



## **ENVIRONMENT AND SUSTAINABILITY SCRUTINY COMMITTEE – 7TH DECEMBER 2021**

**SUBJECT: ACTIVE TRAVEL NETWORK MAP**

**REPORT BY: CORPORATE DIRECTOR FOR ECONOMY AND  
ENVIRONMENT**



### **1. PURPOSE OF REPORT**

- 1.1 To seek Members' views on the draft Active Travel Network Map and to report responses from the public consultation, prior to its presentation to Cabinet for approval.

### **2. SUMMARY**

- 2.1 The Active Travel (Wales) Act 2013 requires all local authorities in Wales to continuously improve their active travel routes and plan how routes will join up to form networks so that people can more easily get around by bicycle or as a pedestrian for their everyday journeys to work, school and other local destinations. The original Integrated Network Map (INM) for Active Travel routes and proposals in Caerphilly county borough was adopted in 2018. The Act requires a periodic review of the INM to develop what is now termed the Active Travel Network Map (ATNM).
- 2.2 A three-stage public consultation was undertaken, the final stage of which encompassed a statutory 12-week public consultation to seek residents' and stakeholders' views on the existing and proposed new routes. Approval of the final version of the ATNM is required to enable submission of the map to Welsh Government (WG) by their deadline of the 31<sup>st</sup> December 2021.

### **3. RECOMMENDATIONS**

- 3.1 To seek Members' views on the draft ATNM and proposed changes following the public consultation, prior to reporting to Cabinet for approval.

### **4. REASONS FOR THE RECOMMENDATIONS**

- 4.1 To enable Caerphilly County Borough Council's ATNM to be submitted to WG by the 31<sup>st</sup> December 2021 deadline and meet the Council's statutory obligations.

## 5. THE REPORT

- 5.1 The Active Travel (Wales) Act 2013 requires all local authorities in Wales to continuously improve their active travel routes and plan how routes will join up to form networks so that people can more easily get around by bicycle or as a pedestrian for their everyday journeys to work, school and other local destinations.
- 5.2 Active travel means walking and cycling, including the use of mobility scooters, for everyday journeys. This includes journeys to school, to work, to the shops or to access services, such as health or leisure centres. Active travel does not include walking and cycling for recreational purposes, however, there are obvious benefits from such routes. Active travel is important in promoting healthier lifestyles and reducing the negative impacts of traffic upon our neighbourhoods and communities.
- 5.3 The Act aims to make active travel the most attractive option for shorter journeys. In addition to producing active travel maps, the Act requires LAs in Wales to deliver year on year improvements in active travel routes and facilities, to make enhancements to routes and facilities for pedestrians and cyclists in new road schemes, to have regard to the needs of walkers and cyclists in a range of other highway authority functions and to promote active travel.
- 5.4 The Act only applies to specific 'designated' areas in Wales, which have been determined by WG and are based on the population size of settlements. Those communities/ areas included within the Act within Caerphilly County Borough are as follows:
- Aberbargoed, Abercarn, Abertridwr, Bargoed, Blackwood, Caerphilly, Cwmfelinfach, Llanbradach, Machen, Nelson, New Tredegar, Newbridge, Pontllanfraith, Pontlottyn, Rhymney, Risca, Wattsville, Ynysddu, Ystrad Mynach.
- 5.5 The first stage of the Act required local authorities to produce an Existing Routes Map (ERM) by early 2016. The map shows routes within the area that are suitable for active travel and meet standards set by WG. As such the ERM does not show all available walking and cycling routes within the area. The Council's ERM was submitted to WG by the deadline and approved in April 2016. The ERM was well received by WG and was one of only five LA submissions to be approved immediately.
- 5.6 The next stage of the Act required all LAs in Wales to produce an Active Travel Integrated Network Map (INM) in 2017. This sets out the Council's plans for improving active travel routes and facilities over the next 15 years. The map shows the proposed future network of key walking and cycling routes and includes short, medium and longer term schemes. The INM is an aspirational map and the development and delivery of the routes shown on the INM are dependent on the availability of funding for active travel schemes.
- 5.7 The Act requires the INM to be reviewed at least every three years and a recent revision to the Active Travel Act Guidance requires the ERM and INM to be incorporated into a single Active Travel Network Map (ATNM). Because of the Covid pandemic WG extended the deadline for the submission of this review to the 31<sup>st</sup> December 2021. The purpose of the review is to seek residents' and stakeholders' views on Active Travel routes throughout the borough. This was carried out through the following three-stage consultation throughout 2021:

- Stage 1 – sought views concerning existing and potential Active Travel Routes.
- Stage 2 – sought to obtain public feedback on the proposed draft ATNM. This was very successful with over a 1000 people participating. The feedback provided was carefully considered and an additional 216km of routes were added compared to the approved INM.
- Stage 3 – was the statutory 12-week consultation and sought views on the proposed ATNM.

5.8 Views were sought via the Commonplace website (an on-line mapping tool), provided by WG for all Local Authorities throughout Wales, for all three stages. This format was utilised given the Coronavirus pandemic restrictions. In addition, social media was utilised to promote engagement and over 300 groups/organisations were contacted (many of them representing people with protected characteristics) through GAVO and statutory consultees. Part of the consultation process enabled the Council to identify groups that were not well represented in the feedback given, such as young people and older persons. This enabled the Council to focus targeted consultation on these groups e.g., through the Youth Forum.

5.9 The consultation version of the draft ATNM is available at [Link to Community Forum – Caerphilly 3 – Commonplace](#) The map includes details of:

- The existing active travel routes already approved by WG following submission of the INM.
- Future proposals for improving and expanding the active travel network.

5.10 Details of the consultation exercise are laid out in section 10 of this report together with a summary of the responses, but there was broad support for the proposals of the ATNM as presented. Therefore, it is proposed to submit the ATNM as it stands for Cabinet and WG approval, subject to any comments received from the Environment and Sustainability Scrutiny committee.

5.11 The development and delivery of the proposals will be dependent on funding continuing to be available for active travel schemes, primarily from WG. The requirements of future funding opportunities for active travel may influence which schemes are progressed in the short-term, in order to ensure those schemes that have the greatest likelihood of obtaining funding are prioritised.

5.12 The ATNM routes were prioritised in accordance with the prioritisation matrix set out within the WG Active Travel Guidance. An outline of this process is included in Appendix 1. The detailed list of proposed prioritised routes arising from this process is included in Appendix 2. This process will continue to be used for any new routes that may come forward between formal reviews alongside consideration of deliverability issues (e.g. funding, design, land ownership, individual scheme consultation etc.).

5.13 The final version of the ATNM (subject to approval by Cabinet) is required to be submitted to WG for approval by 31<sup>st</sup> December 2021. The final approved version will in turn need to be reviewed and resubmitted within a three-year period.

### **Conclusion**

5.14 The Council has followed WG and statutory guidance as outlined in the Active Travel Act (2013) in reviewing the adopted INM. The Council has built upon the approved INM and after seeking residents' and stakeholders' views has developed the ATNM. It is recommended that the current version of the ATNM is submitted for approval by

Cabinet and WG.

## **6. ASSUMPTIONS**

- 6.1 The 216km of new routes added were based upon a desk top study. Upon further investigation not all routes might be compliant with the Active Travel design guide. Potential routes will be further analysed and developed before funding bids are submitted to WG for delivery.

## **7. SUMMARY OF INTEGRATED IMPACT ASSESSMENT**

- 7.1 An Integrated Impact Assessment was developed and maintained throughout the three stages of consultation and engagement. To view the Integrated Impact Assessment in full, please click on the link

[Link to Integrated Impact Assessment](#)

Summary Below.

- 7.2 The statutory Active Travel consultation has helped to develop the Council's proposed ATNM that aims to remove impediments to walking and cycling through the Borough of Caerphilly. Its delivery will improve physical and mental well-being, help connect communities, reduce harmful emissions from carbon borne journeys and help offer sustainable forms of transport for those who wish to utilise it. Active Travel will also potentially help reduce socio-economic deprivation and offer more educational and employment opportunities to those who are unable to afford motorised forms of transport.
- 7.3 One negative aspect is the lack of face-to-face engagement however, this was mitigated by the use of media, social media, digital on-line consultation and reaching out to protected groups through stakeholder contact lists. Unfortunately, due to Coronavirus restrictions this was the most appropriate form of engagement and has been mitigated by ensuring protected groups were not excluded. Evidence that this approach is a viable alternative can be witnessed in the Stage 1 consultation carried out where targeted engagement with vulnerable groups was undertaken.

## **8. FINANCIAL IMPLICATIONS**

- 8.1 There are no direct financial implications arising from this report. The Council will submit funding bids to WG in order to progress Active Travel routes.

## **9. PERSONNEL IMPLICATIONS**

- 9.1 There are no personnel implications for this report.

## **10. CONSULTATIONS**

- 10.1 All responses from consultations have been incorporated in the report.

- 10.2 The principles embedded within the WG Active Travel guidance consider that Active Travel Networks developed with communities and by existing and future users, are more likely to be used and therefore the impact of any infrastructure delivered is likely to be greater.
- 10.3 The guidance suggests a multi-phased approach to engagement, with the first opportunity being at route identification stage. A second opportunity for engagement should take place following completion of the outline design to provide stakeholders a further opportunity to refine the scheme design. For ATNM's developed under the Active Travel Act, there must be a statutory 12-week public consultation period.
- 10.4 The first phase of the ATNM consultation in the Caerphilly borough ran for five weeks between 3<sup>rd</sup> February and 10<sup>th</sup> March 2021 and was accessible through the online engagement platform Commonplace. Commonplace is a platform recommended and procured by Welsh Government, to be used by local authorities for these consultations. The initial consultation asked specifically about barriers people face on their everyday journeys when walking or cycling.
- 10.5 The initial phase has seen a significant response rate, especially when considering the difficult circumstances for public engagement due to Covid-19 restrictions. In total, the consultation has seen:
- 704 respondents,
  - 2947 visitors,
  - 621 individual comments,
  - 2355 agreements with existing comments.
- 10.6 The second phase of the consultation sought to obtain public feedback on the proposed Active Travel Draft Network Map. The second phase received a lower number of responses but can still demonstrate considerable levels of engagement. Again, the stage 2 consultation was made available through Commonplace and it was online for almost four weeks from 20<sup>th</sup> May to 15<sup>th</sup> June 2021. In total, the consultation has seen:
- 139 people actively participating,
  - 923 visitors,
  - 118 individual comments,
  - 143 agreements with existing comments.
- 10.7 During the third phase Statutory Consultation, the consultation platform has received:
- 89 respondents
  - 1730 visitors
  - 123 contributions (98 comments, 25 agreements).

#### Stakeholder mapping

- 10.8 An in-depth stakeholder mapping process formed the starting point of the consultation to make sure all audiences suggested within the Active Travel Delivery Guidance were included (i.e., children and young people, seldom heard groups, groups with protected characteristics, people who feel unable to travel actively now, as well as key stakeholders, delivery partners, wider public and persons that had requested to be consulted). An anonymised version of the stakeholder list was shared with the local Sustrans volunteer network in the Caerphilly area to identify missing stakeholder groups.

## Engagement Activities

### *Email Campaign*

- 10.9 To accompany the launch of the consultation an email campaign reached out to over 110 local groups, community hubs, charities, sports clubs, businesses, adjoining local authorities, community partnerships, Elected Members, Community and Town Councillors, etc. In collaboration with the Gwent Association of Voluntary Organisations the launch was promoted among an additional 370 local groups and organisations.

### *Social media*

- 10.10 The launch was promoted through a press release across print and online media in the Caerphilly borough and across the Sustrans social media channels (Twitter and Facebook) through five repeated media posts. In total, 71 local groups were contacted directly through personal messages via Facebook.

### *Paper copies of Consultation map and survey*

- 10.11 To ensure accessibility of the consultation for as many people as possible, a paper version of the consultation map and survey in both English and Welsh was made available through mail to individuals upon request.

### *Flyers/Posters*

- 10.12 Digital flyers/ posters of the Phase consultation were produced and attached to emails going out to stakeholders.

### *Meeting with Cabinet Member*

- 10.13 On 20<sup>th</sup> April 2021 the Active Travel draft network map was presented to the then Cabinet member John Ridgewell, to receive feedback at an early stage, before releasing the draft network to Elected Members and the public.

### *Webinar for Elected Members and CCBC Officers*

- 10.14 On 7<sup>th</sup> May 2021 Elected Members and CCBC officers were invited to an online webinar, giving an overview on the ATNM consultation process, and introducing them to the Active Travel Draft Network Map. A link to the draft network maps was shared with them and they were given the opportunity to give feedback on the network plans before they were released to public in the Phase 2 consultation. The webinar took place on Microsoft teams and was attended by 17 people.

### *Engaging people with protected characteristics*

- 10.15 On behalf of Caerphilly County Borough Council, Sustrans reviewed the demographic, geographic and equalities data on respondents after the first phase of engagement, matching them with Census 2011 data in order to identify underrepresented groups/areas to help focus further engagement activities during statutory consultation. The results showed overall good matches between respondents and population data, with only small discrepancies in the engagement levels of people under 24 and people over 65. As a result, engagement activities in Phase 2 focused more on these two underrepresented groups.
- 10.16 The Royal Institute for the Blind, Guide Dogs Cymru and the Welsh Council for the Blind were consulted with on several occasions to provide opportunities for **visually impaired people** to give their feedback. Coordinated through the Wales Vision Forum, people with sight loss gave their feedback through an online questionnaire, by post, at virtual member forums and over the telephone. To receive specific

feedback on barriers from **people who are living with deaf blindness**, direct conversations took place with a member of Deafblind Cymru.

- 10.17 In order to promote engagement among **people with disabilities**, an easy read questionnaire of the consultation was created with the support of several organisations working with people with learning disabilities. The easy read questionnaire was shared with 28 organisations specifically working with less able audiences.
- 10.18 In order to promote the consultation among **young people** and **vulnerable groups**, conversations and meetings took place with the Future Generations Commissioner for Wales, the Children's Commissioner for Wales and the Council for Voluntary Youth Work.
- 10.19 In addition to this, a promotional video targeted at young audiences was made and shared through social media specifically with groups and organisations working with young people.
- 10.20 To promote engagement among **young and older people** as well as **women**, a bilingual flyer and poster was shared specifically with groups with a focus on young people and on older people, such as the Caerphilly Youth Cabinet, the Family Information Service Caerphilly, the Colleges, local U3A groups, etc. Again, the Gwent Association of Voluntary Organisations (GAVO) helped promote amongst the 370 organisations in their network.

#### Engagement with schools

- 10.21 Engagement with schools was undertaken separately to the consultations on commonplace and it combined a variety of activities: All Primary, Secondary and Special schools across the Caerphilly County Borough were contacted in an initial email campaign on 26<sup>th</sup> May 2021 and students of Y5 and older, families and carers were invited to provide their input through an online survey, which was individualised for each school.
- 10.22 If teachers wished to expand on the consultation and Active Travel in general during their lessons, they were provided with additional material, such as a bilingual lesson plan on Active Travel and the ATNM consultation, a home learner guidance (guidance for students currently unable to attend school) as well as bilingual instructional/informative videos that could be shown in the classroom.

## 11. STATUTORY POWER

- 11.1 This is to identify the enabling statutory power(s) for the decision under consideration. It should also state whether the power(s) are the responsibility of full Council or Cabinet and if it has been delegated to officers. If you have any queries on powers, please consult the Monitoring Officer/Head of Legal Services.

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Consultees: Cllr D T Davies, Chair of Environment & Sustainability Scrutiny Committee  
Cllr A Hussey, Vice Chair of Environment & Sustainability Scrutiny Committee  
Cllr J. Pritchard, Deputy Leader and Cabinet Member for Infrastructure & Property

Mark S Williams, Corporate Director for Economy and Environment  
Rhian Kyte, Head of Regeneration & Planning  
Stephen Harris, Head of Financial Services & S.151 Officer  
Rob Tranter, Head of Legal Services and Monitoring Officer  
Rob Hartshorn, Head of Public Protection, Community & Leisure Services  
Clive Campbell, Transportation Engineering Manager  
Lynne Donovan, Head of People Services  
Chris Adams, Highway Engineering Group Manager  
David Roberts, Principal Group Accountant  
Anwen Cullinane, Senior Policy Officer (Equalities, Welsh Language and consultations)  
Shaun Watkins, Principal Personnel Officer

Background Papers:

None.

Appendices:

Appendix 1: ATNM route prioritisation methodology

Appendix 2: ATNM proposed route prioritisation



## Appendix 1: ATNM route prioritisation methodology

### Route Prioritisation Summary

The proposed Active Travel future routes were prioritised for development based on the potential impact the route will have on encouraging Active Travel. This approach was developed using the WG Prioritisation Matrix (Appendix K of the Active Travel Guidance) and meets the requirements of part of the 'Access to Facilities' section.

All future routes were provided with a unique identification reference that enabled calculation of a priority scores (short term, medium term, long term) predominately based on Welsh Index of Multiple Deprivation (2019) data and route proximity to key trip attractors, such as schools and healthcare facilities. Routes that passed through areas with the highest concentrations of several types of deprivation, within close proximity to key trip attractors, would score highly on the prioritisation model. These routes are recommended for short-term development. This process is outlined below:

### Step 1: Welsh Index of Multiple Deprivation Methodology

*'The Welsh Index of Multiple Deprivation (WIMD) is the Welsh Government's official measure of relative deprivation for small areas in Wales. It identifies areas with the highest concentrations of several different types of deprivation. WIMD ranks all small areas in Wales from 1 (most deprived) to 1,909 (least deprived). It is a National Statistic produced by statisticians at the Welsh Government. Small areas are Census geographies called Lower-layer Super Output Areas (LSOAs).'*<sup>1</sup>

A deprivation score (0-2) was first calculated based on the deprivation rank of the LSOA that the route passed through:

1. Calculate tercile values for all LSOAs for indices of multiple deprivation. This means the top 33% most deprived LSOAs (tercile 1) are assigned a deprivation score of 2.
2. Assign tercile values corresponding deprivation scores as in Table 1. This means the higher the deprivation score the more deprived the LSOA.

Table 1. Deprivation scores based on WIMD tercile

Tercile Value	Deprivation Score
1	2
2	1
3	0

3. Identify the LSOAs that intersect with each individual future route:
  - a. If the route intersects with only one LSOA, assign that corresponding deprivation score.
  - b. If the route intersects with multiple LSOAs, identify the highest deprivation score the route intersects with and assign the route that deprivation score.

E.g., if a route passes through multiple LSOAs with different deprivation scores (1, 0, 2, 2), the route will be assigned the highest deprivation score encountered (2).

<sup>1</sup> <https://statswales.gov.wales/Catalogue/Community-Safety-and-Social-Inclusion/Welsh-Index-of-Multiple-Deprivation>

## Step 2: Trip Attractors

Each future route was assigned a score based on proximity (see Table 2) to the following criteria:

- Education Setting
- Employment Site
- Leisure Facilities
- Health Facilities
- Transport Interchange

Scoring table:

*Table 2. Prioritisation score based on proximity in metres.*

<b>Proximity (m)</b>	<b>Score</b>
0 – 400	2
400 – 800	1
>800	0

## Step 3: Prioritisation Calculation

The scores for each criterion and the WIMD deprivation were calculated to give a total score out of 12 and assigned a prioritisation status (see Table 3).

*Table 1. Scoring thresholds and corresponding status.*

<b>Prioritisation Score</b>	<b>Priority Rank</b>	<b>DMW Priority</b>
0 – 4	Low	Long Term
4 – 8	Medium	Medium Term
8 – 12	High	Short Term

This scoring method and resultant priorities are then entered into DataMapWales.

## Appendix 2: ATNM proposed route prioritisation

Route Name	Route Use	Route Classification	Priority
C49	shared_use	primary	low
INMC1	shared_use	secondary	med
INMC2a	shared_use	secondary	med
INMC2b	shared_use	secondary	med
INMC3	shared_use	secondary	med
INMC4	shared_use	local	med
INMC5a	shared_use	secondary	med
INMC5b	shared_use	secondary	med
INMC6	shared_use	secondary	med
INMC7	shared_use	secondary	high
INMC8	shared_use	secondary	high
INMC9	shared_use	secondary	med
INMC10	walking	local	med
INMC11	shared_use	secondary	med
INMC12	shared_use	secondary	med
INMC13	shared_use	primary	med
INMC14	walking	primary	med
INMC15	walking	secondary	high
INMC16	walking	secondary	med
INMC17a	walking	primary	low
INMC17b	walking	primary	med
INMC18a	shared_use	primary	high
INMC18b	shared_use	secondary	high
INMC19	shared_use	primary	high
INMC20	shared_use	secondary	high
INMC21	shared_use	secondary	high
INMC22	shared_use	secondary	high
INMC23	shared_use	primary	med
INMC24a	shared_use	primary	med
INMC24b	shared_use	primary	med
INMC25	cycling	primary	high
INMC26	shared_use	secondary	med
INMC27	shared_use	primary	med
INMC28a	shared_use	secondary	high
INMC28b	shared_use	local	low
INMC29	shared_use	secondary	high
INMC30	shared_use	primary	med
INMC31	cycling	primary	high
INMC32	cycling	primary	med
INMC33	walking	secondary	med
INMC34a	walking	secondary	med
INMC34b	walking	local	med

INMC34c	walking	local	med
INMC34d	walking	local	med
INMC34e	walking	local	med
INMC35	shared_use	local	med
INMC37	cycling	primary	high
INMC38	shared_use	secondary	med
INMC39	shared_use	secondary	med
INMC40a	shared_use	local	med
INMC40b	shared_use	local	low
INMC41	shared_use	secondary	high
INMC42	shared_use	secondary	med
INMC43	walking	primary	med
INMC44	walking	primary	med
INMC45	shared_use	local	med
INMC46	shared_use	primary	med
INMC47	walking	secondary	med
INMC48	shared_use	secondary	med
INMC50	shared_use	local	med
INMC51	shared_use	primary	med
INMC52	shared_use	secondary	low
INMC53	shared_use	primary	med
INMC54	shared_use	secondary	med
INMC55	shared_use	primary	med
INMC56	shared_use	secondary	high
INMC57	shared_use	secondary	med
INMC58	walking	secondary	high
INMC59	shared_use	local	med
INMC60	walking	secondary	high
INMC61	shared_use	secondary	med
INMC62	shared_use	secondary	high
INMC63	shared_use	secondary	med
INMC64	shared_use	secondary	med
INMC65a	shared_use	local	med
INMC65b	shared_use	local	low
INMC66	shared_use	secondary	low
INMC67	shared_use	secondary	high
INMC68	walking	secondary	low
INMC69a	shared_use	primary	low
INMC69b	shared_use	primary	med
INMC70	shared_use	secondary	med
INMC71	walking	secondary	high
INMC72a	shared_use	primary	high
INMC72b	shared_use	secondary	med
INMC73	shared_use	primary	low
INMC74	shared_use	local	med
INMC76	shared_use	secondary	med

INMC77	shared_use	secondary	med
INMC78	shared_use	secondary	med
INMC79	shared_use	secondary	med
INMC80a	shared_use	primary	med
INMC80b	shared_use	secondary	med
INMC81	shared_use	secondary	low
INMC82	shared_use	primary	low
INMC84	walking	primary	low
INMC85a	shared_use	secondary	med
INMC85b	shared_use	secondary	med
INMC86	shared_use	local	med
INMC87	shared_use	secondary	med
INMC88	shared_use	primary	med
INMC89a	shared_use	secondary	med
INMC89b	shared_use	secondary	med
INMC101	shared_use	secondary	med
INMC103	cycling	local	low
INMC104	shared_use	primary	low
INMC105	shared_use	primary	med
INMC106	walking	local	med
INMC107	shared_use	primary	low
INMC108	walking	primary	med
INMC109	walking	secondary	med
INMC110	shared_use	primary	med
INMC111	shared_use	secondary	med
INMC112	shared_use	secondary	med
INMC113	shared_use	secondary	med
INMC114	shared_use	secondary	med
INMC115	shared_use	secondary	med
INMC116	walking	primary	med
INMC117	shared_use	primary	med
INMC118	shared_use	primary	med
INMC119	walking	primary	med
INMC120	shared_use	secondary	med
INMC121	shared_use	secondary	med
INMC122	walking	primary	med
INMC123	walking	primary	med
INMC124	walking	secondary	med
INMC125	walking	secondary	med
INMC126	walking	secondary	med
INMC127	walking	primary	med
INMC128	walking	primary	med
INMC129	walking	secondary	med
INMC130	walking	secondary	med
INMC131	shared_use	primary	med
INMC132	shared_use	secondary	med

INMC133	shared_use	secondary	med
INMC134	walking	primary	med
INMC135	shared_use	primary	high
INMC136	walking	secondary	high
INMC137	walking	primary	high
INMC138	walking	secondary	med
INMC139	walking	secondary	high
INMC140	cycling	secondary	med
INMC141	shared_use	primary	low
INMC142	walking	secondary	high
INMC143	shared_use	secondary	high
INMC144	walking	local	high
INMC145	walking	primary	high
INMC146	walking	local	med
INMC147	shared_use	primary	med
INMC148	shared_use	secondary	high
INMC149	shared_use	primary	med
INMC150	shared_use	secondary	med
INMC151	shared_use	secondary	med
INMC152	shared_use	local	med
INMC153	shared_use	primary	high
INMC154	shared_use	secondary	med
INMC155	walking	secondary	med
INMC156	walking	local	med
INMC157	walking	secondary	med
INMC158	shared_use	secondary	med
INMC159	shared_use	secondary	high
INMC160	walking	primary	med
INMC161	shared_use	secondary	med
INMC162	walking	primary	high
INMC163	walking	primary	med
INMC164	walking	primary	high
INMC165	walking	secondary	high
INMC166	shared_use	secondary	high
INMC167	shared_use	primary	high
INMC168	shared_use	primary	high
INMC169	shared_use	secondary	high
INMC170	shared_use	primary	med
INMC171	walking	secondary	high
INMC172	shared_use	secondary	med
INMC173	walking	secondary	med
INMC174	shared_use	secondary	med
INMC175	walking	secondary	med
INMC176	walking	secondary	med
INMC177	walking	secondary	med
INMC178	walking	secondary	med

INMC179	walking	secondary	med
INMC180	shared_use	secondary	low
INMC181	shared_use	primary	high
INMC182	walking	secondary	high
INMC183	walking	secondary	high
INMC184	shared_use	primary	med
INMC185	cycling	primary	med
INMC186	shared_use	primary	med
INMC187	shared_use	primary	med
INMC188	shared_use	primary	med
INMC189	shared_use	secondary	high
INMC190	shared_use	local	med
INMC191	shared_use	primary	high
INMC192	shared_use	secondary	high
INMC193	shared_use	secondary	med
INMC194	shared_use	secondary	med
INMC195	shared_use	secondary	med
INMC196	walking	primary	med
INMC197	walking	primary	med
INMC198	walking	secondary	low
INMC199	walking	secondary	low
INMC200	walking	primary	low
INMC201	shared_use	secondary	low
INMC202	shared_use	local	low
INMC203	shared_use	local	med
INMC204	shared_use	secondary	med
INMC205	walking	secondary	med
INMC206	walking	secondary	med
INMC207	walking	secondary	med
INMC208	shared_use	secondary	med
INMC209	walking	secondary	med
INMC210	shared_use	secondary	med
INMC211	shared_use	primary	high
INMC212	shared_use	primary	high
INMC213	walking	primary	high
INMC214	walking	primary	med
INMC215	shared_use	primary	med
INMC216	walking	local	med
INMC217	walking	primary	med
INMC218	shared_use	primary	med
INMC219	shared_use	local	high
INMC220	shared_use	secondary	high
INMC221	walking	primary	high
INMC222	shared_use	primary	high
INMC223	shared_use	primary	med
INMC224	shared_use	secondary	low

INMC225	shared_use	primary	med
INMC226	shared_use	secondary	low
INMC227	shared_use	primary	med
INMC228	shared_use	primary	med
INMC229	walking	secondary	med
INMC230	walking	secondary	med
INMC231	shared_use	secondary	med
INMC232	walking	secondary	med
INMC233	shared_use	primary	med
INMC234	shared_use	secondary	low
INMC235	walking	secondary	low
INMC236	walking	primary	med
INMC237	shared_use	secondary	med
INMC238	walking	primary	med
INMC239	shared_use	primary	med
INMC240	walking	secondary	low
INMC241	walking	secondary	med
INMC242	shared_use	primary	med
INMC243	shared_use	secondary	med
INMC244	walking	primary	med
INMC245	shared_use	local	med
INMC246	shared_use	secondary	med
INMC247	walking	secondary	med
INMC248	shared_use	secondary	high
INMC249	walking	secondary	med
INMC250	shared_use	primary	high
INMC251	shared_use	secondary	med
INMC252	shared_use	secondary	med
INMC253	shared_use	primary	med
INMC254	walking	secondary	med
INMC255	walking	secondary	med
INMC256	walking	secondary	med
INMC257	shared_use	secondary	high
INMC258	walking	secondary	med
INMC259	walking	secondary	high
INMC260	walking	secondary	med
INMC261	shared_use	secondary	med
INMC262	walking	secondary	med
INMC263	walking	local	med
INMC264	shared_use	secondary	med
INMC265	walking	local	med
INMC266	walking	local	med
INMC267	shared_use	secondary	med
INMC268	shared_use	local	med
INMC269	walking	local	med
INMC270	walking	local	med



INMC271	shared_use	secondary	med
INMC272	shared_use	secondary	med
INMC273	shared_use	local	med
INMC274	shared_use	primary	med
INMC275	shared_use	secondary	med
INMC276	walking	local	med
INMC277	shared_use	secondary	med
INMC278	walking	secondary	med
INMC279	walking	secondary	med
INMC280	shared_use	secondary	med
INMC281	walking	primary	high
INMC282	shared_use	primary	high
INMC283	walking	primary	med
INMC284	walking	local	high
INMC285	shared_use	secondary	high
INMC286	walking	local	high
INMC287	shared_use	primary	med
INMC288	walking	local	med
INMC289	walking	secondary	high
INMC290	walking	secondary	high
INMC291	walking	secondary	high
INMC292	walking	secondary	med
INMC293	shared_use	local	med
INMC294	walking	secondary	med
INMC295	walking	primary	med
INMC296	walking	local	med
INMC297	shared_use	local	med
INMC298	walking	secondary	med
INMC299	shared_use	secondary	med
INMC300	shared_use	secondary	med
INMC301	shared_use	secondary	med
INMC302	shared_use	primary	med
INMC303	walking	primary	med
INMC304	walking	local	med
INMC305	shared_use	secondary	med
INMC306	walking	primary	med
INMC307	walking	local	med
INMC308	walking	local	med
INMC309	shared_use	primary	med
INMC310	shared_use	secondary	med
INMC311	walking	secondary	med
INMC312	shared_use	local	low
INMC313	shared_use	primary	med
INMC314	shared_use	secondary	med
INMC315	walking	secondary	high
INMC316	walking	secondary	med

INMC317	shared_use	secondary	med
INMC318	shared_use	secondary	high
INMC319	walking	primary	high
INMC320	shared_use	secondary	high
INMC321	shared_use	secondary	med
INMC322	shared_use	primary	med
INMC323	walking	local	low
INMC324	shared_use	secondary	med
INMC325	shared_use	secondary	med
INMC326	walking	secondary	med
INMC327	shared_use	secondary	high
INMC328	shared_use	other	high
INMC329	shared_use	secondary	high
INMC330	shared_use	secondary	med
INMC331	shared_use	primary	med
INMC332	shared_use	secondary	med
INMC333	shared_use	secondary	low
INMC334	shared_use	primary	med
INMC335	shared_use	secondary	med
INMC336	shared_use	primary	med
INMC337	shared_use	secondary	med
INMC338	shared_use	primary	med
INMC339	shared_use	primary	med
INMC340	shared_use	primary	med
INMC341	shared_use	secondary	med
INMC342	shared_use	secondary	med
INMC343	shared_use	secondary	low
INMC344	shared_use	secondary	med
INMC345	shared_use	primary	high
INMC346	walking	secondary	med
INMC347	walking	local	med
INMC348	shared_use	secondary	med
INMC349	walking	local	med
INMC350	walking	local	low
INMC351	shared_use	secondary	med
INMC352	walking	secondary	low
INMC353	walking	secondary	high
INMC354	shared_use	secondary	high
INMC355	shared_use	secondary	med
INMC356	shared_use	local	low
INMC357	shared_use	primary	high
INMC358	shared_use	primary	high
INMC359	walking	secondary	high
INMC360	walking	secondary	high
INMC361	walking	secondary	med
INMC362	shared_use	secondary	med

INMC363	walking	secondary	med
INMC364	walking	secondary	high
INMC365	walking	secondary	high
INMC366	shared_use	primary	high
INMC367	walking	primary	high
INMC368	walking	secondary	high
INMC369	walking	secondary	high
INMC370	shared_use	secondary	high
INMC371	walking	secondary	med
INMC372	shared_use	primary	med
INMC373	shared_use	primary	high
INMC374	shared_use	secondary	med
INMC375	shared_use	secondary	med
INMC376	walking	secondary	med
INMC377	shared_use	primary	med
INMC378	shared_use	primary	med
INMC379	walking	primary	med
INMC380	shared_use	secondary	high
INMC381	walking	secondary	high
INMC382	shared_use	local	low
INMC383	shared_use	local	low
INMC384	walking	primary	low
INMC385	shared_use	primary	med
INMC386	shared_use	secondary	med
INM-ROG-0011	shared_use	local	med
INM-ROG-0015	shared_use	primary	high
LLAN2/1	shared_use	primary	med
LLAN3/1	shared_use	primary	med
MT48	shared_use	primary	high
MT49B	shared_use	primary	high
RCT-INM-S32	shared_use	primary	low
WS01	shared_use	secondary	high