remain static. Without a significant change in trend, congestion and therefore journey times will increase irrespective of whether the quieter neighbourhood is in place or not. In that respect, some of the matters raised will present themselves over time in both cases.
- 120. Getting a representative sample of all age groups in consultation has proved to be challenging with persons under 29 representing a sample 60% lower than the Enfield population and the 60-69 years age bracket being around 77% higher than the background population.
- 121. Younger people are more likely to benefit from the scheme long term as they are likely to adopt more active travel behaviours on a long-term basis and less likely to drive or own a car.
- 122. Older people are more likely to have age related mobility issues which do not qualify as disability but may result in less likelihood of taking active travel choices owing to the discomfort experienced in extended periods of walking.
- 123. As a group, disabled people felt that the scheme had negatively impacted them significantly more than other protected characteristic groups had indicated. It is also important to note that the scheme was in place during Covid lockdown measures which affected disabled people significantly more than non-disabled people, potentially amplifying feelings of frustration or anxiety. People who were shielding reported that they avoided public transport and had reverted to car journeys in many cases.
- 124. Of the respondents who said they had a disability in the survey, 72% perceived that the trial had had a 'very negative' or 'somewhat negative' impact on them, whilst 22% perceived that they had experienced a 'very positive' or 'somewhat positive' impact. Overall, respondents with disabilities appear to perceive the QN more negatively than the other survey respondents, although both respondents with and without disabilities inside the QN perceive its impacts more positively their counterparts outside of the QN. In fact, for respondents without disabilities living inside the QN, more respondents felt the impacts had been positive (45%) than negative (36%) as shown by Figure 4-1 of Appendix 8, which has been repeated below in Figure 5.

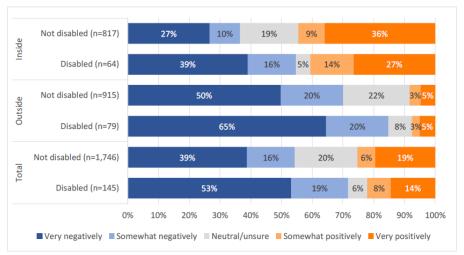


Figure 5 Perceived impacts of the QN by disability. Source: Appendix 9 Consultation Analysis

- 125. A specific survey was commissioned for blue badge holders. In this survey the most common objection to the scheme was a perceived increase in traffic, travel times and air pollution. It was noted that disabled people had concerns about finding it harder to access healthcare/childcare (GP, hospitals, pharmacy, therapists), obstruction of emergency services, difficulty in welcoming visitors/visiting residents, perception that public transport and/or active travel are generally not suitable alternatives to car journeys.
- 126. Specific focus groups were held with disabled people and carers. Carers indicated that as the people charged with delivering goods or services for the benefit of disabled people, they were concerned about motor vehicle journey times to and from the person they care for. There were testimonies from people who had dual responsibilities to both young children and elderly parents whilst also travelling to their place of employment.
- 127. Disabled people and carers also described difficulties in getting services such as caring services (formal and informal), ride hailing services and social visits to come to them inside the scheme area. In some cases, ride hailing services or taxis cancelled pickups at short notice. Recent articles in London Cab trade publications identified that although a pickup may be a short distance as the crow flies, it could take several minutes to get to the pickup point owing to the route required to be taken. Discussions were held with the local RMT representative for cab drivers who indicated that their members may not understand the exact nature of restrictions and may assume locations to be unreachable.
- 128. Disabled people and carers also reported that understanding the breadth and scope of the changes was difficult and caused anxiety. The changes had created more demands on planning journeys by motor vehicles which increased complexity for established routines.
- 129. Carers reported that commercial care providers were changing a package of care delivered to them by reducing the number of daily visits or reducing the duration of appointments. In many cases, carers pay commercial providers directly and are apportioned a care budget to spend on these services.

- 130. These impacts increased feelings of social isolation, anxiety and increased frustration in that community who were in parallel dealing with the impact of the pandemic.
- 131. Disabled residents and carers living outside the area also reported increased journey times for appointments as a result of increased traffic on roads outside the area. Where respondents had a condition, which resulted in discomfort when travelling, they reported experiencing this discomfort for longer which meant some journeys were cancelled rather than taken.
- 132. Some responses in the survey were related to its effects on mobility. Public transportation or active travel were stated by respondents as not being a suitable alternative due to disability by 16 residents (50% of these comments came from inside the QN). 9 respondents referred to a perceived reduction in mobility for disabled people; 11% of these comments came from respondents inside the QN.
- 133. Some disabled people and carers are uniquely impacted by the scheme and the EQIA has recommended that an exemption system be considered as described in the early part of the report to alleviate the impact on those people and those providing care for them.
- 134. In respect of pregnancy and maternity, expectant mothers and mothers who have recently given birth may have increased numbers of medical appointments. Where this travel is made by car it may take slightly longer, but where the journey is walked or cycled through the experimental area, it is likely to be less polluted and have reduced volumes of traffic. The Royal College of Midwifes recommends exercise such as brisk walking for new and expectant mothers. This will be safer and quieter in the scheme area.
- 135. In respect of race, the consultation analysis showed that responses from people who identified as having an Asian background stated that the scheme affected them 'very negatively' at a rate of 73%, versus an average of 56%. Around half of the Asian respondents were also disabled with an average age of 50 yrs.
- 136. In addition, the number of respondents identifying from black backgrounds was only 1% of the responses against a 2011 census proportion of 17% across the borough. As the area lies at the juncture of four wards, it is not possible to more accurately determine the local population characteristics. Some comments in the survey related to a fear of using public transport during Covid which has disproportionately affected people in this group.
- 137. The scheme will benefit ethnic groups who are disproportionately likely to walk ('Asian or Asian British', 'Mixed or multiple ethnic groups' and 'Other Ethnic Groups'), as well as 'Black and Black British' and 'Other Ethnic Groups' who are disproportionately likely to use public transport (as every public transport journey starts or ends on foot or cycle).
- 138. In respect of gender, females are more likely to use the bus, but less likely to drive or cycle. The scheme will improve access to bus stops on foot by

- reducing motor vehicle traffic in the area but there will be a slight negative impact in respect of bus journey times which have increased slightly.
- 139. There has been an increase in concern around public safety particularly for women. A study of the impact of Low Traffic Neighbourhoods on crime rates in Waltham Forest over several years indicated a 10% decrease in total street crime with further significant decreases in violent crime and sex offences. The effect increased with the passage of time. However, females have reported feeling vulnerable with lower traffic volumes in the scheme area.
- 140. In terms of socio-economic status, over half of respondents did not disclose their income. From that information, we can see that within that cohort people in the lower income brackets also had higher instances of being disabled.
- 141. It is recommended that work be undertaken to consider the implementation of an exemption system for disabled people and appropriate carers. The challenges faced by disabled people travelling are significant and limited travel choices are available for some disabled people.

Environmental and Climate Change Considerations

142. Table 4 provides and overview of environmental and climate change considerations.

Table 4 Environmental and climate change considerations

Consideration	Impact of Proposals
Energy	Neutral
consumption	
	There are no changes proposed to the current service
	delivery arrangements. Refuse vehicles continue to be
	able to collect refuse from all residential properties, in
	some cases using different routes.
Measures to	Positive
reduce carbon	
emissions	As set out below in climate change mitigation, a longer
	term view is taken. Transport generates a significant
	amount of greenhouse gas emissions (39% 17 of Enfield's
	borough-wide CO2 emissions in 2018). The proposals will enable:
	 Increased levels of active travel by making journeys
	safer and more appealing.
	 Discouraging private vehicle trips by making
	alternatives more attractive.
	anomativos moro attractivo.
	In the shorter term, there may be some increase in carbon
	emissions on the surrounding primary road network. The
	air quality monitoring to date does not indicate any
	significant issues .

 $^{^{17}\} https://new.enfield.gov.uk/services/environment/enfield-climate-action-plan-2020-environment.pdf$

Environmental management		Neutral
		There are no changes proposed that would materially impact environmental management, for example large construction activities.
Climate mitigation	change	Positive
J		In the longer term, as part of a wider programme to encourage active and sustainable modes of travel, the project is expected to contribute towards reducing the negative environmental impacts of private motor vehicle use through reduced carbon emissions, lower rates of road traffic collisions and improved public realm.
		There will be no long-term contracts entered into as part of this project that would introduce environmental risks and require mitigation measures to counteract any negative impacts on future climate change.

Risks that may arise if the proposed decision and related work is not taken

143. Several risks have been identified:

Table 5: Risks that may arise if the proposed decision and related work is not taken

Risk	Risk Description
Motor traffic returns to	Without the protection of the modal filters
previous volumes on the	preventing traffic cutting through this residential
unclassified/ local roads	area, traffic volumes will return and subject to
within the project area	historic trends of increasing motor vehicles on
	unclassified/ local roads, traffic volumes are likely
	to continually increase.
Reduction in walking and	With a return to traffic dominated unclassified/
cycling levels	local streets, the early indications of uptakes in
	cycling could stall or be reversed. It is likely levels
	of pedestrian activity would reduce.
Failure to provide a	Risks associated with this include continued
contribution to tackle the	traffic volume increases on unclassified/ local
climate crisis	roads within the area, restricting the opportunity
	for mode shift to more sustainable transport
	options. Transportation emits 39% of the
	borough's emissions 18, making it the largest
	source of emissions of all sectors.
Reputational damage with	The Council has committed to considering a
regards to project	series of factors when measuring the impact of
assessment	the trials. Whilst a number of residents have
	demonstrated that they do not support the
	interventions, on balance, the view of the Council
	is that the benefits outweigh the dis-benefits,

 $^{{\}color{blue}^{18}\,\underline{https://new.enfield.gov.uk/services/environment/enfield-climate-action-plan-2020-environment.pdf}}$

	particularly when taking a longer-term view. Whilst the views of residents are a key consideration, the views of those participating in the engagement and consultation do not necessarily become a deciding factor. The Council needs to demonstrate that it is able to objectively assess the broad impacts of projects and be willing to make decisions, in the context of a climate crisis and in the interest of public health, that may not be universally popular.
Reputational damage with	The public's confidence in Enfield Council's ability
regards to action on the	to deliver on its Climate Action Plan may be
climate emergency	reduced.

Risks that may arise if the proposed decision is taken and actions that will be taken to manage these risks

144. Several risks have been identified:

Table 6: Risks that may arise if the proposed decision is taken and actions that will be taken to manage these risks

Risk	Risk Description and mitigating action
Negative impact to some people with disabilities	The Council will work with groups to develop for consideration options to improve access for residents with disabilities in the area by means of an exemption from camera enforced filters. In addition, the Council will look to adjust some of the modal filters so they are camera controlled rather than through the use of a bollard, this will create further options for those with exemptions.
Potential for further incidents of navigational issues with the LAS	The Council will continue to work with the LAS to gain greater insights into the causes of any delays and will respond to any further measures that are identified, beyond the work already done, to ensure that LAS navigational systems have access to the latest data. Furthermore, the Council will look to adjust the filters on The Mall, Selborne Road and Oakfield Road so that it is camera controlled rather than through the use of a bollard. This will increase the permeability of the area for the LAS and other emergency services.
Traffic volumes significantly increase Active travel trends will	The 'new normal' of motor traffic volume is currently uncertain. Should the worst case occur and traffic volumes continue to increase then this could lead to more significant impacts than those outlined in this report. The Council will therefore continue with some monitoring activity in the area to be able to identify any significant changes. A key objective of this project was to enable a
not continue to increase	longer-term increase in walking & cycling levels.

Whilst the early trend in cycling indicates an uplift,

	the Council needs to continue to take a comprehensive approach to enabling a shift to sustainable travel. This will include the continued provision of cycle parking, cycle training, Dr Bikes along with continuing to grow the network of safe cycle routes through a combination of segregated cycling facilities and linking together a network of quiet roads where the volume of motor traffic is not hostile to walking & cycling.
Reputational damage with regards to suggestions that the Council does not listen to residents	The Council is often accused of not listening when it makes a decision that may not have universal acceptance. The Council has ensured that consultation feedback has been carefully analysed and collated into a report by an external organisation. This report is fully published in Appendix 8 and the key themes have been discussed. The range of objections have been listed in Annex 3 and a response provided to each, demonstrating that all the issues raised have been considered. The Council has a responsibility to balance up these views with long term benefits to the local and regional areas and how these contribute towards national and global challenges.
Some minor roads continue to see an increase in vehicle volume	A post-project monitoring plan is to be developed to continue to carry out some high-level monitoring in this area of the Borough.

Financial Implications

- 145. The cost of implementing initiatives in the Fox Lane Quieter Neighbourhood capital scheme has been £210,215.95 in 2020/21 and £169,787.25 as at 19th January 2022. A further £7,451.75 is expected to be incurred by 31 March 2022. Total cost for 2021/22 is anticipated to be £177,239. This will bring the total cost of implementing the respective initiatives to £387,454.95, which has been capitalised, and financed by external grants from Transport for London.
- 146. Prior to 2020, the Quieter Neighbourhoods Programme was developed under previous grants from TfL as part of the Local Implementation Plan.

Legal Implications

147. Section 122 of the Road Traffic Regulation Act (RTRA) 1984 places a duty on the Council to exercise its functions, so far as practicable having regard to certain specified matters, to secure, the 'expeditious, convenient and safe movement of vehicular and other traffic (including pedestrians) and the provision of suitable and adequate parking facilities on and off the highway'. The specified matters are the desirability of securing and maintaining reasonable access to premises, and the effect on the amenities of any locality affected, the national air quality strategy, the importance of facilitating the passage of public service vehicles and of securing the safety and convenience of persons using or desiring to use such vehicles, and other relevant matters. In taking a decision as to whether to make the experimental measures permanent, regard needs to be had to this duty.

- 147. Section 6 of the RTRA enables experimental traffic management orders made under section 9 to be made permanent by the Council.
- 148. A decision as to whether to make the trial measures permanent must also be consistent with the Council's network management duty under section 16 of the Traffic Management Act 2004 ("the 2004 Act"). That is, the duty "to manage their road network with a view to achieving, so far as may be reasonably practicable having regard to their other obligations, policies and objectives, the following objectives (a) securing the expeditious movement of traffic on the authority's road network; and (b) facilitating the expeditious movement of traffic on road networks for which another authority is the traffic authority".
- 149. Procedures for making the experimental traffic orders permanent are set out in the Local Authorities' Traffic Orders (Procedure) (England and Wales) Regulations 1996 ("the 1996 Regulations"). Regulation 23 of the 1996 Regulations provides that where the provisions of an experimental order are reproduced and continued in force indefinitely, it is not necessary to carry out further consultation, provide further notice, or allow for further objections.
- 150. Regulation 9 of the 1996 Regulations provides that the Council may cause a Public Inquiry in reaching a decision on whether to make the Orders that are the subject of this report, permanent. This is not mandatory but due consideration has nevertheless been given as to whether or not the Council will hold an Inquiry in the main body of this report,
- 151. Section 149 of the Equality Act 2010 requires the Council to pay due regard to public sector equality considerations in the exercise of its functions. Such due regard should be had when taking the decision as to whether or not to make the experimental traffic orders permanent.
- 152. The recommendations contained within the report are in accordance with the Council's powers and duties as the Highway Authority.
- 153. In arriving at the recommendations set out in this report, Officers have sought advice from Legal Services and Queen's Counsel.

Workforce Implications

148. None identified.

Property Implications

149. None identified.

Other Implications - Network Management

150. S122 of the Road Traffic Regulation Act 1984 requires the Council to exercise the powers provided by the Act, so far as reasonably practical, to secure the 'expeditious, convenient and safe movement of vehicular and other traffic (including pedestrians). Section 16 of the Traffic Management Act 2004 also places a specific network management duty on local traffic and highway authorities:

"It is the duty of a local traffic authority or a strategic highways company ("the network management authority")] to manage their road network with a view to achieving, so far as may be reasonably practicable having regard to their other obligations, policies and objectives, the following objectives:

- (a) securing the expeditious movement of traffic on the authority's road network; and
- (b) facilitating the expeditious movement of traffic on road networks for which another authority is the traffic authority".
- 151. It is important to note that guidance on this duty was originally published in 2004 and has been more recently updated in light of the coronavirus pandemic to place emphasis on active travel and reallocating road space for pedestrians and cyclists.
- 152. The guidance sets out techniques that have proved effective in improving the management of road networks, recognising that not all will be applicable to all local traffic authorities, including:
 - Identifying and managing different road types
 - Monitoring the road network
 - Identifying locations where regular congestion occurs
 - Co-ordination and direction of works
 - Dealing with planned events
 - Management of incidents
 - Making the best use of technology
 - Managing parking and other traffic regulation
 - Enforcing road traffic regulation
 - Accommodating essential service traffic
 - Regular reviews of the network
 - Consultation and engagement with stakeholders
 - Provision of travel information to road users and the community
- 153. The guidance acknowledges that management of demand can play a role in helping meet the network management duty. In particular, paragraph 38 states:

Government and local authorities have been looking at ways of reducing the demand so as to moderate or stem traffic growth even when the economy is growing. This has resulted in changes to land use plans, the establishment of school and workplace travel plans, and the promotion of tele-working amongst

other things. More directly this has led to the desire to make cycling and walking safer and more attractive and the encouragement of public transport through ticketing schemes or better information, bus priority and quality initiatives, and congestion charging. These can all help to secure the more efficient use of the road network and successful measures can have an impact on its operation. They should not be seen as being in conflict with the principles of the duty and it is for the LTA to decide on the most appropriate approach for managing demand on their own network." ¹⁹

- 154. Further network management guidance was published by the Secretary of State in July 2021 in response to the Coronavirus pandemic. This makes it clear that local authorities should continue to reallocate road space to people walking and cycling. A range of measures are highlighted to maintain this 'green recovery', including:
 - modal filters (also known as filtered permeability); closing roads to motor traffic, for example by using planters or large barriers. Often used in residential areas, when designed and delivered well, this can create lowtraffic or traffic-free neighbourhoods, which have been shown to lead to a more pleasant environment that encourages people to walk and cycle, and improved safety
- 155. Table 1 above summarises the results of the monitoring carried out before and after implementation of the scheme, with Appendix 2 providing further details. From a network management perspective, some of the key points to note are:
 - The boundary roads comprise a number of Principal (A) Roads: The Bourne/Bourne Hill (A111); Green Lanes (A105) and Alderman's Hill/Cannon Hill/High Street (A1004). All therefore have an important function in catering for buses and other traffic. The A111 also forms part of London's Strategic Road Network where, although Enfield remains both the relevant traffic and highway authority, TfL have oversight of changes affecting this key route.
 - The traffic flow data should be considered in conjunction with the bus journey time data as this provides an indication of delay on the network. This highlights a number of sections of the network under pressure and both the High Street and The Bourne approaches to Southgate Circus in particular. It should be noted that the before and after bus journey times analysis shows some savings elsewhere on the network. However, these cannot necessarily be attributed to the QN scheme and cannot be relied on to mitigate the negative impacts around Southgate Circus.
 - As noted in paragraph 39 of the report, a number of short-term measures have been identified to improve the operation of Southgate Circus. These are described in the report attached at Appendix 2 and it is recommended that they be implemented, their impact monitored, and the feasibility of further longer-term measure be investigated.

¹⁹ https://www.gov.uk/government/publications/reallocating-road-space-in-response-to-covid-19-statutory-guidance-for-local-authorities/traffic-management-act-2004-network-management-in-response-to-covid-19

- Congestion on the network is not just a traditional weekday peak hour problem and the report highlights in paragraphs 47-51 that delays can occur on the approaches to Southgate and Palmers Green town centres at weekends.
- Most of the local roads within the QN area have seen a reduction in traffic levels.
- 156. Weight needs to be given to the recently published network management duty guidance undated by the Secretary of State for Transport in July 2021. This does not replace the original guidance published in 2004 but provides additional advice that needs to be taken into account. In particular, it helps guide traffic authorities in how to meet the ambitions set out in the Department for Transport's vision for cycling and walking set out in 'Gear Change', published in July 2020. The 2021 guidance stresses the need for local authorities to 'continue to make significant changes to their road layouts to give more space to cyclists and pedestrians and to maintain the changes they have already made'.
- 157. The negative impact of the scheme on some parts of the road network set out in the report needs to be balanced against direction set by Government to introduce schemes that reallocate road space to promote more active and sustainable forms of travel.

Options Considered

158. The following alternative options have been considered:

Table 7: Options considered

Option	Comment
Removing the trial	Removing the trial would return the network to the situation prior to implementation, seeing the return of through traffic across the unclassified/local streets within the project area and therefore prevent the opportunity to realise the benefits that the project objectives can deliver.
Holding a Public Enquiry prior to a decision	Consideration was given to referring this project to a Public Inquiry however it is recommended that no Public Inquiry into this project takes place on the basis that there has been significant opportunity for all views to be canvassed during the consultation period, including objections to making the orders permanent, and for these views to be presented to the decision-maker for consideration. The proposal does not contain issues which are particularly complex. Therefore, a Public Inquiry, where the decision would ultimately be returned to the Council, would add no further value to the process.

D : 1	
Residents only access, for example via ANPR	One of the aims of the project is to enable a longer-term increase in the levels of walking and cycling within and through the scheme area. Allowing residents exemptions from the modal filters, via ANPR or other means, could restrict the level of changes in travel behaviour by those residents who drive and live within the project area. Furthermore, the additional motor traffic within the area from trips made by residents would 'dilute' the benefits to others in the area and potentially limit the potential for growth in walking and cycling in the area. However, the Council is committed to considering an approach to improve access for residents with disabilities by means of an exemption from the camera enforced filter.
Other changes to the modal	Removing one of the modal filters would create
filters, such as removing one or more modal filters	an additional access point for residents, but it would also create an opening for through traffic to pass, channelling all through traffic onto that particular route. It may also induce traffic demand for through trips, which isn't currently travelling through the area.
	The recommendation at paragraph 6 regarding
	Meadway will need to take these factors into account in any future considerations.
Removing the trial and implementing an alternative treatment, such as one-way streets, traffic calming, or more speed enforcement	This would not be in line with the project objective to significantly reduce the volume of through motor traffic on minor roads within the project area, which has been achieved through the trial. This project is aimed at generating longer-term changes in travel behaviour, rather than simply managing the flow and speed of motor traffic through a particular neighbourhood.
Timed access restrictions	Timed access restrictions would have the
	following benefits: Improved motor vehicle access for journeys outside of camera operating times Improved motor vehicle access for workbased trips into the area, such as deliveries
	Changing the camera enforced filter(s) to a timed restriction would however result in through traffic travelling through the area outside of the camera operating hours. There is also potential for vehicles to queue whilst waiting for the end of the restriction time. The

Remove the trial and rely on the electrification of motor vehicles.	recommendation at paragraph 6 regarding Meadway will need to take these factors into account in any future considerations. However, the Council is committed to considering an approach to improve access for residents with disabilities by means of an exemption from the camera enforced filter. Electric vehicles are an important part of Enfield's plan to be a carbon neutral borough by 2040, and efforts are being made in accordance with the Enfield Climate Action Plan 2020 to increase electric vehicle charging provision. They however are not a solution on their own. As much as 50% of particle pollution from vehicles comes from brake wear, tyre wear and
	road surface wear ²⁰ . These particles contribute to what is known as 'non-exhaust emissions' particulate matter. Non-exhaust emissions increase with vehicle mass and electric vehicles tend to be heavier than their petrol/diesel counterparts due to the battery mass. An effective way to reduce these emissions is to reduce traffic volumes. Further, other problems associated with motor
	vehicle use, for example collisions, congestion and parking availability, will not be solved by a transition to electric vehicles.
Relocating the filters	The community was invited to provide feedback on designs for a Quieter Neighbourhood in late 2019. This typically included modal filters located at the 'outside' of the internal roads, i.e., at the junctions of the minor roads within the QN with the relevant boundary road. In response to feedback received, the designs were revised to the layout that was implemented at the start of this trial. Amending the layout back to the previous design was not considered suitable due to this prior work. There does not appear to be sufficient 'requests' for other layout changes, for example relocating one or more filters to another location along the road, to outweigh the disbenefits of the community adjusting to a revised layout.
Extending the area of the QN	This was discounted on the basis that the impacts of the current QN should be assessed and before investigating extending the QN area.

^{20 &}lt;u>https://uk-air.defra.gov.uk/assets/documents/reports/cat09/1907101151 20190709 Non Exhaust Emissions typeset Final.pdf</u>

Conclusions

- 159. The Council have been working with residents in the Fox Lane Area for a number of years to address the many concerns raised about traffic speed and volume. Unclassified roads such as Amberley Road, The Mall and Old Park Road have been known to carry large daily volumes of motor traffic (approximately 3600, 3800 and 2800 vehicles respectively in average 24-hour period). In 2018 the Council consulted and implemented a trial in an effort to tackle these concerns. Rather than preventing through motor traffic, this trial attempted to discourage it with the use of junction narrowing. The trial was not judged to be a success and was removed, with a commitment from the Council to try an alternative approach.
- 160. Pre-pandemic, community engagement took place on this alternative approach. Feedback was received and listened to, with a re-design of the proposed trial. The revised design, the QN project currently in place, was then implemented.
- 161. The trial takes a bold approach to removing through traffic from a series of unclassified roads. Rather than simply tackling the worst impacted roads in the area, an area wide approach was adopted.
- 162. As anticipated, a project such as this has elicited a range of views from the community, both those who live within and outside the QN area. Within the area, support from residents is evident. These residents, whilst facing some inconvenience in terms of more limited access routes to their homes, gain the benefit of reduced through traffic. Some residents within the area, including those who lived on roads which suffered less from through traffic, now have the inconvenience of reduced access and arguably less benefit in terms of through traffic reduction. Residents outside the area are typically less than supportive and less likely to support the objectives of the scheme. In broad terms, this is likely to be a result of less options for through routes and more motor traffic concentrated on the primary road network. Whilst the scheme objectives have largely been met and it is recommended to be made permanent in its current form. However, the Council would like to hear more on the views of residents from both inside and outside the QN area, on the potential to make amendments to the current Meadway filter, such as if this were to be opened up, on either a permanent or timed basis, this may address some of the concerns of limited routes for local traffic.
- 163. The impact of reassigning motor traffic from unclassified roads to the primary network (a known outcome prior to implementation) has been assessed through the monitoring. Boundary roads are carrying more motor traffic than pre-implementation which is likely to be creating longer journey times for some trips. A focus of the monitoring has been on bus journey times which has identified some impacts. A number of mitigating actions have been identified in the area, including some interventions at Southgate Circus.

Transport for London have been involved in discussions on these impacts. Close attention to Southgate Circus has been made, with a number of potential short-term interventions that could help with congestion at this junction. However, it is recommended that longer-term options are considered at this location which include both transport and public realm opportunities as part of a wider approach to town centre improvements. Whilst there are a series of noise benefits for the area, the position on air quality is neutral. The Council continues to hold the view that air quality in the borough cannot be addressed by singular projects, but rather as part of a comprehensive approach of enabling and encouraging mode shift to more sustainable forms of travel. This project forms part of that overall longer-term strategy.

164. This project has proved to be controversial, often polarising views of those that have chosen to participate in the engagement and consultation process. This report is not intended to offer a view on the principle of adopting Low Traffic Neighbourhoods as part of the Quieter Neighbourhood programme. A decision on that has already been taken by Cabinet, supported by local, London and national policy guidance. The focus of this report is to determine whether this particular project should move from an experimental to permanent traffic order. It considers the range of impacts, alongside a number of proposed future steps that could be taken forward which have the potential to bring further careful consideration of these improvements. After factors. recommendation is to make the traffic order permanent.

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Date of report: January 2021

Annexes

Annex 1 Plan of interventions

Annex 2 London Ambulance Service response

Annex 3 Diffusion tube data

Annex 4 Responses to objections

Appendices

Appendix 1 Post-scheme monitoring

Appendix 2 Southgate Circus review

Appendix 3 Crime analysis (Nov 19 to Oct 21)

Appendix 4 Noise assessment

Appendix 5 Air quality assessment

Appendix 6 Personal collision search and reports

Appendix 7 Healthy Streets check

Appendix 8 Consultation analysis

Appendix 9 Equalities Impact Assessment (EqIA)

Background Papers

None



CALL-IN OF DECISION

(please ensure you complete all sections fully)

Please return the completed original signed copy to: Claire Johnson, Scrutiny Team, 1st Floor, Civic Centre

TITLE OF DECISION: Fox Lane Area Quieter Neighbourhood

DECISION OF: Leader of the Council

DATE OF DECISION LIST PUBLICATION: 7 February 2022

LIST NO: 1/49/21-22 KD 5403

(* N.B. Remember you must call–in a decision and notify Scrutiny Team within **5 working** days of its publication).

A decision can be called in if it is a corporate or portfolio decision made by either Cabinet or one of its sub-committees, or a key decision made by an officer with delegated authority from the Executive.

(a) COUNCILLORS CALLING-IN (The Council's constitution requires seven signatures or more from Councillors to call a decision in).

Call in Lead - Cllr Charith Gunawardena

(1) Signature:	Print Name: Cllr C Gunawardena
(2) Signature:	Print Name: Cllr D Barry
(3) Signature:	Print Name: Cllr D Lemonides
(4) Signature:	Print Name: Cllr A Brown
(5) Signature:	Print Name: Cllr D Anderson
(6) Signature:	Print Name: Cllr A Orhan
(7) Signature:	Print Name: Cllr T Neville

(1) Reasons for the "Call in"

KD 5403 is being called in on the basis of there being a lack of any robust evidential basis to support the decision, nor the statement, as outlined in point 2 of the decision statement, which says, "Taking into account the various matters set out in this report, it is considered the factors in favour of making the experimental traffic orders permanent outweigh the dis-benefits and/or disadvantages of removing the trial."

The arguments for the call-in are in summary as follow:

- The assumptions made and models used are not presented in the report
- Inadequate quality control measures have been used.
- Concerns about the survey methodology
- Combining respondents from within QN with boundary road
- Misleading statements about car ownership and systematic bias in reporting
- Issues with the Equality Impact Assessment (EqiA)
- Issues with Traffic Monitoring data
- Issues with Bus data
- The report fails to provide evidence that shows how it will mitigate the key objectives of Council's Corporate Plan.

These arguments are detailed below:

The assumptions made and models used are not presented in the report:

The comprehensive list of factors referred to in the decision statement have not been defined. There is a lack of any evidenced-based assumptions, or provision of the models used to independently verify the statements contained within the report, which therefore fails to provide measurable criteria for reaching the conclusions that have been presented. Instead, the report relies upon opinions, hopes and wishful thinking of a change in behaviour.

For example, item 2 under the section 'Reasons for Proposal' it states, "With transport accounting for 39% of the Borough emissions, it is essential that this sector plays a key role in moving towards the goal of being a carbon neutral Borough by 2040." However, the Fox Lane Low Traffic Neighbourhood (LTN) objectives are specifically limited to the area directly within the scheme. The precise contribution of the scheme to creating any overall reduction in borough-wide emissions has not been evidenced, i.e. specified, estimated, or measured.

The scheme therefore fails to model or measure the changes to overall 'traffic minutes' resulting from the introduction of the LTN that can theoretically have a significant bearing on emission levels.

Inadequate quality control measures have been used:

- A lack of adequate quality control measures have been used to limit the impact of 'gaming'
 e.g. the same respondent(s) completing the consultation survey multiple times using
 different email addresses.
- The absence of quality controls casts considerable doubt over the validity of the consultation responses as the views of a small number of motivated individuals could be having a significant impact on the findings.
- The Council has previously, rejected consultation responses (e.g. for planning applications) and petitions (e.g. for weekly bin collections) if a full name and address has not been provided. There is a sound basis for this approach, as it reduces 'gaming' and helps to ensure that the people who respond are who they say they are, and live where they say they live and are not responding multiple times. This consultation has not met this standard, and people have been allowed to respond and have their responses included in the reported data without providing this basic level of quality control information. The consultation responses are therefore unsound.

Concerns over the survey methodology.

Repeat responses to survey

Residents were allowed to respond to the consultation survey more than once, to allow residents to express changes in their views over the duration of the experiment. A total of 653 people responded more than once. However, only their first response has been used in the analysis. This is a flawed approach. The response used should have been the final response submitted, not the first. Officers say they have used the first responses as they were not significantly different from the later responses. However no evidence has been provided to back up this claim and it would seem surprising for residents to update their view of the scheme if it had not changed. The consultation analysis is therefore unsafe as it does not report the most recent view of more than 205 of the sample.

Unquantified email responses

- A large number of emails were received from 1,689 unique email addresses up to and including 11th July 2021.
- Some people sent more than one email over the course of the experiment but again only their first response was included. As stated above, this is a flawed approach as the last response should have been used.
- None of these email responses have been quantified at even a basic level (e.g. % support, % oppose, % mixed/neutral, % unclear). Apparently, this was not done at the request of the Council. This means that responses and opinions are not being properly captured and communicated in the findings. At the very least, we need to know how many of these emails were in support or opposition of the scheme.

Responses after 12th July 2021 not quantified

- Between 12 July 2021 and 11 January 2022, 15 letters were received, and 1,315 emails received from 1,143 unique email addresses. None of these responses have been quantified (e.g. % support / oppose) and are therefore not included in the statistical reporting (i.e. the charts). Missing such a large number of consultation responses from the key data reporting is a cause for significant concern and casts doubt over the validity of the statistical evidence and the consultation process.
- In fact, the number of unique emails received across the entire consultation outweighs the number of survey responses, yet the email responses have not been quantified, which casts considerable doubt over the validity of the consultation reporting.

Analysis of consultation responses received after 12 July 2021

 Demographic and postcode information was not collected for the 1,158 unique responses received after 12 July 2021. This means that it is not possible to assess their responses based on where they live (e.g. within the QN, boundary or wider area) or whether they may or may not be from a protected characteristic. Unfortunately, these issues render the consultation feedback received from 12 July onwards meaningless in analysis terms, and the consultation has not been properly administered.

The consultation analysis is therefore unsafe.

Combining respondents from within QN with boundary road

• In the report the responses of people living on boundary roads have been combined with those living within the QN. These two groups could, and indeed are likely to have, very different opinions and experiences of the scheme, so their feedback should have been reported separately, as is the case with the traffic monitoring analysis. As it stands, we do not have a clear understanding of the opinion of those who live within the scheme or those who live on the boundary. This in turn has impacted the validity of the EqIA as this relies on analysis of the consultation data.

- This also increases the number of responses that are claimed to come from 'within the QN',
 which is reported as 12% of people living there. The actual number is likely to be far lower
 once boundary roads are removed. It is likely that over 90% of people living within the QN
 did not respond to the consultation.
- The weight of opinion has been given to the responses within the QN (38 streets including boundary roads) as opposed to the responses from 441 streets outside the QN

The analysis is therefore distorted and cannot be considered a robust evidential basis for decision making.

Misleading statements about car ownership and systematic bias in reporting

- Point 105 of the report to the decision maker categorically states that car owners are overrepresented in the consultation survey. However, this claim is not grounded in evidence and is unsubstantiated. The claim is based on a misunderstanding of the difference between Census data (household data) and the consultation response data (from individual); these things are completely different.
 - The officers claim about car ownership (point 105) is not supported by the ITP report which specifically advises caution and states that the car ownership data is not directly comparable to respondent data (see point 2.7 and 3.6 of the ITP report). This warning has been ignored in the report to the decision maker. I also explained this issue to officers in writing before the report was published.
- At point 106, the officer report claims that "The responses to the survey are therefore influenced by the higher proportion of car owners who participated in the survey. This should be considered in the context of a project where a key aim is to reduce the dominance of the private car." However, as stated above this claim is not evidenced based and goes against the advice of the consultation company and is factually wrong and highly misleading. I am concerned that the intention is of including this statement in the report could be to over-emphasise the non-car owner data in the mind of the decision maker, in order to help lead the decision maker to making a particular decision i.e., to approve making the scheme permanent. This would be a purposeful misuse of statistical evidence and officers need to explain why they have included this in the report.
- The report (incorrectly) draws attention to claimed sample bias in terms of car ownership but has not drawn the decision maker's attention to actual evidence-based sample bias for a number of protected characteristics. For example, those with a disability are underrepresented in the survey compared to the Census and clearly view the scheme negatively, both within and outside the QN. Likewise, no attention has been drawn in the officer report to the disproportionate number of responses from White residents (who are more likely to say the scheme has had a positive impact), compared to Asian residents (who strongly feel the scheme has had a negative impact). It appears that there is a level of conscious or unconscious bias in the reporting, where sample bias is referred to where it is likely to increase the chance of the scheme being made permanent but ignored where it does not lead to this outcome.
- It would be helpful if the responses for the number of cars owned by those within and outside the LTN had been presented.

The recommendation made is therefore unsound.

Serious issues with the Equality Impact Assessment (EgiA).

The EqIA fails to deal with the consultation data properly and a number of important statistically significant differences in the data have not been addressed.

There are a number statistically significant differences which confirm that some groups with protected characteristics will be disproportionately harmed or disadvantaged by the scheme, however the issues have neither been adequately investigated or mitigated.

Ethnicity: The perceived negative impact on Asian respondents is statistically significantly higher than average and White respondents, both at an overall level and within the scheme itself. However, the EqIA does not even report this as an issue, so consequently no attempt has been made to understand the problems experienced properly in order to mitigate them.

Gender: There is a statistically significance difference in perception of the scheme by gender, with more female respondents within the scheme saying the scheme had a negative impact compared to males. The reasons for this this have not been properly addressed in the EqIA and the mitigation measures proposed are unsatisfactory and unconnected to the issues experienced.

Economic status and Income: The income data in the EqIA is out of date and significantly under-represents the proportion of low-income families and especially the proportion now claiming universal credit. Therefore the issues experienced by economically disadvantaged groups should have been given far more weight.

The consultation responses from low-income groups shows that they are statistically significantly more likely to feel that the scheme has had a negative effect on them, with a notably high proportion saying the impact has been 'very negative'. However, the EqIA has not examined the evidence to establish the reasons for this but has instead speculated about what the reasons might be, so we have no idea whether these assumptions are correct. The mitigation measures proposed are therefore meaningless without an evidenced-based understanding of the issues.

Some groups with protected characteristics are disproportionately harmed or disadvantaged by the scheme, however the issues have neither been adequately investigated or mitigated.

Issues with Traffic Monitoring data.

- Streets missing: The impact on a number of streets surrounding the scheme was not properly measured or in some cases measured at all (e.g. Crown Lane, Wynchgate, Queen Elizabeth's Drive, Tudor Way, Dawlish Avenue, Hoppers Road, Arnos Grove, Forestdale). The impact of the scheme on these streets is therefore unknown and no mitigation measures are set out in the report (including no attempt to understand the impact). Residents in these streets appear to have been forgotten. As a ward councillor I have received a large number of complaints about the scheme from residents living in these streets.
- 2019 comparisons: Since 2019 there has been a reduction in traffic and an increase in cycling across London as a result of the pandemic. This means that a fall in traffic and an increase in cycling would have been recorded in the QN and across the area, even if the LTN had not been implemented. Further analysis of the data is required to understand the impact of the LTN, and the investment in it made by Enfield Council, as opposed to general trends and changes, which are unconnected to the introduction of the LTN. But this work hasn't been undertaken.
- **No Saturday analysis:** Bus data show issues on Saturday peak, yet Saturday is not included in the main analysis for traffic. This analysis should have been included and formed part of the decision-making as Southgate is a District town centre, which means we need to understand and factor in the impact on the scheme on the main trading days for the retailers, cafes, restaurants and other businesses in the high street. This work has not been undertaken.
- **Pedestrian surveys:** No pedestrian data was collected before 2021, this means that the pedestrian data collected in July 2021 and included in the report is not contextualised and therefore meaningless. This is a massive failing for a scheme designed to promote walking.

Issues with Bus data

Includes petrol crisis data - how can it impact car data but not bus data?

- Inconclusive due to changes in travel patterns since the pandemic i.e., less passengers getting on and off means faster journey times.
- Bus data shows issues on Saturday peak but Saturday is not even included in the main analysis despite this being a town centre location.

The report fails to provide evidence that shows how it will mitigate the key objectives of Council's Corporate Plan

- Good homes in well-connected neighbourhoods: By blocking off roads and reducing access for people who are required to make essential medium to long distance car journeys, for health or work-related reasons, the LTN disconnects rather than creates well-connected neighbourhoods, but no evidence that the proposed mitigation measures will address this issue is documented in the report.
- <u>Sustain strong and healthy communities</u>: By dispersing traffic and pollution onto adjacent and boundary roads is harmful to residents living and working there and the LTN undermines the objective of sustaining strong and healthy communities, but no evidence that the proposed mitigation measures will address this issue is documented in the report.
- Build our local economy to create a thriving place: No evidence has been provided to
 demonstrate how the LTN will not detrimentally impact hourly-paid workers, care workers,
 gardeners, carers, delivery drivers, or businesses, which are required to make multiple daily
 medium distant journeys (e.g. estate agents). The LTN will work against the objective to
 build our local economy to create a thriving place, but no evidence that the proposed
 mitigation measures will address this issue is documented in the report.

	• •
	Refer back to Cllr Nesil Caliskan, Leader of the Council for review of the decision.
(3)	Do you believe the decision is outside the policy framework?
(4)	If Yes , give reasons:
Fo	or Governance Use Only:

Checked by Monitoring Officer for validation –

Name of Monitoring Officer:

Date:

(2) Outline of proposed alternative action:

February 2022

Officer Response: Call-in 1 – Fox Lane QN

Reasons for the "Call in"

KD 5403 is being called in on the basis of there being a lack of any robust evidential basis to support the decision, nor the statement, as outlined in point 2 of the decision statement, which says, "Taking into account the various matters set out in this report, it is considered the factors in favour of making the experimental traffic orders permanent outweigh the dis-benefits and/or disadvantages of removing the trial."

The arguments for the call-in are in summary as follow:

- The assumptions made and models used are not presented in the report
- Inadequate quality control measures have been used.
- Concerns about the survey methodology
- Combining respondents from within QN with boundary road
- Misleading statements about car ownership and systematic bias in reporting
- Issues with the Equality Impact Assessment (EqiA)
- Issues with Traffic Monitoring data
- Issues with Bus data
- The report fails to provide evidence that shows how it will mitigate the key objectives of Council's Corporate Plan.

These arguments are detailed below:

Reason for call-in

The assumptions made and models used are not presented in the report:

The comprehensive list of factors referred to in the decision statement have not been defined. There is a lack of any evidenced-based assumptions, or provision of the models used to independently verify the statements contained within the report, which therefore fails to provide measurable criteria for reaching the conclusions that have been presented. Instead, the report relies upon opinions, hopes and wishful thinking of a change in behaviour.

For example, item 2 under the section 'Reasons for Proposal' it states, "With transport accounting for 39% of the Borough emissions, it is essential that this sector plays a key role in moving towards the goal of being a carbon neutral Borough by 2040." However, the Fox Lane Low Traffic Neighbourhood (LTN) objectives are specifically limited to the area directly within the scheme. The precise contribution of the scheme to creating any overall reduction in borough-wide emissions has not been evidenced, i.e. specified, estimated, or measured.

The scheme therefore fails to model or measure the changes to overall 'traffic minutes' resulting from the introduction of the LTN that can theoretically have a significant bearing on emission levels.

Officer response

The report takes a broad range of factors that were set out in the monitoring plan and provides an assessment of impact against these. 'Traffic Minutes' does not form part of the published monitoring plan. The report also sets outs in detail the policy context

and how this project aligns with local, London and national policy direction. The impacts of this specific project are considered against this policy context. In reaching recommendations judgement is applied in balancing the range of impacts over both the shorter and longer-term. These judgements are then open to further consideration by the decision maker as they form their own conclusions. The precise impact of this scheme on reducing Borough emissions is not provided. It is not known. As set out in the Enfield Healthy Streets Framework, approved by Cabinet, there is no singular intervention which will deliver the mode shift required to reduce the high dependency on private car use. The Healthy Streets programme adopts a comprehensive approach to enabling longer-term behaviour change. The report concludes that within a context where action is required, the monitoring of the trial does not suggest that it should be removed. The report proposes a number of aspects that should be explored to enhance the scheme and commits to ongoing monitoring to determine change over time.

Reason for call-in

Inadequate quality control measures have been used:

- A lack of adequate quality control measures have been used to limit the impact of 'gaming' e.g. the same respondent(s) completing the consultation survey multiple times using different email addresses.
- The absence of quality controls casts considerable doubt over the validity of the consultation responses as the views of a small number of motivated individuals could be having a significant impact on the findings.
- The Council has previously, rejected consultation responses (e.g. for planning applications) and petitions (e.g. for weekly bin collections) if a full name and address has not been provided. There is a sound basis for this approach, as it reduces 'gaming' and helps to ensure that the people who respond are who they say they are, and live where they say they live and are not responding multiple times. This consultation has not met this standard, and people have been allowed to respond and have their responses included in the reported data without providing this basic level of quality control information. The consultation responses are therefore unsound.

Officer response

The consultation has been managed using third party consultation software that is also used by other Local Authorities and by Transport for London. As outlined in the report, the key objective of the consultation is to understand the range of issues that are been raised so that these can be properly considered. The Council should only request the level of information necessary to achieve this aim and demanding respondents to provide individual names was not considered necessary. Indeed, Officers have received complaints from residents previously that Healthy Streets consultations requires respondents to provide too much personal information. Officers are of the view that the right balance has been reached in this case.

Reason for call-in

Concerns over the survey methodology.

Repeat responses to survey

• Residents were allowed to respond to the consultation survey more than once, to allow residents to express changes in their views over the duration of the experiment. A total of 653 people responded more than once. However, only their first response has been used in the analysis. This is a flawed approach. The response used should have been the final response submitted, not the first. Officers say they have used the first responses as they were not significantly different from the later responses. However no evidence has been provided to back up this claim and it would seem surprising for residents to update their view of the scheme if it had not changed. The consultation analysis is therefore unsafe as it does not report the most recent view of more than 205 of the sample.

Unquantified email responses

- A large number of emails were received from 1,689 unique email addresses up to and including 11th July 2021.
- Some people sent more than one email over the course of the experiment but again only their first response was included. As stated above, this is a flawed approach as the last response should have been used.
- None of these email responses have been quantified at even a basic level (e.g. % support, % oppose, % mixed/neutral, % unclear). Apparently, this was not done at the request of the Council. This means that responses and opinions are not being properly captured and communicated in the findings. At the very least, we need to know how many of these emails were in support or opposition of the scheme.

Responses after 12th July 2021 not quantified

- Between 12 July 2021 and 11 January 2022, 15 letters were received, and 1,315 emails received from 1,143 unique email addresses. None of these responses have been quantified (e.g. % support / oppose) and are therefore not included in the statistical reporting (i.e. the charts). Missing such a large number of consultation responses from the key data reporting is a cause for significant concern and casts doubt over the validity of the statistical evidence and the consultation process.
- In fact, the number of unique emails received across the entire consultation outweighs the number of survey responses, yet the email responses have not been quantified, which casts considerable doubt over the validity of the consultation reporting.

Analysis of consultation responses received after 12 July 2021

 Demographic and postcode information was not collected for the 1,158 unique responses received after 12 July 2021. This means that it is not possible to assess their responses based on where they live (e.g. within the QN, boundary or wider area) or whether they may or may not be from a protected characteristic. Unfortunately, these issues render the consultation feedback received from 12 July onwards meaningless in analysis terms, and the consultation has not been properly administered.

The consultation analysis is therefore unsafe.

Combining respondents from within QN with boundary road

- In the report the responses of people living on boundary roads have been combined with those living within the QN. These two groups could, and indeed are likely to have, very different opinions and experiences of the scheme, so their feedback should have been reported separately, as is the case with the traffic monitoring analysis. As it stands, we do not have a clear understanding of the opinion of those who live within the scheme or those who live on the boundary. This in turn has impacted the validity of the EqIA as this relies on analysis of the consultation data.
- This also increases the number of responses that are claimed to come from 'within the QN', which is reported as 12% of people living there. The actual number is likely to be far lower once boundary roads are removed. It is likely that over 90% of people living within the QN did not respond to the consultation.
- The weight of opinion has been given to the responses within the QN (38 streets including boundary roads) as opposed to the responses from 441 streets outside the QN

The analysis is therefore distorted and cannot be considered a robust evidential basis for decision making.

Officer response

Analysis of repeat responses showed that there was little variation in responses provided by the same person over time. All grounds for objections received during the statutory consultation period have been considered.

People living on the boundary road have been considered as those 'within the QN area', an approach which the Council considers to be appropriate and consistent with other projects.

Officers consider the approach taken has enabled a thorough analysis of the consultation and sets out in detail the issues raised for consideration by decision makers.

Reason for call-in

Misleading statements about car ownership and systematic bias in reporting

 Point 105 of the report to the decision maker categorically states that car owners are overrepresented in the consultation survey. However, this claim is not grounded in evidence and is unsubstantiated. The claim is based on a misunderstanding of the difference between Census data (household data) and the consultation response data (from individual); these things are completely different. The officers claim about car ownership (point 105) is not supported by the ITP report which specifically advises caution and states that the car ownership data is not directly comparable to respondent data (see point 2.7 and 3.6 of the ITP report). This warning has been ignored in the report to the decision maker. I also explained this issue to officers in writing before the report was published.

- At point 106, the officer report claims that "The responses to the survey are therefore influenced by the higher proportion of car owners who participated in the survey. This should be considered in the context of a project where a key aim is to reduce the dominance of the private car." However, as stated above this claim is not evidenced based and goes against the advice of the consultation company and is factually wrong and highly misleading. I am concerned that the intention is of including this statement in the report could be to over-emphasise the non-car owner data in the mind of the decision maker, in order to help lead the decision maker to making a particular decision i.e., to approve making the scheme permanent. This would be a purposeful misuse of statistical evidence and officers need to explain why they have included this in the report.
- The report (incorrectly) draws attention to claimed sample bias in terms of car ownership but has not drawn the decision maker's attention to actual evidence-based sample bias for a number of protected characteristics. For example, those with a disability are underrepresented in the survey compared to the Census and clearly view the scheme negatively, both within and outside the QN. Likewise, no attention has been drawn in the officer report to the disproportionate number of responses from White residents (who are more likely to say the scheme has had a positive impact), compared to Asian residents (who strongly feel the scheme has had a negative impact). It appears that there is a level of conscious or unconscious bias in the reporting, where sample bias is referred to where it is likely to increase the chance of the scheme being made permanent but ignored where it does not lead to this outcome
- It would be helpful if the responses for the number of cars owned by those within and outside the LTN had been presented.

The recommendation made is therefore unsound.

Officer response

Paragraph 105 states: "Note the census data only collects car ownership data at the household level, and the respondents' car ownership data was collected at the individual level."

The Consultation Analysis at Appendix 8 of the report shows the response rate broken down by characteristics, including car ownership (at section 3.5). This information was available for the decision maker.

Reason for call-in

Serious issues with the Equality Impact Assessment (EqiA).

The EqIA fails to deal with the consultation data properly and a number of important statistically significant differences in the data have not been addressed.

There are a number statistically significant differences which confirm that some groups with protected characteristics will be disproportionately harmed or disadvantaged by the scheme, however the issues have neither been adequately investigated or mitigated.

Ethnicity: The perceived negative impact on Asian respondents is statistically significantly higher than average and White respondents, both at an overall level and within the scheme itself. However, the EqIA does not even report this as an issue, so consequently no attempt has been made to understand the problems experienced properly in order to mitigate them.

Gender: There is a statistically significance difference in perception of the scheme by gender, with more female respondents within the scheme saying the scheme had a negative impact compared to males. The reasons for this this have not been properly addressed in the EqIA and the mitigation measures proposed are unsatisfactory and unconnected to the issues experienced.

Economic status and Income: The income data in the EqIA is out of date and significantly under-represents the proportion of low-income families and especially the proportion now claiming universal credit. Therefore the issues experienced by economically disadvantaged groups should have been given far more weight.

The consultation responses from low-income groups shows that they are statistically significantly more likely to feel that the scheme has had a negative effect on them, with a notably high proportion saying the impact has been 'very negative'. However, the EqIA has not examined the evidence to establish the reasons for this but has instead speculated about what the reasons might be, so we have no idea whether these assumptions are correct. The mitigation measures proposed are therefore meaningless without an evidenced-based understanding of the issues.

Some groups with protected characteristics are disproportionately harmed or disadvantaged by the scheme, however the issues have neither been adequately investigated or mitigated.

Officer response

Officers are satisfied that s149 Equality Act 2010 has been complied with. Please refer to paragraphs 114 – 141 and 144 of the report.

The Equality Impact Assessment has been compiled in order to identify differential impact on protected groups. It has been compiled over the life of the experimental scheme and has used data from several sources to identify relevant differential impact.

For each characteristic it is important to note that all responses for that group were reviewed individually to ensure any relevant comments had been captured. There were enough responses in many cases to inform the EQIA.

In respect of Ethnicity, a significant number of respondents who identified as Asian in the survey provided insight into the perception noted above. Where respondents were asked for any information which could inform the EQIA many provided points that were relevant to being disabled or being a carer and those comments were described accordingly in that characteristic. This was commented on in para 135 of the approval report.

In respect of sex, it is important to reiterate that the biggest differentiator was whether the respondent lived inside or outside the LTN. In addition, 91% of females reported owning a car and in 48% of those respondents had more than one car in the household.

The EQIA describes several differential impacts believed to be relevant to sex all of which are potentially contributory to the difference between male and female response distributions.

The EQIA has changed over the passage of time to include new information and issues raised by the ongoing monitoring and evaluation processes. A significant amount of detail is articulated including recommendations for the implementation of an exemption solution to mitigate the impact on disabled people. This mitigation is discussed in the main body of the report at para 6 and 141.

Reason for call-in

Issues with Traffic Monitoring data.

- Streets missing: The impact on a number of streets surrounding the scheme was not properly measured or in some cases measured at all (e.g. Crown Lane, Wynchgate, Queen Elizabeth's Drive, Tudor Way, Dawlish Avenue, Hoppers Road, Arnos Grove, Forestdale). The impact of the scheme on these streets is therefore unknown and no mitigation measures are set out in the report (including no attempt to understand the impact). Residents in these streets appear to have been forgotten. As a ward councillor I have received a large number of complaints about the scheme from residents living in these streets.
- **2019 comparisons:** Since 2019 there has been a reduction in traffic and an increase in cycling across London as a result of the pandemic. This means that a

fall in traffic and an increase in cycling would have been recorded in the QN and across the area, even if the LTN had not been implemented. Further analysis of the data is required to understand the impact of the LTN, and the investment in it made by Enfield Council, as opposed to general trends and changes, which are unconnected to the introduction of the LTN. But this work hasn't been undertaken.

- No Saturday analysis: Bus data show issues on Saturday peak, yet Saturday is
 not included in the main analysis for traffic. This analysis should have been
 included and formed part of the decision-making as Southgate is a District town
 centre, which means we need to understand and factor in the impact on the
 scheme on the main trading days for the retailers, cafes, restaurants and other
 businesses in the high street. This work has not been undertaken.
- Pedestrian surveys: No pedestrian data was collected before 2021, this means
 that the pedestrian data collected in July 2021 and included in the report is not
 contextualised and therefore meaningless. This is a massive failing for a scheme
 designed to promote walking.

Issues with Bus data

- Includes petrol crisis data how can it impact car data but not bus data?
- Inconclusive due to changes in travel patterns since the pandemic i.e., less passengers getting on and off means faster journey times.
- Bus data shows issues on Saturday peak but Saturday is not even included in the main analysis despite this being a town centre location.

Officer response

Data is presented for many of these streets.

The locations of the traffic counters were kept consistent with those used in surveys from previous years, so that the data could be compared. Throughout the process, Officers have considered where additional locations for traffic data collection might be appropriate, a reflection on the experimental nature of the scheme. Likewise, Ward Councillors were shown the locations for the traffic counters prior to the September 2021 data collection and were offered an opportunity to suggest any additional locations.

The report acknowledges the trial has been carried out within the context of the pandemic. Paragraph 40 of the report states:

"The reported changes in the network should not be considered as only influenced by the Fox Lane QN. This project has been implemented during the pandemic which has created changes in travel patterns. It is not known what longer-term impacts the pandemic will have. The analysis in Appendix 1 includes a 'sensitivity test' which provides an estimate of the potential impact of the scheme if the pandemic had not happened."

Paragraph 60 of the report states:

"In addition to seasonal variation, there may be other factors that could influence the surveyed increase in cycle volumes. TfL has reported that cycling has generally increased across London as a result of the pandemic. There have also been a number of cycle schemes implemented across Enfield that may have also contributed to an increase in cycle activity since 2019."

A review of the pre-scheme traffic flow data was undertaken which shows the weekday peak hours had higher traffic volumes than the Saturday peak hours on the boundary roads and the busiest roads within the QN, so they were not included within the analysis, with the busiest hours of the week (weekday AM and PM) reported.

Paragraph 55 states:

"A post-project monitoring plan will be developed to continue to carry out pedestrian monitoring in this area, along with a number of other control sites."

The bus journey time data were reviewed in light of the fuel crisis issue during the assessment of bus journey times. The review did not indicate any significant changes in journey times over and above variations in bus journey times for the other periods of September and October.

It is accepted that travel patterns have changed as a result of the pandemic and this is likely to continue to some extent going forward. People's travel patterns are likely to be different in the future, compared to pre-COVID conditions, particularly in the peak hours with, for example, more people working from home.

As stated within the report, bus patronage has reduced during lockdown which may have an impact on bus journey times, therefore where there are reductions in bus journey times reported, it may not be fully attributed to the implementation of the Fox Lane Quieter Neighbourhood scheme. It is not possible to determine the full impact of reduced patronage on bus journey times without extensive modelling of the area.

As stated in paragraph 53 of the Portfolio Report:

"The Council will continue to work with TfL to identify ways in which bus journey times can be improved across the Borough and continue to review bus journey times in the areas as part of the commitment to post-project monitoring."

Reason for call-in

The report fails to provide evidence that shows how it will mitigate the key objectives of Council's Corporate Plan

 Good homes in well-connected neighbourhoods: By blocking off roads and reducing access for people who are required to make essential medium to long distance car journeys, for health or work-related reasons, the LTN disconnects rather than creates well-connected neighbourhoods, but no

- evidence that the proposed mitigation measures will address this issue is documented in the report.
- Sustain strong and healthy communities: By dispersing traffic and pollution onto adjacent and boundary roads is harmful to residents living and working there and the LTN undermines the objective of sustaining strong and healthy communities, but no evidence that the proposed mitigation measures will address this issue is documented in the report.
- Build our local economy to create a thriving place: No evidence has been provided to demonstrate how the LTN will not detrimentally impact hourly-paid workers, care workers, gardeners, carers, delivery drivers, or businesses, which are required to make multiple daily medium distant journeys (e.g. estate agents). The LTN will work against the objective to build our local economy to create a thriving place, but no evidence that the proposed mitigation measures will address this issue is documented in the report.

Officer response

The report takes a different view of how the project aligns with the Council's Corporate Plan, as set out in paragraphs 10, 11 and 12 of the report.

- "10. Good homes in well-connected neighbourhoods. This project supports the Council's commitment to encourage people to walk and cycle, which improve connectivity of neighbourhoods.
- 11. Sustain strong and healthy communities. The project, and the underlying Enfield Healthy Streets Framework, seeks to create healthier streets. This approach puts people and their health at the heart of decision making. It is a long-term plan for improving the user experience of streets, enabling everyone to be more active and enjoy the subsequent health benefits.
- 12.Build our local economy to create a thriving place. Wider investment in the walking and cycling network forms part of the Council's strategy to support our high streets and town centres by providing safe and convenient access to local shops and services."

CALL-IN OF DECISION

(please ensure you complete all sections fully)

Please return the completed original signed copy to: Claire Johnson, Scrutiny Team, 1st Floor, Civic Centre

TITLE OF DECISION: Fox Lane Area Quieter Neighbourhood

DECISION OF: Cllr Caliskan, Leader of Enfield Council

DATE OF DECISION LIST PUBLICATION: 7 February 2022

LIST NO: 49/21-22 KD 5403

(* N.B. Remember you must call—in a decision and notify Scrutiny Team within **5** working days of its publication).

A decision can be called in if it is a corporate or portfolio decision made by either Cabinet or one of its sub-committees, or a key decision made by an officer with delegated authority from the Executive.

(a) COUNCILLORS CALLING-IN (The Council's constitution requires seven signatures or more from Councillors to call a decision in).

LEAD CLLR MARIA ALEXANDROU

(1) Signature:	Print Name: Cllr Glynis Vince
(2) Signature:	Print Name: Cllr Andrew Thorp
(3) Signature:	Print Name: Cllr Maria Alexandrou
(4) Signature:	Print Name: Cllr Edward Smith
(5) Signature:	Print Name: Cllr Chris Dey
(6) Signature:	Print Name: Cllr Lindsay Rawlings
(7) Signature:	Print Name: Cllr Jim Steven

(1) Reason why decision is being called in:

The decision for the Fox Lane Quieter Neighbourhood (QN) has been called in:

According to the statement of reasons in the traffic order, the main purpose of the trial was to reduce motor traffic within the Fox Lane area, reduce the speed of motor traffic and to improve air quality within the area. Instead, traffic has been diverted onto boundary roads, causing severe congestion and localised concentrations of pollutants on boundary roads, three roads within the area have seen an increase in motor traffic, speed reduction is negligible and air quality has not improved.

- 1. The Council falsely refers to the scheme as having more benefits than disbenefits. Then, it admits there are many areas of concern that warrant looking at mitigating measures:
 - Adverse impact on people with disabilities
 - Adverse impact on Southgate Circus
 - Adverse impact on congestion if the model filter at The Meadway is amended
 - Adverse impact of emergency services if filters on The Mall, Selbourne Road and Oakfield Road are amended
 - Adverse impact of traffic speed and volume on boundary roads
 - Adverse impact on bus journey times

The Council intends to produce a report to look at mitigating measures for improving access to disabled residents. This ignores the stark reality that these residents will still face traffic jams on boundary roads and carers will not benefit. No analysis has been carried to show the impact of these new measures and the time scale of implementation is unknown.

Further funding ideas for infrastructure improvements of Southgate Circus are mentioned, but no plans are cited.

No comprehensive studies have been produced to look at these mitigating measures or if they are workable.

The above points highlight the disasters of the scheme through-out and the Council is now forced to admit the scheme's failures by having to consider mitigating measures.

The decision to make this scheme permanent was based on improper Traffic Orders and flawed evidence.

The author will not allow a public enquiry into the report as it would reveal the multiple errors, misleading information, and large-scale incompetence.

The Leader's decision to make the Fox Lane LTN permanent is irrational based on the significant negative impacts identified in paragraph 6 of the report, that require mitigating measures to be explored without clarity on timing, the uncertainty and feasibility of delivering such mitigations, and whether such mitigations will indeed make any improvement to a scheme that has proven not to work.

2. The Fox Lane QN was implemented using funding through the Streetspace Plan. TFL guidance on Low Traffic Neighbourhoods shows that the Fox Lane area is least suitable as it is one of the most affluent areas with wide pavements, low population density, high car ownership, low deprivation, two large parks-Grovelands Park and Broomfield Park. Indeed, a study conducted by Rachel Aldred shows the Fox Lane scheme to be the least equitable in London as reported in the Guardian on 2 March 2021

(source: https://www.sciencedirect.com/science/article/pii/S0966692321002477)

The Council's reasons for the implementation are spurious.

- 3. The scheme was pushed through without proper consultation with residents, businesses, the disabled and the ward councillors, to discuss the consequences of increased traffic, idling cars, and exposure to increased pollution. The consultation letter was only distributed to residents within the QN area and perimeter roads, not the surrounding roads, even though they would be impacted. The Council has not considered the cumulative traffic impact on the roads situated between both the Bowes and Fox Lane QN such as Powys Lane.
- 4. The cost of the Fox Lane QN scheme is excessive, costing over £500,000, outstripping the original budget cost implementation figure of £160,000, approved in 2020. There is no breakdown of costs to explain this difference.
- 5. The Traffic Order between 7.9.20 and 26.10.20 did not have a Statement of Reasons. The Traffic Order was created on 26.10.20, but this Traffic Order is signed and dated by David Taylor on 26.8.20, two months before. No formal modification of these orders was done to include a Statement of Reasons. Consequently, the public were denied the right to challenge the Traffic Order, since the Statement of Reasons was published on 26.10.20, seven weeks after the Traffic Order came into effect, and one week after the deadline to make a challenge.
- 6. One of the Council's aims in the amended Statement of Reasons is to reduce the volume of motor traffic in the residential streets, TFL guidance shows that traffic is low for the Fox Lane area. The Statement of Reasons states the roads in the Fox Lane area are narrow with close-fronting homes. This is false and a material error of fact, as the roads are wide with tree lined pavements and set back with front gardens and driveways.
- 7. The Council must provide its reasons for an experimental traffic order (ETO) and those reasons must be set out in the Statement of Reasons and or a document incorporated within it. The Fox Lane ETO does not reference any local or national strategies and yet the decision for the Fox Lane scheme heavily relies on

- extraneous documents including the Mayor's Transport Strategy, which is wrong as these are not the context in which the ETO was made
- 8. Enfield Healthy Streets Framework policy post-dates the implementation of the Fox Lane QN ETO and cannot be applied to support the scheme retrospectively. The policy aligns to the traffic order and not the other way round.
- 9. Another aim is to reduce speed, but 20mph speed limits and other calming measures achieve this without the need to block roads. The report shows there are no significant improvements in speed.
- 10. The aim of reducing traffic has failed as traffic has just been displaced onto boundary roads, clogging the main artery roads of Enfield. Daily congestion on Bourne Hill and Winchmore Hill Road is causing more problems on the Southgate Circus roundabout. The report says traffic on boundary roads has increased by 6%, with 11% on the High Street, 10% on Winchmore Hill Road and 6% on Bourne Hill.
- 11. Traffic data is flawed the 2020 pre LTN report, shows lower traffic flows than the decision report, to hide the huge traffic increases. Traffic count data is missing from the report, such as Cannon Hill and Bourne Hill, which carry large volumes of traffic. Just 4 days of post scheme traffic data is used. The Council failed to collect data on many other days, yet it did so during the fuel shortage. Pre and post counts were taken at different months, March, and September. The counters within the QN, were placed at the middle of the roads, to produce lower traffic figures.

There was no proper analysis of a control survey for the impact of the pandemic and the petrol shortage. The anomalies between pre-scheme 24-hour vehicle flows and the data provided by the Council under FOI, reveal false traffic figures. Why has the Council not reported on its traffic counts conducted in June and July 2021 as indicated in its monitoring plan?

- 12. Bus routes (W9,121,298, 299, W6, 329) are experiencing an increase in journey times, these delays are also connected to the traffic approaching the High Street. The Council admit traffic is impacting the Southgate Circus roundabout. The report acknowledges these negative impacts on bus journey times and that some of the mitigations require major infrastructure amendments that require 3rd party approval and investment from TfL. How does the Council propose to secure such funding given TfL's current funding crisis?
- 13. Baseline pedestrian data is non-existent which is unacceptable, considering an increase in walking is a key objective. This shows the Council's contempt for evidence. The post implementation data therefore cannot show any significant uptake in walking. Poor maintenance of pavements discourages pedestrians and wheelchair users.
- 14. Cycling data is false and differs from the Cycle Enfield data. Daily average cycle counts from the Palmers Green counters in March 2019 show 328 trips and 494

in September 2021. In the report, the traffic count (March 2019) had 31 cycle trips at traffic count point 10, 133 trips at count point 45, and 22 trips at traffic point 12. The figures do not add up. Cycling figures have been affected by the pandemic and seasonal variation, rather than the QN scheme, as stated in the report. Seven roads have no data to analyse.

15. Inadequate traffic camera signage not meeting regulatory requirements. On the 11 January 2022, the adjudicator ruled in favour of the appellant, quashing the fine issued in November 2020. The Fox Lane QN signage was insufficiently visible in the hours of darkness as they were not illuminated. The low-level signs are inadequate, giving the driver little time to react to the oncoming restrictions. This proves that many residents have been wrongly fined.

With a 30mph limit, signs must be illuminated, yet the cameras on Fox Lane, Meadway and Conway Road are not. The Council have known since March 2021 that this is wrong, as an adjudicator ruled that speed limits on the Meadway were not clear (case 2210055258 dated 20.3.21).

With £4m in penalty fines accumulated so far due to unclear signage, the Council's solution is to look at

"investigate converting the fixed modal filters (bollards) at Oakfield Road, The Mall and Selborne Road to camera enforced filters". This will create more confusion and more penalty notices. There is a serious financial impact for residents, but the Council dismisses this. The Council wrongly claim the signage is fully compliant, but the adjudicator has proved otherwise.

16. The Council disregarded its statutory duty under the Equality Act 2010. They did not action a thorough Equalities Impact Assessment before making the Traffic Order. The adverse impact for those with protected characteristics who cannot walk or cycle, has not been considered. The report states a *neutral impact* on people with disabilities.

The focus group meeting was poorly managed as officers are not trained to deal with disabled residents' needs. No healthcare professionals were at this meeting. No minutes were taken to address the issues raised. Some of those that attended, felt interrogated by the inexperienced officers and at least two residents were reduced to tears.

The protected group digital survey was time limited- opening on 4.3.21 and closing on 31.3.21.

The Council does not acknowledge the high number of care homes in the Fox Lane area (residential care homes, assisted living homes, day care nurseries), nor does it consider the high number of elderly residents and why they may require motor transport. 72% of the disabled respondents stated the scheme had a negative impact on them.

Any future alterations/exemptions to the scheme, reflect the Council's inability to understand the complex needs and car reliance and how the disabled will still be

stuck in gridlock traffic on main roads. There have been incidents where children on the disabled bus, soil themselves due to the longer traffic journeys. The afterthought of contacting the disabled many months into the QN implementation, was nothing more than a tick box exercise. This scheme is tantamount to the abandonment of the disabled.

- **17.** According to the report, pregnant women or new mothers can cycle as an optionthis is impossible if you are suffering from medical complications. Yet the report says the scheme will have a *neutral impact* on them.
- 18. The Council did not evaluate the impact of the scheme on residents living directly outside the scheme and the effects of the traffic delays and pollution. Issues of mental health, anxiety, frustration, and isolation were not taken into account.
- 19. Many people responded to the consultation, mostly negatively (72%), but their views have been ignored. Most respondents were car owners (92%), yet the Council does not give their views equal weight as to those who were positive about the scheme.
- 20. Only the online survey responses, not the 2755 emails and subsequent 1315 email responses, were considered for analysis. On the Council's website, on Letstalk, it clearly states you can email your objections to healthystreets@enfield.gov.uk or send a letter. This was confirmed by the report's author at the webinar on 26.5.21. Most responses to the statutory consultation have been ignored by the Council.
- 21. Crime has increased in Winchmore Hill, similar to the 8% increase in crime in Bowes since the QN implementation. The Council is ignoring the safety of residents. The Metropolitan Police Commissioner, Cressida Dick (14.5.21) expressed that LTNs in London are harming the police's ability to catch criminals. Unfortunately, this scheme has increased safety fears, especially with no natural surveillance from passing cars. At the councillor briefing on 21.1.22, post scheme crime figures for Winchmore Hill showed an increase of 7%, yet the revised figure is now 3%, without explanation.
- 22. Bias against particular organisations- Responses from Winchmore Hill Residents Association (WHRA) are not recorded in the list of submissions, breaching Regulation 13 of LATORs 1996. Cllr Barnes accused the WHRA of being "a thinly disguised right-wing organisation posing as a RA" in an email to Cllr Neville. Cllr Barnes declined to attend the WHRA (14.10.21), where he is a ward councillor, even though the main agenda item was the Fox Lane QN.
- 23. Bias for particular organisations- the author of the report has been meeting regularly with Better Streets for Enfield (7.7.20, 9.11.20, 24.2.21, 7.6.21, 20.9.21), where FOI requests indicate confidential information was disclosed and BS4E were shaping the design of the QN "before we do anything public facing". No formal record of discussions exist.

24. The decision is predetermined by the Leader, stating it "is a political commitment" at the Environment Scrutiny Meeting on 10th March 2021, instead of making the decision based on evidence. Cllr Barnes, who has been heavily involved in the project, said it is not a "referendum". However, government guidance fully endorses 'the use of objective methods, such as professional polling, to provide a genuine picture of local opinion' alongside 'robust, empirical evidence' none of which have been taken into consideration in the officer report or by the Leader.

Source: <u>Traffic Management Act 2004: network management to support recovery</u> from COVID-19 - GOV.UK (www.gov.uk)

- 25. According to the DfT Manual for Streets, fire service vehicles must not reverse more than 20m. This requirement is not met. The road closures have forced vehicles including lorries to reverse back out onto roundabouts and busy roads causing dangerous manoeuvres and tailbacks. There are no risk assessments or road safety audit regarding reversing vehicles. The safety of vehicle movements has been glossed over in the officer report.
- 26. London Ambulance Service (LAS) wrote an open letter to all authorities in June 2021 about LTNs impeding access. The resulting congestion causes delays in reaching patients. The 22 instances of delays shown in the report is evidence of this. The LAS shared concerns from crews about response times but the Council ignored this.

The LAS clearly state in their open letter and in their response attached at Annex 2 of the report that hard closures 'should be avoided ... and soft closures implemented to all LTNs for unhindered emergency vehicle access and egress, due to the potential risk hard closures have in delaying an ambulance response and therefore impact patient safety'. Why is the Council therefore ignoring the request of the LAS? Even if the Council introduces filters on The Mall, Selbourne Road and Oakfield Road, this still leaves 5 hard closures within the Fox Lane LTN despite LAS request for no hard closures. What criteria has the Council used to determine the proposed filters when evidence shows ambulance delays in all the hard closed roads?

The London Fire Brigade (LFB) data showed that these road closures contributed to record number of delays to emergency vehicles responding to 999 calls (The Telegraph 22.1.22).

- 27. No air quality measurements pre QN were captured on perimeter roads. The Council updated its website on 12.5.21, advising that only 3 diffusion tubes were in place. No improvement in air quality.
- 28. The Council has not assessed the impact of air quality on Grovelands Park and Broomfield Park, both are exposed to extra pollution from diverted traffic. No pre and post scheme air quality measurements have been done, even though these

green spaces are used by families and children, and especially residents without private gardens.

29. The Council has not assessed the effects on engine idling from the displaced traffic. A study by Dudley Metropolitan Borough Council states "an engine idling can produce up to twice as many exhaust emissions as an engine in motion". The traffic congestion on Bourne Hill and Winchmore Hill Road has consequently resulted in more engine idling. There is no effective anti-engine idling campaign. The Council admits in the report of "some increase in carbon emissions on the surrounding primary road network."

This conflicts with the Council's own climate change strategy. Aspiring to reduce carbon emissions is not a strategy.

- 30. The Council failed to apply for enough grant funding for electric charging points even though Winchmore Hill Ward has high car ownership. The Council only received £96,000 in grants unlike Barnet Council that secured £4.65m in grants.
- 31. No comprehensive risk assessment was carried out on local businesses. The Council has not looked at the impact on the local economy-the decline in footfall, parking, the added costs associated with journeys taking longer and the closure of local shops along Green Lanes. The Council's advice to the negative impact on shops is navigational solutions.
- 32. The Council references obesity and cancer risks as reasons to promote these road closures but ignores the important link to a healthy diet. Furthermore, the Council has failed to consider the public health implications on those residents living on the boundary roads where there are now concentrated levels of air pollutants due to displaced traffic.
- 33. On the 19.11.20. the Council modified the original Traffic Order by replacing the modal filter at the junction of Conway Road and Fox Lane with ANPR cameras. This meant the 6-month objection period started with a new deadline for statutory objections on 19.5.21. On 12.5.21, the Council extended this consultation deadline from 19.5.21 until 11.7.21. There is no provision in law to do this. An error on the modified Traffic Order dated 19.11.20 referred to the incorrect location of the ANPR camera- No 11 Fox Lane instead of No 111 Fox Lane. This meant either the ANPR camera was on the wrong site or the Traffic Order was incorrect.
- 34. On the 4.7.21, the Council announced the error of the modified Traffic Order of 19.11.20 and a "new ETO has now been made to redefine the restriction in Conway Road at its junction with Fox Lane...and will come into operation on 12 July. This redefines the restriction in Conway Road at its junction with Fox Lane and applies to this location only; no changes to the layout or operation of the camera enforced filter have been made. Objections and representations regarding this new ETO can be made for 6 months".

By trying to create a new Conway Road ETO, the Council restricted objections purely to the specifics of that Traffic Order, i.e. the ANPR cameras at Conway Road. By law, any variation of the original Traffic Order, such as this modification, requires a further 6-month objection period for the whole Fox Lane QN scheme until the 11.1.22. The public were denied their statutory right to object for almost four out of the six months required.

The Council (during the period of 12.7.21 and 9.11.21) wrongfully rejected residents' objections instead of accepting them.

On 9.11.21, the Council sent a letter to residents in and around the Fox Lane LTN area, notifying residents that objections can continue to be made. This statement is false since residents could not object during the four months. That letter contained an error giving the objection deadline as 11 January 2021, instead of 2022. The unacceptable catalogue of errors in law and unlawful actions, has caused confusion and prejudiced the public's right to access correct and lawful information.

On this basis, the Council has erred in law in using the truncated procedure to make this ETO permanent. Therefore, any decision made using flawed information and unlawful practice cannot be acceptable for implementation.

Outline of proposed alternative action:

(2)

(3)	Do you believe the decision is outside the policy f	ramework?
(4)	If Yes , give reasons:	
For G	overnance Use Only:	
Checl	ked by Monitoring Officer for validation –	
Name	of Monitoring Officer:	Date:



February 2022

Officer Response: Conservative Call-in – Fox Lane QN

(1) Reason why decision is being called in:

The decision for the Fox Lane Quieter Neighbourhood (QN) has been called in:

According to the statement of reasons in the traffic order, the main purpose of the trial was to reduce motor traffic within the Fox Lane area, reduce the speed of motor traffic and to improve air quality within the area. Instead, traffic has been diverted onto boundary roads, causing severe congestion and localised concentrations of pollutants on boundary roads, three roads within the area have seen an increase in motor traffic, speed reduction is negligible and air quality has not improved.

Reason for call-in

- 1. The Council falsely refers to the scheme as having more benefits than disbenefits. Then, it admits there are many areas of concern that warrant looking at mitigating measures:
 - Adverse impact on people with disabilities
 - Adverse impact on Southgate Circus
 - Adverse impact on congestion if the model filter at The Meadway is amended
 - Adverse impact of emergency services if filters on The Mall, Selbourne Road and Oakfield Road are amended
 - Adverse impact of traffic speed and volume on boundary roads
 - Adverse impact on bus journey times

The Council intends to produce a report to look at mitigating measures for improving access to disabled residents. This ignores the stark reality that these residents will still face traffic jams on boundary roads and carers will not benefit. No analysis has been carried to show the impact of these new measures and the time scale of implementation is unknown.

Further funding ideas for infrastructure improvements of Southgate Circus are mentioned, but no plans are cited.

No comprehensive studies have been produced to look at these mitigating measures or if they are workable.

The above points highlight the disasters of the scheme through-out and the Council is now forced to admit the scheme's failures by having to consider mitigating measures.

The decision to make this scheme permanent was based on improper Traffic Orders

and flawed evidence.

The author will not allow a public enquiry into the report as it would reveal the multiple errors, misleading information, and large-scale incompetence.

The Leader's decision to make the Fox Lane LTN permanent is irrational based on the significant negative impacts identified in paragraph 6 of the report, that require mitigating measures to be explored without clarity on timing, the uncertainty and feasibility of delivering such mitigations, and whether such mitigations will indeed make any improvement to a scheme that has proven not to work.

Officer response

The report sets out the assessment of the impacts and progress against the project objectives, and with appropriate judgement makes recommendations for the decision maker to consider. Table 2 of the report sets out how the project objectives have been met. Whilst paragraph 6 of the report makes further recommendations for future actions to mitigate some negative impacts, it is clear from paragraph 7 that the decision is made in the knowledge that these further recommendations may or may not be implemented and therefore making the ETO permanent stands alone. The decision was taken on the basis that the benefits of the Fox Lane LTN outweigh the negative impacts, but recognises that steps may be taken in future to mitigate negative impacts.

Reason for call-in

2. The Fox Lane QN was implemented using funding through the Streetspace Plan. TFL guidance on Low Traffic Neighbourhoods shows that the Fox Lane area is least suitable as it is one of the most affluent areas with wide pavements, low population density, high car ownership, low deprivation, two large parks-Grovelands Park and Broomfield Park. Indeed, a study conducted by Rachel Aldred shows the Fox Lane scheme to be the least equitable in London as reported in the Guardian on 2 March 2021

(source: https://www.sciencedirect.com/science/article/pii/S0966692321002477)

The Council's reasons for the implementation are spurious.

Officer response

The funding for this project was received by Transport for London with the full knowledge that funding was to implement this Fox Lane project. The Strategic Neighbourhood Analysis (2020) is a useful tool as a contributor towards identifying areas of focus. However, it is not the only factor and the Fox Lane area is considered suitable given the long-held concerns about speed and volume of motor traffic on unclassified roads within the area and the failure of previous road-calming schemes to satisfactorily address these issues.

The paper referenced includes the following commentary when referencing Enfield:

"A key rationale for starting with these areas was that the surrounding main roads had previously received interventions such as new cycle tracks to which the LTNs could connect. Enfield is therefore an interesting example in highlighting the potential for competing legitimate considerations, including competing 'equity' considerations, in prioritising

LTN locations". The Fox Lane QN connects to the cycle lanes along the A105.

And more generally although relevant to the context of the Fox Lane project:

"We are also aware that some districts initially implemented emergency measures based on schemes already under consultation before the Covid-19 pandemic".

A further quote in the paper in reference to Enfield and area selection: "...proposals for further LTNs in the east of Enfield would redress this by focusing on poorer parts of the district."

Reason for call-in

3. The scheme was pushed through without proper consultation with residents, businesses, the disabled and the ward councillors, to discuss the consequences of increased traffic, idling cars, and exposure to increased pollution. The consultation letter was only distributed to residents within the QN area and perimeter roads, not the surrounding roads, even though they would be impacted. The Council has not considered the cumulative traffic impact on the roads situated between both the Bowes and Fox Lane QN such as Powys Lane.

Officer response

The report describes the extensive consultation activities over many years going back to 2014 and communications that occurred before and during the trial period. The distribution area of letter deliveries was extended during the trial period in response to feedback from residents, to many streets surrounding the boundary and internal roads.

Any cumulative impact on traffic from both Bowes and Fox Lane QNs would be evident within the data that has been presented, as neither trial was in place during the pre-scheme data collection, and both trials were in place during post-scheme data collection.

Reason for call-in

4. The cost of the Fox Lane QN scheme is excessive, costing over £500,000, outstripping the original budget cost implementation figure of £160,000, approved in 2020. There is no breakdown of costs to explain this difference.

Officer response

Para 145 provides details on the costs, final costing will be published on completion of the project. It is not clear where the £500k figure provided above is from. TfL provided the initial grant of £160k to implement the project and have subsequently provided further funding, including an additional £177k grant, to enable continued development and delivery of the project.

Reason for call-in

5. The Traffic Order between 7.9.20 and 26.10.20 did not have a Statement of Reasons. The Traffic Order was created on 26.10.20, but this Traffic Order is signed and dated by David Taylor on 26.8.20, two months before. No formal modification of these orders was done to include a Statement of Reasons. Consequently, the public were denied the right to challenge the Traffic Order, since the Statement of Reasons was published on 26.10.20, seven weeks after the Traffic Order came into effect, and one week after the deadline to make a challenge.

Officer response

The traffic orders were made on 26 August 2020 and came into operation on 7 September 2020.

The Traffic Orders Procedure (Coronavirus) (Amendment) (England) Regulations 2020 came into operation on the 23rd May 2020 and continued in force until 30th April 2021. These regulations introduced a number of temporary arrangements, including those relating to the deposit of document that would normally be available for inspection in person. The alternative arrangements put in place by the Council, as set out in the notice of making, included a) viewing them on the Council's website or b) obtaining copies on request by email or in writing.

It is acknowledged that the Statement of Reasons was, due to a scanning error, not part of the scanned documents available on the Council's website between 7 September 2020 and 26 October 2020. However, the Statement of Reasons was available on request at all times. The Council therefore complied with the regulations applicable at the time.

Reason for call-in

6. One of the Council's aims in the amended Statement of Reasons is to reduce the volume of motor traffic in the residential streets, TFL guidance shows that traffic is low for the Fox Lane area. The Statement of Reasons states the roads in the Fox Lane area are narrow with close-fronting homes. This is false and a material error

of fact, as the roads are wide with tree lined pavements and set back with front gardens and driveways.

Officer response

The Council have responded to concerns from resident over many years to address the issues of speed and volumes of motor traffic on these unclassified roads. Whilst the nature of the roads varies, the Council is of the view that the roads within the Quieter Neighbourhood are appropriate for the types of interventions delivered.

Reason for call-in

7. The Council must provide its reasons for an experimental traffic order (ETO) and those reasons must be set out in the Statement of Reasons and or a document incorporated within it. The Fox Lane ETO does not reference any local or national strategies and yet the decision for the Fox Lane scheme heavily relies on extraneous documents including the Mayor's Transport Strategy, which is wrong as these are not the context in which the ETO was made

Officer response

The Statement of Reasons sets out the aims of reducing the overall speed and volume of motor traffic within the QN area with a view to increasing walking and cycling. This aligns directly with the objectives of all the relevant policy referenced in the report.

Reason for call-in

8. Enfield Healthy Streets Framework policy post-dates the implementation of the Fox Lane QN ETO and cannot be applied to support the scheme retrospectively. The policy aligns to the traffic order and not the other way round.

Officer response

When making a decision on the project the Council should consider all relevant material, whether this was in place before or after the ETO came into effect. The Enfield Healthy Streets Framework clearly sets out the commitment to creating Quieter Neighbourhoods and that Low Traffic Neighbourhoods are an approach that could be used to achieve this. This framework, approved by Cabinet in Jun 21, was subjected to its own process of scrutiny. It is entirely right that this framework is considered, along with any other relevant information since the making of the ETO, when reaching a decision on the Fox Lane QN. However, it should also be noted that this Enfield Framework sought to provide clarity on the activities that the Council would conduct in order to deliver on a range of policies already in place, including the Mayors Transport Strategy, first published in 2018. It is a necessary requirement of TfL funding that schemes contribute to the aims and objectives of the London Mayor's Transport Strategy and therefore logical that this is relied upon as a strategy/ policy that the Fox Lane project aligns with.

Reason for call-in

9. Another aim is to reduce speed, but 20mph speed limits and other calming measures achieve this without the need to block roads. The report shows there are no significant improvements in speed.

Officer response

A 20mph speed limit was introduced on the internal roads as part of the experimental measures to complement the modal filters. Traffic speeds have reduced on the internal roads, as stated in paragraph 43 of the report:

"Across the 24 surveyed local roads within the Quieter Neighbourhood, surveyed vehicle speeds have reduced from an average of 22 mph to an average of 20 mph over the 24 hour period."

Previous trials have identified that traffic calming measures alone do not achieve the objectives of the project.

Reason for call-in

10. The aim of reducing traffic has failed as traffic has just been displaced onto boundary roads, clogging the main artery roads of Enfield. Daily congestion on Bourne Hill and Winchmore Hill Road is causing more problems on the Southgate Circus roundabout. The report says traffic on boundary roads has increased by 6%, with 11% on the High Street, 10% on Winchmore Hill Road and 6% on Bourne Hill.

Officer response

Changes in traffic volumes on the boundary roads are presented in the report, as has been quoted.

The report states at paragraph 41:

"Acknowledging limitations in the data and the unprecedented impacts of the pandemic, the traffic data does not suggest that the trial should not be made permanent."

Paragraph 157 also states:

"The negative impact of the scheme on some parts of the road network set out in the report needs to be balanced against direction set by Government to introduce schemes that reallocate road space to promote more active and sustainable forms of travel."

Reason for call-in

11. Traffic data is flawed - the 2020 pre LTN report, shows lower traffic flows than the decision report, to hide the huge traffic increases. Traffic count data is missing from the report, such as Cannon Hill and Bourne Hill, which carry large volumes of traffic. Just 4 days of post scheme traffic data is used. The Council failed to collect

data on many other days, yet it did so during the fuel shortage. Pre and post counts were taken at different months, March, and September. The counters within the QN, were placed at the middle of the roads, to produce lower traffic figures.

There was no proper analysis of a control survey for the impact of the pandemic and the petrol shortage. The anomalies between pre-scheme 24-hour vehicle flows and the data provided by the Council under FOI, reveal false traffic figures. Why has the Council not reported on its traffic counts conducted in June and July 2021 as indicated in its monitoring plan?

Officer response

The report does not use false figures. Some general points of clarification are as follows:

- The pre LTN report included data from an Origin and Destination survey which recorded data from 7am-7pm (12 hours) rather than 24-hour flows. The post scheme ATC survey data recorded 24-hour flows, so this was analysed to understand the impacts over a full day, as well as the AM and PM peak periods. With an additional 12-hours of data included in the assessed period it is inevitable that reported traffic flows will be higher.
- No pre-scheme ATC data was collected on Bourne Hill and Cannon Hill. The
 data presented for these sites in the pre scheme report was estimated based
 on other data sources. No 24-hour data is available to undertake a 24 hour
 baseline estimate at these sites. As no direct comparison was possible with
 the available data, these sites were excluded from monitoring analysis.
- Traffic surveys only need to collect sufficient data to provide a representative sample of typical conditions, but are also governed by cost, programme constraints and risk of diminishing returns. The 4-day period is considered a reasonable sample set for the nature of this assessment.
- COVID-19 restrictions were in place during March 2021, and therefore the decision was taken to delay the surveys until later in the year in the hope that the restrictions would be reduced and therefore traffic flows more representative of 'normal'. Surveys were undertaken in July 2021 but lockdown easing which was scheduled to take place in June 2021 was delayed, with Step 3 COVID restriction measures still in place at the time of the surveys, so the decision was taken to undertake further surveys in September 2021. Due to the need to comply with the statutory requirements of the Experimental Traffic Order, which can only run for 18 months, it was not possible to delay the surveys until March 2022. The September 2021 survey data analysed represents the most recent data with the lowest levels of COVID restriction measures in place and was considered more appropriate to use rather than data collected during periods of heavier COVID restrictions.
- Media announcements relating to lorry driver shortages resulting in the temporary closure of some petrol stations, which went on to trigger the fuel crisis, were made once the September 2021 surveys had commenced on the

- 21st September. The traffic survey data was reviewed and traffic data collected beyond the 24th September was removed from the analysis as it was affected by the fuel crisis.
- The sensitivity test included in the report seeks to provide an estimate of the traffic flows impact assuming that the COVID pandemic had not occurred and also take account of seasonal variation.
- Pre scheme data was collected prior to the development of the design, to help inform the design development. For consistency the post scheme surveys were located in the same location as the pre-scheme surveys. Where a road becomes filtered under the scheme proposal, there may be a small impact on traffic volume results from the survey site location, however this is not considered significant.

Reason for call-in

12. Bus routes (W9,121,298, 299, W6, 329) are experiencing an increase in journey times, these delays are also connected to the traffic approaching the High Street. The Council admit traffic is impacting the Southgate Circus roundabout. The report acknowledges these negative impacts on bus journey times and that some of the mitigations require major infrastructure amendments that require 3rd party approval and investment from TfL. How does the Council propose to secure such funding given TfL's current funding crisis?

Officer response

Council Officers have identified some short-term interventions that can be implemented, as outlined at Appendix 2 of the report. More significant changes will require working in partnership with other agencies such as Transport for London (TfL). TfL are currently waiting for further clarity from the Government on a longer-term funding settlement. Once this is provided conversations with TfL can commence.

Reason for call-in

13. Baseline pedestrian data is non-existent which is unacceptable, considering an increase in walking is a key objective. This shows the Council's contempt for evidence. The post implementation data therefore cannot show any significant uptake in walking. Poor maintenance of pavements discourages pedestrians and wheelchair users.

Officer response

Paragraph 55 states:

"A post-project monitoring plan will be developed to continue to carry out pedestrian monitoring in this area, along with a number of other control sites." There is a process whereby Ward Clirs can raise defects in pavements so that these can be reviewed.

Reason for call-in

14. Cycling data is false and differs from the Cycle Enfield data. Daily average cycle counts from the Palmers Green counters in March 2019 show 328 trips and 494 in September 2021. In the report, the traffic count (March 2019) had 31 cycle trips at traffic count point 10, 133 trips at count point 45, and 22 trips at traffic point 12. The figures do not add up. Cycling figures have been affected by the pandemic and seasonal variation, rather than the QN scheme, as stated in the report. Seven roads have no data to analyse.

Officer response

The data is not false. Palmers Green counters are located on the two-way cycle track off the road. The cycle data presented within the report is informed by Automatic Traffic Counters, which are placed across the road. The two data sources are different.

Paragraph 57 states:

"Cycle volumes can be highly seasonal, and this should be taken into account when reviewing the data. A study carried out using DfT ATC data suggests a 20% increase in flows between September and March, based on data from 2012-2016."

Paragraph 60 states:

"In addition to seasonal variation, there may be other factors that could influence the surveyed increase in cycle volumes. TfL has reported that cycling has generally increased across London as a result of the pandemic. There have also been a number of cycle schemes implemented across Enfield that may have also contributed to an increase in cycle activity since 2019."

41 sites have been presented which is considered sufficient to understand changes in cycling volumes across the area.

Reason for call-in

15. Inadequate traffic camera signage not meeting regulatory requirements. On the 11 January 2022, the adjudicator ruled in favour of the appellant, quashing the fine issued in November 2020. The Fox Lane QN signage was insufficiently visible in the hours of darkness as they were not illuminated. The low-level signs are inadequate, giving the driver little time to react to the oncoming restrictions. This proves that many residents have been wrongly fined.

With a 30mph limit, signs must be illuminated, yet the cameras on Fox Lane, Meadway and Conway Road are not. The Council have known since March 2021 that this is wrong, as an adjudicator ruled that speed limits on the Meadway were not clear (case 2210055258 dated 20.3.21).

With £4m in penalty fines accumulated so far due to unclear signage, the Council's solution is to look at "investigate converting the fixed modal filters (bollards) at Oakfield Road, The Mall and Selborne Road to camera enforced filters". This will create more confusion and more penalty notices. There is a serious financial impact for residents, but the Council dismisses this. The Council wrongly claim the signage is fully compliant, but the adjudicator has proved

otherwise.

Officer response

The roads within the Fox Lane QN have speed limits of 20mph. As set out in the Traffic Signs Regulations and General Directions 2016, a No Motor Vehicle sign must only be lit if it is on a road with a speed limit **greater** than 20mph. The signage is compliant with relevant regulations.

Reason for call-in

16. The Council disregarded its statutory duty under the Equality Act 2010. They did not action a thorough Equalities Impact Assessment before making the Traffic Order. The adverse impact for those with protected characteristics who cannot walk or cycle, has not been considered. The report states a *neutral impact* on people with disabilities.

The focus group meeting was poorly managed as officers are not trained to deal with disabled residents' needs. No healthcare professionals were at this meeting. No minutes were taken to address the issues raised. Some of those that attended, felt interrogated by the inexperienced officers and at least two residents were reduced to tears.

The protected group digital survey was time limited- opening on 4.3.21 and closing on 31.3.21.

The Council does not acknowledge the high number of care homes in the Fox Lane area (residential care homes, assisted living homes, day care nurseries), nor does it consider the high number of elderly residents and why they may require motor transport. 72% of the disabled respondents stated the scheme had a negative impact on them.

Any future alterations/exemptions to the scheme, reflect the Council's inability to understand the complex needs and car reliance and how the disabled will still be stuck in gridlock traffic on main roads. There have been incidents where children on the disabled bus, soil themselves due to the longer traffic journeys. The afterthought of contacting the disabled many months into the QN implementation, was nothing more than a tick box exercise. This scheme is tantamount to the abandonment of the disabled.

Officer response

Officers consider that s149 Equality Act 2010 has been complied with. Please refer to paras 114 to 144 of the report.

The EQIA process has been ongoing throughout the project. Officers attending the focus groups understand the Council is required to comply with the Public Sector Equality Duty under the Equality Act 2010. This is set out in para 143 of the report.

Officers have undertaken training in the Equalities Impact Assessment (EQIA) process. The focus groups were an opportunity for Officers to listen to the views of people with disabilities which contributed towards the following at para 6:

"A subsequent report is to be produced as soon as possible which explores mitigation measures to improve access for residents with disabilities through potential exemptions and includes consideration of those with caring responsibilities".

The Council is currently working closely with Transport for All, a pan-London disability organization, to develop a Healthy Streets Disability Reference Group. This will enable the Council to continue to increase its understanding of the impact of these types of projects on people with disabilities. This approach is seen as good practice across London and welcomed by the groups involved.

Reason for call-in

17. According to the report, pregnant women or new mothers can cycle as an optionthis is impossible if you are suffering from medical complications. Yet the report says the scheme will have a *neutral impact* on them.

Officer response

Where medical complications, illness or injury affect any person then it is entirely reasonable that this may affect their travel choices. This would apply equally to all protected characteristics.

Reason for call-in

18. The Council did not evaluate the impact of the scheme on residents living directly outside the scheme and the effects of the traffic delays and pollution. Issues of mental health, anxiety, frustration, and isolation were not taken into account.

Officer response

The boundary roads to the QN and several surrounding roads have been considered as shown in the monitoring reports. Further, the majority of respondents to the online consultation survey reside outside the QN area as shown within Appendix 8 of the report. These views have been considered and presented within the report, including any objections raised which are listed in Annex 4 to the report.

Reason for call-in

19. Many people responded to the consultation, mostly negatively (72%), but their views have been ignored. Most respondents were car owners (92%), yet the Council does not give their views equal weight as to those who were positive about the scheme.

Officer response

The views of respondents have not been ignored and the report in its entirety sets out the feedback received so that this can be carefully considered by the decision maker.

Reason for call-in

20. Only the online survey responses, not the 2755 emails and subsequent 1315 email responses, were considered for analysis. On the Council's website, on Letstalk, it clearly states you can email your objections to healthystreets@enfield.gov.uk or send a letter. This was confirmed by the report's author at the webinar on 26.5.21. Most responses to the statutory consultation have been ignored by the Council.

Officer response

All objections received during the statutory consultation period have been considered.

Section 11 of the Consultation Analysis at Appendix 8 presents analysis of emails received up to 11 July 2021.

Paragraph 109 states:

"Between 12 July 2021 and 11 January 2022, 15 letters were received, and 1315 emails received from 1143 unique email addresses. Objections and representations to the traffic orders received during this period have been reviewed. Responses to grounds for objections have been incorporated into Annex 3."

Reason for call-in

21. Crime has increased in Winchmore Hill, similar to the 8% increase in crime in Bowes since the QN implementation. The Council is ignoring the safety of residents. The Metropolitan Police Commissioner, Cressida Dick (14.5.21) expressed that LTNs in London are harming the police's ability to catch criminals. Unfortunately, this scheme has increased safety fears, especially with no natural surveillance from passing cars. At the councillor briefing on 21.1.22, post scheme crime figures for Winchmore Hill showed an increase of 7%, yet the revised figure is now 3%, without explanation.

Officer response

The difference in figures has been clarified via the MEQ process. The difference was due to different reporting periods (by one month). The QN is made up of parts of four wards. The crime rates vary by ward as stated in paragraph 71:

"+5% (Southgate Green), +5% (Winchmore Hill), +3% (Palmers Green) and -11% (Southgate)."

The Met Police have not objected to the scheme being made permanent.

Reason for call-in

22. Bias against particular organisations- Responses from Winchmore Hill Residents Association (WHRA) are not recorded in the list of submissions, breaching

Regulation 13 of LATORs 1996. Cllr Barnes accused the WHRA of being "a thinly disguised right-wing organisation posing as a RA" in an email to Cllr Neville. Cllr Barnes declined to attend the WHRA (14.10.21), where he is a ward councillor, even though the main agenda item was the Fox Lane QN.

Officer response

All responses have been considered, whether they have been specifically referenced or not. The other elements of this reason are not relevant to the decision.

Reason for call-in

23. Bias for particular organisations- the author of the report has been meeting regularly with Better Streets for Enfield (7.7.20, 9.11.20, 24.2.21, 7.6.21, 20.9.21), where FOI requests indicate confidential information was disclosed and BS4E were shaping the design of the QN "before we do anything public facing". No formal record of discussions exist.

Officer response

These were meetings attended by Council Officers, not political decision makers. Officers from the Council hold discussions with a range of community groups as part of the development of initiatives. Better Streets for Enfield also represent the views of the local London Cycling Campaign group. It is common place for Officers from Local Authorities to engage with these groups when developing active travel infrastructure. As such, community engagement meetings have taken place over a number of years as the Council seeks to gain feedback on proposals. The meetings referenced above were not held to discuss the detail of the Fox Lane QN project. There is no information provided on the suggestion that confidential information was shared so it is not possible to provide a response to this point. The Council are not in a position to control promotional activity that individual community groups may organise to either champion or criticize particular council initiatives.

Reason for call-in

24. The decision is predetermined by the Leader, stating it "is a political commitment" at the Environment Scrutiny Meeting on 10th March 2021, instead of making the decision based on evidence. Cllr Barnes, who has been heavily involved in the project, said it is not a "referendum". However, government guidance fully endorses 'the use of objective methods, such as professional polling, to provide a genuine picture of local opinion' alongside 'robust, empirical evidence' none of which have been taken into consideration in the officer report or by the Leader. Source: Traffic Management Act 2004: network management to support recovery from COVID-19 - GOV.UK (www.gov.uk)

Officer response

This decision has not been pre-determined by the Leader. The Council have set out their commitment to the principle of Quieter Neighbourhoods (including where appropriate the use of a Low Traffic Neighborhoods approach). However, this broad policy position does not mean that the outcome of individual trials are pre-determined.

Specific projects will need to be subject to individual assessment and a report, as in this case, should set out relevant factors for the decision maker to consider. The same government guidance quoted in the reference states that "Consultations are not referendums".

Reason for call-in

25. According to the DfT Manual for Streets, fire service vehicles must not **reverse** more than 20m. This requirement is not met. The road closures have forced vehicles including lorries to reverse back out onto roundabouts and busy roads causing dangerous manoeuvres and tailbacks. There are no risk assessments or road safety audit regarding reversing vehicles. The safety of vehicle movements has been glossed over in the officer report.

Officer response

The Building Regulation requirement B5 (2000)10 concerns 'Access and Facilities for the Fire Service'. Section 17, 'Vehicle Access', includes advice that "fire service vehicles should not have to reverse more than 20m". This guidance applies to new buildings rather than alterations to the highway.

In any event, the scheme has been designed in consultation with the LFB and fire appliances are able to pass through both the No Motor Vehicle restrictions and the bollarded modal filters (fitted with Gerda locks). All roads remain fully accessible by motor vehicle.

The LFB have not objected to the scheme being made permanent.

Reason for call-in

26. London Ambulance Service (LAS) wrote an open letter to all authorities in June 2021 about LTNs impeding access. The resulting congestion causes delays in reaching patients. The 22 instances of delays shown in the report is evidence of this. The LAS shared concerns from crews about response times but the Council ignored this.

The LAS clearly state in their open letter and in their response attached at Annex 2 of the report that hard closures 'should be avoided ... and soft closures implemented to all LTNs for unhindered emergency vehicle access and egress, due to the potential risk hard closures have in delaying an ambulance response and therefore impact patient safety'. Why is the Council therefore ignoring the request of the LAS? Even if the Council introduces filters on The Mall, Selbourne Road and Oakfield Road, this still leaves 5 hard closures within the Fox Lane LTN despite LAS request for no hard closures. What criteria has the Council used to determine the proposed filters when evidence shows ambulance delays in all the hard closed roads?

The London Fire Brigade (LFB) data showed that these road closures contributed

to record number of delays to emergency vehicles responding to 999 calls (The Telegraph 22.1.22).

Officer response

The Council has outlined the ongoing dialogue with the LAS. There are multiple modal filters across the Borough where bollards or gates are used that the LAS do not pass through. The intention is to continue to work with the LAS and convert some modal filters to ANPR where appropriate, priority locations will be discussed with the LAS, selecting locations that assist with increasing permeability. As the report outlines, the LFB in Enfield has stated that the project has not caused delays and they raise no concerns. All roads remain fully accessible by motor vehicle.

Reason for call-in

27. No air quality measurements pre QN were captured on perimeter roads. The Council updated its website on 12.5.21, advising that only 3 diffusion tubes were in place. No improvement in air quality.

Officer response

Data is presented for the diffusion tube on Aldermans Hill (at Devonshire Road) and Winchmore Hill Road and includes readings from January 2018.

Paragraph 79 of the report states:

"Overall, whilst the scheme leads to changes in pollutant concentrations, the scale of the change in relation to total predicted concentrations are sufficiently small to lead to no significant effect, neither beneficial nor adverse."

Table 4 states:

"In the longer term, as part of a wider programme to encourage active and sustainable modes of travel, the project is expected to contribute towards reducing the negative environmental impacts of private motor vehicle use through reduced carbon emissions, lower rates of road traffic collisions and improved public realm."

Reason for call-in

28. The Council has not assessed the impact of air quality on Grovelands Park and Broomfield Park, both are exposed to extra pollution from diverted traffic. No pre and post scheme air quality measurements have been done, even though these green spaces are used by families and children, and especially residents without private gardens.

Officer response

Air quality has been assessed in a number of locations along the roads between Grovelands and Broomfield Parks and the QN area. Concentrations of pollutants are expected to be higher on these roads than the parks. The air quality assessment, which includes roads bordering states that the "scale of changes in pollutant concentrations in relation to total predicted concentrations are sufficiently small to

lead to no significant effect, neither beneficial nor adverse."

Reason for call-in

29. The Council has not assessed the effects on engine idling from the displaced traffic. A study by Dudley Metropolitan Borough Council states "an engine idling can produce up to twice as many exhaust emissions as an engine in motion". The traffic congestion on Bourne Hill and Winchmore Hill Road has consequently resulted in more engine idling. There is no effective anti-engine idling campaign. The Council admits in the report of "some increase in carbon emissions on the surrounding primary road network."

This conflicts with the Council's own climate change strategy. Aspiring to reduce carbon emissions is not a strategy.

Officer response

Air quality was assessed in line with the monitoring plan published on the website.

Paragraph 75 of the report states:

"There are inherent uncertainties within the modelling and as such the results should not be considered exact, but represent the best possible estimates, using the best available data at the time the report was undertaken."

The line in Table 4 following the quote included within the reason for call-in states: "In the shorter term, there may be some increase in carbon emissions on the surrounding primary road network. The air quality monitoring to date does not indicate any significant issues."

Low Traffic Neighbourhoods are included as one of the many interventions within the Climate Change Action Plan 2020.

Reason for call-in

30. The Council failed to apply for enough grant funding for electric charging points even though Winchmore Hill Ward has high car ownership. The Council only received £96,000 in grants unlike Barnet Council that secured £4.65m in grants.

Officer response

This is not relevant to this decision.

Reason for call-in

31. No comprehensive risk assessment was carried out on local businesses. The Council has not looked at the impact on the local economy-the decline in footfall, parking, the added costs associated with journeys taking longer and the closure of local shops along Green Lanes. The Council's advice to the negative impact on

shops is navigational solutions.

Officer response

The Council have taken steps to understand the views of local business owners as part of the consultation and engagement for this project. As with similar projects, the Council is of the view that there are longer-term benefits by enabling more people to access local business by walking and cycling. It is acknowledged that this project has been delivered during the pandemic and the unprecedented challenges that this has presented to local businesses. As part of a green recovery, the Council wants to help encourage more people to support their local town centers and has developed action plans to help deliver this, including the Palmers Green Action Plan. The modal filter at Devonshire Road is helping to demonstrate how reclaiming some road space from motor traffic can help create more space for people and events, helping to encourage footfall to town centers.

Reason for call-in

32. The Council references obesity and cancer risks as reasons to promote these road closures but ignores the important link to a healthy diet. Furthermore, the Council has failed to consider the public health implications on those residents living on the boundary roads where there are now concentrated levels of air pollutants due to displaced traffic.

Officer response

The Council does not draw a causal link between the Quieter Neighbourhood and a healthy diet.

The air quality assessment states:

"Overall, whilst the scheme leads to changes in pollutant concentrations, the scale of these changes in relation to total predicted concentrations are sufficiently small to lead to no significant effect, neither beneficial <u>nor adverse</u>."

The roads are not closed; they are fully accessible by vehicle, cycle or foot.

Reason for call-in

33. On the 19.11.20. the Council modified the original Traffic Order by replacing the modal filter at the junction of Conway Road and Fox Lane with ANPR cameras. This meant the 6-month objection period started with a new deadline for statutory objections on 19.5.21. On 12.5.21, the Council extended this consultation deadline from 19.5.21 until 11.7.21. There is no provision in law to do this. An error on the modified Traffic Order dated 19.11.20 referred to the incorrect location of the ANPR camera- No 11 Fox Lane instead of No 111 Fox Lane. This meant either the ANPR camera was on the wrong site or the Traffic Order was incorrect.

Officer response

The road closure in Conway Road, at its junction with Fox Lane, was changed to a

camera enforced 'No Motor Vehicle' restriction in response to dialogue with the LAS. The notice formally modifying the Enfield (Prescribed Routes) (No. 6) Experimental Traffic Order 2020 was published on 18 November 2020 and came into effect on the 19 November 2020.

The notice of modification specified that "Any person may object to the making of the permanent Orders, within a period of six months beginning with the date on which the modification described in paragraph 2 of this Notice comes into force (that 6 month period would currently end on 19 May 2021)".

The Council decided to extend the deadline for comments to 11 July 2021 to allow more time for representations to be made, all of which were considered in deciding whether or not to make the scheme permanent. The statutory framework does not prohibit the Council from taking into account objections and comments taken over and above those received within any statutory period.

The notice of modification made it clear that the new No Motor Vehicle restriction applied to Conway Road at its junction with Fox Lane. However, the notice included a typographical error, making reference at one point to No. 11 Fox Lane rather than No. 111 Fox Lane. The situation was subsequently clarified by the making of the Enfield (Prescribed Routes) (No. 5) Experimental Traffic Order 2021, which related specifically to the No Motor vehicle restriction in Conway Road, at its junction with Fox Lane.

Reason for call-in

34. On the 4.7.21, the Council announced the error of the modified Traffic Order of 19.11.20 and a "new ETO has now been made to redefine the restriction in Conway Road at its junction with Fox Lane...and will come into operation on 12 July. This redefines the restriction in Conway Road at its junction with Fox Lane and applies to this location only; no changes to the layout or operation of the camera enforced filter have been made. Objections and representations regarding this new ETO can be made for 6 months".

By trying to create a new Conway Road ETO, the Council restricted objections purely to the specifics of that Traffic Order, i.e. the ANPR cameras at Conway Road. By law, any variation of the original Traffic Order, such as this modification, requires a further 6-month objection period for the whole Fox Lane QN scheme until the 11.1.22. The public were denied their statutory right to object for almost four out of the six months required.

The Council (during the period of 12.7.21 and 9.11.21) wrongfully rejected residents' objections instead of accepting them.

On 9.11.21, the Council sent a letter to residents in and around the Fox Lane LTN area, notifying residents that objections can continue to be made. This statement is false since residents could not object during the four months. That letter contained an error giving the objection deadline as 11 January 2021, instead of 2022. The unacceptable catalogue of errors in law and unlawful actions, has caused confusion and prejudiced the public's right to access correct and lawful information.

On this basis, the Council has erred in law in using the truncated procedure to make this ETO permanent. Therefore, any decision made using flawed information and unlawful practice cannot be acceptable for implementation.

Officer response

The Enfield (Prescribed Routes) (No. 6) Experimental Traffic Order 2020 was modified by the Enfield (Prescribed Routes) (No. 5) Experimental Traffic Order 2021 only to the extent that the road closure in Conway Road, at its junction of Fox Lane, was removed. No other variations or modifications were made to the original order to justify formally extending the consultation period.

The notice of making for the Enfield (Prescribed Routes) (No. 5) Experimental Traffic Order 2021 set out the arrangements for objections and representations to be made during the six-month period starting on 12 July 2021.

The notice did not formally extend the consultation period for other restrictions unchanged by the Enfield (Prescribed Routes) (No. 6) Experimental Traffic Order 2020, bearing in mind that there had already been a period of just over eight months during which objections and representations could be made to these restrictions. However, prior to making the final decision on whether to make the orders permanent, the opportunity to make further representations on all aspects of the scheme was opened up between 9 November 2021 and 11 January 2022. This opportunity was advertised in the local press, the London Gazette and by way of site notices. In addition, the Council's engagement platform was updated and letters sent to properties in and adjacent to the Fox Lane QN.

The Council considered the objections received during the period between 12 July 2021 to 9 November 2021, as well as those received between 9 November 2021 and 11 January 2022.

Overall, the process has provided the opportunity for everyone to provide their views and no interests have been prejudiced. Having met the various requirements relating to orders giving permanent effect to experimental orders, the Council is now ableto proceed and make the orders permanent.



London Borough of Enfield

Overview and Scrutiny Committee

Meeting Date: 28 February 2022

Subject: Stop roadblocks for pedestrians and cyclists - Petition

Cabinet Member:

Director: Interim Director of Law and Governance

Key Decision: N/A

Purpose of Report

1. This Report details the process for considering petitions at the Overview & Scrutiny Committee (OSC).

The petition is asking the Council to: Stop roadblocks for pedestrians and cyclists – reduce emissions from the increased traffic these blocks cause. Stop discriminating against disabled car users who cannot walk nor cycle.

Proposal(s)

2. The Overview & Scrutiny Committee is asked to consider the petition in accordance with the council's constitution and Petition scheme.

The options available to Scrutiny are:

- (i) Take no action; or
- (ii) make recommendations for further consideration to the decision maker.

Reason for Proposal(s)

- 3. The Council's Petition Scheme details that petitions submitted to the Council must:
 - Contain the name, a valid address with postcode, and the signature of any person supporting the petition. A valid address is within the Borough of Enfield and can be a home, work or study address. It must include a clear and concise statement covering the subject of the petition. It should state what action the petitioners wish the council to take.
 - Relate to a matter for which the authority has responsibility, and which affect the authority or its area.

The Council's Petition Scheme enables petitions with 1,562 signatures (0.5% of the assessed population from the 2011 census as published by the Office of National Statistics) to be considered at the Overview & Scrutiny Committee.

Relevance to the Council Plan

Modern Council – Financial resilience and good governance.
 The values of listening and learning are upheld enabling the voice and concerns of residents and communities to be heard.

Background

5. The council received a petition submitted with 3159 signatures. These signatures were verified in line with the requirements of the councils petition scheme, and 397 were discounted as they did not meet criteria detailed in paragraph 3. 2762 met the criteria, providing sufficient numbers to trigger a debate at Overview & Scrutiny Committee.

The petition states:

We the undersigned petition the Council to take down the flower beds and wooden blocks in the middle of the road for all of the palmers green and Winchmore Hill area (such as Selbourne road, Meadway, the Mall, Ring Wood Way).

The borough has already invested in a bike lane for the entire length of green lanes which is barely ever used by cyclists.

Now, between 8-9 roads I. Our immediate area are blocked or have restrictions in place to prevent cars (including disabled road users in motability cars) from driving through roads which we have always used.

Bambos Charalambous MP for Enfield advised this is due to the "healthy streets" scheme by the council who have not sent any letters to residents before installing this changes to the roads with consultation due to start on October 12th despite already installing these without the consultation of us residents.

Stopping free moving cars from driving through roads means they are now diverted into huge lengthy traffic jams on main roads which are now worse than ever and the constant stop and start is releasing far greater emissions when there is zero need to do this.

Regarding "quieter roads", people who live in london should never expect the quiet life that the countryside can offer and we shouldn't be forced to change our local way of life for the few residents who want a quiet road. They should also look at moving to ovations on private roads where they won't be faced with free moving cars.

Give us back our roads, stop discriminating against the elderly, sick and disabled who cannot walk/cycle and are now banned from using these 9 roads indefinitely because of this utterly appalling healthy street scheme.

Main Considerations for the Overview & Scrutiny Committee

To comply with the requirements of the Council's Constitution, scrutiny is
essential to good governance, and enables the voice and concerns of
residents and communities to be heard and provides positive challenge and
accountability.

Safeguarding Implications

7. There are no safeguarding implications.

Public Health Implications

8. There are no public health implications.

Equalities Impact of the Proposal

9. There are no equality impact implications for this report.

Environmental and Climate Change Considerations

10. There are no Environmental and Climate change considerations associated to this report.

Risks that may arise if the proposed decision and related work is not taken

11. There are no key risks associated with this Report. Members of the Overview & Scrutiny Committee note that the Council Petition Scheme allows a debate at the Committee following the requisite number of signatures.

Risks that may arise if the proposed decision is taken and actions that will be taken to manage these risks

12. There are no key risks associated with this Report.

Financial Implications

13. There are no financial implications or additional costs associated with the debating of this Petition.

Legal Implications

14. The Council's statutory duty to have a petition scheme was repealed by s46 of the Localism Act 2011. Although no longer a duty, the Council has retained its petition scheme in the interest of promoting democracy. The Council's Petition Scheme is therefore still valid.

The request in this Report to refer the Petition to the Overview and Scrutiny Committee is in line with the Council's Petition Scheme, a petition with at least 1,562 signatures will be referred to the committee for debate.

Workforce Implications

15. There are no workforce implications.

Property Implications

16. There are no property implications.

Other Implications

17. There are no other implications.

Options Considered

18. In accordance with the Council's Petition Scheme, Overview & Scrutiny Committee is required to allow consideration of the views expressed in the Petition.

Conclusions

19. Following consideration of the petition, the committee will resolve to take one of the actions listed at paragraph 2.

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Date of report: 18 February 2022

Background Papers

None