Transportation response to support Covid-19 recovery
Transportation response to support Covid-19 recovery
Transportation response to support Covid-19 recovery | Phase 2 Equality Analysis

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1 Introduction

1.1 This Equality Analysis (EA) relates to the City of London’s Phase 2 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 progresses 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 2 are shown in Figure 1-1. Bus route diversions from Phase 1 are expected to remain in place.

1.2 The measures in Phase 2 follow on from measures that are contained in Phase 1. The Phase 1 measures have been assessed under a separate EA, and for clarity this EA therefore focuses primarily on the additional impacts of the Phase 2 measures. However, comment is made on the combined impacts of Phases 1 and 2 in the conclusions.

1.3 The City of London has already completed a Test of Relevance for the Phase 2 measures. This identified the following four PCGs for assessment: Age, Disability, Pregnancy/Maternity, and Race.

1.4 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.

City Streets: Transportation response to support Covid-19 recovery

1.5 The City of London committee paper ‘City Streets: Transportation response to support Covid-19 recovery’ presented to the Planning & Transportation Committee and the Resource Allocation Sub Committee on 14 May 2020 and 27 May 2020, respectively, discusses the background and proposals to reallocate road space to pedestrians and cyclists. Some key information from this document is as follows:

‘In the short to medium-term there is likely to be some reluctance to travel on public transport and public transport capacity will need to be managed to support social distancing. Some people will choose cycling as an alternative, others may choose to use their own car or motorcycle or to travel by taxi or private hire vehicle.

Any return to work, beyond a very small number of business-critical staff, will require the use of public transport. Approximately 73% of commuter journeys to the City are longer than 10km (2011 Census) and cannot be considered as potentially switchable to walking or cycling, except for the final stages of the journey. There are less than 3,500 spaces in City and NCP car parks (including the Barbican Centre) and 623 car parking spaces on-street. On street parking is limited to four-hour stays.'
The economic impacts of Covid-19 may lead to a global recession and this might limit the extent to which traffic levels return to previous levels. At the time of the 2008 recession motor traffic in the Square Mile reduced by approximately 16.5% between 7am and 7pm. There was no subsequent ‘rebound’ in motor traffic volumes as the economy recovered.’
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Figure 1-1: Phase 2 measures

Source: City of London
2 Baseline

General

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 workforce 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 522,000\(^1\). 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 buildings\(^2\). The City has the second greatest workforce after the City of Westminster, with a gender split of 64% males and 36% females in 2019\(^3\).

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 made 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 shows 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, shown in Figure 2-1.

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Figure 2-1: Method of travel to work for those with a workplace in the City of London

Source: 2011 Census

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. As shown in Figure 2-2, 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%).

Source: LTDS 2018/19
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 Figure 2-3 below. Based on trip analysis using LTDS data, 66% of trips made are for the purposes of travelling to their usual place of work.

*Figure 2-3: Top trip purposes for travel to the City of London*

![Pie chart showing top trip purposes for travel to the City of London](image)

Source: LTDS 2018/19

2.8 Based on 2016-2018 STATS19 data (the United Kingdom’s (UK) database containing a record of reported road traffic accidents), collisions involved 1,084 casualties, 5 of which resulted in a fatal casualty and 182 of which resulted in a serious injury, shown in Figure 2-4.

*Figure 2-4: Casualty severities*

![Pie chart showing casualty severities](image)

Source: STATS19 2016-2018

2.9 Figure 2-5 below shows the casualty travel mode splits. It can be seen that casualties using active modes accounted for 62% of all casualties involved in collisions, followed by motorcycle casualties. Car occupant casualties accounted for 6% of total casualties.
Figure 2-5: Mode of travel for casualties involved in collisions within the City of London

![Mode of travel for casualties](image)

Source: STATS19 2016-2018

2.10 Figure 2-6 shows the proportion of Killed or Seriously Injured (KSI) and Slight casualties per mode of travel. KSIs account for 17% of all casualties involved in collisions from 2016-2018 in the City of London. Based on this, KSIs for pedestrians are much higher than the average at 27%.

Figure 2-6: Proportion of KSI and Slight casualties per mode of travel

![Proportion of KSI and Slight casualties](image)

Source: STATS19 2016-2018

Age

2.11 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 people. Those aged over 60 represent 20% of the residential population.

2.12 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.

2.13 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.

2.14 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.

2.15 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.

2.16 LTDS 2018/19 analysis for trips made for all purposes ending in the City shows the following mode share, Figure 2-7, per age category.

Figure 2-7: Mode split by age category for travel to the City of London

Source: LTDS 2018/19

2.17 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.

2.18 Figure 2-8 shows collision casualties by age category. It can be seen that those aged 60+ and those aged 15 and below accounted for 6% and 2%, respectively. This is likely to reflect the lower proportions of people in these age groups moving around the City, relative to the predominant 25–59 age group.

Figure 2-8: Age of casualties involved in collisions within the City of London

![Age of casualties involved in collisions within the City of London](source: STATS19 2016-2018)

2.19 The proportion of KSI and Slight casualties per age category is shown in Figure 2-8 below. On average across all age groups, KSIs account for 17% of all casualties involved in collisions from 2016-2018 in the City of London. Based on this, KSIs are higher than average for those age 60+ (30%) and those aged 16-24 (19%). A such, this indicates that these age groups are disproportionate more likely to suffer more severe consequences if they are a casualty in a collision.

Figure 2-9: Proportion of F&S and Slight casualties involved in collisions per age category

![Proportion of F&S and Slight casualties involved in collisions per age category](source: STATS19 2016-2018)
Disability

2.20 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 Figure 2-10 based on Census data\(^5\). 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.

Figure 2-10: Day-to-day activities limited by disability or long-term illness

Source: Census 2011

2.21 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 Kingdom\(^6\).

2.22 Focusing solely on cyclists who have a disability, the Wheels for Wellbeing annual survey\(^7\) shows that 72% of disabled cyclists use their bike as a mobility aid, and 75% found cycling


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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.

2.23 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 Figure 2-11.

**Figure 2-11: Mode split by people with a physical or mental disability affecting daily travel (including old age)**

<table>
<thead>
<tr>
<th>Mode</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bus</td>
<td>11%</td>
</tr>
<tr>
<td>Car passenger</td>
<td>4%</td>
</tr>
<tr>
<td>London Overground</td>
<td>6%</td>
</tr>
<tr>
<td>National Rail train</td>
<td>26%</td>
</tr>
<tr>
<td>Underground</td>
<td>18%</td>
</tr>
<tr>
<td>Walk</td>
<td>35%</td>
</tr>
</tbody>
</table>

Source: LTDS 2018/19

2.24 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 in Figure 2-12 below.
2.25 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.

**Pregnancy / maternity**

2.26 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.

2.27 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.

**Race**

2.28 68% of the City’s residential population hold a 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\%\(^8\). 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.

2.29  
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\%\(^9\).

2.30  
Mode split by ethnicity, based on LTDS 2018/19 analysis is shown in Figure 2-13.

Figure 2-13: Mode split by ethnicity

![](image)

Source: LTDS 2018/19

2.31  
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 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.

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3 Overall impact on road network

3.1 This section focuses on the vehicular movement impacts on the Strategic Road Network and local streets affected by the proposals set out in Phase 2.

3.2 Given the extent of the measures proposed as part of Phase 2, it is appropriate to consider the overall impacts that they are likely have as a whole on circulation across the road network. This has been done with references to the City’s proposed street hierarchy, as set out in Figure 3-1 below which is taken from the City of London Transport Strategy. This strategy defines the three categories as follows:

- **London Access streets**: Preferred streets for motor vehicles that do not have a destination in, or immediately adjacent to, the Square Mile.
- **City Access streets**: Preferred streets for motor vehicles that are travelling around the Square Mile or to immediately adjacent destinations.
- **Local Access streets**: Primarily used for the first or final part of a journey, providing access for vehicles to properties.

Figure 3-1: City of London proposed street hierarchy

Source: City of London Committee Paper on Transportation Response to support Covid-19 Recovery (May 2020)
3.3 For the purposes of this project, the City of London has categorised streets into three tiers as follows and shown in Figure 3-2:

- **Tier 1 streets**: City access and local access streets which link public transport hubs and key destinations; streets within key centres and principal shopping centres; streets that connect with strategic movement corridors through London (both existing, e.g. cycleways, and temporary cycling and public transport priority routes planned by TfL and neighbouring boroughs). In these streets current traffic arrangements would prejudice public safety due to the challenges of maintaining social distancing in accordance with government guidance.

- **Tier 2 streets**: Local access streets with lower footfall that could benefit from reduced through traffic to improve safety and comfort, but otherwise require minimal localised intervention.

- **Tier 3 streets**: City and London access streets that require little or no intervention or measures to reduce use by motor vehicles.

Figure 3-2: City of London indicative map of Tier 1, 2 and 3 streets

Source: City of London Committee Paper on Transportation Response to support Covid-19 Recovery (May 2020)
**London Access streets**

3.4 Any proposed changes on London Access streets are under the jurisdiction of TfL. At this time, no proposed changes have been confirmed and therefore are not incorporated in this EA.

**City Access streets**

**Fleet Street, Ludgate Hill, St Paul’s Churchyard, Cannon Street, Queen Victoria Street**

3.5 The proposal along this corridor will remove carriageway space and reallocate it to pedestrians and cyclists which may affect capacity along the route. Additionally, with the bus and cycle only proposal in Newgate Street, additional traffic will be diverted onto this corridor.

3.6 Along Fleet St, St Paul’s Churchyard and Queen Victoria Street, it will mean the removal of the bus lane which could reduce bus priority and therefore increase bus journey times. However, if there is an overall decrease in motorised traffic flows across the City, any increased journey times may be mitigated if overall traffic levels fall.

**Holborn Viaduct and Newgate Street**

3.7 The proposed no vehicles except buses and cycles restriction on Newgate Street will remove through traffic from this corridor and divert general traffic, of which most will use the Fleet Street / Ludgate Hill / St Paul’s Churchyard / Cannon Street corridor, though access to premises will be maintained. Bus priority and journey times are expected to significantly improve along Newgate Street though this may increase bus journey times on other corridors due to displaced traffic. However, if there is an overall decrease in motorised traffic flows across the City, any increased journey times may be mitigated if overall traffic levels fall.

**London Wall**

3.8 Reallocation of carriageway space for walking and cycling will occur along London Wall, however access will remain.

**Cheapside and Poultry**

3.9 The proposals in these streets is intended to remove through traffic during operational hours. Access to off-street premises will be permitted as well as for loading (Moorfields), buses (Eldon St and Bloomfield St) and taxis (Liverpool St) to other streets where necessary. This will provide safer streets for walking and cycling. It may also be necessary to remove or reallocate parking, waiting and loading provisions but where possible spaces for servicing will need to be considered to cater for local occupiers that do not benefit from off-street facilities.

**Local streets**

3.10 In general, impacts on local streets are expected to be minimal. Some vehicle journeys may become more indirect, however access will be maintained.

**Eastcheap and Great Tower Street**

3.11 The proposal along this corridor will remove carriageway space and reallocate it to pedestrians and cyclists therefore parking and loading may be affected, however access will be maintained.
South Place

3.12 The proposal along this corridor will remove carriageway space and reallocate it to pedestrians and cyclists therefore parking and loading may be affected, however access will be maintained.

Eldon Street, Broad Street Place, Blomfield Street, Moorfields, Lime Street, Cullum Street, and Liverpool Street

3.13 Access to off-street premises will be permitted as well as for loading (Moorfields), buses (Eldon St and Blomfield St) and taxis (Liverpool St) to other streets where necessary. It may be necessary to remove or reallocate parking, waiting and loading provisions but where possible spaces for servicing will need to be considered to cater for local occupiers that do not benefit from off-street facilities.

King Street, Queen Street, Gresham Street, Lothbury, Bartholomew Lane and Moorgate (south)

3.14 The proposed one-way system with contra-flow cycling infrastructure will remove a significant amount of traffic away from the Bank area. However, motor vehicle access will still be maintained via Gresham Street, Cannon Street or Threadneedle Street to the east. Outside of the 7am – 7pm Monday to Friday, access through the Bank junction will be available from most directions.

3.15 Provisions for loading servicing, drop off and pick up may need to be accommodated where possible. Bus priority along Moorgate would also be significantly improved as buses will be permitted to travel southbound, while general traffic will be prohibited.

Chancery Lane

3.16 The proposed closure will remove through traffic from using this street. However, as access is maintained either directly from Chancery Lane or via nearby routes, the impacts of the closure are not anticipated to be significant. The volume of traffic diverted to other routes is also not anticipated to be significant as it is used mostly as a local access street.

Old Jewry

3.17 At the southern end of Old Jewry, the footways are very narrow and have very high pedestrian density. The Phase 1 proposal did not go far enough to provide safer spaces for pedestrians. This proposal to close off the southern section to motor vehicles will therefore allow a much safer space for people walking and cycling. The northern section will be converted to two way which will enable access/egress from/to Gresham Street.

King William Street

3.18 With the Bank restrictions and the Phase 1 no access into Lombard Street measure, King William Street is effectively used only as a local serving street (except for buses and cycles). The proposal to restrict access for this purpose would therefore make this clearer to motorists. Additionally, Heavy Goods Vehicles should be discouraged to enter, as turning around to exit would be challenging.
Dukes Place, Bevis Marks, Camomile Street, Houndsditch, Outwich Street, Aldgate, Aldgate High Street, Fenchurch Street, Jewry Street and Crutched Friars, Cooper’s Row and Trinity Square

3.19 The proposal in these streets is to reallocate more space for walking and improve cycling wherever possible. To achieve this, it may be necessary to remove parking bays and places for loading and servicing. To ensure local needs are accommodated, it will be necessary to consider alternative provisions wherever possible.

Devonshire Row, Devonshire Square, Cutler Street and White Kennett Street

3.20 The proposal to close White Kennett Street will remove a large proportion of motor vehicles using these streets, thereby providing safer spaces for walking and cycling. Access, parking and loading can still take place, but local diversions will be necessary.

3.21 For access to Harrow Place, it will be necessary to convert a section of Middlesex Street to two-way so that access can be made via a short diversion via Stoney Lane and Gravel Lane. Access will need to be reconsidered when the Middlesex Street market is re-opened. This could include suspending the closure of White Kennett Street during market hours.

Charterhouse Street and Carthusian Street

3.22 The proposal will retain the current temporary one-way eastbound arrangement but modified to enable contra-flow cycling. To reallocate more space for pedestrians, it may be necessary to remove or reduce parking and loading may be reduced.

Other locations of note

St. Bartholomew’s Hospital

3.23 It should be noted that access to St. Bartholomew’s hospital is not expected to be impacted by the proposals set out in Phase 1 or Phase 2. Emergency vehicles will retain access through the Newgate Street road closure.

Overall impacts

3.24 Given the finite amount of road space available within the City and the likely lower demand for vehicular movement (due to congestion charge changes introduced by TfL and potentially due to the reduction in on-street parking throughout the City of London), the proposed changes seek to re-balance how this road space is allocated in the post-Covid-19 context, whilst taking into account the hierarchy and function of different roads.

3.25 As such, the Phase 2 proposals may have some impact on City Access and Local Access streets, however necessary access is generally maintained albeit slightly more indirect in some cases. Therefore, these street uses are consistent with the street hierarchy as set out in the City of London transport strategy, adjusted to reflect current circumstances related to Covid-19 transportation recovery.

3.26 It is important to note that the London Access streets are currently not affected by any approved changes at this time and therefore impacts on these roads have not been incorporated into this EA.

3.27 These observations and anticipated impacts are based on professional judgement only and have not been informed by any transportation modelling at this time.
3.28 Links between these overall road network impacts and impacts on equalities are discussed in relevant sections of the following chapter.
4 Assessment

4.1 This chapter considers the equalities impacts of the measures being proposed as part of Phase 2. It is structured by the types of measures being considered.

4.2 The following statement and regulation from TfL has been noted:

‘From Monday 15 June all passengers with an Older Person’s Freedom Pass, 60+ Oyster photocard or English National Concessionary Scheme pass will not be able to use those passes during morning peak hours (0430 to 0900, Monday to Friday) in order to help support social distancing on the public transport network and help control the COVID-19 virus.’

4.3 This regulation, introduced by and under the control of TfL, is expected to affect a small proportion of City of London residents and a small number of employees who travel to, from or within the City and are aged 60+ or have certain disabilities. For the purposes of this EA, it is uncertain how many people travelling within the City will be affected by this temporary regulation and any benefits related to buses, described in the following sections, do not consider this regulation.

Road space reallocation to walking, or walking and cycling

4.4 The following areas have been identified for reallocation of space to walking or walking and cycling:

- Fleet Street, Ludgate Hill, St Paul’s Churchyard, Cannon Street, Queen Victoria Street, Eastcheap and Great Tower Street;
- Holborn Viaduct and Newgate Street;
- Chancery Lane;
- London Wall, South Place: where possible;
- Moorgate;
- Old Jewry;
- Cheapside and Poultry;
- King Street, Queen Street, Gresham Street, Lothbury and Bartholomew Lane;
- Dukes Place, Bevis Marks, Camomile Street, Houndsditch and Outwich Street;
- Aldgate, Aldgate High Street and Fenchurch Street;
- Jewry Street, Crutched Friars, Cooper’s Row and Trinity Square: in addition, improve cycling where possible;
- King William Street;
- Cornhill;
- Moorfields: walking only;
- Liverpool Street;

Devonshire Row, Devonshire Square, Cutler Street and White Kennet Street: where possible; and

Charterhouse Street and Carthusian Street: in addition, introduce contra-flow cycling.

4.5 The Phase 2 proposal for reallocating road space to walking and cycling will benefit all pedestrians. This measure is in direct response to Covid-19 to accommodate social distancing requirements by providing additional space on streets for pedestrians, queuing at businesses and public transport stops/stations. It will also encourage active travel modes over the use of private car by creating a safer environment for those people who currently travel by or are able to switch to active modes.

4.6 Reallocation of road space to cycling will be mostly continuous though there will be some minimal localised areas where this is not possible due to physical constraints. Cycling improvements will mostly involve physical segregation and with paint measures where physical segregation is not possible. Overall, the improvements to cycling are expected to contribute to a better quality, better connected and safer cycle network.

Impacts on equalities

**Age**

- Creating more space for pedestrians and cyclists is likely to improve conditions for these people by creating a safer environment. 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) and those aged 60+ also have a higher than average likelihood of being killed or seriously injured if involved in a collision.
- 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.
- This proposal will improve walking and cycling infrastructure and is likely to reduce vehicle movements in response. This will further create a safer environment, particularly for older people who are more likely to be pedestrians.

**Disability**

- 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, such as wheelchairs and walking canes, as more space will be provided.
- Cycle infrastructure will benefit disabled cyclists and could potentially encourage people with disabilities to try cycling, if their disability allows.

**Pregnancy/Maternity**

- 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 2 will improve walking for all pedestrians across the City, by providing 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 infants or small children, enabling them to walk side-by-side more easily.

Race
- 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 2 will improve walking for all pedestrians across the City, by providing more space. 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.

Mitigations
- 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 any additional space created for pedestrians is accessible to all users, including those with mobility impairments and parents with prams, for example by ensuring that new space is flush with existing footways, or alternatively that ramps are provided.
- Ensure that widened pavements are clear of obstacles such as street furniture, signs and overhanging trees for those with visual impairments.
- Ensure that the design of measures is legible and navigable for those with sensory impairments, for example through the use of appropriate visual, audible and tactile cues.
- Ensure that facilities for cyclists are designed to accommodate adapted cycles (in particular the contra-flow facilities that will be implemented on one-way streets).

Potentially affected parking and loading

4.7 The following locations will undergo a review of parking bays, waiting and loading areas to reallocate space to walking and cycling:
- Fleet Street, Ludgate Hill, St Paul’s Churchyard, Cannon Street, Queen Victoria Street, Eastcheap and Great Tower Street;
- London Wall and South Place;
- Old Jewry;
- King Street, Queen Street, Gresham Street, Lothbury and Bartholomew Lane;
- Dukes Place, Bevis Marks, Camomile Street, Houndsditch and Outwich Street;
- Aldgate, Aldgate High Street and Fenchurch Street;
- Jewry Street, Crutched Friars, Cooper’s Row and Trinity Square;
- Cornhill;
- Moorfields; and
- Devonshire Row, Devonshire Square, Cutler Street and White Kennet Street.

4.8 Following review of these sections, it may be necessary to remove or reallocate parking, waiting and loading provisions. Where possible, spaces for servicing will be considered to cater for local occupiers that do not benefit from off-street facilities and alternative provisions will be considered where local needs need to be accommodated. It is expected that waiting,
loading, and parking space provision will be reduced, however the magnitude of this reduction has not been confirmed at this time. However, in most areas there are streets nearby where loading, and in some cases parking, can take place instead. This could also be mitigated if the overall scheme reduces traffic levels coming into the City of London.

4.9 Designated blue badge parking spaces will be reviewed in this phase for reallocation to pedestrian and cycling space. These bays will be relocated only where temporary restrictions make them difficult to use, however the number of bays that will be affected is unknown at this time. These bays will be replaced as close as possible, within the same street.

Impact on Equalities

Age
- This measure is likely to disproportionately negatively affect those in the 65+ age category who rely on cars more than other age groups.
- A reduction in on-street parking may necessitate increased walking distances for this 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. This measure is likely to disproportionately affect those in this category by reducing on-street parking options.
- The ability of black cabs and minicabs to drop-off and pick-up passengers will remain unimpaired for elderly people with mobility impairments who may find it more difficult to walk, and may therefore prefer the use of door-to-door transport services though the route may become slightly more indirect.
- It should be noted that the proportion of trips made by the 65+ age group by walking or public transport far outweighs the proportion using private cars.

Disability
- Blue badge holders may be impacted by the relocation of some blue badge bays (although it is noted that there is not expected to be a reduction in the number of these bays). It is expected that any affected bays will be relocated as closely as possible on the same street, which should help to minimise the impact on increase distances between the bay and trip destinations.
- This measure is likely to negatively affect a small portion of those with mobility impairments who may find it more difficult to walk and rely on on-street parking as these parking spaces will be reduced.
- The ability of black cabs and minicabs to drop-off and pick-up passengers will remain unimpaired for those with mobility impairments who may find it more difficult to walk, and may therefore prefer the use of door-to-door transport services though the route may become slightly more indirect.

Pregnancy/Maternity
- This measure is likely to negatively affect a small portion of those who are pregnant and parents with infants and/or young children who rely on on-street parking as these parking spaces will be reduced.
- The ability of black cabs and minicabs to drop-off and pick-up passengers will remain unimpaired for those who are pregnant who may find it more difficult to walk, and may therefore prefer the use of door-to-door transport services though the route may become slightly more indirect.
**Race**

- This measure may disproportionately affect those in the in ethnic groups that rely more on driving and on-street parking.
- The ability of black cabs and minicabs drop-off and pick-up passengers will remain unimpacted for those ethnic groups who are more dependent on the use of door-to-door transport services though the route may become slightly more indirect.

**Mitigations**

- When relocating blue badge parking spaces, ensure that they are relocated as close as possible to their current location on the same street, taking into account likely destinations for users of these bays. Ensure that they are relocated to locations with a ramp up to the pavement or have a ramp constructed beside the new spaces.
- Ensure that taxi/minicab drivers are aware that they can still access roads for pick up and drop off with engagement through TfL Taxi and Private Hire (TPH) and trade associations.

**Road closures to motor vehicles**

4.10 The following locations have proposed road closures:

- Newgate Street: road closure for all vehicles except buses and cycles;
- Chancery Lane: road closure except cycles;
- Old Jewry at southern end: road closure except cycle and conversion to 2-way operation from Frederick’s Place to the northern end; and
- White Kennet Street: road closure except cycles.

4.11 The Phase 2 road closures are expected to significantly improve bus priority along Newgate Street (A40) though this may increase bus journey times on other corridors due to displaced traffic. However, increased journey times may be mitigated if overall traffic levels fall. Cycle priority and safety is expected to significantly improve throughout the City due to the placement of the road closures.

4.12 Depending on the vehicles permitted through the restriction for Newgate Street, black cabs and minicabs transporting mobility impaired passengers may be allowed through this closure. This will not apply for the other closures, as they will consist of physical measures that will prevent motorised vehicles from passing through (although in all cases access via an alternative direction will be possible).

**Impact on Equalities**

**Age**

- Phase 2 road closures are likely to disproportionately benefit those aged 65+, who are more reliant on buses.
- The road closures may make certain private vehicle journeys more indirect, due to re-routed journeys. This may disproportionately negatively affect those in the 65+ age category who rely on cars more than other age groups, though it should be noted that the proportion of people in this category is quite small compared to those aged 65+ using other travel modes. Access to off-street premises will not be affected (for those who drive and have access to off-street parking).
- The proposed measures are likely to improve conditions for pedestrians, by reducing traffic speeds and conflicts with motorised vehicles and in many cases potentially enabling more space to be reallocated 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).

- People of young and old age are more vulnerable to poor air quality\textsuperscript{11}. 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 disproportionately benefit these age groups through improved air quality.

- On balance, for older people the Phase 2 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 private car.

\textit{Disability}

- This measure is likely to benefit those with disabilities who are more reliant on buses due to increased journey speeds.

- Road closures are 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.

- 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 special vehicle access will be retained.

\textit{Pregnancy/Maternity}

- This measure 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. Some vehicle journeys may become more indirect due to restrictions on through traffic.

\textit{Race}

- This measure is likely to disproportionately benefit ethnic groups who are more reliant on buses.

- Some vehicle journeys may become more indirect due to restrictions on through traffic. This may disproportionately affect those in ethnic groups that rely more on driving.

- On balance, the Phase 2 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.

- Improved cycle access 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.

\textit{Mitigations}

- Monitor bus journey times throughout the City and make operational adjustments (such as signal timings) to minimise any journey time impacts.

\textsuperscript{11} https://www.london.gov.uk/sites/default/files/air_quality_for_public_health_professionals_-_city_of_london.pdf
Depending on the vehicles permitted through the restriction for Newgate Street, ensure that taxi and private hire drivers are aware of any vehicle exceptions for the purposes of dropping-off and picking up mobility impaired passengers only, including older passengers with mobility impairments, passengers with disabilities and 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 electronic and printed newsletter highlighting any changes.

Road restrictions to motor vehicles or changes to operation

4.13 The following road restrictions to motor vehicles have been proposed with restrictions of 7AM-7PM no access except to off-street premises, buses and cycles:

- Eldon St, Broad Street Place and Blomfield Street;
- Cheapside and Poultry;
- Houndsditch between Bishopsgate and Outwich Street;
- King William Street;
- Moorfields;
- Liverpool Street;
- Lime Street and Cullum Street; and
- All Bank junction restrictions retained.

4.14 The following locations have proposed operation changes:

- King Street, Queen Street, Gresham Street, Lothbury and Barthlomew Lane: introduce one-way system towards Moorgate for all vehicles except cycles; and
- Moorgate (south): one-way northbound for all vehicles except buses and cycles.

4.15 The Phase 2 restrictions to motor vehicles and changes in operation are expected to significantly improve bus priority throughout the City though this may increase bus journey times on other corridors due to displaced traffic. However, increased journey times may be mitigated if overall traffic levels fall. Cycle priority and safety is expected to significantly improve throughout the City due to a reduction in traffic and an increase in space.

Impact on Equalities

Age

- The road restrictions are likely to disproportionately benefit those aged 65+, who are more reliant on buses.
- Phase 2 road restrictions and operation changes may make certain private vehicle journeys more indirect. This may disproportionately negatively affect those in the 65+ age category who rely on cars more than other age groups. Access to off-street premises will not be affected (for those who drive and have access to off-street parking).
- This measure is likely to improve conditions for pedestrians, by removing traffic and therefore 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).
- People of young and old age are more vulnerable to poor air quality\(^{12}\). 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.

- On balance, for older people the Phase 2 road restrictions and operation changes 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 private car.

**Disability**
- These road restrictions are likely to benefit those with disabilities who are more reliant on buses due to increased journey speeds.
- Road restrictions are 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.
- 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 for those with mobility impairments.

**Pregnancy/Maternity**
- 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. Some vehicle journeys may become more indirect due to restrictions on through traffic.

**Race**
- These road restrictions are likely to disproportionately benefit ethnic groups who are more reliant on buses.
- Phase 2 may make certain private vehicle journeys more indirect, due to road restrictions and operation changes to one-way. This may disproportionately affect those in the in ethnic groups that rely more on driving.
- 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.
- Improved cycle access 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.

**Mitigations**
- Monitor bus journey times throughout the City and make operational adjustments (such as signal timings) to minimise any journey time impacts.

• Ensure that taxi and private hire drivers are aware that they can access restricted streets for the purposes of dropping-off and picking up mobility impaired passengers only, including older passengers with mobility impairments, passengers with disabilities and 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 electronic and printed newsletter highlighting any changes.

**Pedestrian priority signage**

4.16 Installation of pedestrian priority signage at following locations:

- Chancery Lane;
- Eldon Street, Broad Street Place and Blomfield Street;
- Old Jewry;
- Cooper’s Row: in addition, introduce advisory 5 mph speed limit;
- Moorfields;
- White Kennett Street; and
- Lime Street and Cullum Street.

4.17 The Phase 2 signage for pedestrian priority will be installed in conjunction with road closures and restrictions and will benefit all pedestrians. The signage is expected to provide a safer environment for pedestrians and cyclists by slowing traffic speeds and will encourage active travel modes over the use of private car. The addition of an advisory 5 mph speed limit on Cooper’s Row will also significantly benefit the safety of pedestrians and cyclists.

**Impact on Equalities**

**Age**

- This measure 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) by creating a safer environment for pedestrians and those aged 60+ also have a higher than average likelihood of being killed or seriously injured if involved in a collision.
- Older people are more likely to suffer from slight mobility, hearing or visual impairments due to aging, which do not fall under the disability PCG. This can include slower movement and reaction time, use of mobility aids for walking and difficulty reading.

**Disability**

- Disabilities can include mobility, sight, and hearing impairments. Wheelchairs and walking canes may be used as mobility aids. This measure is likely to benefit those with disabilities by creating a safer environment for pedestrians.

**Pregnancy/Maternity**

- This measure is likely to benefit those who are pregnant and parents with infants and/or young children by creating a safer environment for pedestrians.

**Race**

- This measure is likely to benefit those of minority races by creating a safer environment for pedestrians.
Mitigations

- Pedestrian priority signage should follow accessible signage guidelines for visual cues (i.e., large lettering and contrasting colours) and, as the scheme progresses to a more permanent state, options for audible cues should be considered and implemented.

Cumulative impacts of Phase 2

4.18 Overall, the Phase 2 proposals are expected to significantly benefit all pedestrians and cyclists, particularly those under the PCGs outlined in this EA, through the reallocation of space, improved safety and the reduction of interactions with traffic. PCGs who rely on driving are expected to be negatively affected by the road closures, restrictions and removal of parking, waiting and loading spaces. However, the number of people who may be disproportionately negatively affected by these measures based on age, disability, pregnancy/maternity and race is expected to be significantly outweighed by the benefit of those under these PCGs who use non-car modes of travel, such as walking, cycling and public transport.
5 Conclusions

5.1 The changes that are proposed as part of Phase 2 of the City of London’s Transportation Response to Covid-19 Recovery are more widespread and extensive than those in Phase 1. They generally result in the reallocation of road space away from motorised vehicle movements to create additional space for walking and cycling. However, this is taking place in the context of the finite amount of road space available in the City and the likely lower demand for vehicular movement (due to congestion charge changes introduced by TfL and potentially due to the reduction in on-street parking throughout the City of London). As such, the proposed changes seek to re-balance how this road space is allocated in the post-Covid-19 context, whilst taking into account the hierarchy and function of different roads.

5.2 The proposals contained in Phase 2 focus primarily on increasing and improving space for pedestrians and cyclists. 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 as 65+), as well as those who may find narrow and cluttered footways particularly difficult to negotiate (such as disabled people with mobility impairments or people walking with prams or with young children).

5.3 The improvements in cycling infrastructure are more widespread in Phase 2 and are expected to provide a more extensive network of cycle facilities with either physical segregation from motorised traffic, or routes that are used by lower flows of motorised traffic and 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).

5.4 A large portion of the Phase 2 proposals also focus on discouraging the use of private car by introducing road closures and restrictions to vehicles and the removal or relocation of public parking, waiting and loading spaces. The number of people who may be disproportionately negatively affected by these measures based on age, disability, pregnancy/maternity and race is expected to be significantly outweighed by the benefit of those under these PCGs who use non-car modes of travel, such as walking, cycling and public transport. However, even in the absence of the measures covered by this EA it is likely that post Covid-19 travel patterns will vary significantly from pre Covid-19 travel patterns (that the data drawn upon for this EA are based on). As such, the experienced effects relating to Covid-19 for these groups may be different proportions compared to pre-Covid-19, however we currently do not have a method to quantify these effects at the present time.

5.5 As such, the Phase 2 proposals may have some impact on City Access and Local Access streets, however necessary access is generally maintained albeit slightly more indirect in some cases. Therefore, these street uses are consistent with the street hierarchy as set out in the City of London transport strategy, adjusted to reflect current circumstances related to Covid-19 transportation recovery. Impacts on journey times for buses and vehicles should be monitored and mitigated where necessary through operational changes.
5.6 However, this EA seeks to understand and mitigate any negative impacts experienced by the small proportions of these groups prior to implementation and as the project progresses and adapts. As Phase 2 is rolled out and monitored, these considerations will be further informed based on feedback from residents, businesses, TfL Taxi and Private Hire (TPH), trade associations and the City of London Accessibility Group (CoLAG) to ensure that needs are being considered. The City will review and adapt measures as the project progresses.

5.7 In summary, the Phase 2 proposals will complement and build upon the implemented Phase 1 measures. Given the City-wide expanse of the Phase 2 proposals, on balance, Phase 2 is likely to have a significant 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).
### Control Information

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