

Appendix B - Brick Lane Consultation Report

Executive Summary

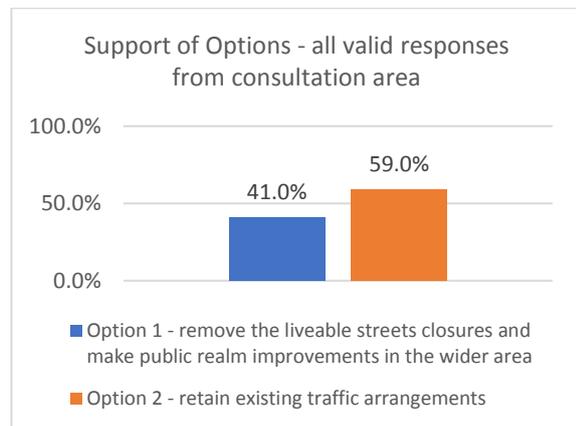
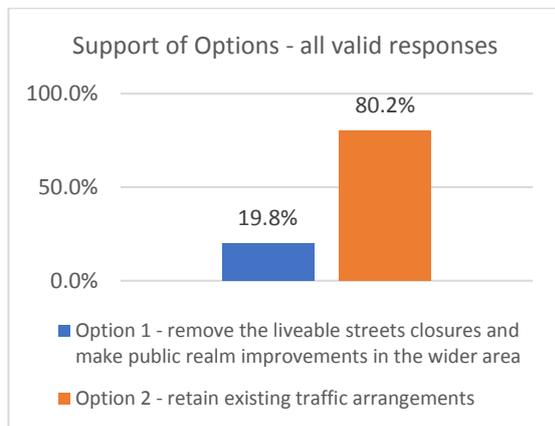
Analysis in this report includes the proportion of respondents who supported the two proposed options, and hereafter called Option 1 and Option 2.

- **I support Option 1 to remove the liveable streets closures and make public realm improvements to the wider area (Option 1)**
- **I support Option 2 to retain the existing traffic arrangements (Option 2)**

Survey responses have been presented in two ways:

- By all Valid respondents and
- By Valid respondents living in the consultation area.

The majority of valid survey responses were in support of Option 2, to retain existing traffic arrangements for both cases.



Background

The public consultation ran 23rd January 2023 and 12th February 2023 and sought view on options which have been developed for residents to consider. This report analyses the responses to the survey.

Responders were asked about their support for two options arising from the evaluation:

- I support Option 1 to remove the Liveable Streets closures and make public realm improvements to the wider area.
- I support Option 2 to retain the existing traffic arrangements

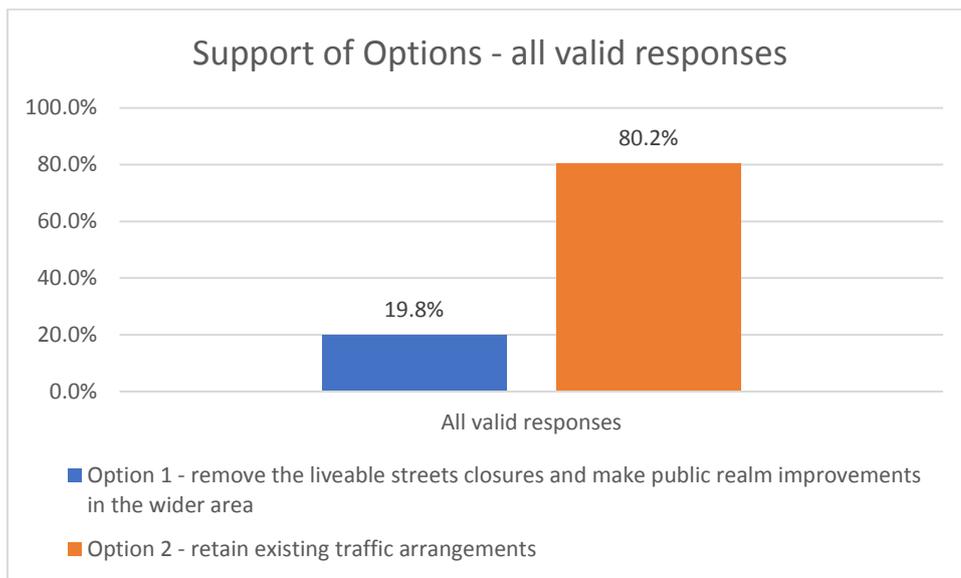
All responses

825 valid survey responses were received.

Of those, 618 were received online, and 208 were paper surveys.

Overall,

- Option 1 – to remove the liveable streets closures and make public realm improvements in the wider area received support from 163 survey respondents representing 19.8% of the share, and
- Option 2 – to retain existing traffic arrangements received support from 662 survey respondents representing 80.2% of the share.



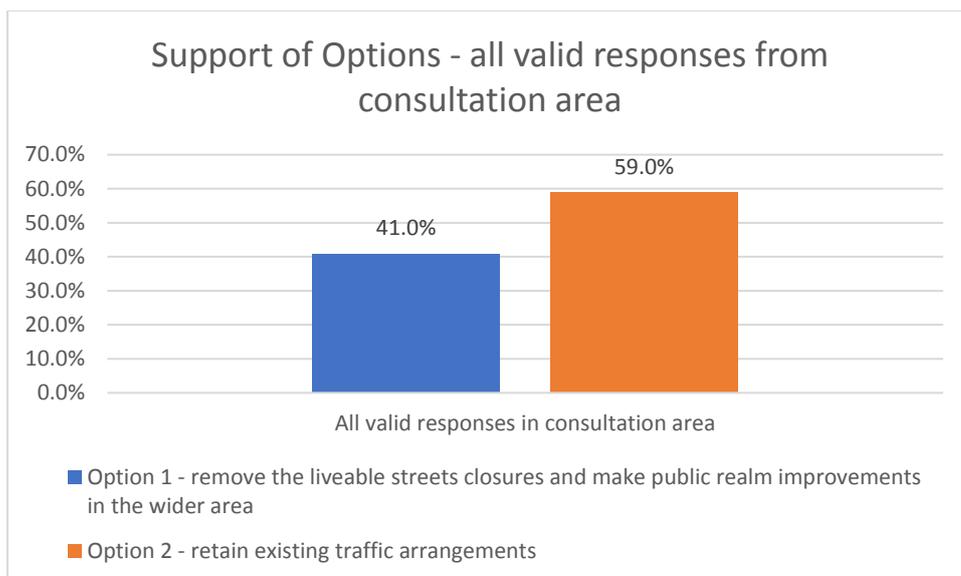
Responses from the consultation area

A unique reference number was provided in a letter and sent to all businesses and households within the Liveable Streets scheme area to help distinguish between those responding who may be directly impacted by the proposals. To further ascertain whether these responses were genuinely received from respondents from within the consultation area, we checked the postcode provided by online survey responders with the postcodes held for the borough. We discounted a small number where the respondent provided a code but provided an address outside of the consultation area. The combination of the use of the resident code and a postcode from within the consultation area is how we have determined which response is from the consultation area.

In total 266 valid survey responses were from responders who used the resident code and provided a postcode that was in the survey area.

Of those,

- 109 supported option 1 – to remove the liveable streets closures and make public realm improvements in the wider area, and
- 157 supported option 2 – to retain existing traffic arrangements.



Analysis

Analysis in this report includes the proportion of respondents who supported the two proposed options, and hereafter called Option 1 and Option 2.

- **I support Option 1 to remove the liveable streets closures and make public realm improvements to the wider area (Option 1)**
- **I support Option 2 to retain the existing traffic arrangements (Option 2)**

Survey respondents were asked which of the following best describes you? (please tick all that apply)

722 survey respondents described themselves as a resident and 59 described themselves as a business owner. 21 responses from business owners came from the consultation area. Of those eight supported Option 1 and thirteen supported Option 2.

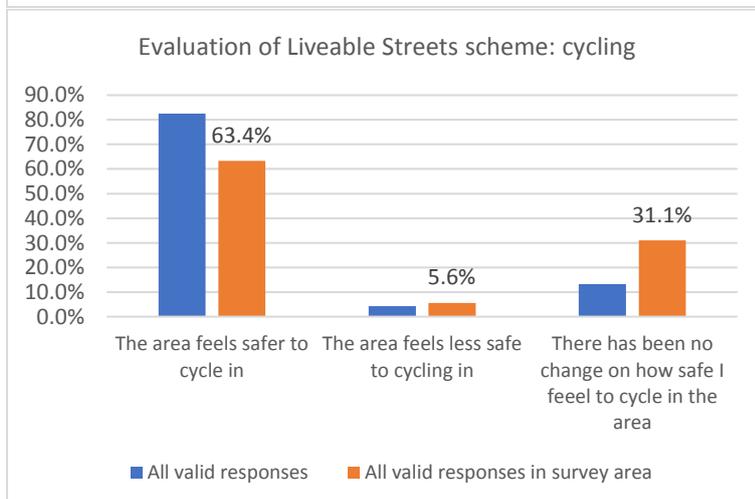
Evaluation of existing scheme

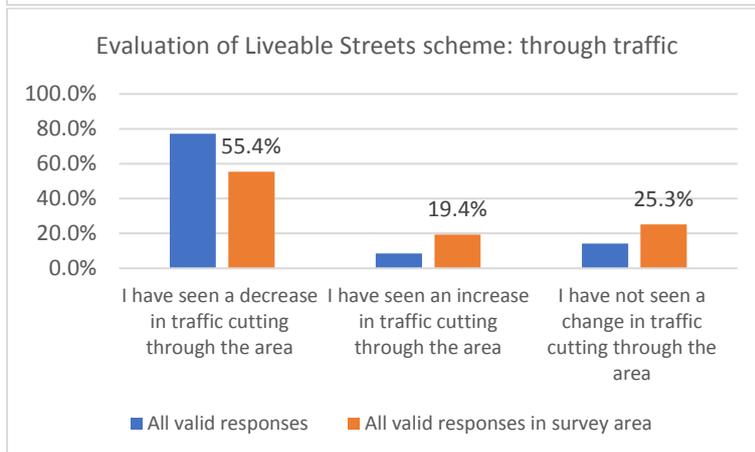
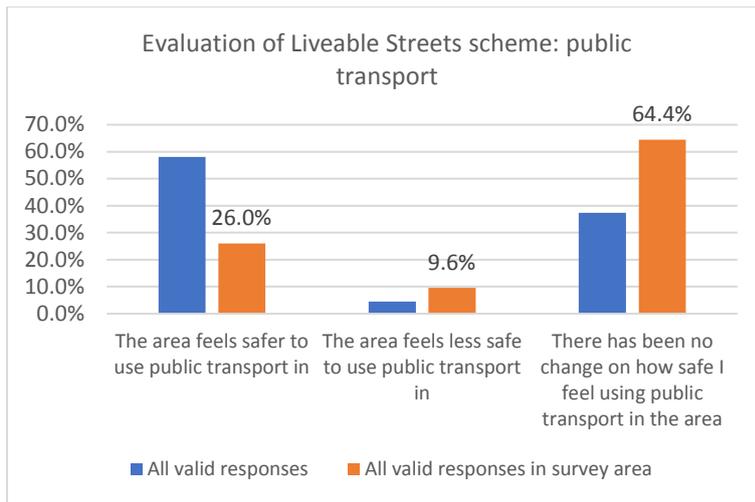
Survey responders were asked to evaluate the existing scheme. Responders were asked their opinion in a range of areas: Since the changes to roads in Bethnal Green were introduced under the Liveable Streets Scheme.

- Walking
- Cycling
- Use of public transport
- Traffic
- Access to shops and local amenities
- Air quality
- Traffic noise
- More pleasant neighbourhood

Not all survey respondents answered questions relating to the evaluation of the existing scheme. Overall, the majority of survey respondents reported either positive effects or no change since the introduction of liveable streets in all areas.

Most positive statement was around an improvement in safety walking around the area, with 87.6% of respondents agreeing with this statement. The least positive was around walking. The least positive statement was around respondents not feeling safer using public transport in the area. 26% of respondents said they did not feel safer on public transport in the area however the majority stated that there had been no difference in this area since the scheme was implemented. The most negative response was for the statement about through traffic with 19.4% of respondents living in the consultation area stating that they had seen an increase in traffic cutting through the area as a result of the scheme.



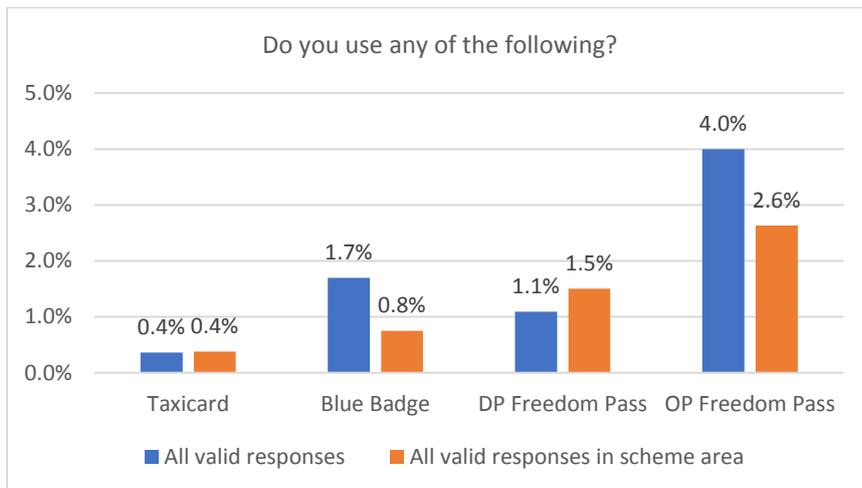


Travel Survey

Survey respondents were asked whether they used any of the following travel schemes?

In total 51 survey responders said that they use one or more of the following travel schemes: Taxicard; Blue badge; DP Freedom Pass; OP Freedom Pass and some responders made use of more than one of these schemes. This represents 6.1% of

all survey responders. Eleven survey responders said they use one or more of the above-mentioned travel schemes representing 4.1% of survey responders in the consultation area.



There was a 50/50 split between respondents in the consultation area using one of the travel schemes mentioned above in terms of their support for Option 1 or Option 2. Seven supported Option 1 and seven supported Option 2.

Equalities Analysis

Ethnicity

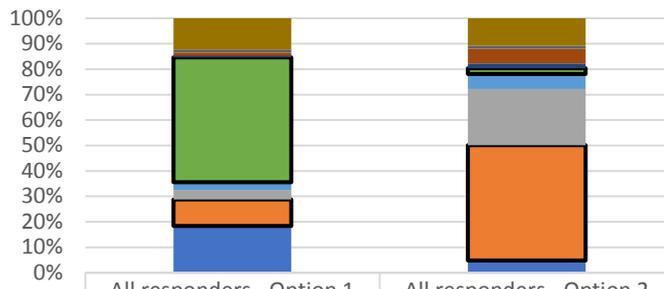
38.4% of all valid responses came from people who described themselves as White British. 5.3% of White British responders voted for Option 1 and 94.7% supported for Option 2.

Responders from Asian or Asian British: Bangladeshi backgrounds accounted for 11.5% of all valid responses. 84.2% of Bangladeshi responders supported for Option 1 and 15.8% voted for Option 2.

Looking at responders from the consultation area, 28.9% came from people who described themselves as White British, and 28.1% came from Asian or Asian British: Bangladeshi backgrounds. 6.4% of White British responders from the consultation area supported Option 1 compared to 89.3% of Asian or Asian British: Bangladeshi responders.

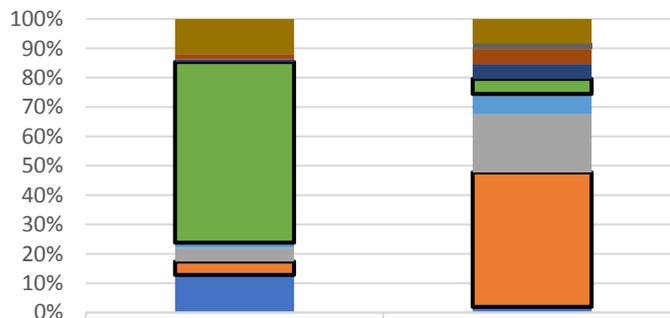
The table below show the proportion of total valid responses received by ethnicity and support for each option.

Responses by Ethnicity (all valid responses)



	All responders - Option 1	All responders - Option 2
■ Prefer not to say	12.3%	10.7%
■ Black or Black British: All	1.2%	1.2%
■ Mixed/Dual Heritage: All	1.2%	5.9%
■ Other Ethnic Groups: Any other background	0.6%	1.8%
■ Asian or Asian British: Bangladeshi	49.1%	2.3%
■ Asian or Asian British: all other	3.1%	5.9%
■ White: all other	3.7%	22.1%
■ White: British (English, Scottish, Northern Irish, Welsh)	10.4%	45.3%
■ Did not answer the question	18.4%	4.8%

Responses by Ethnicity (all valid responses in scheme area)

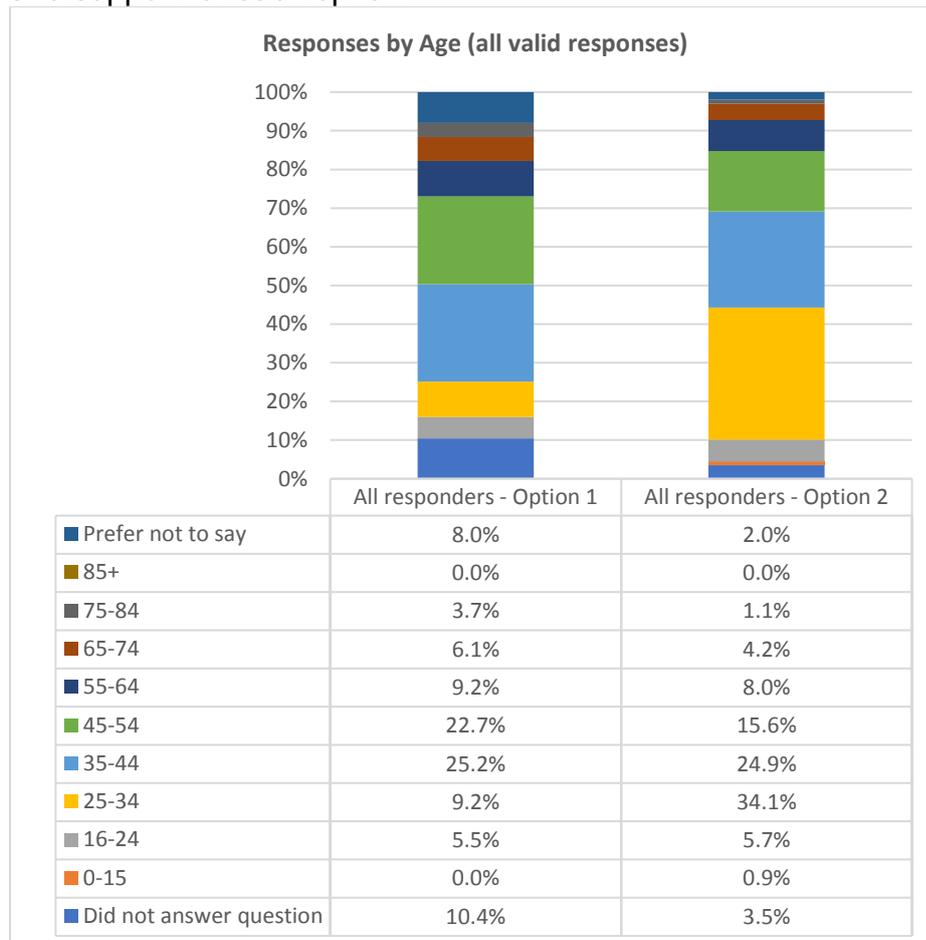


	All responders - in scheme area - Option 1	All responders - in scheme area - Option 2
■ Prefer not to say	11.9%	8.3%
■ Black or Black British: All	0.0%	1.9%
■ Mixed/Dual Heritage: All	1.8%	5.1%
■ Other Ethnic Groups: Any other background	0.9%	5.1%
■ Asian or Asian British: Bangladeshi	61.5%	5.1%
■ Asian or Asian British: all other	1.8%	7.0%
■ White: all other	4.6%	19.7%
■ White: British (English, Scottish, Northern Irish, Welsh)	4.6%	45.9%
■ Did not answer the question	12.8%	1.9%

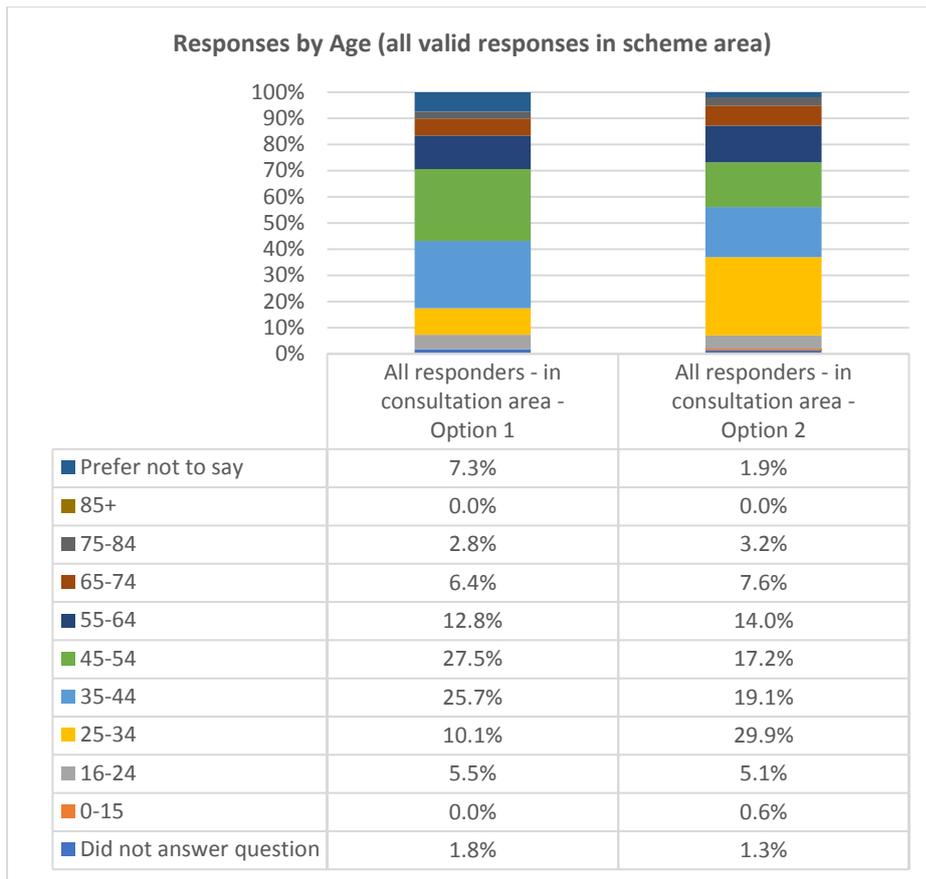
Age

The majority of respondents are of working age. There is a higher proportion of respondents of working age that support Option 2. A higher proportion of older respondents support Option 1. The age ranges with the most respondents are 25-34 and 35-44 years; these age ranges are more likely to be parents than other age groups. Around 14% of all respondents are aged 55 and over; this age range is more likely to have a disability or mobility issues than other age ranges.

The table below show the proportion of total valid responses received by age range and support for each option.



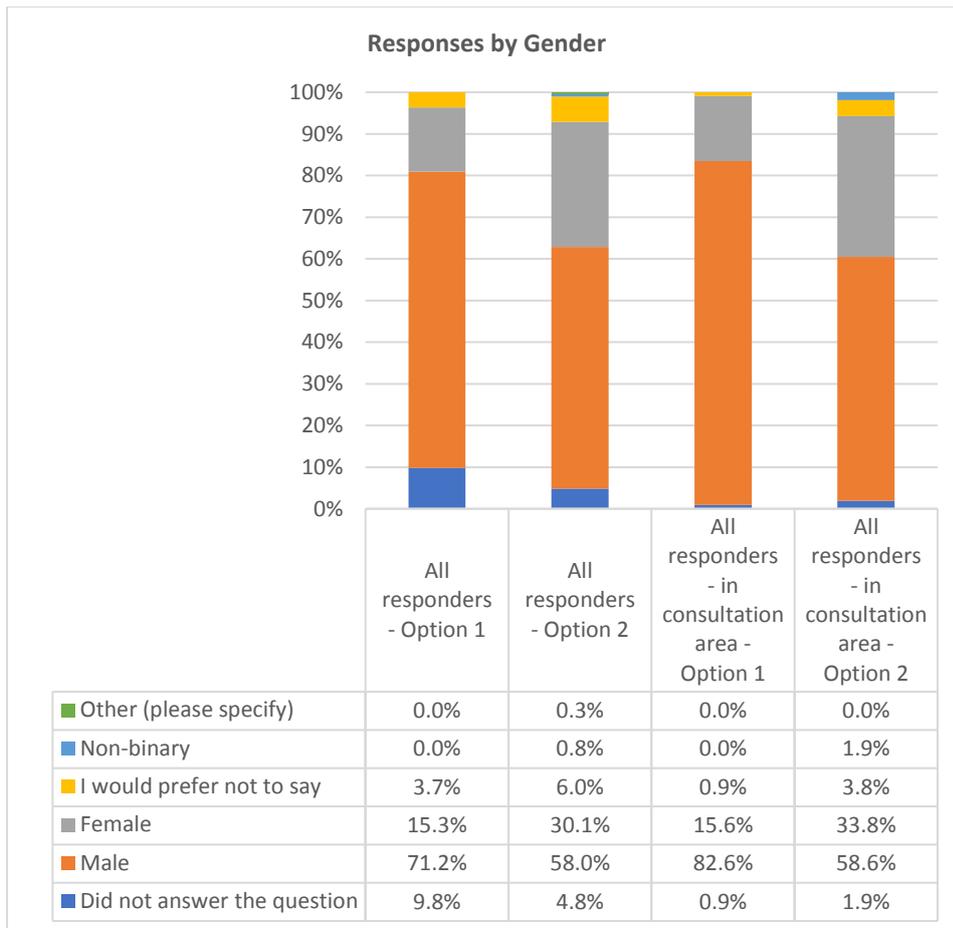
There was a slightly higher proportion of respondents in the consultation area supportive of Option 1 in the 45-54 age group compared to Option 2. For all other age groups, the proportion that were in support of Option 2 was higher than the proportion in support of Option 1.



Gender

Survey respondents were asked which best describes their gender. There were more male survey responders than female (60.6% compared to 27.1%). Of all responses received, there was a higher proportion of males supportive of Option 1 compared to females. responders were more supportive of Option 1 females. In the consultation area, 49.5% of males respondents supported Option 1 compared to 24.2% of females.

The table below show the proportion of valid responses received from responders living in the scheme area by gender and support for each option.



Gender same as registered at birth

99% of all survey respondents said that answered this question stated that their sex was the same as registered at birth. 14.6% of all respondents either did not answer the question or said they would prefer not to say, and 1% said their sex was not the same as registered at birth. For respondents in the consultation area, the proportions are the same.

Sex registered on birth certificate

The responses for this protected characteristic for male and female are comparable to the question about gender. No survey respondents said they were intersex.

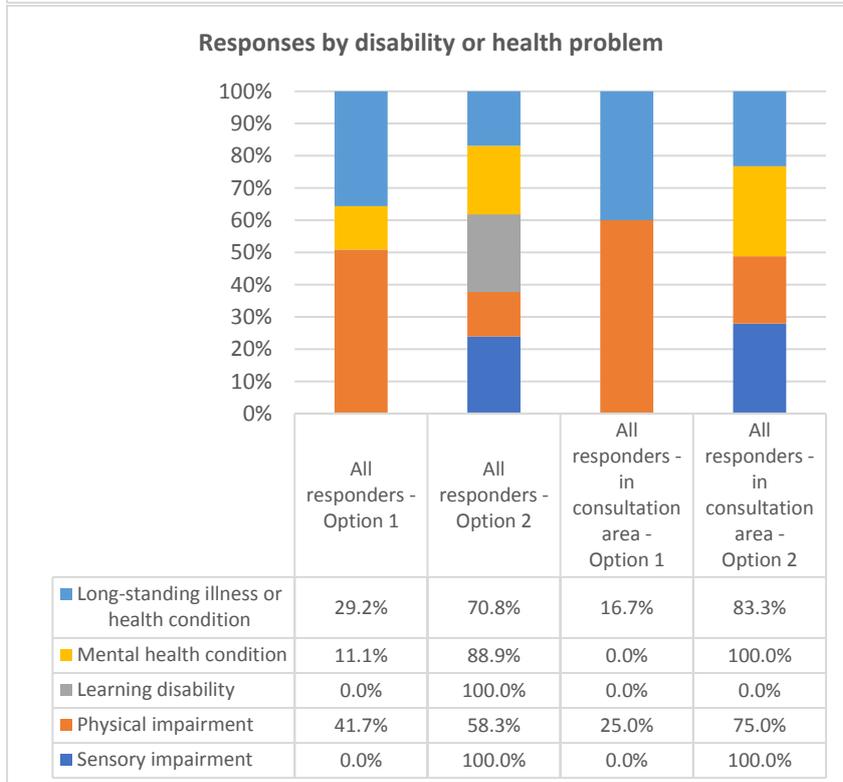
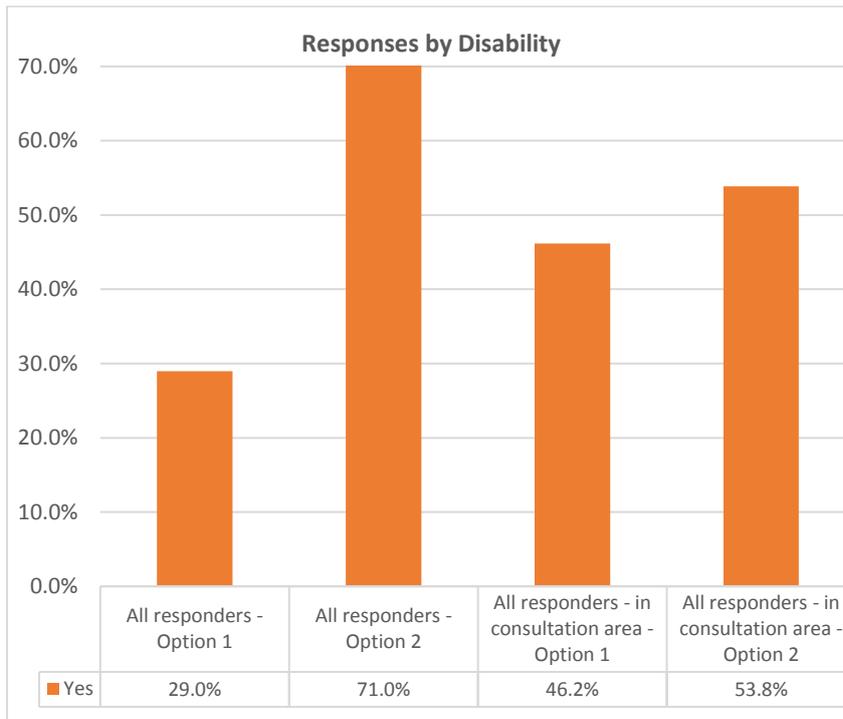
Disability

69 (8.3%) of all respondents and 26 (9.7%) respondents in the consultation area said yes when asked are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months (include any problems related to age).

Respondents with a disability or long-term health condition were more in favour of Option 2 than Option 1. Respondents were asked to state the type of health problem(s) or disability(y/ies) that applied to them.

Of the respondents who stated they had a disability, 34.7% of all respondents said they had a long-standing illness of health condition and 17.3% of all respondents said they had a physical impairment.

Respondents were asked to state which health problem or disability applied to them. The majority of respondents across all categories were more supportive of Option 2 than Option 1.

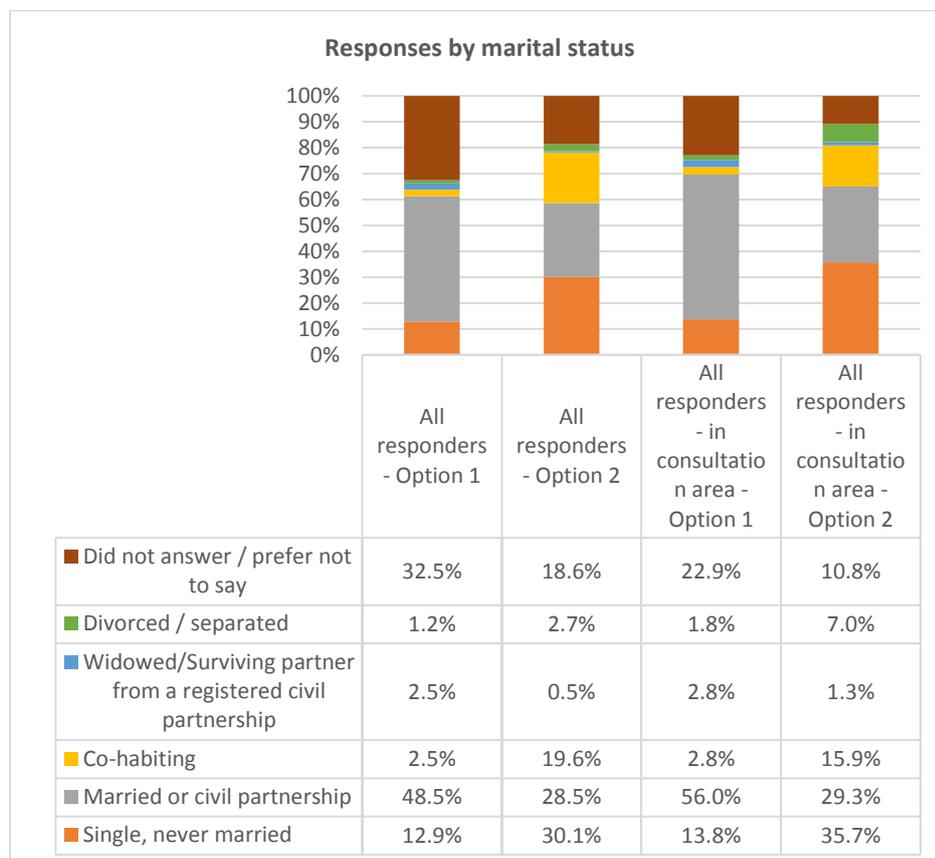


Marital Status

32.4% of all survey responders said they were married or living in a civil partnership, with 29.5% of this group supported Option 1 and 70.5% supporting Option 2. 26.7% of respondents said they were single, never married. 9.5% of all survey responders who said they were single, never married supported Option 1 and 0.5% supported Option 2.

40.2% of respondents within the consultation area said they were married or living in a civil partnership; 57% of this cohort supported Option 1. All other survey respondents were more supportive of Option 2.

The table below show the proportion of valid responses received from responders living in the scheme area by marital status and support for each option.



Religion

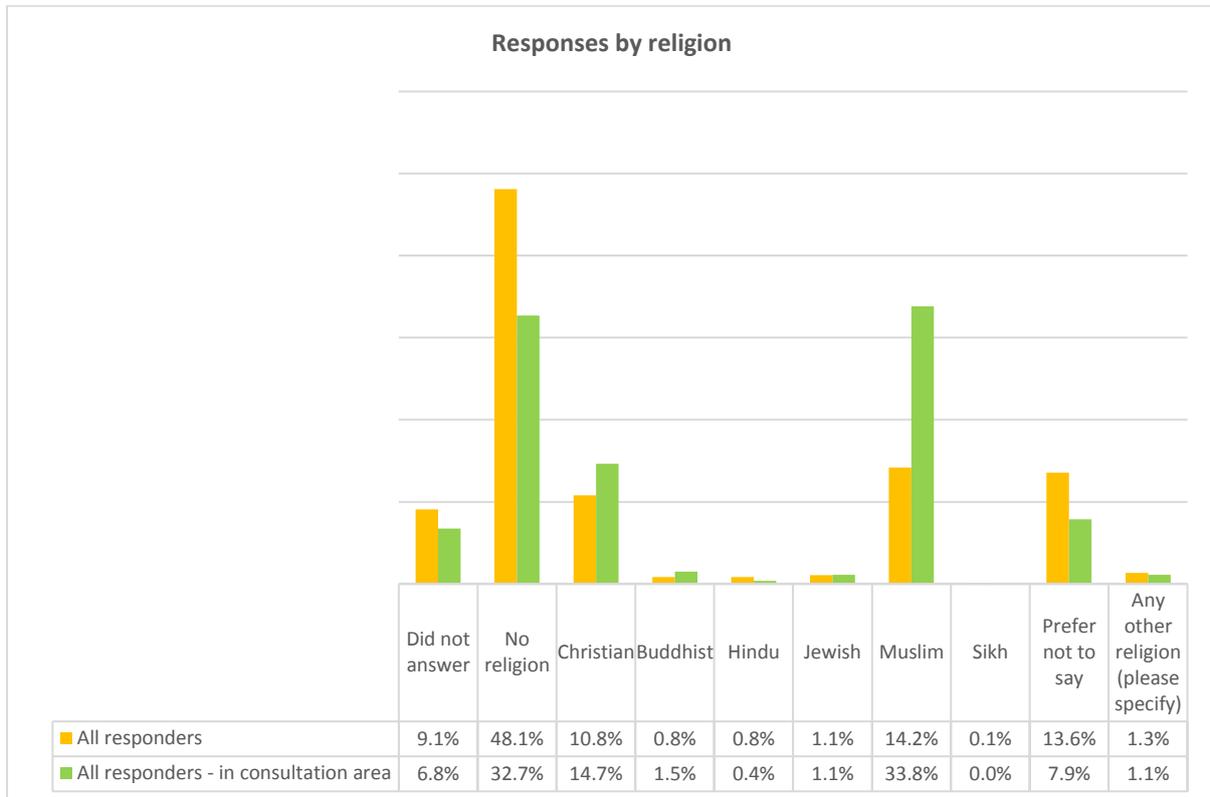
584 respondents stated they had no religion, or preferred not to say, or did not answer this survey question, equating to 70.8% of all responses received. The majority of these responders supported Option 2.

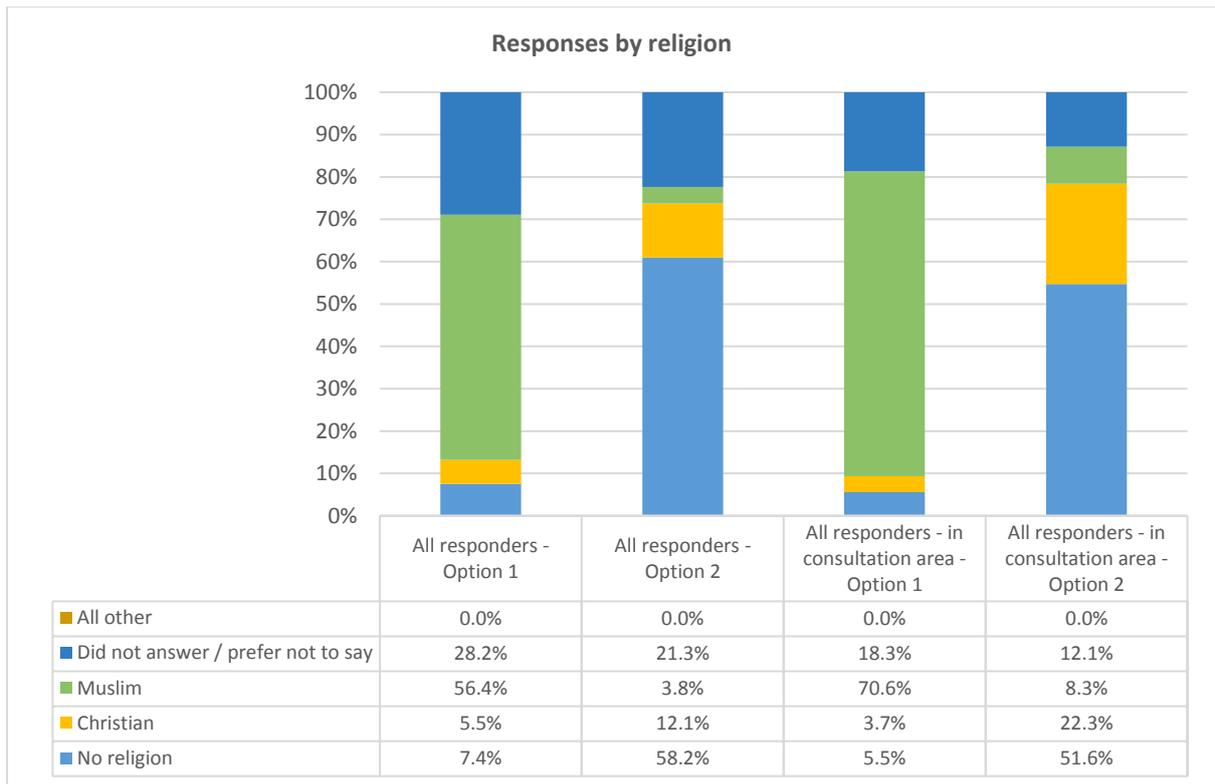
The next highest group was from respondents who said they were Muslim. There were 117 Muslim respondents, equating to 14.2% of all responders. 78.6% of this cohort supported Option 1, and 21.4% supported Option 2. The third highest group was from residents who said they were Christian. 89 survey respondents said they

were Christian, equating to 10.7% of all respondents. Overall, Christian respondents were significantly more likely to support Option 2 (89.8%).

Mirroring the responses of all respondents, the majority of responses from respondents from the consultation area said they had no religion, or preferred not to say, or did not answer this survey question (47.3%). The next highest group was from respondents who said they were Muslim, equating to 33.8% of respondents. 85.5% of Muslim respondents supported Option 1. 14.6% of this cohort said they were Christian, and the majority supported Option 2 (89.7%).

The table below show the proportion of valid responses received from responders living in the scheme area by religion and support for each option.

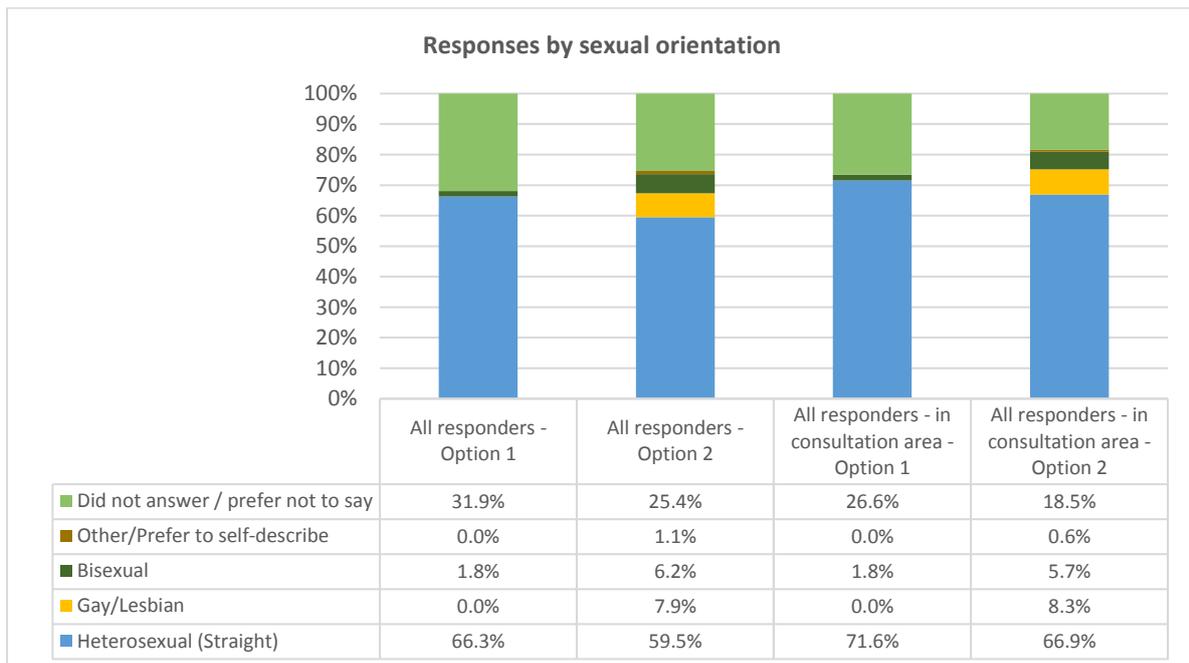




Sexual Orientation

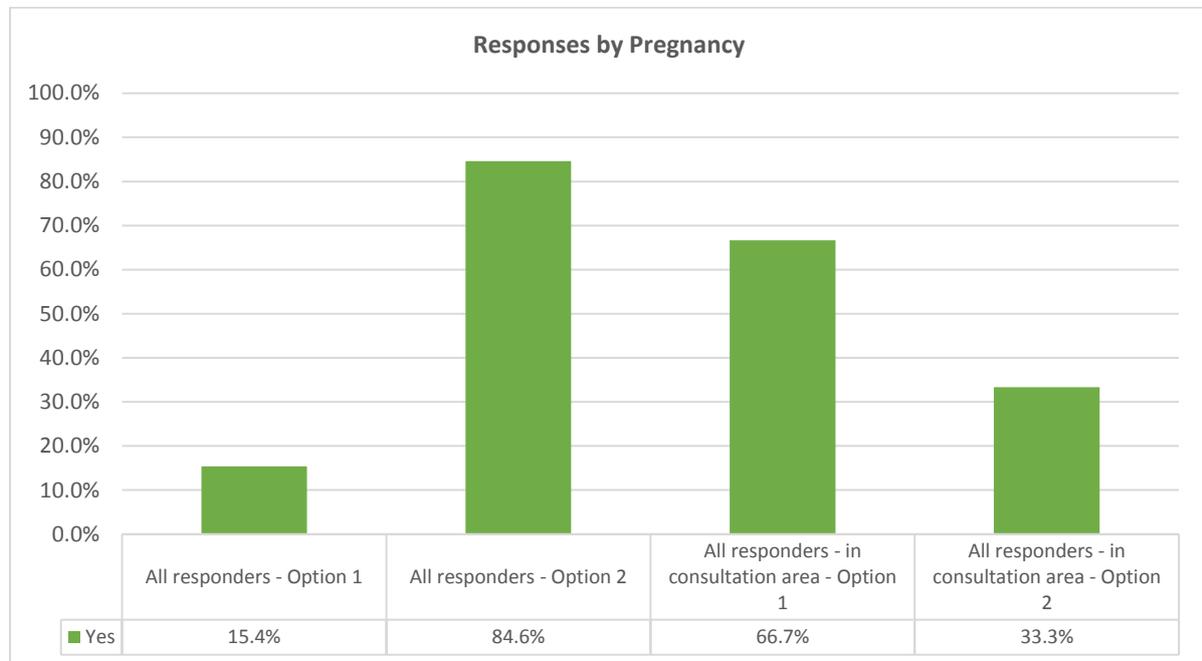
82.9% of all survey respondents who answered this question identified as heterosexual / straight. The vast majority of LGBT respondents supported Option 2 (96.8%).

The table below show the proportion of valid responses received from responders living in the scheme area by sexuality and support for each option.



Pregnancy and Maternity

13 or 1.5% of overall survey respondents said they were currently pregnant or had been in the past year. Of those the majority were more supportive of Option 2 than Option 1. The number of respondents from the consultation area who said they were pregnant or on maternity leave was three.



Comments from respondents with a disability or long-term health condition

90 comments were provided by survey responders with a disability or long-term health condition.

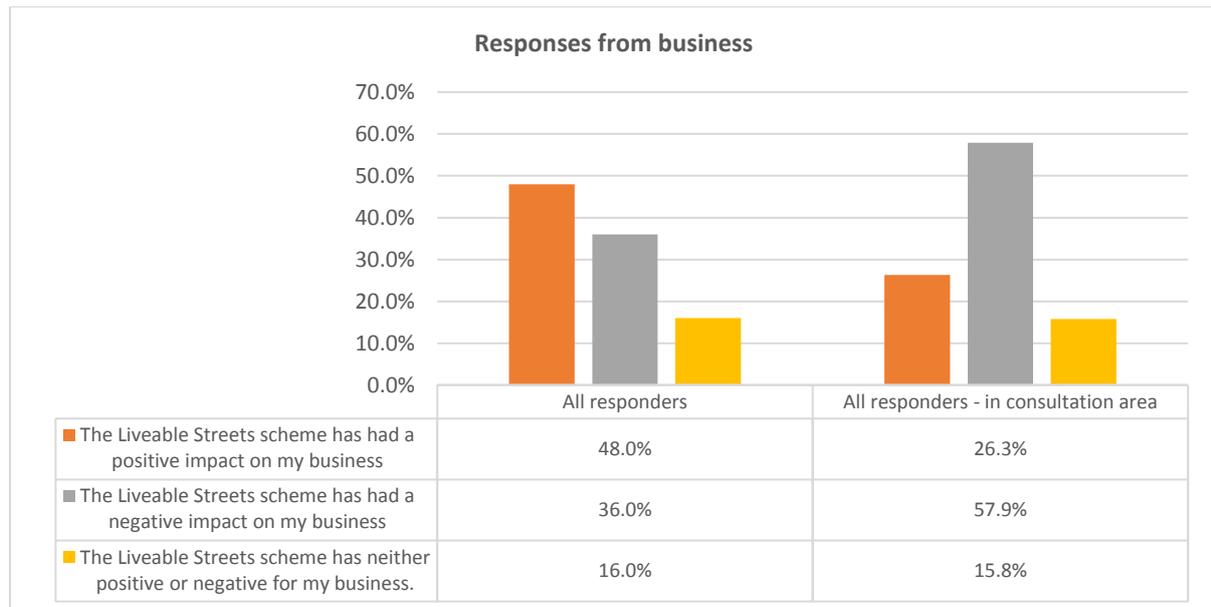
11 comments were provided by respondents with a disability or long-term health condition who supported Option 1. Their comments referred to the following themes. Received fines because of not noticing time constraints; takes longer to travel to appointments; cost of travelling to hospital appointments have increased due to difficulty getting round LTNs; have a mobility issue and have been hit by cyclists riding wrong way and speeding; more crime, more traffic, more pollution due to traffic congestion.

12 comments were provided by respondents with a disability or long-term health condition who supported Option 2. Comments referred to the following themes: Feeling safer for both pedestrians and cyclists; area feels more welcoming; better for mental health; better air quality; better for future generations; resident with long-term health condition can get out more; lung condition improved since closure; less crime, ASB, congestion, illegal parking; easier to shop in the area.

Comments from business respondents

The consultation asked respondents whether they were responding as a business or owner of a business in the area. 50 of all survey respondents answered yes, when answering the question *are you responding as a business or owner of a business in the area?* representing 6% of overall respondents. 19 respondents from the consultation area answered yes to the same question (7.1% of all respondents in the consultation area).

The majority of all business responders who felt that the scheme had a positive impact on their business. Conversely, the majority of business responders within the consultation area felt that the scheme has had a negative impact on their business.



22 survey respondents who said they were from a business provided comments.

8 comments came from survey responders that said they were a business owner were supportive of Option 1. Comments were on the following themes: Closures divert traffic down longer routes leading to more traffic congestion; adversely affects vehicle access to business / deliveries; couldn't provide access to contractor; worse for pedestrians, workers, drivers and those living in area; feels less safe; noisier.

14 comments came from survey responders that said they were a business owner were supportive of Option 2.

Comments were on the following themes: more footfall; considering expanding which would not be done if closures are reversed; more pleasant meeting clients without traffic noise; walking more pleasant; cleaner air; less danger; better for tourism; nicer environment for walking and cycling; have made use of carbon neutral cargo bikes.

Comments from respondents with a disability or long-term health condition – all

8 comments were provided by respondents with a disability or long-term health condition who supported Option 1.

- I've failed to notice the timings and on several occasions had to pay a PCN to return to my home - many fines - horrible - Evil - I have difficulty walking - You have made my life hell! And most of the community hate your Liveable Streets
- It is more difficult to access my home, and it takes longer for Mr to travel to and from my appointment
- The closure of traffic to parts of Brick Lane is very problematic to people who rely on their car in order to get around for their everyday needs. It is personally impacting myself and other family members due to our mobility problems, the main reason why we need to travel by car.

The safety issues are evident as attempting to walk down Brick Lane when the streets are swamped with people, many of whom are very intoxicated, can feel very unsafe for pedestrians who have mobility issues and may be unstable in their footing. The crowds that the road closures attract are sometime quite hostile seeming to local residents just trying to get around in their neighbourhood.

- Liveable Street scheme has been a nightmare for me. I am registered disabled and it has been a misery.
- Please leave vehicle access open.
- Commuting around Brick Lane is difficult especially when cyclists ride the wrong way down the road. I have been hit by a cyclist speeding down the wrong way (southbound) after closures were implemented. It is not a nice feeling. I also have mobility issues so the collision further compounded my issues.
- Brick Lane is now suffering from greater drug use than ever before. Cyclists also ride down Brick Lane the wrong way so they frequently come into contact with pedestrians crossing the road who expect traffic to be coming from the South and not the North.
Brick Lane is quieter than before which makes criminal activity more brazen. I have, from my office window, witnessed a person tampering with an ATM in daytime only for the police to not attend.
- Due to the closures journey times and congestion have increased, traffic pollution has increased due to congested and standstill traffic, which then spreads to the rest of the area so in my opinion these schemes make pollution worse.

29 comments were provided by respondents with a disability or long-term health condition who supported Option 2.

- because of the cameras, the following below has impacted.
 - Less crime
 - reduction in illegal parking
 - less drugs dealing, although gangs are still about
 - less Asbos
 - less congestion of traffic
- I am not a business man i can't give you any comment.
- The street closures have improved the character and safety of the area. Without the closures, pedestrians need to cram on the pavements while a small number of cars race up and down the street.
- It's safer to get around and there are more people visiting local businesses. I think we should close more roads and prioritise walking and cycling
- more of a tourist destination. easier for people to wander safely around the area. Friends have said the area feels more pedestrian friendly.
- Easier for my husband who is disabled to get around and ASB has greatly reduced
- It's been a remarkable improvement to Brick Lane - far more pleasant to walk through, fewer cars clogging up the streets (that often park or drive incredibly

dangerously). The air quality is better, and I feel safer walking down what are fairly narrow streets anyway.

- Brick Lane does not have the space or infrastructure to allow cars as well as everyone else. You need to focus on pedestrians as much as possible. I understand the importance of accessibility and the businesses' requirements but we are entering an age of climate crisis. We NEED to move away from a dependence on cars and vehicles and for those who use a car in central London when it is not necessary, they are actively harming the area. There is not the space on the side of the streets when cars come down. I also think Hanbury Street should be entirely pedestrianised or traffic laws better enforced there. The speed at which people take the corner round from Brick Lane into Hanbury Street, by Enso Lounge, is horrific. I have nearly been hit so many times. Think of the future! We should be able to feel safe and catered for walking in our local area. Get rid of the vehicles and take away parking spaces, The vast majority of the population do not need a car - save the spaces for those who cannot get around without them!
- Brick Lane was a nightmare for traffic. I find it hard to believe the Liveable Streets scheme is proposed to be removed. I used to hate having to go anywhere near the location and would detour to avoid. I only live a street away. It is so much easier to visit Brick Lane now.
- Please introduce speed signs. Cars speed all along brick lane resident streets. Brick lane has access to 6 primary schools and more nurseries. You need to make it safe for children on school walk. Clean up the dog mess
- There has been no noticeable change as such, but support retention for symbolic reasons.
- Brick Lane should be closed to traffic 100% of the time.
- Brick lane is quite clearly a vibrant high street with very high pedestrian food traffic. Space is at a premium and your plan to prioritise access by car at all time is maddening. Please don't remove any of the current closures
- It's brilliant. I shop in Brick Lane far more than I ever used to.
- I strongly support option 2 and am firmly against reopening roads - that would cause: more pollution, more noise, and be more dangerous for residents, visitors and children. It also ruins the atmosphere of Brick Lane and surrounding area which is famed for its shops and attracts many visitors - heavy traffic loads reintroduced to the area will be a massive detriment. I am physically disabled with acute mobility issues but I am happy with the current set up as I value community over the need for roaring traffic. It is very disappointing that this could even be up for consulting, having only consulted on it recently. Everyone benefits from cleaner, quieter streets - so I firmly oppose the reopening of roads.
- It is beyond ridiculous that you are proposing to remove the traffic closures on Brick Lane. Do you ever actually spend any time on Brick Lane? I live here and I walk up and down Brick Lane and the streets that run off it every single day. The pavements are already too narrow to be safe for pedestrians, particularly at weekends. We already have to walk in the middle of the road despite there being cars and motorbikes driving up behind us. It is wildly unsafe as it is. It makes absolutely no sense to make it even less safe. This will also damage businesses on and around Brick Lane. They rely on pedestrian footfall, not cars. Why are you trying to do something that will harm our community, all for the sake of the vested interests of a small number of rich car drivers and taxis? Yes, some people with disabilities will need access via car (I am disabled myself by the way). It is entirely possible to meet that need without causing such unnecessary damage to our community by making Brick Lane even more unsafe and inaccessible for pedestrians. Truly, this proposal perfectly illustrates the incompetence and corruption of the officers and the councillors at Tower Hamlets. What a joke you all are.

- It is unequivocally more pleasant to live in the area since the closures/ The decrease in delivery vans using streets as cut-throughs with no regard for those who live here has been wonderful. I would like to acknowledge the potential adverse effect of the closures on those with disabilities, but would suggest the solution lies with increasing the general accessibility of the area - not reversing the closures.
- It is very difficult as a pedestrian to use Brick Lane when it has traffic on it, the closures have really helped to make it a n easier place to spend time in and travel through. If there are issues with how the closures have been implemented they should be kept and improved rather than reversed. The council has an obligation to encourage active travel and the proposal to remove these schemes does the opposite.

As someone with disabilities who can only travel a limited distance from my home, the improvements have significantly improved my quality of life.

- It is notably nicer in the area and definitely more accessible by tourists and the public alike. The closures have obviously benefited Brick Lane in a multitude of different ways.
- The area is so much more pleasant to walk and shop in. Coffee shops I frequent often in the area have a lot more organic foot traffic which improves the atmosphere. Sitting outside is more pleasant because of the improved air quality. Walking pets in the area is also much safer.
The road closures don't block all roads for cars all day every day so travelling by taxi when needed is no problem at all, so the Liveable Streets scheme has only brought positives in my opinion.
- It has improved immeasurably and feels much better and safer than it used to. The streets are cleaner and air pollution has reduced.
- I have worked in Tower Hamlets for more than 16 years and only see more and more dangerous driving, only the Liveable Streets measures have gone anyway to changing this.
- The limited camera closures have made some difference, however they are far from adequate. Brick Lane feels really unsafe to walk along - the pavements are very narrow, so you end up having to walk in the road, and then threatened by drivers who use the road. I have been nearly knocked over on Brick Lane on several occasions. Such a street - with many restaurants - in any other city would almost certainly be completely pedestrianised (including not allowing cycling). At the moment, the poor safety on the street puts me off coming to the lane at all for any purpose.
- although limited camera closure have improved things slightly more needs to be done
- The street is narrow and very busy with pedestrians all week. The road should be pedestrianised
- The Liveable Streets scheme has made the area safer and more convenient. Brick Lane is an important destination in the borough and making it less safe to walk makes it less attractive for the hundreds of thousand visitors a year. Furthermore as a resident of the borough, I use Brick Lane to get to work and local shops multiple times as week both on foot and on bike. The area is just so much more attractive with reduced motor vehicle traffic. Speeding is a major problem across the borough, so separating vulnerable road users from dangerous motorists is absolutely vital.
- I've found it much more pleasant to cycle and walk in the area. The local businesses are definitely getting more of my business, since its much more convenient to go there, and I often pass through on my way, instead of going the old way,, but much longer.
- I cycle regularly with my family to restaurants and shops and it's now safer.
- Why promote car use? It's divisive and awful.

Comments from business respondents – all

17 survey responders said they were a business owners supporting Option 1.

- Getting access to move around was a major issue with many unnecessary road closures.
- My business is on Commercial Street so we are not impacted by these measures. But I live on brick lane so walk down it daily and occasionally need to drive up brick lane.
- The current road closures divert vehicles down longer routes along more of the side roads. Some of those side roads have more residential properties and are also very narrow (Woodseer Street in particular). This unfortunately leads to more traffic and congestion along those side roads making them less liveable for people living on them and for businesses trading on them. In addition the road closures unfortunately adversely affects vehicle access to my business, with no mitigation measures having been provided despite having engaged in a lengthy and involved period of engagement on those effects and potential mitigation measures.
- Could not provide the access to site to a contractor coming for a site visit
- The changes made have made it worse for both work, pedestrians, drivers and those living in the area.
- The area is less safe, both pedestrians and drivers I've spoken with have expressed concerns. Those living in the area have also described the negative impacts
- The increased traffic had caused a nice quiet area to become noisy and unsafe.
- Getting deliveries customer coming with the cars is so difficult at weekends, especially for people coming from distance, people are worried to calm down so we are losing customers on BRICKLANE.

32 survey responders said they were a business owners supporting Option 2.

- More foot traffic
- My business is largely unaffected by the closures, but the area has more shoppers and people visiting local businesses and I am now considering applying for a market stall on Brick Lane to expand my business. However, I am unlikely to do this if the road closures are reversed
- Being able to walk on brick lane to meet clients without traffic noise and avoiding cars has made it much easier for me and my clients.
- Less cars in the area make cleaner air and less dangerous for my clients and others
- I run a bed and breakfast and clients have commented on how much better a low traffic neighbourhood is for tourism
- I work in the area as well as I'm a resident and I prefer the street to be close to traffic it's safer when I'm with my kids
- It has been easier for me to go around as I travel to all my business meetings by bike and it
- is also easier for our customer to visit the area
- Our employees enjoy a better environment walking to and from the office as well as on lunch breaks. We do not have a car and use public transport so walking and cycling has become a lot easier.
- My business is online, it does not have a physical storefront. However with cleaner air, it's easier to keep my home office window open for fresh air or go for a walk. Still way too many old polluting diesel vehicles on the road, but that's a separate issue.
- We use carbon neutral cargo bike based transport to get around the borough, without Liveable streets, it wouldn't be possible.

- It is notably nicer in the area and definitely more accessible by tourists and the public alike. The closures have obviously benefited Brick Lane in a multitude of different ways.
- easier to move around
- We have more than 60 colleagues based in Bethnal Green, none of them drive to work yet all of them suffer the pollution and danger of drivers around the office.
- I can walk to work in clean air, safer cycle deliveries, online business

Full response from Tower Hamlets Public Health Team

Public Health Tower Hamlets: Consultation Response	
Consultation name:	Liveable Streets
Date	27 February 2023
For	Tower Hamlets, Highways and Transport
From	Katy Scammell, Acting Director of Public Health
Author:	Matthew Quin, Programme Lead for Healthy Environments
CC	Somen Banerjee, Acting Corporate Director of Health, Adults and Community

The Tower Hamlets Public Health team offers this response to the Tower Hamlets Liveable Streets Programme consultation being run on the low-traffic neighbourhood interventions in Bethnal Green, Weavers and Brick Lane.

Public Health recognises the importance of improving the look and feel of public spaces in neighbourhoods across the borough, to make it easier, safer and more convenient to get around by foot, bike and public transport, as well as to take steps to reduce pollution.

The response focusses on the evidence around low-traffic neighbourhood interventions on a) air quality and b) active travel.

Air Quality

Outdoor air pollution is estimated to kill 4.2 million people worldwide every yearⁱ and is the largest environmental risk to public healthⁱⁱ. In common with much of Inner London, Tower Hamlets suffers from poor air quality. An estimated 195 deaths per

year are attributed to small particulates (PM 2.5) and nitrogen dioxide (NO₂) in the boroughⁱⁱⁱ.

People's environments have important influences on their physical and mental health. Each year in Tower Hamlets we experience several episodes of elevated air pollution concentrations that cause acute health harms. In addition to this, regular long-term exposure to air pollution at lower concentrations is also of significant public health concern. Air pollution affects people's health throughout their lives, including before birth, in the very young, through to older adults. Exposure to air pollution, indoors and outdoors, over a long period of time reduces people's life expectancy.

There is clear evidence that air pollution contributes to the initiation and development of cardiovascular and respiratory diseases and can cause lung cancer. Evidence of links between exposure to air pollution and a wider range of health effects, such as intra-uterine impacts, adverse birth outcomes, poor early life organ development, diabetes, reduced cognitive performance, and increased dementia risk continues to build. Like many London boroughs, Tower Hamlets is exceeding the UK legal limit for NO₂ and PM_{2.5} and we are not meeting the World Health Organisation guidelines for NO₂, PM_{2.5} or PM₁₀. More needs to be done locally to tackle these harmful levels of pollution which are having a negative impact on residents' health.

A significant proportion of outdoor air pollution we experience today, particularly in cities, is associated with road traffic (exhaust emissions, as well as particles from tyre, brakes and road surface wear). In Tower Hamlets over 222 tonnes alone (of the 392 tonnes attributed to road transport) of NO₂ per year is attributed to diesel cars and diesel LGV^{iv}.

We note that data collected from the Brick Lane and Weavers areas between 2019 – 2022 highlights a reduction in NO₂ from within the scheme and boundary roads. These findings are supported by evidence published by Imperial College London that found Low Traffic

Neighbourhoods (LTN) not only cut traffic but reduce air pollution without displacing the problem to nearby streets. In one North London scheme, NO₂ fell by 5.7% within the LTNs and by 9% on their boundaries. They also found that traffic dropped by over half inside the LTNs and by 13% at the boundaries^{v1}. Another study by Thomas and Aldred (2023)^{vi} reviewed and analysed data from 46 LTNs in 11 London boroughs between May 2020 and May 2021 to explore changes in motor traffic levels. The results suggest that LTNs have typically resulted in a substantial relative reduction in motor traffic inside the scheme area, with particularly strong reductions in Inner London. Very little impact was noted to boundary roads (journey length and times).

Although air pollution can be harmful to everyone, some people are more affected because they live in a polluted area and are exposed to higher levels of air pollution in their day-to-day lives or are more susceptible to health problems caused by air

¹ Th research team carried out a more complex statistical analysis to ensure other factors that might affect traffic volumes and air pollution at particular times – such as the COVID restrictions in place, school holidays or weather – could be taken into account (<https://www.imperial.ac.uk/news/241731/low-traffic-neighbourhoods-reduce-pollution-surrounding-streets/>)

pollution. Air pollution affects everyone but there are inequalities in exposure with the greatest impact on the most vulnerable. Areas of high deprivation frequently have higher levels of traffic or industrial activities and tend to be more heavily polluted. People in lower socio-economic groups are more likely to have pre-existing health conditions earlier in life, and the higher exposures to air pollution may add to the greater burden of poor health. Analysis of air pollution in London in 2019 found that communities with higher levels of deprivation, or a higher proportion of people from a non-white ethnic background, were also more likely to be exposed to higher levels of air pollution. Liveable streets was intended to help address these inequalities by reducing at-risk groups' exposure to poor air quality.

In 2021, Tower Hamlets conducted a Healthy Streets Survey Study: 258 school children participated across 4 schools from years 4, 5 and 6. This survey enabled us to better understand under which conditions low traffic neighbourhood interventions (in this case, around schools) can increase active travel to school and improve children's views of the roads around their school and their journey to school. The survey highlighted the importance that children give to their environment, with specific insights gained on the importance of reducing air pollution caused by cars.

We note that a range of different road closure measures have been trialled in Tower Hamlets, such as street festivals, liveable streets and school streets. The evidence suggests that low traffic neighbourhoods cut traffic and air pollution as detailed above. Based on the evidence, these types of interventions are likely to protect vulnerable residents from harm.

Active Travel

Active travel refers to modes of travel that involve a level of activity. The term is often used interchangeably with walking and cycling, but active travel can also include trips made by wheelchair, mobility scooters, adapted cycles, e-cycles, scooters, as well as cycle sharing schemes.

The effectiveness of active transport interventions on health improvement is well documented: there are positive health benefits linked to increasing physical activity and active travel including positive impacts on health outcomes such as obesity, stroke, cancer, diabetes, dementia^{vii} and mental health^{viii}.

Using public transport is also a more sustainable transport option than reliance on cars because it reduces the number of cars on the road. Walking, or cycling can improve health and reduce exposure to health harms such as air pollution^{ix}.

The biggest transport-related impact of urban development on public health in London is the extent to which it impacts on physical activity from walking, cycling and using public transport. Streets make up 80% of London's public spaces - making them Healthy Streets^x will improve the quality of life for everyone in London. This is particularly important for Tower Hamlets given the high levels of development in the borough.

A shift from car use towards more walking and cycling and other forms of active travel is one of the most cost-effective ways of reducing transport emissions and is

the only long-term solution to road congestion. Walking and cycling can decrease congestion, air and noise pollution, and both are linked to health and economic benefits.

Physical inactivity is a large challenge in Tower Hamlets^{xi}:

- a. 28% of our adults are physically inactive
- b. Only 23% of children and young people are physically active
- c. Only 7% of adults cycle for travel at least 3 days a week
- d. Only 30% of adults walk for travel at least 3 days a week

The health challenges our residents face follow a social gradient, meaning the less affluent someone is, the more likely they are to fall sick, die sooner, or and/or have a long-term condition, compared to more affluent residents. The greatest benefit is small increases in physical activity by the most sedentary. By increasing active travel, particularly in areas of deprivation with residents that face greater socio-economic challenges we would be taking essential steps towards reducing health inequalities. By making active travel possible for everyone, it will help contribute to efforts to tackle the health crisis and climate change^{xii}.

There are also other co-benefits to increasing active travel, such as the economic impact of walking and cycling. Research shows that when streets and public spaces in London's town centres and high streets are improved, retail rental values increase, more retail space is filled and there is a 93 per cent increase in people walking in the streets, compared to locations that have not been improved^{xiii}. The research has also found that people walking, cycling and using public transport spend the most in their local shops, 40 per cent more each month than car drivers.

ⁱ World Health Organisation. Ambient (outdoor) air pollution. (2022) Available from: [https://www.who.int/newsroom/fact-sheets/detail/ambient-\(outdoor\)-air-quality-and-health](https://www.who.int/newsroom/fact-sheets/detail/ambient-(outdoor)-air-quality-and-health)

ⁱⁱ World Health Organisation. Ambient (outdoor) air pollution. (2022) Available from: [https://www.who.int/newsroom/fact-sheets/detail/ambient-\(outdoor\)-air-quality-and-health](https://www.who.int/newsroom/fact-sheets/detail/ambient-(outdoor)-air-quality-and-health)

ⁱⁱⁱ Walton H, Dajnak D, Beevers S, Williams M, Watkiss P and Hunt A, (2015), Understanding the Health Impacts of

Air Pollution in London, accessed 20-10-2016 at <https://www.kcl.ac.uk/scps/our-departments/institute-ofpharmaceutical-science/aes/analytical-environmental-forensic-sciences>

^{iv} [London Atmospheric Emissions Inventory \(LAEI\) 2019 - London Datastore](#)

^v Evolution. LTNs don't displace traffic and air pollution, research finds. (2022). Available from: [LTNs don't displace traffic and air pollution, research find \(transportxtra.com\)](#)

^{vi} [Changes in motor traffic inside London's LTNs and on boundary roads - Google Docs](#)

^{vii} [Cycling and walking can help reduce physical inactivity and air pollution, save lives and mitigate climate change \(who.int\)](#)

^{viii} [Active travel: local authority toolkit - GOV.UK \(www.gov.uk\)](#)

^{ix} [How does walking and cycling help to protect the environment? - Sustrans.org.uk](#)

^x Healthy Streets framework will help to inform how decisions makers can support residents to use their cars less and walk, cycle and use public transport more:

<https://www.london.gov.uk/programmes-strategies/health-andwellbeing/transport-and-health/healthy-streets>

^{xi} PHE Fingertips data from (2020/21 and 2019/20). Available form: <https://fingertips.phe.org.uk/> ^{xii} [Walking, cycling and e-biking can help to mitigate climate change - Sustrans.org.uk](#)

^{xiii} Economic benefits of walking and cycling (2018). Available from:

<https://tfl.gov.uk/corporate/publications-andreports/economic-benefits-of-walking-and-cycling>

