## Shiva Page - Statement to Cabinet 23/6/2021

I know these issues have been brought up before but I am still unclear about what actions are being implemented to mitigate against issues raised in the Independent Accessibility Reports, the EqIA's or raised by previous speakers.

• Westgate St where opticians chemists and other essential services are is not accessible to BBH. Alfresco dining is creating new barriers at a time when ppl who have shielded for over a year may want to access the centre. BBH parking is still either not available or further away then the prescribed distance.( walk less than 50m unaided.)

• Schemes that rely on charging burden the poorest. We have several areas in the top 20% most deprived in UK. What AT provision is funded for them?

• Consultations are biased, reports into schemes are overly complicated and not easily accessible to sensory deprived, learning difficulties or those without online access. Transparency is not having to read through 20 or more reports, graphs and maps. This info should be made simpler and proactively sent out in alternative formats so all residents are fully informed.

• Cycling and walking should be encouraged but not at expense of those who can't cycle or walk. Especially when we have plenty of existing cycling infrastructure. Why is UBR even needed when tow path regeneration is imminent? Congestion on UBR would cause huge issues for hospital access.

• Concerns sent are mostly answered with cutting & pasting parts of the reportd I am raising issues around which isn't addressing concerns. Being told by Accessibility staff at the council that I need to put in a FOI request for basic information is not accountability. Elected representatives blocking people if they ask uncomfortable questions is not transparent or democratic.

• Listening is just the beginning. Adapting schemes to actively address the concerns is also necessary. Listening and then not acting on what is being said is meaningless.

• Debate has become toxic because the idea that cycling is the solution and all driving is bad hasn't been challenged. Shops need deliveries, tradespeople need vans. For some disabled ppl their car is their independence.

• Many other ways of tacking climate change are being sidelined in favour of emphasising cycling for able bodied people who WFH or who can easily afford EV or e-bikes.

• What % of AT funding has been or will be spent on adapted access to cycling? Why only 2 groups out of 15 or more at the ATAF advocating for access and equality? Which type of cyclists are being prioritised, sports or leisure, families or

individuals?? Diff cycling need have to be honestly addressed. NR was never accessible to casual cyclists.

• It has been widely reported the issues that existing LTN's have created for those living outside, schools & homes on red routes, disability access and emergency vehicle delays. Are these very serious issues being considered before implementing them here? How do we become individual advocates in the process so all needs are included in solutions.

• Displaced traffic post CAZ is already a problem from Penny Quick all the way to Claverton. IF this isn't being monitored how can it be modified if necessary or its effectiveness measured. Will monitoring on perimeter of LTN's be in place?

• LTN's with red routes within them will exacerbate congestion. Public transport options stuck in traffic will not help people to not use their cars. If car use isn't reduced before closing roads then more congestion will inevitably be caused.

• Will LTN's rely on PCN's also? How many PCNs were issued to BBH?

• BB drop off spaces in bike lanes or crossing bike lanes to board bus are dangerous. BBH don't always have someone to 'drop them off'. Disabled people presently feel excluded in these schemes. Not all disability provision is about mobility. Neuro-divergance is a disability. Mental Illness is a disability. Poverty also creates barriers to access.

• Implementing these schemes in a global pandemic when public transport is at less capacity seems foolhardy at best and dangerous at worst. Especially as the Delta variant has trebled in Bath in as many weeks.

 I will continue to ask questions to advocate for myself and for those I love and work with, who live with poverty, invisible and visible disabilities or have any other barriers. I would like my wealth of knowledge, experience as well as my inclusive working practices and innovative ideas to be respected, heard and welcomed instead of ignored, dismissed or treated as troublesome. I want a meeting with full representation from local groups working directly with disability, mental health, poverty and social exclusion to meet with council and discuss in detail all the plans so that we can advocate for all needs being met in reality. This needs to happen soon if you are serious about implementing equality and accessibility measures. Group think is not the way forward. Listening to concerns means that schemes can be made workable for all. I hope that us who have concerns can be invited to the table so that we can all move forward with sensible, reasonable debate to make improvements to the city so many of love.