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 may 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.