CALL-IN OF DECISION
(please ensure you complete all sections fully)

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

TITLE OF DECISION: North Middlesex Hospital Active Travel Improvements

DECISION OF: Leader of the Council

DATE OF DECISION LIST PUBLICATION: 4th February 2022

LIST NO: 48/21-22 KD5372
(* N.B. Remember you must call–in a decision and notify Scrutiny Team within **5 working days** of its publication).

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

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

LEAD – Cllr Daniel Anderson

(1) Signature:..... **Print Name:** Cllr Charith Gunawardena

(2) Signature:..... **Print Name:** Cllr Dinah Barry

(3) Signature:..... **Print Name:** Cllr Dino Lemonides

(4) Signature:..... **Print Name:** Cllr Ayfer Orhan

(5) Signature:..... **Print Name:** Cllr Anne Brown

(6) Signature:..... **Print Name:** Cllr Daniel Anderson

(7) Signature:..... **Print Name:** Cllr Alessandro Georgiou

(1) Reason why decision is being called in:

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

(2) Outline of proposed alternative action:

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

(3) Do you believe the decision is outside the policy framework?
No

(4) If **Yes**, give reasons:

For Governance Use Only:

Checked by Monitoring Officer for validation –

Name of Monitoring Officer: Date:

Reasons for call-in:

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

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

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

These arguments are documented below:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

The overview of consultation report contains flawed logic

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

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

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

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

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

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

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

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

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

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

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

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

There are concerns over the financial viability of the project

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

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

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[i] https://www.london.gov.uk/questions/2015/1704
[ii] https://www.alzheimers.org.uk/blog/research-UK-biggest-killer-high-dementia-deaths
[iii] https://www.london.gov.uk/press-releases/mayoral/transport-network-must-be-funded-properly