Report
September 2024

St Paul's Gyratory Transformation Project: Equality Impact Assessment (EqIA)

City of London Corporation
24741701

steer

Report
September 2024

St Paul's Gyratory Transformation Project: Equality Impact Assessment (EqIA)

Prepared by:

Steer
14-21 Rushworth Street
London SE1 0RB

+44 20 7910 5000
www.steergroup.com

Prepared for:

City of London Corporation
PO Box 270
London ECP 2EJ

24741701

Contents

Figures

Tables

Appendices

A Project Area and Scheme Design

1 Introduction

Background

1.1 This Equality Impact Assessment (EqIA) relates to the proposed St Paul's Gyratory Transformation Project. The project area stretches from the Museum of London rotunda to the north, to St Paul's London Underground station to the south. The roads within the project area are characterised by wide, vehicle-dominated highways, including King Edward Street, St Martin's Le Grand and Newgate Street.

1.2 The proposals will make large scale changes to the area, including making some streets two-way, partially removing the 1970's gyratory system, and creating a new public space. The aim is to make the area feel safer for pedestrians and cyclists, create quality public spaces that are greener and more pleasant, and meet the access needs of residents and businesses.

1.3 The City of London Corporation's (CoL's) Streets and Walkways Committee approved the project to move forward to the construction planning stage. Following feedback from a public consultation (held between August – October 2023), and further development, the design is currently being finalised.

1.4 To assist with understanding the equality implications of the design, the CoL has commissioned Steer to undertake this EqIA. An EqIA is a process designed to ensure that a policy, project, or scheme does not unlawfully discriminate against any protected characteristic as defined by the Equality Act 2010. This EqIA has been produced by the independent transport and infrastructure consultancy, **Steer**. Steer have produced EqIAs for a number of other CoL schemes such as the All Change at Bank project, and several schemes within the Pedestrian Priority Streets Programmes.

Context

1.5 The project area is outlined in **Appendix A**. The project area includes business, retail and leisure spaces, used by visitors, workers and residents. Of note, the project area is close to several large trip generators, including St Paul's Cathedral, St Bartholomew's Hospital, Barbican Centre, Old Bailey, Guildhall, Bank of England, One New Change, and Postman's Park.

1.6 The proposed scheme is also in close proximity to several places of worship including St Paul's Cathedral, St Botolph's-without-Aldersgate, St Anne & St Agnes Church and St Vedast alias Foster. The scheme is also located close to health and pharmacy services, including St Bartholomew Hospital.

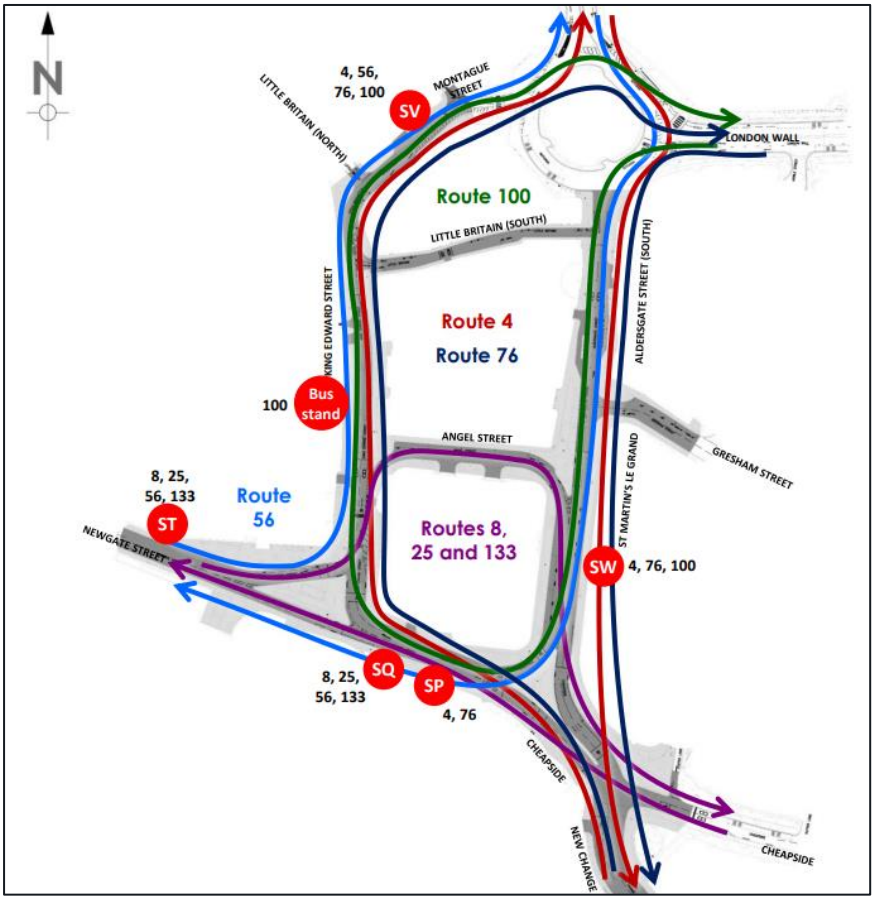
1.7 The scheme is located adjacent to St Paul's London Underground station and is a short walk from Mansion House station. It is also accessible by foot or wheeling[1] from Bank, Moorgate, and Blackfriars London Underground stations, and Cannon Street, City Thameslink and Farringdon railway stations.

Buses

1.8 Seven bus routes travel through the area and serve six bus stops. These include routes 4, 8, 25, 56, 76, 100 and 521. **Figure 1.1** (overleaf) shows where bus stops are currently located. There is also a bus stand located at 7 King Edward Street. Bus stops are located on:

- King Edward Street (Bus Stop ST)
- Newgate Street (Bus Stops SP, SQ)
- Montague Street (Bus Stop SV)
- St Martin's Le Grand (Bus Stop SW)

Figure 1.1: Current bus stop layout



Source: CoL

[1] Wheeling is an equivalent alternative to foot/pedestrian-based mobility, such as, manual self- or assistant-propelled wheelchairs, wheelchairs with power attachments or all-terrain attachments, powered wheelchairs, mobility scooters and rollators (**Wheels for Wellbeing, 2024**).

2 Scoping

2.1 A scoping assessment has been undertaken to identify whether the proposed scheme could have disproportionate impact(s) on people with one or more protected characteristics. '*Disproportionate impact*' means that groups of people who share a protected characteristic may be significantly more affected by a change than other people.

2.2 Protected characteristics are defined by the Equality Act 2010. The 'protection' refers to protection from discrimination. There are nine characteristics protected by the Equality Act:

- Age
- Disability
- Gender reassignment
- Marriage and civil partnership
- Pregnancy and maternity
- Race
- Religion or belief
- Sex
- Sexual orientation

2.3 As the scheme is aimed at making the streets within the project area more attractive to people walking, cycling and dwelling, as well as making it safer and less polluted, it is considered that the scheme is likely to impact people's movement and experience of the street. Groups that have a significant intersection with movement and space, i.e., those that travel in distinguishably different ways, are most likely to be affected.

2.4 It is not considered that the 'Gender reassignment', 'Sexual orientation' or 'Marriage and civil partnership' protected characteristics have a significant intersection with movement and space and are therefore unlikely to experience any disproportionate benefits or drawbacks because of the scheme. As such, they have not been included in the baseline data or the detailed analysis of equality impacts that follows. This exercise considers both potential positive and negative impacts, and, where possible, provides evidence to explain how and why a group might be particularly affected. **Table 2.1** (overleaf) provides a summary of the scoping assessment.

Intersectionality

2.5 It is noted that protected characteristics are not mutually exclusive, and intersectionality between two or more protected characteristics is common. This means that individuals can be impacted in multiple ways that reflect the combination of their protected characteristics. For example, a disabled female could be impacted in regard to both disability and sex. Intersectionality can further compound the severity and/or disproportionate nature of certain impacts.

2.6 Given the large number of combinations of any and all protected characteristics possible, this EqIA does not individually set out impacts for a full list of combinations. However, where it is deemed relevant and of particular significance, intersectionality with particular characteristics is considered within the impact assessment.

Table 2.1: Scoping assessment

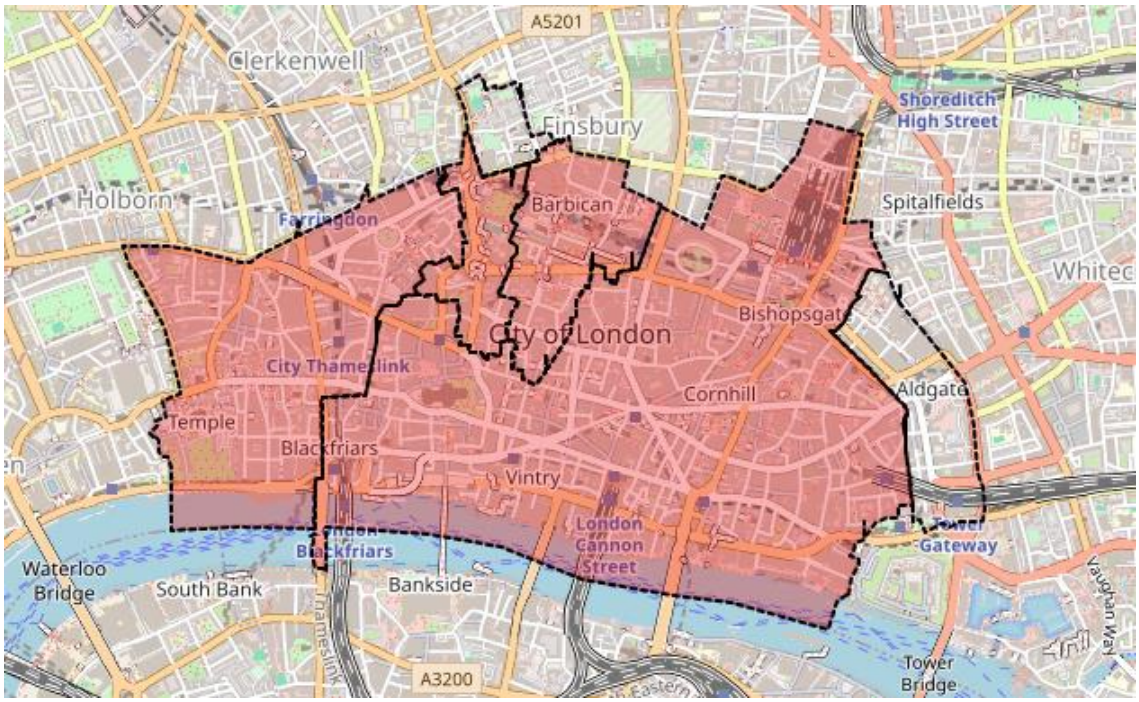
Protected characteristic	Disproportionate impact unlikely	Disproportionate impact possible	Commentary
Age – people in particular age groups (particularly over 65s and under 16s)		✓	There could be a disproportionate impact which this EqIA will investigate. A person's ability to use the transport network can be impacted as a result of age and age-related health conditions.
Disability – people with disabilities (including different types of physical, learning or mental disabilities)		✓	There could be a disproportionate impact which this EqIA will investigate. A person's use of the transport network can be shaped by the impairments that they live with.
Gender reassignment – people who are intending to undergo, are undergoing, or have undergone a process or part of a process of gender reassignment	✓		People undergoing gender reassignment are unlikely to be disproportionately impacted by the scheme.
Marriage and civil partnership – people who are married or in a civil partnership	✓		People who are married or in a civil partnership are unlikely to be disproportionately impacted by the scheme.
Pregnancy and maternity – people who are pregnant or have given birth in the previous 26 weeks		✓	There could be a disproportionate impact which this EqIA will investigate. A person's use of the transport network can be shaped by pregnancy and the caring duties in the first 26 weeks.
Race – people of a particular race or ethnicity (including refugees, asylum seekers, migrants, gypsies and travellers)		✓	There could be a disproportionate impact which this EqIA will investigate. Use of the transport network and/or occupation can differ depending on ethnic group.
Religion or belief – people of particular faiths and beliefs		✓	There could be a disproportionate impact which this EqIA will investigate. Use of the transport network by those practising different religions may vary across different days (e.g., Sunday worship), and due to the proximity of the scheme area to places of worship.
Sex – whether people are male or female		✓	There could be a disproportionate impact which this EqIA will investigate. Use of the transport network and/or occupation may differ depending on sex.
Sexual orientation – whether a person's sexual orientation is towards the same sex, a different sex, or both.	✓		People of a particular sexual orientation are unlikely to be disproportionately impacted by the scheme.

3 Evidence Base

Data sources

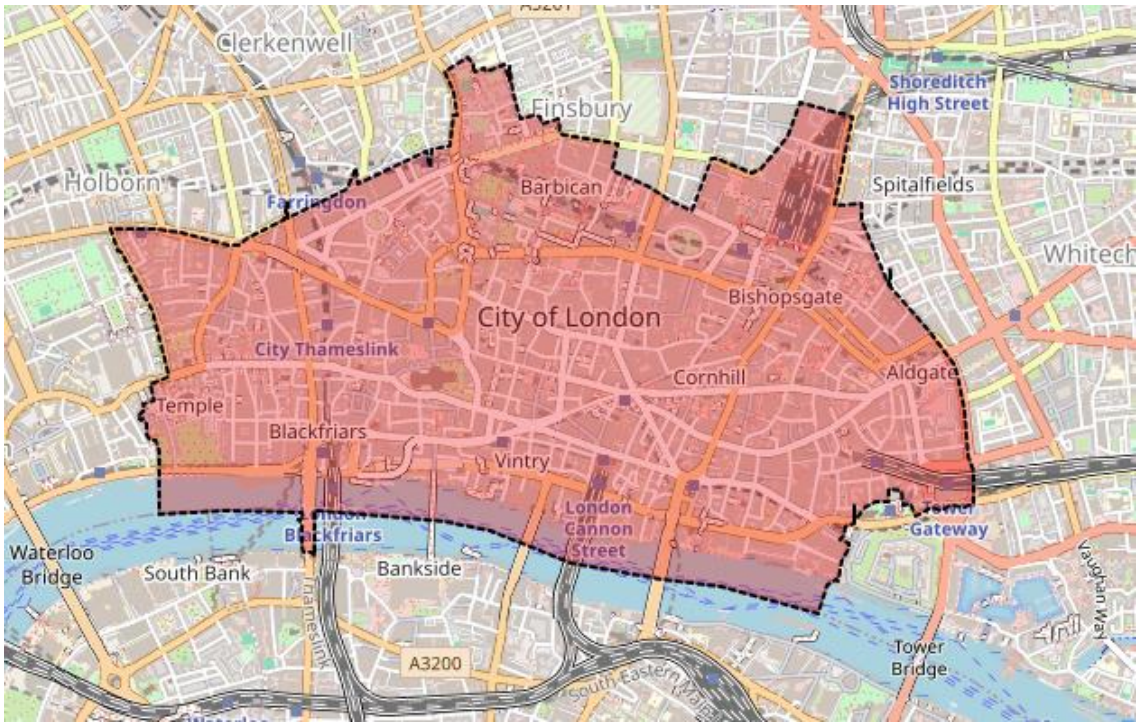
3.1 For this assessment, information has been gathered about protected characteristics for the City of London 001A Lower Layer Super Output Area (LSOA), City of London 001B Lower Layer Super Output Area (LSOA), City of London 001G Lower Layer Super Output Area (LSOA), and City of London 001F Lower Layer Super Output Area (LSOA). Throughout this EqIA, this is referred to as 'the study area'. Information has also been gathered about the City of London Middle Layer Super Output Area (MSOA) as well as data for London as a whole.

Figure 3.1: City of London 001A, 001B, 001F and 001G highlighted in red



Source: Nomis, 2024

Figure 3.2: City of London MSOA



Source: Nomis, 2024

3.2 The CoL is a small and densely populated area with high levels of walkability and numerous public transport stations. This means that any given street is likely to be used by people from across the CoL. Therefore, it is important to consider an area that is wider than the immediate surroundings of the scheme; this requirement is satisfied with the use of LSOA data. Data at the MSOA level is used as a substitute for LSOA data for specific data sets where no greater level of detail is provided. London as a whole is included in the assessment to provide greater context to the data for residents living in the CoL.

Data sources and limitations

3.3 London Travel Demand Survey (LTDS) and Census 2011/2021 data are the two primary data sources used throughout this assessment. Supplementary data sources have also been used and are referenced throughout. For each protected characteristic, data has been collated and analysed, with comparisons made at LSOA, Borough/MSOA, London and national levels, where relevant.

3.4 While Census data is a useful tool for understanding and comparing travel characteristics of an area with another, it does have limitations; particularly that the 2011 dataset is dated, and even more so given the changes brought about by the Covid-19 pandemic. On the other hand, 2021 Census data is expected to have been influenced by alterations to ways of living and moving during the Covid-19 pandemic period. Where relevant 2021 Census data has been made available, it is used in this EqIA.

3.5 LTDS data provides granular data within the CoL, however it is not wholly representative of the wider population as it is calculated using sample sets and subsequently scaled up. LTDS is an annual survey of a sample of households across Greater London including the CoL. The survey records detailed information about the household, the people that live

there, and the trips they make. Every year, approximately 8,000 households take part in the survey which is then weighted using an interim expansion factor to approximate the data for the entire population of London, thus providing an insight into how Londoners travel on a weekly basis. Due to the London-wide nature of this survey, it has not been possible to limit the analysis to trips ending in the St Paul's area, as the low sample size means that it would not be appropriate. In addition, at the time of preparing this document, the full LTDS 2022/23 dataset providing borough level detail was unavailable.

City of London profile

Workforce

3.6 The CoL has a very large workforce in comparison to its usual residential population. The 2021 Census recorded the residential population as 8,600 people and the 2011 Census recorded the workforce as 357,000 people[2] – over 40 times the usual residential population which demonstrates the significant movement in and out of the CoL every day.

3.7 More recently, the 2022 workforce was estimated to be 615,000[3]. the CoL shows the highest workplace density of all local authorities in Greater London with the primary land use in the CoL being offices, which make up more than 70 per cent of all buildings. In absolute terms, the CoL has the second greatest workforce after the City of Westminster, with the workforce comprising 63 per cent males and 37 per cent females in 2021.

3.8 When compared to Greater London, the CoL has a higher proportion of professional occupations, associated professional and technical occupations, skilled trades occupations, and administrative and secretarial occupations. Professional and associate professional/technical occupations represent over half of occupations within the CoL.

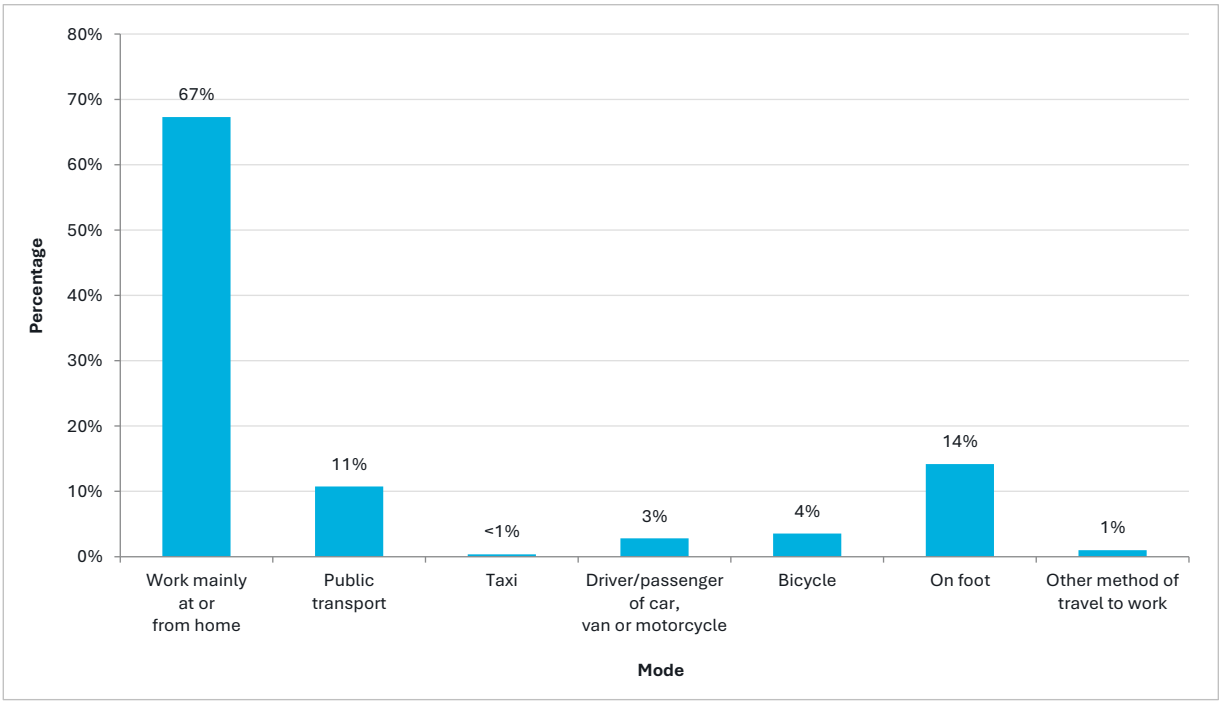
3.9 2021 Census data shows most people in employment in the CoL work mainly at or from home, as shown in **Figure 3.3.** This is followed by public transport use (11 per cent). Active travel also comprises a relatively high percentage of travel (14 per cent on foot, and 4 per cent cycling).

3.10 Please note that these figures have changed significantly since 2021 due to the change in working arrangements and patterns attributed to the COVID-19 pandemic, however the CoL can only act on the latest data available.

[2] 2021 Census data indicates that 67,224 people recorded their workplace destination within CoL, which similarly represents a significantly higher workforce population in comparison to the resident population. However, 2021 Census data does not capture the workforce accurately due to the effects of the Covid-19 pandemic and associated restrictions on movement and social gatherings at the time of recording (see **https://www.nomisweb.co.uk/sources/census_2021_od**)

[3] **City of London Factsheets February 2023**

Figure 3.3: Method of travel to work for people in employment in the City of London



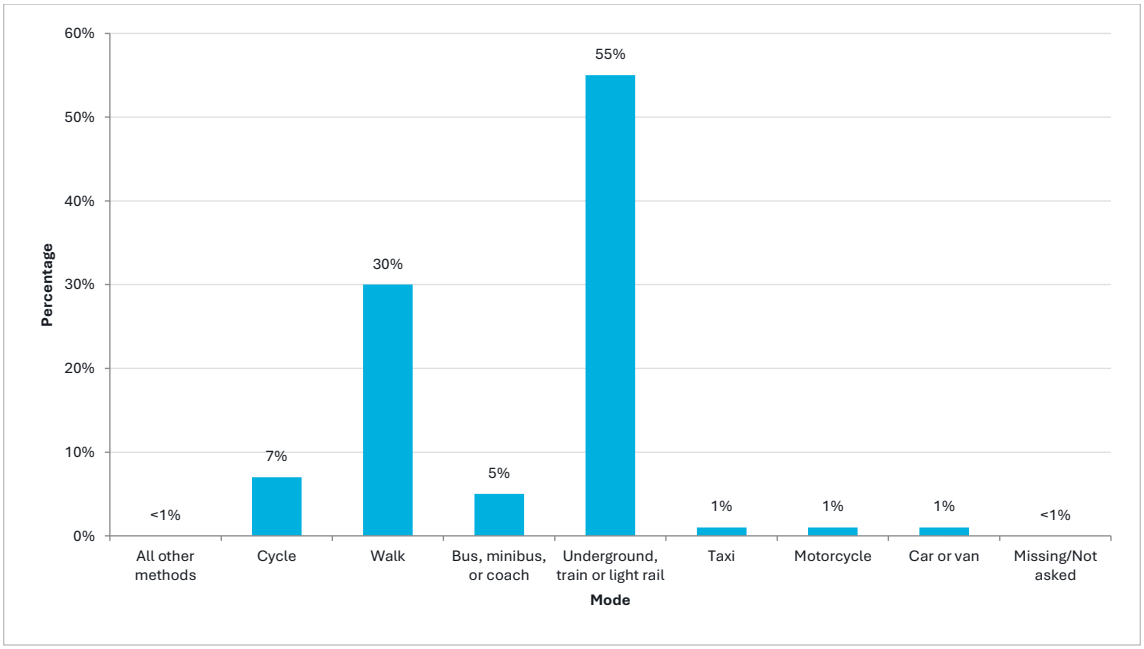
Source: 2021 Census

3.11 Data from TfL's London Travel Demand Survey (LTDS) 2019/20 has been analysed to inform this EqIA, to understand any differences in the travel patterns exhibited by people with different protected characteristics. LTDS is an annual survey of a sample of households across Greater London including the CoL. The survey records detailed information about the household, the people that live there, and the trips they make.

3.12 Every year, approximately 8,000 households take part in the survey which is then weighted using an interim expansion factor to approximate the data for the entire population of London, thus providing an insight into how Londoners travel on a weekly basis. For the purposes of this EqIA, trips that ended in the CoL have been analysed. Due to the London-wide nature of this survey, it has not been possible to limit the analysis to trips ending in the St Paul's area, as the low sample size means that it would not be appropriate.

3.13 When analysing LTDS for all trip purposes, the following mode split for travel into the CoL was obtained. As shown in **Figure 3.4,** of all trips ending in the CoL, 60 per cent are made using public transport. 55 per cent of trips are made using the Underground or other rail modes and 5 per cent are made by bus. It can also be seen that walking has a much higher proportion for all trips (30 per cent) when compared to the 2011 Census Travel to Work data (5 per cent).

Figure 3.4: Method of travel to the CoL for all purposes



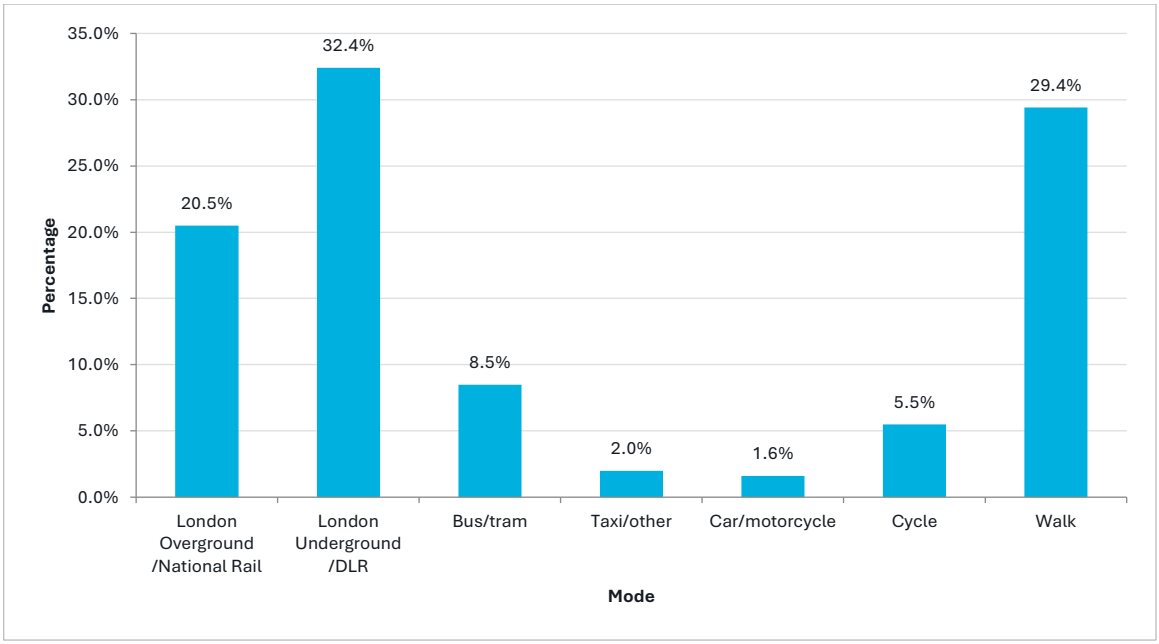
Source: LTDS 2019/20

3.14 Please note that this mode split involves other trip types in addition to 'travel to work' trips. Based on the 2019/20 LTDS data for trip purposes to the CoL, 71 per cent of trips were for Work (usual workplace and other) and 29 per cent of trips were for other purposes (such as leisure and shopping).

3.15 At the time of preparing this document, the full LTDS 2022/23 dataset was unavailable. However, data was obtained by the CoL from TfL's Strategic Analysis which illustrates the proportions for trips per day, by mode. As shown in **Figure 3.5,** active travel trips comprise nearly a third of journeys that originate within the CoL, and over 60 per cent of journeys originating in the CoL via public transport. In contrast, a small proportion of trips per day are made by private vehicle (3.6 per cent).

3.16 The more recent data in **Figure 3.5** indicates that a relatively small proportion of trips that originate within the CoL are made by taxi (2 per cent) and car/motorcycle (1.6 per cent). This reflects the proportion of modes in the LTDS 2019/20 data for the CoL, in relation to method of travel to the CoL for all trip purposes, wherein 60 per cent of trips were made via public transport, and over a third of trips were made by active travel (37 per cent).

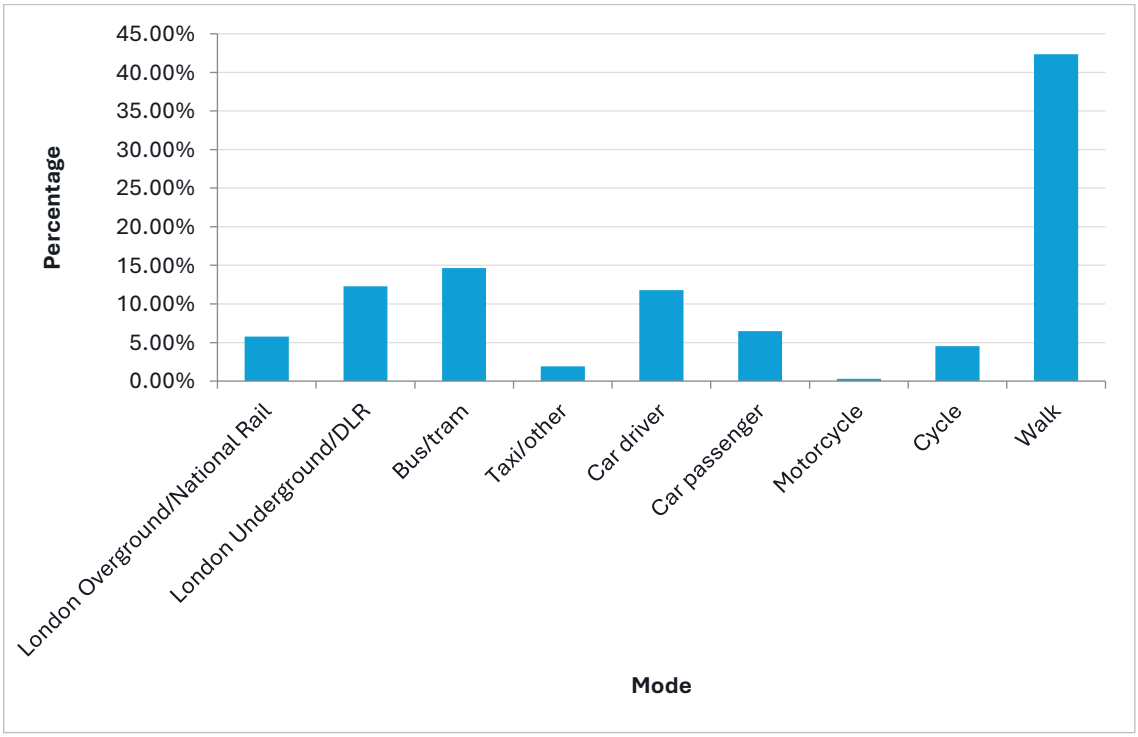
Figure 3.5: Percentage of trips per day, by mode, originating within CoL (2022/23)



Source: LTDS, 3-year average from LTDS (2018/19, 2019/20, 2022/23)

3.17 **Figure 3.6** displays the mode share in Inner London from a three-year average. Modal split across Inner London is broadly in accordance with trips originating within the CoL, however the number of trips taken by foot accounted for close to double the number of trips in Inner London (42 per cent) compared to the CoL (29 per cent).

Figure 3.6: Inner London mode share



Source: LTDS, 3-year average from LTDS (2018/19, 2019/20, 2022/23)

3.18 Proportions of private vehicles, including car, taxi, and van (1 per cent mode share each, respectively) are also comparable to the 2022/23 data in relation to journeys originating within the CoL. This suggests that travel patterns have returned after the COVID-19 pandemic, however, other factors may have also influenced mode share across the CoL between 2019/20 and 2022/23.

Age

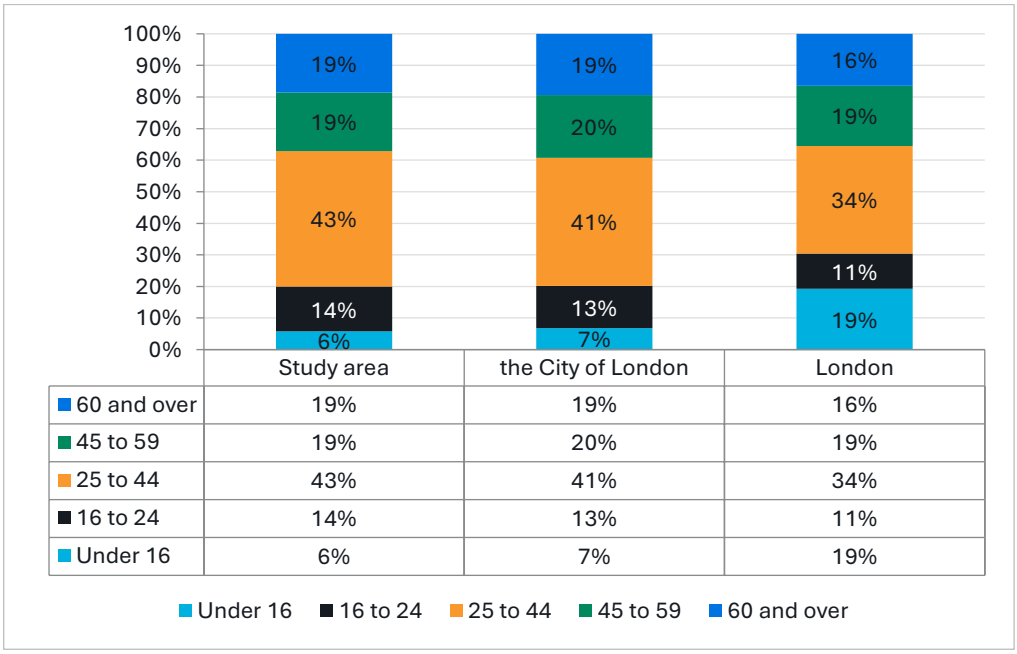
Definition according to the Equality Act 2010

1. In relation to the protected characteristic of age:
    a. A reference to a person of a particular age group
    b. A reference to persons who share a protected characteristic is a reference to persons of the same age group
2. A reference to an age group is a reference to a group of persons defined by a reference to age, whether by reference to a particular age or to a range of ages.

Baseline equalities data

3.19 **Figure 3.7** illustrates the age distribution of residents across the study area, in comparison to the CoL and London, using Census 2021 data. The greatest proportion of residents in the study area were in the 25-44 age group (43 per cent). This was similar to the CoL (41 per cent) and slightly higher than London (34 per cent). There is a similar proportion of people aged under 16 in the study area (6 per cent) in comparison to the CoL (7 per cent), though there is a marginally higher proportion of people aged 16-24 in the study area (14 per cent) in comparison to the CoL (13 per cent). Furthermore, the proportion of people aged over 60 is slightly higher in the study area (19 per cent) in comparison to London (16 per cent).

Figure 3.7: Age distribution in the study area, compared to City of London and Greater London in 2021



	Study area	the City of London	London
60 and over	19%	19%	16%
45 to 59	19%	20%	19%
25 to 44	43%	41%	34%
16 to 24	14%	13%	11%
Under 16	6%	7%	19%

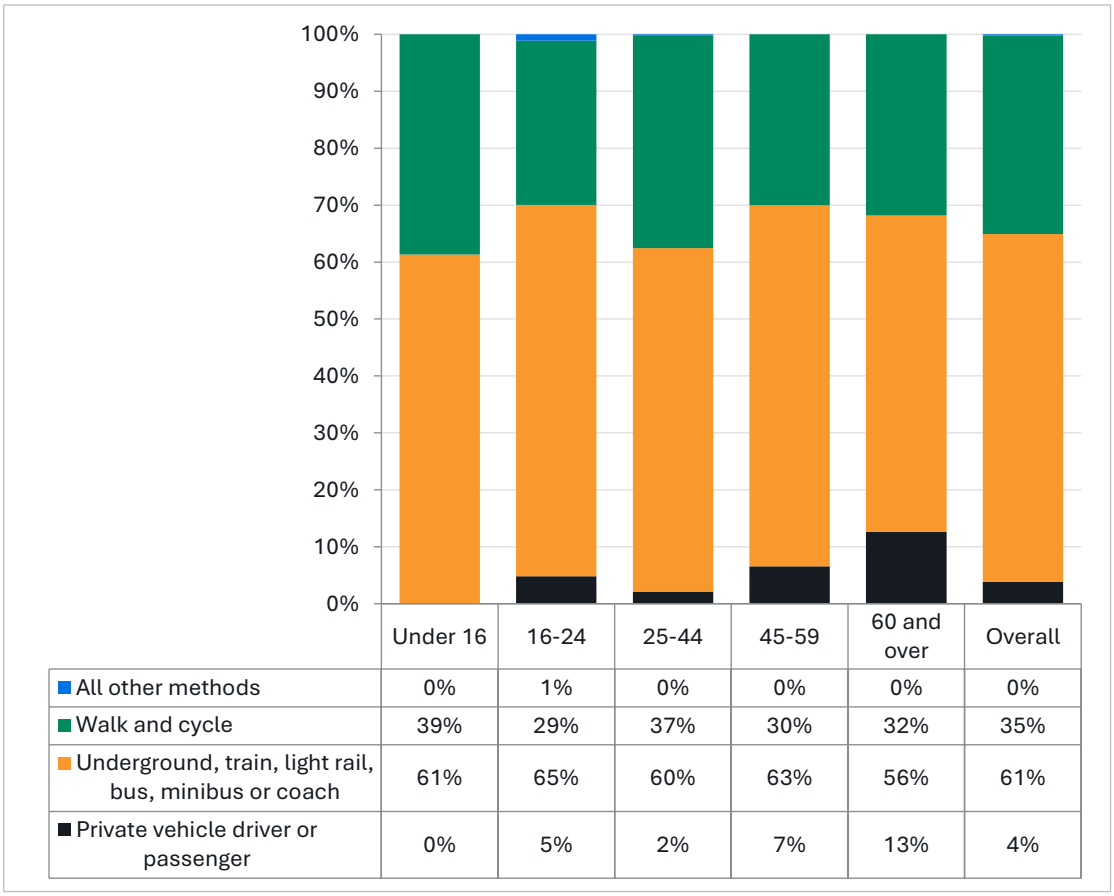
Source: Census 2021

3.20 **Figure 3.8** presents LTDS data on how people travel around the CoL within each age group, and **Figure 3.9** presents this same information for London as a whole.

3.21 The highest usage of active travel modes (walking and cycling) is among people aged under 16 (39 per cent), followed by people aged 25-44 (37 per cent). In addition, 29 per cent of people aged 16–24 walk or cycle. This pattern is consistent with data for Greater London. Public transport is the most popular travel mode in the CoL, used by over 50 per cent of residents in each age group. This is higher than the Greater London public transport mode share across all age groups.

3.22 The use of private vehicles in the CoL is relatively low, comprising 4 per cent of all journeys. However, use of private vehicles varies by age, and over 60s use private vehicles more than any other age group (13 per cent).

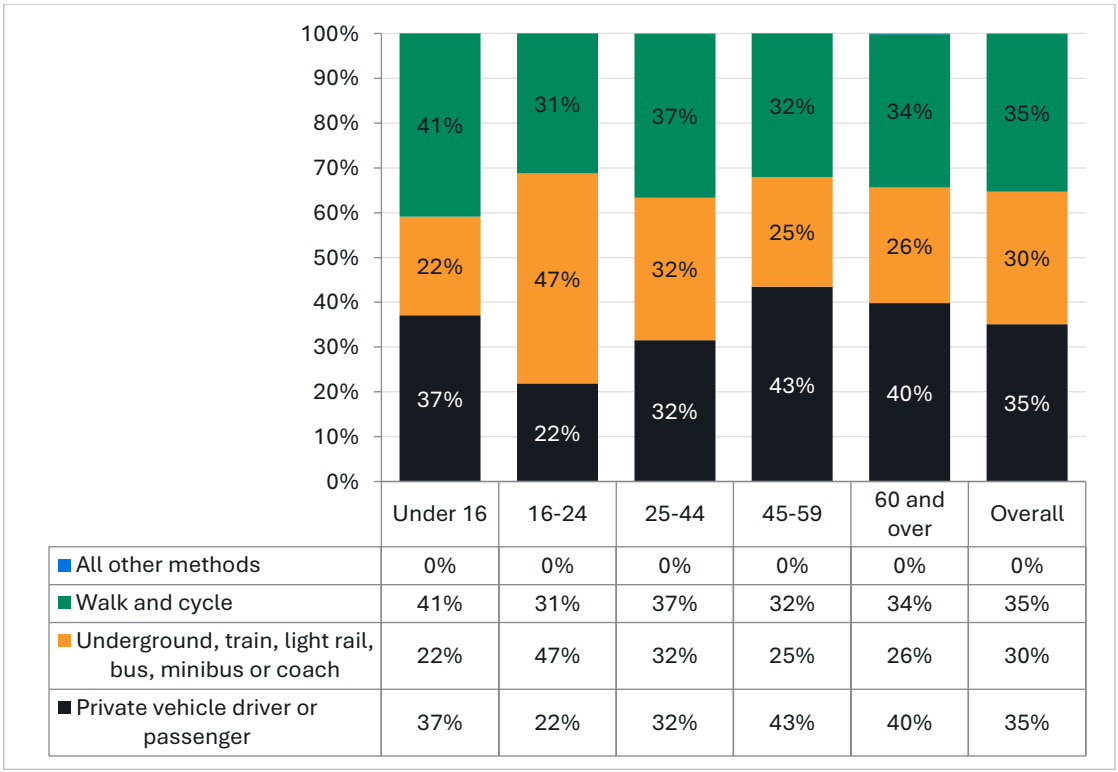
Figure 3.8: Mode share by age in City of London



	Under 16	16-24	25-44	45-59	60 and over	Overall
All other methods	0%	1%	0%	0%	0%	0%
Walk and cycle	39%	29%	37%	30%	32%	35%
Underground, train, light rail, bus, minibus or coach	61%	65%	60%	63%	56%	61%
Private vehicle driver or passenger	0%	5%	2%	7%	13%	4%

Source: LTDS, 3-year average from LTDS (2017/18, 2018/19, 2019/20)

Figure 3.9: Mode share by age in Greater London

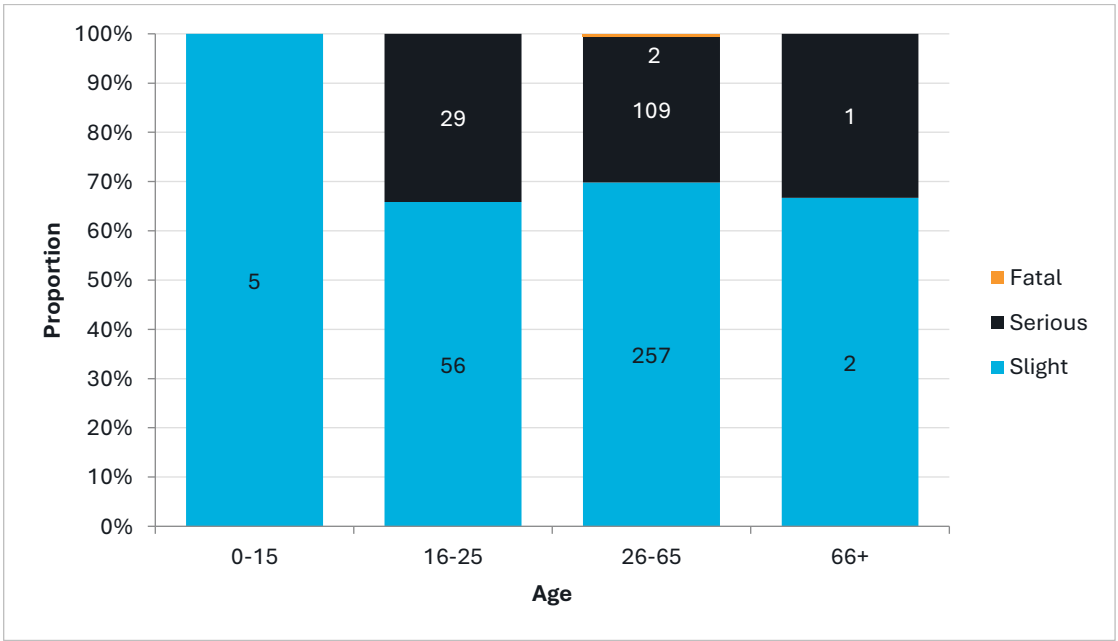


	Under 16	16-24	25-44	45-59	60 and over	Overall
All other methods	0%	0%	0%	0%	0%	0%
Walk and cycle	41%	31%	37%	32%	34%	35%
Underground, train, light rail, bus, minibus or coach	22%	47%	32%	25%	26%	30%
Private vehicle driver or passenger	37%	22%	32%	43%	40%	35%

Source: LTDS, 3-year average from LTDS (2017/18, 2018/19, 2019/20)

3.23 Killed and Seriously Injured (KSIs) and Slightly Injured casualties by age category, for the CoL, are shown in **Figure 3.10** below. This data is from 2020 – 2022.

Figure 3.10: Proportion of KSI and Slight casualties involved in collisions per age category, in the CoL



Source: STATS19 2020-2022

3.24 Recorded KSIs are highest for the 26 -65 age group, followed by the 16 – 25 age group. The proportion of serious injuries is slightly higher amongst the 16-25 age group, in comparison to the 26 – 65 age group. This indicates that this age group may be disproportionately more likely to suffer more severe consequences if they are a casualty in a collision.

3.25 Across the UK, 10-14 age group road accidents make up over 50 per cent of all external causes of death. Moreover, 15–19-year-olds experience almost double the risk of death from road traffic accidents (82.5 deaths per million population) in comparison to the general population.

Disability

Definition according to the Equality Act 2010

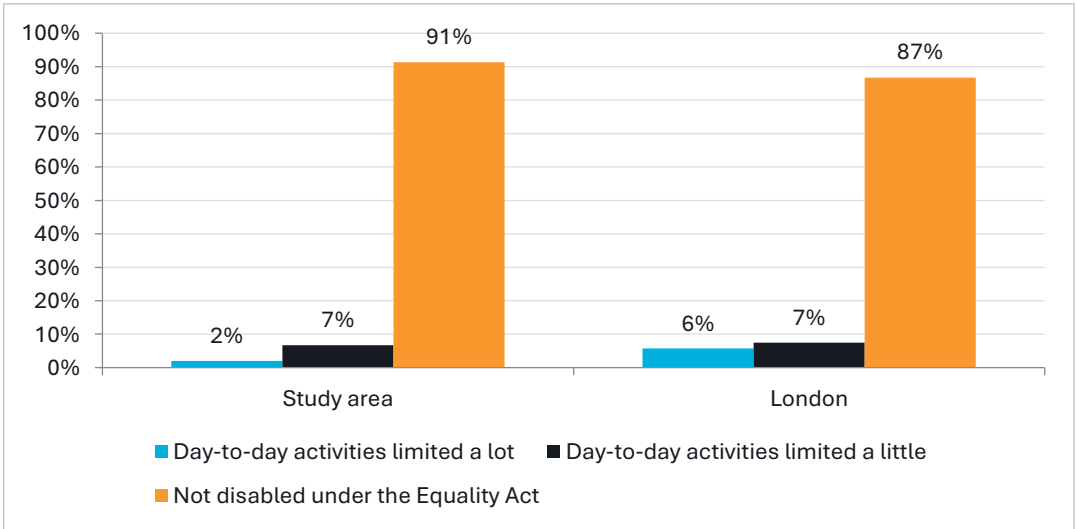
1. A person (P) has a disability if:
   a. P has a physical or mental impairment, and
   b. the impairment has a substantial and long-term adverse effect on P's ability to carry out normal day-to-day activities.

Baseline equalities data

3.26 According to 2021 Census data, in the CoL, 89 per cent of residents responded that they have no limitations in their activities – this is higher than both in England and Wales (83 per cent) and Greater London (87 per cent). In the areas outside the main housing estates, around 95 per cent of residents responded that their activities were not limited. 11 per cent of the CoL's residential population stated that they were either in fair, bad or very bad health.

3.27 In comparison, the number of residents in the study area for whom daily activities are 'limited a lot' account for 2 per cent of the population, compared to 6 per cent for Greater London. A further 7 per cent of residents in the study area said they were 'limited a little', which is the same proportion recorded across Greater London.

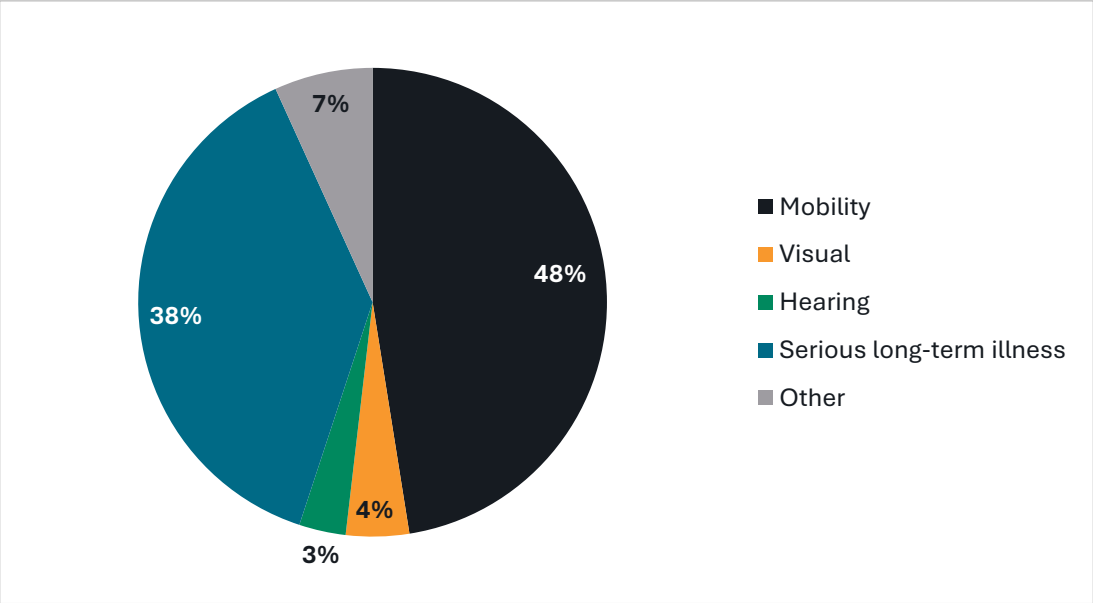
Figure 3.11: Population limited by long-term health problems or disabilities in the study area and Greater London



Source: Census 2021

3.28 In addition, physical and mental disabilities may affect travel patterns and behaviours. Disability types which affect daily travel of the CoL residents are shown in **Figure 3.12**. Disability due to serious long-term illness represents the highest proportion of responses, followed by mobility related disability. It should be noted that this data is based on a very small sample (1.3 per cent of sample size for trips ending in the CoL), therefore results should be considered in this context.

Figure 3.12: Disability types stated by those who have a disability affecting daily travel to the CoL

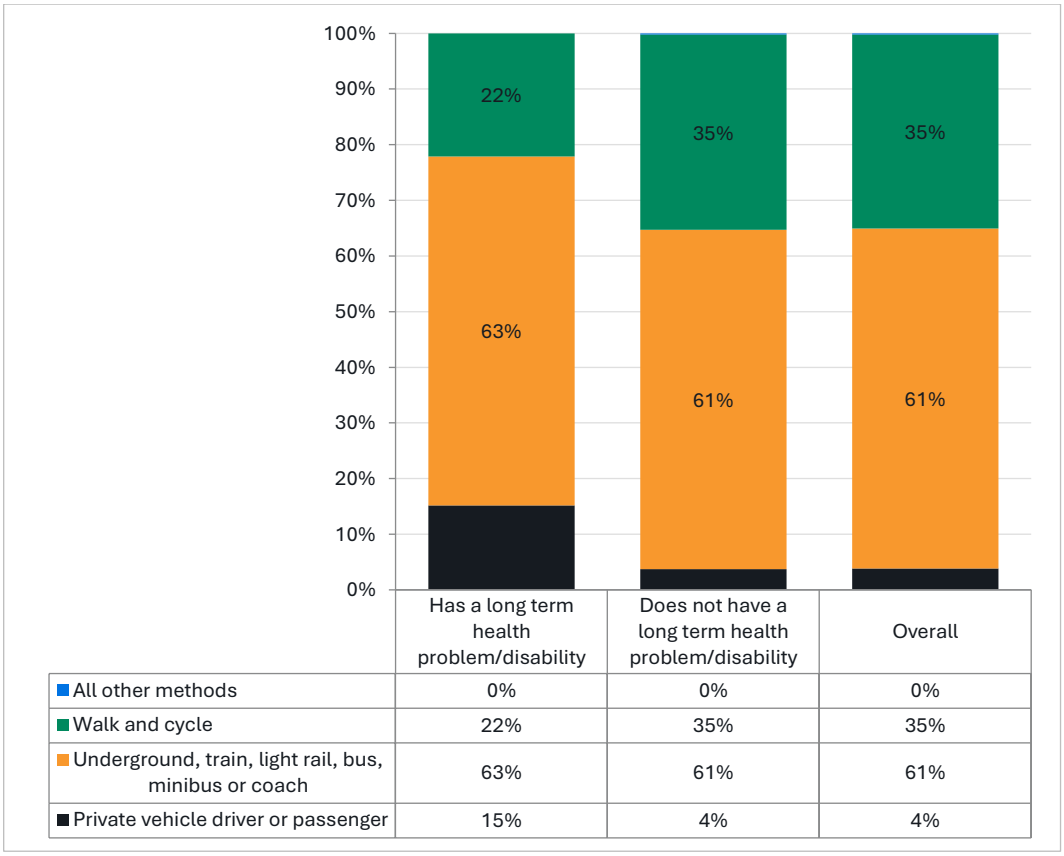


Source: LTDS, 3-year average from LTDS (2017/18, 2018/19, 2019/20)

3.29 The mode share for people with a long-term health problem or disability in the CoL and Greater London is shown in **Figure 3.13** and **Figure 3.14** respectively. In the CoL, the public transport mode share is greater (63 per cent) for people with a long-term health problem or disability those without (61 per cent). This is a significant contrast with Greater London, as the public transport mode share for people with a long-term health problem or disability is less than those without (27 per cent vs 30 per cent, respectively).

3.30 In the CoL, the car/van mode share is greater for people with a long-term health problem or disability (15 per cent) in comparison to those without (4 per cent). In addition, the active travel (walking and cycling) mode share for people with a long-term health problem or disability walk or cycle (22 per cent) is lower than for people without a long-term health problem or disability (35 per cent). In comparison, in Greater London, 34 per cent of people with a long-term health problem or disability use active travel. This mode share in the CoL represents a smaller proportion of active travel for people with a long-term health problem or disability.

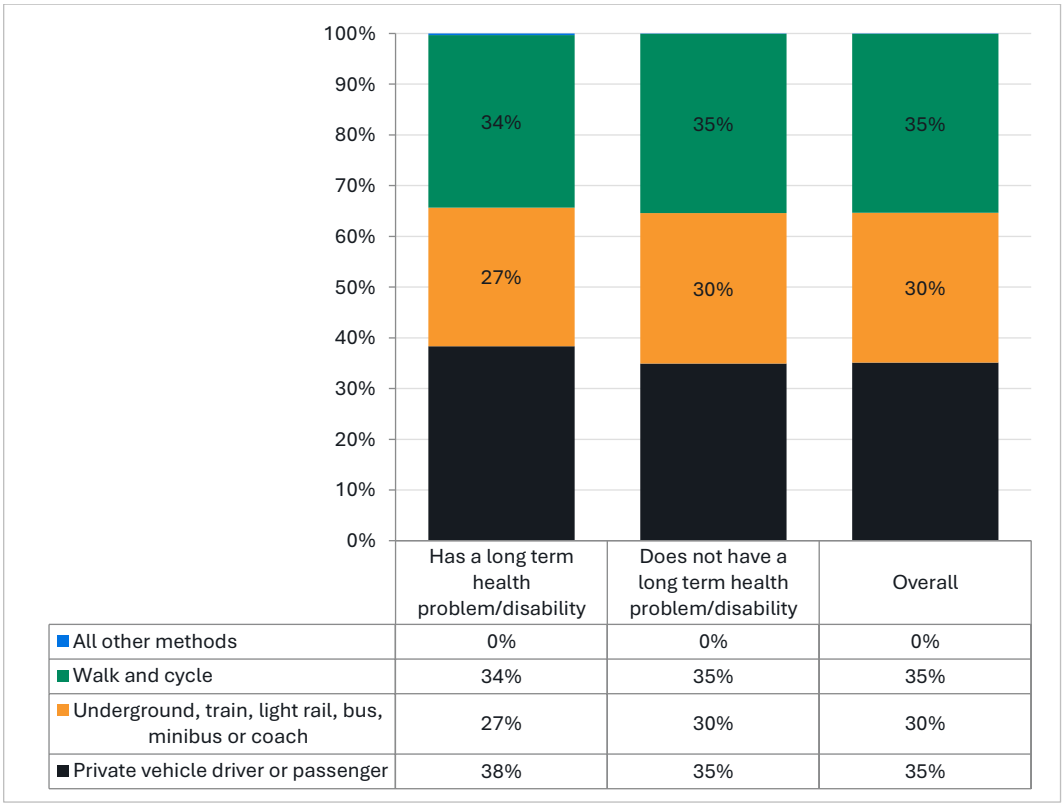
Figure 3.13: Mode share of those with a long-term health problem or disability in City of London



	Has a long term health problem/disability	Does not have a long term health problem/disability	Overall
All other methods	0%	0%	0%
Walk and cycle	22%	35%	35%
Underground, train, light rail, bus, minibus or coach	63%	61%	61%
Private vehicle driver or passenger	15%	4%	4%

Source: LTDS, 3-year average from LTDS (2017/18, 2018/19, 2019/20)

Figure 3.14: Mode share of those with a long-term health problem or disability in Greater London



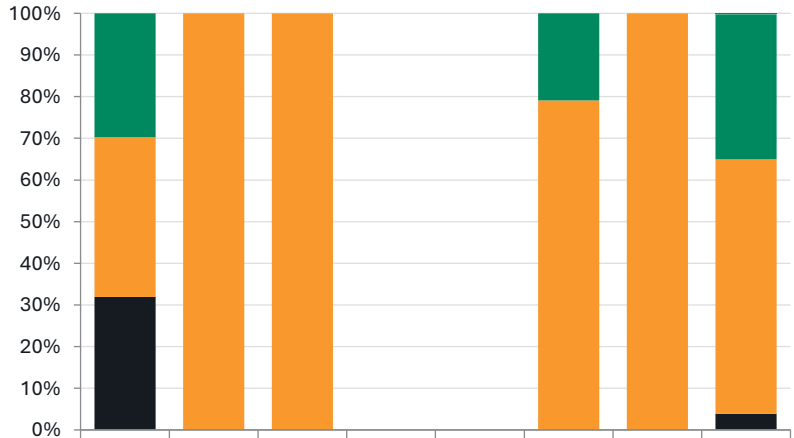
	Has a long term health problem/disability	Does not have a long term health problem/disability	Overall
All other methods	0%	0%	0%
Walk and cycle	34%	35%	35%
Underground, train, light rail, bus, minibus or coach	27%	30%	30%
Private vehicle driver or passenger	38%	35%	35%

Source: LTDS, 3-year average from LTDS (2017/18, 2018/19, 2019/20)

3.32 The mode share for people with specific disabilities in the CoL and Greater London is shown in **Figure 3.15** and **Figure 3.16** respectively. Public transport is the dominant mode of travel for people with visual and hearing impairments, serious long-term health conditions and 'other' impairments, comprising 100 per cent of the mode share for people with visual and hearing impairments. However, this should be taken into the context of the small sample size that this data is derived from. The modal split for individuals with mobility impairments is more even, with only 38 per cent using public transport, 32 per cent using cars/vans, and 30 per cent using active travel.

3.33 Compared to the CoL, mode share across disability types for Greater London shows a much greater uptake of active travel and private vehicle use, along with a lower public transport mode share. Groups with mobility (46 per cent) and learning (42 per cent) impairments are most likely to use private vehicles, while those with mental health impairments are most likely to undertake active travel (47 per cent).

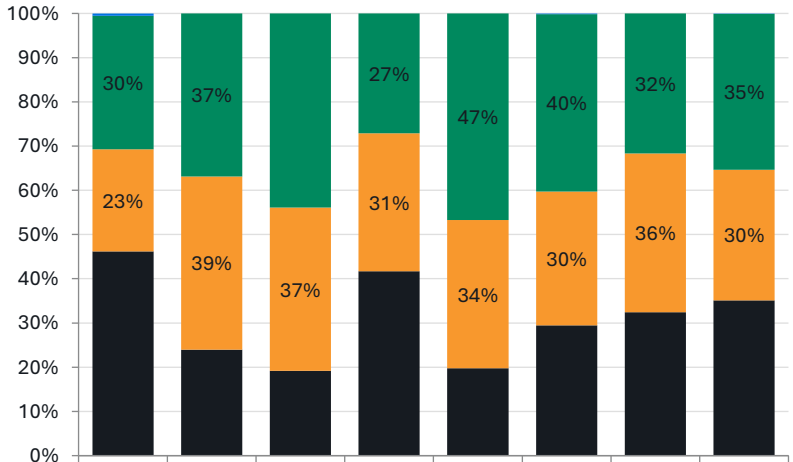
Figure 3.15: Mode share of those with a specific disability affecting daily travel in City of London



	Mobility	Visual	Hearing	Learning	Mental health	Serious long-term illness	Other	Overall
All other methods	0%	0%	0%	0%	0%	0%	0%	0%
Walk and cycle	30%	0%	0%	0%	0%	21%	0%	35%
Underground, train, light rail, bus, minibus or coach	38%	100%	100%	0%	0%	79%	100%	61%
Private vehicle driver or passenger	32%	0%	0%	0%	0%	0%	0%	4%

Source: LTDS, 3-year average from LTDS (2017/18, 2018/19, 2019/20)

Figure 3.16: Mode split by those with a specific impairment affecting daily travel in Greater London



	Mobility	Visual	Hearing	Learning	Mental health	Serious long-term illness	Other	Overall
All other methods	1%	0%	0%	0%	0%	0%	0%	0%
Walk and cycle	30%	37%	44%	27%	47%	40%	32%	35%
Underground, train, light rail, bus, minibus or coach	23%	39%	37%	31%	34%	30%	36%	30%
Private vehicle driver or passenger	46%	24%	19%	42%	20%	29%	32%	35%

Source: LTDS, 3-year average from LTDS (2017/18, 2018/19, 2019/20)

3.34 Focusing on disabled cyclists, the Wheels for Wellbeing annual survey (2019/20)[4] showed that 65 per cent of disabled cyclists use their cycle as a mobility aid, and 64 per cent found cycling easier than walking. Survey results also show that 31 per cent of disabled cyclists' cycle for work or to commute to work and many found that cycling improves their mental and physical health.

3.35 Inaccessible cycle infrastructure was found to be the biggest barrier to cycling, followed by the prohibitive cost of adaptive cycles and the absence of legal recognition of the fact that cycles are mobility aids on par with wheelchairs and mobility scooters. These results are presented on a national level, yet it should be noted that the data is based on a small sample and results should be taken as an indication only.

Pregnancy and maternity

Definition according to the Equality Act 2010

3.36 As per the Equality Act 2010, pregnancy is the condition of being pregnant or expecting a baby, and maternity refers to the period after the birth, and is linked to maternity leave in the employment context. In the non-work context, protection against maternity discrimination is for 26 weeks after giving birth.

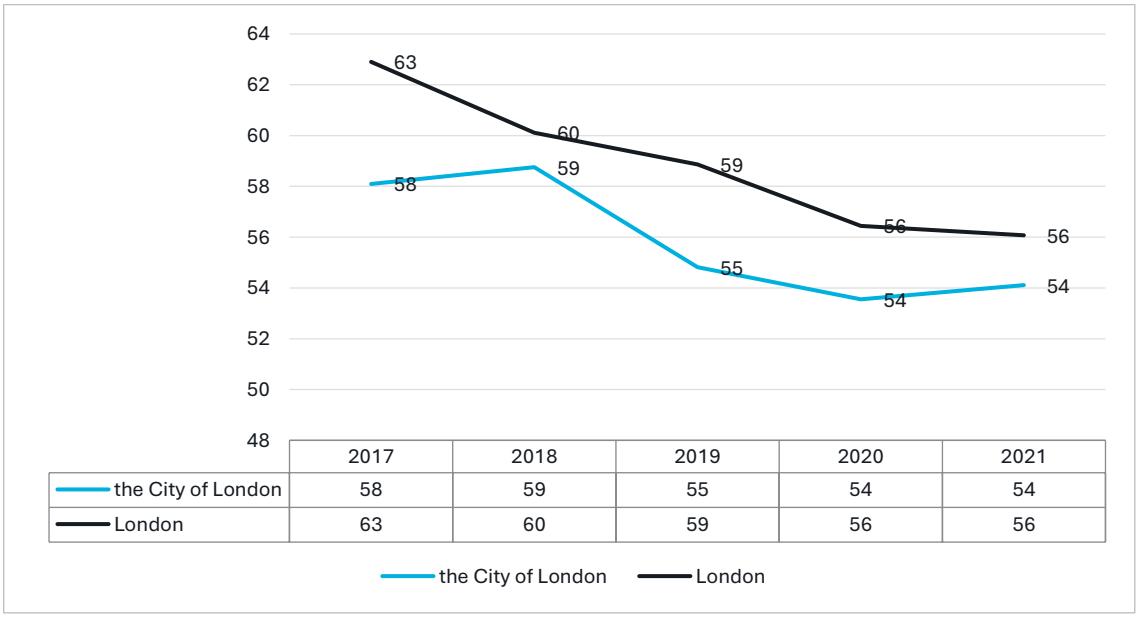
[4] https://wheelsforwellbeing.org.uk/wp-content/uploads/2020/07/WFWB-Annual-Survey-Report-2019-FINAL.pdf

Baseline equalities data

3.37 In 2021, the General Fertility Rate (GFR) in City of London and Hackney[5] was 54.1 births per 1,000 women aged 15-44, while the GFR for London was 56 per 1,000 women. This suggests that slightly fewer women of this age group were likely to be pregnant or have given birth in 2021 in the CoL and Hackney, compared to the Greater London average.

3.38 Data shows that overall, the number of live births has been gradually falling in the CoL and Hackney, and in London as a whole. During this time, the GFR for City of London and Hackney remained consistently below the Greater London average. In 2018, there was a slight increase in the fertility rate in the Borough, before continuing to fall, yet it remained below the Greater London rate.

Figure 3.17: General Fertility Rate per year in City of London compared to the Greater London average



	2017	2018	2019	2020	2021
the City of London	58	59	55	54	54
London	63	60	59	56	56

Source: ONS. Births and Fertility Rates, Borough

[5] City of London has been grouped with Hackney after 2004 in the dataset: **Births and Fertility Rates, Borough - London Datastore**

Race

Definition according to the Equality Act 2010

1. Race includes:

    a. colour;
    b. nationality;
    c. ethnic or national origins.

2. In relation to the protected characteristic of race -

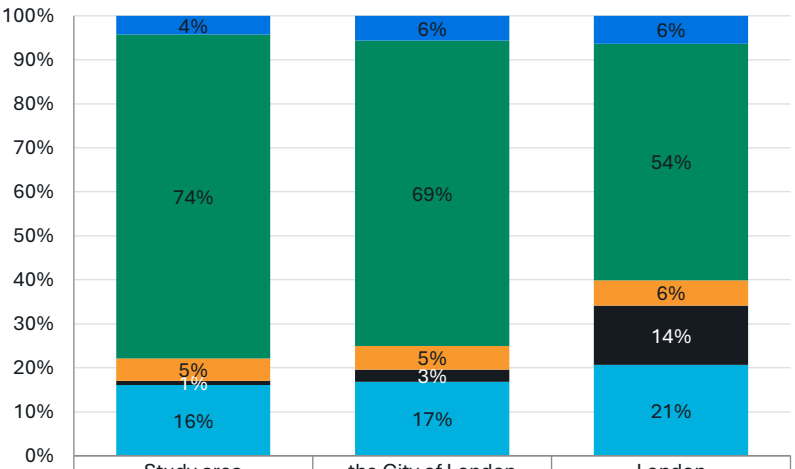
    a. a reference to a person who has a particular protected characteristic is a reference to a person of a particular racial group;
    b. a reference to persons who share a protected characteristic is a reference to persons of the same racial group.

Baseline equalities data

3.39 **Figure 3.18** presents the population of the study area and the CoL by ethnicity. Based on Census 2021 data, 69 per cent of the borough's population is 'White', making it the most common ethnicity. This is much higher than the Greater London average share of 54 per cent. The second most common ethnicity is 'Asian' making up 17 per cent and 16 per cent of the residential population in the borough and study area respectively.

3.40 14 per cent of residents in Greater London are 'Black', compared to only 1 per cent of residents in the study area. In the study area, 5 per cent identify as 'Mixed', which is the same share compared to in the borough and Greater London.

Figure 3.18: Study area and City of London ethnicity compared to London



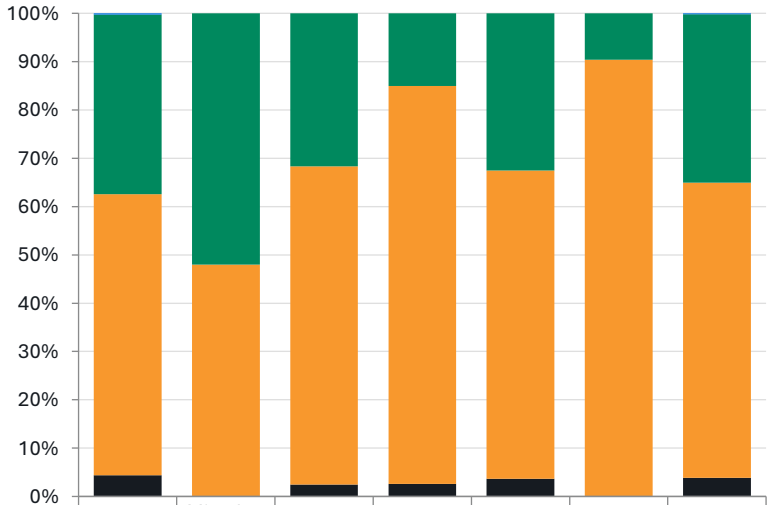
	Study area	the City of London	London
Other ethnic group	4%	6%	6%
White	74%	69%	54%
Mixed or Multiple ethnic groups	5%	5%	6%
Black, Black British, Caribbean or African	1%	3%	14%
Asian or Asian British	16%	17%	21%

Source: Census 2021

3.41 Based on average travel modes to the CoL from the 2019/20 LTDS data, Other Ethnic Groups are more likely to use public buses (29 per cent). Other Ethnic Groups are also more likely to drive (6 per cent). White people are more likely to cycle (8 per cent). Mixed Multiple Ethnic groups are much more likely to walk (71 per cent), while Black or Black British people and Asian or Asian British people are much more likely to use the underground or other rail modes (94 per cent and 66 per cent, respectively). Again, it should be noted that these percentages may not be precise due to low sample sizes.

3.42 Overall, in the CoL, levels of car use are lower across all ethnicities compared to the London average (**Figure 3.20**), while levels of public transport use are higher. While 'Asian or Asian British' residents are most likely to use the car in London, this is not the case for City of London, where only 2 per cent say they use the car. 'Black or Black British' residents are most likely (41 per cent) to use public transport in London, and they are second most likely to (82 per cent) in City of London.

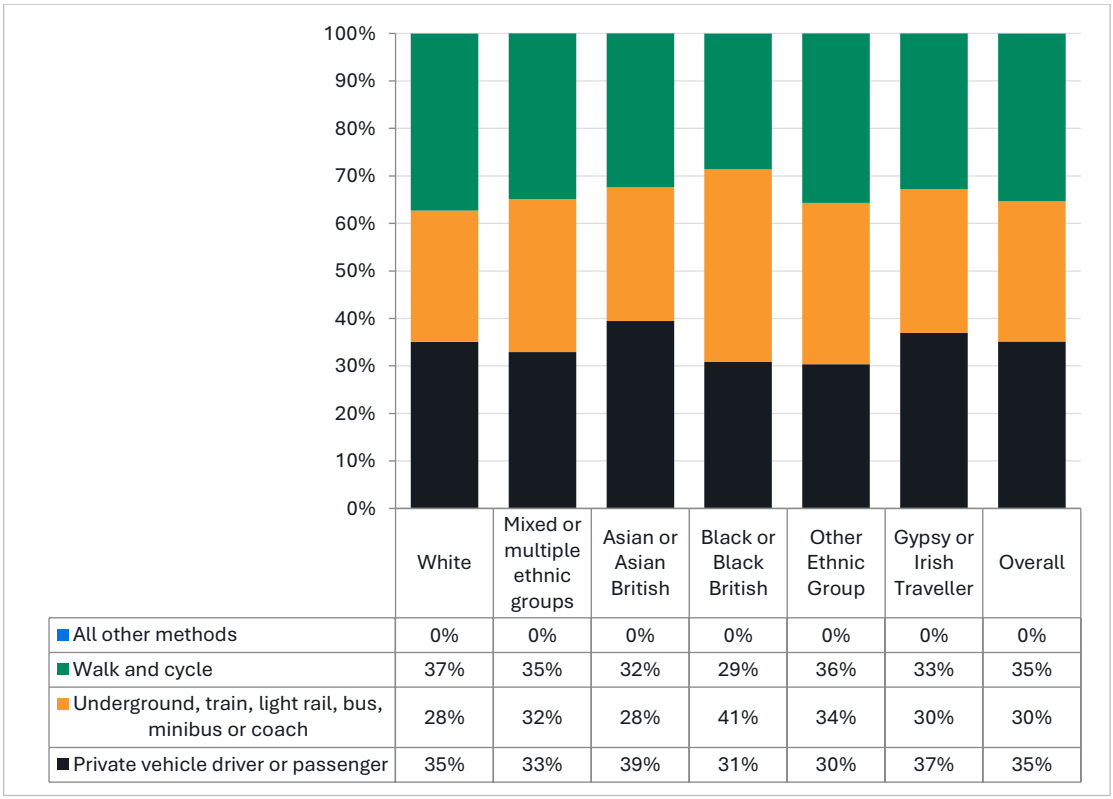
Figure 3.19: Mode share by ethnicity in City of London



	White	Mixed or multiple ethnic groups	Asian or Asian British	Black or Black British	Other Ethnic Group	Gypsy or Irish Traveller	Overall
All other methods	0%	0%	0%	0%	0%	0%	0%
Walk and cycle	37%	52%	32%	15%	33%	10%	35%
Underground, train, light rail, bus, minibus or coach	58%	48%	66%	82%	64%	90%	61%
Private vehicle driver or passenger	4%	0%	2%	3%	4%	0%	4%

Source: LTDS average 2019/20

Figure 3.20: Mode share by ethnicity in Greater London



	White	Mixed or multiple ethnic groups	Asian or Asian British	Black or Black British	Other Ethnic Group	Gypsy or Irish Traveller	Overall
All other methods	0%	0%	0%	0%	0%	0%	0%
Walk and cycle	37%	35%	32%	29%	36%	33%	35%
Underground, train, light rail, bus, minibus or coach	28%	32%	28%	41%	34%	30%	30%
Private vehicle driver or passenger	35%	33%	39%	31%	30%	37%	35%

Source: LTDS average 2019/20

Religion or belief

Definition according to the Equality Act 2010

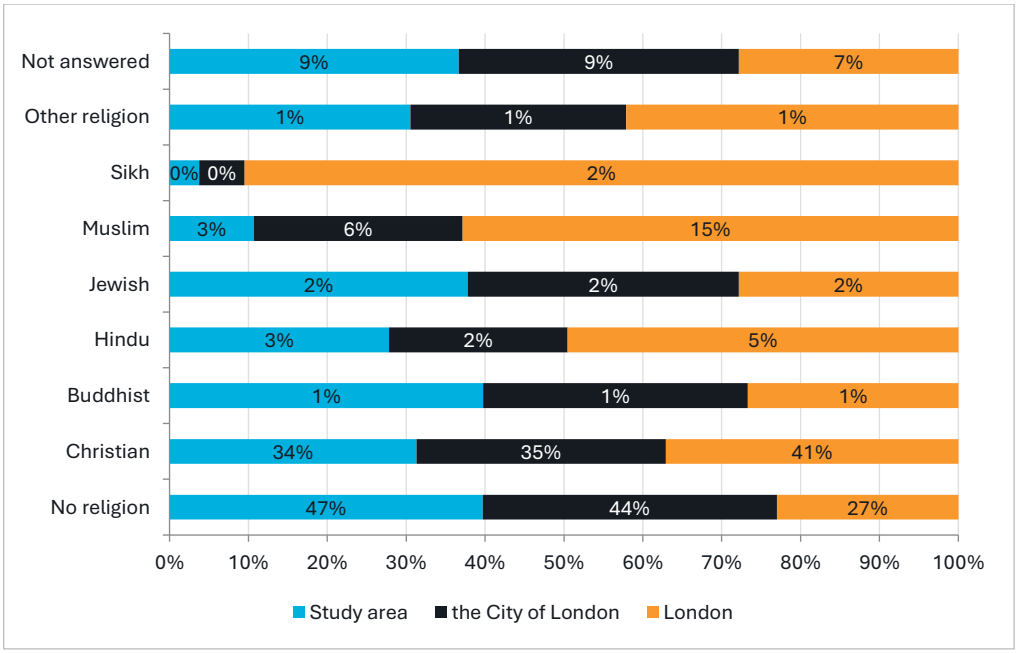
1. Religion means any religion and a reference to religion includes a reference to a lack of religion.
2. Belief means any religious or philosophical belief and a reference to belief includes a reference to a lack of belief.
3. In relation to the protected characteristic of religion or belief:
    a. a reference to a person who has a particular protected characteristic is a reference to a person of a particular religion or belief;
    b. a reference to persons who share a protected characteristic is a reference to persons who are of the same religion or belief.

Baseline equalities data

3.43 Census 2021 data on religion in the study area, City of London, and Greater London is presented in **Figure 3.21**. Nearly half (47 per cent) of the population in the study area and in the CoL (44 per cent) selected 'no religion', compared to a substantially smaller proportion (27 per cent) in Greater London.

3.44 Over a third of residents (34 per cent) in the study area identified as Christian, compared to 41 per cent in Greater London. 3 per cent of residents in the study area identified as Muslim, compared to slightly more (6 per cent) in City of London. 3 per cent of the population in the study area identified as Hindu, with a slightly smaller proportion (2 per cent) in the CoL.

Figure 3.21: Religion composition in the study area, City of London, and Greater London



Source: Census 2021

Sex

Definition according to the Equality Act 2010

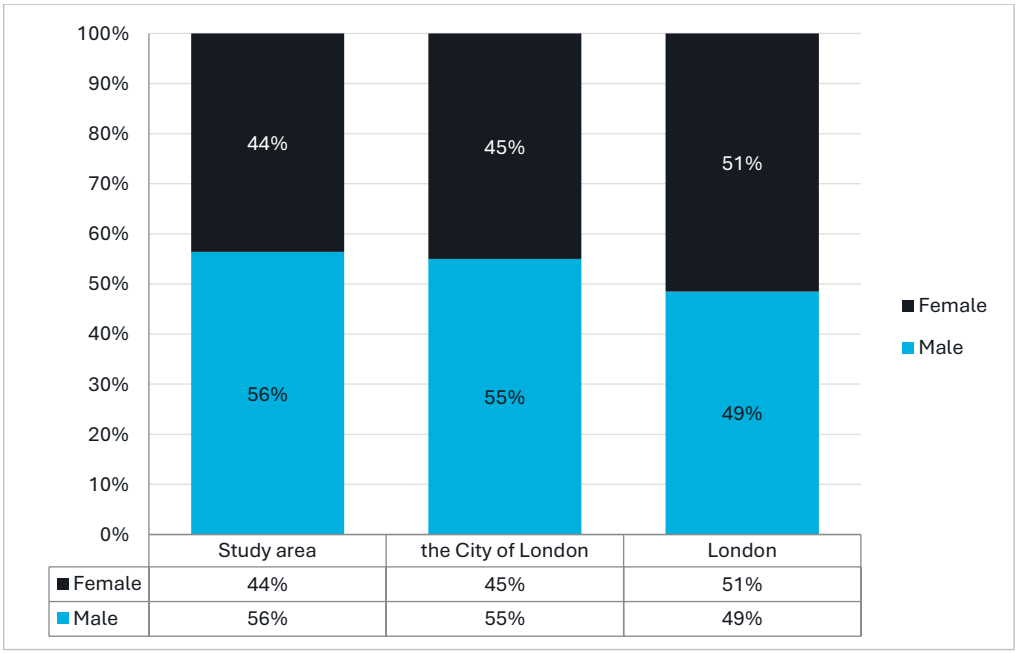
1. In relation to the protected characteristic of sex:

    a. a reference to a person who has a particular protected characteristic is a reference to a man or to a woman;
    b. a reference to persons who share a protected characteristic is a reference to persons of the same sex.

Baseline equalities data

3.45 **Figure 3.22** presents Census 2021 data for population by sex. In the study area, a greater proportion of residents identified as male, 56 per cent, than as female, 44 per cent. In CoL there are also more males than females, with a greater difference in proportions. There is a more even split in Greater London, with a slightly higher proportion of females (51 per cent) than males (49 per cent).

Figure 3.22: Population breakdown by sex in the study area, City of London, and Greater London



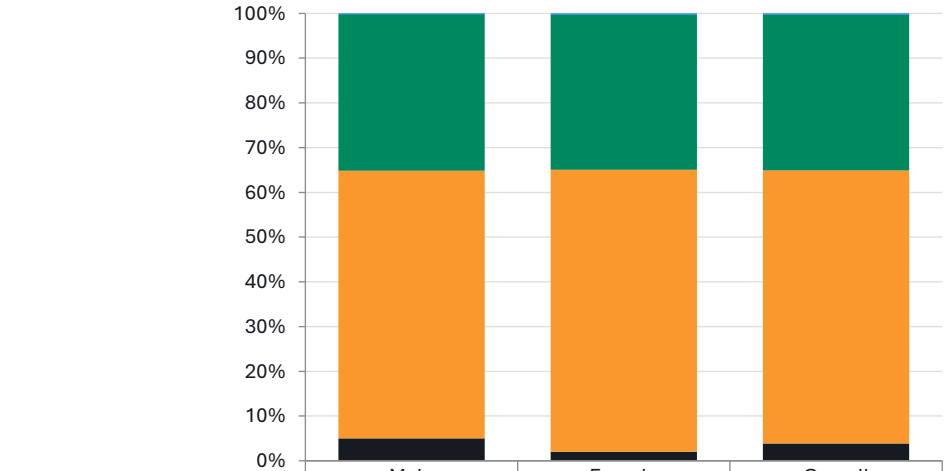
	Study area	the City of London	London
Female	44%	45%	51%
Male	56%	55%	49%

Source: Census 2021

3.46 **Figure 3.23** presents the mode share by sex in the CoL based on LTDS data. Males are more likely to use a car (5 per cent) than females (2 per cent), however males are less likely to use public transport (60 per cent) than females (63 per cent). The likelihood of using active travel modes, such as walking or cycling are even for both sexes.

3.47 Compared to the CoL, overall, both males and females are more likely to use a car and less likely to use public transport in London (**Figure 3.24**). The likelihood of walking and cycling is also even for both sexes in London, and in very similar proportions to the CoL.

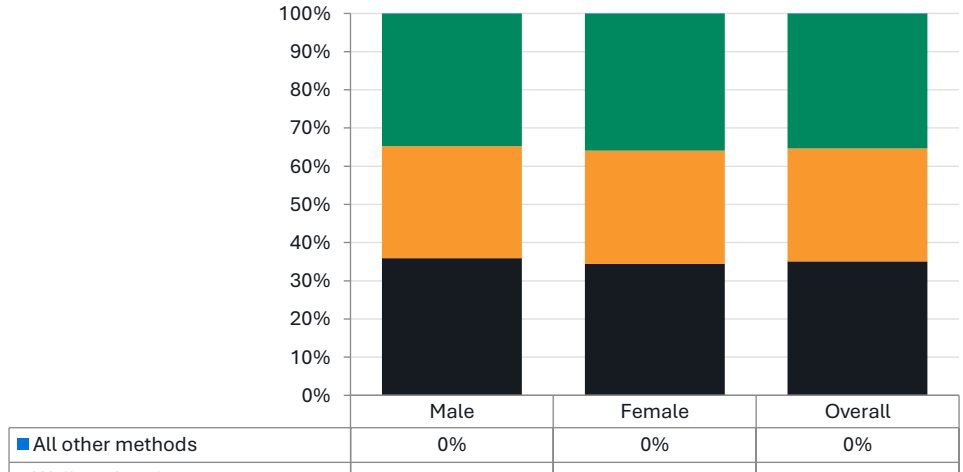
Figure 3.23: Mode share by sex in City of London



	Male	Female	Overall
All other methods	0%	0%	0%
Walk and cycle	35%	35%	35%
Underground, train, light rail, bus, minibus or coach	60%	63%	61%
Private vehicle driver or passenger	5%	2%	4%
Missing/Not asked	0%	0%	0%

Source: LTDS, 3-year average from LTDS (2017/18, 2018/19, 2019/20)

Figure 3.24: Mode share by sex in Greater London



	Male	Female	Overall
All other methods	0%	0%	0%
Walk and cycle	35%	36%	35%
Underground, train, light rail, bus, minibus or coach	29%	30%	30%
Private vehicle driver or passenger	36%	34%	35%
Missing/Not asked	0%	0%	0%

Source: LTDS average 2019/20

3.48 Across Greater London, research undertaken by TfL[6] shows that females are more likely to use buses than males (62 per cent compared to 56 per cent) but are less likely to use other types of transport including the Tube (38 per cent of females compared to 43 per cent of males).

3.49 Female travel needs can be more complex than males due to a range of factors; the increased likelihood of travelling with a buggy and/or shopping affects the travel choices females make, females are also more likely to be carers of children[7], further affecting the transport choices they make. Female Londoners make more trips per weekday than male Londoners (2.5 trips compared to 2.3 trips). This pattern, however, is reversed amongst older adults, with older female Londoners making fewer weekday trips than older male Londoners (2.0 compared to 2.2).

3.50 Females aged 17 or over who are living in London are less likely than males to have a full driving licence (58 per cent compared to 72 per cent) or have access to a car (63 per cent compared to 66 per cent). These factors are likely to be related to the frequency of car use as a driver. Almost four in five (79 per cent) females in London report being able to ride a bike, compared to 91 per cent of males.

Road safety

3.51 STATS19 (the national database containing a record of reported road traffic accidents) data from 2020, 2021, and 2022 has been analysed to understand road safety trends within the project area, in comparison to the wider CoL.

3.52 Between 2020 – 2022, there were 18 casualties in the project area. Nine of these casualties were classified as 'serious' and nine were categorised as 'slight'. Of these casualties there were:

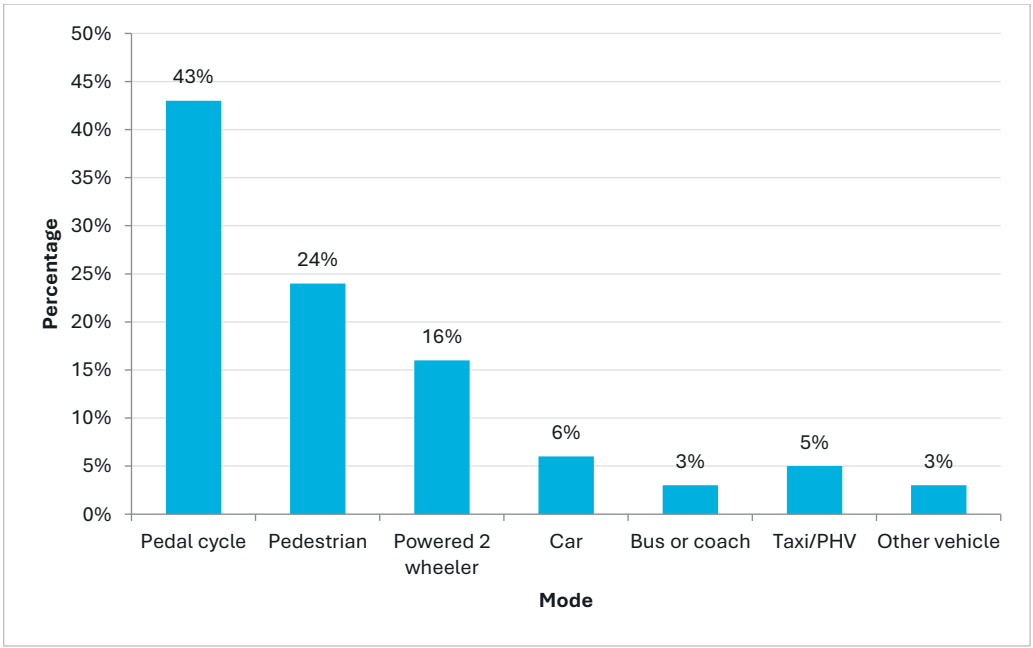
- Four pedestrian casualties: including three serious casualties
- Seven cyclist casualties: including three serious casualties
- Five casualties from private vehicle occupants[8]: including one serious casualty
- One serious motorcyclist casualty
- One serious casualty from an 'Other' vehicle occupant

3.53 **Figure 3.25** shows the casualties resulting from road user collisions in the CoL. This analysis indicates that there is a similar proportion of road user casualties within the project area and the CoL.

[6] https://content.tfl.gov.uk/travel-in-london-understanding-our-diverse-communities-2019.pdf

[8] Comprising one car occupant, one taxi/private hire car occupant, and two bus/coach occupants. It should be noted that bus or coach collisions are often described as passengers' falls due to sudden braking, and they rarely involve any vehicle impact.

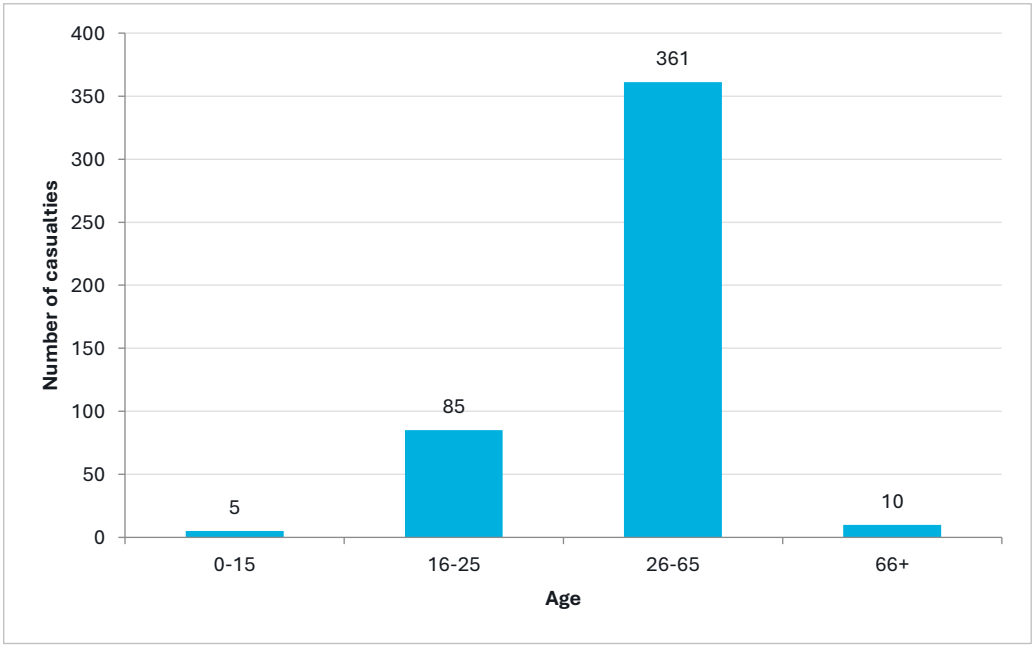
Figure 3.25: Proportion of casualties from road user collisions in the CoL by mode, 2020 - 2022



Source: STATS19 2020 - 2022

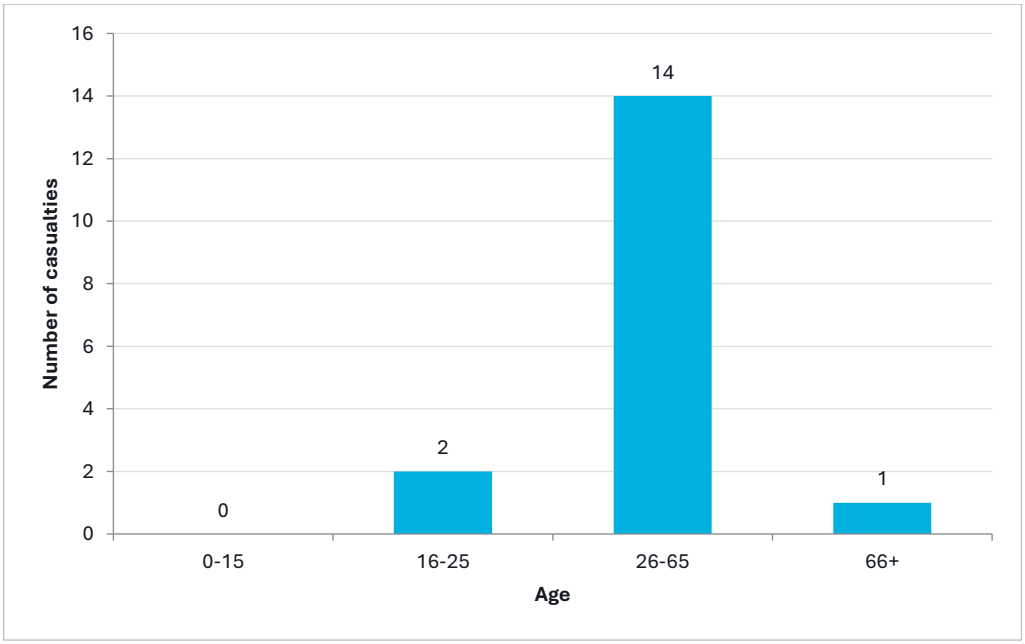
Furthermore, the age of casualties from collisions within the project area (see Figure 3.27) indicate a similar proportion to those across the CoL for 2020 – 2022 (see Figure 3.26), with a majority of casualties recorded within the 26-65 age group.

Figure 3.26: Age of casualties within the CoL



Source: STATS19 2020 - 2022

Figure 3.27: Age of casualties within the project area



Source: STATS19 2020 - 2022

4 Stakeholder Engagement

Background

4.1 The CoL collected feedback on the St Paul's Gyratory Transformation Project via a six-week public consultation, running from Friday 18 August to Monday 2 October 2023. The consultation was held on Commonplace and open to responses from anyone.[9] Commonplace is an online citizen engagement platform.

4.2 Respondents were asked questions about the proposed changes, including bus routes, vehicle routes, cycling, walking, waiting and loading, and new public space. Respondents were asked if the proposed changes would affect them, and if they viewed the changes as positive, negative or neutral. Respondents were also asked about their overall support for the project.

4.3 Additionally, the CoL commissioned Transport for All to facilitate consultation sessions with external stakeholder groups representing a range of disabilities. This session was held on 29 September 2023.

Methodology

4.4 All open-text responses[10] to the public consultation and external stakeholder comments from the workshop have been reviewed to identify concerns in relation to equality and access. There were 492 respondents to the Commonplace consultation, providing 1,052 comments. Over 50 comments were recorded from the external stakeholder workshop with Transport for All.

4.5 To note, stakeholders located within the project area (such as St Bartholomew's Hospital) provided separate responses in relation the proposed scheme; where relevant, their feedback and suggestions have also been considered within the impact assessment (see **Impact Assessment**).

Analysis

4.6 Approximately two-thirds (67 per cent) of Commonplace consultation participants fully supported the overall package of proposals, whilst 11 per cent expressed strong opposition.[11] Commonplace respondents showed strong support for improvements to walking and cycling: 81 per cent of respondents affected by walking proposals and 79 per

[9] Community Forum - St Paul's Gyratory Transformation Project - Commonplace

[10] CoL provided Steer with the feedback received from the Transport for All session. Commonplace responses are publicly available.

[11] PowerPoint Presentation (cityoflondon.gov.uk)

cent of respondents affected by cycling proposals expressed that they view the changes positively.

4.7 80 per cent of Commonplace participants indicated that they 'would be affected by the vehicle route proposals'. In addition, proposed changes to vehicle routes were the only proposals for which a higher proportion of participants expressed that they viewed the changes negatively (47 per cent) rather than positively (43 per cent).

4.8 **Table 4.1** presents a summary of comments received via Commonplace which explicitly, or implicitly identified potential impacts or on one or more protected characteristic groups.

Table 4.1: Commonplace comments that identified potential impacts for people with protected characteristics

Theme	Summary of comment
Congestion	Concern about displacing traffic to surrounding routes and increasing queuing traffic in the area.
Pollution	Concern about an increase in air pollution and emissions.
Taxi access	Concern the scheme reduces taxi access and increases the cost of using a taxi in the area.
Road safety	Concern about limited crossing opportunities, and the proposed crossing opportunities on large roads being intimidating.
Road safety	Concern about potential hazards of cyclists and scooters sharing new pedestrian routes.
Safety	Concern about restricting movement on those getting home safely at night with taxis being diverted.
Accessibility	Concern the waiting and loading proposals will impede access for those in a wheelchair.
Bus stop islands	Concern about the safety of bus stop islands, with potential conflict between cyclists and bus users, and the danger they pose to Blind and partially sighted people in particular
Bus stops	Relocation of bus stops resulting in longer overall walking distances and directly impacting those with mobility issues.
Hospital access	Reducing access to the hospital. Concern about the impact of increased noise levels from general traffic and moving bus stops closer to the hospital (impact on patients).

4.9 **Table 4.2** presents a summary of comments received during the external stakeholder workshop which identified potential impacts or on one or more protected characteristic groups.

Table 4.2: External Stakeholder Workshop Comments

Proposal Type/ Location	Comment/ Concern	Stakeholder
Bus stop islands	Concern about crossing cycle tracks at bus stop islands, and how they challenge accessibility for blind and visually impaired people. Width of bus stop islands needing to be adequate for wheelchair or guide dog users.	Greater London Forum; Wheels for Wellbeing
Cycling at New Change junction	Concern about the timing for cyclists at junctions and the importance of considering disabled cyclists as a safety and accessibility feature.	Wheels for Wellbeing
Planting at New Change junction	Concern about designs showing trees in the middle of the pavement.	Wheels for Wellbeing
Raised tables across side roads	Concern raised tables are confusing for blind and visually impaired pedestrians due to limited clear tactile paving.	Wheels for Wellbeing
Taxi ranks	Concern regarding the distance between the taxi rank and nearby hospitals which will impact Taxi Card holders.	Deaf Ethnic Women's Association

5 Impact on Movement

Introduction

5.1 This section outlines the overall impact on vehicular and pedestrian movements within the project area as a result of the proposed design changes (as outlined **Appendix A).** Consideration has been given to proposed design changes which may result in impacts to equality. This analysis has been undertaken by reviewing the design changes outlined in **Appendix A**, and assessing their assumed impact on movement (see **Table 5.1**).

5.2 Impacts have been considered by road user, including:

- Pedestrians
- Cyclists
- Buses
- Taxis (Black Cabs only – Private Hire Vehicles such as Uber are classified as general motor traffic)
- General motor traffic

5.3 The impacts of the proposed public space (Greyfriars Square) have been considered separately in **Table 5.2**.

5.4 Impacts on routing and journey times as a result of the proposed design changes have been considered in **Table 5.3**.

Table 5.1: Proposed design changes and assumed impact on movement

Location	Change	Assumed impact on movement
Buses		
King Edward Street	The current bus stand on King Edward Street will become a bus stop, and Bus Stop SV (Montague Street) removed.	• Provides a stop closer to the main entrance to St Bartholomew's Hospital; a measure that is supported by the Hospital as the existing bus stand can have a negative impact on blue light response times.
King Edward Street	Bus stand for Route 100 relocated to Giltspur Street	• Bus terminates on Giltspur Street, which could provide a shorter overall journey for some passengers, depending on passenger destination.
Newgate Street	Bus stop SQ to be relocated 50m west on Newgate Street Bus stop SP to be removed	• Could result in longer/shorter overall journey times for passengers, depending on passenger destination.
Montague Street	Bus stop relocated to King Edward Street	• Could result in longer/shorter overall journey times for passengers, depending on passenger destination.
St Martin's Le Grand	Bus stop on St. Martin's Le Grand will be relocated slightly further north. This bus stop will be a 'floating' bus stop, located on an island which is accessed via a zebra crossing across a cycleway.	• Could result in longer/shorter overall journey times for passengers, depending on passenger destination. • This could impact some people with protected characteristics due to safety concerns related to the floating bus stop.
Cycling		
New Change	• Single lane approach with cycle lane and footway widening	• Improved cycle safety/perception of cycle safety
New Change	• Cycle gate comprising separate traffic signals for cyclists on New Change (northbound and St Martin's (southbound)	• Improved cycle safety/perception of cycle safety • Proving a more direct route for cyclists through the junction

St Martin's Le Grand, between Angel St and Newgate Street	Bidirectional cycleway	• Improved cycle safety/perception of cycle safety
Newgate Street	Advisory and mandatory cycle lanes on the carriageway People cycling eastbound towards Cheapside/New Change will no longer need to travel around the one-way gyratory.	• Reduced journey times
Pedestrians		•
Cheapside (opposite St Paul's Underground entrance, 10 Cheapside)	• Single stage signalised crossing	• Improved walking/wheeling experience as crossing was previously indirect (two stages)
Junction of Little Britain and Montague Street, Albion Way and Montague Street, and King Edward Street and Little Britain	• Tarmac raised entry treatment	• Raised entry treatments are designed to slow down vehicular traffic entering a side road, while providing a level crossing point for pedestrians. • Improvement for walking/wheeling due to level crossing point, and improved road safety/perception of safety for vulnerable road users by slowing speed of vehicular traffic.
Junction of King Edward Street and Little Britain	• Tarmac raised table with retained pedestrian crossing	• Improvement for walking, wheeling, cycling by slowing speed of vehicular traffic
St Martin's Le Grand	• East side (Alder Castle House): • New footway buildout • Existing loading bay retained • • West side (Nomura House): • New footway buildout	• Footway buildout will help alleviate footway crowding, and provide a more positive experience when walking and wheeling

Table 5.2: Assumed impact of new pedestrian zone (Greyfriars Square), King Edward Street

Change	Impact
The closure of the Newgate Street slip road and the southern part of King Edward Street to all vehicles will enable the creation of pedestrianised public space of over 3,000 square metres	• This will provide an improved experience for walking and wheeling • Various types and styles of accessible seating are proposed across the new space which will provide spaces for shelter, and for people to stop and rest
Proposed play area for children, and space for community activities and events.	• New trees and soft land scaping are proposed, alongside play equipment for children. This includes accessible equipment, including a trampoline which is suitable for wheelchair use. • The new space will allow for occasional public events, markets or entertainment. • Space for exercising equipment or organised outdoor exercise classes is also under consideration.
Proposed cycle hire docking stations adjacent to Christchurch Greyfriars Churchyard, and cycle hire docking station proposed for relocation.	• Improved experience for users of hire cycles.

5.17 Taxi rest ranks on Angel Street and St Martin's Le Grand will be relocated to Gresham Street as part of the scheme. Taxi rest ranks are used by taxi drivers for rest and/or refreshment and are not used by taxi drivers to pick up or drop off passengers. The relocation of these bays will not impact taxi journey times for passengers.

Table 5.3: Route changes

Change	Assumed impact on movement
Vehicles travelling eastbound	• These vehicles will have a shorter journey, as Newgate Street will provide eastbound as well as westbound travel. • Two-way traffic may provide a more complex environment for some active travel users.
Vehicles travelling northbound	• People who travel north via St Martin's Le Grand, onto Angel Street and right into King Edward Street before joining the roundabout will have a longer journey.
Junction of Rotunda and Montague Street	• The introduction of two-way working on Montague Street is expected to reduce traffic on Little Britain south; thereby maintaining ambulance access and journey times to St Bartholomew's Hospital by ensuring more traffic doesn't drive down Little Britain (south).
Bus routes	• During the morning and evening peak times, the average delay to bus journey times is less than 30 seconds. • The maximum delay expected is for Route 100: across the AM and PM peak, there are journey time increases of up to 60 seconds. • However, modelling outputs also show some journey time savings of up to 60 seconds for many routes. A maximum journey time saving of 1-2 minutes was indicated for Route 133 (travelling eastbound).

Vehicle journey times

5.18 The CoL worked with Transport for London (TfL) to produce traffic modelling for the preferred scheme design. Feasibility modelling was initially carried out for three proposed design options, and it was agreed that Option 1 should be progressed for further development and assessment. The objective of the modelling was to understand the likely implications of the scheme on bus journey times and ensure that mitigation measures could be put into place if unacceptable increases were likely to occur.

Buses

5.19 The results of journey time changes as a result of modelling are outlined in Table 5.4 and Table 5.5 below[12]. These results show:

- Option 1: an initial modelling output from the first draft of proposed design
- Option 1_V2: the first round of mitigation to reduce impacts on bus journey times, including an alternative design at the Aldersgate Street/ Gresham Street/ St Martin's Le Grand junction (removal of traffic signals at Gresham Street).
- Option 1_V3: the second round of mitigation for bus journey times (which introduced the 2-way cycle track design at St Martin's Le Grand/ Newgate Street/Cheapside)

Table 5.4: Bus journey time modelling, for Option 1 and Option 1 variants, AM Peak

AM Peak (0815-0915)		Difference		
Bus route	**Direction**	**Option 1**	**Option 1_V2**	**Option 1_V3**
4	NB	3-5 mins	3-5 mins	1-2 mins
	SB	-(0-30) secs	0-30 secs	-(0-30) secs
8	EB	-(1-2) mins	-(1-2) mins	-(1-2) mins
	WB	30-60 secs	30-60 secs	1-2 mins
25	EB	-(1-2) mins	-(1-2) mins	-(1-2) mins
	WB	30-60 secs	1-2 mins	1-2 mins
56	NB	1-2 mins	1-2 mins	1-2 mins
	SB	0-30 secs	30-60 secs	0-30 secs
76	NB	3-5 mins	2-3 mins	1-2 mins
	SB	7-10 mins	3-5 mins	1-2 mins
100	EB	3-5 mins	3-5 mins	2-3 mins
	WB	7-10 mins	3-5 mins	2-3 mins
521	EB	-(1-2) mins	-(1-2) mins	-(1-2) mins
	WB	3-5 mins	3-5 mins	2-3 mins

[12] Appendix 8 St Paul's Gyratory feasibility traffic modelling journey times

Table 5.5: Bus journey time modelling, for Option 1 and Option 1 variants, PM Peak

PM Peak (1800-1900)		Difference		
Bus route	**Direction**	**Option 1**	**Option 1_V2**	**Option 1_V3**
4	NB	-0-30 secs	-0-30 secs	-0-30 secs
	SB	0-30 secs	0-30 secs	-30-60 secs
8	EB	-2-3 mins	-2-3 mins	-2-3 mins
	WB	2-3 mins	2-3 mins	2-3 mins
25	EB	-2-3 mins	-2-3 mins	-(1-2) mins
	WB	1-2 mins	2-3 mins	2-3 mins
56	NB	0-30 secs	0-30 secs	0-30 secs
	SB	30-60 secs	1-2 mins	30-60 secs
76	NB	-30-60 secs	-30-60 secs	-30-60 secs
	SB	30-60 secs	1-2 mins	-30-60 secs
100	EB	1-2 mins	1-2 mins	1-2 mins
	WB	1-2 mins	3-5 mins	0-30 secs
521	EB	-2-3 mins	-2-3 mins	-2-3 mins
	WB	30-60 secs	30-60 secs	30-60 secs

5.51 The results of the table above indicate that in both the AM and PM peak, Version 3 has the least impact on bus journey times.

5.52 In May 2024, the TfL ONE model was used to generate traffic flows, with optimised signal timings and refined interaction between junctions to maximise capacity for buses and general traffic to minimise impact on bus journey times. These results are shown in Table 5.6 and Table 5.7 below.

5.53 The results show a maximum journey time increase of 1-2 minutes in the AM and PM peak for both eastbound and westbound routes, for Route 100. Across the AM and PM peak, there are journey time increases of up to 60 seconds. Modelling outputs also show some journey time savings, with a maximum journey time saving of 1-2 minutes, for Route 133 travelling eastbound.

Table 5.6: Bus journey time modelling for mitigating actions for Option 1, AM and PM Peak

AM Peak		Difference (band)	PM Peak		Difference (band)
Bus route	**Direction**	**Proposed vs Future Base**	**Bus route**	**Direction**	**Proposed vs Future Base**
4	NB	0-30 secs	4	NB	0-30 secs
	SB	0-30 secs		SB	30-60 secs
8	EB	-(30-60) secs	8	EB	-(0-30) secs
	WB	0-30 secs		WB	0-30 secs

25	EB	-(30-60) secs	25	EB	-(0-30) secs
	WB	0-30 secs		WB	0-30 secs
56	NB	(30-60) secs	56	NB	30-60 secs
	SB	0-30 secs		SB	30-60 secs
59	NB	-(30-60) secs	59	NB	-(0-30) secs
	SB	-(30-60) secs		SB	0-30 secs
76	NB	-(30-60) secs	76	NB	0-30 secs
	SB	0-30 secs		SB	30-60 secs
133	EB	-(1-2) mins	133	EB	-(30-60) secs
	WB	0-30 secs		WB	0-30 secs
100	EB	1-2 mins	100	EB	1-2 mins
	WB	1-2 mins		WB	1-2 mins

5.54 Table 5.7 and Table 5.8 present a summary of the number of bus route directions that improve or are delayed in the AM Peak and PM Peak respectively. Note that this excludes Route 100 due to the relocation of the bus stand.

5.55 In the AM Peak, six bus routes have improved journey times of up to 3 minutes. 10 bus routes are delayed for up to 60 seconds. In the PM peak, five bus routes have improved journey times of up to 3 minutes, whereas 11 bus routes are delayed for up to 60 seconds.

Table 5.7: Summary of bus route directions that improve or are delayed, AM Peak

Date	**Number of bus route directions (NB. SB, EB, WB) that:**				
	In the AM Peak				
	Improve	**Delayed**			
	-0-3 min	0-1 min	1-2 min	2-3 min	3+mins
May-24	6	10	0	0	0

Table 5.8: Summary of bus route directions that improve or are delayed, PM Peak

Date	**Number of bus route directions (NB. SB, EB, WB) that:**				
	In the PM Peak				
	Improve	**Delayed**			
	-0-3 min	0-1 min	1-2 min	2-3 min	3+mins
May-24	5	11	0	0	0

General motor traffic

5.56 Modelling was also carried out for general motor traffic. The results of this modelling, for the Option 1 design are outlined below[13]. In both the AM peak and PM peak, the maximum expected difference to journey time is a 1-2 minute increase. This result was indicated for routes across the project area, and for routes in the AM and PM peak. Journey time savings of up to 30 seconds were also indicated across the project area.

5.57 In the AM Peak, the routes with the greatest journey time increases are:

- New Change to Aldersgate Street, NB, 1-2 mins
- London Wall/Moorgate to New Change, WB-SB, 1-2 mins

5.58 In the AM Peak, the routes with the greatest journey time savings are:

- Aldersgate Street to New Change, SB, -0-30 secs
- Cheapside to Aldersgate Street, NB, -0-30 secs
- Aldersgate Street to Cheapside, SB, -0-30 secs

5.59 In the PM Peak, the routes with the greatest journey time increases are:

- Aldersgate Street to New Change, SB, 0-30 seconds
- Aldersgate Street to Cheapside, SB, 0-30 seconds

5.60 In the PM Peak, the routes with the greatest journey time savings are:

- New Change to Aldersgate Street, NB, -0-30 secs
- Cheapside to Aldersgate Street, NB, -0-30 secs
- London Wall/Moorgate to New Change, WB-SB, -0-30 secs

Table 5.9: Journey time modelling for Option 1, general motor traffic, AM Peak

In the AM Peak		Difference
Motor Vehicle Route	**Direction**	**Option 1 (mins)**
New Change to Aldersgate Street	NB	1-2 mins
Aldersgate Street to New Change	SB	-0-30 secs
Cheapside to Aldersgate Street	NB	-0-30 secs
Aldersgate Street to Cheapside	SB	-0-30 secs
London Wall/Moorgate to New Change	WB-SB	1-2 mins

[13] Appendix 8 St Paul's Gyratory feasibility traffic modelling journey times

Table 5.10: Journey time modelling for Option 1, general motor traffic, AM Peak

In the PM Peak		Difference
Motor Vehicle Route	**Direction**	**Option 1 (mins)**
New Change to Aldersgate Street	NB	-0-30 secs
Aldersgate Street to New Change	SB	0-30 secs
Cheapside to Aldersgate Street	NB	-0-30 secs
Aldersgate Street to Cheapside	SB	0-30 secs
London Wall/Moorgate to New Change	WB-SB	-0-30 secs

6 Impact Assessment

6.1 **Table 6.1** summarises the potential impacts of the proposed design and identified which protected characteristics are likely to be disproportionately impacted. These impacts are assessed in detail in this chapter. Impacts may provide positive impacts for some users, whilst some users may be impacted negatively.

Table 6.1: Summary of impact assessment

Potential impact(s)	Protected characteristic(s) impacted
Improved walking and wheeling environment	• Age • Disability • Pregnancy and maternity • Race • Sex • Religion or belief
Improved cycling environment	• Age • Disability • Pregnancy and maternity • Sex • Race • Religion or belief
Improved road safety and perception of road safety for pedestrians	• Age • Disability • Pregnancy and maternity • Sex • Race • Religion or belief
Improved road safety and perception of road safety for cyclists	• Age • Disability • Pregnancy and maternity • Sex • Race • Religion or belief
Changes in bus journey times	• Age • Disability • Pregnancy and maternity • Race
Changes to bus stops	• Age • Disability • Pregnancy and maternity
Changes in journey times for general traffic	• Age • Disability

	• Pregnancy and maternity
Improved public realm	• Age • Disability • Pregnancy and maternity • Sex • Religion or belief
Increased noise levels	• Disability • Age
Decreased air quality	• Disability • Age • Pregnancy and maternity

Improved walking and wheeling environment

6.2 Proposed changes across the project area would improve the experience of walking and wheeling movements across the area. Design changes associated with this improvement include:

- Raised entry treatments at junctions within the project area, which help to slow down vehicular traffic entering a side road, helping to improve road safety and the perception of road safety.
- Raised entry treatments at junctions within the project area provide a level crossing point for pedestrians, enhancing footway comfort
- Footway buildouts across the project area which could alleviate footway crowding
- Direct single-stage signalised crossing at junction of Cheapside and St Martin's Le Grand/King Edward Street (10 Cheapside) replaces indirect, two-stage crossing, providing a better experience for pedestrians.

6.3 To note, the closure of the Newgate Street slip road and the southern part of King Edward Street to all vehicles to enable the creation of pedestrianised public space of over 3,000 square metres would result in an improved experience of walking and wheeling across the project area. The impacts of the new public space are discussed separately in **Improved public realm**.

Protected characteristics likely to be impacted

- Age
- Disability
- Pregnancy and maternity
- Race
- Sex
- Religion or belief

Summary of potential impacts

Crossing roads within the area

6.4 Disabled people, older people, and pregnant women may have reduced mobility and thus require longer times to cross the road. 30 per cent of people in the CoL that have a disability which affects daily travel, walk and cycle. Furthermore, according to LTDS 2019/20 data for the CoL, the proportion of trips made by the 65+ age group in the CoL by walking (25 per cent). There is limited research related to the extent to which pregnant women continue to

walk or cycle as their pregnancy progresses, and the extent to which pregnant women use active travel in the CoL is unknown. However, studies from wider contexts indicate that some women who used active travel pre-pregnancy continue to use active travel during pregnancy[14,15].

6.5 The design changes outlined above are likely to improve the experience of crossing roads all around the project area. This includes new raised entry tarmac treatments, and an improved, direct crossing outside of St Paul's London Underground station. Improving these crossings could help to reduce stress or anxiety associated with navigating more complex junctions.

6.6 This benefit would further be experienced by people who would benefit from a level-crossing point. This may include older people, disabled people (with mobility aids) and pregnant people and mothers with new-born children, who may have reduced mobility and find navigating non-level footways less comfortable or more complex.

Road safety

6.7 Research from Living Streets[16] highlights that older people and some younger people may find navigating crossings with higher vehicle speeds more complex, and so may travel more slowly. The proposed raised entry treatments can help to slow down vehicular traffic entering a side road, reducing the collision risk. This could improve road safety within the area, as well as improve the perception of road safety.

6.8 People aged 16-24 in the CoL are more likely to be seriously injured in road incidents than any other age group. In the UK, 15–19-year-olds experience almost double the risk of death from road traffic accidents (82.5 deaths per million population) in comparison to the general population. In addition, people aged under-16 are more likely to use active travel than any other age group. Therefore, improvements that enhance walking/wheeling safety could particularly benefit younger people.

Pedestrian comfort

6.9 Footway buildouts could provide additional comfort when making trips on foot, particularly at peak hours when pedestrian volumes are at their highest and footways at their busiest. This could disproportionately benefit women, particularly due to higher number of trips they make daily compared to men, as well as their role in taking children to and from educational and recreational facilities[17]. This benefit would be more likely to positively impact 'Mixed or multiple ethnic groups' who are currently more likely to walk or cycle (52 per cent) more than any other group in the CoL.

---

[14] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4730776/

[15] https://www.sciencedirect.com/science/article/abs/pii/S2214140516303814

[16] https://www.livingstreets.org.uk/policy-reports-and-research/crossings/

[17] https://www.gov.uk/government/statistics/national-travel-survey-2021/national-travel-survey-2021-trips-by-purpose-age-and-sex#:~:text=In per cent202021 per cent2C per cent20males per cent20made per cent209,miles per cent20per per cent20person per cent20by per cent20females).

6.10 Furthermore, the proposed changes are likely to improve the walking and wheeling environment for people to access nearby places of worship, including St Paul's Cathedral. As St Paul's Cathedral is also a major London landmark, the Cathedral is likely to have a wide catchment, which could include people across London, alongside domestic and international tourists. However, other places of worship within the project area, such as St Botolph's-without-Aldersgate, St Anne & St Agnes Church and St Vedast alias Foster are likely to have more local catchments, making them more likely to be within walking distance of regular attendees. The proposed changes would improve the experience of walking and wheeling to access these destinations.

Improved cycling environment

6.11 The proposed design changes will likely improve the experience of cycling across the project area. This is due to improved cycle routing which provide more direct routes, and enhanced cycling infrastructure including protected cycle lanes. These changes could also improve road safety and the perception of road safety for cyclists. Design changes associated with this improvement include:

- Improving cycle safety/perception of cycle safety through providing:
  - Cycle lane and cycle gate on New Change
  - Bidirectional cycleway on St Martin's Le Grand
- More direct route provided for cyclists through junction at New Change due to cycle gate.

Protected characteristics likely to be impacted

- Age
- Disability
- Pregnancy and maternity
- Sex
- Race
- Religion or belief

Summary of potential impacts

Cycling experience

6.12 Improving the experience of cycling could positively impact disabled people, as a significant proportion of disabled people in the CoL use active travel (30 per cent of disabled people in the CoL with a disability affecting daily travel either walk and cycle). In addition, the Wheels for Wellbeing annual survey (2019/20)[18] showed that 65 per cent of disabled cyclists use their cycle as a mobility aid, and 64 per cent found cycling easier than walking. Survey results also showed that inaccessible cycle infrastructure was found to be the biggest barrier to cycling. Therefore, providing improved cycling infrastructure is likely to provide a positive impact for disabled cyclists.

[18] https://wheelsforwellbeing.org.uk/wp-content/uploads/2020/07/WFWB-Annual-Survey-Report-2019-FINAL.pdf

6.13 Improving the experience of cycling could also positively impact older people who cycle. According to LTDS 2019/20 data for the CoL, the proportion of trips made by the 65+ age group in the CoL by walking and cycling is eight per cent. Younger people (aged under 16, and also 16-24) are also more likely to use active travel in the CoL (41 per cent and 31 per cent respectively). Improved cycling infrastructure and routing is also likely to more likely benefit people in 'Mixed or multiple ethnic groups' and 'Other ethnic groups' in the CoL, as people of these ethnicities are more likely to use active travel.

6.14 There is limited research related to the extent to which pregnant women continue to walk or cycle as their pregnancy progresses, and the extent to which pregnant women use active travel in the CoL is unknown. However, studies from wider contexts indicate that some women who used active travel pre-pregnancy continue to use active travel during pregnancy[19,20].

6.15 Furthermore, the proposed changes are likely to improve the experience of cycling for people to access nearby places of worship, including St Paul's Cathedral. As St Paul's Cathedral is also a major London landmark, the Cathedral is likely to have a wide catchment, which could include people across London, alongside domestic and international tourists. However, other places of worship within the project area, such as St Botolph's-without-Aldersgate, St Anne & St Agnes Church and St Vedast alias Foster are likely to have comparatively local catchments, making them more likely to be within cycling distance of regular attendees. The proposed changes would improve the experience of cycling across the project area to access these destinations.

Additional design considerations

6.16 The southern part of the bidirectional cycle route on St Martin's Le Grand, between Angel St and Newgate Street, narrows down to approximately 3 metres wide at the junction with Newgate Street. TfL's London Cycling Design Standards (LCDS) recommend cycle lane widths to be greater than four metres[21] to more comfortably accommodate non-standard cycles. To cope with the likely growth in cycling numbers, the recommended LCDS minimum standards should be exceeded if possible.

6.17 The layout of the proposed advisory and mandatory (i.e. non-segregated) cycle lanes on Newgate Street may not be suitable for all users - particularly women and disabled people. This is compounded by the design of bus stops, which interrupt the cycle lanes in both directions. This means that cyclists would need to merge into the general carriageway and overtake buses to continue their journey.

6.18 Research indicates that cycle lanes and segregated cycle paths are cited by people as factors that would encourage them to cycle[22]. Literature review conducted by Sustrans

[19] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4730776/

[20] https://www.sciencedirect.com/science/article/abs/pii/S2214140516303814

[21] https://content.tfl.gov.uk/lcds-chapter4-cyclelanesandtracks.pdf

[22] https://eprints.whiterose.ac.uk/188845/6/1-s2.0-S221414052200041X-main.pdf

indicates that women express a higher preference for segregated cycling infrastructure than men[23]. In addition, a survey undertaken by Wheels for Wellbeing in 2021 highlighted that a lack of segregated cycling infrastructure can be a barrier to disabled cyclists[24]. Where possible, segregated cycle lanes should be provided to address the significant perceived and actual safety concerns that can deter cycling and help to further enhance positive equality impacts. Further consideration should also be given to the design of bus stops to establish whether an alternative arrangement can be found that provides greater protection for cyclists.

Changes in bus journey times

6.19 As outlined in Table 5.4, Table 5.5. Table 5.6, Table 5.7, and Table 5.8, the project will result in changes to bus journey times. Traffic modelling has optimised signal timings and interaction between junctions to minimise impact on bus journey times, resulting in a maximum journey time increase of 1-2 minutes in the AM and PM peak for both eastbound and westbound routes on Route 100.

6.20 Across the AM and PM peak, all other journey time increases are likely to be up to 60 seconds. In the AM peak, 10 bus routes are likely to be delayed for up to 60 seconds. In the PM Peak, 11 bus routes are likely to be delayed for up to 60 seconds.

6.21 Modelling outputs also show some expected journey time savings; a maximum journey time saving of 1-2 minutes was recorded for Route 133 (travelling eastbound). In the AM Peak, six bus routes are likely to have improved journey times of up to 3 minutes. In the PM peak, five bus routes are likely to have improved journey times of up to 3 minutes.

Protected characteristics likely to be impacted

- Age
- Disability
- Pregnancy and maternity
- Race

Summary of potential impacts

6.22 For some disabled people, older people with age-related mobility impairments, or pregnant women, increases to bus journey time could cause greater discomfort during travel. In contrast, journey time savings could provide a minor benefit as the inverse impact would be experienced; journey time savings could make journeys more comfortable or manageable for pregnant people or people with mobility related impairments.

6.23 It should be noted that the maximum increase to journey time modelled is no more than two minutes, recorded for one route (Route 100), in both directions, in both the AM and PM peak. The severity of this negative impact is nuanced and will vary between relatively minor and

[23] https://www.sustrans.org.uk/media/2930/2930.pdf

[24] https://wheelsforwellbeing.org.uk/wp-content/uploads/2022/05/Disability-and-Cycling-Report-of-2021-national-survey-results.pdf

relatively substantial, depending on the individual experience and disability of each road user.

6.24 TfL research from 2019[25] shows that bus-use is the next most commonly used transport type for younger Londoners (after walking and cycling). Among Londoners aged 11-15, 75 per cent use the bus at least once a week, compared with 59 per cent of all Londoners. In addition, bus use (at least once a week) among Londoners aged 65 and over is 65 per cent, in comparison with 59 per cent of all Londoners. Subsequently, journey time increases, or journey time savings may present a positive impact for younger and older people, depending on their selected route.

6.25 Public transport use amongst BAME people is higher in the CoL in comparison to Greater London (see **Figure 3.19** and **Figure 3.20**). Research by TfL[25] also illustrates that bus use among BAME Londoners is higher than among white Londoners (65 per cent BAME compared with 56 per cent white Londoners using the bus at least once a week). In addition, the proportion of black Londoners using the bus at least once a week is 73 per cent. Subsequently, journey time increases, or journey time savings may present a positive impact for BAME people, depending on their selected route.

Changes to bus stops

6.26 There are changes to bus stops within the project area, which could result in shorter or longer passenger journeys, or walking distances for bus users. Bus stop relocation includes:

- Bus stop SQ: relocated 50m west on Newgate Street
- Bus stop SV: relocated to King Edward Street
- Bus stop SW: relocated further north (approximately 40m). This bus stop will be located on a traffic island which is accessed via a zebra crossing across a cycle track.

6.27 Changes also include:

- Bus stop SP: to be removed
- The current bus stand on King Edward Street will become a bus stop, providing a stop closer the main entrance to Bart's Hospital and bus stop (SV) further north on Montague Street will be removed.

Protected characteristics likely to be impacted

- Age
- Disability
- Pregnancy and maternity

Summary of potential impacts

Relocation of bus stops

6.28 The equality impacts associated with the relocation of bus stops should be considered in the context of relatively minor distance changes. As such, it is likely these impacts would only disproportionately impact a small minority of disabled people, older people with age-

[25] https://content.tfl.gov.uk/travel-in-london-understanding-our-diverse-communities-2019.pdf

related mobility impairments, or pregnant women. Increased walking or wheeling distances to access a bus stop could cause greater discomfort during travel. Additional walking distances could be exhausting or stressful for some older, disabled, or pregnant women. The relocation of bus stops could add additional complexity for a journey for neurodivergent people who can sometimes find change stressful or difficult to comprehend.

6.29 However, it should be noted that the extent to which this impact is experienced will depend on the passenger's destination. This also means that some passengers may experience the inverse impact, as the bus stop relocation may result in a shorter walking or wheeling distance depending on their destination. Subsequently, reduced walking or wheeling distances could make journeys more comfortable or manageable for pregnant people or people with mobility impairments. For instance, this could be experienced at the current location of the bus stand on King Edward Street.

6.30 This new stop will provide a stop closer to the main entrance to St Bartholomew's Hospital; a measure that is supported by the Hospital as the existing bus stand is reported to sometimes negatively impact on blue light response times. This may also occur at the relocated bus stand for Route 100, as passengers may now terminate their journey at Giltspur Street, which may provide a shorter walking or wheeling distance than previously, depending on their destination.

Floating bus stops

6.31 Stakeholder feedback raised concern in relation to the proposed relocation of bus stop SW to a floating bus stop island. Findings from a survey undertaken by the Royal National Institute of Blind People highlighted safety concerns in relation to floating bus islands, as visually impaired users must cross a cycleway to get onto or off a bus and cannot react quickly to hazards. Subsequently, moving this stop to a floating bus island could increase stress and anxiety for visually impaired users.

6.32 Similar concerns have been raised in relation to older or disabled bus passengers who cannot move very fast or use mobility aids, who may similarly find this layout more stressful and unsafe. However, analysis undertaken by TfL suggests that the presence or construction of bus stop bypasses in London has not led to a reduction in use by older or disabled customers[26].

6.33 In addition, converting the bus stand on King Edward Street to a bus stop could provide a positive impact for older, disabled, and pregnant people. It is expected that a bus stop will be supported by shelter and seating, which could be beneficial as people with mobility related impairments may find it more comfortable to wait for a bus service.

[26] https://content.tfl.gov.uk/bus-stop-bypass-safety-review-2024.pdf

Changes in journey times for general traffic

6.34 Traffic modelling has shown that in the AM peak and PM peak, the maximum expected increase in journey time is a difference of 1 to 2 minutes, for routes across the project area, and for routes in the AM and PM peak. Journey time savings of up to 30 seconds were also indicated across the project area and in the AM and PM peak.

Protected characteristics likely to be impacted

- Age
- Disability
- Pregnancy and maternity

Summary of potential impacts

6.35 For some disabled people, older people with age-related mobility impairments, or pregnant women, increases to journey time could cause greater discomfort during travel. People with a long-term health problem or disability in the CoL are more likely to be a private vehicle driver or passenger than those who do not have a long-term health problem/disability. This is particularly pronounced for people with a disability related to mobility, as the private vehicle mode share for with a mobility-related disability in the CoL is 32 per cent. In addition, people aged 60 and over are more frequently private vehicle drivers and passengers (13 per cent) than other age groups, and older people are more likely to experience mobility related impairments as a result of ageing. Therefore, longer journey times are more likely to affect people with mobility-related disabilities.

6.36 It is likely that some pregnant women either working, residing, or travelling through the CoL will use private vehicles, however the extent to which this occurs within the CoL is also unknown. Increased journey times could negatively affect pregnant women, as longer journey times may exacerbate the negative physical and mental symptoms of pregnancy[27].

6.37 However, it should be noted that the maximum increase to journey time modelled is two minutes, recorded for two routes in the AM peak. The severity of this negative impact is nuanced and will vary between relatively minor and relatively substantial, depending on the individual experience and disability of each road user.

6.38 Journey time savings have also been recorded by the modelling exercise, which recorded journey time savings of up to 30 seconds. This could provide a minor positive impact for people in the protected characteristic groups identified above, for which the inverse impact would be experienced; as journey time savings could make journeys more comfortable or manageable for pregnant people or people with mobility related impairments.

6.39 In addition, the introduction of two-way working on Montague Street is expected to reduce traffic on Little Britain (south); thereby maintaining ambulance access and journey times to St Bartholomew's Hospital by ensuring traffic isn't diverted down Little Britain (south). This will benefit patients at the hospital and as well as private vehicle drivers and passengers.

[27] https://www.sciencedirect.com/science/article/abs/pii/S2214140521003388

Improved public realm

6.40 The closure of the Newgate Street slip road and the southern part of King Edward Street will enable the creation of pedestrianised public space of over 3,000 square metres. Proposals for this new public space include a play area for children, and space for community activities and events. The creation of a large, new public space will enhance the public realm in the project area. Alongside the pedestrianisation of the area, new trees will be planted, and soft landscaping will be implemented. In addition, the landscaped gardens of Christ Church Greyfriars will be enhanced and integrated into the design of the public space.

Protected characteristics likely to be impacted

- Age
- Disability
- Pregnancy and maternity
- Sex
- Religion or belief

Summary of potential impacts

Public realm

6.41 These features offer benefits for residents, businesses and visitors, by prioritising pedestrians and creating a less car-dominated, green public space, encouraging greater dwell time and offering opportunities for greater use of the space. Pedestrianisation will also enhance road safety, which could make the area more attractive for walking and wheeling. These features can create a more inviting place for people to meet, gather and dwell.

6.42 People from all protected characteristic groups will likely benefit from the positive impacts of a new, green public space. 87 per cent of respondents to the Commonplace consultation answered that they would want to see 'trees and plants' in the newly pedestrianised space. Research from Public Health England[28] identified that green spaces are associated with positive mental health benefits, including reduced levels of depression, anxiety, and fatigue, and enhanced quality of life for both children and adults. In the CoL, those with mental health impairments are most likely to undertake active travel (47 per cent), and so these people may experience particular benefits as a result of the scheme.

6.43 The public realm features outlined above may also be particularly beneficial for disabled people, older people and children, women, and pregnant people. Movements may be more complex or stressful for people with mobility-related impairments. Therefore, the reduction of vehicle dominance and widened footways could reduce complexity of moving through the area, thereby reducing associated stress of walking and wheeling. In addition, women, who are more likely than men to be moving through public space with prams, and mothers with

28 https://assets.publishing.service.gov.uk/media/5f202e0de90e071a5a924316/Improving_access_to_greenspace_2020_review.pdf

young children may also be impacted positively, as the public space will provide a more welcoming environment to walk and wheel.

6.44 This will provide a place within which visitors can dwell and may provide an area for community events. This could help to foster a sense of community and reduce isolation and loneliness, which could be particularly beneficial to people who are reported to experience isolation in higher proportions, including older people and disabled people[29].

6.45 Due to the location of the scheme, any potential benefits or disbenefits from the proposed changes are more likely to impact people who are visiting the area, which may include the congregation of St Paul's Cathedral and other local places of worship.

Public seating

6.46 79 per cent of respondents to the Commonplace consultation answered that they also would like places to sit in the newly pedestrianised space. Providing seating across the pedestrianised space will offer opportunities for people to dwell and rest. This could be particularly beneficial for disabled people, older people and pregnant people, who may find movement more tiring as a result of mobility-related impairments. Accessible seating options will be provided, including benches with arm rests and backrests, which could enhance comfort for people travelling through the area.

Play area

6.47 The scheme includes a proposed play area, which will provide a positive impact for young people and children. 7 per cent of residents in the CoL are aged under 16, which is less than across London (19%). For younger residents of the CoL, and for younger visitors to the CoL, the play space may enhance their experience of dwelling in the area. The play space will have a range of play features, designed for disabled and non-disabled children. This is planned to include an inground trampoline, which is suitable for wheelchair use.

Cycle parking and docking station for Santander Cycles

6.48 Space and infrastructure to support cycling, including cycle stands and a Santander Cycles docking is to be included in the design. This could be particularly beneficial for people in the CoL with protected characteristics who are reported to cycle frequently (see **Improved cycling**).

[29] **https://www.gov.uk/government/publications/tackling-loneliness-evidence-review/tackling-loneliness-evidence-review-summary-report**

Additional considerations

6.49 **Table 6.2** outlines additional suggestions resulting from the review of stakeholder feedback.

Table 6.2: Additional Design Considerations

Additional Consideration	Impact
Dedicated dockless bays	Avoids dockless bikes/ scooters obstructing pavement space
Improved priority for pedestrians at signalled crossings	Reduced waiting times at crossings
Dementia friendly designs to be incorporated e.g. signage and wayfinding	This could also benefit people with other disabilities have further access requirements
Importance of appropriate flooring for wheelchair users, and tactile pavement to warn and guide blind and visually impaired people, alongside maintenance of this flooring.	To ensure the scheme remains accessible and well-maintained
Road signage and pedestrian wayfinding should reference St Bartholomew's Hospital and highlighting it "does not have an A&E"	Mitigates unnecessary congestion to access the hospital
Ensure cycle parking is fully accessible and in line with guidance	To support the uptake of cycling for disabled people

Healthy Streets Assessments

6.50 To assess the design of the scheme, CoL produced Healthy Streets Assessments for key streets in the project area. These assessments were carried out internally by CoL officers. Healthy Streets Assessments score streets against 10 indicators, which are supported by qualitative and quantitative metrics. Indicators are prioritised and balanced to support improvements for social, economic, and environmental sustainability[30].

6.51 Across the project area, the results of this assessment indicate a positive improvement overall across all areas, and a positive improvement for most indicators in all areas, in comparison to the initial project area layout.

6.52 The assessments also indicate where further design improvements could also be considered to enhance street design. Design improvements indicated by the assessment that could further enhance positive equality impacts include:

- **Improving the environment around bus stops**: Healthy Streets recommend that there is sufficient waiting space that is clear of the walking space, and sufficient seating and shelter. Bus stops should also provide step free access and safe crossing of any cycle paths to access the stop. Shelter and seating can provide a more comfortable environment, and these benefits may be particularly experienced by disabled and/or older people, and pregnant women. Where feasible, improvements to progress towards

[30] https://www.healthystreets.com/

achieving these recommendations could be considered for all bus stops within the scheme area.

- **Use of correct materials at crossings**: Healthy Streets recommend that crossings include tactile paving on both sides of the crossing, with the correct design and correct materials. Where feasible, all crossings across the scheme area should ensure these recommendations are met across the project area to maximise accessibility for visually impaired users.
- **Cycle safety**: For some streets in the project area, the Healthy Streets Score has determined that the proposed scheme design would not improve cycle safety at junctions. The scheme design could be reviewed to identify whether cycle safety could be improved at junctions to enhance the experience, comfort and safety of cycling within the project area.
- **Maximising footway and cycleway widths**: The Healthy Streets scores have indicated that some footway and cycleway widths in the project area will not meet absolute minimum widths. The scheme design could be reviewed to determine the feasibility of providing more desirable widths at the narrowest points, to improve the experience and comfort of active travel within the project area.

6.53 In addition, the Healthy Street Assessments identified two locations where scores for noise and air quality indicators were lower than previously. These locations are Newgate Street and Angel Street, as Newgate Street will become two-way for vehicles, and vehicles travelling northbound will be routed via Angel Street. It is important to note that noise and air quality will have a disproportionate negative impact on people who are pregnant or travelling very young children, people who are older or younger, and disabled people. The CoL could also consider partially mitigating this negative impact through providing additional planting in these locations.

7 Summary

Summary

7.1 This project proposes significant alterations to the area to the north of St Paul's Cathedral, aiming to transform it into a more vibrant and accessible public space. The key elements of this transformation include:

- **Enhanced pedestrian and cyclist priority:** The implementation of raised entry treatments, improved cycle infrastructure, and a large pedestrianised zone will prioritise the safety and comfort of people who walk, wheel and cycle. This design approach will reduce car-dominance in the project area, creating a more welcoming environment for active travel.
- **Improved public realm, with inclusive play facilities:** The proposed design of Greyfriars Square incorporates and improves greenery, which is associated with positive mental health benefits. The dedicated play area in Greyfriars Square is designed with accessible elements, providing a positive benefit for the CoL's younger demographic. Overall, the space serves as a feature that can foster opportunities for social interaction among communities.
- **Potential impact on bus users:** Modelling exercises undertaken by TfL in collaboration with the CoL recognise the possibility of increased journey times for specific bus routes, however, these are recorded as a maximum of 1-2 minutes, which could be considered to be a relatively minor. The relocation of bus stops within the project area may be associated with relatively minor increases in walking and wheeling distances from bus stops to a passenger's destination. This might impact some residents, particularly those who may find additional walking distances and longer journey times more exhausting or stressful. Nevertheless, an inverse, positive impact is also likely to be experienced by some passengers, who may experience journey time savings and reduced walking distances, depending on their destination.
- **Potential impact on private vehicle users:** Similarly, modelling exercises undertaken by TfL in collaboration with the CoL recognise the possibility of increased journey times for specific journeys undertaken by general motor traffic, however, these are also recorded as a maximum increase 1-2 minutes, which could be considered to be minor.

Conclusion

7.2 In conclusion, the St Paul's Gyratory Transformation Project is anticipated to yield positive benefits for both residents and visitors to the area. The creation of a new public space, equipped with an inclusive play area, alongside active travel enhancements across the project area can help to create a more inclusive and engaging environment for the community and visitors.

7.3 This EqIA has identified a limited number of potential minor negative impacts for bus passengers and private vehicle users. Negative impacts are related to increases in journey time, however, through options that optimise signal timings and junction interactions, these journey time increases are relatively limited (up to 2 minutes).

7.4 **Overall, the project should be considered in its totality; the positive impacts identified are aligned with objectives of The City of London's Transport Strategy; to prioritise space for active travel, improve road safety and accessibility, and enhance space for dwelling. The positive impacts identified within the proposed design outweigh any negatives and will transform the project area into a more vibrant, inclusive, and sustainable public space for the residents and visitors to the project area.**

Additional recommendations

7.5 The impacts of construction work during the construction of the scheme should be reviewed closely. Following approvals from the CoL, Phase One works are planned to commence in early 2025 and be completed in Spring 2027. This presents a long construction phase and impacts on road users could be exacerbated by other local construction works. This is likely to result in increased traffic flows, including of large construction vehicles, which may present subsequent road safety concerns.

7.6 Routeing of construction vehicles should be carefully considered and monitored during the construction phase to reduce congestion on the local network. In addition, during the construction phase, walking routes for and any diversion routes should comfortably meet widths for disabled access and include ramps for wheelchairs and mobility aids where necessary. Furthermore, it is recommended that changes to routes are clearly marked out, along with appropriate signage and wider communications on social media.

A Appendix A – Project Area and Scheme Design

steer

QUALITY SYSTEM CERTIFICATION
DNV·GL
ISO 9001:2015

Notes:

1. No information to be scaled from this drawing.

2. Works shall comply with the current City of London Specification for Highway works.

3. All road markings refer to the "Traffic Signs Regulations and General Directions 2016". Refer to drawing number 1200/16100278/RM

4. This drawing is to be read in conjunction with all relevant drawings

5. The Contractor will be held responsible for any damage caused to private highways and privately owned street furniture.

TITLE:

St Pauls Gyratory

TITLE:

General Arrangement
Overview Plan

CLIENT:

HIGHWAY DESIGN AND CONSTRUCTION

DEPARTMENT OF THE BUILT ENVIORNMENT
PO BOX 270
GUILDHALL
LONDON
EC2P 2EJ

TEL: 020 7606 3030

CITY OF LONDON

Sheet: SHEET 1 of 8	
Date: April 2024	
Designed by: COK	
Checked by: BM	
Scale & Drawing Size: NTS	Revision:
Drawing No: 100/16100278/GA	

Control Information

Prepared by

Steer
14-21 Rushworth Street
London SE1 0RB
+44 20 7910 5000
www.steergroup.com

Prepared for

City of London Corporation
PO Box 270
London ECP 2EJ

Steer project/proposal number

24741701

Client contract/project number

Author/originator

LAJ

Reviewer/approver

JDY

Other contributors

KMN

Distribution

Client: Neil West

Version control/issue number

1.0 Draft for comment
2.0 Update following client review
3.0 Minor amends – final issue

Date

25th July 2024
15th August 2024
5th September 2024

steergroup.com

steer