



<u>Committee and Date</u>
Cabinet, 23 March 2022

<u>Item</u>
<u>Public</u>

## **Crowmeole Lane Automated Number Plate Recognition (ANPR) Enforced Point Closure**

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### **1. Synopsis**

- 1.1. The purpose of this report is to seek endorsement from Cabinet to implement a permanent point closure on Crowmeole Lane following the expiry of the Experimental Traffic Regulations Order (ETRO) on 18 September 2022.
- 1.2. The Civil Enforcement of Road Traffic Contraventions (Approved Devices, Charging Guidelines and General Provisions) (England) Regulations 2022 ("New Regulations") come into force on the 31 May 2022. The New Regulations have been introduced to allow local authorities outside of London to have the necessary legislative enforcement powers (under Part 6 of the Traffic Management Act 2004) for moving traffic contraventions and to encourage behavioural shift towards sustainable travel choices by keeping pedestrian and cycle facilities clear of vehicles to promote cycling. It supports the commitment made by the Prime Minister in launching the Government's broader policy to further promote Active Travel choices.
- 1.3. A trial point closure was introduced on Crowmeole Lane, Shrewsbury on 18 March 2021 using funding granted from the Department for Transport's (DFT) Emergency Active Travel Fund (EATF). In line with the EATF's objectives to deliver quick emergency interventions to make walking and cycling safer in urban areas, the aim of the trial point closure was to create a safe corridor for walking and cycling to/from residential areas to access employment (including the Royal Shrewsbury Hospital (a major employer) as well as schools and key services in the area. This funding was received at the outset of the COVID-19 pandemic prior to the Local and Cycling Walking Infrastructure Plan (LCWIP) being commissioned.

- 1.4. This report outlines the results of the public (statutory) consultation exercise and traffic surveys in the area. This data informs the recommendations to implement a permanent point closure using camera enforcement technology to deter vehicles from contravening the road closure and encourage more active travel use. Approval of this report provides the opportunity to learn and evaluate the effectiveness and public acceptability of using these civil enforcement powers and camera technology to encourage more active travel use, or potential use of this technology in other future public realm or transport schemes as appropriate.

## 2. Executive Summary

- 2.1. The trial point closure scheme on Crowmeole Lane was introduced via an ETRO for a period of eighteen months (From 18 March 2021 – 18<sup>th</sup> September 2022). The scheme closes a section of Crowmeole Lane from its junction with Rad Valley Road to its junction with Sandiway, in both directions (See Figure 1) to all vehicular traffic except buses. The physical location of the point closure allows for residents in surrounding streets to access their properties from Crowmeole Lane but prevents through access for vehicles allowing for a lightly trafficked and therefore, safer route for pedestrians and cyclists.

**Figure 1: Crowmeole Lane Point Closure Plan**



- 2.2. Crowmeole Lane is characterised as being a long winding corridor with numerous pinch-points and blind-spots along its length and limited footway provision. It provides a key north-south connection between the Radbrook and Meole areas to the south (with key destinations including Radbrook Primary School, Meole Brace Primary School, the Priory Secondary School as well as the Radbrook Green shops, post offices and key services) and the Bowbrook and Copthorne areas to the north (with key destinations including the Royal Shrewsbury Hospital (a major employer), Oxon Primary School and key services).
- 2.3. The trial point closure scheme is currently formed of signage only with no physical barriers to prevent access by through traffic. The lack of physical barriers have compromised the effectiveness of this scheme evidenced by the number of drivers who ignore the point closure and drive through it. *Moderate numbers of pedestrians and cyclists have been recorded as using this route and the results of a public consultation exercise indicate that there is a level of support in the community for trialling a follow-up scheme with enforcement measures in place to prevent drivers from contravening the road closure.*
- 2.4. A proposed permanent point closure would close off the same section of Crowmeole Lane, between its junction with Rad Valley Road to its junction with Sandiway Road (in both directions) as the current trial point closure. It would prevent through access by all vehicles except buses and would allow for a safer corridor for pedestrians and cyclists. The intention would be to enforce the point closure under the New Regulations using camera technology such as Automated Number Plate Recognition (ANPR) or Closed-Circuit Television following the New Regulations coming into force and subject to obtaining an Order from the Secretary of State. Note that to obtain this Order, it is requirement to undertake a six-week public consultation exercise to ensure there is a sufficient level of public support. This technology is not yet in operational use by the council. The New Regulations give Council the opportunity to commission, learn and evaluate the effectiveness and public acceptability of using these civil enforcement powers and camera technology to encourage more active travel use and apply these learnings to wider or future schemes across the County for various projects as required.
- 2.5. Funding is available through the Department for Transport administered Active Travel Fund (Tranche 2) and Capability Fund 2021/22 to apply for both the supply of hardware, software and back-office support for administration of the scheme (including reviewing contraventions and Parking Contravention Notice (PCN) progression) for the first two years. The estimated Year 1 cost of outsourcing these capabilities is between £18,980 - £20,980 (VAT exclusive) plus an administration fee for each Parking Contravention

Notice (PCN) issued. The estimated Year 2 (and ongoing) annual cost would be £5,980 (VAT exclusive) per annum for software maintenance and support, plus, an administration fee of £8.06 for each PCN issued. It is anticipated that the Year 2 and ongoing costs would be funded from the income produced from PCN's issued. Data from other local authorities indicates that income generated from similar schemes are likely to exceed the expected cost. See Appendix 3 for detailed costs and Appendix 4 for Bus Gate data.

- 2.6. Schedule 3 of the New Regulations set out the procedures for a uniform regime of differential penalty charges and certain discount and surcharge periods, which applies to parking, bus lanes and moving traffic enforcement regimes, including ignoring no entry signs on point closures. The Higher-Level Penalty Charge is £60 and the Lower-Level Penalty Charge is £40. The New Regulations allow for a 50 per cent discount if the PCN is paid early. It also recognises the need to promote compliance and help motorists understand the consequences of contravening moving traffic enforcement regimes. Accordingly, it recommends that for a period of six months following the implementation of the moving traffic enforcement regime or scheme, at each camera location, local authorities should issue warning notices for first time moving traffic contravention. The warning notice should advise that any further contravention will result in the issue of a PCN.
- 2.7. Prior to the introduction of the New Regulations, approved local authorities outside of London were permitted to enforce moving traffic contraventions through 'bus gates' under Road Bus Lane Contraventions (Approved Local Authorities) (England) Order 2005. A bus gate is a section of road where through access is prohibited by all vehicles except buses, pedestrians and cyclists, allowing for bus service reliability and a safer corridor for pedestrians and cyclists. This legislation will be superseded by the New Regulations.
- 2.8. An analysis of other UK local authorities' bus gate schemes shows that even with the promotion of compliance, there is still expected to be a relatively consistent (albeit low) number of vehicles contraventions recorded at the site of moving traffic enforcement regimes over time (see Appendix 4). Unfortunately, no data was available on the proportion of warning notices that were issued for first time moving traffic contraventions versus recidivist moving traffic contraventions. Additionally, it is not clear from the traffic surveys undertaken on site in July 2021 whether traffic contraventions recorded were first time or recidivist contraventions. The lack of data means that is difficult to estimate how many moving traffic contraventions will be recorded over time and what the estimated revenue will be if the proposed point closure is implemented. It is recommended that any revenue collected from the proposed point closure that is in excess of the ongoing running costs is ring-fenced to fund future active travel activities.

2.9. It is obvious from the analysis of other local authorities' bus gate data that the installation of moving traffic enforcement regimes result in a significant reduction in vehicular traffic through a defined corridor, creating a safer environment for active modes. The lack of baseline data on vehicle flows and pedestrian and cyclist numbers on Crowmeole Lane prior to the installation of the current point closure trial (see Section 7) means that it is difficult to predict with a high level of accuracy whether the current and proposed trials have increased active mode share on the corridor and whether vehicle contraventions will decrease as a result of installing camera enforcement technology. In all likelihood, with the promotion of compliance, including the placement of signage and road markings (in accordance with the Traffic Signs Regulations and General Directions 2016 and Section 18 of The Local Authorities' Traffic Orders (Procedure) (England and Wales) Regulations 1996, the number of vehicles contravening the proposed point closure will be lower than the number of contraventions recorded through the traffic surveys (see Section 7) and will be likely to decrease over time as drivers become more aware of the scheme.

### **3. Recommendations**

3.1. That Shropshire Council approves:

1. The proposal to implement a permanent point closure on Crowmeole Lane following the expiry of the current ETRO on 18 September 2022
2. Seek to enforce moving traffic contraventions under the newly introduced Civil Enforcement of Road Traffic Contraventions (Approved Devices, Charging Guidelines and General Provision) Regulations 2022 when in force and subject to the Secretary of State making an Order.
3. To procure the supply of camera enforcement technology hardware and software capabilities and back-office support for administration of the proposed point closure (including review of contraventions and Parking Contravention Notice (PCN) progression) to a third-party provider.
4. That any revenue collected from the proposed point closure in excess of the ongoing running costs is ring-fenced to fund future active travel activities.
5. The monitoring and evaluation of vehicle contraventions as well as pedestrians and cyclist on Crowmeole Lane to inform future learning and application to wider or future schemes, projects or initiatives across Shropshire.

## REPORT

### 4. Risk Assessment and Opportunities Appraisal

#### 4.1. Risk Assessment

- 4.1.1. **Risk:** There is likely to be an increase in vehicular traffic on surrounding roads as a result of the point closure as evidenced by the traffic surveys undertaken during the Crowmeole Lane point closure trial which saw a 32% increase in daily traffic flows on Oakfield Road and a 10% increase in daily traffic flows on Red Deer Lane.
- 4.1.2. **Mitigation:** Traffic surveys will be undertaken every six months to monitor changes in traffic volumes on surrounding roads. Currently, traffic volumes on these roads remain moderate despite the increased flows observed during the Crowmeole Lane point closure trial. If monitoring shows a continual increase in traffic volumes on surrounding roads, funding is available through the DfT administered Capability Fund to implement targeted travel behaviour change activities in the community, including School Travel Planning and community cycle skills activities.
- 4.1.3. **Risk:** An increase in the traffic volumes on surrounding roads, including Oakfield Road and Red Deer Lane as the parallel alternative through routes may increase the chances of road traffic accidents occurring on those roads.
- 4.1.4. **Mitigation:** As part of Shropshire Council's statutory duty under the Road Traffic Act 1988, it is required, in conjunction with West Mercia Police, to identify and assess accident cluster sites as well as develop and prioritise appropriate measures to prevent road accidents from occurring. To date, neither Oakfield Rd nor Red Deer Lane have been identified as accident cluster sites with known highway risks. Although it is likely that the proposed Crowmeole Lane trial will result in increased traffic on these roads, the daily vehicle flows will remain moderate and it is unlikely that there will be an increase in the number of injury crashes in the area. However, traffic flows on surrounding roads will be monitored on a six-monthly basis and if continual increases in traffic flows are observed, travel behaviour change interventions (as outlined in section 4.1.2) will be implemented.
- 4.1.5. **Risk:** The point closure may increase the risk of injury crashes between active mode users and buses due to the point closure bus exemption.

4.1.6. **Mitigation:** Comparative research of other local authorities' point closures and bus gates show that conflict between the modes is rare. The service frequency of buses along Crowmeole Lane is currently low with one bus service in each direction hourly between the hours of 9.34am and 4.41am (Monday – Saturday) - which is outside of morning peak hours and outside of commuter peak hours (note: this is not outside the school afternoon peak hours). Additionally, bus driver education will be put in place if the proposed point closure is implemented, the aim of which will be to encourage bus drivers to travel at low speeds along this corridor (< 20mph) and be vigilant of pedestrians and cyclists at all times.

## 4.2. Equality, Social Inclusion and Health Impact Assessment

4.2.1. There is a low to medium positive impact anticipated across the Protected Characteristic grouping, particularly for the groupings of Age, Disability, and Pregnancy and Maternity, as well as the tenth grouping used in Shropshire, of Social Inclusion. This is outlined in the Equality, Social Inclusion and Health Impact Assessment (ESHIA), which has been carried out and is attached to this report (see Appendix 1).

4.2.2 This is because the point closure is anticipated to result in safety gains for pedestrians, cyclists and other active modes, including users of mobility scooters, wheelchair users, and people with pushchairs and prams. Furthermore, in Human Rights terms, the proposed Crowmeole Lane point closure is likely to be most relevant to Article 2 of the Human Rights Act– The Right to Life. The presence of an enforceable point closure will be likely to have a favourable impact on the likelihood of injury crashes occurring, particularly injury crashes involving pedestrians and motor vehicles and cyclists and motor vehicles.

4.2.3 It is envisaged that the potential impact for the Disability grouping will be low positive in that the point closure will prevent through access by private vehicle but will result in safety gains for those people in the Disability groupings who choose to walk, cycle or use other active modes (including mobility scooters). In terms of the point closure preventing through access by private vehicle, alternative parallel through routes (Oakfield Rd, Red Deer Rd/Squinter Pip Way) can be used by those who are reliant on this mode to access their daily needs. The physical location of the point closure (see Figure 1) still allows for residents in surrounding streets to access their properties by private vehicle from either the northern or southern Crowmeole Lane entry/exit. The point closure also allows buses to travel through, giving those within the Disability grouping the option to travel by bus through this corridor.

4.2.4. There are positive health and wellbeing impacts likely to accrue for pedestrians and cyclists, stemming from improved opportunities for safer walking and cycling. The improvements to perceived safety are likely to lead to positive mental health and wellbeing by encouraging certain groupings to walk and cycle. This is particularly important for those with caring responsibilities such as parents with babies and small children, those who have physical and/or learning disabilities and their carers, and those who are considered to be vulnerable, for example, elderly people who also have physical mobility challenges. There are also potential health and well-being impacts in terms of road safety for schoolchildren and their families and carers, as well as teaching and support staff, because the proposed point closure is in the vicinity of a number of schools.

4.2.5. Specific actions proposed to enhance the anticipated positive impacts will focus upon communication of the measures across a range of potential audiences and the monitoring of any associated impacts.

4.2.6 Ongoing communication, engagement and public consultation with residents and key stakeholders will be needed to take account of potential negative impacts of the proposed point closure in terms of equality, social inclusion and health considerations. This includes access for residents to their properties and key destinations in the area as well as the effects of traffic displacement on the parallel north-south routes (Oakfield Road and Red Deer Road/Squinter Pip Way). Mitigation efforts will draw upon the negative feedback obtained during the consultation period for the trial point closure and what actions are proposed to review and monitor any negative impact in terms of equality, social inclusion and health considerations

#### **4.4. Impact on Communities and Others Consultation**

4.4.1. The Local Member for the Radbrook ward area, where the proposed Crowmeole Lane point closure is located, has been consulted with as part of the current point closure trial as well as throughout the development of the proposed scheme. Additionally, if Council were to endorse the recommendation to implement a permanent point closure on Crowmeole Lane, it will be required, as part of an application for an Order to the Secretary of State to designate part of the network (Crowmeole Lane, between Sandiway (northern access) and Sandiway (southern access) as a civil enforcement area for moving traffic contraventions, to undertake a six-week statutory consultation exercise. Significant objections to the proposal may result in a decision to not progress with the scheme.

### **5. Financial Implications**



- 5.1. It is anticipated that the costs associated with the recommendations in the report will be funded from the Active Travel Fund Tranche 2 (ATF2) and Active Travel (Capability Fund). There will be ongoing revenue costs of £5,959 per annum, it is anticipated that this will be funded from the revenue generated from PCNs issued. If for any reason the proposed point closure does not yield sufficient revenue to fund the ongoing annual costs, funding can be sourced from existing Transport budgets. The effectiveness of the scheme, including revenue generated and ongoing costs of the scheme will be reviewed on an annual basis. See Appendix 3 for detail of the estimated input metrics.

## 6. Climate Change Appraisal

- 6.1. The proposed Crowmeole Lane point closure will likely have numerous positive outcomes in terms of climate change through encouraging modal shift from vehicular modes to active modes of transport. Expected outcomes include:

6.1.1. **Reduced energy and fuel consumption:** Mode shift to active transport is one of the most cost-effective ways of reducing transport emissions. In 2017, greenhouse gas emissions (GHG emissions) from road transport made up around a fifth of the UK's total GHG emissions<sup>1</sup>. Modal shift to active modes, alongside the adoption of low and no emission cars and vans is key as the UK looks to move towards the government's target of adopting net zero emissions by 2050. In order to encourage modal shift to active modes, there needs to be a large-scale provision of safe active travel corridors that connect people to employment and education as well as key services and shopping facilities.

6.1.2. **Renewable energy generation:** this decision doesn't create any opportunities to generate renewable energy.

6.1.3. **Carbon offsetting:** this decision doesn't create any opportunities for carbon off-setting.

6.1.4. **Climate change adaption:** The prospective providers of the camera enforcement technology have confirmed that the equipment is designed to be resilient to the extremes of temperature and other adverse weather effects, including excessive rainfall.

## 7. Background

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<sup>1</sup> Office for National Statistics (ONS), [Road transport and air emissions - Office for National Statistics](#)

- 7.1. As part of its Covid-19 response, the Government announced in May 2020 a £250m Emergency Active Travel Fund (EATF) to deliver quick emergency interventions to make cycling and walking safer. Council received a funding grant of £86,000 in June 2020 which was used to fund two schemes – A trial point closure on Crowmeole Lane, Shrewsbury and a trial one-way system and contraflow cycleway on New St (A488), Shrewsbury. Cabinet should note that EATF was made available prior to the development of the LCWIP which, upon its approval, will be the formal Plan moving forward for progressing all Active Travel schemes and funding opportunities.
- 7.2. The trial point closure on Crowmeole Lane was introduced via an ETRO on 18 March 2021 and is expected to run for a period of eighteen months – until 18 September 2022. Statutory consultation for this scheme took place between 18 March – 18 September 2021. 83 responses were received of which 37% (n=31) supported and 24% (n=20) objected to the scheme and 39% (n=32) did not specify whether they supported the scheme or not. Although the results from the Public Consultation exercise were inconclusive with the highest proportion of respondents not specifying whether they supported the scheme or not, a higher proportion of respondents (37%) supported the trial scheme than opposed it (24%). These results provide the level of confidence needed to recommend a permanent ETRO. However, there will be an additional opportunity for the public to express their support or opposition for the scheme as part of the six-week consultation exercise which will be undertaken as part of the application to the Secretary of State for an Order to designate part of the network (Crowmeole Lane, between Sandiway (northern access) and Sandiway (southern access) as a civil enforcement area for moving traffic contraventions.
- 7.3. A key concern for those respondents that opposed the scheme or did not specify whether they opposed or supported the scheme was the belief that it had resulted in traffic displacement onto surrounding roads, mainly Oakfield Rd which is an alternative north-south route located parallel to the east of Crowmeole Lane. Traffic surveys undertaken both before (March 2021) and after (June 2021) the implementation of the scheme show that traffic displacement has occurred as a result of the scheme (See Appendix 2), however, even with these increases, traffic flows along adjacent corridors remain moderate. Other concerns raised were that the point closure was being ignored by many motorists resulting in a redundant scheme, that there was inadequate consultation undertaken prior to the introduction of the scheme, the scheme caused a delay to emergency services and that there were no traffic issues prior to the introduction of the scheme that warranted its implementation.

- 7.4. Many respondents that supported the scheme also commented that the point closure was being ignored by motorists and many suggested that physical restrictions should be put in place stop this from happening. Respondents who supported the scheme also commented that the point closure made walking and cycling pleasanter and safer and that it has been a positive experience for local residents. Surveys undertaken in July 2021 show that there a moderate number of pedestrians and cyclists were recorded using the facility each day, both as a through route and as an access route for local residents. Unfortunately, no baseline surveys were undertaken prior to the implementation of the scheme which means that it cannot be ascertained whether the scheme resulted in an increase in cyclists and pedestrians nor along this corridor (see Appendix 2 for further detail).
- 7.5. The traffic surveys undertaken in July 2021 captured a daily average of 31 vehicles contravening the point closure. The data collected on traffic contraventions was recorded at a singular site which meaning that it cannot be ascertained whether this traffic was resident or non-resident traffic. Accordingly, as outlined in Section 2.7, it is not possible to use this data to base an assumption on the estimated number of recidivist contraventions over time. Appendix 2 contains further detail on vehicle contraventions recorded at the site of the point closure.
- 7.6 The traffic survey data indicates that the aim of the trial Crowmeole Lane point closure, which was to create a safer corridor for walking and cycling to/from residential areas to employment, education and key local services in the area, has been compromised by the number of vehicles contravening the point closure. This, combined with the physical characteristics of the road environment, including narrowness and lack of forward visibility on certain parts of the corridor, and moderate numbers of pedestrians and cyclists using the route, creates a hazardous environment.
- 7.7. Council's Active Travel Programme Board reviewed the results of the public consultation exercise and the traffic surveys at their quarterly meeting in December 2021. It was agreed at this meeting that scoping work would be undertaken to investigate the suitability of implementing a point closure that is enforceable using camera technology such as Automated Number Plate Recognition (ANPR) or Closed-Circuit Television (CCTV). Section 8 provides additional information on the findings of this scoping work that has not already been covered in this report.

## **8. Additional Information**

- 8.1. As outlined in section 2.5, Highways staff, in discussion with key Investigative, Compliance and Interventions staff have concluded that there is currently insufficient in-house capacity to undertake

the role of monitoring and reviewing traffic contraventions as well as issuing PCNs. If the proposed permanent point closure was to be implemented upon the expiry of the current trial point closure, this would need to be outsourced to an external supplier with the necessary procurement and contractual approvals obtained as appropriate. This would provide an opportunity to test, evaluate and learn the technology for any potential future schemes.

## 9. Conclusions

- 9.1. This report has outlined the limitations of the current trial point closure on Crowmeole Lane in terms of the number of vehicle contraventions recorded at the site which has most likely had an impact on the perceived safety of walking and cycling along the corridor. In support of the commitment made by the Prime Minister in launching the Government's broader policy to further promote Active Travel choices post COVID-19, this report recommends that a permanent point closure is implemented using camera enforcement technology to deter vehicles from contravening the point closure thereby encouraging more use by active modes.
- 9.2. Civil enforcement of the point closure by Council can be carried out under the New Regulations from 31 May 2022 onwards following the successful application for an Order made by the Secretary of State designating all or part of the network as a civil enforcement area for moving traffic contraventions. Due to the current lack of capacity for enforcement with Council, the administration of the point closure will need to be outsourced to an external supplier.
- 9.3. If Council endorses the recommendation to implement an ANPR enforced point closure on Crowmeole Lane by way of making the ETRO permanent, it will be a requirement to undertake a six-week long public consultation exercise, as part of the application to the Secretary of State for an Order to designate part of the network (Crowmeole Lane, between Sandiway (northern access) and Sandiway (southern access) as a civil enforcement area for moving traffic contraventions. If the results of the public consultation exercise showed support for introducing an Order as a civil enforcement area for moving traffic contraventions, the implementation of the permanent point closure would take place upon the expiry of the current ETRO on 18 September 2022.

**List of Background Papers (This MUST be completed for all reports, but does not include items containing exempt or confidential information)**

None

**Cabinet Member (Portfolio Holder)** Ian Nellins

**Local Member**

Julia Evans (Radbroke Ward)

**Appendices**

Appendix 1: Equality, Social Inclusion and Health Impact Assessment (ESHIA)

Appendix 2: Traffic Survey Data Analysis

Appendix 3: Input Metrics: Proposed Crowmeole Lane Bus Point Closure.

## APPENDIX 1; EQUALITY, SOCIAL INCLUSION AND HEALTH IMPACT ASSESSMENT (ESHIA)

### Shropshire Council

### Equality, Social Inclusion and Health Impact Assessment (ESHIA) Initial Screening Record 2021-2022

#### A. Summary Sheet on Accountability and Actions

<b>Name of proposed service change</b>
Crowmeole Lane (Shrewsbury) Permanent Point Closure Proposal

<b>Name of lead officer carrying out the screening</b>
Rose Dovey, Interim Active Travel Manager

#### **Decision, review, and monitoring**

Decision	Yes	No
Initial (part one) ESHIA Only?	x	
Proceed to Full ESHIA or HIA (part two) Report?		x

*If completion of an initial or Part One assessment is an appropriate and proportionate action at this stage, please use the boxes above. If a Full or Part Two report is required, please move on to full report stage once you have completed this initial screening assessment as a record of the considerations which you have given to this matter.*

<p><b>Actions to mitigate negative impact or enhance positive impact of the service change in terms of equality, social inclusion, and health considerations</b></p> <p>The current trial arrangement affects all people in the given area, both residents and others who use Crowmeole Lane as a through route to access their destination by private vehicle. This may have an impact across a range of Protected Characteristic groupings, particularly those with physical or learning disabilities and their carers, and families with children, including those attending schools in the area.</p> <p>It is envisaged that the potential impact in equality terms will be low to medium positive for the groupings of Age, Disability, and Pregnancy and Maternity, and for the tenth grouping used in Shropshire, of Social Inclusion. This because the point closure is anticipated to result in safety gains for pedestrians, cyclists and other active modes, including users of mobility scooters, wheelchair users, and people with pushchairs and prams.</p> <p>It is envisaged that the potential impact for the Disability grouping will be low positive in that the point closure will prevent through access by private vehicle but will result in safety gains for those people in the Disability groupings who choose to walk, cycle or use other active modes (including mobility scooters) on this corridor. In terms of the point closure preventing through access by private vehicle, there</p>
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are alternative parallel through routes (Oakfield Rd, Red Deer Rd/Squinter Pip Way) that can be used by those people who rely on the private vehicle to access their daily needs. The physical location of the point closure (see Figure 1) still allows for residents in surrounding streets to access their properties by private vehicle from either the northern or southern Crowmeole Lane entry/exit. The point closure also allows buses to travel through giving those people within the Disability Grouping the option to travel by bus through this corridor.

The permanent point closure is expected to present the following positive impacts:

- Potential for lower traffic on north/south routes for pedestrians and cyclists and other active modes resulting in increased safety for active modes. The full length of Crowmeole Lane will not be completely traffic-free as residents will still require access to their properties. However, traffic is expected to reduce substantially along the length of the corridor resulting in improvements to pedestrian and cyclist safety. The traffic free section of the corridor (aside from buses) is located between the Crowmeole Lane/Rad Valley Road junction and the Crowmeole Lane/ Sandiway (northern access) where there is no footway provision on the eastern side of the road and where there is only partial footway provision (45m) on the western side of the road. This is one of the key pinch-points along the corridor where the potential for vehicular and cyclist or pedestrian conflict is highest.
- Support for active travel choices, specifically in relation to accessing workplaces, education, retail and key services on foot and by cycle.
- Increased reliability for bus services

The permanent point closure is anticipated to present the following neutral or negative impacts:

- There is no physical improvement to pedestrian footway widths or dedicated cycle facilities. Pedestrians will have intermittent access to dedicated footways along the length of the corridor as follows with pedestrians and cyclists and buses (one per hour in each direction, Mondays – Saturdays, between 9.34am – 16.41pm) sharing the carriageway along the length of road where no footway is available (see below)
  - The footway which begins at the Crowmeole Lane/Mytton Oak Rd junction continues on both sides of the road for approximately 160m before it terminates at the Crowmeole Lane/ Churchill Rd (northern access) junction on the eastern side of Crowmeole Lane. The footway then resumes for a length of 45m on the eastern side of the road between the Crowmeole Lane Bridge and the Sandiway (northern access).
  - The footway on the western side of Crowmeole Lane terminates at the Crowmeole Lane/Churchill Rd (southern access) junction. Note that this junction is closed to vehicular traffic through the placement of concrete bollards.
  - The footways on both sides of Crowmeole Lane resume at the location of the Crowmeole Lane/Sandiway (southern access) junction and continue up to the Crowmeole Lane/Radbrook Rd junction.
- Increases in traffic flows on parallel north-south through routes, mainly Oakfield Road (located to the east of Crowmeole Road) and Red Deer

Road/Squinter Pip Way (located to the west of Crowmeole Road). An increase in traffic may have a detrimental impact on neighbouring residential properties on these streets in terms of noise and visual intrusion. The increase in vehicular traffic on these routes was monitored as part of the Crowmeole Lane trial point closure. Surveys showed that there has been a 32 per cent increase in vehicular flows on Oakfield Road and a 10 per cent increase in vehicular flows on Red Deer Road since the trial commenced. Traffic flows along these roads still remain moderate.

### **Actions to review and monitor the impact of the service change in terms of equality, social inclusion, and health considerations**

Specific actions proposed to enhance the anticipated positive impacts will focus upon communication of the measures across a range of potential audiences and the monitoring of any associated impacts.

Ongoing communication, engagement and public consultation with residents and key stakeholders will need to take account of potential negative impacts of the proposed point closure in terms of equality, social inclusion and health considerations. This includes access for residents to their properties and key destinations in the area as well as the effects of traffic displacement on the parallel north-south routes (Oakfield Road and Red Deer Road/Squinter Pip Way).

Mitigation efforts will draw upon the negative feedback obtained during the consultation period for the trial point closure and what actions are proposed to review and monitor any negative impact in terms of equality, social inclusion and health considerations. This is set out in detail in the section on specific consultation and engagement with audiences and target groups.

Members of the community have raised concerns that the West Midlands Ambulance Service Maintenance Depot, which is located in the Longden Road Industrial Depot (located to the south of Crowmeole Lane) is currently being used by ambulances responding to emergency calls and to access the Royal Shrewsbury Hospital. This is outside the realms of the planning permissions granted to it in 2012 which authorises use for the hub for maintenance purposes only. If the proposed Crowmeole Lane point closure is endorsed by Cabinet, Council will ensure that targeted engagement with emergency services will take place prior to the implementation of the schemes and that impacts of equality and social inclusion considerations are part of these discussions.

The Council will also continue to keep abreast of comparator approaches by other local authorities, building upon the knowledge gained from analysis of approaches in Leicester City Council in particular.

### **Associated ESHIAs**

Generic ESIIA covering 15 Covid-19 response temporary highway schemes across the county.  
ESIIAs in relation to measures implemented for Shrewsbury under temporary Traffic regulation Order April 2021



**Actions to mitigate negative impact, enhance positive impact, and review and monitor overall impacts in terms of any other considerations. This includes climate change considerations**

***Climate change***

As per the relevant section in the committee report, the proposed Crowmeole Lane point closure will likely have numerous positive outcomes in terms of climate change through encouraging modal shift from vehicular modes to active modes of transport. Expected outcomes include:

**Reduced energy and fuel consumption:** Mode shift to active transport is one of the most cost-effective ways of reducing transport emissions. In 2017, greenhouse gas emissions (GHG emissions) from road transport made up around a fifth of the UK's total GHG emissions<sup>[1]</sup>. Modal shift to active modes, alongside the adoption of low and no emission cars and vans is key as the UK looks to move towards the government's target of adopting net zero emissions by 2050. In order to encourage modal shift to active modes, there needs to be a large-scale provision of safe active travel corridors that connect people to employment and education as well as key services and shopping facilities.

**Renewable energy generation:** this decision doesn't create any opportunities to generate renewable energy.

**Carbon offsetting:** this decision doesn't create any opportunities for carbon off-setting.

**Climate change adaption:** The prospective providers of the camera enforcement technology have confirmed that the equipment is designed to be resilient to the extremes of temperature and other adverse weather effects, including excessive rainfall.

***Health and well being***

The positive health and wellbeing impacts that are likely to accrue for pedestrians and cyclists stem from improved opportunities for safer walking and cycling. The improvements to perceived safety are likely to lead to positive mental health and wellbeing by encouraging certain groupings to walk and cycle.

This is particularly important for those with caring responsibilities such as parents with babies and small children, those who have physical and/or learning disabilities and their carers, and those who are considered to be vulnerable, eg people who may be old and also have physical mobility challenges.

There are also potential health and well-being impacts in terms of road safety for schoolchildren and their families and carers, as well as teaching and support staff, because the proposed point closure is in the vicinity of a number of schools.

***Economic and societal/wider community***

The point closure will provide a walking and cycling facility which will enhance the liveability of the wider community in the sense that there will be a quietly trafficked corridor in which both individuals and families can walk and cycle both for leisure and for transport purposes. The facility will also provide enhanced access to local

shops and facilities by foot or cycle thereby encouraging the local community to visit local shops and services rather than drive to shops further afield. This, in turn, provides an economic benefit for local shops and services.

### **Scrutiny at Part One screening stage**

<b>People involved</b>	<b>Signatures</b>	<b>Date</b>
<i>Lead officer carrying out the screening</i>		
<i>Any internal service area support*</i>		
<i>Any external support**</i> <b>Mrs Lois Dale, Rurality and Equalities Specialist</b>		28 <sup>th</sup> February 2022

*\*This refers to other officers within the service area*

*\*\*This refers to support external to the service but within the Council, e.g., the Rurality and Equalities Specialist, the Feedback and Insight Team, performance data specialists, Climate Change specialists, and Public Health colleagues*

### **Sign off at Part One screening stage**

<b>Name</b>	<b>Signatures</b>	<b>Date</b>
<i>Lead officer's name</i>		
<i>Accountable officer's name</i>		

*\*This may either be the Head of Service or the lead officer*

## **B. Detailed Screening Assessment**

### **Aims of the service change and description**

A trial point closure was introduced on Crowmeole Lane, Shrewsbury on 18 March 2021 using funding granted from the Department for Transport's (DFT) Emergency Active Travel Fund (EATF). It was introduced as an eighteen-month trial under an ETRO which expires on 18<sup>th</sup> September 2022.

In line with the EATF's objectives to deliver quick emergency interventions to make walking and cycling safer in urban areas, the aim of the Crowmeole Lane trial point closure was to create a safe corridor for walking and cycling to/from residential areas to access employment (including the Royal Shrewsbury Hospital (a major employer) as well as schools and key services in the area. This funding was

received at the outset of the COVID-19 pandemic and in advanced of the draft Local and Cycling Walking Infrastructure Plan (LCWIP) being commissioned.

The scheme closes a section of Crowmeole Lane from its junction with Rad Valley Road to its junction with Sandiway (northern access), in both directions to all vehicular traffic except buses. The physical location of the point closure allows for residents in surrounding streets to access their properties from Crowmeole Lane but prevents through access for vehicles allowing for less traffic on the route and thus making it a safer route for pedestrians and cyclists.

**The proposed service change is seeking to:**

1. Implement a permanent point closure on Crowmeole Lane (in the same location as the current trial point closure) under the newly introduced Civil Enforcement of Road Traffic Contraventions (Approved Devices, Charging Guidelines and General Provision) Regulations 2022 following the expiry of the current ETRO on 18 September 2022.
2. Outsource both the supply of camera enforcement technology hardware and software capabilities and back-office support for administration of the proposed point closure (including review of contraventions and Parking Contravention Notice (PCN) progression) to a third-party provider.
3. Monitor and evaluate vehicle contraventions as well as pedestrians and cyclist on Crowmeole Lane to inform future learning and application to wider or future schemes.

**Intended audiences and target groups for the service change**

The current trial arrangement affects all people in the given area, both residents and others who use Crowmeole Lane as a through route to access their destination by private vehicle.

This includes children and their families and carers accessing the schools in the area, as well as teaching and support staff, and also the emergency services, specifically the West Midlands Ambulance Service.

Target groups also include the elected Shropshire Council councillor for the ward, along with Shrewsbury Town Council Councillors and the MP for the town.

**Evidence used for screening of the service change**

Appendix 2 to the report to Cabinet details full traffic survey data analysis

Traffic surveys undertaken both before (March 2021) and after (June 2021) the implementation of the scheme showed that traffic displacement onto surrounding roads has occurred as a result of the scheme. The surveys showed that the average daily vehicle flows increased from 1,308 to 1,930 on Oakfield Rd and 2,116 to 2,357 on Red Deer Lane. This represents a 32% increase in traffic on

Oakfield Rd and a 10% increase in traffic on Red Deer Lane after the implementation of the scheme. However, even with the increase in traffic on both roads, daily flows along both roads remain moderate.

Further traffic surveys (cordon counts) were undertaken in July 2021 on Crowmeole Lane to obtain the number and type of pedestrians (including children) and cyclists using the facility. Unfortunately, baseline surveys were not undertaken prior to the installation of the point closure so it cannot be ascertained whether there was any change in pedestrians and cyclists nor traffic volumes on this corridor as a result of the scheme. However, the July surveys show a moderate number of pedestrians and cyclists using the facility each day

The Council has also drawn upon an analysis of published bus gate data (contraventions) from other local authorities, shown in the committee report at Appendix 3, in order to provide an understanding of trends in number of traffic contraventions recorded over time as a result of implementing moving traffic contravention regimes.

Leicester City Council (LCC) has the most comprehensive published dataset out of all the local authorities. LCC currently have fifteen bus-gates in operation which they monitor and collect revenue from for recorded contraventions. The first bus gate was installed in April 2013 with the most recent bus gate installed in March 2020. Figure 9 shows an analysis of nine months of data (contraventions) across five different bus-gate sites in Leicester measured from the initial installation of each bus gate. These five sites were chosen because they offered the most complete continuous datasets out of all the fifteen sites. It should be noted that data recorded for sites 7 and 8 are low for Month 1 because the cameras were installed later in the month (meaning a full month's data was not collected). However, aside from the initial peak in the number of contraventions recorded at Sites 6, 7 and 8 the analysis shows little change in the number of vehicle contraventions each month.

**Specific consultation and engagement with intended audiences and target groups for the service change**

The trial point closure on Crowmeole Lane was introduced via an ETRO on 18 March 2021 and is expected to run for a period of eighteen months – until 18 September 2022. Statutory consultation for this scheme took place between 18 March – 18 September 2021. 83 responses were received of which 37% (n=31) supported and 24% (n=20) objected to the scheme and 39% (n=32) did not specify whether they supported the scheme or not. Although the results from the Public Consultation exercise were inconclusive with the highest proportion of respondents not specifying whether they supported the scheme or not, a higher proportion of respondents (37%) supported the trial scheme than opposed it (24%).

Table 1 contains the negative feedback obtained during the consultation period for the trial point closure and what actions are proposed to review and monitor any negative impact in terms of equality, social inclusion and health considerations.

<b>Impact of proposed point closure (based on feedback from trial point closure consultation)</b>	<b>Actions proposed to review and monitor any negative impact</b>
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<p>The trial point closure has resulted in traffic displacement onto surrounding roads</p>	<p>The impact of the trial point closure in terms of traffic displacement onto surrounding roads was monitored and it was concluded that although traffic flows had increase on parallel north-south routes, traffic levels remain moderate and do not adversely affect equality and social inclusion considerations. Monitoring of traffic levels on parallel north-south routes will continue if the proposed point closure scheme is implemented with negative effects in terms of equality and social inclusion considerations mitigated (as outlined above).</p>
<p>The point closure was being ignored by many motorists resulting in a redundant scheme</p>	<p>The purpose of implementing the proposed point closure, which will be monitored using camera enforcement technology and enforced under the newly introduced Civil Enforcement of Road Traffic Contraventions (Approved Devices, Charging Guidelines and General Provision) Regulations 2022, will be to improve pedestrian and cyclist safety along this key corridor. This approach will increase the efficacy of the scheme which will in turn have a positive impact on equality and social inclusion considerations.</p>
<p>Inadequate consultation was undertaken prior to the introduction of the trial scheme</p>	<p>Limited consultation was undertaken prior to the implementation of the trial point closure because Council was instructed by Government to expedite measures that promoted walking and cycling over public transport use during the onset of the COVID-19 pandemic. As outlined above, Council will undertake public consultation, communication and engagement with residents, businesses and key stakeholders to ensure all views are heard and all impacts in equality and social inclusion considerations are thought through.</p>
<p>The trial point closure has caused a delay to emergency services</p>	<p>Council did not receive any feedback from emergency services through the formal consultation process for the trial point closure. Similarly, no such feedback from emergency services has been received by Council to date.</p>

	<p>Members of the community have raised concerns that the West Midlands Ambulance Service Maintenance Depot, which is located in the Longden Road Industrial Depot (located to the south of Crowmeole Lane) is currently being used by ambulances responding to emergency calls and to access the Royal Shrewsbury Hospital. This is outside the realms of the planning permissions granted to it in 2012 which authorises use for the hub for maintenance purposes only. If the proposed Crowmeole Lane point closure is endorsed by Cabinet, Council will ensure that targeted engagement with emergency services will take place prior to the implementation of the schemes and that impacts of equality and social inclusion considerations are part of these discussions.</p>
<p>There were no traffic issues prior to the introduction of the scheme that warranted its implementation.</p>	<p>Residents have expressed concerns about the unsafe environment for pedestrians and cyclists on Crowmeole lane for a number of years. Crowmeole Lane is characterised as being a long winding corridor with numerous pinch-points and blind-spots along its length and limited footway provision. It provides a key north-south connection between the Radbrook and Meole areas to the south (with key destinations including Radbrook Primary School, Meole Brace Primary School, the Priory Secondary School as well as the Radbrook Green shops, post offices and key services) and the Bowbrook and Copthorne areas to the north (with key destinations including the Royal Shrewsbury Hospital (a major employer), Oxon Primary School and key services). These factors led Council to select Crowmeole Lane as being an ideal location to trial a point closure to create a safe corridor for walking and cycling in line with the EATF's objectives to deliver quick emergency interventions to make walking and cycling safer in urban areas. This trial received more support</p>

than opposition during public consultation, therefore it is proposed to introduce a permanent point closure at this location.

**Initial equality impact assessment by grouping (Initial health impact assessment is included below)**

*Please rate the impact that you perceive the service change is likely to have on a group, through stating this in the relevant column.*

*Please state if it is anticipated to be neutral (no impact) and add any extra notes that you think might be helpful for readers.*

<b>Protected Characteristic groupings and other groupings in Shropshire</b>	<b>High negative impact <i>Part Two ESIIA required</i></b>	<b>High positive impact <i>Part One ESIIA required</i></b>	<b>Medium positive or negative impact <i>Part One ESIIA required</i></b>	<b>Low positive, negative, or neutral impact (please specify) <i>Part One ESIIA required</i></b>
<u>Age</u> (please include children, young people, young people leaving care, people of working age, older people. Some people may belong to more than one group e.g., a child or young person for whom there are safeguarding concerns e.g., an older person with disability)			X	
<u>Disability</u> (please include mental health conditions and syndromes; hidden disabilities including autism and Crohn's disease; physical and sensory disabilities or impairments; learning disabilities; Multiple Sclerosis; cancer; and HIV)			X	
<u>Gender re-assignment</u> (please include associated aspects: safety, caring responsibility, potential for bullying and harassment)				Neutral
<u>Marriage and Civil Partnership</u> (please include associated aspects: caring responsibility, potential for bullying and harassment)				Neutral
<u>Pregnancy and Maternity</u> (please include associated aspects: safety, caring responsibility, potential for bullying and harassment)			X	
<u>Race</u> (please include ethnicity, nationality, culture, language, Gypsy, Traveller)				Neutral

<p><b>Religion and belief</b> (please include Buddhism, Christianity, Hinduism, Islam, Jainism, Judaism, Nonconformists; Rastafarianism; Shinto, Sikhism, Taoism, Zoroastrianism, and any others)</p>				Neutral
<p><b>Sex</b> (this can also be viewed as relating to gender. Please include associated aspects: safety, caring responsibility, potential for bullying and harassment)</p>				Neutral
<p><b>Sexual Orientation</b> (please include associated aspects: safety; caring responsibility; potential for bullying and harassment)</p>				Neutral
<p><b>Other: Social Inclusion</b> (please include families and friends with caring responsibilities; households in poverty; people for whom there are safeguarding concerns; people you consider to be vulnerable; people with health inequalities; refugees and asylum seekers; rural communities; veterans and serving members of the armed forces and their families)</p>			X	

**Initial health and wellbeing impact assessment by category**

*Please rate the impact that you perceive the service change is likely to have with regard to health and wellbeing, through stating this in the relevant column.*

*Please state if it is anticipated to be neutral (no impact) and add any extra notes that you think might be helpful for readers.*

<b>Health and wellbeing: individuals and communities in Shropshire</b>	<b>High negative impact</b> <i>Part Two HIA required</i>	<b>High positive impact</b>	<b>Medium positive or negative impact</b>	<b>Low positive negative or neutral impact (please specify)</b>
<p><b>Will the proposal have a <i>direct impact</i> on an individual's health, mental health and wellbeing?</b> For example, would it cause ill health, affecting social inclusion, independence and participation?</p>			X medium positive: improvements to perceived safety and to road safety	
<p><b>Will the proposal <i>indirectly impact</i> an individual's ability to improve their own health and wellbeing?</b> For example, will it affect their ability to be physically active, choose healthy food,</p>			X medium positive: improved opportunities for safer walking and cycling	



reduce drinking and smoking? .				
<b>Will the policy have a <i>direct impact</i> on the community - social, economic and environmental living conditions that would impact health?</b> For example, would it affect housing, transport, child development, education, employment opportunities, availability of green space or climate change mitigation? .			X medium positive: improved opportunities for safer walking and cycling	
<b>Will there be a likely change in <i>demand</i> for or access to health and social care services?</b> For example: Primary Care, Hospital Care, Community Services, Mental Health, Local Authority services including Social Services? .				X neutral

**Identification of likely impact of the service change in terms of other considerations including climate change and economic or societal impacts**

In terms of **climate change**, a range of mitigation measures could contribute towards improving the health and well-being of Shropshire’s residents by facilitating more walking and cycling, in response to the improving perceived safety, and by facilitating the increased use of more sustainable and active modes of transport that can help people to become fitter and healthier.

In terms of **Human Rights**, the proposed Crowmeole Lane point closure is likely to be most relevant to Article 2 of the Human Rights Act– The Right to Life. The presence of an enforceable point closure will be likely to have a favourable impact on the likelihood of injury crashes occurring, particularly injury crashes involving pedestrians and motor vehicles and cyclists and motor vehicles (see section 4.1.4).

**Guidance Notes**

**10. Legal Context**

It is a legal requirement for local authorities to assess the equality and human rights impact of changes proposed or made to services. It is up to us as an authority to decide what form our equality impact assessment may take. By way of illustration, some local authorities focus more overtly upon human rights; some include

safeguarding. It is about what is considered to be needed in a local authority's area, in line with local factors such as demography and strategic objectives as well as with the national legislative imperatives.

Carrying out these impact assessments helps us as a public authority to ensure that, as far as possible, we are taking actions to meet the general equality duty placed on us by the Equality Act 2010, and to thus demonstrate that the three equality aims are integral to our decision making processes.

These are: eliminating discrimination, harassment and victimisation; advancing equality of opportunity; and fostering good relations.

These screening assessments for any proposed service change go to Cabinet as part of the committee report, or occasionally direct to Full Council, unless they are ones to do with Licensing, in which case they go to Strategic Licensing Committee.

Service areas would ordinarily carry out a screening assessment, or Part One equality impact assessment. This enables energies to be focussed on review and monitoring and ongoing evidence collection about the positive or negative impacts of a service change upon groupings in the community, and for any adjustments to be considered and made accordingly.

These screening assessments are recommended to be undertaken at timely points in the development and implementation of the proposed service change.

For example, an ESHIA would be a recommended course of action before a consultation. This would draw upon the evidence available at that time, and identify the target audiences, and assess at that initial stage what the likely impact of the service change could be across the Protected Characteristic groupings and our tenth category of Social Inclusion. This ESHIA would set out intended actions to engage with the groupings, particularly those who are historically less likely to engage in public consultation eg young people, as otherwise we would not know their specific needs.

A second ESHIA would then be carried out after the consultation, to say what the feedback was, to set out changes proposed as a result of the feedback, and to say where responses were low and what the plans are to engage with groupings who did not really respond. This ESHIA would also draw more upon actions to review impacts in order to mitigate the negative and accentuate the positive. Examples of this approach include the Great Outdoors Strategy, and the Economic Growth Strategy 2017-2021

Meeting our Public Sector Equality Duty through carrying out these ESHIAs is very much about using them as an opportunity to demonstrate ongoing engagement across groupings and to thus visibly show we are taking what is called due regard of the needs of people in protected characteristic groupings

If the screening indicates that there are likely to be significant negative impacts for groupings within the community, the service area would need to carry out a full report, or Part Two assessment. This will enable more evidence to be collected that will help the service area to reach an informed opinion.

In practice, Part Two or Full Screening Assessments have only been recommended twice since 2014, as the ongoing mitigation of negative equality impacts should

serve to keep them below the threshold for triggering a Full Screening Assessment. The expectation is that Full Screening Assessments in regard to Health Impacts may occasionally need to be undertaken, but this would be very much the exception rather than the rule.

## **11. Council Wide and Service Area Policy and Practice on Equality, Social Inclusion and Health**

This involves taking an equality and social inclusion approach in planning changes to services, policies, or procedures, including those that may be required by Government.

The decisions that you make when you are planning a service change need to be recorded, to demonstrate that you have thought about the possible equality impacts on communities and to show openness and transparency in your decision-making processes.

This is where Equality, Social Inclusion and Health Impact Assessments (ESHIA) come in. Where you carry out an ESHIA in your service area, this provides an opportunity to show:

- What evidence you have drawn upon to help you to recommend a strategy or policy or a course of action to Cabinet.
- What target groups and audiences you have worked with to date.
- What actions you will take in order to mitigate any likely negative impact upon a group or groupings, and enhance any positive effects for a group or groupings; and
- What actions you are planning to review the impact of your planned service change.

The formal template is there not only to help the service area but also to act as a stand-alone for a member of the public to read. The approach helps to identify whether or not any new or significant changes to services, including policies, procedures, functions, or projects, may have an adverse impact on a particular group of people, and whether the human rights of individuals may be affected.

This assessment encompasses consideration of social inclusion. This is so that we are thinking as carefully and completely as possible about all Shropshire groups and communities, including people in rural areas and people or households that we may describe as vulnerable.

Examples could be households on low incomes or people for whom there are safeguarding concerns, as well as people in what are described as the nine 'protected characteristics' of groups of people in our population, e.g., Age. Another specific vulnerable grouping is veterans and serving members of the Armed Forces, who face particular challenges with regard to access to Health, to Education, and to Housing.

We demonstrate equal treatment to people who are in these groups and to people who are not, through having what is termed 'due regard' to their needs and views when developing and implementing policy and strategy and when commissioning, procuring, arranging, or delivering services.

When you are not carrying out an ESHIA, you still need to demonstrate and record that you have considered equality in your decision-making processes. It is up to you what format you choose.-You could use a checklist, an explanatory note, or a document setting out our expectations of standards of behaviour, for contractors to read and sign. It may well not be something that is in the public domain like an ESHIA, but you should still be ready for it to be made available.

**Both the approaches sit with a manager, and the manager has to make the call, and record the decision made on behalf of the Council. Help and guidance is also available via the Commissioning Support Team, either for data, or for policy advice from the Rurality and Equalities Specialist. Here are some examples to get you thinking.**

*Carry out an ESHIA:*

- If you are building or reconfiguring a building.
- If you are planning to reduce or remove a service.
- If you are consulting on a policy or a strategy.
- If you are bringing in a change to a process or procedure that involves other stakeholders and the wider community as well as particular groupings

For example, there may be a planned change to a leisure facility. This gives you the chance to look at things like flexible changing room provision, which will maximise positive impacts for everyone. A specific grouping that would benefit would be people undergoing gender reassignment

*Carry out an equality and social inclusion approach:*

- If you are setting out how you expect a contractor to behave with regard to equality, where you are commissioning a service or product from them.
- If you are setting out the standards of behaviour that we expect from people who work with vulnerable groupings, such as taxi drivers that we license.
- If you are planning consultation and engagement activity, where we need to collect equality data in ways that will be proportionate and non-intrusive as well as meaningful for the purposes of the consultation itself.
- If you are looking at services provided by others that help the community, where we need to demonstrate a community leadership approach

For example, you may be involved in commissioning a production to tour schools or appear at a local venue, whether a community hall or somewhere like Theatre Severn. The production company should be made aware of our equality policies and our expectation that they will seek to avoid promotion of potentially negative stereotypes. Specific groupings that could be affected include: Disability, Race, Religion and Belief, and Sexual Orientation. There is positive impact to be gained from positive portrayals and use of appropriate and respectful language in regard to these groupings in particular.

### **3. Council wide and service area policy and practice on health and wellbeing**

This is a relatively new area to record within our overall assessments of impacts, for individual and for communities, and as such we are asking service area leads to

consider health and wellbeing impacts, much as they have been doing during 2020-2021, and to look at these in the context of direct and indirect impacts for individuals and for communities. A better understanding across the Council of these impacts will also better enable the Public Health colleagues to prioritise activities to reduce health inequalities in ways that are evidence based and that link effectively with equality impact considerations and climate change mitigation.

## **Health in All Policies – Health Impact Assessment**

Health in All Policies is an upstream approach for health and wellbeing promotion and prevention, and to reduce health inequalities. The Health Impact Assessment (HIA) is the supporting mechanism

- Health Impact Assessment (HIA) is the technical name for a common-sense idea. It is a process that considers the wider effects of local policies, strategies and initiatives and how they, in turn, may affect people's health and wellbeing.
- Health Impact Assessment is a means of assessing both the positive and negative health impacts of a policy. It is also a means of developing good evidence-based policy and strategy using a structured process to review the impact.
- A Health Impact Assessment seeks to determine how to maximise health benefits and reduce health inequalities. It identifies any unintended health consequences. These consequences may support policy and strategy or may lead to suggestions for improvements.
- An agreed framework will set out a clear pathway through which a policy or strategy can be assessed and impacts with outcomes identified. It also sets out the support mechanisms for maximising health benefits.

The embedding of a Health in All Policies approach will support Shropshire Council through evidence-based practice and a whole systems approach, in achieving our corporate and partnership strategic priorities. This will assist the Council and partners in promoting, enabling and sustaining the health and wellbeing of individuals and communities whilst reducing health inequalities.

## **Individuals**

### **Will the proposal have a *direct impact* on health, mental health and wellbeing?**

For example, would it cause ill health, affecting social inclusion, independence and participation?

Will the proposal directly affect an individual's ability to improve their own health and wellbeing?

This could include the following: their ability to be physically active e.g., being able to use a cycle route; to access food more easily; to change lifestyle in ways that are of positive impact for their health.

An example of this could be that you may be involved in proposals for the establishment of safer walking and cycling routes (e.g., green highways), and changes to public transport that could encourage people away from car usage. and increase the number of journeys that they make on public transport, by foot or on bicycle or scooter. This could improve lives.

**Will the proposal *indirectly impact* an individual's ability to improve their own health and wellbeing?**

This could include the following: their ability to access local facilities e.g., to access food more easily, or to access a means of mobility to local services and amenities? (e.g. change to bus route)

Similarly to the above, an example of this could be that you may be involved in proposals for the establishment of safer walking and cycling routes (e.g. pedestrianisation of town centres), and changes to public transport that could encourage people away from car usage, and increase the number of journeys that they make on public transport, by foot or on bicycle or scooter. This could improve their health and well being.

**Communities**

Will the proposal directly or indirectly affect the physical health, mental health, and wellbeing of the wider community?

A *direct impact* could include either the causing of ill health, affecting social inclusion, independence and participation, or the promotion of better health.

An example of this could be that safer walking and cycling routes could help the wider community, as more people across groupings may be encouraged to walk more, and as there will be reductions in emission leading to better air quality.

An *indirect impact* could mean that a service change could indirectly affect living and working conditions and therefore the health and well being of the wider community.

An example of this could be: an increase in the availability of warm homes would improve the quality of the housing offer in Shropshire and reduce the costs for households of having a warm home in Shropshire. Often a health promoting approach also supports our agenda to reduce the level of Carbon Dioxide emissions and to reduce the impact of climate change.

Please record whether at this stage you consider the proposed service change to have a direct or an indirect impact upon communities.

**Demand**

**Will there be a change in demand for or access to health, local authority and social care services?**

For example: Primary Care, Hospital Care, Community Services, Mental Health and Social Services?

An example of this could be: a new housing development in an area would affect demand for primary care and local authority facilities and services in that location and surrounding areas. If the housing development does not factor in consideration of availability of green space and safety within the public realm, further down the line there could be an increased demand upon health and social care services as a result of the lack of opportunities for physical recreation, and reluctance of some groupings to venture outside if they do not perceive it to be safe.

***For further information on the use of ESHIAs: please contact your head of service or contact Mrs Lois Dale, Rurality and Equalities Specialist and Council policy support on equality, via telephone 01743 258528, or email [lois.dale@shropshire.gov.uk](mailto:lois.dale@shropshire.gov.uk).***

***For further guidance on public health policy considerations: please contact Amanda Cheeseman Development Officer in Public Health, via telephone 01743 253164 or email [amanda.cheeseman@shropshire.gov.uk](mailto:amanda.cheeseman@shropshire.gov.uk)***

<sup>[1]</sup> Office for National Statistics (ONS), Road transport and air emissions - Office for National Statistics

## APPENDIX 2 – TRAFFIC SURVEY DATA ANALYSIS

- 1.1. Traffic surveys undertaken both before (March 2021) and after (June 2021) the implementation of the scheme showed that traffic displacement onto surrounding roads has occurred as a result of the scheme. The surveys showed that the average daily vehicle flows increased from 1,308 to 1,930 on Oakfield Rd and 2,116 to 2,357 on Red Deer Lane. This represents a 32% increase in traffic on Oakfield Rd and a 10% increase in traffic on Red Deer Lane after the implementation of the scheme. However, even with the increase in traffic on both roads, daily flows along both roads remain moderate.
- 1.2. Further traffic surveys (cordon counts) were undertaken in July 2021 on Crowmeole Lane to obtain the number and type of pedestrians (including children) and cyclists using the facility. Unfortunately, baseline surveys were not undertaken prior to the installation of the point closure so it cannot be ascertained whether there was any change in pedestrians and cyclists nor traffic volumes on this corridor as a result of the scheme. However, the July surveys show a moderate number of pedestrians and cyclists using the facility each day. Site 1 was located where the traffic signage has been placed (see Figure 2) which is close to where the road crosses the River Bowbrook. There are no footways over the bridge and pedestrians have to walk in the narrow carriageway. Site 2 (See Figure 3) was located close to the junction with Radbrook Road, there are footways to access each side of the road, one at the roadside on the western side, the other setback on the eastern side. The weather was dry throughout the week that the surveys were undertaken.

Figure 2: Site 1



Figure 3: Site 2



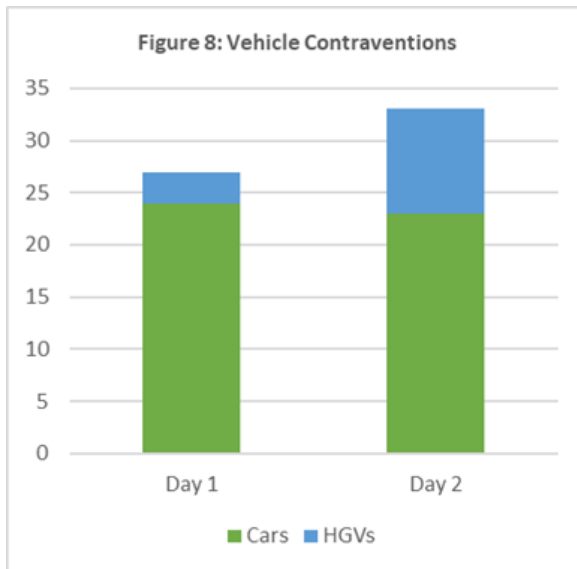
- 1.3. Pedestrians and cyclists recorded as travelling through both sites were deemed to be non-resident active travel users whereas those pedestrians and cyclists travelling through just one of the sites were assumed to reside in one of the surrounding streets accessed from either the Sandiway southern or northern accesses (there are no property accesses from Crowmeole Lane itself).
- 1.4. Figures 4 -7 show the weekday and Saturday daily average number of pedestrians and cyclists (resident vs non-resident) using the facility. Analysis of the northbound dataset shows that just under two-thirds of pedestrians and the majority of cyclists are using the facility as a through route on the weekdays. On Saturdays, the proportion of pedestrians using the facility is much lower indicating that residents may be utilising it more to access



employment located to the north of Crowmeole Lane (for example, The Royal Shrewsbury Hospital – a major employer). Analysis of the southbound dataset shows that the majority of pedestrians and cyclists are using the facility as a through route indicating it is being well-used to access the schools and employment located in the Radbrook and Meole Brace areas. On Saturdays, the proportion of residents using the facility is higher than the weekdays suggesting it may be used by residents more to access shops and local services rather than for access to employment or education.



- 1.5. The traffic surveys undertaken in July 2021 also captured the number of motor vehicles contravening the point closure across two separate weekdays. The data collected on traffic contraventions was recorded at Site 1 only meaning that it cannot be ascertained whether this was resident or non-resident traffic. Analysis of that data showed that 28 vehicles and 33 vehicles contravened the point closure on Day 1 and 2 respectively giving a daily average of 31 vehicles contravening the point closure. As illustrated in Figure 8 nearly one-third of those vehicles contravening the point closure on Day 2 were Heavy Goods Vehicles (HGVs) suggesting that these vehicles are using this route for local delivery vehicles purposes or for access to and from the Longden Road Industrial Depot located to the south of Crowmeole Lane



### APPENDIX 3

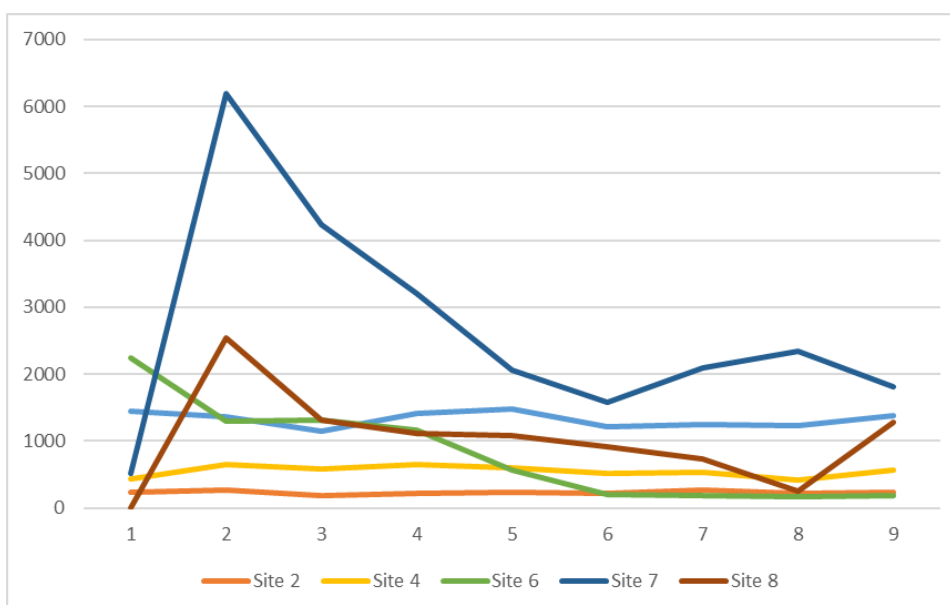
Table 1: Input Metrics: Proposed Crowmeole Lane Point Closure

Stage	Input Metrics		
	Resources	Cost	Funding source
Year 1	Point Closure Set-up – Installation of ANPR camera equipment and associated back-office support	£13,980 Capital (exc VAT)	Active Travel Fund Tranche 2
	Integration of ANPR capabilities within Chipside (Council's current provider of parking enforcement software that enables Council to issue warning notices, requests for payment of a parking fee or further information)	£5,000-£7,000 Revenue (exc VAT)	Capability Fund
	Year 1 Cost = £18,980 - £20,980 (ex VAT)		
Year 2	Ongoing software maintenance and support	£5,950 Revenue (exc VAT)	Capability Fund
	Year 2 Cost = £5,950 (ex VAT)		

#### **APPENDIX 4: ANALYSIS OF LOCAL AUTHORITIES' BUS GATE DATA (CONTRAVENTIONS)**

- 1.1. As outlined in section 2.7 of this Cabinet Report, an analysis of published bus gate data (contraventions) from other local authorities has been undertaken to provide an understanding of trends in number of traffic contraventions recorded over time as a result of implementing moving traffic contravention regimes.
- 1.2. Leicester City Council (LCC) has the most comprehensive published dataset out of all the local authorities. LCC currently have fifteen bus-gates in operation which they monitor and collect revenue from for recorded contraventions. The first bus gate was installed in April 2013 with the most recent bus gate installed in March 2020. Figure 9 shows an analysis of nine months of data (contraventions) across five different bus-gate sites in Leicester measured from the initial installation of each bus gate. These five sites were chosen because they offered the most complete continuous datasets out of all the fifteen sites. It should be noted that data recorded for sites 7 and 8 are low for Month 1 because the cameras were installed later in the month (meaning a full month's data was not collected). However, aside from the initial peak in the number of contraventions recorded at Sites 6, 7 and 8 the analysis shows little change in the number of vehicle contraventions each month.

**Figure 9: Bus Gate Contraventions across 5 sites in Leicester**



8.1.5. The analysis of the LCC bus-gate data and associated reports indicated that those sites that experienced a peak in the number of contraventions in the weeks following the installation of the bus gate (sites 6,7 and 8) had inadequate signage or road markings indicating the presence of the bus-gate.

Reports which provided an analysis of complaints received in regard to the bus gates indicated that there had been inadequate communications on the installation of the bus gate meaning that some people may have been unaware they were contravening a bus gate. These factors may have contributed to the higher numbers of vehicles inadvertently crossing into the bus gate and receiving PCNs.

8.1.6. The analysis of the LCC bus gate data indicates that of the PCN's issued, approximately 40 per cent were paid before the due date, resulting in a 50 per cent discount. Accordingly, approximately 60 per cent of PCNs were paid after the due date meaning the recipient was liable to pay the full amount due.

Applying this trend, Table 2 provides an indication of how much revenue would be received if 100 PCNS were issued per week.

Table 2: Input Metrics: Proposed Crowmeole Lane Point Closure Trial

NUMBER OF PCNS ISSUED (PER WEEK)	PENALTY FEE	REVENUE GENERATED (PER WEEK)	REVENUE – PROCESSING FEES (£8.06 PER PCN)
40	£20 (HALF PRICE)	£800.00	£477.60
60	£40 (FULL PRICE)	£2,400.00	£1,914.40
<b>TOTAL</b>		<b>£3,200.00</b>	<b>£2,394.00</b>

