

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 Ian 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, longer-term 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.

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https://governance.enfield.gov.uk/documents/s87876/Enfield%20Healthy%20Streets%20Cabinet%20Report%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>

⁵ <https://new.enfield.gov.uk/healthandwellbeing/wp-content/uploads/2020/04/LBE-JHWBS-FINAL-V5.0.pdf>

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

⁶ <http://governance.enfield.gov.uk/ecSDDisplay.aspx?NAME=SD4020&ID=4020&RPID=93630236>

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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.



Source: Lucy Saunders

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-3>

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 https://governance.enfield.gov.uk/documents/s87877/Enfield%20Health%20Streets%20Annex%20A_Additional%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>

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

<p>Number of responses</p>	<p>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).</p>
<p>Demographics</p>	<p>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</p> <p>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.</p> <p>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.</p>

	<p style="text-align: center;">Proportion of respondents who have a disability</p> <p style="text-align: center;"><i>Figure 2: Proportion of respondents who have a disability</i></p> <p>Typically, people with disabilities expressed greater level of opposition (82%) in comparison with those who stated no disabilities (59%). Details of the concerns raised are discussed in the 'Equality Considerations' section of this report.</p> <p>These numbers do not include the 157 emails and letters received as demographic information was not available.</p>
Location	<p>Of the respondents, 44 (92%) live in Enfield but only 2 respondents (4%) live within the project area. There were a further 45 (94%) respondents from people living outside the area, and 1 (2%) respondent who did not provide the relevant information.</p> <p>There is an estimated population of 15,940 based on the 2011 Census living within the project area and surrounding roads. The 2 respondents living within the project area represent less than 1% of those residents.</p> <p>These numbers do not include the 157 emails and letters received as information about the location of these respondents was not available.</p>

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.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 Midwives 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

	<p>these emissions is on-road transport from cars. The proposals will enable:</p> <ul style="list-style-type: none"> • Increased levels of active travel by making journeys safer and more appealing. • Reduced private vehicle trips by making alternatives equally attractive. <p>In the shorter term, there may be some increase in carbon emissions on the surrounding primary road network.</p>
Environmental management	<p>Neutral</p> <p>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.</p> <p>However, the main offset will be a forecast reduction in the use of private vehicles as noted above.</p>
Climate change mitigation	<p>Positive</p> <p>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.</p> <p>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.</p>

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 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.
Traffic volumes significantly increase	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.
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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

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<https://webarchive.nationalarchives.gov.uk/ukgwa/+http://www.dft.gov.uk/pgr/roads/tpm/tmaportal/tmafeatures/tmapart2/tmafeaturespart2.pdf>

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 low-traffic 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 Road) instead of the proposed modal filters and bus gate	<p>The southern section of Bull Lane is too narrow for a segregated cycle track along its entirety.</p> <p>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</p>

	<p>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.</p> <p>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.</p> <p>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.</p>
<p>Relocate the proposed bus gate on Bull Lane to Queen Street at a location near the intersection with Durban Road</p>	<p>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.</p>

Conclusions

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

²⁷ <https://www.selbyurbanvillage.co.uk/>

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 mid-year 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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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