

Appendix D – Enhanced Partnership Equality Impact Assessment (TfWM)

An Equality Impact Assessment (EqIA) is a review of a new or existing policy which establishes whether the policy has a differential impact on specific equality groups and identifies how the policy can help promote inclusion and improve equality of opportunity for different groups of people. The term policy is interpreted broadly and refers to anything that describes what we do and how we expect to do it. It can range from policies and procedures, to strategies, projects, schemes and everyday customs and practices that contribute to the way our policies are implemented and how our services are delivered. An EqIA aims at improving the WMCA's work, by promoting equality and ensuring that the proposed or existing policy promotes equality can benefit a wide range of people and will not disbenefit

DIRECTORATE	TfWM
PEOPLE RESPONSIBLE FOR CONDUCTING AND OVERLOOKING ASSESSMENT	Edmund Salt
NAME OR TITLE	Enhanced Partnership Plan and Scheme
DATE OF COMPLETION	March 2020
DATE DUE FOR REVIEW	To be updated following consultation and once EP drafted
PERSON RESPONSIBLE FOR ARRANGING REVIEW AND MONITORING	Edmund Salt

A. ABOUT THE POLICY

1. Describe the main aims, objectives, activities and outcomes of the policy. Who is expected to benefit?

The Enhanced Partnership Scheme will provide binding commitments on all participating parties (TfWM, LAs, operators etc.) to support delivery of improved bus measures, facilities and standards along the first two Sprint corridors and will facilitate the delivery of the EP Plan objectives that will be designed to make a marked improvement in bus services on certain corridors or in defined areas. It sets out obligations and requirements that will transform bus services on identified corridors. Initial outcomes will be the delivery of the necessary infrastructure and

bus service operating model for the first two Sprint corridors (on the A34 and the A45) in readiness for the Commonwealth Games.

The Enhanced Partnership Plan covers the entire area of the West Midlands Combined Authority, excluding the areas of the existing Advanced Quality Partnership Schemes for Birmingham, Wolverhampton and Solihull town/city centres. Initially the scheme will cover the following two Sprint corridors that have been prioritised:

- Birmingham Airport and Solihull to Birmingham City Centre (passing the Games venues at the NEC)
- Walsall to Birmingham City Centre (passing the Athletes Village at Perry Barr and Alexander Stadium)

The introduction of an Enhanced Partnership is a way of ensuring bus travel transformation can be accelerated.

Scheme obligations for local authorities/WMCA include:

- Providing and maintaining the necessary facilities and measures to facilitate the effective operation of Sprint on the corridors in this EP scheme and making them available until the end of the scheme
- Introducing additional bus priority facilities and undertaking enforcement of bus lanes
- Providing new highway bus stop infrastructure at articulated bus stops and articulated bus stands equipped with real time information displays

Scheme obligations for operators include:

- Registering and varying services with the Traffic Commissioner, providing an undertaking to comply with all requirements of the EP scheme
- Registering services that have fixed stopping points only in the Scheme area

Vehicles within the scheme area will need to meet the standard to be fully accessible and will need to be fitted with audio-visual equipment throughout with on-board displays and announcements of next stops, be emission friendly and offer a high quality passenger experience; they need to offer wi-fi and fitted with equipment to provide location data to the real time information system. Sprint vehicles will be equipped to provide enhanced levels of passenger information including interchange information and feeder service buses will be equipped to provide passenger information regarding connections with Sprint Services.

B. EQUALITY RELEVANCE/IMPACT

2.Does the policy affect the public or employees directly or indirectly? In what ways?

The Enhanced Partnership Plan and Scheme will have a direct impact on bus users as it will involve the delivery of infrastructure and services/measures that will affect people's bus travel experience.

3. What information is available on the equality issues in the key target groups¹? (what inequalities, discrimination /and health inequalities currently exist in relation to the target groups? What information/data do you have that explains why these inequalities exist and how they are maintained?)

Key area data/demographics

The 4 districts affected by the scheme are Birmingham, Solihull, Sandwell and Walsall

Demographics for Walsall: Walsall has an estimated resident population of 269,323. Walsall has an above average proportion of the resident population made up of children and older people, and a correspondingly lower proportion of working age people. 23.1% of residents in Walsall are from ethnic minority backgrounds. The largest ethnic minority group is Asian. Minority ethnic groups are highly concentrated in certain parts of the borough. Nine out of ten Walsall residents were born in the U.K. Levels of English proficiency in Walsall are high and in line with the England average with 93% speaking English as their first language and a further 5% speaking English well. Over 6,200 residents cannot speak English well, 1,200 of which cannot speak English at all. People in Walsall have a greater level of religious affiliation than in England and Wales overall, with almost three quarters identifying with a religion compared to two thirds nationally. Top Religion is Christianity, followed by Islam. Overall health is poorer in Walsall than in England and Wales. One in five residents has a health condition that limits their day to day activities. There are slightly more cars and vans than households in Walsall, giving an average of 1.1 cars per household. Car availability is slightly lower than England and Wales but higher than Sandwell and Wolverhampton where there are fewer vehicles than households. Almost three in ten Walsall households have no car or van, which is higher than the 25.6% found nationally. This equates to over 31,000 households who are dependent on public transport to access employment, education and recreation opportunities. Economic activity in Walsall

¹ Equality target groups: Age, gender disability, race, religion and belief, pregnancy and maternity, socio-economic, sexual orientation

is lower than the national average and unemployment is higher. Disability wise, one in twenty of Walsall adults are economically inactive because they are long-term sick or disabled (compared to 4.2% nationally). Walsall also has a higher proportion of residents over 16 with no qualifications or low qualifications. One in three Walsall adults has no formal qualification – this is much higher than the national average. Deprivation is deeply entrenched in Walsall. 34 out of 167 neighbourhoods (LSOAs) are amongst the most deprived 10% in England. The 2015 Index of Multiple Deprivation now ranks Walsall as the 33rd most deprived English local authority (out of 326), nudging Walsall just outside the most deprived 10% of districts in the country. There are extremes of deprivation, with central and western areas typically much more deprived than eastern areas, although pockets of deprivation exist even in the more affluent parts of the borough. Walsall fares particularly badly in terms of income (18th), employment (30th) and education, skills & training deprivation (12th), and many of the issues that challenge the borough match the geography of deprivation. 1 in 3 (29.9%) aged under 16 years are living in low income families, higher than the national average of 20.1% (HMRC, 2016). By the end of January 2017, 20.8% of primary school pupils were entitled to free school meals compared to the national average of 14.5% and 19.1% of secondary school pupils compared to 13.2% nationally (DfE June 2016).

Demographics for Solihull: Solihull is a broadly affluent borough in both the regional and national context, characterised by above-average levels of income and home ownership. Levels and extent of deprivation are limited with only 22 of the borough's 134 Lower Super Output Areas (LSOAs) in the most 20% deprived areas in the country and just eight in the bottom 5%. Solihull as an authority is, however, challenged by a prosperity gap, with performance indicators in the Regeneration area, framed by the wards of Chelmsley Wood, Kingshurst & Fordbridge and Smith's Wood to north of Birmingham International Airport, significantly lagging the rest of the borough. Alongside below average income levels the regeneration area is notable for a relatively higher population density, less green space per head and a substantially greater proportion of socially rented housing (62% of the borough's total). The regeneration area contains the 20 most deprived LSOA neighbourhoods in Solihull, with 23 of the areas 29 LSOAs in the bottom 25% nationally. The impacts of this are felt across a broad range of outcomes including educational attainment, employment, crime and health. Solihull is in the midst of dynamic and rapid socio-demographic change. The Black and Asian Minority Ethnic (BAME) population has more than doubled since the 2001 Census and now represents nearly 11% of the total population. On this basis the borough is less diverse than England as a whole (and significantly less so than neighbouring Birmingham), but with BAME groups representing a relatively higher proportion of young people in Solihull (over 17% of those aged 15 and under) this representation is set to increase.

The second significant demographic change is Solihull's ageing population. Between 1996 and 2016 the population aged 65 and over increased by 40% and from 16% to 21% of the total population. As a result, there are now over 9,100 more residents aged 65 to 84 years and nearly 3,600 more aged 85 years and over than 20 years ago. Population projections based on the 2016 population estimates indicate the relative ageing of the Solihull population will continue and by 2036 those aged 65 and over will account for one in four of the borough population, with those aged 85+ numbering over 11,600 (5% of total). The growth in the numbers of those aged 85 and over represents a significant and growing challenge in terms of health and social care.

Demographics for Sandwell:

The latest population estimate for Sandwell is 327,378, this is the 2018 mid-year estimate produced by the Office for National Statistics. Sandwell has a relatively young age profile compared with the population of England & Wales as a whole. There are particularly high proportions of young people and lower proportions of older people. Younger people in Sandwell, 0 to 14 year olds, accounted for 21.4% of the Sandwell's total population and 15.0% were aged 65 plus. This compares to 18.1% for 0 to 14 year olds and 18.3% for the 65 plus age group for England and Wales. Sandwell is the 13th most deprived local authority out of a total of 326 (where 1 is the most deprived). On most measures Sandwell is the most deprived local authority within the Black Country. Sandwell's deprivation is spread across the borough rather than being concentrated in certain hotspots. As per the Census in Sandwell overall 34.2% of residents are from Minority Ethnic groups Smethwick town has the highest ranked proportion of residents from Minority Ethnic groups in Sandwell. These groups make up 62.1% of the town's population, which is considerably higher than West Bromwich town which ranks second with 40.9% of its population from Minority Ethnic groups. In 2016, 4% of full-term babies have a low birth weight in Sandwell, compared with an England average of 2.79%. This is the 2nd highest in the region. Infant mortality (deaths aged under 1 year) in Sandwell stands at 5.8 per 1,000 live births, compared with 3.9 per 1,000 in England. For 2015/17, male (77.1 years) and female (81.3 years) life expectancy at birth is significantly lower in Sandwell than England (79.6 and 83.1 respectively). The pattern is the same for healthy life expectancy - male (57.1 years) and female (59.0 years) figures are significantly lower in Sandwell than England (63.4 and 63.8 respectively). In terms of child obesity, for 2015/16 Sandwell has the 2nd highest rate in the region and is among the worst in England (ranked 141 out of 150 local authorities). In March 2011, 35% of Sandwell residents had no qualifications, compared to 29% in the West Midlands and 23% in England & Wales.

Demographics for Birmingham:

1,141,400 people live in Birmingham according to the 2018 mid-year population estimates. Birmingham's population has been increasing and this trend is set to continue. There has been an increase of 9.9% since 2008.

Age: 22.8% are children, 64.3% are of working age and 13% are pensioners. In Birmingham there are fewer people in the older age groups than in the younger age, showing Birmingham's young age structure. Compared with England, Birmingham has more people in the younger age and less in the older age groups. The proportion of children in Birmingham (22.8%) is markedly higher than in the region (19.7%) and England (19.2%). At 13% Birmingham has a relatively small proportion of pensioners compared with the regional and national averages (of 18.5% and 18.2% respectively).

Gender: There are more males than females in the younger age groups up to 18 but there are generally more females than males in the adult ages. The difference between the number of males and females is most marked in the older age groups due to female longevity.

Ethnicity: The proportion of White British residents in Birmingham decreased by 13% between 2001 and 2011. As per the latest Census, 53% of Birmingham residents are White British (lower than the England average of 80% and most other core cities), followed by Pakistani at 13%, Black or Black British at 9% and other Asian or Asian British at 7%. 6% are Indian, 5% is Other White group and 4% is Mixed/multiple ethnic groups.

Languages spoken as per the 2011 Census: There were 47,000 people who said they did not speak English well or at all, which represents 2.4% of the population aged three years or more. This is more than twice the regional and national averages. Children were more likely to speak English well, than the working age and pensioner populations. Where English was not the main language the most commonly spoken were Southern Asian languages.

Religion/belief: 74.1% of residents identified themselves as belonging to a particular faith in the 2011 Census, while 19.3% stated they had no religion and a further 6.5% did not answer the question. 46.1% of Birmingham residents said they were Christian. Over 1 in 5 people that responded to the religion question said they were Muslim, making Islam the 2nd largest religion in Birmingham. This differed from the region and England, where the proportion of people who said they had no religion was greater. However, Birmingham does follow the upward trend of people saying they do not have a religion.

Socio-economic: The latest Indices of Deprivation (2015) published by the Department of Communities and local Government show that Birmingham has high levels of deprivation with 40% of the population living in SOAs in the 10%

most deprived in England and is ranked the 6th most deprived authority in England. It is the 6th most deprived when measured by extent of deprivation. The city is ranked the most deprived of all the Greater Birmingham and Solihull LEP authorities. Birmingham is also the most deprived authority in the West Midlands Metropolitan area and the third most deprived core city after Liverpool and Manchester. While there are pockets of deprivation in all parts of the city, deprivation is most heavily clustered in the area surrounding the city centre. Sparkbrook, Aston and Washwood Heath are the most deprived wards while Hodge Hill is the most deprived constituency. Birmingham is ranked as being slightly less deprived for employment than income. This may reflect relatively low average earnings for those in work compared to other authorities.

Key transport inequalities (national and regional statistics)

- Mobility and accessibility inequalities are highly correlated with social disadvantage. Some social groups are therefore more at risk from mobility and accessibility inequalities
- Car owners and main drivers in households are least mobility constrained across all social groups. They make more trips over longer distance for all journey purposes giving them higher levels of access to activity opportunities;
- Lowest income households have higher levels of non-car ownership, 40% still have no car access – female heads of house, children, young and older people, black and minority ethnic (BME) and disabled people are concentrated in this quintile;
- In addition, there are considerable affordability issues with car ownership for many low-income households.
- Inequalities in the provision of transport services are strongly linked with where people live, and the associated differences in access to employment, healthcare, education, and local shops. The lack of private vehicles in low-income households, combined with limited public transport services in many peripheral social housing estates, considerably exacerbates the problem
- Transport problems have been linked to low participation in post-16 education and to college dropouts which mostly impacts low income households
- Cost of transport constraints access to key activities for a number of lower income groups
- Lower income households travel much less and travel over much shorter distances than higher income household. They make nearly 20% fewer trips and travel 40% less distance than the average household.

- Approximately 38% of all people with mobility difficulties are main drivers, while approximately 40% have access to a private vehicle. People with disabilities are more reliant on public transport than other groups.
- Around a fifth of disabled people report having difficulties related to their disability in accessing transport. Key barriers reported: lack of accessible railway stations, getting to and from bus stops or bus/train stations, the lack of integration between the different modes of transport, staff ignorance and attitudes, inaccessible or inadequate information provision, passenger attitudes, safety concerns etc.
- People on low incomes and unemployed people, including people working part time and those claiming state benefits are much more reliant on public transport. A quarter of all households and almost half of those from the poorest quintile do not have access to a car. Two-thirds of job seekers are without access to a car. Car availability also tends to be lower amongst BME groups and that may be linked to the fact that poverty is higher amongst BME groups. Other groups heavily reliant on public transport, largely due to lower car ownership, are disabled people and older age groups as well as single parents.
- Fear of safety in using public transport is more prevalent amongst BME groups, women, people with disabilities and young people.

4. Have you consulted interested parties (including representatives from the equality target groups) who will/may be affected by the policy? What were the outcomes of the consultation? If you haven't conducted consultation, is there need for consultation and who are you planning to consult?

Consultation has taken place with key stakeholders (Birmingham Airport, Bus Users UK, operators etc.). Public consultation will take place within 2019 once an Enhanced Partnership Plan and Scheme is drafted and approved by operators

5. Is further research needed (i.e. consultations, working groups, surveys, data) to properly assess impact on the different equality target groups? If yes, how will it be undertaken and by when?

The EqIA will need to be updated following public consultation and once the final EP is to be 'made'.

6. What measures does, or could, the policy include to help promote equality of opportunity for and/or foster good relations between people who share a protected characteristic?

The Enhanced Partnership Scheme will introduce measures that are likely to help promote equality of opportunity for a number of protected groups (as identified in question 4) – namely those who are more likely to be reliant on public transport and those who face increased barriers to using public transport (as identified in question 4)

Measures include:

- Higher quality, accessible vehicles
- Higher quality, RTI enabled stops/shelters
- RTI/audio-visual information and free wi-fi on board
- Enhanced information provision on board and in stops/shelters
- Faster services through the implementation of bus priority facilities and bus lane enforcement measures
- Implementation of a slot booking system that will help reduce overcrowding and help improve passenger experience in shelters/stops as it will help manage the spread of buses and number of buses using high frequency stops

7. Do you think that the policy in the way it is planned and delivered will have a negative, positive or no impact on any of the equality target groups (please tick as appropriate)?

Positive impact: where the impact on a particular group of people is more positive than for other groups

Negative impact: where the impact on a particular group of people is more negative than for other groups

Neutral impact: neither a positive nor a negative impact on any group or groups of people, compared to others.

EQUALITY TARGET GROUP	AGE	GENDER (including gender reassignment)	DISABILITY	MATERNITY	RACE	RELIGION/BELIEF	SEXUAL ORIENTATION	SOCIO-ECONOMIC
POSITIVE IMPACT	√	√	√		√			√
NEGATIVE IMPACT								
NEUTRAL IMPACT				√		√	√	

Please explain in detail

As identified above, some groups of people are more likely to be reliant on public transport and are more likely to face barriers to public transport. The Enhanced Partnership is likely to enhance the travel experience for everyone but will especially positively impact these groups. From a disability perspective measures such as audio-visual availability will help address some of the key information barriers.

The implementation of cashless ticketing options (currently considered) may exclude individuals who rely on cash as a means of purchase. This can have an adverse effect on individuals who do not have access to a bank account (only a small %) thus being unable to use debit/credit cards to make transactions. Similarly, some of the elderly population feel more comfortable using cash to purchase tickets. In addition, those from a low socio-economic background may not have enough cash within their bank accounts to reach the cap threshold via contactless/card and therefore will rely on cash purchasing being available. Cashless ticketing may restrict the accessibility for these groups.

To ensure the measures do not have negative impact on a number of groups (disabled people, people from lower socio-economic backgrounds and different age groups) it is important to ensure a) ticketing options are broad and cash payments continue to be an option, and b) pricing remains at the same level for Enhanced Partnership area services as with other services.

7. If adverse/negative impact is noted to any of the listed equality target groups, can it be justified, i.e. on the grounds of promoting equality of opportunity for any other group/s?

N/A

8. ACTION PLAN

What practical actions can be taken to promote inclusion and reduce/remove any adverse/negative impact?

Issues to be addressed	Actions required	Responsible officer	Timescales	How would you measure impact/outcomes in practice
EP includes key equality/accessibility considerations	Consult with key equality groups during public consultation Update this EqlA once EP drafted	Anna Sirmoglou Edmund Salt	By January 2020	-consultation took place -EqlA updated -Equality/accessibility considerations embedded within EP
Pricing and ticketing policy is inclusive	Consider pricing and ticketing options for customers	Edmund Salt	By January 2020	-pricing and ticketing not restrictive for customers