

Local active transport – helping address impact of Coronavirus

Mark Strong MCIHT MIHE MTPS, Transport Initiatives

With assistance from: **Adam Tranter**, Bicycle Mayor of Coventry, CEO Fusion Media

Mark Philpotts CEng MICE FCIHT FIHE PIEMA MTPS, City Infinity

Phil Jones CEng FCIHT FIHE MICE MITE, PJA Ltd

Why we should be acting

The emergency resulting from the COVID-19 pandemic is unprecedented in our lifetimes. Clearly everyone fully supports the heroic efforts of NHS medics and other emergency services who are putting their own lives on the line to save others. We also appreciate the efforts of other key workers especially in the public sector who are working to maintain crucial services.

Those of us working in transport - at local authorities, consultancies and the voluntary sector - should consider how we can use our professional expertise to support those in the front line, by helping to develop and implement ways of making it safe to travel by foot and cycle.

This is not a trivial issue – the BMJ has advised that cities should be looking to reduce speed limits and create space for walking and cycling¹. This would make it easier for people to observe social distancing in safety. In addition, research shows a link between worse air quality and the spread of Coronavirus². Poor air quality has a more general impact on people with breathing issues which is a major part of COVID-19 infection, leading to hospitalisation and death.

The restriction on travel to essential trips has led to a major reduction in overall transport use but a noticeable increase in cycling. Making a daily walk or bike ride for exercise has also become a key part of people's routine, helping maintain mental and physical health.

In particular, many health staff and key workers have realised the advantages of cycling to work. They are doing this to avoid the increased risk on public transport, where it's difficult to maintain 2m Social Distancing. Service frequency has fallen to reduce costs. Reducing risk for public

transport staff is also important, and sadly several bus drivers have died.

Data supplied by Google (see left) has shown a clear reduction in the level of movement for most trip purposes, while DfT data shows a drop in motor traffic. But even with non-essential traffic banned, people walking are put in danger when they have to step off pavements to



give others space. Indeed, in many places there is no other way to keep 2m apart.

While traffic has dropped (with a clear improvement in local air quality) speeds have increased³, increasing risk for people walking and cycling both for essential trips and for exercise. The effects have been striking in many large cities, like Greater Manchester where the proportion of drivers speeding has doubled to 40%. On 30mph roads across London, average speeds are now 37mph.

Some places have dealt with this by restricting walking and cycling, particularly in busy locations. But this just forces people to use other unsuitable options such as narrow pavements and public transport with limited space. Switching to cars might help individuals but makes it more difficult – and indeed hazardous for everyone else.

It's important as well to appreciate that closures of public parks and green spaces has the biggest impact on the most excluded groups. These have less access to their own outdoor space but still need to get out for essential trips and exercise.

To summarise, there are three key reasons why action is needed locally:

1. To reduce the risk of casualties from road traffic crashes (both between motor vehicles and between vehicles and people walking or cycling), and hence the burden on our seriously over-stretched health services
2. To maintain and indeed improve better local air quality to make it easier for people with breathing problems
3. To ensure that people walking and cycling can do so safely while keeping at least 2m apart

What is happening across the world?

Many cities across the world have already put in place measures to address the transport implications of the pandemic⁴. NACTO (National Association of City Transportation Officials) in North America has been compiling a list of actions taken by local administrations (see <https://nacto.org/program/covid19/>). A more detailed spreadsheet of measures to help people walking and cycling has been compiled by Tabitha Combs of the University of North Carolina⁵. Examples include:

- New York, Washington DC, Vancouver and many other cities in North America have created emergency cycle lanes or footpaths.
- Berlin has not only closed many roads to motor vehicles, it's also published a guide on temporary cycle provision⁶
- Oakland has closed 10% of its public highways to through traffic. Other cities such as Denver, Philadelphia and Stuttgart have been completely closing key roads to through traffic.
- Bogota implemented over 100km of cycle routes in a week to replace public transport which has been closed down completely
- Brussels, Sydney, Auckland and Cambridge (Massachusetts) have switched pedestrian crossing signals to automatic phasing to avoid the need to touch pedestrian push buttons
- In Hackney, local people have been asked for ideas to where local streets can be 'filtered' (closures for motor traffic only, to make walking and cycling safer)
- In Barnes, London local traders have informally coned off waiting areas outside their shops to allow pedestrians to safely pass those queuing



- Many cities have made their bike share programmes free for health staff and other key workers – in the UK this has been done in London, Brighton and Glasgow⁷
- Also in London, there has been a widespread effort to increase the use of e-cargo bikes to deliver food and other essential supplies



Formal widened sidewalk in Washington DC



Informal widened pavement in Barnes, London

What can be done?

There is a range of actions that could be taken to support front-line efforts to deal with the impact of COVID-19. As with other areas such as providing food to vulnerable people, this should be a partnership between councils, stakeholders and community groups. Working together in a clear framework will help reduce pressure on hard pressed council officers.

Many of these could be delivered quickly without a formal process, while others may need use of emergency powers (in the case of Traffic Regulation Orders this is possible in the normal process).

Actions can be divided into those which deliver support for walking and cycling, and those which require physical changes.

Support actions

- **Encourage cycling deliveries** to help vulnerable people and support health services – local cargo bike delivery companies (and individual owners) should be approached to see how they can help with essential supply trips. In many cities this has already been done.
- **Encourage responsible behaviour** – while most people walking and cycling are following social distancing, a small number are not. The best way to address this is to highlight good behaviour rather than name and shame those that are irresponsible. Targeted marketing and publicity for 2m distancing will help to reinforce this.

Many places have started to use banners and pavement markings showing a 2m spacing.

- **Encourage and enforce speed limits** – while many cities in the UK have widespread 20 mph limits, these are not observed by some drivers and do not apply to many main roads. A widespread campaign to remind people that slowing down will reduce the burden on the NHS would be the most immediate action.

As suggested by the BMJ, this should be accompanied by a programme of emergency speed restrictions on main roads (i.e. from 30mph to 20mph and 50mph/40mph to 30mph). This will require support of the local Police force if enforcement is to take place.

Physical actions

- **Create temporary walking space on roads** – it may be possible to achieve this on multi-lane roads without a TRO by coning off all (or part of) the inside lane, or on single lane roads by narrowing the carriageway. However, this will still need sign-off by a senior councillor or officer. The reduced level of traffic means that this will have little or no impact on those people making essential trips by car, including emergency services.
- **Create temporary cycling space on roads** – mandatory cycle lanes can be installed without a TRO and it is also possible to use 'light segregation' to reinforce these (wands, 'armadillos' or even cones). However, this will still need sign-off by a senior councillor or officer.
- **Removing all lanes for motor traffic** in one or both directions will need an Experimental TRO and changes may be required at junctions. The reduction of lanes will have an impact on higher speeds hence reducing the risk of casualties. There is a minimum period of 7 days between making an Order and being able to implement measures⁸.
- **Create waiting areas on shopping streets** – footways could be temporarily extended outside shops using existing legislation⁹ allowing people walking to pass to keep 2m from those queueing to enter. This could be done by traders using movable equipment (e.g. cones) to close off parking places. This could be removed when shops are closed. Permission will be needed from the local authority to suspend parking.
- **Remove through motor traffic from residential streets** (and other roads where possible) – this would allow people to walk in the street with greater safety. Cycling would also be safer, especially for children. This is also likely to need an Experimental TRO but is easier to achieve than temporary lanes, using simple barriers or planters. Particular attention could be focused on areas outside hospitals and other areas where there is a higher level of front-line work so that these people are less at risk from traffic.
- **Suspend pedestrian and cyclist push-buttons at signalled crossings** – this would remove the need to touch a surface and hence reduce the risk of infection. It would also be of general benefit to people walking and cycling. Timings would be automatic. This would require a risk assessment of the crossing and sign-off by a senior officer.

1 blogs.bmj.com/bmj/2020/03/24/can-we-improve-the-nhss-ability-to-tackle-covid-19-through-emergency-public-health-interventions/

2 www.theguardian.com/environment/2020/mar/17/air-pollution-likely-to-increase-coronavirus-death-rate-warn-experts

3 www.theguardian.com/world/2020/apr/13/increase-in-speeding-incidents-on-uks-quiet-lockdown-roads

4 www.theguardian.com/world/2020/apr/11/world-cities-turn-their-streets-over-to-walkers-and-cyclists

5 docs.google.com/spreadsheets/d/1c6OmxkUwNjoajYaRqgEjc14PtyGtushhQY7wNaZdJkK/edit#gid=0

6 www.berlin.de/senuvk/verkehr/politik_planung/rad/infrastruktur/download/Regelplaene_Radverkehrsanlagen.pdf

7 como.org.uk/shared-mobility-helps-in-coronavirus-crisis/

8 At least 7 days must elapse between making an ETRO and it coming into force and with the need to publish the order, there will be a lead in before that plus design work. There is a 6-month "objections period" to start with and a decision on making the scheme permanent has to be made within 18-months of starting.

Legislation in England and Wales: S22 and S23 of The Local Authorities' Traffic Orders (Procedure) (England and Wales) Regulations 1996 as amended

Legislation in Scotland: S20 The Local Authorities' Traffic Orders (Procedure) (Scotland) Regulations 1999 as amended

9 Highways Act 1980 as amended: S66 is about safety measures including footways, guardrails etc which could potentially be used to create temporary footway space. It would be good to have a paper trail with a formal decision and also some sort of consultation in the spirit of traffic orders.