

Equalities Analysis in Lambeth		
Proposal Title	<b>C-19 Response: Streatham Hill Low Traffic Neighbourhood</b>	
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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?		
<p>Five new restrictions on motor vehicles have been introduced on streets across Streatham Hill ward, east of the A23, and Streatham Wells ward, north of Leigham Court Road, on a trial basis. These add to the existing road closures to motor traffic on Kinfauns Road and Palace Road. The locations of the 'no motor vehicle' restrictions, along with the extent of the Streatham Hill low traffic neighbourhood, is shown on the map appended to this EqIA. The aim is to reduce motor traffic volumes within the neighbourhood in order to create space for people to safely walk and cycle, by removing through motor traffic from the neighbourhood. We anticipate that neighbourhood streets that are currently dominated by motor vehicles will have traffic volumes reduced. This will help to enable people to take journeys by walking or cycling.</p> <p>The signs notifying motorists of the restrictions also have associated wooden planters in the carriageway so that the changed layout is more obvious to motorists. Gaps have been left between all planters so that emergency vehicles, who are exempt from the restrictions, can drive through still. Buses are also exempt from the restriction on Downton Road to facilitate the operation of bus services.</p>		

Separate to this trial the council will also be introducing a new controlled parking zone on some streets within the neighbourhood. This is a separate project but may also have impacts on how the streets within the neighbourhood are used.

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 (Flow, telemetric analysis) indicates that a high proportion of motor-traffic travels through the area. In the main this is because people are driving through the neighbourhood between the south circular and A23, Streatham High Road. Over 6,000 vehicles a day have been recorded using Hillside Road and at peak times 85% of traffic is through traffic rather than generated by the local area.

Traffic volumes are anticipated to fall on other roads within the neighbourhood. This is almost certain to happen on the 'ABC' roads and Hillside Road. Palace Road and other streets in the north east of the neighbourhood should also see a reduction in traffic volumes as drivers can no longer travel between the A23 and A205. This will be monitored as it will still be possible for motorists to travel from the south circular to Norwood Road, avoiding Tulse Hill gyratory.

On roads south of the railway line traffic surveys indicated that some streets were carrying through traffic, but to a less severe degree than elsewhere in the neighbourhood; with volumes under 1,500 vehicles per day. The trial measures do not prevent traffic moving between Leigham Vale and Leigham Court Road and the traffic volumes on these streets will be closely monitored to see what impact they have had.

**Traffic level changes around the area:**

The following streets surround the neighbourhood and should be considered as part of the impact area;

- A23 – Streatham High Road (TfL managed boundary road)
- A205 – South Circular Road (TfL managed boundary road)
- Leigham Court Road (Lambeth managed boundary road)
- Leigham Vale (Lambeth managed boundary road)

Other streets may be identified as having been impacted as the trial progresses and will be included on updated revisions of the EqIA. It is reasonable to anticipate some traffic displacement as well as changes to travel choices and modes. Monitoring of traffic volumes will be carried out.

**Traffic Levels**

It is reasonable to anticipate that up to as many as 5,000 vehicles which used to drive through the neighbourhood will no longer be 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.

### **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 are the main barrier deterring more people from taking up cycling. Reducing traffic volumes enables more people to feel safe to begin cycling.

Highway Authority Priority Score.  
TfL Outcome and Strategy Planning - 2017

Within the neighbourhood there are small clusters of collisions around junctions on Faygate Road. Reduced traffic volumes should reduce the risk of collisions taking place. The boundary roads of the neighbourhood generally have a good safety record with below average collision rates on Leigham Vale and the south circular. Leigham Court Road does not have a high rate of collisions, although speeds have been identified as an issue, with the A23 of most concern.

### **Vehicle Access**

All properties within the neighbourhood can still be accessed by motor vehicles but will now have to be approached from particular roads which form the boundary of the neighbourhood. The map appended to this document is colour coded to show how different areas have to be accessed by motor vehicle.

### **Air Quality**

Transport derived emissions are the primary source of people being exposed to poor air quality. 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 will be monitored and the air quality changes modelled to help us understand positive or negative impacts.

## **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
- Analysis of the 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 EqlA available here](#).

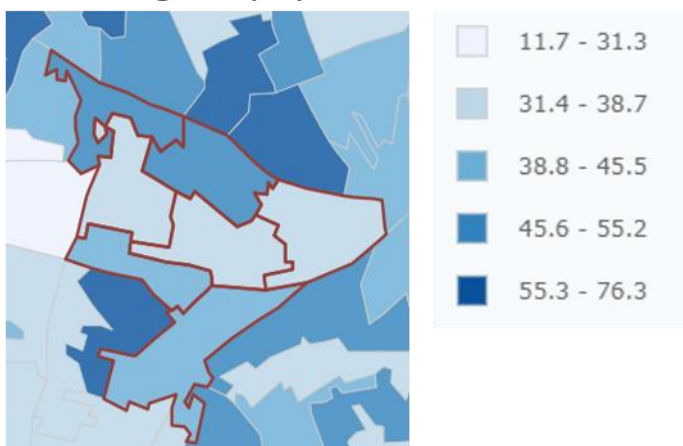
Ward level data for Streatham Hill is the best source of readily available data that helps us understand local demographic trends because the neighbourhood boundaries approximately match those of Streatham Hill ward. The differences being that the neighbourhood boundaries don't include the section of Streatham Hill ward west of the A23, and does include a small area in the north of the Streatham Wells ward. To account for this ward level analysis has been supplemented by also analysing census data at the geographically smaller 'lower super output areas' (LSOAs) that the Office for National Statistics use. The LSOAs do not exactly match the low traffic neighbourhood but combining data from 7 of the areas provides the most accurate picture and allows us to see differences within the neighbourhood.

Streatham Hill ward has population of 15,500. The residential population of the neighbourhood area is likely to be closer to 12,000 based on the population of the LSOAs. Median household income is in line with the borough average, although the Palace Road estate is a less well-off area within the neighbourhood. Benefit claimant rates and dependent children in out-of-work households are average for Lambeth. The crime rate is average for Lambeth (2015).

41% of properties are owner-occupied with 32% privately rented and 25% social rented. 15% of households are working age people sharing accommodation (i.e. not living as a family). 34% of households are single people and 46% 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 62% of the population in Streatham Hill and 38% are Black, Asian and minority ethnicities (BAME). Black people make up 22%, with 9% black African and 9% black Caribbean. The Asian population is 6%. 2.9% of Streatham Hill residents speak Polish as their first language. 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 is slightly higher than average. The image below shows the distribution of the BAME population across the neighbourhood.

### Percentage of population that is BAME



The age profile also matches that of the borough generally with 18% children under 16, almost 74% of working age and 8% 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 Streatham Hill 6.3% of residents have a disability that limit their day-to-day activities a lot and 6.6% one that limits them a little. However there are areas within the neighbourhood where the number of disabled residents is particularly high. In LSOA 026C, which covers the south side of Leigham Court Estate, the proportion of residents whose activity is limited a lot is 8% and in 024A, which covers Palace Road Estate, it is over 12%. In Streatham Hill ward 7% of the population also undertakes unpaid care, again in line with the borough average.

Sources:

[Lambeth 2016 state of the borough](#)

[London datastore – ward profile](#)

[Nomis local area report](#)

### **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](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. Therefore, the disparity in COVID-19 mortality between ethnic groups is the opposite of that seen in previous years.

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 acquiring COVID-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 affected neighbourhood most (64%) local residents rely primarily on public transport (pre-Covid) for access to work. 55% of households do not have access to a car across the neighbourhood (TfL city planner).

### **How will they be impacted by the change?**

The changes being trialled have been made in the context of greatly reduced public transport capacity to allow for social distancing. Buses for example have had their carrying capacity greatly

reduced. People are also less willing to use public transport, with those most at risk from COVID19 most affected.

The majority of residents in and around the project area do not have access to a private motor vehicle. The trial will provide conditions for safe (both in terms of 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 from 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?**

The council offers a range of support services 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.

Our monitoring activity from a movement and air quality perspective will also help to quantify the benefits 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 late August 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.

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 and 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) no complete physical barricades to vehicles access have been added, just legal restrictions 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	
<b>Outcome of equality impact assessment</b>	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.

# Streatham Hill Low traffic neighbourhood



- Access from A23
- Access from Roupell Rd
- Access from A205 via Hillside Rd Leigham Vale via Palace Rd
- Access from Leigham Ct Rd or Leigham Vale

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