

Bristol City Council Equality Impact Assessment Form

(Please refer to the Equality Impact Assessment guidance when completing this form)



Name of proposal	Bristol Streetspace Tranche 1 Programme
Directorate and Service Area	Strategic City Transport, Economy Of Place
Name of Lead Officer	Pete Woodhouse

Step 1: What is the proposal?

Please explain your proposal in Plain English, avoiding acronyms and jargon. This section should explain how the proposal will impact service users, staff and/or the wider community.

1.1 What is the proposal?

- The Covid-19 pandemic will continue to affect the way people travel into and around the city. Social distancing requirements on buses and trains have reduced their carrying capacity, and with this public transport capacity reduced, the city's roads will struggle to cope unless significant numbers of people choose to walk or cycle instead.
- The Government gave clear direction to local authorities, as follows: 'Local authorities in areas with high levels of public transport use should take measures to reallocate road space to people walking and cycling, both to encourage active travel and to enable social distancing during restart'
- As shops and businesses reopened there was a need to provide additional space to allow for socially distanced queuing. This will affect a number of different district centres around the city, particularly where footway space is limited.
- Strategic City Transport were directed by the Mayor's Office to identify measures that would help protect public transport services, ensure that residents could practice social distancing safely, and provide improved facilities for active travel.

Following this direction, SCT has implemented multiple temporary schemes

across the city to improve social distancing on local High Streets, provide improved walking and cycling infrastructure, and reduce motor traffic in local neighbourhoods. This Equality Impact Assessment is a summary of the impact of this Bristol Streetspace Tranche 1 programme of individual schemes across the city.

Most individual schemes and phases of schemes, where appropriate, have had their own Equality Impact Assessment:

EQIA 1: Bedminster Parade, Princess Victoria Street, St Mark's Road

EQIA 2: Henleaze Road, North Street, Mina Road (First proposal), Westbury Village

EQIA 3: Lewins Mead, Park Row, The Triangle, Mina Road (second proposal)

EQIA 4: Bristol Bridge

EQIA 5: Old City and King Street

Other Schemes:

- **Stapleton Road:** was included in the Bid but was not taken forward.
- **Cumberland Road:** was included in the Bid but was not taken forward.
- **Merchants Road Bridge:** One-way system on the narrow footways on the bridges, with a new temporary pedestrian crossing on Brunel Lock Road and removal of the fence to slow cyclists by the footpath out of Rownham Mead.
- **Victoria Street & Counterslip cycle lanes:** Temporary bi-directional segregated cycle infrastructure on Victoria Street and Counterslip to link in with Bristol Bridge improvements. The measure provides a critical north-south cycle link in the central area from Temple Meads Station and the recently completed Temple Gate. Impacts to consider included the removal of some parking, pinch points at junctions along the scheme and accommodation of bus stops. The Counterslip section was easier to deliver without any impacts due to the presence of existing mandatory cycle lanes.

Some of the schemes have been amended following feedback from local stakeholders:

- **North Street:** Following communications with local stakeholders we removed a number of barriers on North Street, retaining limited sections where local businesses were in favour.

- **St Marks Road:** After ongoing consultation with local stakeholders, all the barriers on St Marks Road were removed.
- **Bedminster Parade:** After ongoing consultation with local stakeholders, all the barriers on Bedminster Parade were removed.
- **Mina Road:** Communication with local stakeholders lead to the abandonment of parking removal and footway widening scheme on Mina Road. Subsequent feedback from residents and stakeholders also led to a pause on the implementation of the proposed road closure scheme in favour of the current cycling scheme.

Step 2: What information do we have?

Decisions must be evidence-based, and involve people with protected characteristics that could be affected. Please use this section to demonstrate understanding of who could be affected by the proposal.

2.1 What data or evidence is there which tells us who is, or could be affected?

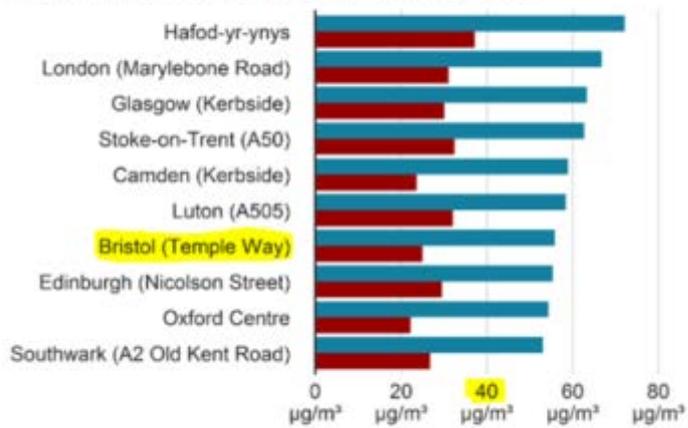
At the beginning of the pandemic, data gathered on changed travel patterns indicated that there has been a:

- Significant (>50%) reduction in travel to destinations such as workplaces, retail, leisure, transport hubs
- Significant increase in local travel (>15%) with communities and to parks and green spaces.
 - Significant increases in the number of people walking and cycling - comparator cities est. 40% and 60% respectively
 - Significant drop in bus patronage of 8-10% compared to baseline
 - General reduction in air pollution

Air pollution has fallen compared with last year

Daily average NO2 emissions

■ 25 March to 7 April 2019 ■ 23 March to 5 April 2020



µg/m³ = micrograms per cubic metre

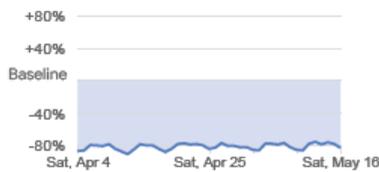
Source: Defra

BBC

Bristol City

Retail & recreation

-82% compared to baseline



Grocery & pharmacy

-31% compared to baseline



Parks

+44% compared to baseline



Transit stations

-71% compared to baseline



Workplaces

-48% compared to baseline



Residential

+17% compared to baseline

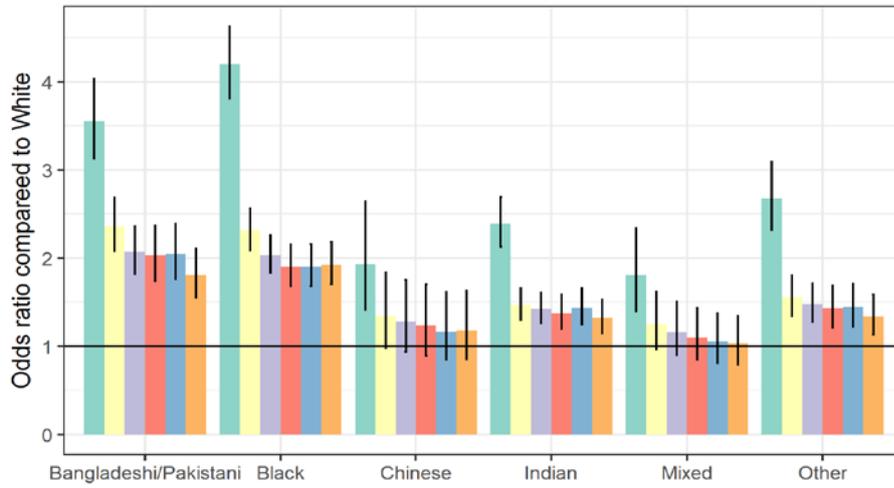


Source: Google COVID-19 Community Mobility Report May 2020

The impacts of Covid-19 and the resultant restrictions are not distributed equally across society, and there is data giving more information on the spread of these impacts that has informed the interventions made. The data below shows disproportionate health impacts on those from BAME communities, amongst older persons, and amongst those in lower income deciles.

In addition, although we lack specific impact data for Covid-19 for particular protected groups across Bristol, we can use existing Ward data and the Quality of Life Survey to identify where in Bristol interventions may have the most impact from the responses to questions on accessibility and wellbeing .

Males



Adjusting for:

- 5-year age groups
- + Region, rural/urban
- + IMD decile
- + Household composition
- + SES
- + Health

Females

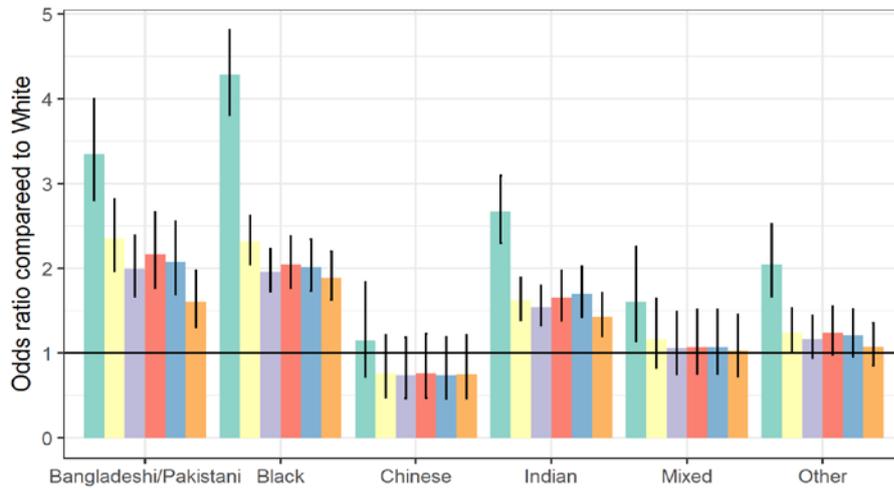
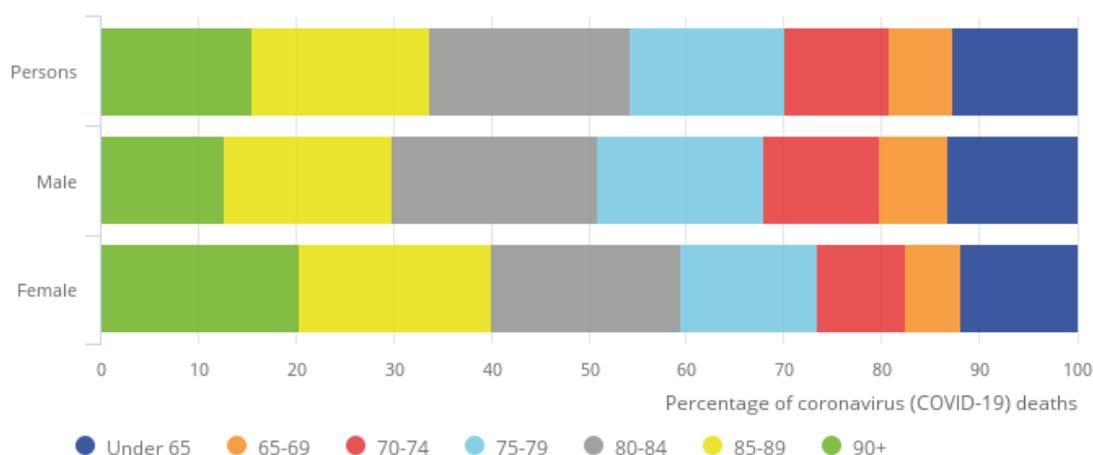


Figure 7: Those aged 85 to 89 years made up the largest proportion of COVID-19 deaths

Percentage of deaths due to COVID-19 that were in each age group, England and Wales, occurring in March 2020



Source: Office for National Statistics – Analysis of deaths involving COVID-19

% of people for whom accessibility issues stop them from getting involved in their community

Ward	Statistic	Lower Confidence Limit	Upper Confidence Limit
Bristol Average	1.8 %	1.4 %	2.3 %
Ashley	2.8 %	0.8 %	10.0 %
Central	1.9 %	0.7 %	5.1 %
Bedminster	0.9 %	0.1 %	5.5 %
Clifton	0.0 %	0.0 %	2.1 %
Westbury-on-Trym and Henleaze	1.8 %	0.6 %	5.5 %
Southville	0.6 %	0.1 %	4.3 %
Hotwells and Harbourside	3.0 %	0.9 %	9.1 %
Lockleaze	4.4 %	2.0 %	9.7 %
Easton	0.8 %	0.1 %	4.7 %

Ward Name	% with illness or health condition which limits day-to-day activities
Bedminster	29.1%
Easton	22.9%
Clifton	22.4%
Westbury-on-Trym and Henleaze	19.6 %
Southville	19.7 %
Central	26.3%
Ashley	20.8 %
Hotwells and Harbourside	18.4 %
Lockleaze	28.6 %
Bristol Average	25.7%

2.2 Who is missing? Are there any gaps in the data?

At this stage we have limited data on the impact of COVID-19 on equalities groups at a local level. We know that there are gaps in our diversity data for some protected characteristics citywide, especially where this has not historically been included in census and statutory reporting e.g. for sexual orientation.

2.3 How have we involved, or will we involve, communities and groups that could be affected?

Due to the emergency timescales imposed by the pandemic, and the need to

rapidly facilitate transport with safe social-distancing, prior consultation has not been possible.

However we have sought feedback from representatives of relevant local equalities organisations, including those with an understanding of the needs of disabled and older people in Bristol through ongoing regular meetings with Bristol Physical Access Chain (BPAC), both for these sites and the programme as a whole.

All frontages to the temporary measures (residential and business premises) have received a letter from the council regarding the measures, and the transport engagement team have gathered information and feedback directly from businesses across the programme. Business premises have generally received a personal visit from the project manager to explain the measures. We responded to Local Stakeholder feedback on multiple schemes and majorly altered or withdrawn interventions based on feedback.

We have responded to stakeholder recommendations and requests in the immediate delivery of these measures wherever possible technically, and this has already taken into account local concerns for Mina Road and Westbury Village in modifying designs.

Designs and summaries have been shared by local Ward Members to reach as wide an audience as possible, and feedback from this exercise has been used to modify design for Westbury Village, and pause implementation of Mina Road measures for design review.

Letters have been circulated to sites in advance to ensure notice of timelines, and to signpost the public towards their local Ward Members for feedback.

We have gathered public feedback and continuously monitored initially implemented measures, including their impact upon specific protected groups. Feedback was then used quickly and reactively to modify measures, reduce disproportionate negative impacts, and maximise positive impacts for groups with protected characteristics.

Step 3: Who might the proposal impact?

Analysis of impacts on people with protected characteristics must be rigorous. Please demonstrate your analysis of any impacts in this section, referring to all of the equalities groups as defined in the Equality Act 2010.

3.1 Does the proposal have any potentially adverse impacts on people with protected characteristics?

Each specific scheme will have its own impacts as detailed in the individual EQIA. On a programme level:

Reduction in both parking spaces outside shops in local centres could affect the access of persons with disabilities to services. It could also affect access for pregnant persons and older persons, who are more likely to rely upon a private car to access shops and services.

Reduction in carriageway allocation and road closures at could reduce access and lengthen journey times for the same groups who rely on cars. Road closures in residential areas especially will impact local access, potentially resulting in increased journey difficulty and times, especially for larger vehicles from organisations who work with disabled people. A reduction in residential on-street parking could impact upon blue badge holders in the area.

Altered street configuration could create issues for disabled people's access along footways and familiarity with surroundings. This is especially true where cyclists are directed through areas and crossing points that bring them in close contact with pedestrians as part of the Lewins Mead scheme.

Bus stops may need to be temporarily moved. Depending on the destination, this may mean people with mobility issues need to go further to the bus stop.

We are also aware of the following issues for protected characteristic groups relating to coronavirus/COVID-19 which we will seek where possible to address / mitigate through this proposal :

Only 47.8% of people in Bristol aged 65+ say they are comfortable using digital services, compared to 81.8% overall . We need to use a range of communication channels. At a local level the council is working with partner organisations to ensure key messages for older people are being delivered via telephone, radio and print/postal media.

Ensure communications are in plain English and that Easy Read versions are available (or on request if appropriate).

People with visual impairments may find it difficult to meet social distancing requirements. Many cannot judge distances, or need to physically touch objects to be aware of their presence. Guide dogs for example are not trained to keep distance from people or objects. Therefore exercise that involves walking can be stressful as they have to be very aware of people around them and sighted people do not always move out of the way. Social distancing has also led to people with visual impairments being barred and thrown out of shops for either requesting sighted guides, going in to a shop with a sighted guide, or having to touch products.

People who do not speak English as a main language will require local updates and information in plain English, and alternative languages/formats to address the risk of misinformation being spread e.g. through social media.

Black and Minority Ethnic-led small businesses may lack information about the support available to them from the government particularly taxi drivers, restaurants, cafes and hotels.

3.2 Can these impacts be mitigated or justified? If so, how?

Careful consideration has been given on a case by case basis to ensure that a sufficient level of disability and parent/ carer and child parking spaces are retained to allow these persons to access needed shops and services.

Clear and proactive signage for changing in parking access and cycle lanes to reduce conflict as much as possible has been prioritised. Designs for schemes has both proactively prioritised access for those with limited mobility and/or vision, and been modified in light of ongoing feedback from representatives, especially where conflict with pedestrians and cyclists is possible that could make navigation difficult for people with limited vision and/or mobility.

Reduced car access to local centres has also been designed on a case-by-case basis to ensure viable alternative routes and access was maintained.

These disbenefits are also mitigated by the positive health and access outcomes of providing safer, social distanced active travel routes and waiting areas for shops for these groups.

Overall, the health benefits to all residents from improved social-distancing, increased active-travel and reduced air pollution are balanced against any

remaining access concerns.

Local businesses and resident groups have been contacted as part of delivery to identify access concerns and come up with solutions, and clearly inform as to changes.

3.3 Does the proposal create any benefits for people with protected characteristics?

Improving the safety of shopping through social-distancing measures creates health benefits for those protected groups who are disproportionately impacted by COVID-19. Improving pedestrian provision across the city creates benefits and safer environments from traffic for users of wheelchairs and those with limited vision and/or mobility.

Negative health impacts from air pollution also disproportionately affect young and elderly persons, lower-income groups, Black and Minority Ethnic populations, and pregnant and nursing women. Measures to re-allocate carriageway space to active travel and away from cars will reduce air pollution and benefit these groups.

By creating better and safer active-travel alternatives to private car travel for lower-income groups and elderly persons, positive financial impacts will be realised for these groups.

The significant improvements to cycling infrastructure across all schemes will benefit disabled people using adapted cycles. The provision of protected bike lanes with physical separation from traffic will ensure that people of all ages and abilities can now use the route. Further phases of the schemes will seek to improve the existing crossing facilities at junctions. These improvements will ensure that access to destinations such as the Hospital other key destinations are upgraded to cater for people using all modes of transport rather than through traffic.

3.4 Can they be maximised? If so, how?

Tranche 1 of Bristol Streetspace has prioritised areas of the city that suffer most from the negative health impacts due to the Covid-19 crisis and air pollution. The changes have been introduced as a temporary response to the pandemic. The Council will work with local communities to make adjustments to scheme design where necessary to address specific concerns raised by the

community e.g. increased blue badge parking availability.

Moving forward, Tranche 2 of the programme will engage with the wider community and look to make a number of schemes more permanent by using higher quality materials and incorporating detailed feedback from local consultation.

Step 4: So what?

The Equality Impact Assessment must be able to influence the proposal and decision. This section asks how your understanding of impacts on people with protected characteristics has influenced your proposal, and how the findings of your Equality Impact Assessment can be measured going forward.

4.1 How has the equality impact assessment informed or changed the proposal?

On a programme level EqIA has helped us to identify potential impacts in the areas of the city where we will be implementing measures, and the need for planned monitoring and subsequent adjustment of measures in line with feedback from equalities stakeholders and citizens.

Specific feedback from residents and stakeholder groups has led to the expansion of extra advisory disabled spaces in sites where parking was removed, and communication and consideration given to yellow line areas in the schemes where blue badge holders are able to park and load.

Local stakeholder concerns have led to the abandonment of parking removal, and footway widening and point closure schemes on Mina Road in favour of the current scheme. This is also the case for North Street, St Marks Road and Bedminster Parade where following Local Stakeholder concern we removed the barriers based on their feedback.

Consultation with BPAC has led to specific design impacts on advisory disabled bays, barrier configuration on approach to crossings, and temporary tactile marking usage guidelines for gaps in barriers, and how to mitigate potential pedestrian conflicts with bicycles on temporary schemes. Provision of suitable footway widths and modal filters widths to allow motorised wheelchairs full access has also impacted designs from these discussions.

4.2 What actions have been identified going forward?

Incorporation of ward equality data into site choosing for packages of measures, and consideration of their detail in light of this, such as maintaining disabled access when altering pavement configuration.

Ongoing submission to Covid-19 equalities representative group for feedback on measures. Design-specific feedback on access for persons with limited vision and/or mobility will now take place with this representative group to inform elements of implementation such as temporary tactile markings, ramps, and handrails. This feedback will be implemented where possible in new and existing sites.

Immediate group-specific monitoring of impacts from introduction of first measures to allow rapid reactive adjustment to reduce or mitigate negative impacts.

4.3 How will the impact of your proposal and actions be measured moving forward?

Through built in monitoring. A company has been procured to provide video monitoring of major schemes within the programme, such as Bristol Bridge. Data has been gathered on the physical success of social distancing, allowing the success of social distancing to be assessed in each location. The first lot of distancing surveys have been completed. A public website has been launched for the public to give feedback both on local transport issues in general and on interventions to date. Ongoing monitoring through physical access representative is taking place on an informal basis to provide feedback on schemes in place.

Air pollution impacts will be measured through existing testing infrastructure across city on a site-by-site basis.

Service Director Sign-Off:

Equalities Officer Sign Off:

Date:

Date: