

London Borough of Enfield

Portfolio Report

Report of: Richard Eason, Healthy Streets Programme Director

Subject: A1010S to North Middlesex Hospital Cycle Route

Cabinet Member: Deputy Leader, Cllr Ian Barnes

Director: Doug Wilkinson

Key Decision: N/A

Purpose of Report

1. The purpose of this report is to provide a summary of the A1010S to North Middlesex Hospital Cycle Route to date. This report on the current trial, which was introduced by means of Experimental Traffic Orders (ETOs) in Winter 2020/2021, invites a decision on whether the trial is made permanent or removed in part or completely.

Proposal(s)

2. The trial currently in operation and shown at Annex 1 is implemented on a permanent basis and approval is given to spend funding allocations as set out in this report.
3. That the provisions of the experimental traffic orders TG52/1455, which are included at Appendix 1 and were advertised on 11th November 2020 and came into force on 23rd November 2020, continue in force by means of permanent orders.
4. These recommendations should be considered in the knowledge that improvements to the interventions introduced as part of the trial are explored. These may include:
 - Bollard(s) between the planters of the Park Road modal filter, following a recommendation from the Metropolitan Police to re-consult with the emergency services on whether they would now support a non-camera enforced modal filter at this location.
 - A parallel zebra crossing on Victoria Road at the location of the current informal cycle and pedestrian crossing.
 - Permanent footway buildouts in place of the current temporary ones that are made with reflective bollards.
 - Speed reduction measures at Victoria Road and Sweet Briar Walk.

5. That delegated authority be given to the Director of Environment & Operational Services to make any of the improvements outlined above if the trial is made permanent.
6. Note that the Deputy Leader must make the decision in relation to the proposals in this report on the basis that any of the future proposals set out in paragraph 4 may not be implemented.

Reason for Proposal(s)

7. A number of experimental traffic orders were made to bring into operation the trial measures implemented for the A1010S to North Middlesex Hospital Cycle Route. To enable the scheme to be retained, further orders need to be made under the Road Traffic Regulation Act 1984. To help inform the decision, the report sets out the progress against project objectives and objections to the scheme being made permanent, as well as details of the monitoring of this trial.
8. The Council has declared a climate emergency with a commitment for the Borough to become carbon neutral by 2040. Transport accounts for 39% of the Borough emissions¹, 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.
9. 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.
10. A1010S to North Middlesex Hospital Cycle Route forms part of the Enfield Healthy Streets programme, providing a key connecting link for Cycleway 1. Therefore, this report sets out the contribution this project can make to the wider context described above.

Relevance to the Council Plan

11. 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. Providing cycling infrastructure and improved conditions for walking supports end to end journeys by active travel modes, enhances connections to public transport services and connects residents with town centres.
12. Safe, healthy and confident communities – The project, and the underlying Enfield Healthy Streets Framework², 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

¹ <https://new.enfield.gov.uk/services/environment/enfield-climate-action-plan-2020-environment.pdf>

² https://governance.enfield.gov.uk/documents/s87876/Enfield%20Healthy%20Streets%20Cabinet%20Report%20-%20Final_020621.pdf

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.

13. 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 makes 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 provides more travel choices for the 32.5% of Enfield households who have no access to a car (a percentage that increases to 40.5% in the Haselbury ward and 53.5% in the Edmonton Green ward) and an alternative travel choice for the remaining households that do.
14. 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. The current trial provides active travel infrastructure necessary to encourage everyone to enjoy active travel, contribute to an increase in active mode share, and reduce the dependency on private vehicles.

Background

15. 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 Strategy³, Enfield Council Plan⁴, Enfield Local Transport Strategy⁵, and Enfield Joint Health and Wellbeing Strategy⁶.
16. The A1010S to North Middlesex Hospital Cycle Route project aligns 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.
17. The current trial was implemented in Winter 2020/2021 as part of Enfield’s response to the Covid-19 pandemic, following Government calls for walking and cycling projects like this proposal to be accelerated, as capacity on public transport was suppressed owing to social distancing. The decision⁷ to implement the A1010S to North Middlesex Hospital Cycle Route on a trial basis and make the necessary ETOs was taken by the Cabinet Member for Environment and Sustainability and came into effect on Wednesday 4 November 2020.

³ <https://tfl.gov.uk/corporate/about-tfl/the-mayors-transport-strategy>

⁴ <https://new.enfield.gov.uk/services/your-council/enfield-council-plan-2020-to-2022-your-council.pdf>

⁵ <https://new.enfield.gov.uk/services/roads-and-transport/enfield-transport-plan-2019-2041-roads.pdf>

⁶ <https://new.enfield.gov.uk/healthandwellbeing/wp-content/uploads/2020/04/LBE-JHWBS-FINAL-V5.0.pdf>

⁷ <http://governance.enfield.gov.uk/ecSDDisplay.aspx?NAME=SD4020&ID=4020&RPID=93630236>

18. The measures that were introduced were complimentary to the existing network (not introducing substantial changes to the road's use), with the only change to motor vehicle route options being the modal filter on Park Road.
19. The current trial was introduced using ETOs, which are valid for a maximum of 18 months. The Orders came into effect on 23rd November 2020 and expire on 23rd May 2022. The Local Authorities' Traffic Orders (Procedure) (England and Wales) Regulations 1996 make provision for orders to be made giving permanent effect to the experimental orders, subject to a number of requirements being met, including:
- The notice of making containing the required statements;
 - The deposited documents being available for inspection (allowing for the temporary arrangements made during the Covid-19 pandemic);
 - The deposited documents including a statement of the reason for making the experimental order;
 - No variation or modification of the experimental orders was made more than 12 months after the order was made.
20. The above requirements have been met in this instance.
21. The A1010S to North Middlesex Hospital Cycle Route project connects with the proposed active travel route that will extend along Bull Lane N18, between the A406 North Circular Road underpass and the Enfield borough boundary with Haringey ('North Middlesex Hospital Active Travel Improvements' project). This proposed active travel route will provide a continuation of Cycleway 1 and a future connection with Cycle Superhighway 1 (CS1) in Haringey. The decision⁸ to implement the North Middlesex Hospital Active Travel Improvements was made by the Deputy Leader and was published on Friday 4 February 2022. This decision was confirmed by the Overview & Scrutiny Committee on 28 February 2022.

Main Considerations for the Council

22. The A1010S to North Middlesex Hospital Cycle Route project was 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.
23. 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 Change⁹. 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”*

⁸ <https://governance.enfield.gov.uk/ccSDDisplay.aspx?NAME=SD4188&ID=4188&RPID=95498386>

⁹ https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/904146/gear-change-a-bold-vision-for-cycling-and-walking.pdf

- *“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.”*
- *“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.”*

24. The Government’s Net Zero Strategy: Build Back Greener¹⁰, released in October 2021, sets out the Government’s long-term plan to end the UK’s domestic contribution to man-made climate change by 2050. Two transport key commitments in this plan are:

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

25. Additional guidance was published by the Secretary of State for Transport in July 2021¹¹ 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’¹². 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.

26. The 2018 Mayor’s Transport Strategy (MTS) sets the overall direction and objectives for transport across London. The MTS, and the supporting evidence¹³ 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*

¹⁰ <https://www.gov.uk/government/publications/net-zero-strategy>

¹¹ <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>

¹² <https://www.gov.uk/government/publications/cycling-and-walking-plan-for-england>

¹³ <https://content.tfl.gov.uk/mts-supporting-evidence-challenges-opportunities.pdf>

by there being more traffic on a day-to-day basis than there is space for.”

27. Active travel projects, such as the A1010S to North Middlesex Hospital Cycle Route, align closely with the following policies in the MTS:

- *“Policy 1: The Mayor, through TfL and the boroughs, and working with stakeholders, will reduce Londoners’ dependency on cars in favour of active, efficient and sustainable modes of travel, with the central aim for 80 per cent of all trips in London to be made on foot, by cycle or using public transport by 2041.”*
- *“Policy 2: The Mayor, through TfL and the boroughs, and working with stakeholders, will seek to make London a city where people choose to walk and cycle more often by improving street environments, making it easier for everyone to get around on foot and by cycle, and promoting the benefits of active travel. The Mayor’s aim is that, by 2041, all Londoners do at least the 20 minutes of active travel they need to stay healthy each day.”*
- *“Policy 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.”*

28. The North Middlesex University Hospital NHS Trust Green Plan 2021-2026¹⁴, 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.”*

29. 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 [...]”*
- *“Continue work with Enfield Council and local authorities to develop improved cycle routes”*

¹⁴ <https://www.northmid.nhs.uk/download.cfm?doc=docm93jjim4n6301.pdf&ver=11986>

30. Transport for London's (TfL's) Healthy Streets for London¹⁵ 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 Indicators¹⁶.



Source: Lucy Saunders

Figure 1: Healthy Streets Indicators

31. 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 seriously injured on Enfield's roads) of the Healthy Streets Framework. Annex A¹⁷ 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.”*

¹⁵ <https://content.tfl.gov.uk/healthy-streets-for-london.pdf>

¹⁶ <https://tfl.gov.uk/corporate/about-tfl/how-we-work/planning-for-the-future/healthy-streets#on-this-page-3>

¹⁷ https://governance.enfield.gov.uk/documents/s87877/Enfield%20Health%20Streets%20Annex%20A_Additional%20Information.pdf

- *“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.”*

32. As set out in the A1010S to North Middlesex Hospital Cycle Route Project Rationale¹⁸ 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

33. The current trial cycle route extends between Park Road N18 and the A406 North Circular Road underpass at Bull Lane. This route provides a continuation of Cycleway 1 (southern end of the A1010 South project on Fore Street), a connection to North Middlesex University Hospital (NMUH), and a future connection with Cycle Superhighway 1 (CS1) in Haringey via the proposed active travel route along Bull Lane N18. A map of the project can be found in Annex 2.

34. 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 investments such as the ‘A1010 North’ project¹⁹, the ‘A1010 South’ project²⁰, the ‘A1010S to North Middlesex Hospital Cycle Route’ experimental project²¹, and the ‘North Middlesex Hospital Active Travel Improvements’ project²², which amount to approximately 8.7 km of cycle facilities.

35. 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 London²³.

36. The trial sought to address the lack of cycle connection with Pymmes Park and NMUH from the North through Cycleway 1 and enable a future connection with the borough of Haringey and further with CS1. This lack of cycle links can create a severance in active travel connectivity and can result in fewer cycle trips taken along all of Cycleway 1 and CS1.

37. The area between Park Road, Pymmes Park, and NMUH lacked infrastructure suitable for all the different modes of active travel. The issues were accentuated by the insufficient and unsuitable crossing facilities. The

¹⁸ <https://letstalk.enfield.gov.uk/4908/widgets/16936/documents/21957>

¹⁹ <https://www.cycleenfield.co.uk/projects/a1010-north/>

²⁰ <https://www.cycleenfield.co.uk/projects/a1010-south/>

²¹ <https://letstalk.enfield.gov.uk/a1010s-nmh>

²² <https://letstalk.enfield.gov.uk/nmh-ati>

²³ <https://tfl.gov.uk/modes/cycling/routes-and-maps/cycleways>

previously high motor traffic volume on Park Road, a residential street that was used as a cut-through route, hindered the movement of pedestrians, people who cycle, and people with reduced mobility.

38. Pymmes Park is a Metropolitan Open Space, Local Importance of Nature Conservation, and a site of Archaeological Importance. It offers a wide range of leisure facilities for the community, which include a bowls club, tennis courts, multi-use games area, football pitches, an outdoors gym, a children's playground, an amphitheatre, a walled garden, a lake, an ornamental pond, and picnic grounds. Providing a cycling link and a better environment for pedestrians enables more members of the community to access this public open space and enjoy its numerous facilities.
39. Since NMUH 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 boroughs²⁴, improving walking and cycling access to the hospital from both Enfield and Haringey is essential and supports the Hospital's strategic aims.
40. London Borough of Haringey are also proposing a continuation of the North Middlesex Hospital Active Travel Improvements route in Haringey ('C1 Route to Queen Street via White Hart Lane' project²⁵) which will connect to the existing CS1 and complete this strategic corridor.
41. The A1010S to North Middlesex Hospital Cycle Route project was delivered at a similar time as the cycle hub at NMUH which provides its staff with secure cycle parking, washing and changing facilities, clothes drying facilities, and personal storage lockers for running or cycling equipment.
42. Taking all the above into account, the following objectives have been set for this project:
 - Improve walking & cycling access to North Middlesex Hospital and Pymmes Park.
 - Contribute towards a long-term increase in the levels of active travel, both along the route and as part of a wider borough network.

Monitoring of the trial

43. The monitoring data and outcomes are discussed in further detail in Table 1. The project Monitoring Plan²⁶, which is publicly available on the project page, sets out the areas of focus for monitoring. In Table 1 each of the areas have been considered individually and the impacts assessed. Two areas of focus set out in the Monitoring Plan are discussed in later sections within this report; 'residents, businesses and stakeholder's views', are discussed in paragraphs 46 to 66 and 'equality considerations' are discussed in paragraphs 74 to 94.
44. Traffic volume and speed was monitored via Automatic Traffic Counts (ATCs) at locations shown in Figure 2.

²⁴ <https://www.northmid.nhs.uk/annual-report-20-21>

²⁵ <https://www.haringey.gov.uk/parking-roads-and-travel/roads-and-streets/road-safety/road-safety-consultations#Road>

²⁶ <https://letstalk.enfield.gov.uk/4908/widgets/16936/documents/22465>

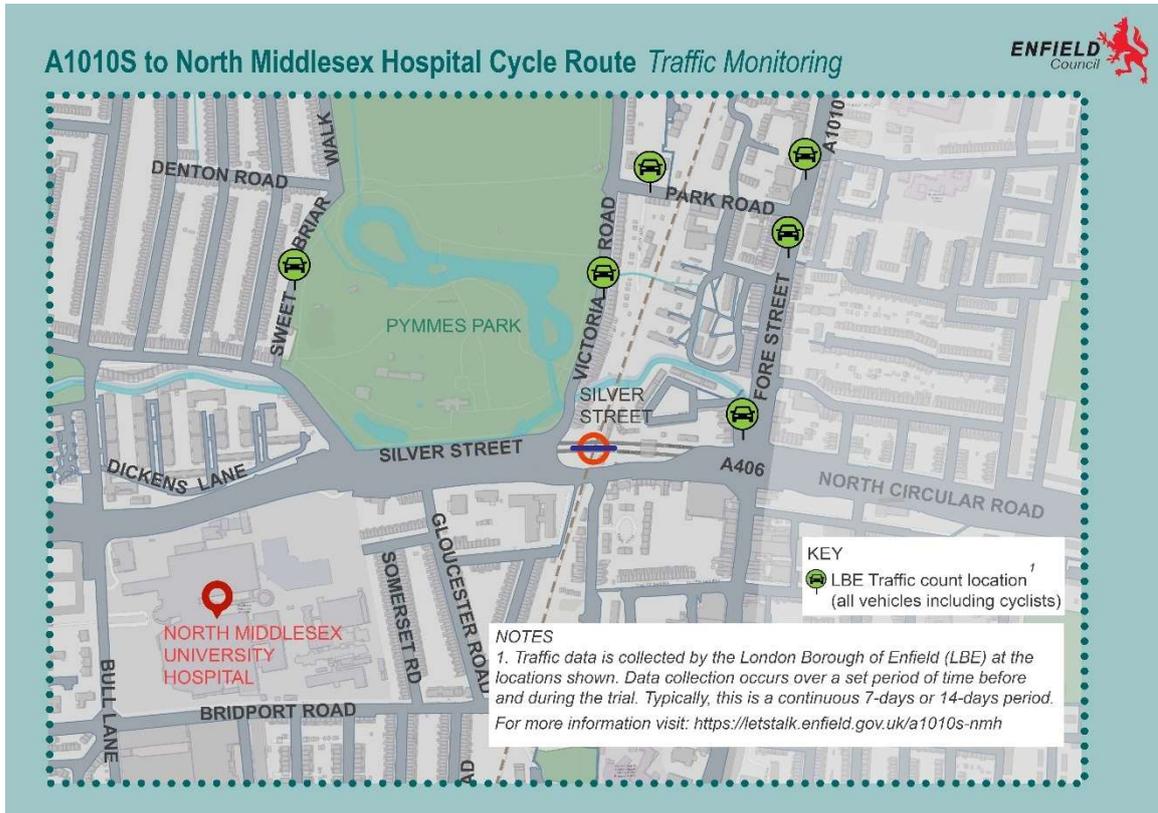


Figure 2: Traffic count locations

Table 1: Project monitoring

<p>Traffic volumes</p>	<p>Pre-implementation (collected in November – December 2017 and April – May 2018) and post-implementation data (collected in May 2021) have been compared to inform how the project has influenced the local and surrounding highway network. Details of the analysis are included in Appendix 2.</p> <p>Generally, traffic volume has decreased across the project area. Based on the 5 surveyed sites where both pre-implementation and post-implementation data was available for comparison, the average percentage reduction in traffic is 35%. When Park Road is excluded, the average percentage reduction in traffic across the project area is 22%.</p> <p>As expected, Park Road, where a modal filter has been introduced, has seen the largest reduction in traffic. The average daily (24-hour) number of vehicles decreased by 7,724, a difference of approximately 89%.</p> <p>Victoria Road has seen a small change in traffic, with 334 (10%) less vehicles on average per day. Specifically, while there was a slight increase in southbound traffic (203 vehicles or 7%), there was a larger decrease in northbound traffic (537 vehicles or 13%).</p>
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Fore Street both north and south of the junction with Park Road experienced a decrease in traffic volumes both on the northbound and southbound directions. When averaging the figures between the two surveyed sites on Fore Street, the average total daily volume exhibited a drop of approximately 3,326 vehicles (13%). The decrease was more prominent on the southbound direction, which exhibited an average decrease of approximately 2,671 vehicles (21%). Details on the individual sites can be found in Appendix 2.

Traffic reductions on Victoria Road and Fore Street may have occurred as vehicles are now routing via alternative routes in the wider network, suggesting either the traffic has been reassigned further afield, or the overall traffic flows in the area have decreased.

The two banned right turns at the Denton Road and Sweet Briar Walk junction have resulted in a drop in traffic on Sweet Briar Walk. While the decrease in the number of vehicles was only 239, the percentage drop was 59%.

Limitations of data

Pre-implementation surveys were undertaken in the 1-4 years before 2020. Therefore, the figures and changes between the different survey locations may not be directly comparable with each other. However, they still provide a useful indication of changes to traffic patterns across the area, as well as an accurate comparison for each site individually.

The reported changes in the network should not be considered as only influenced by this trial. This project was implemented shortly prior the pandemic, which has created changes in travel patterns. It is not known what longer-term impacts the pandemic will have. Post-implementation surveys were undertaken in May 2021, when the Step 3 of the Government's Covid-19 response roadmap²⁷ came into force. This further relaxed the restrictions and allowed all but the most high-risk sectors to reopen.

Acknowledging the limitations in the data and the unprecedented impacts of the pandemic, the impacts associated with traffic volume do not, in isolation, suggest that the trial should not be made permanent.

²⁷ <https://www.gov.uk/government/publications/covid-19-response-spring-2021/covid-19-response-spring-2021#roadmap>

<p>Vehicle speeds</p>	<p>Vehicle speeds were monitored via Automatic Traffic Counts (ATCs). Details of the analysis are included in Appendix 2.</p> <p>Across the 5 surveyed locations, vehicle speeds showed negligible change, increasing by approximately 0.5mph over an average 24-hour period.</p> <p>Park Road exhibited an average speed reduction between its eastbound and westbound directions of 4.3mph (20%).</p> <p>Vehicle speeds showed an increase on Sweet Briar Walk by an average 2.4mph (15%) and Victoria Road by an average 2.5mph (14%). This increase was found to be larger in the southbound directions and smaller in the northbound directions. This coincides with the reduction in traffic flow. It must be noted that even though vehicle speeds have increased on these roads, they remained either below or less than 1mph above the posted 20mph speed limit. The Council will explore speed reduction measures along Victoria Road and Sweet Briar Walk.</p> <p>Speed changes on Fore Street showed no significant change.</p> <p>The observed changes in traffic speed before and after the trial do not suggest that the trial should not be made permanent.</p>
<p>Bus journey times</p>	<p>Bus journey times in the area have been analysed using iBus data supplied by TfL. Pre-scheme journey times were captured over February 2020, before any travel restrictions were introduced due to Covid-19. Post-scheme journey times were captured over May 2021, after the travel restrictions were lifted. Details of the analysis and methodology are included in Appendix 2.</p> <p>Overall, bus journey times for the 34, 102, and 144 routes generally exhibited either an increase or little change. As with traffic volumes, there may be a range of factors, beyond the A1010S to North Middlesex Hospital Cycle Route project, that are contributing to the overall results.</p> <p>All eastbound routes increased by some degree during weekday AM and PM peaks, and remained largely unchanged during the weekend. All westbound routes exhibited negligible change.</p> <p>Typically, bus journey time changes are influenced by changes in traffic volume or traffic flow patterns. However, the outcomes of the traffic analysis that are included in Appendix 2 showed:</p>

	<ul style="list-style-type: none"> • traffic reduction on Fore Street, which is used by all the above-mentioned bus routes, as well as the project area as a whole, and • no significant change in traffic flow patterns. <p>Therefore, the changes on bus journey times cannot be directly attributed to this trial.</p> <p>The Council maintained regular dialogue with the bus operators both before and after the implementation of the trial, but no issues with regards to the impacts of the scheme have been raised.</p> <p>Therefore, the impacts on bus journey times identified above, when considered in isolation, are not considered to be significant enough to not make the trial permanent.</p> <p>Enfield has an ongoing work programme to work with TfL to identify ways in which the operation of buses and their journey times can be improved across the Borough.</p>
Cycling counts	<p>Cycle volumes were monitored via Automatic Traffic Counts (ATCs). Classified link cycle counts with the use of a camera were also carried out at Park Road and Sweet Briar Walk on specific 24-hour periods to verify and calibrate the ATC figures. Details of cycle volumes by road and the analysis methodology are included in Appendix 2.</p> <p>Across the surveyed locations that form part of the cycle route (Fore Street north of Park Road, Park Road, and Sweet Briar Walk), the raw ATC results show an overall increase in cycle activity by approximately 216 cycle journeys per day (98%). As the classified cycle link counts revealed approximately 76% additional cycle journeys compared to the ATC results, this percentage rises to 136% (301 additional cycle trips) after calibrating the ATC figures accordingly.</p> <p>The increased use of the route through Park Road is also demonstrated by the 53% drop of cycle journeys on the section of Fore Street south of Park Road, suggesting that some people who cycle may now be using the safer and more attractive new route.</p> <p>One of the aims of projects such as this is to expand the cycling network and encourage everyone to make more sustainable transport choices. It should be acknowledged that changing travel behaviours is part of a longer-term programme that the Council is pursuing. The data suggests the start of a trend in the right direction.</p>
Impact on emergency services	<p>Consultation was held and feedback sought from emergency service providers prior to implementation. This collaboration led to a final design that was implemented without any objections.</p>

	<p>The Park Road N18 modal filter was designed at the request of emergency services to maintain a key access route to the area for their vehicles via an enforcement camera, which allows emergency vehicles through unhindered.</p> <p>As part of the implementation of the project, the Council has invested in technological solutions to ensure that updates are effectively made to commercially available navigation solutions such as Google, TomTom and Bing. This enables the emergency services to update their own navigational systems as they deem necessary. The Council continues to work with the emergency services to gain more insight into the navigational approach that crews are taking if any delays occur, to help determine whether there are any further steps that can be taken to minimise any issues. The solution provider is now working with TfL and the large commercial providers to examine how changes can be made to support emergency services more effectively by providing navigation data which understands exemptions for emergency vehicles. This is a highly technical and developing market which will require a lot of development over time.</p> <p>Enfield Council and London Fire Brigade, Metropolitan Police, and London Ambulance Service continued to work together during the trial and discussed operations including response times, methods, and general observations and feedback. None of the emergency services have raised any incidents of delayed responses due to the project.</p> <p>The Council remain committed to working with the emergency services and through regular dialogue will continue to be responsive to any issues raised. On the basis of no objections from the emergency services, there is no suggestion that the scheme should not be made permanent.</p>
Air quality	<p>The project aims to contribute towards a long-term increase in the levels of active travel both through the route itself and the borough. Providing a high-quality active travel infrastructure can play a vital role in enabling more walking and cycling journeys. As a result, more people are encouraged to choose to switch their shorter journeys from car to foot or cycle. Shifting to sustainable modes of travel is a key way of reducing carbon emissions and air pollution in the borough.</p> <p>Air quality may not have changed as a direct result of this project alone. It must be highlighted that this project is not delivered in isolation. The project forms part of a broader</p>

	<p>range of Healthy Streets programme and other Enfield Council initiatives, one of which is expanding the active travel network, and thus supports the Council's commitment to reduce transport pollution, improve air quality, and make Enfield carbon neutral by 2030. Therefore, air quality changes could not be monitored and evaluated solely on the basis of this project.</p>
Road collisions	<p>Personal injury collision data is collected when the police attend an incident; this data is then collated by TfL and passed on to boroughs six monthly. The data available at the time of the analysis was up to March 2021. Additional details of the analysis are included in Appendix 2.</p> <p>A personal injury collision search for the three-year period prior to implementation shows that there were 120 personal injury collisions within the project area. Of these 120 collisions, 104 involved slight injuries, 15 serious injuries, and 1 fatal injury.</p> <p>A personal injury collision search was completed post-implementation. Data is available up to 30 March 2021 providing 3 months of data. The results of this search indicate there have been 6 personal injury collisions within the project area post implementation. All of these collisions involved slight injuries.</p> <p>Road collisions within a small area resulting in injuries are typically rare events and because of this it is necessary to review data over a long period of time to observe meaningful trends. Whilst a trend cannot be established based on just 3 months of data, the information available to date does not suggest that the A1010S to North Middlesex Hospital Cycle Route has had a significant impact on personal injury collisions.</p>
Healthy Streets indicators	<p>The Healthy Streets check for designers has been utilised to review the Healthy Streets score for Fore Street, Park Road, Victoria Road, and Sweet Briar Walk. Overall, the Healthy Streets score increased by an average of 9 percentage points.</p> <p>Park Road, Victoria Road, and Sweet Briar Walk have increased their Healthy Streets score by between 6 and 24 percentage points. Fore Street has seen no change.</p> <p>Key to the score increase is an improvement of the motor traffic related metrics, such as 'total volume of two-way motorised traffic' and 'reducing private car use', due to the access restrictions introduced for motorised traffic and the overall decrease in traffic volumes. Additionally, metrics related to the improvements of the environment introduced by the scheme that benefit pedestrians, for instance</p>

	<p>'additional features to support people using crossings', contribute to the increase of the score.</p> <p>Further details of the assessment are included in Appendix 3.</p>
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Alignment against project objectives

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

Project Objective	Project Outcomes
<p>Improve walking & cycling access to North Middlesex Hospital and Pymmes Park.</p>	<p>The overall average traffic reduction of 35% (22% if Park Road is excluded) observed across the project area, create a safer and more attractive environment for pedestrians and people who cycle to Pymmes Park and NMUH.</p> <p>The interventions introduced as part of the trial project, including traffic calming measures, widened footways, additional crossing points, shorter crossing distances, and cycle wayfinding signs and markings, deliver improved accessibility to those destinations.</p>
<p>Contribute towards a long-term increase in the levels of active travel, both along the route and as part of a wider borough network.</p>	<p>Monitoring data indicates an overall increase in cycling activity along the route.</p> <p>At the three monitored sites that form part of the cycle route, overall cycling journeys increased by 98% (136% when the ATC results are calibrated based on the classified link counts). With the proposed active travel route that will extend along Bull Lane N18 and provide a future connection with Cycle Superhighway 1 (CS1) in Haringey ('North Middlesex Hospital Active Travel Improvements' project), there is the potential to maintain and build upon this upward trend.</p>

Community and stakeholder engagement

46. 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 A1010S to North Middlesex Hospital Cycle Route. 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:

- Better Streets for Enfield,
- Residents of Edmonton Angel Community Together (REACT),
- The Enfield Society,
- Enfield Cycling Campaign,
- London Cycling Campaign, and
- Edmonton Cycling Club.

One of the key points of feedback that was received during that workshop was that Park Road is a road that needs traffic calming.

47. 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 NMUH, emergency services, TfL, bus operators, Network Rail, waste collection, Enfield's housing department, and Enfield's parks department. The Council collaborated closely with these key stakeholders and involved them in the development of the proposals for this project. This engagement started in May 2020 and continues to date on a frequent basis.
48. 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 Park Road N18 modal filter being designed to maintain a key access route to the area for emergency services via an enforcement camera, which allows emergency vehicles through unhindered. Engagement and discussion with the emergency services continued post implementation of this project to ensure that there would be no significant impacts on their travel time. One of the outcomes of this engagement was a recent suggestion made by the Metropolitan Police to consult again with all emergency services on whether they would now support a change to a non-camera enforced filter at Park Road.
49. Project briefings were provided at milestone dates to the Haselbury and Edmonton Green wards Councillors and the Deputy Leader of the Council.
50. Communications and engagement activities with the wider community regarding the project included:
 - A letter delivered in October 2020 to residents, businesses, and other organisations within the local area describing the project background, introducing the plans, explaining the ETO process, mentioning the next steps, and informing them of the project page
 - Launch of Let's Talk project page in October 2020, hosting information on the project, frequently asked questions (FAQs), key dates for the project, documents, information on the consultation, the electronic consultation survey, notices of the traffic orders, and project updates posted to the page

- Four notification letters, one for each of Park Road, Sweet Briar Walk, Dorrit Mews, and Tanners End Lane, delivered in November and December 2020 to residents, businesses, and other organisations with details of the construction.
 - A letter delivered in December 2020 to residents, businesses, and other organisations within the local area notifying them of camera enforcement of the restriction to through motor traffic (except emergency services) on Park Road N18, under the railway bridge, becoming effective from Monday 21st December 2020.
 - A letter inviting residents, businesses, and other organisations to participate in the consultation and providing details of how to do so, delivered in March 2021.
 - A letter inviting residents, businesses, and other organisations to participate in an online engagement survey and providing details of how to do so, delivered in May 2021.
51. Notice of the draft permanent traffic orders was published in the London Gazette and Enfield Independent newspapers on 11th November 2020. Any person could make objections or representations relating to the making of the permanent orders, within a period of six months beginning with the date on which the experimental orders came into operation. The six-month statutory period for objections or representations ended on 23rd May 2021.
52. The Council received responses during the consultation as per the instructions written in the Notice of the ETOs, the relevant letter that was delivered in March 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 TG52/1455 and stating the grounds on which it is made via any of the following means:
- emailed to traffic@enfield.gov.uk, or
 - posted to Head of Traffic and Transportation, Civic Centre, Silver Street, Enfield, Middlesex, EN1 3XD.
53. Statutory consultees were sent notice of the traffic order and invited to provide an objection or representation. No formal responses were received. Communication with stakeholders such as the Metropolitan Police, London Fire Brigade, and London Ambulance Service has continued throughout the trial period.
54. A further opportunity to share feedback was provided in May 2021 through an online engagement survey. This opportunity was communicated through a letter delivered to the area and a website update on the Let's Talk Enfield project page. This survey opened on 17th May 2021 and closed on 6th June 2021. The feedback provided supplemented the ongoing scheme monitoring, and any representations or objections raised during the consultation period.
55. Responses received during the statutory consultation period as well as feedback collected through the engagement survey have been analysed and consolidated into a number of tables which are at Annex 3. An overview of the public engagement and consultation is discussed in Table 1.

Table 2: Overview of consultation

Number of responses	There was a total of 20 responses to the statutory consultation (this includes letters sent as attachments within an email) from 17 unique email addresses. An additional 21 responses were received via the online engagement survey.
Demographics	<p>Respondents were required to register with the Let's Talk Enfield site to complete the engagement survey. This enables the Council to collect demographic information to better understand the people who are being engaged. The survey does not require respondents to provide their full name and full address due to data handling and processing regulations. Therefore, there is no verification process on individual responses.</p> <p>Fewer than 10 people provided demographic information on their age, race, and gender, therefore it is not possible to assess whether the engagement was representative of the project area.</p>
Location	<p>Of the respondents, 21 (100%) live in Enfield, 18 respondents (85%) live within the wider project area, and 3 (15%) respondents live outside the area.</p> <p>There is an estimated population of 37,005 based on the Office for National Statistics (ONS) population mid-year estimate living within the project area and surrounding roads. The 18 respondents living within the project area represent less than 1% of those residents.</p> <p>These numbers do not include the 20 emails and letters received as information about the location of these respondents was not available.</p>
Mode of transport	The proportion of car owners responding to the engagement survey suggests that they were over-represented, based on the Enfield Council Borough and Ward Profiles 2021 as shown in Figure 3.

Proportion of people who own one or more cars

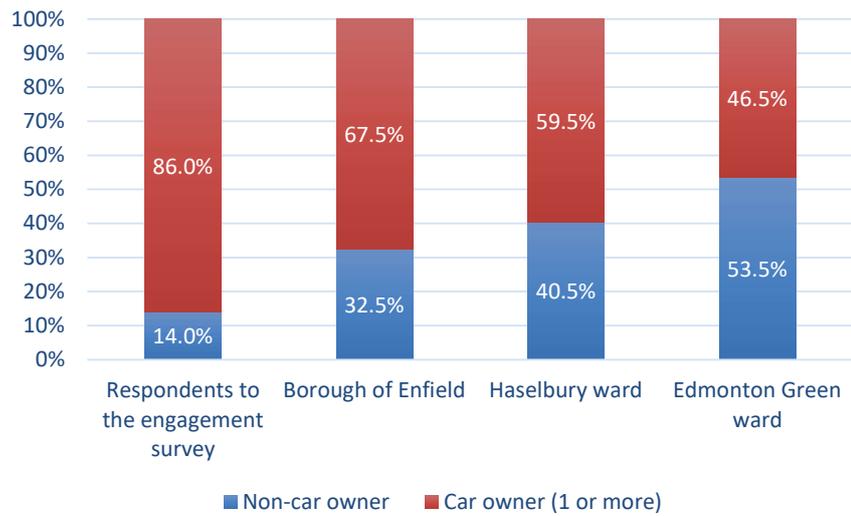


Figure 3: Proportion of people who own one or more cars

The respondents' main mode of transport on both weekdays and weekends reflected the high car ownership levels, with 90% or more of respondents either driving or being a passenger in a car as Figure 4 and Figure 5 demonstrate.

Main modes of transport on weekdays

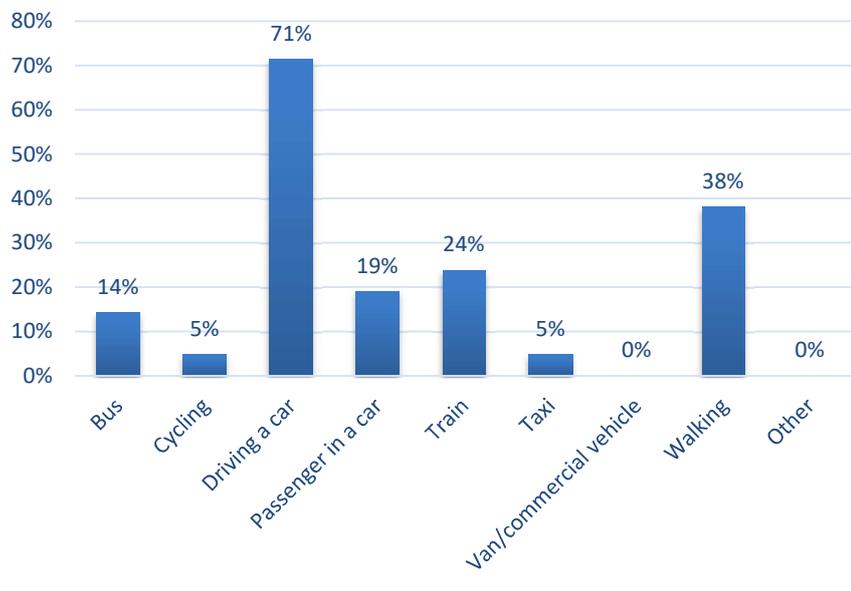
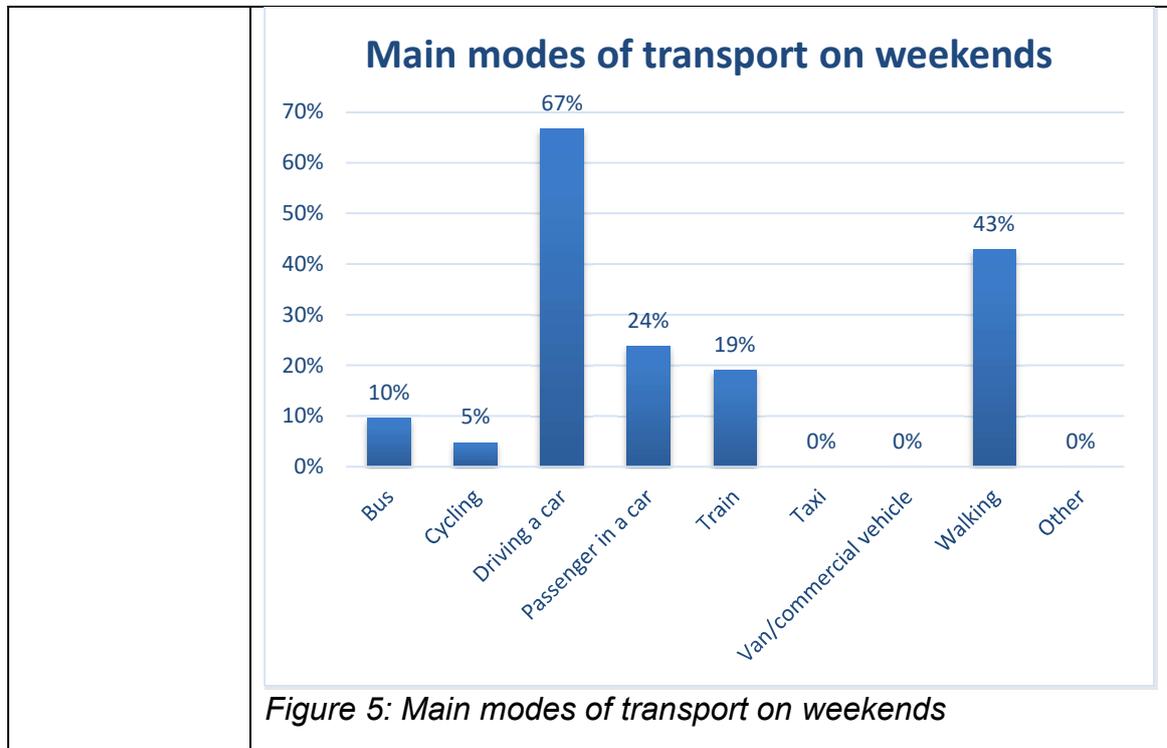


Figure 4: Main modes of transport on weekdays



56. Grounds for objections that were raised have been extracted from the consultation table and listed in Annex 4. The Council has carefully considered these and provided a response to each objection. The main areas of concern and support are discussed below.
57. The prime area of concern identified from the analysis of the statutory consultation and engagement survey responses is around the perception that the scheme is reassigning traffic to nearby roads and causing congestion.
58. The traffic survey data that has been collected shows that traffic volumes have dropped by an average of 35% (22% if Park Road is excluded) across the project area. Furthermore, all the 5 roads that were surveyed demonstrated an individual reduction in traffic between 10% and 89%.
59. The second most prominent concern that was raised is around the number of cyclists in the area not being sufficient to justify the changes in the scheme.
60. Prior to the implementation of the project and based on data collected in 2017, an average of 48 people cycled every day on Park Road, where the A1010S to North Middlesex Hospital Cycle Route starts. Following the implementation of the trial, the cycle counts that were carried out revealed that 94 people cycled on Park Road per day, exhibiting a 96% increase in volume.
61. The above figures were collected through the ATC surveys, which are better suited to accurately counting motor vehicles and therefore cannot capture 100% of the cycling movements. In fact, a classified link cycle count that was carried out on 27th May 2021 using a camera, revealed that the ATC survey on the same day captured 76% less cycle journeys than the actual number. Therefore, the actual amount of people who cycled in the area before the project was implemented and the increase following implementation are likely to be higher.

62. The delivery of projects such as the A1010S to North Middlesex Hospital Cycle Route cannot be based on the number of cyclists already using a particular route alone. For instance, Park Road was carrying an average of 9,223 motor vehicles per day before the project was implemented. Such high volumes of motor traffic on an unclassified road create an unsafe and unwelcoming environment for people to cycle, particularly for those who are less confident.
63. The scheme was delivered in the context of local, regional and national policies and strategies that seek to respond to the climate emergency, reduce traffic congestion and increase levels of physical activity, and post-pandemic response to enable a green recovery. Improving on the current ratio of cars to pedestrians and cyclists, i.e., 'mode share' is key to these policies. An example of this is the Mayor's Transport Strategy which aims for 80% of all trips to be made on foot, by bicycle or by public transport by 2041.
64. Indeed, 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. The increase in cycling that the monitoring data demonstrated, indicate a trend towards the right direction.
65. The provision of safe infrastructure enables more people to make the choice to cycle some of their local journeys. Evidence from other schemes indicates that the number of cycling journeys in the Borough are increasing where good quality infrastructure has been installed. For instance, when assessing the cycling data captured on Cycleway 20 at Palmers Green for the month of April (in order to account for seasonal variation in cycle journeys due to weather) between 2019 and 2021, it can be seen that the number of cycle trips increased by approximately 36%²⁸.
66. The supportive responses were primarily centred around the project encouraging children to walk and cycle and putting pedestrians and people who cycle on level priority with motorists.

Safeguarding Implications

67. None identified.

Public Health Implications

68. The A1010S to North Middlesex Hospital Cycle Route 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.
69. 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.

²⁸ <https://www.cycleenfield.co.uk/news/latest-cycle-counts/>

Prevention of lifestyle related conditions can also lead to significant cost savings within health and social care services.

70. 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.
71. 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.
72. 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.
73. 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

74. Local authorities have a responsibility to meet the Public Sector Duty created pursuant to the Equality Act 2010. The Act gives people the right not to be treated less favourably because of any of the protected characteristics. We need to consider the needs of these diverse groups when designing and changing services or budgets so that our decisions do not unduly or disproportionately affect access by some groups more than others.
75. The Public Sector Equality Duty requires Local Authorities, in the performance of their functions, to:
 - Eliminate discrimination, harassment, victimisation and other prohibited conduct
 - 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.
76. 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.
77. An Equalities Impact Assessment (EqIA) for the project was carried out prior to implementation. Since implementation, alongside the EqIA, the impact on equalities has been monitored. The consultation has sought information on protected characteristics. An updated EqIA is at Appendix 4 to this report.
78. The online consultation survey asked respondents to optionally submit demographic information so various representation levels could be assessed, including on protected characteristics as outlined in the Equality Act 2010.
79. Fewer than 10 people provided information on protected characteristics (age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation, and socio-economic status), therefore it is not possible to assess whether the engagement was representative of the study area.
80. 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
81. 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.
82. Some residents rely on motor vehicles for transport, but others rely on mobility scooters or walking. These proposals do not prevent motor vehicle access to any property within the area, however, may extend some essential journeys, or journeys made by carers. The reduction to through-traffic at Park Road is likely to reduce conflict between different road users creating a safer environment, particularly those with physical disabilities.
83. 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.
84. Those older individuals who are able to walk may exhibit slower movement and reaction time or use mobility aids for walking. The interventions introduced as part of the trial project, which include traffic calming measures, widened footways, additional crossing points, and shorter crossing distances, will benefit such older active travel users who require extra time to cross the street.
85. 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.

86. Expectant mothers and mothers who have recently given birth are likely to have an increased number of medical appointments. Where this travel is made by car it may require a different route to be taken, 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 safer for those using active travel modes due to 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.
87. In respect of race, the proposed measures are likely to improve conditions for pedestrians and cyclists, by reducing conflicts with motorised vehicles. This will disproportionately benefit ethnic groups who are more 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).
88. The increase during weekday AM and PM peaks in bus journey times of eastbound routes, whilst likely unrelated to this scheme, may disproportionately impact 'Black and Black British' and 'Other Ethnic Groups' who are disproportionately likely to use public transport.
89. 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 people with a religious belief.
90. In terms of sex, females are more likely to use the bus, but less likely to drive or cycle. Improvements made to the safety and convenience of cycling to reduce the barriers to cycling disproportionately faced by females and increase the percentage of females choosing to cycle. Providing improved conditions for cycling is likely to disproportionately benefit females, particularly due to higher number of trips they make on a daily basis compared to males, as well as their role in taking children to and from educational and recreational facilities.
91. It is noted that although this scheme is unlikely to have negatively influenced bus journey times, the increase during weekday AM and PM peaks of eastbound routes may disproportionately impact females who use buses more often than males.
92. With regards to socio-economic status, the Borough wards where this project is located, Haselbury and Edmonton Green, are two of the most deprived wards in the borough, with 45.7% and 45% households respectively claiming Universal Credit. People who are economically disadvantaged are less likely to own cars, meaning they are more likely to walk or cycle as part of multi-modal longer distance journeys (e.g., into inner London). 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.

93. 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, which this report and the traffic analysis have assessed.
94. 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

95. Table 3 provides an overview of environmental and climate change considerations.

Table 3: Overview of Environmental and Climate Change Considerations

Consideration	Impact of Proposals
Energy consumption	<p>Neutral</p> <p>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.</p>
Measures to reduce carbon emissions	<p>Positive</p> <p>Transport generates a significant amount of greenhouse gas emissions (39% of borough-wide emissions as per the Enfield Climate Action Plan 2020). The primary contributor of these emissions is on-road transport from cars. The project 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>Positive</p> <p>As noted above and in earlier sections of this report, a forecast reduction in</p>

	the use of private vehicles can be expected, as people start changing their travel behaviours.
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.</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

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

Table 4: Identified risks of not making the proposed decision

Risk	Risk Description
Reduction in levels of active travel	The gap in cycling infrastructure from Fore Street to the A406 North Circular Road underpass 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	<p>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.</p> <p>Increased hospital attendances for elective care – non-urgent services including diagnostic tests and scans and outpatient care – as a direct result of Covid-19 and knock-on impact of other conditions in treatment backlog, will result in greater demand for</p>

	<p>journeys towards the hospital. Increased demand by private car would see congestion, delays, and worsening of the reported parking issues in the area.</p>
<p>Failure to provide a contribution to tackle the climate crisis</p>	<p>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 39% of the borough's emissions, making it one of the largest sources of emissions of all sectors.</p>
<p>Reputational damage with regards to project assessment</p>	<p>The guidance that was published by the Secretary of State for Transport in July 2021 to assist local authorities to meet their statutory network management duty states that <i>"the aim should be to retain schemes and adjust, not remove them, unless there is substantial evidence to support this"</i>.</p> <p>The Council has committed to considering a series of factors when measuring the impact of the trials.</p> <p>Whilst a number of residents have demonstrated that they do not support the interventions, on balance, the view of the Council is that the benefits outweigh the dis-benefits, particularly when taking a longer-term view. Whilst the views of residents are an important consideration, the views of those participating in the engagement and consultation do not necessarily become a deciding factor. The Council needs to demonstrate that it is able to objectively assess the broad impacts of projects and be willing to make decisions, in the context of a climate crisis and in the interest of public health, that may not be universally popular.</p> <p>The network management guidance, which was published by the Secretary of State for Transport in July 2021, supports the above by stating that <i>"Consultations are not referendums, however. Polling results should be one</i></p>

	<i>part of the suite of robust, empirical evidence on which decisions are made”.</i>
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 Pymmes Park and NMUH, 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. The Government has also said that local authorities which remove schemes prematurely or without proper evidence are likely to see transport budgets reduced in future.

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

97. A number of risks have been identified and are summarised in:

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.

<p>Traffic volumes significantly increase</p>	<p>The 'new normal' of motor traffic volume is currently uncertain. Should the worst case occur where traffic volumes continue to increase, then this could lead to different impacts than those outlined in this report. The Council will therefore continue with some monitoring activity in the area to be able to identify any significant changes.</p>
<p>Potential for incidents of navigational issues with the emergency services</p>	<p>Whilst the Council has not received reports from the Metropolitan Police, London Fire Brigade, or London Ambulance Service, the Council will continue to work with the emergency services to gain greater insights into the causes of any delays. The Council will also respond to any further measures that are identified, beyond the work already done, to ensure that navigational systems have access to the latest data.</p>
<p>Reputational damage with regards to suggestions that the Council does not listen to residents</p>	<p>The Council is often accused of not listening when it makes a decision that may not have universal acceptance. The Council has ensured that consultation feedback has been carefully analysed. The findings and key themes are included in this report and Annex 3. The range of objections have been listed in Annex 4 and a response provided to each, demonstrating that all the issues raised have been considered. The Council has a responsibility to balance up these views with long term benefits to the local and regional areas and how these contribute towards national and global challenges.</p>
<p>Continuing damage to CCTV at Park Road</p>	<p>The Closed-circuit television (CCTV) installed at Park Road to enforce the modal filter restrictions has been damaged on a number of occasions since the implementation of the project. This camera could potentially be damaged again in the future, leading to additional expenses to repair or replace it and/or enhance its protection.</p>

The current level of protection has been effective, with no damage reported in several months.

Financial Implications

Budget – capital

98. The overall available budget on code C201780 is £245k in 2021/22 and £1m in 2022/23.
99. This request is for the approval of £180,996 to deliver and implement the A1010S to North Middlesex Hospital Cycle Route Capital Scheme of which £161,391 was spent in 2020/21. The remaining £19,605 is expected to be spent in 2021/22.

Capital Expenditure & Financing (£000)	2020/21 (Actual)	2021/22 Forecasted	Total
Capital Expenditure	161.3	8.3*	169.6
Commitments	0	11.3	11.3
Total Capital Expenditure	161.3	19.6	180.9
Financed By:			
TfL and DfT Grants	161.3	19.6	180.9

*Spend as of 28 February 2022

100. The expenditure incurred in 2020/21 was financed by external capital grant from the TfL Streetspace for London Programme.
101. Expenditure of £19,605 in 2021/22 will be financed from a £44,000 Active Travel Fund grant provided by the DfT via TfL. The residual amount of £24,395 will be used to finance a potential scheme in 2022/23 for which a further report will be submitted for approval prior to delivery.

Funding

102. The scheme is wholly funded from external grants administered by Transport for London (TfL) and with no costs to the Council.
103. TfL provide the funds via certified claims that can be submitted as soon as expenditure is incurred, ensuring that the Council benefits from prompt reimbursement of any expenditure.

Budget – revenue

104. Current and future maintenance costs from this scheme have already been included within existing highway revenue budgets.
105. No impact on revenue budgets.

Legal Implications

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

Workforce Implications

113. None identified.

Property Implications

114. A small part of one of the works which runs between Silver Street and Dorrit Mews is on land belonging to a third party (a housing association). Regularisation is required in relation to the permanent installation of the works so that they are not at risk.

115. There are no other property implications.

Other Implications – Network Management

116. 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"

117. 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.

118. 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.”²⁹

119. 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 DfT’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”*

120. From a network management perspective, some of the key points to note are:

- TfL are the traffic authority for the A406 North Circular Road. They have been closely involved with the scheme and have not raised objections to the scheme being made permanent.
- Traffic flows on the monitored roads within the project area have seen a reduction in traffic by an average of 35% (22% if Park Road is excluded). Whilst the long-term impact of the Covid pandemic on traffic patterns may not be known for some time, there is no clear evidence that the scheme has had a negative impact on the functioning of these roads.
- The increase in eastbound bus journey times on weekdays needs to be considered as this may indicate points of congestion. However, the traffic

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

volume reduction and the negligible change in traffic flow patterns, suggest that this scheme is not the cause of these bus delays.

Options Considered

121. The alternative options summarised in Table have been considered.

Option	Comment
Remove the trial	Removing the trial would sever the current connection to Pymmes Park and NMUH and the future connection to Haringey and CS1, stall or reverse the active travel uptake trends, and therefore prevent the opportunity to realise the benefits that the project objectives can deliver.
Holding a Public Inquiry prior to a decision	Consideration was given to referring this project to a Public Inquiry. However, it is recommended that no Public Inquiry into this project takes place on the basis that there has been significant opportunity for all views to be canvassed during an extended consultation period, including objections to making the orders permanent, and for these views to be presented to the decision-maker for consideration; the proposal does not contain issues which are particularly complex. Therefore, a Public Inquiry, where the decision would ultimately be returned to the Council, would add no further value to the process.
Remove the Park Road modal filter and/or implement segregated cycling infrastructure	<p>Park Road and particularly its section under the railway bridge is too narrow for a segregated cycle track.</p> <p>The modal filter ensures that Park Road receives reduced traffic, becoming access only for residents and businesses. With traffic volumes being significantly lower following the introduction of the modal filter, the active travel route complies with DfT's Cycle infrastructure design (LTN 1/20)³⁰ and TfL's New Cycle Route Quality Criteria³¹, reducing or eliminating the need for segregated cycle facilities.</p>

³⁰ <https://www.gov.uk/government/publications/cycle-infrastructure-design-ltn-120>

³¹ <https://tfl.gov.uk/corporate/publications-and-reports/cycling>

	<p>While removing the modal filter would create an additional access point for residents and businesses, it would also create an opening for through traffic to pass. This would lead to traffic levels remaining too high to safely mix people who cycle with motor traffic.</p>
<p>Residents only access, for example via ANPR</p>	<p>One of the aims of the project is to enable a longer-term increase in the levels of walking and cycling within and through the scheme area. Allowing residents exemptions from the Park Road modal filter, via ANPR or other means, could restrict the level of changes in travel behaviour by those residents who drive and live within the project area.</p> <p>Furthermore, the additional motor traffic within the area from trips made by residents would 'dilute' the benefits to others and potentially limit the potential for growth in walking and cycling.</p>

Conclusions

122. 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 Pymmes Park and 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, such as those implemented as part of this project.
123. 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 is proposing a further extension of this route to Haringey ('North Middlesex Hospital Active Travel Improvements' project) and has worked in partnership with Haringey who have their own plans to continue the route further and create a connection with Cycle Superhighway 1. With all these links in place, a continuous route into central London will be created.
124. The report sets out a summary of the monitoring categories, with further details contained within Appendix 2, which forms a vital part of the reading when making an overall assessment on this project.

125. The primary objectives of the project were to improve walking & cycling access to North Middlesex Hospital and Pymmes Park and contribute towards a long-term increase in the levels of active travel, both along the route and as part of a wider borough network. The reduction in motor vehicle levels within the area and the pedestrian and cycle interventions introduced, demonstrate the improvements in access to those key destinations, without significant impacts on the surrounding roads. The early indications of an uptake in cycling provide a foundation upon which levels can increase into the longer-term. The Council should continue to align other services such as continued Dr Bike provision, cycle training and continued delivery of residential cycle hangars alongside the delivery of active travel projects. Building further active travel links, such as the proposed Cycleway 1 link extension to Haringey, will contribute towards the ongoing development of a wider active travel network. Collectively, this approach should help build upon the increased cycling trends identified in this report.
126. The number of responses to the consultation for this project was low when looking at the overall population. Less than 1% of residents living within the project area made their voices heard through the statutory consultation and the engagement survey. Whilst the pandemic has impacted the ability to hold in person events, the level of communication to residents, businesses, and other organisations in the area has been high with a series of letters delivered.
127. A small number of objections have been raised on making these changes permanent. 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 trial and the relevant experimental traffic orders are made permanent.

Report Author: Richard Eason
Healthy Streets Programme Director
Richard.Eason@enfield.gov.uk
02081320698

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Annexes

- Annex 1 Plans of interventions
- Annex 2 Project map
- Annex 3 Consultation and engagement findings
- Annex 4 Responses to objections

Appendices

- Appendix 1 Experimental Traffic Orders TG52/1455
- Appendix 2 Traffic analysis
- Appendix 3 Healthy Streets Check for Designers
- Appendix 4 Equality Impact Assessment (EqIA)

Background Papers

None