

Transportation response to support Covid-19 recovery

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Contents

1	Introduction.....	1
2	General baseline	3
3	Age.....	6
	Baseline equalities data.....	6
	Impacts on equalities	7
	Recommended actions.....	8
4	Disability	9
	Baseline equalities data.....	9
	Impacts on equalities	11
	Recommended actions.....	12
5	Pregnancy / maternity	13
	Baseline equalities data.....	13
	Impacts on equalities	13
	Recommended actions.....	13
6	Race	15
	Baseline equalities data.....	15
	Impacts on equalities	16
	Recommended actions.....	16
7	Conclusions.....	17

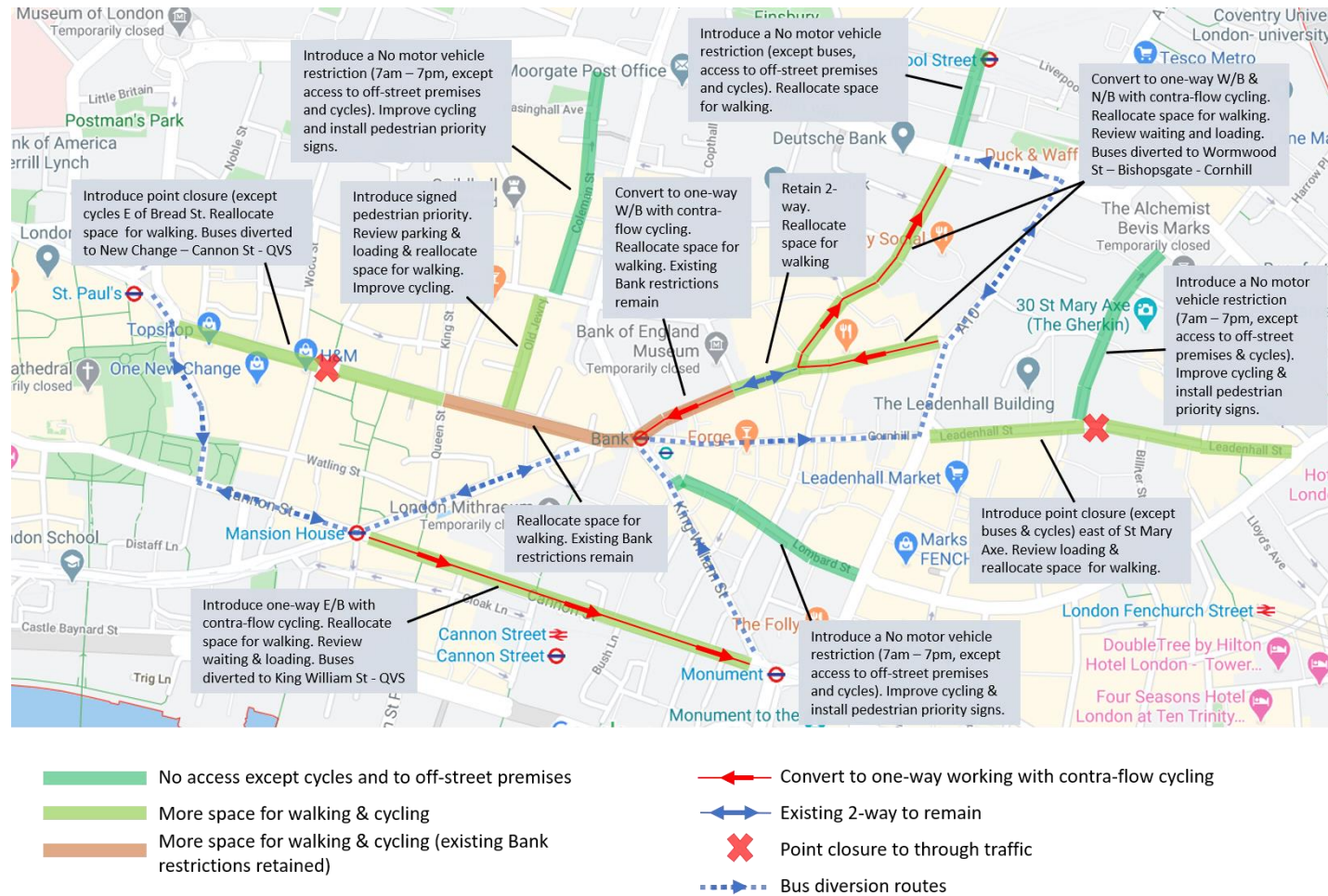
Figures

Figure 1.1: Phase 1 measures	2
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1 Introduction

- 1.1 This Equality Analysis (EA) relates to the City of London's Phase 1 Covid-19 recovery transport response. Generally, EAs are developed prior to scheme implementation to help plan for those with protected characteristics. However, due to the urgency of scheme implementation and the nature of the scheme, whereby the primary infrastructure is temporary and can be modified as the scheme progresses to more permanent infrastructure, this EA is aimed to inform the City of items that should be observed as the scheme opens and mitigations to help offset any disproportionate negative impacts that may be experienced by those in Protected Characteristic Groups (PCGs). The measures that form part of Phase 1 are shown in Figure 1.1.
- 1.2 The City of London has already completed a Test of Relevance. This identified the following four PCGs for assessment: Age, Disability, Pregnancy/Maternity, and Race.
- 1.3 In addition, given the urgency of the scheme, this EA is based on readily available data and an assessment which has been completed rapidly. As such, extensive quantitative analysis of the impacts of the measures included in the scheme (for example traffic and pedestrian modelling) was not available. In addition, design drawings for the proposed measures were also not available.

Figure 1.1: Phase 1 measures



Source: City of London

2 General baseline

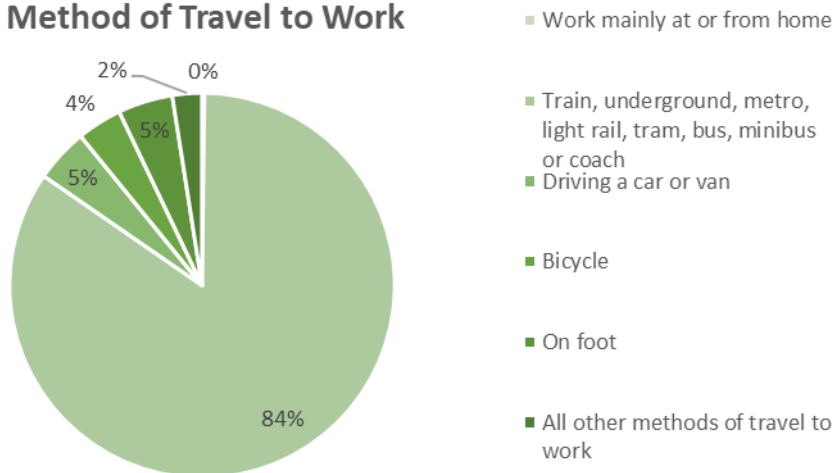
- 2.1 The City of London has a very large workforce in comparison to its usual residential population. The 2011 Census recorded the residential population as 7,400 people and the work force as 357,000 people – almost 50 times the usual residential population which demonstrates significant movement in and out of the City every day. More recently, the Office for National Statistics (ONS) mid-2019 estimates show an increase in residential population to 9,700 people while the 2018 workforce was estimated to be 522,000¹. The City of London (the City) shows the highest workplace density in all of Greater London with the primary land use in the City being offices, which make up more than 70% of all buildings². The City has the second greatest workforce after the City of Westminster, with a gender split of 64% males and 36% females in 2019³.
- 2.2 When compared to Greater London, the City of London has a higher proportion of professional occupations, associated professional and technical occupations, skilled trades occupations, and administrative and secretarial occupations. Professional and associate professional/technical occupations represent over half of occupations within the City.
- 2.3 Given this context and a desire to plan for a return to the workplace following the COVID-19 pandemic, the City has concluded that any meaningful return to the workplace will need to be primarily by walking, cycling and public transport. Public transport demand will need to be managed to support social distancing. Space for car parking is extremely limited and an increase in the number of people using cars, taxis and private hire vehicles to commute is likely to lead to congestion, as well as increased air pollution and road danger.
- 2.4 Census data show that of those travelling to the City of London for work, 38% have trips of 10km or less. These trips are potentially already active trips or have the potential to be switchable trips from car or public transport to active modes such as walking or cycling. 36% of trips are between 10km and 30 km, while 16% are within 30 km and 50 km and 9% are 60 km or more. Overall, 84% of the workforce uses public transport to travel to the City of London for work.

¹ <https://www.cityoflondon.gov.uk/business/economic-research-and-information/new-research/Documents/city-of-london-jobs-factsheet.pdf>

² <https://www.cityoflondon.gov.uk/services/environment-and-planning/planning/development-and-population-information/Documents/census-information-reports-workforce-in-the-col.pdf>

³ <https://www.cityoflondon.gov.uk/business/economic-research-and-information/new-research/Documents/city-of-london-jobs-factsheet.pdf>

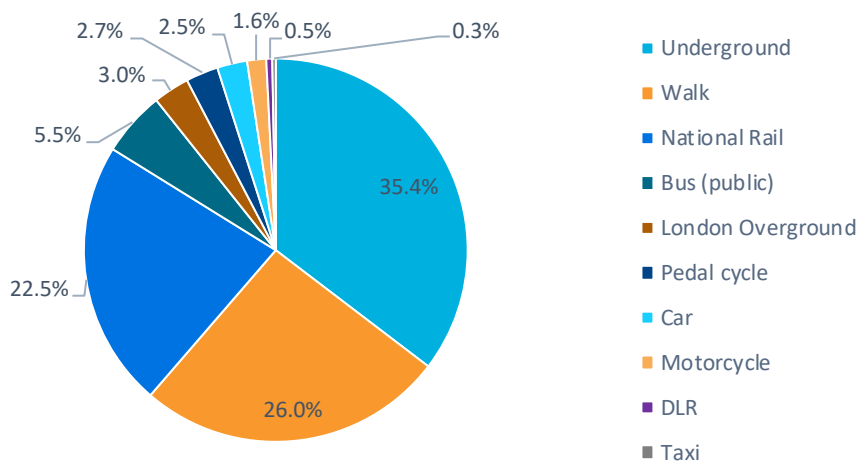
Method of Travel to Work



2.5 Data from Transport for London’s (TfL) London Travel Demand Survey (LTDS) 2018/19 has been analysed to inform this EA, demonstrating travel patterns exhibited by different PCGs. LTDS is a continuous household survey of the London area, covering all London boroughs and the City of London. The survey records detailed information about the household, the people that live there, and the trips they make. Every year, approximately 8,000 households take part in the survey which is then weighted using an interim expansion factor to approximate the data for the entire population of London, thus providing an insight into how Londoners travel on a weekly basis. For the purposes of this EA, trips that ended in the City of London have been analysed.

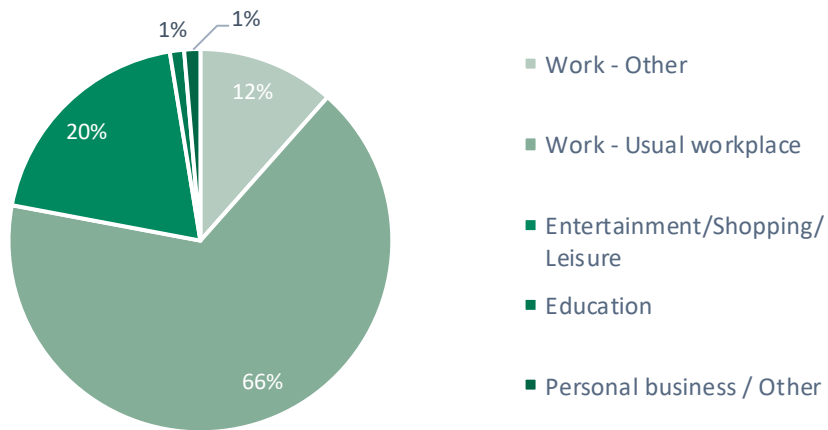
2.6 When analysing LTDS for all trip purposes, the following mode split for travel into the City was obtained. Of all trips ending in the City of London, 66.9% are made using public transport. It can also be seen that walking has a much higher proportion for all trips (26.0%) when compared to the Census 2011 Travel to Work data (5%).

LTDS - Method of Travel to CoL



2.7 Please note that this mode split involves other trip types in addition to ‘travel to work’ trips. The top 5 journey purposes are displayed in the figure below. Based on trip analysis using LTDS data, 66% of trips made are for the purposes of travelling to their usual place of work.

Top 5 Journey Purposes



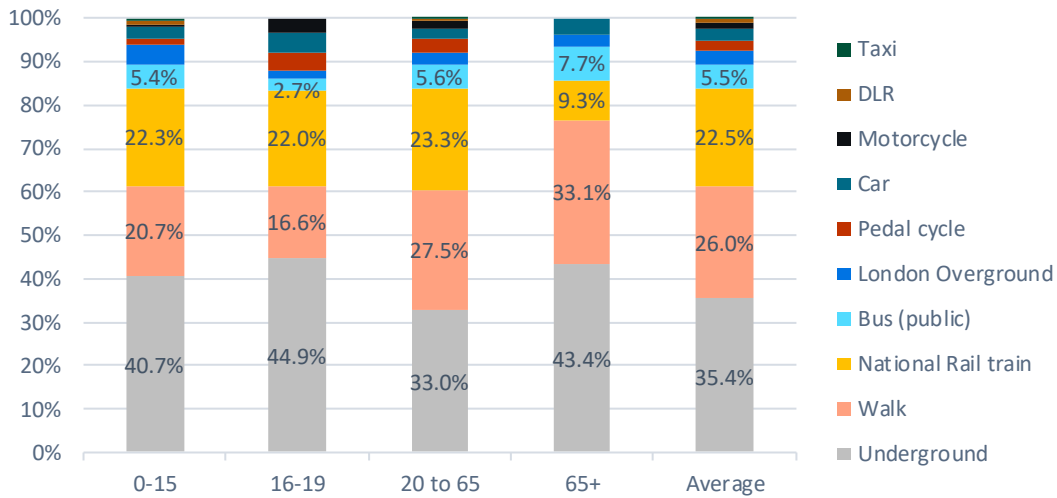
3 Age

Baseline equalities data

- 3.1 Based on 2011 Census data, the City of London has approximately 7,400 residents, 55% of these being male and 45% of these being female. The majority of residents fall within the 25-29 and 30-34 categories for both genders. When compared to Greater London, The City has proportionately more people aged between 25 and 69 living in the Square Mile. Conversely there are fewer young people⁴. Those aged over 60 represent 20% of the residential population.
- 3.2 When looking at Census data focusing on the workforce in the City, the majority of workforce ages again fall within the 25-29 and 30-34 age categories for both genders, making up 39% of the total workforce. Those aged between 16 and 24 only make up 9% of the workforce population. It can also be noted that as age increases, there is a steady decrease in the proportion of the workforce within each age category. The age categories of 60-64 and 65+ represents 2% and 1% of the workforce population, respectively.
- 3.3 The Census data for each age category shows that 78%-85% of the workforce relies on public transport to travel to work. The lowest percentage of people driving a car or van falls within the 25-29 age category (2%) and steadily increases as age increases. This proportion also increases between 16-19 (5%) and 20-24 (3%). A disproportionately high percentage of those aged 65 to 75 rely on driving a car or van (11%) to travel to work. Generally, as age increases, reliability on driving a car or van to travel to work increases.
- 3.4 The highest proportion of cyclists (5%) are within the 25-29 and 30-34 age categories. Cycling as a mode share decreases with age, falling to 1% by the age of 60 onwards. The proportion of people who walk to work fall within the younger age categories from 16 to 34 (ranging between 5% and 8%). The proportion of walkers remains steady at 3% from age 35 to 64 and increases slightly to 4% for those aged 65 to 74.
- 3.5 As age increases, people are more likely to develop impairments relating to sight, hearing and mobility, therefore those above the age of 65 are more likely to be disproportionately affected by these potential impairments, though the absolute number of both residents and workforce fitting this description is expected to be quite low.
- 3.6 LTDS 2018/19 analysis for trips made for all purposes ending in the City shows the following mode share per age category.

⁴ <https://www.cityoflondon.gov.uk/services/environment-and-planning/planning/development-and-population-information/Documents/census-information-reports-introduction-november-2012.pdf>

Mode Split by Age Category



3.7 Those aged 65+ have a higher mode split of walking and bus compared to the baseline, with no cycling and higher car use. Those aged 0 to 15 have a similar mode split to the baseline, however walking is lower while Underground use is higher. Those aged 16 to 19 show a higher proportion of car use and Underground, and a lower proportion walk or use bus services.

Impacts on equalities

- Phase 1 is likely to have mixed impacts on buses. The point closure on Cheapside, and the one-way restrictions on Cannon Street, Threadneedle Street and Old Broad Street will necessitate diversion of bus routes (which could increase journey times) and mean that bus stops need to be relocated (which could increase walk distances for bus passengers). However, increased journey times may be mitigated if overall traffic levels fall. On the other hand, the point closure on Leadenhall Street will allow buses through, which may decrease bus journey times on this corridor. These impacts may disproportionately affect those aged 65+, who are more reliant on buses and are more likely to have mobility impairments relating to age.
- Phase 1 may make certain private vehicle journeys more indirect, due to road closures, point closures and one-way restrictions. This may disproportionately affect those in the 65+ age category who rely on cars more than other age groups. Whilst access to off-street premises will not be affected (for those who drive and have access to off-street parking), a reduction in on-street parking may necessitate increase walking distances for older people who drive.
- On the other hand, all of the proposed measures are likely to improve conditions for pedestrians, by reducing conflicts with motorised vehicles and in many cases potentially enabling more space to be allocated to pedestrians. This will disproportionately benefit those aged 65+, as a third of trips made by this age group are by walking (higher than for any other age group). Older people are more likely to suffer from slight mobility impairments due to aging, which do not fall under the disability PCG. This can include slower movement and reaction time and some may use mobility aids for walking. Additional space for walking is likely to be particularly beneficial for those who find it difficult to negotiate narrow and crowded footways. As such, improvements for pedestrians will disproportionately benefit this age group.

- Improvements for pedestrians will also benefit both older and younger people who use public transport, as they are likely to walk to/from the nearest public transport stop.
- On balance, for older people the Phase 1 measures are likely to provide an overall benefit. This is because the proportion of trips made by this age group by walking far outweighs the proportion made by bus or private car.
- People of young and old age are more vulnerable to poor air quality⁵. For young children negative air quality can lead to reduced lung development and for the elderly this can lead to a range of long term health problems, therefore a reduction in emissions from private vehicle use and increases in active modes of travel will benefit these age groups disproportionately through improved air quality.
- Phase 1 will improve walking and cycling infrastructure and is likely to reduce vehicle movements. This will create a safer environment, particularly for older people who are more likely to be pedestrians.

Recommended actions

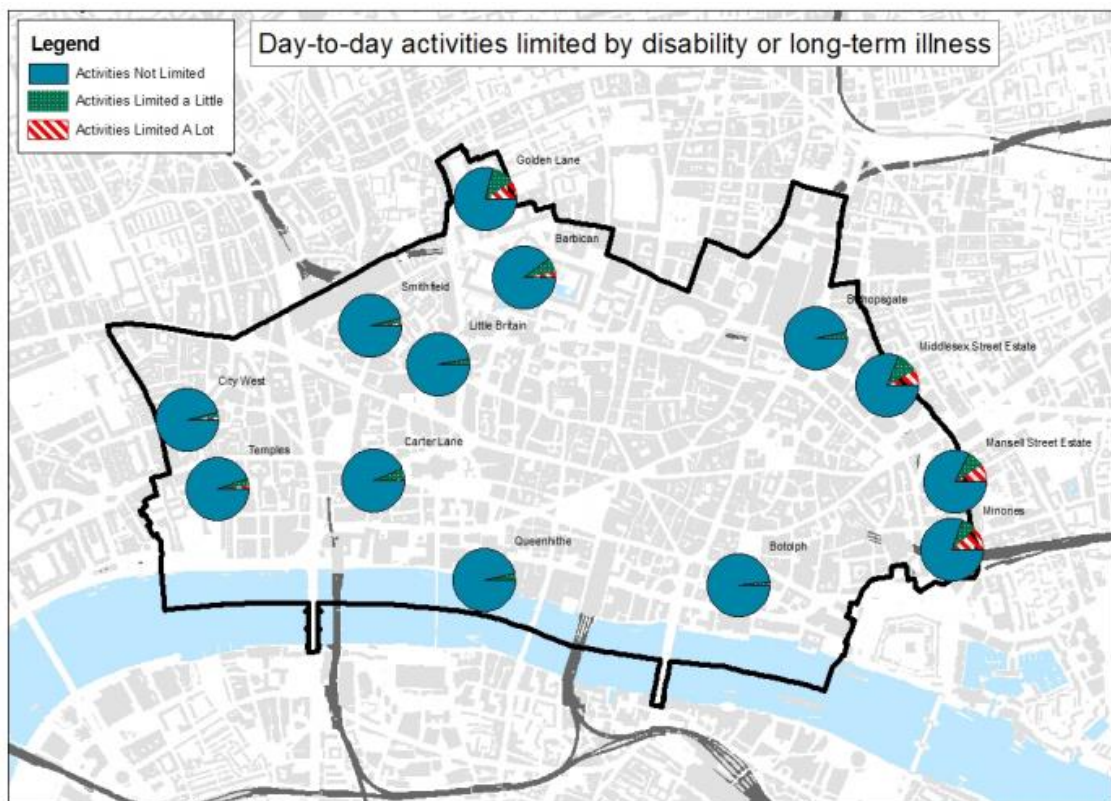
- Relocated bus stops should be located to minimise additional walking distances.
- Any relocated bus stops should be designed to be fully accessible (with accessible kerb heights, waiting areas, etc).
- Monitor bus journey times on diverted routes and make operational adjustments (such as signal timings) to minimise any journey time impacts.
- Ensure that any additional space created for pedestrians is accessible to all users, for example by ensuring that new space is flush with existing footways, or alternatively that ramps are provided.
- Ensure that taxi and private hire drivers are aware that they can access closed streets for the purposes of dropping-off and picking up mobility impaired passengers, including older passengers with mobility impairments. This could include creating maps for distribution to drivers, as well as engagement through TfL Taxi and Private Hire (TPH) and trade associations. However, as these measures are currently temporary and may change based on observations over time, it is recommended to have a more dynamic form of communication such as a weekly newsletter highlighting any changes.
- Vehicle access should be retained for carers who make at home visits. This is likely to disproportionately benefit elderly people who require in-home care.

⁵ https://www.london.gov.uk/sites/default/files/air_quality_for_public_health_professionals_-_city_of_london.pdf

4 Disability

Baseline equalities data

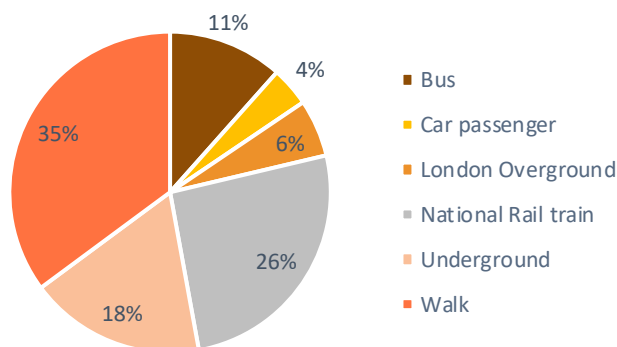
4.1 Day-to-day activities can be limited by disability or long-term illness - In the City of London as a whole, 89% of the residents feel they have no limitations in their activities – this is higher than both in England and Wales (82%) and Greater London (86%). In the areas outside the main housing estates, around 95% of the residents responded that their activities were not limited. 12% of the residential population stated that they were either in fair, bad or very bad health. The spatial distribution of health-based activity limitations can be seen in the figure below based on Census data⁶. Generally, areas to the east of the City and north of the City are more likely to have activities limited by disability or long-term illness.



⁶ <https://www.cityoflondon.gov.uk/services/environment-and-planning/planning/development-and-population-information/Documents/Census-information-reports-health.pdf>

- 4.2 1.7% of the residential population in the City are blue badge holders, which is in the bottom five local authorities for number of blue badges across the United Kingdom⁷.
- 4.3 Focusing solely on cyclists who have a disability, the Wheels for Wellbeing annual survey⁸ shows that 72% of disabled cyclists use their bike as a mobility aid, and 75% found cycling easier than walking. Survey results also show that 24% of disabled cyclists bike for work or to commute to work and many found that cycling improves their mental and physical health. Inaccessible cycle infrastructure was found to be the biggest barrier to cycling.
- 4.4 LTDS 2018/19 analysis shows that 1.8% of trips made into the City of London are made by someone who has a mental or physical disability affecting daily travel (including old age). Mode split for these trips is shown in the figure below.

Mode split by those with with a physical or mental disability affecting daily travel (including old age)



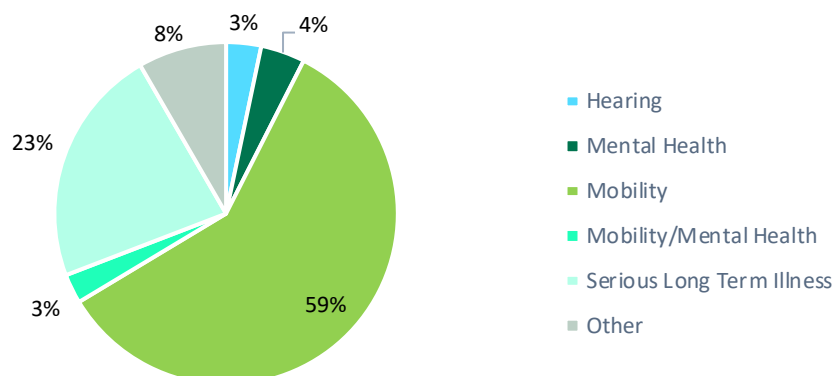
- 4.5 When comparing to the LTDS mode split of trips made by all people, bus use for those with disabilities is twice as high (11% compared to 5%), car trips are higher and used as passenger only (4% compared to 2.5%) and walking is significantly higher (35% compared to 25%). Disability types stated by those who have a disability affecting daily travel (including old age) is shown below.

7

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/759944/blue-badge-scheme-statistics-2018.pdf

⁸Wheels for wellbeing annual survey 2018: <https://wheelsforwellbeing.org.uk/wp-content/uploads/2019/04/Survey-report-FINAL.pdf>

Disability types stated by those who have a disability affecting daily travel



4.6 It can be seen that mobility impairment represents the highest proportion followed by impairment due to serious long-term illness. It should be noted that this data is based on a very small sample (1.8% of sample size for trips ending in the City of London), therefore results should be taken as general. It is important to note that various physical and mental disabilities can lead to travel limitations.

Impacts on equalities

- All designated blue badge parking spaces will be retained in this phase, therefore blue badge holders will not be disproportionately impacted. However, vehicles journeys may become more indirect.
- This scheme is likely to negatively affect a portion of those with mobility impairments who may find it more difficult to walk, and may therefore prefer the use of door-to-door transport services. However, whilst some vehicle journeys may become more indirect due to restrictions on through traffic, necessary access will be retained to the affected streets.
- Buses provide a fully accessible form of public transport. Phase 1 is likely to have mixed impacts on buses. The point closure on Cheapside, and the one-way restrictions on Cannon Street, Threadneedle Street and Old Broad Street will necessitate diversion of bus routes (which could increase journey times) and mean that bus stops need to be relocated (which could increase walk distances for bus passengers). However, increased journey times may be mitigated if overall traffic levels fall. On the other hand, the point closure on Leadenhall Street will allow buses through, which may decrease bus journey times on this corridor. These impacts may therefore disproportionately affect those with disabilities who are more reliant on buses, and may not be able to switch to alternative public transport modes (such as rail) which are not yet fully accessible.
- People with learning disabilities are likely to be disproportionately negatively affected by bus route changes as they are more likely to rely on learnt routines for travel or travel time. This can be mitigated using iBus data and additional announcements by TfL bus drivers relating to bus diversions and updated stops.
- This scheme is aimed at improving conditions for all pedestrians and cyclists, therefore this will benefit those with disabilities who use the street, particularly those with mobility impairments that require mobility aids as more space will be created.
- Cycle infrastructure will benefit disabled cyclists and could potentially encourage people with disabilities to try cycling, if their disability allows.

- The TfL 2019 Travel in London report highlights that those who identify as disabled and those who do not have the same rate of car use as passengers. Additionally, they have slightly lower rates of use of taxi and private hire vehicles. Therefore, any impact to those with mobility requirements would not be disproportionate compared to those who do not. It is also expected that black cab and special vehicle access will be retained.

Recommended actions

- Relocated bus stops should be located to minimise additional walking distances.
- Any relocated bus stops should be designed to be fully accessible (with accessible kerb heights, waiting areas, etc).
- Monitor bus journey times on diverted routes and make operational adjustments (such as signal timings) to minimise any journey time impacts.
- Ensure that any additional space created for pedestrians is accessible to all users, for example by ensuring that new space is flush with existing footways, or alternatively that ramps are provided.
- Ensure that facilities for cyclists are designed to accommodate adapted cycles (in particular the contra-flow facilities on Cannon Street, Threadneedle Street and Old Broad Street).
- The City is presently developing the City of London Accessibility Standard (COLAS) with expert consultancies, which is to go above and beyond existing national standards. Though this is currently delayed due to COVID-19, it presents an opportunity to implement these standards as temporary road space reallocation becomes more permanent.
- Ensure that taxi and private hire drivers are aware that they can access closed streets for the purposes of dropping-off and picking up passengers with mobility impairments, including passengers with disabilities. This could include creating maps for distribution to drivers, as well as engagement through TfL Taxi and Private Hire (TPH) and trade associations. However, as these measures are currently temporary and may change based on observations over time, it is recommended to have a more dynamic form of communication such as a weekly newsletter highlighting any changes.
- Vehicle access should be retained for carers who make at home visits. This is likely to disproportionately benefit elderly people who require in-home care.
- Ensure that the design of measures is legible and navigable for those with sensory impairments, for example through the use of appropriate visual and tactile cues.

5 Pregnancy / maternity

Baseline equalities data

- 5.1 The birth rate in the City of London was 7.9 births per 1000 people in 2016, approximately 33% below the national average that year of 11.9. Therefore, there are statistically less likely to be pregnant and maternal people who reside in the City. However, this represents only the residents of the City, and not the 522,000 people who work in the Square Mile, principally a working population. A proportion of this workforce will be pregnant and/or have infants or small children at any point in time.
- 5.2 Considering that the residential population of the City of London is quite small, it is unlikely that there will be a significant number of pregnant women and parents with infants and/or small children residing in the City at any given time. Though pregnant women or parents with infants and/or young children that travel in and out of the City for work or leisure purposes may be higher. However, the current government advice is for pregnant women to shield and therefore it is unlikely for pregnant women to work at their usual workplace until government advice is lifted.

Impacts on equalities

- The majority of journeys in the City of London involve walking, either because they are completely walked or through a walking leg to access a public transport stop. Phase 1 will improve walking for all pedestrians, by creating more space. This is likely to disproportionately benefit those travelling with prams, who may find it difficult to negotiate crowded and narrow footways. It will also benefit those walking with small children, enabling them to walk side-by-side more easily.
- This scheme is likely to negatively affect a small portion of those who are pregnant and parents with infants and/or young children who may find it more difficult to walk, and may therefore prefer the use of door-to-door transport services. However, whilst some vehicle journeys may become more indirect due to restrictions on through traffic, necessary access will be retained to the affected streets.

Recommended actions

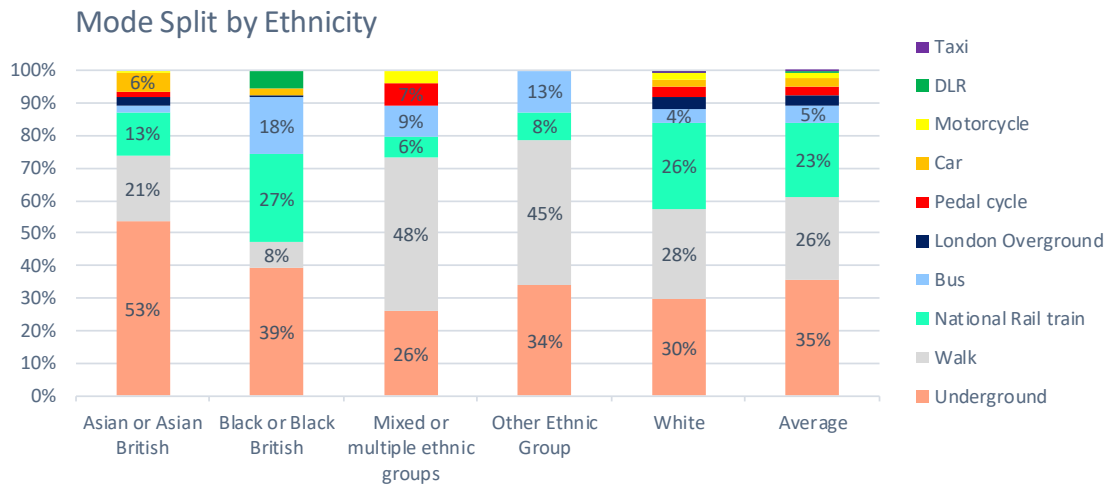
- Ensure that any additional space created for pedestrians is accessible to parents with prams, for example by ensuring that new space is flush with existing footways, or alternatively that ramps are provided.
- Ensure that taxi and private hire drivers are aware that they can access closed streets for the purposes of dropping-off and picking up passengers with mobility impairments, including pregnant passengers. This could include creating maps for distribution to drivers, as well as engagement through TfL Taxi and Private Hire (TPH) and trade associations. However, as these measures are currently temporary and may change based on observations over time, it is recommended to have a more dynamic form of communication such as a weekly newsletter highlighting any changes.

- Allow access for delivery vehicles to residential units to account for shielding pregnant women (for example to allow for food deliveries).

6 Race

Baseline equalities data

- 6.1 68% of the City’s residential population hold a United Kingdom (UK) passport and 14% hold non-European passports. When looking at race per area in the City, 79% of the residential population is ‘White’. There is a higher proportion of Asian population (47%) on Mansell Street, to the east of the study area, when compared to other areas in the City where the Asian population across the City is 13%⁹. The Asian population is approximately evenly split between Asian-Indian, Asian-Bangladeshi, Asian-Chinese and Asian-Other. The City has the highest and second-highest population of Asian-Chinese in Greater London and England/Wales respectively. The ‘Black’ population is low compared to Greater London and England/Wales at 2.6%. The remaining population identifies as mixed ethnicity (4%) or other.
- 6.2 TfL data, for Greater London, shows that bus use among Black, Asian or Ethnic Minorities (BAME) Londoners is higher at 65% compared with 56% of white Londoners who use the bus at least once per week. Black Londoners using the bus at least once per week is significantly higher at 73%¹⁰.
- 6.3 Mode split by ethnicity, based on LTDS 2018/19 analysis is shown below.



- 6.4 Based on average travel modes to the City of London from the 2018-19 LTDS data, Black or Black British, Mixed or Multiple Ethnic Groups, and Other Ethnic Groups are likely to use public buses. Asian or Asian British are more likely to drive (6%). Mixed or Multiple Ethnic Groups are

⁹ <https://www.cityoflondon.gov.uk/services/environment-and-planning/planning/development-and-population-information/Documents/census-information-reports-ethnicity.pdf>

¹⁰ <http://content.tfl.gov.uk/travel-in-london-understanding-our-diverse-communities-2019.pdf>

more likely to cycle (7%). Both Mixed Multiple Ethnic groups and Other Ethnic Groups are much more likely to walk (45% and 45%, respectively). Again, it should be noted that these percentages may not be precise due to low sample sizes.

Impacts on equalities

- Phase 1 is likely to have mixed impacts on buses. The point closure on Cheapside, and the one-way restrictions on Cannon Street, Threadneedle Street and Old Broad Street will necessitate diversion of bus routes (which could increase journey times) and mean that bus stops need to be relocated (which could increase walk distances for bus passengers). However, increased journey times may be mitigated if overall traffic levels fall. On the other hand, the point closure on Leadenhall Street will allow buses through, which may decrease bus journey times on this corridor. These impacts may disproportionately affect those ethnic groups who are more reliant on buses.
- Phase 1 may make certain private vehicle journeys more indirect, due to road closures, point closures and one-way restrictions. This may disproportionately affect those in the ethnic groups that rely more on driving.
- On the other hand, all of the proposed measures are likely to improve conditions for pedestrians, by reducing conflicts with motorised vehicles and in many cases potentially enabling more space to be allocated to pedestrians. This will disproportionately benefit ethnic groups who are more likely to walk.
- Improvements for pedestrians will also benefit those groups who are more likely to use public transport, as they are likely to walk to/from the nearest public transport stop.
- Improved cycle infrastructure is likely to disproportionately benefit Mixed or Multiple Ethnic Groups. It will also encourage more cycling by ethnic groups that are currently less likely to cycle.
- On balance, the Phase 1 measures are likely to provide an overall benefit. This is because the proportion of trips made by all ethnic groups using modes that will benefit from the measures outweighs those using modes that may be adversely affected.

Recommended actions

- Monitor bus journey times on diverted routes and make operational adjustments (such as signal timings) to minimise any journey time impacts.

7 Conclusions

- 7.1 On balance, the Phase 1 proposals are likely to have a positive impact on reducing inequalities. This is especially the case given travel patterns to the City of London (with the largest proportion of trips made by walking and public transport), and the very limited potential for any increase in car use (due to very limited road space and car parking).
- 7.2 The measures contained in Phase 1 will primarily increase space for pedestrians. This will not only benefit those making trips entirely on foot, but will also benefit the large share of trips made by public transport, given the likely need to access public transport stops by walking. This will disproportionately benefit those groups who are more reliant on walking (such as those aged 65+), as well as those who may find narrow and cluttered footways particularly difficult to negotiate (such as disabled people or people walking with prams).
- 7.3 There will also be improvements for cycling, including through the provision of contra-flow cycle lanes. These have the potential to encourage more people to cycle, particularly if they are designed to cater for all types of cycles (such as adapted cycles).
- 7.4 Given the above and the limited space that is generally available on streets in the City, there may be some impacts on other modes. Some bus diversions will be necessary, and the impacts of these on journey times should be monitored and mitigated where necessary through operational changes. There will also be some impacts on car travel, primarily through more indirect routes, but this will be mitigated by allowing for access and drop-offs.

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