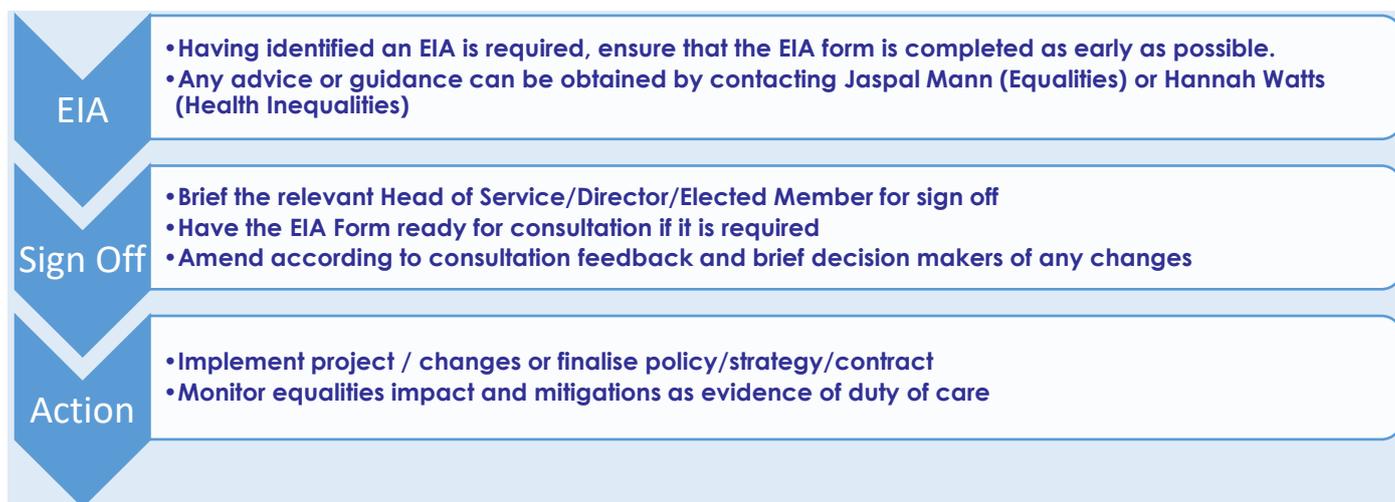




Title of EIA		Transport Strategy
EIA Author	Name	David Pipe
	Position	Senior Officer, Transport Strategy
	Date of completion	September 2022
Head of Service	Name	John Seddon
	Position	Head of Transport and Innovation
Cabinet Member	Name	Cllr Jim O’Boyle
	Portfolio	Jobs, Regeneration and Climate Change



PLEASE REFER TO [EIA GUIDANCE](#) FOR ADVICE ON COMPLETING THIS FORM

SECTION 1 – Context & Background

1.1 Please tick one of the following options:

This EIA is being carried out on:

- New policy / strategy
- New service
- Review of policy / strategy
- Review of service
- Commissioning
- Other project (*please give details*)



1.2 In summary, what is the background to this EIA?

Coventry City Council has developed a new Transport Strategy. In summary, the strategy sets out plans to bring about a significant change in the way in which people and goods travel to, from and around Coventry over the next 15 years.

The strategy aims to achieve the four following objectives:

1. Supporting the city's economic recovery and enabling long-term growth
2. Delivering a sustainable, low carbon transport system
3. Ensuring equality of opportunity
4. Maximising health and wellbeing and reducing health inequalities.

1.3 Who are the main stakeholders involved? Who will be affected?

There are a number of key stakeholders who will be involved in the implementation of the strategy. These include, for example, neighbouring local authorities, other Government bodies (e.g. Transport for West Midlands, Midlands Connect, Network Rail, National Highways) and public transport operators from the private sector.

However, in terms of the strategy's impact, all residents as well as those who travel to the city for work and for leisure will be affected.

1.4 Who will be responsible for implementing the findings of this EIA?

The Transport Strategy Team will be responsible for overseeing the delivery of the Transport Strategy, including monitoring and reporting its impact.

SECTION 2 – Consideration of Impact

Refer to guidance note for more detailed advice on completing this section.

In order to ensure that we do not discriminate in the way our activities are designed, developed and delivered, we must look at our duty to:

- Eliminate discrimination, harassment, victimisation and any other conflict that is prohibited by the Equality Act 2010
- Advance equality of opportunity between two persons who share a relevant protected characteristic and those who do not



- Foster good relations between persons who share a relevant protected characteristic and those who do not

2.1 Baseline data and information

Please include a summary of data analysis below, using both your own service level management information and also drawing comparisons with local data where necessary (go to <https://www.coventry.gov.uk/factsaboutcoventry>)

The Transport Strategy will affect all residents, as well as those who travel to the city for work or for leisure.

Full results of the 2021 Census are still to be published. However, based on the information that is currently available, the total population of Coventry is 371,500, of which:

- 67% are of working age (16 – 65), with 20% aged 15 and under and 14% aged 65 and over
- 67% are White British. The largest groups of ethnic minorities are Asian/Asian British (16%), White Other (7%) and Black/Black British/African/Caribbean (5%)

Furthermore, at the time of the previous Census is 2011:

- The city’s population was divided almost exactly evenly between males and females (both 50%)
- 18% of residents had a disability which limited their daily activity either a little or a lot
- Christians made up the largest religious group in city (54% of the population). This was followed by Muslims (7%), Sikhs (5%) and Hindus (4%). 23% of residents said that they have no religion.

There are, however, significant differences in the profile of residents who live in different parts of the city. In particular, there are substantial economic and health inequalities. For example, while some areas are affluent, there are also significant concentrations of deprivation. According to the Government’s Index of Multiple Deprivation, in 2019 there were 28 (out of 195) neighbourhoods in Coventry in the 10 per cent most deprived in the country. This rises to 50 amongst the most deprived 20 per cent. Furthermore, women in the 10 per cent most prosperous parts of the city live on average for 8.4 years longer than those in the 10 per cent most deprived. For men this rises to 10.7 years.

2.2 On the basis of evidence, complete the table below to show what the potential impact is for each of the protected groups.

- Positive impact (P),
- Negative impact (N)
- Both positive and negative impacts (PN)
- No impact (NI)
- Insufficient data (ID)

**Any impact on the Council workforce should be included under question 2.6 – not below*



Protected Characteristic	Impact type P, N, PN, NI or ID	Nature of impact and any mitigations required
Age 0-18	P	<p>The city’s transport system is currently dominated by car travel, with approximately 80% of journeys into and out of central Coventry being made by car or taxi. This over-reliance on car travel disadvantages those who are unable to drive, including younger people. The strategy aims to bring about a shift towards more inclusive forms of transport, such as walking, cycling and public transport.</p> <p>There are also currently around 600-700 casualties a year as a result of incidents on our road network, including a small number of fatal incidents. As well as bringing about an overall reduction in the number of cars on our road network, the strategy also includes specific measures to reduce accidents, including creating safe spaces for cyclists and accelerating the rollout of average speed cameras. This will benefit all road users but particularly those groups who are more vulnerable, including children.</p> <p>Furthermore, current levels of car travel also generate significant levels of air pollution. There are currently a small number of air pollution hotspots in the city, where congestion causes concentrations of NO2 to exceed legal limits. This has potential health impacts for all residents but some groups, including children, are likely to be disproportionately affected. The measures included in the strategy are intended to substantially reduce concentrations of air pollution in the future.</p>
Age 19-64	P	<p>It is acknowledged that many residents consider there to be significant benefits associated with car ownership and car travel, and that many more perceive it to be essential for their day-to-day life. Therefore, some residents (likely to be predominantly those of working age) may consider that a strategy which aims to reduce car use, and to give greater priority to other modes of travel, affects them negatively.</p> <p>However, the strategy is expected to deliver significant benefits, such as a substantially improved public transport network, better facilities for walking and cycling, improved air quality and fewer</p>



		<p>casualties arising from accidents. It is therefore still expected to have a positive impact overall on working age residents.</p> <p>It should also be noted that, despite the currently high volumes of traffic on our road network, one third of households in the city do not have regular access to a car. The strategy will therefore deliver a more equitable transport system, which will particularly benefit this group.</p>
Age 65+	P	<p>As noted above, the city’s transport system is currently dominated by car travel. This over-reliance on car travel disadvantages those who are unable to drive, including many older people. The strategy aims to bring about a shift towards more inclusive forms of transport and includes commitments to substantially improve the city’s public transport network.</p>
Disability	P	<p>It is acknowledged that some disabled people are particularly reliant on car travel and currently face barriers to travelling by other modes, particularly public transport.</p> <p>The strategy therefore includes a commitment to deliver the Council’s Transport Charter for Disabilities, which aims to deliver a more inclusive transport system. It also includes actions which will address many of the barriers that disabled people currently face when travelling. For example, by increasing the number of wheelchair spaces that are available on all buses operating in the city.</p>
Gender reassignment	NI	
Marriage and Civil Partnership	NI	
Pregnancy and maternity	NI	
Race (Including: colour, nationality, citizenship ethnic or national origins)	P	<p>The strategy has no direct impact on any specific ethnic groups.</p> <p>However, it is acknowledged that ethnic minority residents are disproportionately likely to live in many of the more deprived parts of the city, where rates of car ownership are lower and where the consequences of high levels of car travel (such as concentrations of air pollution) are also often more acute. Therefore, it is likely that, by creating a more inclusive transport system with significantly lower</p>



		levels of car travel, the Strategy will particularly benefit many ethnic minority residents.
Religion and belief	NI	
Sex	PN	<p>There are no measures in the Strategy that are specifically aimed at either men or women.</p> <p>However, the Strategy aims to create a city where it is easy to walk, cycle and travel by public transport and where most people do not need to own a car to access the services that they need in day-to-day life. While both men and women will benefit from these improvements, it is important to note that, at a national level, women are significantly less likely to cycle than men. This is likely to be influenced by concerns over personal safety.</p> <p>Similarly, particularly when travelling in the evening or at night, women are more likely to feel unsafe when walking or travelling on public transport. It is acknowledged that many women therefore value the privacy and safety associated with travelling by car.</p> <p>In implementing the Strategy, particular attention will need to be paid to public safety in order to mitigate any potential negative impacts, recognising that these would disproportionately affect women.</p>
Sexual orientation	NI	

HEALTH INEQUALITIES

2.3	<p>Health inequalities (HI) are unjust differences in health and wellbeing between different groups of people which arise because of the conditions in which we are born, grow, live, work and age. These conditions influence our opportunities for good health, and result in stark differences in how long we live and how many years we live in good health.</p> <p>Many issues can have an impact: income, unemployment, work conditions, education and skills, our living situation, individual characteristics and experiences, such as age, gender, disability and ethnicity</p>
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<p>A wide range of services can make a difference to reducing health inequalities. Whether you work with children and young people, design roads or infrastructure, support people into employment or deal with welfare benefits – policy decisions and strategies can help to reduce health inequalities</p> <p>Please answer the questions below to help identify if the area of work will have any impact on health inequalities, positive or negative.</p> <p>If you need assistance in completing this section please contact: Hannah Watts (hannah.watts@coventry.gov.uk) in Public Health for more information. More details and worked examples can be found at https://coventrycc.sharepoint.com/Info/Pages/What-is-an-Equality-Impact-Assessment-(EIA).aspx</p>	
Question	Issues to consider
2.3a What HIs exist in relation to your work / plan / strategy	<ul style="list-style-type: none"> ● Explore existing data sources on the distribution of health across different population groups (<i>examples of where to find data to be included in support materials</i>) ● Consider protected characteristics and different dimensions of HI such as socio-economic status or geographical deprivation
	<p>Response:</p> <p>As noted above, there are currently substantial health inequalities between different parts of the city. These are strongly linked to both economic inequality and levels of physical inactivity, to which low levels of active travel is a contributing factor.</p> <p>Air pollution is also a significant contributor, with diesel, and to a lesser extent petrol, vehicles being major producers of both NO₂ and PM_{2.5}. Prolonged exposure to high concentrations of these pollutants can be very serious and can include, for example, increased risk of asthma, heart disease, strokes, lung disease and dementia. In 2014 Public Health England estimated that in Coventry the equivalent of 168 deaths per year could be attributed to exposure to PM_{2.5}.</p> <p>Addressing these issues is one of the four core objectives of the strategy - <i>maximising health and wellbeing and reducing health inequalities</i></p>
2.3b How might your work affect HI (positively or negatively).	<p>Consider and answer below:</p> <ul style="list-style-type: none"> ● Think about whether outcomes vary across groups and who benefits the most and least, for example, the outcome for a woman on a low income may be different to the outcome for a woman a high income ● Consider what the unintended consequences of your work might be



<p>How might your work address the needs of different groups that share protected characteristics</p>	<p>Response:</p> <p>a. Potential outcomes including impact based on socio-economic status or geographical deprivation</p> <p>The strategy sets out plans to bring about a major change in the way in which people travel to, from and around Coventry in the future, with substantially fewer journeys being made by car and more by walking, cycling and public transport. It is expected that this will have public health benefits for residents as a result of improved air quality, increased rates of physical activity (via increased use of active travel) and fewer casualties from incidents on our road network.</p> <p>While this will potentially benefit all residents, the strategy recognises that current issues are more acute in some parts of the city than others. In particular, residents living in more deprived parts of the city tend to experience substantially worse health outcomes. The strategy sets out a specific aspiration to address this and these inequalities will be taken into account when more detailed plans for our future walking, cycling and public transport networks are developed, to support the implementation of the strategy.</p> <p>b. Potential outcomes impact on specific socially excluded or vulnerable groups eg. people experiencing homelessness, prison leavers, young people leaving care, members of the armed forces community.</p>
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2.4 Next steps - What specific actions will you take to address the potential equality impacts and health inequalities identified above?

Members will be asked to approve the new Transport Strategy before the end of 2022, with implementation beginning immediately.



Once adopted, the Council will keep the strategy under regular review and will monitor its impact over the course of its implementation. It will publish an Annual Progress Report to ensure that the strategy is delivering the expected benefits in practice.

2.5 How will you monitor and evaluate the effect of this work?

An Annual Progress Report will be prepared to report on our progress in delivering the strategy's objectives.

The strategy includes a set of performance indicators which will be included in this report. This includes the following measures, which are relevant for measuring the strategy's impact on different groups of residents:

- Levels of car travel, compared to walking, cycling and public transport
- Resident perceptions of Coventry as a place where it is easy to walk and cycle
- Number of neighbourhoods in the most deprived 10 & 20 per cent nationally
- Levels of unemployment
- Average life expectancy and healthy life expectancy
- The gap in life expectancy and healthy life expectancy between the most and least deprived parts of the city
- Air quality
- The number of road traffic incidents overall, the number of serious incidents and the number of fatal incidents
- Average vehicle speeds.

2.6 Will there be any potential impacts on Council staff from protected groups?

Council staff will be affected when travelling to and from Council buildings and when travelling on Council business. The strategy aims to deliver improved connectivity and to make it easier for officers, and residents, to make these journeys, particularly by walking, cycling and public transport.

You should only include the following data if this area of work will potentially have an impact on Council staff. This can be obtained from: lucille.buckley@coventry.gov.uk



Headcount:

Sex:

Female	
Male	

Age:

16-24	
25-34	
35-44	
45-54	
55-64	
65+	

Disability:

Disabled	
Not Disabled	
Prefer not to state	
Unknown	

Ethnicity:

White	
Black, Asian, Minority Ethnic	
Prefer not to state	
Unknown	

Religion:

Any other	
Buddhist	
Christian	
Hindu	
Jewish	
Muslim	
No religion	
Sikh	
Prefer not to state	
Unknown	

Sexual Orientation:

Heterosexual	
LGBT+	
Prefer not to state	
Unknown	

3.0 Completion Statement

As the appropriate Head of Service for this area, I confirm that the potential equality impact is as follows:

No impact has been identified for one or more protected groups

Positive impact has been identified for one or more protected groups

Negative impact has been identified for one or more protected groups

Both positive and negative impact has been identified for one or more protected groups



4.0 Approval

Signed: Head of Service: John Seddon	Date: 28/9/2022
Name of Director: Colin Knight	Date sent to Director: 13/10/2022
Name of Lead Elected Member: Councillor Jim O'Boyle	Date sent to Councillor: 21/10/2022

Email completed EIA to equality@coventry.gov.uk