Lambeth

Equalities Analysis in Lambeth	
Proposal Title	**C-19 Response: Oval to Stockwell Triangle Low Traffic Neighbourhood**
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Document History		
Version	Date	Comments
1	21.10.20	Version 1 published
2	01.12.20	Updated document format and added information about exemption policy

What is changing?

Closures to motor vehicles have been introduced to streets across the Oval Triangle neighbourhood, on a trial basis. The signed restrictions are supported by wooden planters in the carriageway so that the new layout is obvious to motorists. Gaps have been left between planters so that emergency vehicles, who are exempt from the restrictions, can drive through still. Other motor vehicles are able to drive up to the closure points from one end of the road or the other but will not be able to drive through.

The aim is to reduce motor traffic volumes in order to create space for people to safely walk and cycle. The effect is that access to most properties in the area is from South Lambeth Road, rather than the A3, Clapham Road. The trial nature of the scheme allows the council to amend and improve these changes through working with the local community.

No motor vehicle restrictions apply to the following locations;

- Dorset Road at the junctions of:
  - Cobbett Street (to eastbound traffic only)
  - A3, Clapham Road

- Albert Square, junction with A3, Clapham Road
- Claylands Road, Claylands Place and Palfrey Place crossroad
- Richborne Terrace junction with A3, Clapham Road
- Fentiman Road junction with Palfrey Place

Neighbourhood streets that are currently dominated by motor vehicles will have traffic volumes reduced. This will support safer and easier social distancing and make walking and cycling feel and be safer. This will help to enable journeys that may no longer be suitable for public transport.

As a result of these changes, vehicle journeys in and around the area will change in a range of ways. Depending on how traffic movements change there are different potential equality impacts and benefits to be considered.

The changes described above will significantly alter the way that streets are used, physical changes to the way spaces are laid out should accompany this change in use and be developed over the longer term. This will help to enable the use of this new space by people and business to reinforce messaging around social distancing and support active travel.

This EQIA will be reviewed and updated at key milestones as the project is improved and expanded on.

Traffic Level Changes within the area:

Traffic data from 2019 (Floow, telemetric analysis) indicates that a high proportion of traffic travelling east/west through the Oval Triangle does not start or stop their journey in the area. Instead they are making longer journeys across London, passing through the neighbourhood. As a result, some streets (notably Fentiman Road, Dorset Road and Albert Square) within the Oval Low Traffic Neighbourhood area can expect to see a significant reduction in traffic, especially when compared to pre-Covid traffic counts.

On Fentiman Road approximately 65% of the 4,200 vehicles using the road each day were through traffic. This suggests that traffic volumes on Fentiman Road will reduce by more than 2,700 vehicles a day and, in the short term, will be displaced. Dorset Road and Aldebert Terrace each had over 1,000 vehicles a day using them and over half is likely to be through traffic meaning that a further 1,000 vehicles could be displaced by the new restrictions.

Traffic level changes around the area:
The following streets surround the neighbourhood and should be considered as part of the impact area;

- South Lambeth Road (TfL managed boundary road)
- Clapham Road (TfL managed boundary road)
- Harleyford Road (TfL managed boundary road)
- Lansdowne Way (Lambeth managed boundary road) and Stockwell Road
- Prima Road, Crewsden Road, Caldwell St, Handforth Rd, South Island Place
- Stockwell Park Road/Groveway, Sidney Road/Robsart Road

Traffic Levels

As cited above, it is reasonable to anticipate approximately 3,700 vehicles which used to drive through the Oval Triangle no longer being able to do so. The way in which these vehicles re-route will vary depending on the total length of the journey being made and whether or not it starts or stops in the wider local area. Satnavs and Google Maps will also re-route people based on traffic levels at any given time, dispersing traffic across a broader geographic area. Projects comparable to this typically result in a conservative estimate of 10% traffic reduction across the broader area when compared with the baseline data. This reduction in traffic is associated with traffic evaporation as people use other modes of travel or change their journey patterns. TfL's Cityplanner data shows that the Oval area has high walking and cycling potential

Safety

In terms of road danger reduction the majority of killed and serious injuries occur on main roads and near junctions. The vast majority of victims are vulnerable road users: pedestrians, cyclists and motorcyclists, caused by collisions involving larger heavier motor vehicles. About 200 people are killed or seriously injured on roads in Lambeth each year. Road danger fears is the main barrier deterring more people from taking up cycling. Reducing traffic volumes enables more people to feel safe to begin cycling.

The section of Clapham Road alongside the Oval Triangle has a road danger risk twice to four times as high as the average for TfL managed roads. It is one of London's busiest cycle routes and clusters of collisions are evident at nearly all junctions with side roads, in particular at;

- Albert Square junction with Clapham Road
- Dorset Road with Clapham Road
- Fentiman Road with Clapham Road

The trial scheme reduces the number of vehicles which will turn on and off the Clapham Road. Fewer turning movements reduce the likelihood of collisions as a result of turning vehicles.

Vehicle Access:

All properties within the neighbourhood will remain accessible by motor vehicle, although routes are likely to change depending on the location of a property relative to closure locations. The Oval Low Traffic Neighbourhood is split between two controlled parking zones (Kennington 'K' and Stockwell 'S') and residents will be able to continue to park on either side of closure locations within their permitted zone depending on what will be most convenient for them. This may result in a longer walk.

Air Quality

Transport derived emissions are the primary source of people being exposed to poor air quality in this area. Once the project has 'bedded in' and is operating as normal it is expected that there will be an overall reduction in traffic across the area as a whole. The distribution and flow of motor traffic around the area as well as specific air quality monitoring of NO2 will help us understand positive or negative impacts of traffic changes and make improvements to address these.

What do we know about the people who will be impacted by this change?
In this section we consider:

- People who live in the Low Traffic Neighbourhood
- People who travel through or visit the low traffic neighbourhood
- Impacts of Covid-19 on different population groups, and how the proposed changes may interact with these impacts.

A borough wide demographic analysis of protected characteristics and how these may be impacted by transport changes to reduce private vehicle dependence can be found on the wider Transport Strategy EqIA available here.

The project is located across Oval and Stockwell wards. Within and around these two wards there are specific demographic factors to consider, described below. Ward level analysis covers a larger geographic area than the project, and wider affected, area but is the best source of readily available data that helps understand local demographic trends.

Oval ward has population of ~~(~~16,600~~)~~ with almost 80% working age. Median household income is in line with the borough average. It has a high number of residents in employment, a high number of jobs in the ward, and a high rate of NI registrations of non-UK workers. Oval ward has an average rate of working age benefit claimants (Nov 2014), an average rate of out of work claimants, and a low rate of claimants aged under 25. 2015 crime rate is average for the borough.

There is high percentage of households in flats (87%), and there is a high proportion of private rented households (35%, compared to 35% social rented and 26% owner-occupied). 19% of households are working age people sharing accommodation (i.e. not living as a family). 39% of households are single people and 38% are families. The split between people who are economically active, 78%, and inactive (retired, studying, caring responsibilities etc), 22%, matches the borough profile.

In terms of ethnicity white people make up 63% of the population in Oval ward and 37% are Black, Asian and minority ethnicities (BAME). Black people make up 19%, with 10% black African and 6% black Caribbean. The Asian population is 8%. In 15% of households, there is no-one whose first language is English; 4.5% of Oval residents speak Portuguese as their first language, and 3.6% speak Spanish. This is broadly in line with the ethnic make-up of Lambeth as a whole which is 57% white, 26% black and 7% Asian, although the BAME population I slightly higher than average.

The age profile has a greater proportion of working age people than the borough average with 14% children under 16, almost 79% of working age and 7% over 65. Age and health are closely correlated. In Lambeth 27% of 64-74 year olds have a limiting health condition. This rises to 46% of 75-84 year olds and 64% of those over 85. In the general population 6.1% of people have a disability that limits them a lot and 6.6% one that limits them a little. In Oval ward 6% of residents have a disability that limit their day-to-day activities a lot and 6.7% one that limits them a little. In Oval ward 6% of the population also undertakes unpaid care, again in line with the borough average.

Stockwell ward has a population of average size for Lambeth (15,200). Although it is one of the least well off wards in Lambeth with a low median household income, the employment rate is average for the borough. Stockwell has an average rate of working age benefit claimants (Nov 2014), an average rate of out of work claimants, and an average rate of claimants aged under 25.

Dependent children in out-of-work households are average. The crime rate is average for the borough (2015).

Stockwell has the highest proportion of dwellings in council tax bands A or B, and a high percentage of households in flats (86%). There is a large amount of social rented households (45%), compared to 25% home owners and 27% private rented. The Lansdowne Green, Studley, Mursell and South Lambeth estates are amongst poorest area in borough. Lansdowne Gardens is a more affluent area.

In terms of ethnicity white people make up 56% of the population in Stockwell and 54% are Black, Asian and minority ethnicities (BAME). Black people make up 29%, with 16% black African and 8% black Caribbean. The Asian population is 6%. Stockwell's diverse population has a high proportion of residents whose first language is not English (8% of residents speak Portuguese, 3% Spanish, 2.6% Polish and 4% an African language). Over 40% of residents were not born in UK, especially Portugal, Poland, South America, Caribbean (especially Jamaica) and Africa (especially Nigeria). It has the highest National Insurance registrations of migrant workers in the borough. The ethnic make-up of Lambeth as a whole is 57% white, 26% black and 7% Asian.

The age profile also matches that of the borough generally with 18% children under 16, 73% of working age and 7% over 65. Age and health are closely correlated. In Lambeth 27% of 64-74 year olds have a limiting health condition. This rises to 46% of 75-84 year olds and 64% of those over 85. In the general population 6.1% of people have a disability that limits them a lot and 6.6% one that limits them a little. In Stockwell 5.6% of residents have a disability that limit their day-to-day activities a lot and 6.7% one that limits them a little. 7% of the population also undertakes unpaid care, again in line with the borough average.

Sources:
Lambeth 2016 state of the wards
London datastore – ward profile
Nomis local area report

The Indices of multiple Deprivation (IMD) shows that of the seven LSOAs within the project area; none are in the least deprived fifth of LSOAs in Lambeth, two are in the second least deprived fifth, three are in the middle fifth, and one each are in the most deprived LSOAs and second most deprived fifth of LSOAs. The Oval Triangle area has a population of approximately 10,882 people. 13% are under 18 and 6% over 70.

COVID Related Equality Considerations
There are several ways in which risks and outcomes as a result of COVID-19 differ relative to protected characteristics as identified by this study of June 2020 by Public Health England: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/892085/disparities_review.pdf. This study presents interim findings and this EqIA will need to be reviewed in light of further research to be released later in the year.

Age
Diagnosis rates increased with age for both males and females. When compared to all-cause mortality in previous years, deaths from COVID-19 have a slightly older age distribution, particularly for males.

Socio-economics and deprivation
People who live in deprived areas have higher diagnosis rates and death rates than those living in less deprived areas. The mortality rates from COVID-19 in the most deprived areas were more than double the least deprived areas, for both males and females. This is greater than the inequality seen in mortality rates in previous years, indicating greater inequality in death rates from COVID-19. High diagnosis rates may be due to geographic proximity to infections or a high proportion of workers in occupations that are more likely to be exposed. Poor outcomes from COVID-19 infection in deprived areas remain after adjusting for age, sex, region and ethnicity, but the role of comorbidities requires further investigation.

Ethnicity
People from Black ethnic groups were most likely to be diagnosed. Death rates from COVID-19 were highest among people of Black and Asian ethnic groups. This is the opposite of what is seen in previous years, when the mortality rates were lower in Asian and Black ethnic groups than White ethnic groups.

An analysis of survival among confirmed COVID-19 cases and using more detailed ethnic groups, shows that after accounting for the effect of sex, age, deprivation and region, people of Bangladeshi ethnicity had around twice the risk of death than people of White British ethnicity. People of Chinese, Indian, Pakistani, Other Asian, Caribbean and Other Black ethnicity had between 10% and 50% higher risk of death when compared to White British.
These analyses did not account for the effect of occupation, comorbidities or obesity. These are important factors because they are associated with the risk of acquiringCOVID-19, the risk of dying, or both. Other evidence has shown that when comorbidities are included, the difference in risk of death among hospitalised patients is greatly reduced.

Transport Equity and Health
Particularly considering the indicative trends identified in PHE's research into risks and outcomes of COVID-19 and broader demographic data at the local and London level there are direct connections between access to transport and health risks and outcomes that should be considered.

Chief beneficiaries of the scheme will be people who currently walk or cycle and those who cannot, or choose not, to use public transport and are looking for alternative ways of making their journeys. Cycling in particular is a good alternative for trips that were made by bus or tube. TfL's Cycling Action Plan states that "The reasons why people choose not to cycle in London stem principally from the physical and social environments around them. These environments influence different people in different ways, and we know that they create particular barriers to cycling for women, BAME people, older people and disabled people."

Specific data is being collated on the number of people living in the area that hold a blue badge as an indication of those with mobility related disabilities. Further definition will be required with internal teams at the council and community engagement to understand and support disabled residents to ensure their access to essential services is not disproportionately affected.

The rebalancing of our road network to improve conditions for walking and cycling will most impact those who travel by motor vehicle. Whether or not a Londoner owns a car principally depends upon

where they live, their income, and life-stage or household composition. The following factors are closely associated with higher than average car ownership:

- Living in outer London,
- Low levels of access to public transport,
- Higher income. Access to a vehicle increases significantly as household income increases,
- Children in the household,
- More than one adult in the household,
- In full time employment,
- Western European nationality. (Car ownership: 43% of white, and 30% of black Londoners)
- Being male. 34% of women having access to a car versus 46% of men

In the Oval Triangle most local residents rely primarily on public transport (pre-Covid) for access to work, education or training. 66% of households do not have access to a car across the area with the range across the 7 LSOAs being 58% to 70%. Yet the area, even away from the main roads, exceeds the legal limit for annual average levels of Nitrogen Dioxide, as modelled in 2016.

How will they be impacted by the change?

The changes proposed will provide safe (both road safety and reduced likelihood of infection) and affordable travel options to people from all demographic and socio-economic backgrounds. This is essential to improving equity in access to transport as well as reducing infection risk in lower income groups.

Beyond the positive benefits of improving transport equity, there are impacts associated with how motor vehicle movements will change and the health and environmental impacts that may be expected. Impacts are considered to be derived form 1) changes in traffic levels in surrounding areas and the ambient effects this can create in terms of air quality. 2) changes to individuals' ability to move through the area or access properties.

Impacts by Group

Age

Older people experience a higher risk from C-19 and therefore social distancing is a particularly important factor. The proposal is expected to improve the ability to maintain social distancing by creating more street space that can be used by the whole community, including those without access to motor vehicles. Conversely, older people may be more reliant on travel by motor vehicle and in some cases journey times may increase as a result of the proposal, however all areas will remain accessible at all times and the impact is expected to be limited and outweighed by improvements to safety and air quality as well as the potential for a higher proportion of this group to walk and cycle than is currently the case.

Children are particularly impacted by poor air quality at the roadside and are also vulnerable to road danger, both of which the proposal aims to address. The proposals offer the potential for more physical activity, including play, in areas where amenities may be limited, offering the potential to address issues of obesity and well-being.

Disability
Much of current public realm / road network has the effect of excluding disabled people and the proposal seeks to address this by creating a more inclusive street environment. Reducing road danger also has the potential to enable more people to participate in active travel. For example, cycles can improve mobility and access for disabled people, many of whom do not have access to motor vehicles.

For those that do have access to a car, or rely on taxis or carers in some cases journey times may be increased for some trips and different routes might be needed. Feedback gathered since the trial scheme was launched indicates some individuals have had to change their routes to access essential services and support. This includes parents and carers of disabled children accessing schools and disabled people and carers accessing shops, pharmacies and GP services for essential goods, prescriptions and appointments. We have received feedback from disabled people who rely on motorised transport, and from SEND providers about the impact that the LTN has had on their journeys. Further data is being collected and mitigations developed and implemented accordingly.

Race and ethnicity
BAME groups are over-represented in indices of deprivation, Covid19 cases and are more likely to be exposed to transport related harmful impacts, such as traffic collisions and poor air quality. The proposal should help address these imbalances. The proposal is expected to increase active travel participation among under-represented BAME groups by improving the physical environment.

As identified by the integrated impact assessment for the Ultra Low Emission Zone, the retail and wholesale business sector makes high use of vans in central London. There is a high proportion of BAME ownership in this sector and there may be a negative impact on BAME businesses whose delivery routes could be affected by these changes.

Sex, gender reassignment, marriage and civil partnership, pregnancy and maternity, sexual orientation and religion and belief
No specific impacts identified

Socio-economic status
Providing safe (both road safety and reduced likelihood of infection) and affordable travel options to people from all socio-economic backgrounds is essential to improving equity in access to transport as well as reducing infection risk in lower income groups.

Enabling safe travel is critical to allowing lower income people back to work. Lower income groups are less likely to be working from home, less likely to have access to a private vehicle, so more likely to have a particular need to walk/cycle in a safe environment without increased exposure to c-19. The proposal is expected to result in a more equitable allocation of space that will benefit lower income groups.

How do you plan to promote and deliver any positive impacts of the proposal?
There are a range of support services that will be introduced in areas to increase uptake of walking and cycling, such as the try before you bike programme. The engagement activity that the borough undertakes will market these services and focus on reaching groups that are under-represented in

active travel. We will also co-ordinate with other projects that are being delivered in the Oval area to reduce people's exposure to poor air quality.

Our monitoring activity from a movement and air quality perspective will also help to quantify the benefit that are being delivered and communicate this with local people.

How do you plan to address and mitigate any negative impacts of the proposal?

How we will monitor
This LTN scheme was implemented in early June in response to the impact that the Covid-19 pandemic has had on our transport network. Traffic volumes and patterns have been affected by the pandemic since March 2020. This being the case, we did not commission baseline traffic counts immediately prior to the creation of the LTN and instead will rely on data collected pre-COVID and its impact on traffic flows.

As a guide, scheme operation will be monitored in up to 3 stages.

Stage 1: Initial Adjustment (first few weeks) - Assessment will focus on identifying community issues and traffic problems to make specific design improvements where needed

Stage 2: Settling down: Up to 6 months after implementation

Stage 3: Regular Use Up to 18 months after implementation

This approach will need to be flexible to allow for unforeseen changes in trip rates resulting from COVID and/or other unforeseen scheme impacts. In particular the closure of Vauxhall Bridge will have affected traffic in the area until it's reopening at the end of November and counts have been timed to factor this in.

We will also be collecting qualitative data before and during the implementation of the scheme. Council staff will be regularly contacting residents and business owners to gather information on the impact of the scheme, and the council will use the online engagement site, Commonplace, to gather feedback directly from residents online. Equalities data will be gathered an analysed as part of this process. This information will be used to assess the impact of the interventions against the policy aims and put in place improvements where necessary.

Travel times for those reliant on vehicles for certain trips

Travel times and journey routes could change or increase for those who are reliant on motor

vehicles, including those with protected characteristics in the Equalities Act. An exemption for SEND transport providers will be put in place for all LTNs.

Further measures to address any unforeseen negative impacts that may arise during the experimental period include:
a) the measures being formally trialled, and impacts monitored. The council can

subsequently make rapid changes to the scheme where there is undue risk or severe negative impacts,
b) most closures do not involve a physical closure and are camera enforced which can be suspended without delay as needed (e.g. if roadworks cause the closure of an alternative route), and
c) an extended grace period for enforcement of these restrictions has been allowed so that people have time to adjust to new routes if possible, or not, without penalty.

How will you review/evaluate your proposal, mitigating actions and/or benefits? Who will be responsible for this?
Monitoring, analysis and scheme improvements will take place at 3 stages as described above. This EIA will be updated with information gathered through the monitoring and engagement process and used to inform any decisions on changes to the scheme. The Lambeth Council Traffic Manager will be responsible for the review of benefits, impacts and improvements required over the lifecycle of the project.

Section to be completed by Sponsor/Director/Head of Service	
Outcome of equality impact assessment	The analysis above does not identify any significant equalities impacts for the proposed changes. Ongoing monitoring of the scheme will be important to help identify any potential negative impacts arising from the development of the proposals and will provide key information to update this analysis.