

**Richard Massett's
First Witness Statement
Exhibits referred to: RM1,
RM2, RM3, RM4, RM5, RM6,
RM7, RM8, RM9, RM10
Statement made on:
22 September 2017**

IN THE MATTER OF:

**THE PLANNING ENQUIRY
THE CAMDEN (TORRINGTON PLACE TO TAVISTOCK SQUARE)
(PRESCRIBED ROUTES, WAITING AND LOADING RESTRICTIONS
AND LOADING PLACES)
TRAFFIC ORDER [2017] ROAD TRAFFIC REGULATION ACT**

WITNESS STATEMENT

RICHARD MASSETT, Chairman, Licensed Taxi Drivers Association (LTDA), Taxi House, 11 Woodfield Road, London W9 2BA will say:-

- 1 I wish to make a statement regarding the Public Enquiry into The Camden (Torrington Place to Tavistock Square) (Prescribed Routes, Waiting and Loading Restrictions and Loading Places) Traffic Order [2017] and the Planning Enquiry in relation to that matter. This Planning Enquiry is due to commence on 10 October 2017 for a maximum period of 19 days.
- 2 In terms of this matter, I am the Chairman of the Licensed Taxi Drivers Association (LTDA) and have held this position for a period of 3 years. Prior to this I was on the Executive of the LTDA and have been on the Executive for a period of approximately 20 years. The Licensed Taxi Drivers Association is a Cooperative and Community Benefit Society which has 10,500 members. The purpose of the LTDA is to represent the interests of licensed taxi drivers in London. These taxi drivers will either be Green Badge holders who have completed the Knowledge of London and have a right to ply for hire anywhere in London or Yellow Badge holders who are suburban drivers whose main activity is restricted to their sectors but can take journeys outside of their sectors to other areas of London. As Chairman of the LTDA, I also work with organisations such as the Unite Union and the London Cab Drivers Club (LCDC). In particular, I am the Chairman of

the London Cab Ranks Committee which is charged with engaging with Transport for London and the London Boroughs in relation to the provision of taxi ranks and engagement in major traffic schemes that are proposed. This may be a proposal by Transport for London or by a Local Borough. By way of example, I was involved in the proposals by Transport for London for the East West Cycle Superhighway (amongst other cycle route proposals) and on a local basis, schemes such as the closure of The Bank Junction during daytime hours. I am also involved in relation to the preparation of proposals for Oxford Street and its possible pedestrianisation. More pertinently, I have been involved in relation to the proposals for HS2 and the re-siting of various taxi ranks over a period of up to 20 years whilst the construction of the link is taking place. This has included appearing in front of a Parliamentary Select Committee in 2015. I have been Chair of the Ranks Committee for the best part of 30 years and this has given me an almost unprecedented amount of knowledge in relation to the development of ranks in London and the particular problems that are faced with the constantly changing nature of road systems in London. One thing I have observed over those 30 years is that from the perspective of disabled passengers, much more attention has been paid to their needs in more recent years and indeed in respect of taxi ranks, we have striven to ensure that those taxi ranks fully meet the needs of disabled passengers. It is noteworthy that the London taxi is the only taxi or private hire vehicle in which each vehicle has to be 100% disability compliant, with the provision of ramps which are designed to accommodate people in wheelchairs and motorised wheelchairs and are designed to discharge on the safest side of the road which is the nearside of the vehicle. The London taxi has also evolved with other features, such as the coloured grab handle and step, all designed to ensure that mobility impaired passengers can enter the vehicle and fully utilise its facilities safely. I have also noticed during this time of change in relation to people with mobility impairment a marked increase in the take up of these individuals using taxis to get around London. In respect of the issue of mobility impaired and disabled individuals, I exhibit as **RM1** an extract from the September 2015 publication by the Mayor of London, entitled "Travel in London: Understanding our Diverse Communities" between pages 200 and 266. It is noteworthy that in the findings of a survey carried out by Transport for London in relation to this report in 2014, 44% of mobility impaired people indicated that accessibility was their main barrier to using the transport network. In respect of accessibility issues, I will refer to this later on in my witness statement.

3 Before I embark on the main body of my witness statement, I wish to make some observations regarding the situation in relation to the corridor previously made up of Tavistock Place, flowing in a westbound direction into Gordon Square, then Byng Place and finally, Torrington Place. Prior to the introduction of the Temporary Traffic Order this route was a two-way route which from Gower Street in an eastbound direction extended through to Gray's Inn Road and extended in a westbound direction from Gray's Inn Road to Gower Street. Then it continued westbound only from Gower Street to Tottenham Court Road, along Torrington Place. The majority of the route was, as I have already said, a two-way street between Gower Street and Gray's Inn Road. The route itself also had a two-way cycle track, located on the northern side of the corridor. In terms of this route, looking at it initially from a westbound perspective, it was an important artery in the transportation of passengers from the south and the east to areas such as Euston British Rail and the Fitzrovia area of London west of Tottenham Court Road. This is particularly the case in relation to dropping off passengers at Euston British Rail, as there is no right hand turn on the A501 Euston Road travelling in a westbound direction. Given this, the only direct route to access Euston Station from the east or the south would be to use this corridor in a westbound direction and then turn right into Gordon Square/Gordon Street which would take you forward into Melton Street and Euston Station. Of equal importance was the use of this route to service the extensive provision of NHS sites in the area, such as Great Ormond Street Hospital and The Hospital for Neurology on Queen's Square. In respect of these routes to the hospitals, by the very nature of the people wishing to visit those hospitals, it is likely that they would be mobility impaired or suffering from some form of illness which might affect their ability to travel on other forms of transport. In addition to this, many passengers being taken to Great Ormond Street would be children, with accompanying adults. Indeed, this could be the case with passengers travelling with children to Great Ormond Street from any part of the country, including areas as close as Euston, whereby they do not want to travel by public transport to Great Ormond Street, despite its short distance, nor do they wish to walk and therefore take a taxi. The route is also very important from all areas in respect of its concentration of hotels servicing the tourist and business sectors. The largest of these hotels is the Imperial Hotel, located on Russell Square. Then there are other hotels, such as The Russell Hotel, The President (just off of Russell Square), The Double Tree, Bedford Hotel, Bloomsbury Park and The Mercure (located in Southampton Row), The Royal National (in Bedford Way), The Tavistock Hotel (in Tavistock Place), Holiday Inn (Coram Street), The County and Hilton (Upper

Woburn Place) and The Ambassadors (Upper Woburn Place). In respect of the number of rooms that these hotels provide, there is no official registry of hotel rooms in London, although I have obtained some figures that show that in support of London 2012 there were more than 70,000 three to five star hotel rooms within 10 kilometres of Central London in 2003. I am also aware that in just one of the hotels in this area, namely The Royal National Hotel in Bloomsbury which is the largest hotel in the United Kingdom by number of rooms, with 1,271 rooms. In respect of the amount of hotel rooms, this large concentration of hotels in a very small area, all serviced by the corridor as used to exist, is an exceptionally important part of the makeup of the London hotel scene and in particular the Central London hotel scene which, as I have already mentioned, services the business and tourist sectors of the market. In relation to the tourist sectors, many tourists wish to come to this area of London because of its proximity to the various museums located in Bloomsbury, as well as its links with other tourist attractions, such as Madam Tussauds, the West End and Theatre Land. In other words, it is a very important destination for tourists and it would be fair to say that there would be a high concentration of tourists located in this area which I will make reference to later on in this statement. Given the attraction, in terms of tourists, it is my submission that a negative first impression of London will be given to tourists, by way of not only the congestion leading up to these hotels, increasing the taxi fares to them, for tourists travelling from such places as Heathrow Airport or London City Airport but also the accessibility of those hotels is going to be greatly restricted due to the proposed introduction of this corridor. The previous route, prior to the temporary restrictions, was also an important route in both directions for emergency vehicles, as an alternative to the Euston Road, whether travelling east or westbound. This was particularly the case with ambulances servicing the aforementioned hospitals and other hospitals in the locality, when dealing with both emergency patients and those more routine patients. My understanding is that the London Ambulance Service have complained about congestion in the area which has led to delays in their response times. My understanding is that the complaints have centred around an increase in the response times to emergencies which could put lives at risk. I would suggest that there would also be an increase in non-emergency response times in relation to patients travelling in ambulances or subcontracted vehicles for the London Ambulance Service to hospital appointments. It goes without saying that these patients would be, by the very nature of the use of those vehicles, vulnerable and most likely elderly patients.

- 4 Also in addition to the matters mentioned above, there is a secondary impact on other journeys to London termini, such as London Kings Cross and St Pancras which has been caused by the introduction of this scheme and much of this would be caused by the congestion in the local area caused by traffic being displaced off of the corridor as used to exist. The proposed changes in the routes will also affect the large developments, including the Google Headquarters to the north of Kings Cross which will again have a negative impact on individual's perception of London when visiting those Headquarters.

- 5 Turning now to the issue of the Equality Impact Assessment (EIA). Section 149 sub section 7 of the Equality Act 2010 indicates the protected characteristics as being namely: age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex and sexual orientation. In respect of these protected characteristics, I would respectfully submit that the three most important protected characteristics from the point of view of these proposals are those of age, disability and pregnancy and maternity. I am not suggesting that the other protected characteristics are not important but I feel that it is sensible to concentrate on those that will have the largest impact in terms of this proposed scheme. In respect of this approach to equality, I also note that in sub section 6 of Section 149 that "compliance with the duties in this Section may involve treating some persons more favourably than others". I would respectfully suggest that the protected characteristics that are mentioned in this Section do not include able bodied cyclists, of which the vast majority would be using the two cycle paths that form the primary reason for the change in the corridor by way of the proposed Traffic Order. I would suggest that this change in the persons being treated more favourably, that being cyclists, flies in the face of the Act which indicates that the protected characteristics outlined in sub section 7 should be at the forefront of Camden's mind when introducing this Traffic Order. Quite clearly, they are not in the forefront of Camden's mind in respect of the Traffic Order. This can be evidenced in the outcomes section on page 2 (tab 6) of the Statement of Case of the Council and its accompanying evidence, in that the outcomes indicated predominantly refer to cyclists. If one removes from this section the outcome of "reduced traffic domination, improved pedestrian crossings, improved air quality and wellbeing and a quieter environment (which are not protected characteristics), the outcome is purely in favour of cyclists. I do concede that within that group of cyclists there may be pregnant women who are cycling and disabled people but I see no concrete evidence from Camden Council that that is the case. What I do see from

their purported evidence is that there are some disabled people and pregnant women using the cycle path. I would suggest that this would not be very many and that Camden Council have not provided cogent data to support their contention. From the disadvantage perspective which incorporates the negative impacts that this Scheme would have, from the point of view of equality and these protected characteristics, the Council acknowledge that congestion and longer journey times for motor vehicles, which would include taxis, would be increased. Pertinently, these relate in particular to hospital and hospital appointments and the Council acknowledge that in doing so it affects the three protected characteristics that I have identified earlier on in this statement as being the most relevant. Those being age, disability and pregnancy and maternity. Clearly, Camden Council's proposal negatively affects this group and therefore flies in the face of Section 149 of the Equality Act 2010. In particular, sub section (1)(B) indicates that Camden should be advancing the equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it. Quite clearly, this Scheme by Camden Council does not meet this statutory requirement. In addition to this, the negative outcomes also indicate the situation regarding passengers having difficulty being picked up or set down by taxis or other vehicles. This will have a profound effect on those protected characteristics mentioned earlier in this statement, wishing to take taxis in this corridor should the Scheme go ahead.

- 6 An example of this would be a mobility impaired passenger, in a wheelchair who is picked up from, let's say, Marylebone Station and wishes to be taken to the Slade Research Centre which is located on the southern side of Byng Place. This would require the taxi that takes them to their destination to enter into the new corridor in an eastbound direction along Byng Place and, because the passenger is disabled and in a wheelchair, they would have to alight on the nearside of the taxi. If the kerbs on that side are as low as seem to be suggested in relation to this cycle lane, then an extended ramp would have to be used and therefore the passenger would alight effectively into a cycle lane, going in an eastbound direction on the northern side of Byng Place. Firstly, the disabled passenger would have to negotiate through this cycle lane and then reverse this position, so as to then cross over Byng Place to get to the Slade Institute. This disabled passenger would have to deal with one of the negative outcomes that Camden Council have identified which is "increased dangerous behaviour of cyclists through travelling at greater speed because of the cycle lane being wider and in one direction only". Once they have

managed to negotiate that particular hazard, they would then have to cross over Byng Place itself, with traffic travelling in an eastbound direction and then have to negotiate a second cycle lane on the southern side of Byng Place, with cyclists in this particular lane travelling in a westbound direction towards Tottenham Court Road. Essentially, they would have to traverse three lanes of traffic before getting to their destination at the Slade Research Centre. I would respectfully say that this means that their right to non-discrimination through reduced accessibility is severely compromised by having to travel across these three lanes of traffic. Prior to this Scheme being introduced, the same passenger taking the same journey would have not been compromised, due to the ability of the taxi driver to drop the passenger using the nearside ramp, directly onto the pavement at Byng Place outside the Slade Research Centre. The taxi driver's route would have taken them either along Euston Road and into Gower Street and then into Byng Place, where a U turn could have taken place or further along the Euston Road and into Upper Woburn Place and then into Gordon Square, with the passenger being able to again alight on the nearside directly onto the pavement. Similarly an able bodied individual taking the same journey would be discriminated against in terms of their dropping off along the proposed corridor and in particular Byng Place, in respect of this example. An able bodied person would be able to alight from the offside of a taxi, in Byng Place, to achieve their objective of getting to the Slade Research Centre but would still have to traverse across a traffic lane of cyclists with the increased dangerousness that Camden illustrate in their outcomes section and have to negotiate their way across that particular lane of traffic. Essentially, this would be the equivalent of dropping them off in the middle of a road, with the traffic coming in the opposite direction. This would be unacceptable under any circumstances.

- 7 Turning now to the second duty that Camden Council say they have a responsibility to "bear in mind" (tab 6, page 5), that being the United Nations Convention on the Rights of Persons with Disabilities. This indicates that in respect of people with disabilities they must promote, protect and ensure the full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities and should promote respect for their inherent dignity (Article 1). Sub section 2 of this United Nations Convention indicates that this should be achieved by, amongst other considerations, equality of opportunity and accessibility. Again, I would respectfully submit that the proposal by Camden flies in the face of this Convention, in that the disabled, the elderly and those that are pregnant, will have their accessibility along the corridor severely

curtailed due to the proposals being put forward. What is just as significant in respect of this is the increased danger that such individuals will be placed in, given the very nature of the Scheme that is proposed by Camden Council. I would also respectfully submit that Camden Council have not made reasonable adjustments for these individuals in respect of promoting equality and eliminating discrimination, as sub section 3 of the Convention suggests. In addition to this, sub section 4 of the same Convention indicates that the Council should bear in mind that they need to “enable persons with disabilities to live independently and participate fully in all aspects of life, taking appropriate measures to ensure to persons with disabilities access, on an equal basis with others, to the physical environment to transportation”. I would again respectfully suggest that the proposal by Camden means that they will not be enabling people with disabilities to have access on an equal basis with others to transportation, such as taxis. I would also suggest that there will not be an elimination of the obstacles and barriers to accessibility by the introduction of this Scheme. The reason for this is because the Scheme itself creates obstacles and barriers to accessibility and does not reduce them. This is particularly the case given that the Scheme will introduce effectively three lanes of traffic, two of which will be cyclists, going in different directions, thus increasing the obstacles and barriers to accessibility of destinations along the proposed route.

- 8 Taking another example of accessibility and how this Scheme leads to negative impact for the disabled and elderly, I want to use the example of the only taxi rank that has been provided along this route. This taxi rank is located on Tavistock Square, outside the hotel. The rank itself is a rank for two taxis only and does not, significantly, have a separate bay for dropping off passengers. Taking that same passenger who wished to be picked up from Marylebone Station and wished to be dropped off at the Tavistock Hotel, in normal circumstance if the rank was empty, then a taxi could pull onto the rank, albeit with the exit for the disabled passenger being on the wrong side of the vehicle. However, there is no guarantee that the rank itself would be empty. Looking at the first example I wish to give, that if the rank is empty, then dropping off at this location would mean that the taxi could pull into the rank itself but the passenger would have to alight from the nearside door where the ramp is located which would mean that they were alighting in their wheelchair directly into a line of traffic, this line of traffic travelling in an eastbound direction which is not the direction that you would expect traffic to be coming from when alighting from a vehicle on the nearside. This would increase the danger that that

passenger is exposed to if they could alight into the road itself. They would then have to negotiate the road and then a further cycle lane, located on the southern side of Tavistock Square, travelling in a westbound direction. In addition to this, it would be very difficult for the passenger to alight into the road itself if the rank was free, because of the difference between the height of the step and the road level itself. The London taxi disabled access is designed to assist a disabled passenger to alight onto a pavement which effectively would be raised from the road. In other words, there would be a kerb and then a pavement which would be higher than the prevailing road. This is particularly the case given that the nearside door, as we have already mentioned, is the only accessible door for wheelchair users in a London taxi and this is unique to London taxis. In addition to this, alighting a passenger from the empty rank at Tavistock Square would also mean traversing across the westbound cycle lane which effectively goes around the taxi rank. This may cause a danger to cyclists who do not see the ramp in its extended position, possibly after the passenger has alighted and the taxi driver is helping them across the aforementioned lanes of traffic or seeing them safely into the hotel. In other words, it might be the case that the ramp itself is left unattended and a cyclist, and we know from Camden's own admission that they will be potentially behaving dangerously, at speed, would collide with that particular ramp. It may also be the case that a cyclist not expecting a disabled ramp to be discharging on the nearside of the vehicle may also increase the risks of collisions between the cyclist and the ramp and possibly the disabled passenger. It is also worth noting that the process of alighting a passenger in a wheelchair or with impaired mobility, should they be walking, with the extended ramp, takes approximately 7 minutes. This is the time it takes for the driver to get the extended ramp out of the boot, attach that to the ramp that sits underneath the body of the taxi and then to ensure that both ramps are secure and safe for the passenger to then embark on alighting from the taxi down the ramp. This would cause congestion with cyclists travelling in a westbound direction and one would assume, given the nature of some cyclists, that they would start to possibly even cycle in the vehicle side of the road, against the prevailing traffic. This would increase dangers to other road users and cyclists themselves.

- 9 Taking now the example where the rank is full. So the passenger has come from Marylebone and wishes to be dropped off at the Tavistock Hotel and on going forward from Gordon Square, across the junction with Tavistock Square/Bedford Way, one enters Tavistock Square and if you

were able to see that the rank was full, you would have to advise your passenger that they could either be dropped off in the middle of the road, with the inherent dangers of that taking place, or further down Tavistock Square, by turning right into Herbrand Street which is at least 150 metres and 2 junctions from the Tavistock Hotel. This would firstly increase the fare being charged to the passenger which is an unimportant point, when you consider that it would also increase the distance that a disabled person, presumably with luggage, would have to travel under their own steam from Herbrand Street to the Tavistock Hotel. If it was the case that the passenger decided that they wanted to alight from the taxi opposite the entrance to the hotel, where the full taxi rank is, then they would have to alight in their wheelchair onto the eastbound cycle way and then have to re-cross that eastbound cycle way and then the eastbound vehicular way (assuming that once they have been dropped off the taxi had moved off, because it would be blocking traffic) and then the westbound cycle way which would be partly obscured by the two parked taxis on that taxi rank. Again, this would increase the danger that that disabled person would be exposed to. It could be argued that they could go to the two pedestrian crossings that appear in the vicinity of the junction of Tavistock Square and Bedford Way with Tavistock Square and similarly at Woburn Place but this again would mean that the passenger in their wheelchair would have to make a much longer physical journey to get to their eventual destination. I would respectfully submit that all these scenarios are discriminating against the disabled and mobility impaired, as well as the elderly who are also known to use the ramps that all London taxis are equipped with. In addition to this, the elderly also use the step which some London taxis are equipped with, on the nearside of the vehicle which allows them to take a further step, rather than one large step, from the taxi onto the road or pavement. In terms of the situation regarding access or reduced accessibility for mobility impaired individuals or the disabled, in particular wheelchair users, I wish to exhibit as **RM2** a video produced for the Licensed Taxi Drivers Association in relation to a disabled passenger who wished to be dropped off at the Tavistock Hotel. I believe this amply illustrates the point that I am making in this witness statement with regards to the discrimination that will be caused to wheelchair users, the disabled and those with reduced mobility (including the elderly and pregnant women) if this Scheme is allowed to go ahead in its current form. I firmly believe that the discrimination will not be restricted to just the Tavistock Hotel but to any destination along this proposed corridor, in its current form. In other words, the discrimination will be widespread and profound in relation to these protected characteristic groups.

10 Turning now to Camden Council's use of the Taxi Card Scheme, by way of trying to justify their proposals. At tab 6, page 8, Camden Council talk about taxi card usage data which only relates to Taxi Card holders resident in the London Borough of Camden. In relation to this data, the London Borough of Camden indicate that there are approximately 47,500 London Taxi Card Scheme subsidised journeys per year. As I have indicated in the Statement of Case, in my submission, Camden have been selective in using this piece of data, rather than the wider London Taxi Card usage, particularly given that many disabled people will be travelling from other parts of London to the concentration of hospitals that exists in and around the corridor that this Scheme will effect. In London there are over 1.2 million Taxi Card journeys per year and, therefore, the Camden figure only represents 3.8% of the total journeys made by Taxi Card users. I exhibit as **RM3** a copy of the "London Council's Taxi Card Usage Review Final Report, version 1, January 2016" which has been produced by EO Consulting. In the introduction to the Executive summary it is indicated that the Taxi Card system was introduced to service "those with long term mobility problems, or severe sight impairment, as well as having difficulty in using **mainstream public transport**". Further on in the report it indicates, on page number 11(u) that a significant proportion of the trips were made for hospital and GP appointments. In particular, in relation to the mobility impaired people that were surveyed as part of this review, 91% indicated that the ability to travel door to door as a transport option met their need. This quite clearly indicates that somebody using the Taxi Card system is not somebody who could necessarily go from their door to a bus stop or London underground station, get on a bus and then get off that bus near to their destination but not at their destination and then travel on to their destination. It is also noteworthy in the review, (3.21, 3.22, page 27) that three quarters of those surveyed felt that the taxi drivers were very courteous and helpful or moderately courteous and helpful and that very few of the respondents were dissatisfied with the service that they received on this door to door facility. Also in terms of accessibility, at 3.26, on page 30, the respondents indicated that the journey was generally available for the day and time that they needed them and at 3.28, 98% of the respondents indicated that the drivers assisted them in and out of the taxi, either all or some of the time where this was necessary (page 31). I also refer to the Case Study in relation to Scheme Member B who was visually impaired and the comparison he makes between PHV providers and black cab drivers. This particularly emphasises the role that black cab drivers have in dealing with mobility impaired and disabled

individuals and the personal manner and service that they afford to such passengers who suffer with these issues. It is also noteworthy in this review that it would appear that Camden Council has cut back on the allocation for Taxi Card use by its members. This would also, I would submit, skew their figures to 47,500 trips per year. It was also identified in the Camden Survey in this review that costs incurred as a result of congestion or slow moving traffic was a concern for the Camden Mobility Forum. This Forum, as part of the review, was attended by a large number of Taxi Card members.

- 11 In respect of the figures used at tab 6, page 10, by Camden Council, they indicate that the ratio of Freedom Pass users to Taxi Card users is in the ratio of 1:25. I would suggest that this figure is deliberately skewed, because it does not compare like with like. In essence, the Taxi Card system, as I have already mentioned, is designed for a particular group of individuals to allow them to have door to door access from their homes to their destination, such as hospitals and GP appointments (as the review indicates). As such, comparing this narrow group of individuals, many of whom will have the protected characteristics, with those that use the Freedom Pass is misleading, to say the least. The reason for this is that the Freedom Pass is available to the disabled and those with visual impairment, as well as the largest group which is the elderly. The age criteria for this appears to be those over 60 and therefore it would appear that any Camden resident that reaches this threshold is entitled to a Freedom Pass, whether they are mobility impaired or otherwise. Whereas, Taxi Card users are restricted to that small but significant group of individuals who are mobility impaired and can only use the Taxi Card Scheme for their transport needs. I believe in applying for the Taxi Card Scheme you have to meet certain medical requirements to enable you to be eligible for the Scheme. In respect of a breakdown between those over 60 and the disabled in respect of Freedom Passes, I have not been able to obtain data for Camden but I have obtained some data from Age UK in relation to Bexley which indicates that out of the 4,951 Freedom Passes up for renewal, 500 of those were for disabled persons. I exhibit this data as **RM4**. In terms of the ratio of Freedom Pass holders in Camden to those that have Disabled Freedom Passes, I have been unable to obtain figures of those that are effectively non-disabled that hold Freedom Passes but I have obtained a figure which I exhibit as **RM5**, which indicates that between 2011 and 2014 there were 3,444 Freedom Passes for disabled persons issued by Camden Council. If you use the Bexley figures as a rough guide to the ratio of disabled Freedom Pass Holders to those that are elderly, then you would expect

there to be approximately 31,000 elderly Freedom Pass holders in Camden. Quite clearly, Camden Council's own figures do not take into account the types of journeys that were made or the purpose of those journeys nor have they conducted any form of in depth analysis of the use of the Freedom Pass in relation to the proposed corridor nor indeed the use of the Taxi Card holders for the proposed corridor. Anecdotal evidence would suggest that the Taxi Card holder is more likely to be an individual who would be going door to door, such as to hospital or GP appointments, such as at UCH, rather than the Freedom Pass holder who may just be making trips for such purposes as shopping or visiting friends and relatives. Given this, clearly the Taxi Card use should be analysed in much greater depth with regards to the impact that it will have on this Scheme by the imposition of the proposed Traffic Order.

- 12 Turning now to the responses from the groups that were contacted by Camden Council in relation to disability. If I start at the Royal National Institute for the Blind which is located in Judd Street, this is the north of the proposed route suggested by Camden Council. In their response they indicate that they are concerned about the accessibility for wheelchair users along the route, without any attempt by Camden Council to address the problem. This is exacerbated and amply illustrated in the video that I refer to as RM2 which, if the video is watched carefully, it is quite clear that members of the public when they see a disabled person struggling with two suitcases and a wheelchair, make no attempt whatsoever to assist that person with their mobility. This discriminates against the disabled and mobility impaired even more, given this lack of wish to assist such individuals. In relation to the Royal National Institute for the Blind, they quite clearly indicate that with the dispersal of traffic onto other streets, this would produce rat runs and expose blind and partially sighted people to a higher risk when using informal crossings. Examining the further responses at pages 21 and 22, it is clear that many of those responses are from cyclists who are also disabled. It is quite clear that cyclists are going to be in favour of this scheme and therefore it would be my submission that these comments should be treated with caution, given that the individuals putting forward these comments are cyclists. It is also the case that I would suggest that they have not been verified as being disabled. It goes without saying that cyclists would be in favour of this Scheme, whether they were disabled or not. Turning now to the negative comments, and those with disabilities and mobility problems that have responded to them, these, when taken as non-cyclists, completely outweigh the responses that give positive comments. In terms of the

positive responses there are 12, when one compares this to 29 negative comments. If you were to take out the positive comments from cyclists who happen to be disabled, then the figure is reduced to 4. This effectively means that the ratio between people with disabilities and mobility impairment who are not cyclists but who appear in the positive outcome section and those who appear in the negative outcome section is a ratio of 1:7, with 7 being those who have provided negative comments. Quite clearly Camden have been biased in their approach to this matter by including the comments of disabled cyclists in this positive outcome. In terms of the negative comments, I wish to raise particular comments made by people responding to this survey. From the non-discrimination point of those with the protected characteristics, that is the elderly, disabled and pregnant women, it would appear that they are going to be further discriminated against by the increase in cyclists using the new lanes. In particular, cyclists were being described as “frequently rude and abusive, particularly to people with a disability like me (visual) when I am trying to cross”. This person also noted that since the new layout had come into being, that cyclists have “frequently swerved across directly from the new lane to the pavement side”. Another respondent has indicated that “as a person with mobility, balance and coordination difficulties” they find it problematic crossing roads with double cycle lanes plus traffic, particularly given that they use two sticks and only have peripheral vision in their left eye. They describe the experience of manoeuvring themselves across the road as being “terrifying to me”. They then empathise with the wheelchair user and how they would feel in this scenario. Another wheelchair user (tab 6, page 24) ties in with the example that I have given by way of the video exhibited as RM2. This wheelchair user indicates that twice in the last 6 months they have struggled to get a taxi from the Tavistock Hotel. They describe the behaviour of Camden Council as being “really, really disgraceful behaviour from a forward thinking Council.” Another response indicates, in relation to the same hotel, that they had to drop their passenger who was wheelchair bound 50 metres away from the location with their luggage. Another response related to a disabled aunt who uses taxis to get to various sites in the area and they found that the taxis were finding it impossible to lower the ramp and drop her off on the kerb, as the cycle lanes precluded this from happening.

- 13 Turning now to the issue of the disabled and mobility impaired individuals and the increased cost, whether they use the Taxi Card system or pay for it out of their own funds. If you refer to Exhibit RM1 and in particular page 208, it can be shown on this page that there is a direct

correlation between disability and low income. For instance, a household income of less than £10,000 amounts to 41% of all disabled Londoners. Compare this to able bodied Londoners and the figure is only 15%. It is noteworthy that that figure for able bodied Londoners follows an upward trajectory to the region of the average national wage, rising from 15% to 20% in relation to those that earn between £22,000 and £34,999. Compare that with the disabled Londoners and the figure follows the opposite trajectory, reducing from 41% who have an income of less than £10,000 to 15% who have an income between £20,000 and £34,999. In relation to this, it is quite clear from these statistics that the disabled passenger will come from a household with a lower income. I would imagine that the Taxi Card holders are also drawn from this low income household group. As such, the effect on them from a proportional point of view will be greater than that suffered from able bodied individuals. It would also be the case, I would suggest, that the disabled have increased costs, due to their disability as well which would have an impact on their income. Given this, any increase in taxi fares, due to congestion, will have a more discriminatory effect on the disabled in particular. Examples of this in the negative response include one respondent who indicated that as a disabled person they find it “much more expensive if a taxi coming from the east or south to Huntley Street cannot turn left at Bedford Way or Tavistock Square”. They indicated that the taxis should be able to drop off at the Tavistock Hotel and go west through to Tottenham Court Road and the hospital, in particular. Another respondent indicated that they were reliant on taxis which were becoming “extremely expensive”. They went on to say that “disabled residents and visitors are negatively affected by the huge costs of car and taxi travel”, one presumes caused by the introduction of this Scheme. Again, I would suggest that this would have a much more discriminatory impact on these individuals, given their low income, from the perspective of the cost of taxis in relation to the proportion of their income which it uses up. It is also noteworthy from disabled individuals that hospital appointments were being missed, due to the increased journey times. Again, I refer to Exhibit RM2 and the video that was taken and the lady that appears in that video who is a local resident. She indicates, as an individual who is disabled, that as a result of the Scheme for her and for other local residents, the cost of the travel has increased as well as journey times. Again, I make the point that this will have a more profound and proportional effect on her than an able bodied individual and therefore will offend against both the Equality Act and United Nations Convention that I mention earlier on. **This has to be a consideration that the Planning Inspector should take into account when assessing whether this Scheme should come into**

effect. That being the proportional effect on low income families of which the disabled will be adversely effected, when compared to those non protected groups.

- 14 While in this section on the disabled and access issues I have used statistics for those that hold Taxi Cards, it is fair to say that there is a far greater number of individuals who are not Taxi Card Holders who use taxis and pay for those journeys out of their own funds. These are individuals who are mobility impaired or disabled and either have not engaged with the Taxi Card system or are ineligible for it because they are travelling from outside of London to London termini and, as such, cannot use that system. In addition to this, they may not qualify for the system anyway. These include people with sight and hearing impairments, as well as the elderly. These, coupled with other groups who have not been included in the Camden Survey and who Camden have made no attempt to include in the survey, should also be taken into account.
- 15 I now wish to turn my attention to the elderly and the impact that this Scheme will have on them. As I have indicated in respect of the disabled users of taxis, a larger amount of them are not captured by the Taxi Card Scheme. The same would apply to the elderly, many of whom are not caught by Taxi Card or subsidised schemes. It is telling from the responses, at tab 6, pages 19 to 20, that there is only one positive comment from an elderly individual and he happens to also be a cyclist. The ratio of comments at their highest is 21:1 in terms of negative comments to positive comments. The 1 being the cyclist! In respect of the negative comments I wish to say the following. The first thing to note is that there are 6 comments from the elderly who indicate that in relation to this Scheme, it appears that cyclists are still ignoring red lights, riding on the pavement and riding aggressively. The latter part links in with the accident statistics provided by Camden which show that there has actually been an increase in the amount of accidents with cyclists and this is attributable to the greater speed that they are travelling at. In any event, it would appear that despite the provision of dedicated cycle lanes, cyclists are deviating outside of those dedicated cycle lanes, onto areas such as the pavement, where you would expect to find elderly, infirm individuals. This would quite clearly put that protected group at great risk from increased danger and serious injury thereof. This is support by at least one of the respondents indicting that their elderly mother was knocked down by a cyclist, (tab 6, page 20). There also appears to have been a greater concern about being able to cross the road and the risk of being hit by cyclists who clearly, from other responses, are continuing to ride

aggressively and break the law by jumping red lights, riding on the pavements and the like. It would also appear that there is a desire for the elderly to see no more cycle lanes but safe and clean streets. In respect of taxis and the elderly, there is reference to this in respect of the 21 responses and in particular the elderly seem to want the retention of kerbs which goes back to a previous point that I have made in this witness statement about how difficult it is to allow the disabled and those that have mobility impairment from the disabled access on the nearside of a taxi onto the pavement. In this case, it is the elderly saying exactly the same thing as disabled individuals have said. Again, it seems to be another example of a protected characteristic group being discriminated against in favour of a non-protected group, namely cyclists. In respect of the pedestrian environment for the elderly, it would appear that probably a large proportion of the negative respondents are local residents. Given this, I would suggest that these individuals are going to be much more reliant on their local neighbourhood than others in the community. In other words, the elderly would not seek to travel further for shopping or local services. An example of this would be that they would probably carry out activities of daily living, such as shopping, in local shops, rather than somebody who is younger who may go to a larger supermarket that is further away and which they can get to by means of public transport. The same would apply to local services, such as GP visits and hospital appointments which the elderly are more likely to attend due to increased infirmity. In respect of these hospital appointments, I will address those in a moment. In relation to the elderly and planning for transport solutions for them, I wish to exhibit as **RM6** a Department of Transport document entitled "Transport Solutions for Older People. Information Resource for Local Authorities". In this resource it is indicated that for short journeys 80% or more are made by walking in relation to the elderly. It does not give a figure for cycling but does make mention of the elderly being either drivers or being driven and taking taxis and public transport. It indicates that the Local Authorities must take into account the built in environment when making plans and in particular take note of the elderly and their particular needs. An example of this can be found in relation to pedestrian crossings, where it would appear that the elderly do not understand some of the protocols in relation to crossing over a pedestrian crossing. Given that there may be an increase in pedestrian crossings in this Scheme, this is going to leave the elderly more at risk of injury or death, given the complaints raised already by the elderly in relation to cyclists breaking the law and also increases in the speed that cyclists will be achieving, given the signal direction cycle tracks that are proposed.

16 Turning now to the issue of the elderly and visits to hospital. In this section I will refer to the National Travel Survey which I exhibit as **RM7**. This is the National Travel Survey for 2007 to 2014. In this survey it is shown, at page number 2, that there is a direct correlation between age and disability. Those aged between 15 and 19 have a disability reporting prevalence of just over 0%, yet those over 60 and onwards report a prevalence of over 25% up to 75% for those over 80 years old. Given this, it is more likely statistically that the elderly will also be those individuals with disabilities and this brings into play the issue of protected characteristics, that in respect of the elderly many of them will have two sets of protected characteristics, namely being elderly but also being disabled. On page 1 of this National Travel Survey it is highlighted that those with disabilities, of which many will be elderly, reporting travel difficulties by purpose have as their highest concerns hospital visits and doctor's surgery visits. This is in marked contrast with those that have no disability whatsoever. In addition to this, they also have concerns over visiting friends at their homes and other social activities and again this is in marked contrast to those that are without disabilities. Again, I would argue that this heightens the discrimination against this group of the elderly who have shared protected characteristics. It is also noteworthy in this survey that walking accounts for 90% of share of trips by mode in 2014, yet cycling does not feature in the statistics. This contention about the elderly is also supported by an indication on page number 7 that individuals with disabilities are more likely to walk or go by taxi than go on a bicycle, indeed it is shown in this statistic that there are less people with disabilities, of which the elderly will make a great proportion, who would use a bicycle rather than go by taxi or minicab. The importance of the local neighbourhood is highlighted in another document that I wish to exhibit as **RM8** which is a Transport for London document, entitled "Older Peoples' Experience of Travel in London" which indicates at 6.1 that "journeys that are considered essential are likely to include going to doctors' appointments, food shopping and collecting pension and dealing with other financial matters."

17 Turning now to the issue of the elderly and appointments in the various local hospitals and GP surgeries that are in or around the corridor. Quite clearly the Scheme will have a profound effect on the elderly in the local area and those travelling from outside the local area to the concentration of hospitals in the close vicinity of the corridor. Examples of this can be found in the response by Camden Council and in particular the responses of the elderly. As such, this will

have a profound effect on the individuals who are either late for an appointment or miss appointments, both on their physical wellbeing and on their ability to access the treatment that they are going to appointments for. This will have a discriminatory effect on them. An example of this is that there is one 91 year old who has a lot of outpatient appointments at University College Hospital London and the cost of a taxi now is much greater because the obvious route to this hospital is no longer available. This contention is supported (at tab 6, page 26) by responses from University College Hospital London and the National Hospital for Neurology and Neurosurgery which indicate that journey times from Gray's Inn Road to the UCH campus have increased by over 100% from 15 minutes to 37 minutes and from Queen's Square to the UCH campus by a massive increase of 350% from 10 minutes to 45 minutes. Similarly, the National Hospital for Neurology and Neurosurgery indicate that the travel times have also increased. Given that many elderly will be travelling by taxi or private vehicles to these hospitals, this is an unacceptable increase in discrimination in relation to this protected group. A 350% increase in travel time for a Local Authority to take in relation to people attending hospital is unreasonable in the extreme. In actual fact, I would go as far as saying that no reasonable Authority would take a decision to discriminate against a group of individuals to the extent that they are doing with the increase in these travel times. In addition to this, it is noteworthy, and Camden place little emphasis on this, that The London Ambulance Service indicate that the Scheme is causing delays in arriving at incidents. This raises the question of why Camden Council when dealing with The London Ambulance Service have not asked for an expansion on this worrying revelation? It goes without saying that many of the incidents that they will be called to will involve a danger to life and as such a response is imperative in very quick time, rather than one being marked by delays in arriving. Some of the proposals being put forward by the London Borough of Camden seem to be absurd in relation to The London Ambulance Service and I understand that one suggestion is that ambulances will be able to partly use the cycle lanes to get to and from emergencies. This is going to increase the amount of danger that other people, including cyclists and, more importantly, pedestrians are placed under when using the corridor. I would respectfully submit to the Planning Enquiry that the issue of response times in relation to The London Ambulance Service needs to be very carefully considered in relation to this Scheme and how it is being effected. It surely cannot be right that the safety of members of the public in London is put in jeopardy by the introduction of this Scheme, for the sake of two segregated cycle lanes. This is particularly so because the latest response times, that appear to

be set as a key performance indicator, suggest that from July 2017 ambulances responding to emergencies have to arrive at their destination within 7 minutes. Quite clearly when it takes 45 minutes now to travel from Queen's Square to the UCH campus, these targets will be missed on virtually every occasion due to the introduction of this Scheme. I would respectfully submit that this would put lives in danger and in particular the elderly who are more likely to need a fast response and transportation to hospitals in emergency situations. The submissions so far in relation to these response times are in relation to what I would describe as routine incidents (although I accept that for the individual who is the subject of that incident, it may not be routine to them) but the Scheme does not take into account the chaos that would be caused in the event of a major incident occurring in Central London, such as a terrorist attack or a major transport disaster or indeed such incidents as the Grenfell Tower disaster. In respect of this, it is noteworthy that there are at least 3 or 4 major transport hubs in the near vicinity to this proposed Scheme. They include Euston, Kings Cross St Pancras and the Elizabeth line hub at Tottenham Court Road which will be directly affected by this proposed Scheme.

- 18 I wish now to make some comments about the responses to the EIA, on pages 40 and 41, in relation to the 3 groups with protected characteristics. I would respectfully indicate to the Planning Inspector that the grid used in summarising the positive and negative impacts of this proposed Scheme are biased from the perspective as they have been presented in this document. There is a deliberate attempt to over emphasise the positive impact, when ignoring and minimising the negative impact of the proposed Scheme. For instance, if you look at the section on age, where there are at least 21 negative comments in the survey and only 1 positive comment, these negative comments have not found their way through to the Survey in the same proportion of the positive comments that appear on the right hand side of this grid have. This quite clearly shows that Camden Council have applied a deliberate bias to the way that they are assessing the impact on the three groups that have protected characteristics. In respect of the grid that deals with disability, it is suggested by Camden Council, without any evidence whatsoever, that wider cycle lanes may encourage more disabled people to cycle as adapted bikes require more space. I will make reference to this in a further statement that I will make in relation to a survey that we will undertake in relation to the cycle users of the current Scheme that has been temporarily put in place by Camden Council. My intention would be to conduct this survey on work days and will approach it with two or three very simple questions as to

whether or not the cyclists have a disability, their age group and whether they are a local resident in Camden or not or just passing through. I will refer to this survey in a later statement.

19 I now wish to turn my submissions to the issue of congestion and air quality. Before I go on to the subject of congestion and air pollution, I understand that in this Planning Enquiry that the Imperial Hotels Group will be bringing expert evidence to bear in relation to traffic modelling. Given this, I am not going to concentrate too much in respect of the traffic modelling undertaken by the London Borough of Camden. What I do wish to say about traffic modelling is that my understanding of modelling is that it is essentially an elaborate estimation, and nothing more than an estimation, of how new proposals, such as new road schemes or junctions will be effected post the introduction of the changes. In respect of the limitations that this approach takes, given that they are only estimations is that I understand that many traffic models rely on the compliance of drivers, using both the main roads and side roads centred around where the proposed changes will take place. I understand that this reliance on human compliance is not a fool proof measure to ensure the efficiency or safety when the model is in operation. An example of this I have come across is in relation to the 'Picady' Model that relies on drivers on side roads to give way to the main flow of traffic but also for the drivers on the main road to allow for some side road traffic to join the flow. An example of how this occurs after the scheme is put in place is that the drivers on the side roads do not give way and instead enter the main road without hesitation. My understanding is that this has been shown in some traffic modelling situations to lead to an increase in accidents and congestion.

20 In additions to this, other human factors come into the area of traffic modelling, from my understanding. These include the lack of consumer knowledge that the operational characteristics of the new scheme could pose a larger risk factor for causing road accidents. An example of this in relation to traffic modelling, in relation to the proposed Scheme could be the increase in accidents involving pedestrians coming into conflict with cyclists and indeed the increase in accidents that has been shown in the data supplied by London Borough of Camden in relation to cyclist accidents which appear to have increased. On this note, it is quite clear that London Borough of Camden have not carried out traffic modelling in relation to cyclists and how their behaviour will change if a segregated scheme in both directions is allowed to be implemented. It would be my submission, taken from the common sense perspective, that the

increase in cyclists in the area and in particular those coming off of other routes to use this new scheme (if that indeed happens) will lead to an increase in road accidents, both involving cyclists and pedestrians coming into conflict with cyclists. This would be exacerbated, as any road modelling system would have to take into account, the inability of some cyclists to obey the Highway Code and stop at red traffic signals or desist from riding on the pavement.

21 Continuing on the theme of the traffic modelling, it is my understanding that the people that create these models use geographical data, demographical data (income average, auto ownership), survey data (how many cars, common journeys are made etc) and traffic counts, in order to make estimates on operational characteristics. To the best of my recollection, I have not seen any evidence that the London Borough of Camden carried out any traffic counts before this Scheme was put in place. Given this, this calls into question the data that Camden Council are relying on and the particular traffic modelling systems. I would also submit that traffic modelling, as I have already indicated, is essentially elaborate guesswork, but does not allow for exceptional circumstances. These exceptional circumstances could realistically include special events, road closures or, as I have mentioned earlier on in this statement, major disasters, such as a terrorist attack or major transport incidents. It is also my submission that London Borough of Camden have failed to take into account the full effect for a period of 20 years that the construction of HS2 will have on the local area and how that constructions will have regular changes in focus as to road closures.

22 In addition to this, I have seen recent Press reports outlining concerns about the individuals who create traffic modelling and their application and how they are being used and manipulated to justify schemes. I have also attended a variety of meetings whereby it has been acknowledged by traffic modellers that it is very difficult to predict the changes in movements of taxis in relation to proposed new schemes. In relation to this I understand that modelling exercises reassign vehicular traffic to adjacent streets in a rather uniform fashion. This does not take into account that taxi drivers will ideally be choosing the shortest and quickest route to their destination. This is particularly so with the London taxi driver who will have an extensive knowledge, built up over a number of years of studying for the Knowledge of London and also by experience, of the quickest and most efficient ways to get to their destination. I would add, however, that this in respect of traffic modelling is made more difficult by the complete removal

of westbound traffic along this corridor. This may have led the modellers to assume that all the traffic going westbound would have switched to the Euston Road but this will not necessarily be the case with taxi drivers who may have to use other routes and which has already been indicated in the report by Camden Council, to increase fares.

- 23 Having made my comments on traffic modelling, I now wish to turn to congestion and air quality. Firstly, I reiterate my comments about the issue of congestion and emergency and routine NHS vehicles. As I have already said, there have been increases in journey times of up to 350% in relation to these vehicles and that, I believe, is unreasonable and that no reasonable Authority could come to the conclusion that that is acceptable in order to justify a change to a road layout.
- 24 Following on from this, it is clear from the Statement of Case at tab 6, page 14, that there has been an unacceptable increase in traffic on streets where traffic gets displaced to. This ranges from between a 267% increase to over 500%, at 554%, in the case of Endsleigh Gardens. It is acknowledged by London Borough of Camden that they have under estimated the traffic displacement and I would submit that indicating that they have “under estimated” is again another example of the London Borough of Camden minimising the impact of this Scheme in relation to the surrounding area. Again, I would say in relation to the increase in congestion, that this is completely unreasonable and that no reasonable Authority, such as Camden in this instance, could come to the conclusion that the changes in the road structure suggested in this Scheme in any way justify the increase in congestion of the magnitude that is indicated in their Statement of Case at tab 6, pages 14 and 15. In relation to this increase in congestion, this will lead to a decrease in road speeds and I wish to exhibit as **RM9**, an extract from a report by INRIX in relation to the speeds at two sites in London where road schemes have been put into place which have increased the provision for cyclists at the detriment of other road users. Those road schemes are at the Elephant and Castle, where it would appear that road speeds are down between 23% and 27% and The Embankment, where the reductions in road speed are even greater. In terms of The Embankment the reductions are between 30% and 48% in relation to road speed. In respect of traffic delays caused by congestion, Transport for London have calculated that traffic delays cost London £5.5 billion in 2014/2015 and this represented a 30% increase in just 2 years. Indeed, in respect of these figures and the document that I gained

those figures from, Transport for London acknowledge that the congestion is in part caused by “a reallocation of road space away from private motor traffic”. I exhibit a copy of this documents as **RM10** and it is entitled “London Stalling Reducing Traffic Congestion in London”. It further goes on to say in the same report, at page 49, that “TfL does need to learn the lessons from the introduction of the first segregated super highways and other road modernisation plan projects, to help ensure that there is no unnecessary contribution to traffic congestion during the construction phase.” Quite clearly, the London Borough of Camden are choosing not to heed this advice of the London Assembly and are ploughing on with their suggestion that this Scheme is given permanence. The lessons to be learnt from the East West Cycle Superhighway are that by reducing road space, and it seems obvious, you increase congestion markedly. This has a detrimental effect on the air quality in the local area, a detrimental effect on surrounding streets and has a cost running to billions of pounds in relation to the disruption and delays that it causes. Clearly, if Camden were a reasonable Local Authority, they would take into account the problems that have arisen as a result of the East West Cycle Superhighway and in particular the increase in congestion that has been caused by the construction of the same and adapt their current scheme so as not to cause the congestion that is already being caused by way of its construction, albeit on a temporary basis. Clearly, Camden have not taken this on board.

- 25 In addition to this, I would suggest that the effects that are going to be caused by the West End Project and namely the changes to Tottenham Court Road and Oxford Street. In particular, Tottenham Court Road will have restricted access during effectively working hours, to all vehicular traffic except for buses and cyclists. This will have the effect of displacing vehicles that would otherwise have used that major artery to travel south to north, displacing themselves onto other roads in the area of Bloomsbury and Fitzrovia. This again will have a profound effect on the increases that have already been seen in areas such as Endsleigh Gardens, Grafton Way, Gower Place and Tavistock Square. In respect of this congestion the changes to Tottenham Court Road, I respectfully submit, have not been taken into account in relation to the traffic modelling nor has the proposed changes to Oxford Street which are currently out for consultation. The essence of those changes is that Oxford Street may well be pedestrianised or, at the very least, there will be again a restricted amount of vehicular access during working hours. The actual detail of the changes has not yet been made public but I feel it safe to assume that it will include the restriction of motor vehicles on that particular street which again for taxis

is an important area. Again, the point here is that a large number of vehicles will be displaced onto adjoining streets. In addition to this, none of these two Schemes mentioned take into account the impact that I have mentioned previously that the construction of HS2 will have on the local area.

- 26 One of the suggestions of the London Borough of Camden in relation to mitigating the magnitude of increases that have occurred on roads such as Endsleigh Gardens, Grafton Way, Gower Place and Tavistock Square, is to suggest that they would close certain streets to all traffic. This appears to be a very short sighted approach to dealing with profound increases in traffic congestion, because the traffic that would have gone onto those streets that are suggested to be closed, will again have to disperse to other streets, thereby increasing congestion on those streets. It is understood that one of the closures would be Endsleigh Gardens and, as I have said before in this witness statement and the Statement of Case, this is the only route to get to Euston Station when travelling from the east or south. This is in the continued absence of a right turn on the Euston Road into the Station.
- 27 In terms of this increase in congestion, it would appear that a large part of the cohort who responded to the consultation indicated that they were concerned about displaced traffic causing longer motor vehicle journey times and in particular increased taxi fares. They were also concerned, as I have mentioned before in this witness statement, about the impact the longer journeys will have on visits to hospitals for older people, disabled people, pregnant women and children. Again, these are protected characteristic groups which Camden Council do not seem to be taking into account fully when considering whether or not this Scheme should be introduced. It is a matter of common sense that if you increase journey times to or from a destination, that will have an impact on taxi fares where the taxi meter is running all the time. This meter running on a time and distance basis. As already pointed out in this witness statement, this will have a more profound effect on those protected groups, particularly as the elderly and the disabled would generally have less income and therefore the effect on them will be more pronounced than it would be on unprotected groups.
- 28 Turning now to the issue of air quality. This will be directly linked with the increase in congestion and in particular I note the increases that I have mentioned in the previous paragraphs, in congestion in relation to Endsleigh Garden, Endsleigh Place, Grafton Way,

Gerrard Place, Tavistock Square and Tavistock Square West. It surely follows that if there is an increase in congestion of up to 554%, then there will be a corresponding increase in the air quality in these areas. In relation to the figures that are suggested on page 15, tab 6, of the Camden document and the information gathered about nitrogen dioxide, it suggests in this document that there has been between a 9% and 21% decrease in the levels of these pollutants. Camden Council have not supplied any figures to indicate the reduction in traffic corresponding with that change from two-way working to one-way working. Given this, it is very difficult to compare the reductions in nitrogen dioxide pre and post, without having a comparison of the reduction in traffic. Taking a common sense approach, one would assume that traffic would have reduced by approximately 50% and that you would see a similar reduction in the monitoring of nitrogen dioxide. Quite clearly this has not happened in respect of this matter. What is even more worrying is that Camden Council do not have any data available for the pre scheme pollutant levels in the areas where they have indicated traffic congestion has increased between 267% and 554%. It would surely, again from a common sense point of view, be the case that the air quality in these areas has deteriorated markedly from the pre scheme levels to where they are at the moment and it would surely be possible for Camden Council, with the new data that they are suggesting that they are taking, by way of the monitoring equipment installed in February 2017, to make a before and after comparison. It is noteworthy that in this area there is not only a high concentration of hospitals and therefore, one would assume, individuals who would be exposed to greater risk of harm through increased pollutants but there are also, from my understanding, child play schemes that exist at centres such as the Welcome Trust which is close to Gower Place. There is also a very large university campus, again in the same vicinity, where there will be extensive numbers of students studying.

- 29 In relation to this Scheme, the London Borough of Camden have failed to take into account the recent announcements made by Transport for London that from 1 January 2018 all newly licensed taxis will be required to be zero emission capable vehicles. Again, this will have a profound effect on the air quality in the streets if taxis were allowed to use the corridor. It is noteworthy that the requirements for private hire vehicles which make up a larger proportion of taxi/minicabs in London, do not have such onerous conditions placed upon them in relation to emissions. In relation to the use of electric vehicles, it is noteworthy that in the Statement of Case of Camden, at tab number 4, page 60, Birkbeck College seem to be at the forefront of using

electric vehicles and they want a return to the two-way working for the corridor. It may well be the case that Camden could consider, in the long term, the reopening of the two-way scheme in this corridor but only for electric or hybrid vehicles, those vehicles that are zero rated in respect of road tax.

30 Turning now to the next subject area that I wish to concentrate on which is safety. Between 2009 and 2014 there appears to have been a pronounced increase in the amount of accidents between cyclists and pedestrians. I have found some figures that show that during that 7 year period there were 3,476 people injured and of those, 696 seriously. Department of Transport figures show that accidents between cyclists and pedestrians left 525 casualties, including 2 deaths in 2015 which is a 47% increase from 2009. I understand that this year alone, in 2017, there have been 3 deaths from cyclists being in collision and conflict with pedestrians. London has seen an exponential rise in collisions between cyclists and pedestrians and between 2009 and 2015 there has been almost a 100% increase in these accidents. This increase of reported accidents was from 124 in 2009 and 226 in 2015. This would tend to suggest that there has been an increase in accidents involving cyclists and pedestrians in line with the increase in cycling generally. I would say that this is not the case, because it is generally accepted by Transport for London and other bodies that cycling is increasing at approximately 10% a year and therefore one would expect to see an increase in the amount of accidents between cyclists and pedestrians in the region of a 60% increase between 2009 and 2015. However, the increase from the statistics that I have seen, tends to indicate that with the increase in cycling there is a larger increase in the accidents that are caused to pedestrians. In respect of the proposal, I would submit that given that there will be an increase in cyclist's speed, as there are proposed to be two cycle tracks, exclusive to one direction on each side of the road and that they will be wider, this will lead cyclists to travel at a faster speed and given the silence that cyclists often have in relation to their bikes, then this will increase the risk of pedestrians coming into conflict with cyclists and injuries or even death, occurring as a result of this. This is particularly the case because in the area, with its high concentration of hotels, there will be many foreign travellers who will not be familiar with the road layout in the area or the provision of the cycle tracks in either direction. This will particularly be the case for those travellers coming from countries where vehicles drive on the right hand side of the road. What will also make this worse, is the fact that cyclists are notorious at disobeying road signage and traffic lights and despite efforts to

re-educate cyclists, the prevalence of this disobedience remains something of concern, particularly when it comes to this particular Scheme where there will be a high number of pedestrians compared to schemes such as the East West Cycle Superhighway. In addition to this, I understand that Camden has a 20 mile an hour speed limit on this road but this speed limit is not applicable to cyclists whatsoever. Camden Council indicate that they will introduce measures to check the speed of cyclists but again in similar situations in London, such as Hyde Park, where attempts have been made to reduce the speed of cyclists, this has failed. An example of this can be seen between West Carriage Drive and Kensington Palace, whereby the Royal Parks have introduced a series of 'rumble strips' in the cycleway which is shared with pedestrians and what has happened is that the cyclists ignore these rumble strips and effectively cycle round them, causing damage to vegetation. It is also the case now that cyclists tend to use much less in the way of audible warning devices, such as bells. Again, there is no legal requirement to have them. There is obviously also contemporary concerns raised about cyclists, given the magnitude of the increase in deaths on London roads this year, of 3 deaths so far and the use of bicycles with inadequate or no braking at all. This was particularly the case in the recent Old Street fatality, with a cyclist who was on a fixed wheel bike without any brakes whatsoever. This type of bike has also become fashionable in London and is much more likely to be driven at a faster speed than somebody on a traditional 'sit up and beg' cycle. It is also the case that there has been an increase in the amount of cyclists who do not bother equipping their cycles with lights at night and this is particularly so with those that use cycle highways. Again, in areas where there is a low footfall this might not have as profound an impact as it would do in Camden, where there would be a high footfall due to the hotels and hospitals in the immediate area.

- 31 As alluded to in the Statement of Case, the statistics used by Camden Council are misleading in relation to the reduction in accidents involving cyclists. This is particularly the case given the responses at tab 6, section 20, indicating that an elderly mother had been knocked down by a cyclist and that the elderly were more at risk of being hit by a cyclist as they crossed the road.
- 32 The LTDA would suggest that one solution to the issue of this corridor and that would ensure that cyclists' speed was reduced would be to make the cycle lanes much narrower in a bi-directional route, so that it allows for a line of cyclists, rather than the ability of cyclists to treat

the cycle route as a track on which they can travel at any speed. It also would be the case that Camden Council have relied on positive feedback from individuals who cycle with children, yet there is no data that has been gleaned from these individuals to say whether or not they are happier cycling in conditions with their children whereby there will be cyclists travelling at much greater speed than their children, exposing them to a risk of injury. None of this appears to be in their response to the consultation.

33 Turning now to the process and consultation in relation to Camden Council. Firstly, it is noted that there are a larger proportion of residents in favour of this Scheme and I would ask the question whether or not those residents include students who would effectively be transient rather than those who are more permanently residing in the local area. Camden Council does not seem to have distinguished between the two groups whatsoever. There also appears to be no definition of what is a resident, whether they are a resident of Camden or a resident of an adjoining local area. Again, this distinction has not been shown by Camden Council. I would also question whether it has been verified that these individuals are residents, whether they are residents of the local area or indeed residents of Camden. In particular and probably the largest cause for concern in respect of consultation is the lack of consideration of those three protected characteristic groups that have been mentioned earlier on in this witness statement. Those being the elderly, the disabled and pregnant women. It is the view of the LTDA that their views have been substantially minimised and also marginalised which is discriminatory under both the Equality Act and also the United Nations Convention. In addition to this, the Council have disregarded the surveys that were carried out by the Licensed Taxi Drivers Association and in respect of this, they have chosen to ignore that the questions posed in that survey were the same as those contained within Camden's own consultation process. This amounts in total to a significant figure of 681 responses. This would have amounted to 4% for the total responses had it been included. This, coupled with the responses that were considered to be "non-verifiable" of 523, means that almost 10% of responses were disregarded.

34 There have also been some quite clear situations of bias in the report and many can be found in the Equality Impact Summary at pages 40 and 41. I have mentioned previously that despite the fact that the elderly produced many more negative comments about this Scheme than positive (only 1 positive comment), Camden quite clearly decided to minimise and marginalise those negative comments and yet maximise the positive impact that they say arises from the Scheme.

Other examples of this include areas where there have been no responses to the survey, such as from gender reassignment organisations or race organisations, as well as organisations that deal with sexual orientation and yet Camden Council have chosen to put in positive impact for these groups without any consideration, because there wasn't any responses to what they may consider to be negative impacts. In relation to this area, they have also decided to completely ignore the negative comments that can be found on tab 6, page 25, in relation to the Catholic Apostolic Church Trust who raise the problems that this Scheme produced in particular the problems getting a taxi and the fact that they believe that cycle lanes on both sides of the road do not work, yet Camden Council have put in the positive spin on this in relation to its effect. In relation to this omission it is noteworthy that it is well recognised that church congregations nowadays are particularly made up of a protected characteristic group, namely the elderly. In addition to this, there is an element of church congregations, namely those younger children who are also a protected group who do attend church for such activities as Sunday School or nursery clubs. This is an equally vulnerable group of people who in particular have not developed the observational skills that would be required given this new road layout.

35 In conclusion, I wish to raise in this witness statement about the alternative scheme proposals that have been put forward and can be found at Annex D, tab 5, page 1, Section 1.3. These suggest the reinstatement of two-way motor traffic on the corridor and the introduction of single directional cycle lanes on either side of the road. This is supported by the Bloomsbury Residents' Action Group in their response to the consultation. The second alternative is to reverse the one-way direction of motor traffic on the corridor, making it one-way westbound and finally to reinstate two-way motor traffic on the short section between Woburn Place and Gordon Square and also possibly between Bedford Way and Byng Place. In respect of these alternatives I exhibit as **RM11** the letter of response, dated 20 October 2016, together with the Consultation Report that the LTDA produced, together with testimonials and an online petition that the LTDA coordinated. In respect of these proposals, the LTDA would fully support the introduction of two-way motor traffic along the corridor, with single directional cycle lanes on either side of the road. We believe that Camden indicate that this cannot be achieved because of the "minimum widths" for the cycle lanes. These are not statutory minimum widths for cycle lanes but it is something that Camden would prefer to have wider cycle lanes. The LTDA would respectfully submit that by having cycle lanes that are narrower would have the effect of

reducing speed by way of increasing the congestion that cyclists encounter. If the cycle tracks were developed in such a way as to provide barriers to stop cyclists from readily exiting from the cycle lanes to the pavement, for instance, to overtake, then this would mitigate any of those risks. It seems apparent from the consultation that the Scheme itself will increase cycle speeds and, as I have pointed out already in this witness statement, cyclists are not subject to the statutory speed limits that exist for motor vehicles. In addition to this, the LTDA would respectfully suggest that the provision of two-way motor traffic would allow for the discrimination that would be caused if the Scheme was one-way, to be extinguished in relation to the protected characteristic groups of the elderly, disabled and pregnant women. It would also accommodate the needs of cyclists and meet Camden's wish to encourage alternative forms of transport and also meet their suggestions in relation to the public health benefits of increasing cycling. In other words, the LTDA would suggest that the reintroduction of two-way motor traffic, together with single direction, narrower traffic lanes would meet everyone's needs and would benefit all facets of the community.

- 36 In respect of the two-way motor traffic on this route, it could very easily be restricted to just taxis which will be zero emissions capable from January 2018, as well as emergency vehicles and delivery vehicles but putting restrictions on it for private traffic. This would again mitigate many of the discriminations that have been identified in this witness statement in relation to protected groups. I would also suggest that this reversion to two-way street traffic but restricting it to only those vehicles that meet the requirements, such as zero emission capable taxis from January 2018 would meet the national policy regarding public health and air quality outlined in the introduction at 5.6 and 5.9. In respect of the westbound only suggestion, whilst the LTDA would not put this forward as being the best solution to the problem, which we believe is a two-way street, this would improve access to Euston Station, as I have mentioned already in this witness statement it can only be achieved from a westbound direction when travelling from the east and south. The LTDA would submit that the alternative of reinstating two-way traffic on the short section between Woburn Place and Gordon Square and also Bedford Way and Byng Place would have the effect of allowing access to Euston Station which, as has been pointed out on many occasions in this witness statement is restricted completely from the Euston Road, by way of a right hand turn.

Statement of Truth

I believe that the facts stated in this witness statement are true.

Signed:.....

RICHARD MASSETT

Date:.....