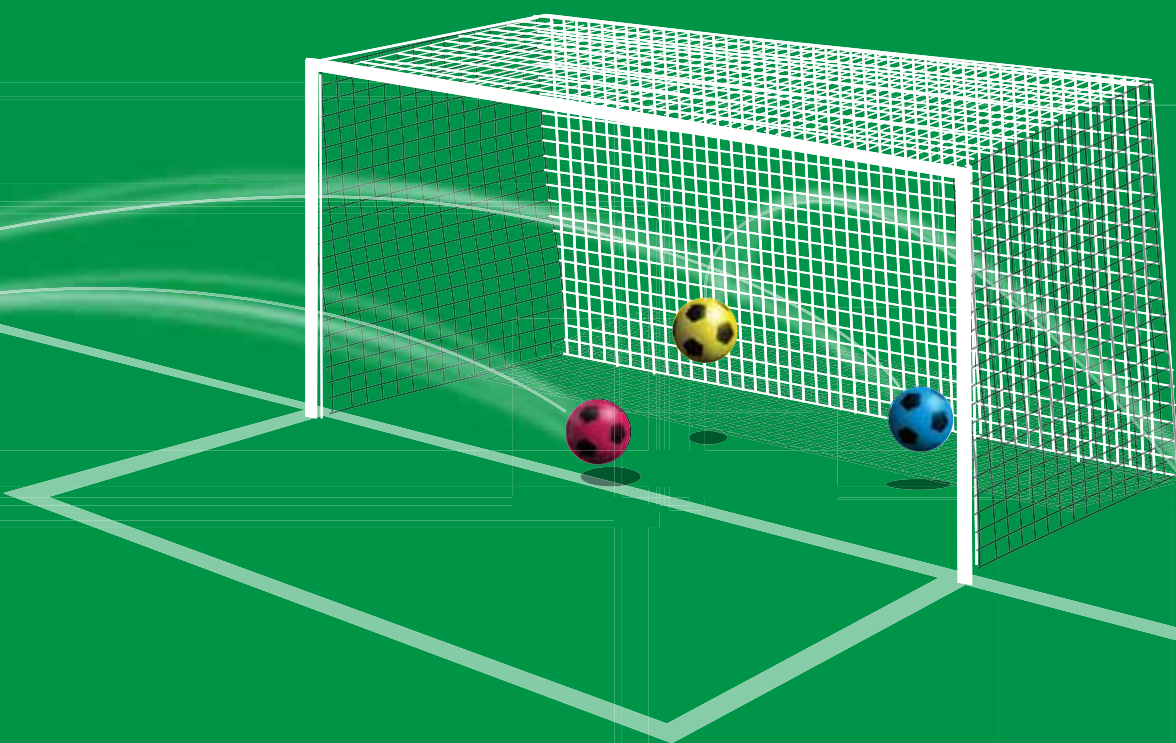




Achieving **Safety**, **Sustainability** and **Health** Goals in Transport

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Parliamentary Advisory Council for Transport Safety (PACTS)
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WITH SUPPORT FROM THE ASHDEN TRUST AND BRITISH CYCLING

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Responsibility for the contents and conclusions of this report lies with the authors and does not necessarily reflect the views of the Board of Directors of PACTS.

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FOREWORD

Scarcely a day goes by without a report on the growing levels of obesity, particularly in children, and the need for more physical activity to reduce physical and mental health problems. The serious health impacts of air pollution, partly due to transport emissions, are being increasingly well understood and are also feeding back into our transport system with the Highways Agency proposing 60mph limits on sections of the M1 and M3 to meet air quality standards.

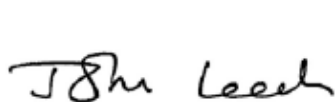
This winter's storms and floods, bringing expense and misery to many people and chaos to our transport systems, have reignited debate over climate change. Regardless of the causes of these extreme weather events, it is evident that we need to make our transport systems more sustainable.

Despite the substantial recent falls in UK casualty numbers, road traffic collisions remain the biggest single source of death for young people aged 5-25 years and is of concern to people of all ages. Parliamentarians of all parties have made clear that our streets need to be safer for all to use. The *Get Britain Cycling* debate in the House of Commons Chamber in October last year, in which 100 MPs spoke, showed their interest and that of their constituents in road safety, particularly when linked to other agendas such as the environment and health. These issues have been pursued by our colleagues in the All Party Parliamentary Cycling Group and the Transport Select Committee as well as by PACTS.

1st April 2014 is the first anniversary of the transfer of responsibility for public health to local authorities, under the Health and Social Care Act 2012. "Green shoots..... healthier....but not yet fully sustainable." These could be the words of the Chancellor of the Exchequer last year about the economy. They apply equally to the degree to which the policies on road safety, sustainable transport and public health are being planned and delivered in a joined up way. This report shows that progress is being made but that there is still a long way to go. The UK is still in a period of austerity with further spending cuts on the way, particularly for local government. Joining up these three areas is essential to delivering more for less.

PACTS will be using this report to hold government to account. We hope you will find it useful in your efforts to deliver safety, sustainability and health goals in transport.

Signed by PACTS co-chairs



John Leech MP



Jim Fitzpatrick MP



Sir Peter Bottomley MP

March 2014

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SUMMARY

For some years now there have been calls for greater alignment of policy and practice across the road safety, sustainable transport and public health sectors. On 1st April 2013 responsibility for public health was transferred from the NHS to local authorities. This has presented an opportunity to deliver road safety, sustainable transport and public health initiatives in a more integrated and effective way. This report, drawing on the views of a cross section of experts and focusing on local transport, shows that, one year on, progress has been made but much more is needed.

Policy, necessity and public opinion are driving change at national and local level towards a more integrated approach. Concerns about obesity and poor air quality, the need to reduce carbon emissions and resurgence in interest in cycling have given a boost to investment in local sustainable transport. At the same time, road safety funding cuts and reductions in the number of people killed or injured on the roads have led many local authorities to merge a reduced road safety staff with sustainable travel teams.

Road safety needs to be pursued in a broad multi-sectoral context since it cuts across public health and sustainable transport (as well as occupational health and safety) agendas. Road traffic collisions are a major public health issue and the largest single source of death for people aged 5-25 years in the UK.¹ More needs to be done not only to prevent death and serious injuries, the vast majority of which are largely avoidable but also to make people feel safer so that the public health agenda and the public's aspirations for safer mobility can be fulfilled.

Despite the statements of common policy objectives, there is still insufficient alignment between these sectors in practice to realise the substantial co-benefits of coordinated action. Public health and sustainable transport emphasise the health and environmental benefits of walking and cycling while the road safety sector is concerned that insufficient effort and investment are being made to prevent death and serious injury and that increases in these vulnerable modes may lead to more casualties. Closer integration and synergy at national and local level is needed.

The long term decline in active travel, particularly walking, and the increases in obesity show that significant and structural change is needed.² Behavioural change initiatives are not enough. While cycling has become the poster-boy of sustainable transport, walking lags behind, despite its much wider potential appeal and benefits. It is also a higher priority for casualty reduction. Public transport also seems to be failing to capitalise on its safety and health advantages.

This report calls on the Government to show more leadership and joined-up working at national level and to recognise that the desired changes (healthier lifestyles, more active travel, safer road use) will require long-term planning and investment in physical infrastructure. It is imperative that the efforts to encourage walking and cycling are accompanied by safer infrastructure provision, effective speed management and improved road user training. The report also calls for the Departments of Transport and Health to jointly publish improved information about walking and cycling journeys and the health benefits and risks of the main travel modes. At local level it recommends a series of measures to improve cross-sector working and understanding.

1. IHME, *Global Burden of Disease: Generating Evidence, Guiding Policy*, Institute of Health Metrics and Evaluation, University of Washington, Seattle, USA, 2013

2. DfT, *National Travel Survey: 2012*, September 2013

Chapter 1: Introduction

A new vision is needed for road safety in Britain This should be underpinned by a strategy that explains how casualty reduction, danger reduction and the various other important policy objectives, such as a sustainable transport system, economic efficiency, climate change, social inclusion and physical health are integrated. House of Commons Transport Select Committee, 2008.³

New thinking on safety, sustainability and health

1. This decade has seen notable developments in attitudes to road safety, sustainable transport and public health on the part of the public, media and institutions. Cycling has often been the catalyst. Demands for safer conditions for walking and cycling and for lower speeds in residential areas have grown rapidly, despite the continued large falls in overall casualty numbers. The London cycling commuter boom and British successes at 2012 Olympics and in the Tour de France (2012 and 2013) have given a new confidence to those promoting sustainable transport. In the public health sector, institutional changes have been accompanied by growing concerns about obesity levels, particularly amongst children, and the long-term health consequences. The paradigm shift to *Safe System* in road safety thinking and practice has highlighted that the vast majority of death and serious injury is preventable, given current knowledge.
2. Road safety, sustainable transport and public health have often been thought of as three separate policy areas. Today, a combination of financial necessity, new challenges, policy decisions and the understanding that potential substantial co-benefits can be achieved are bringing them closer together – in some areas at least. Central government has cut funding for road safety and many local authorities have combined their remaining road safety and sustainable transport staff. Local authorities now have responsibility for public health and some are taking advantage of the opportunities to combine health and active travel agendas.
3. It has been evident for some time that road safety could not be treated in isolation. In the World Report on Road Traffic Injury Prevention, the World Health Organisation stated in 2004 that road safety is a public health issue.⁴ At national level, PACTS has consistently highlighted the linkages between safety and health. In 2007 PACTS held a conference *Road Safety and Health* and published *Beyond 2010 – a holistic approach to road safety in Great Britain*⁵ which stated that improving road safety had a key role to play in establishing a road environment conducive to active travel, with both health and environmental benefits. The 2008 report *Behave Yourself*⁶ covered behaviour change and modal shift for health and environmental reasons. *It's My Choice: safer mobility for an ageing population*, published in 2012, highlighted the health benefits of enabling and encouraging older people to use active travel. The recent series of *Tackling the deficit* reports⁷ pointed to the desirability of integrating road safety with other agendas but also the danger that the vital task of reducing casualties might be overlooked.

Report aims and methodology

4. This report attempts to describe the new landscape for road safety, sustainable transport and public health, to assess whether these policy areas are working effectively together to deliver key policy objectives and to highlight the opportunities and risks involved in joint working. It makes recommendations to government, local authorities and to stakeholders. Each of these

³ House of Commons Transport Committee, [Ending the Scandal of Complacency](#), HC 460 Session 2007-2008, 2008

⁴ WHO, *World Report on Road Traffic Injury Prevention*, 2004

⁵ PACTS, [Beyond 2010- a holistic approach to road safety in Great Britain](#), 2007

⁶ PACTS, [Behave Yourself- Road Safety Policy in the 21st Century](#), 2008

⁷ PACTS, [Tackling the Deficit: At what cost to road safety?](#), 2010 and PACTS, [Tackling the Deficit: Where next for road safety?](#), 2011

three policy areas is a major topic in its own right; the emphasis here is on delivery by local government, active travel and road safety.

5. The report reviews the policy, legislative and institutional frameworks for safety, sustainable transport and health. It summarises key trends in the three policy areas, including road casualties, sustainable transport and public health. Case studies are provided to illustrate the synergy (actual and potential) of transport-related safety, sustainability and health schemes. They are not necessarily good practice. Two expert seminars were held – one national and one regional – to obtain the views of those involved with policy making and service delivery under the Chatham House rule on confidentiality. (See Appendix I.) In addition, PACTS held a conference on this topic and the speakers' presentations and the delegates' contributions have been used to inform this report.⁸ Draft conclusions were discussed at a joint meeting of the PACTS road safety working parties and with the ADEPT Transport Board.⁹ The report is based on a synthesis of these sources.
6. The challenges of reducing casualties, promoting sustainable transport and improving public health are common across the UK. There are growing differences, however, in legislation, structures and approach in the devolved administrations. We have tried to reflect these differences in the report but the focus is on the UK Government. Appendix II sets out the main road safety powers in relation to devolution.
7. PACTS hopes that the conclusions and recommendations provided in this report will encourage government to align better these three crucial policy areas and assist practitioners at all levels to deliver safety, sustainability and public health goals in transport more effectively.

⁸ Pacts Conference, *Triple Whammy, Achieving safety, sustainability and health goals in transport*, 26.10.13, Royal College of Surgeons, London

⁹ ADEPT is the Association of Directors of Environment, Planning and Transport, a local government body.

Chapter 2: Policy context and trends

8. This chapter provides an outline of the key policy documents, issues, trends and legal frameworks for road safety, sustainable transport and public health. It highlights the extent to which policies demonstrate synergy across the three sectors.
9. There are increasingly different frameworks for these policy areas in the devolved administrations of the UK. The road safety powers are summarised in Appendix II and some differences in relation to sustainable transport and public health are included in this chapter. Despite the differences in frameworks, the administrations generally share common objectives: to reduce road traffic casualties, to promote active travel, and reduce obesity levels and CO₂ emissions. The UK government has committed to “work closely within the devolved administrations in an area of shared interest”.¹⁰

Road safety

Strategic Framework for Road Safety

10. Between 1987 and 2010, the UK had national road safety strategies which set out numerical casualty reduction targets and a broad range of engineering, education and enforcement measures by which the targets were to be delivered.¹¹ The 2010 Coalition Government made clear early on that it did not favour nationally-imposed targets (for road safety or other matters) and that, under its policy of localism, it would leave many aspects of road safety to local authorities.
11. There was, therefore, some doubt whether the Coalition Government would produce a road safety strategy of any type. On taking office, Secretary of State for Transport Philip Hammond announced that the Government would “*end the war on the motorist*” and stop funding for speed cameras.¹² Subsequently he proposed that the motorway speed limit be increased to 80mph.¹³ When the Strategic Framework for Road Safety was published in May 2011, there was disappointment among road safety groups at what the Framework omitted and how far it had strayed from identified international and previous national best practice and the promotion of evidence-based approaches.¹⁴
12. The Strategic Framework for Road Safety identified road safety as a “*priority for the government...to maintain its record and build upon it.*” It made clear, however, that it should be understood as working within the overarching priority of allowing the government to “*restore the public finances and return the economy to sustainable and secure economic growth.*” The Framework states that the Government’s “*long term vision is to ensure that Britain remains a world leader on road safety...our aim is [also] to reduce the relatively high risk of some groups more quickly, such as cyclists and children in deprived areas.*”¹⁵
13. The key themes of the Framework are education and enforcement – making it “*easier for road users to do the right thing*” and to “*crack down on antisocial...driving that still leads to far too many fatalities and serious injuries*”. The Framework also stated that there would be more local and community decision-making, assisted by the provision of local information to citizens to enable them to challenge priorities. The Government would also help build capability in the road safety community through better tools to support road safety professionals. “*wherever possible,*

¹⁰ DH, *Healthy Lives, Healthy People*, 2010, p.4

¹¹ DfT, *Road Safety: The next steps*, 1987 and DfT, *Tomorrow's Roads: Safer for everyone*, 2000.

¹² David Millward, *Coalition Government: Transport Secretary Phillip Hammond ends Labour's 'war on motorists'*, 2010

¹³ Melissa Kite, Deputy Political Editor, The Mail, *'Motorway Speed limit could be raised to 80mph'*, 2011

¹⁴ PACTS evidence to Transport Select Committee, *Submission to the Inquiry into the Road Safety Framework*, 2011

¹⁵ DfT, *Strategic Framework for Road Safety*, 2011, p.3-11

[the] local authority should have the freedom to make their own decisions on road safety” in order to provide the best solutions to suit both their environment and infrastructure.¹⁶

14. Specific measures proposed were changes to drink and drug drive legislation, tackling uninsured and unlicensed driving, and the introduction of a fixed penalty offence for careless driving. In addition, the Framework outlined plans to improve training for drivers and riders, develop a new post-test vocational qualification and develop more targeted and effective marketing of safety.

Measuring progress

15. Road safety is often measured in terms of the number of people killed or injured on the roads; and reductions in the number of casualties imply increased safety. Transport safety practitioners and others tend to prefer to measure safety by means of casualty rates – casualty numbers relative to exposure – rather than the absence of casualties alone. Exposure is usually measured by distance travelled (per million vehicle or passenger kilometres) or population. Where data allow, casualty rates may also be measured by the number of trips or hours of exposure. Progress can be measured against targets, trends or comparators.
16. Transport users have their own individual and subjective perceptions of the safety of the system. These do not necessarily correspond to population-based casualty numbers or rates. For example, most people appear to think that cycling is more dangerous than walking. Yet the fatality rates are very similar: in 2012 there were 38 pedestrian deaths and 38 cyclist deaths per billion miles walked or cycled.¹⁷ This does not mean that they are mistaken: different ages, traffic skills, routes, behaviours and other factors may explain these differences. It also shows the difficulties of measuring “safety” in terms of final casualty outcomes, although intermediate outcomes, such as mean speeds, are a relatively easy means of measuring road safety.
17. Strategic Framework for Road Safety recognised some of the complexity and established a set of indicators, an “Outcomes Framework”, to measure changes both in safety and in casualty numbers.¹⁸ These included six key indicators (casualty numbers and casualty rates for key road user groups). It was supplemented by a more comprehensive list of indicators, including proportions of drivers exceeding drink-drive limits or speed limits, and perceptions of road safety when walking or cycling. *“These are designed to help Government, local organisations and citizens to monitor progress towards improving road safety and decreasing the number of fatalities and serious injuries on Great British roads.”* These indicators (where available) are published annually in Reported Road Casualties Great Britain but Ministers seem to make very little use of the wider data set.
18. The Strategic Framework for Road Safety notes the linkages between road safety, sustainable transport and public health, and the potential for joined-up working: *“Making the links with other local agendas, such as public health and sustainable travel and helping to remove barriers to increasing walking and cycling, such as the use of a new indicator on perceptions of road safety.”* The Local Sustainable Transport Fund (LSTF) is highlighted as a source of funding and it also suggests that road safety schemes might be funded from the dedicated public health grant, noting that *“The number of casualties killed and seriously injured on English roads is included as an indicator in the public health outcomes framework.”* It also states that *“There can be benefits for those who choose to make cycling and walking journeys, as well as benefits for society – the annual cost to the NHS as a result of inactivity is estimated at between £1bn and £1.8bn.”* However, this comes with the somewhat opaque rider that *“Road safety is only one contributor to the health of the nation and needs to be considered in a wider perspective.”* In the Framework

¹⁶ Philip Hammond, MP, Secretary of State for Transport, *Strategic Framework for Road Safety*, 2011, p.3.

¹⁷ DfT, [Facts on Cycling Safety](#), December 2013

¹⁸ DfT, *Strategic Framework for Road Safety*, 2011, Annex B

the terms “sustainability” is also frequently used with reference to restoring government finances – an overriding consideration.¹⁹

Casualty trends

19. The headline measure of progress in road safety tends to be the reduction in the total number of people killed or seriously injured (KSI). The long-term reduction in KSI has continued with a steep decline in the number of deaths in recent years – 45% between 2006 and 2012 (see Tables and Figures 1 & 2). Similar trends have been observed in many other countries and the global financial crisis has been identified as a major contributory factor.²⁰
20. The decline in casualties has not been uniform for all road user groups. The number of cyclists sustaining serious injury has increased steadily since 2004 while serious injuries to pedestrians have declined far less than those to car occupants and have increased in 2011 and 2012. (See Table 2.) While the increase in cyclist casualties is broadly in line with the increase in cycle use,²¹ the increase in pedestrian casualties is harder to explain in terms of the available data. Motor cyclist casualties, particularly deaths, have declined since 2007 but the casualty rate (per distance travelled) remains very high. This is problematic in relation to promoting sustainable transport. In addition, young and older drivers are overrepresented in casualty statistics in relation to the amount that they drive.
21. By way of comparison with the safety of other transport modes, there has not been a passenger killed on board a train on GB railways since 2007 and the rail industry is focusing more resources on the safety of passengers at train-platform interface, level crossing safety, track worker safety and work-related driving (on the road) by railway staff.²²

The local authority’s statutory responsibility

22. Most roads in Great Britain fall under the responsibility of the local authorities. The Highways Agency is responsible for motorways and trunk roads in England which account for 2% of the road length in England. Much of the trunk road network in England was “de-trunked” and responsibility for it transferred to local authorities under the last Government. In Northern Ireland all roads are the responsibility of the Department of Environment Northern Ireland.
23. Under the Road Traffic Act 1988, local authorities have a statutory responsibility for road safety. Section 39 of the Act requires local authorities to undertake studies into the occurrence of accidents on their roads, to take appropriate remedial measures and to design new roads to reduce the possibility of accidents. They can employ education, training and engineering responses. However, the legal minimum level of activity is not specified in the Act and has not been tested in the courts. Road safety, like many public services, has been going through a period of change since the 2010 general election due to austerity measures. The PACTS report series “Tackling the Deficit” showed how the local road safety community was being depleted and aspirations for improving road safety were diminishing due to spending cuts and the ring-fencing of funding for other services with clearer statutory requirements, such as child protection and adult social care.²³

¹⁹ DfT, *Strategic Framework for Road Safety*, 2011, pp.9, 31 and 37

²⁰ Louise Lloyd, Caroline Reeves, Jeremy Broughton and Jennifer Scoons, TRL, [Published Project Report PPR663: Investigating the reduction in fatal accidents in Great Britain from 2007-2010](#), 2013

²¹ DfT, [Facts on Cycling Safety](#), December 2013,

²² Office of Rail Regulation, [Health and Safety Report 2013](#), 2013, p.36

²³ PACTS, [Tackling the Deficit 2: Where next for road safety?](#), 2011

The Local Authority's Statutory Duty for Road Safety

The Road Traffic Act 1988, Section 39, states:

(2) Each local authority must prepare and carry out a programme of measures designed to promote road safety and may make contributions towards the cost of measures for promoting road safety taken by other authorities or bodies.

Without prejudice to the generality of subsection (2) above, in pursuance of their duty under that subsection each local authority –

(3a) Must carry out studies into accidents arising out of the use of vehicles on roads.

(3b) Must, in the light of those studies, take such measures as appear to the authority to be appropriate to prevent such accidents, including the dissemination of information and advice relating to the use of roads, the giving of practical training to road users or any class or description of road users, the construction, improvement, maintenance or repair of roads for the maintenance of which they are responsible and other measures taken in the exercise of their powers for controlling, protecting or assisting the movement of traffic on roads, and

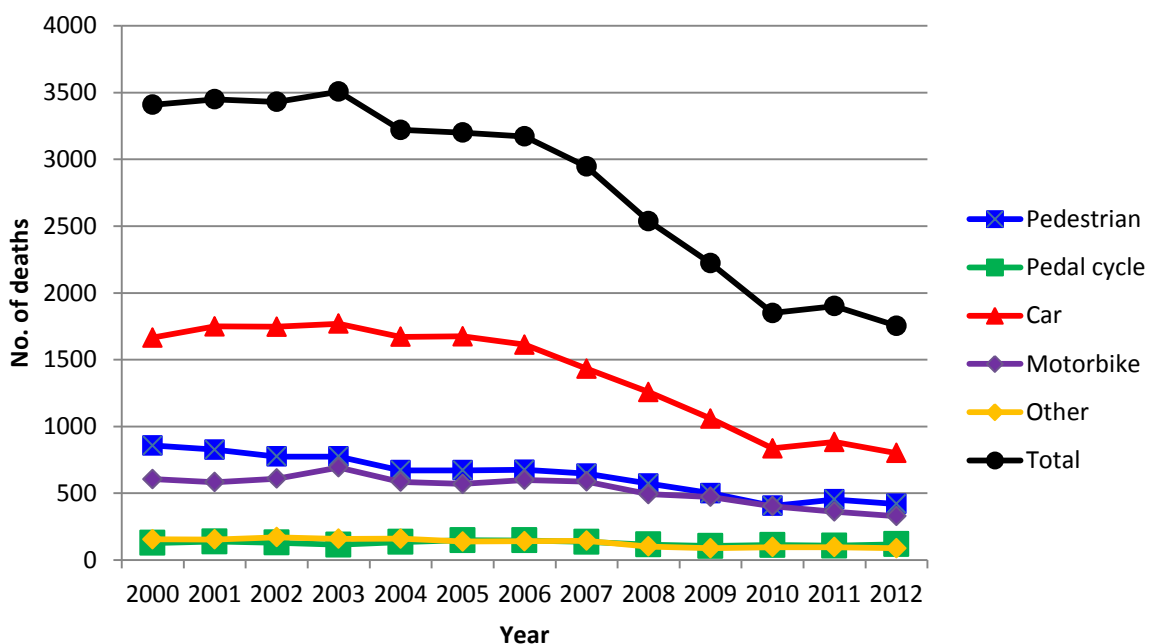
(3c) In constructing new roads, must take such measures as appear to the authority to be appropriate to reduce the possibilities of such accidents when the roads come into use.

Road user type	Table 1. Deaths by road user type (Great Britain, 2000-2012)												
	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
Pedestrian	857	826	775	774	671	671	675	646	572	500	405	453	420
Pedal cycle	127	138	130	114	134	148	146	136	115	104	111	107	118
Car	1,665	1,749	1,747	1,769	1,671	1,675	1,612	1,432	1,257	1,059	835	883	801
Motorbike	605	583	609	693	585	569	599	588	493	472	403	362	328
Bus	15	14	19	11	20	9	19	12	6	14	9	7	11
HGV	55	54	63	44	47	55	39	52	23	14	28	28	29
LGV	66	64	70	72	62	54	52	58	43	36	34	34	33
Other	19	22	18	31	31	20	30	22	29	23	25	27	14
Total	3,409	3,450	3,431	3,508	3,221	3,201	3,172	2,946	2,538	2,222	1,850	1,901	1,754

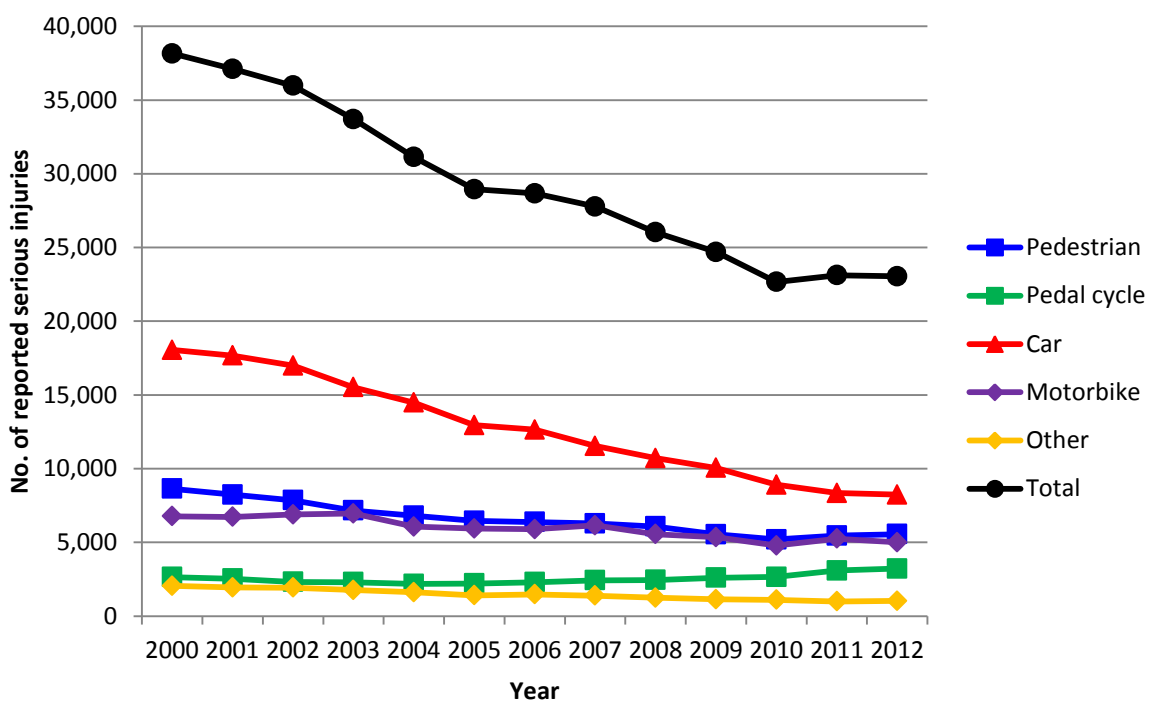
Road user type	Table 2. Reported serious injuries by road user type (GB, 2000-2012)												
	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
Pedestrian	8,641	8,238	7,856	7,159	6,807	6,458	6,376	6,278	6,070	5,545	5,200	5,454	5,559
Pedal cycle	2,643	2,540	2,320	2,297	2,174	2,212	2,296	2,428	2,450	2,606	2,660	3,085	3,222
Car	18,054	17,675	16,981	15,522	14,473	12,942	12,642	11,535	10,711	10,053	8,914	8,342	8,232
Motorbike	6,769	6,722	6,891	6,959	6,063	5,939	5,885	6,149	5,556	5,350	4,780	5,247	5,000
Bus	563	548	532	489	468	354	407	443	426	356	392	325	312
HGV	516	446	461	385	359	340	344	311	217	175	184	167	169
LGV	747	747	710	693	569	533	512	436	402	381	325	306	330
Other	222	194	225	203	217	176	211	196	202	224	205	196	215
Total	38,155	37,110	35,976	33,707	31,130	28,954	28,673	27,774	26,034	24,690	22,660	23,122	23,039

Source: Department for Transport, Reported Road Casualties Great Britain, [Tables RAS30064](#), [RAS30065](#), [RAS30069](#)

**Figure 1. Deaths by road user type
(Great Britain, 2000-2012)**



**Figure 2. Reported serious injuries by road user type
(Great Britain, 2000-2012)**



Source: Department for Transport, Reported Road Casualties Great Britain, [Tables RAS30064](#), [RAS30065](#), [RAS30069](#)

Sustainable transport

The local sustainable transport white paper

24. Within days of coming to power in 2010, the Prime Minister David Cameron announced that he wanted the Coalition Government to be the “greenest government ever”. In January 2011, the DfT published the white paper *Creating Growth, Cutting Carbon: Making Sustainable Local Transport Happen* and announced the associated Local Sustainable Transport Fund. Both focused on two “key government objectives: *“to help create growth in the economy, and to tackle climate change by cutting our carbon emissions”*. The white paper also stated that local action on sustainable travel choices would contribute to improvements in road safety and in public health. *Sustainable transport can also influence the quality of our lives, the air we breathe, how healthy and fit we are, the money in our pockets and how long we spend in traffic queues – as well as the pleasantness of our environment and public spaces....Encouraging sustainable travel choices does not just help create economic growth and cut carbon, but also contributes to improvements in road safety and in public health.*²⁴
25. Sustainable transport is a widely used term although it has no rigorous definition. It is generally used to describe transport which is less harmful in terms of carbon emissions, air quality and (sometimes) risk distribution among road users. It may also have health and social-justice aspects. This could include transport modes:
- with zero or negligible emissions, such as walking or cycling (active travel);
 - which offer an alternative to higher emission-modes, as does public transport;
 - modes which use technology to significantly reduce emissions, such as electric or hybrid vehicles.
26. The white paper *Creating Growth, Cutting Carbon* does not define sustainable transport but by implication sustainable transport is that which reduces carbon and generates economic growth and jobs, while providing long-term congestion and health benefits. In the white paper, local sustainable transport focuses on behaviour change – converting short car trips to walk, cycle or bus – rather than technology solutions such as low carbon vehicles.
27. Motorcycling could be considered a more sustainable mode than private car use: on average motorcycling has lower CO₂ emissions per mile travelled and requires less road space. It does not have the health benefits of walking or cycling but it may be more practical for longer journeys and more accessible than public transport in rural areas. Generally, however, motorcycling has not featured significantly in LSTF consideration of sustainable transport and successive governments have been reluctant to promote motorcycling for transport because of the high casualty rates.

Sustainability legislation

28. Sustainability, including sustainable transport, is covered by a number of pieces of legislation.
- The Climate Change Act 2008 imposes legal obligations on government to reduce emissions of greenhouse gases (carbon dioxide, nitrogen dioxide, methane, hydrofluorocarbons and perfluorocarbons);

²⁴ DfT, *Creating Growth, Cutting Carbon, Making Local Sustainable Transport Happen*, Cm 7996, 2011, p.5.

- EC Air Quality Framework Directive (96/62/EC) and subsequent daughter directives set legally binding air quality standards for the UK, addressed by the DEFRA 2007 *Air Quality Strategy*;²⁵
- The Education and Inspections Act 2006 places a duty on local authorities in England to promote sustainable travel modes for school travel;
- The Greater London Authority Acts 1999 and 2007 imposed various general environmental, social and economic sustainability duties on the Mayor and the GLA; in England, outside London, there is however no over-riding statutory duty for local authorities to promote sustainability;
- The Active Travel (Wales) Act 2013 requires local authorities in Wales to encourage and improve facilities for active travel.

Local authority duty to promote sustainable school travel

The Education and Inspections Act, 2006 (Section 508A) places a duty on local education authorities in England to promote the use of sustainable travel modes to and from school. The Act has four main requirements: an assessment of the travel and transport needs of children and young people in the authority area; an audit of the sustainable travel and transport infrastructure within the authority that may be used when travelling to and from, or between schools and institutions; a strategy to develop the sustainable travel and transport within the authority, so that the needs of children and young people are better cared for; and the promotion of sustainable travel and transport to, from and between schools and institutions. [tbc Adrian]

<http://www.legislation.gov.uk/ukpga/2006/40/section/76>

Local Sustainable Transport Fund

29. The white paper *Creating Growth: Cutting Carbon* was supported by the announcement of the Local Sustainable Transport Fund, which provided £560 million of revenue and capital funding between 2011 and 2015 (£350 million in revenue, £210 million in capital) to enable local authorities to support sustainable measures that boost economic growth and reduce carbon emissions. The white paper and related funding emphasised the importance of the localism agenda in promoting sustainable travel. The LSTF can be seen as building on the Sustainable Travel Demonstration Towns programme.²⁶ (See case studies.)

30. In this report we have focused on local sustainable transport schemes and policies - the types covered by *Creating Growth: Cutting Carbon* and the LSTF. We are aware however that other important initiatives are underway at national or international level, such as promotion of electric cars, the low carbon vehicle partnership (LCVP), rail electrification, support for greener buses, and a tightening of CO₂ emission standards by the EC for car sales in the EU. These are essentially aimed at reducing carbon emissions through technological improvements – with some success. The average new car sold in 2013 emitted 128.3g/km CO₂, almost 30% down on 2000.²⁷ These may also have important health benefits through reduced air pollutants but generally do not promote active travel.

²⁵ DEFRA, *The Air Quality Strategy for England, Scotland, Wales and Northern Ireland Vol.1*, p.7

²⁶ DfT, *Sustainable Travel Demonstration Towns, Part IV, Ch.18*, 2010

²⁷ Low Carbon Vehicle Partnership, *'Average UK new car CO₂ emissions down 3.6% in 2013; target for 2015 achieved early'*, 13th March 2014

Beyond LSTF

31. The LSTF has given a significant boost to walking and cycling schemes, particularly during a period of austerity and cuts in local government spending. The Cycle Safety and Cycle City Ambition grants have further boosted spending on cycling. However, it would be wrong to assume that all is well for sustainable transport. An analysis by the Campaign for Better Transport and CPRE of the spending plans of the recently established Local Transport Bodies found that while some were proposing packages of schemes to support sustainable development, others were not. On average, the 37 plans scored only 3.2 out of 10 for “sustainability” with 8 Local Transport Bodies scoring only 1. There was some allocation for walking and active travel (£65m for 6 schemes) but nothing for cycling. In total £442m was proposed for sustainable transport schemes (33% of the total).

Some [Local Transport Bodies] have made choices in a transparent way, seeking out local views and considering a full range of transport modes. This has led to balanced and imaginative packages of projects to support local economies and reduce car dependency, building on the good work of the Local Sustainable Transport Fund....Others have been less forward thinking. Several have adopted closed decision-making processes and there is a tendency to favour road building and widening over more cost effective options.²⁸

32. The government’s wider policies and spending priorities are not seeking to reduce car-dependency. The National Planning Policy Framework replaces previous policies which required or promoted travel plans and restrictive car parking standards. Town centre car parking, even on yellow lines, is being promoted by the Department for Communities and Local Government (DCLG). The Chancellor has suspended increases in VED and announced the largest ever road building programme (in financial terms) for twenty years. In the October 2013 ministerial reshuffle, roles were also amended: whereas outgoing Transport Minister Norman Baker MP had responsibility for “sustainable travel (including walking and cycling)” and “alternatives to travel”,²⁹ his successor Robert Goodwill has simply “walking and cycling”. As the recession ends, traffic growth and rising car sales have returned. While rail use continues to grow strongly, bus use continues to decline and there is little sign of reduced car dependency. The DfT’s national traffic model forecasts increased traffic growth of 40% by 2040. London is the exception where car dependency may be decreasing.³⁰
33. Recent planning guidance from the Department of Communities and Local Government has emphasised the duty of planning authorities to consider health and wellbeing in local and neighbourhood plans and in planning decision making and to work with public health organisations.³¹

²⁸ Campaign for Better Transport and CPRE, [Where’s the money going? Local Transport Body Plans](#), 2013

²⁹ [DfT website](#) 2013

³⁰ TfL, [Travel in London- Report 6](#), 2014

³¹ DCLG, Planning Practice Guidance, [Health and Wellbeing](#), Revision 6 March 2014

The European Commission Paper on Sustainable Travel

The 2009 European Commission (EC) Paper on *A Sustainable Future for Transport* maintained the importance of establishing a system that would meet “society’s social, economic and environmental needs” and be “conducive to an inclusive society”. Due to the increasing concerns surrounding sustainability and air quality, the EC argued that the priority remained “a better integration of the modes of transport” and “full interoperability” along with the development of technology to match the public need.³²

Brussels has identified sustainable travel as key to improvements in environmental quality and ultimately to the state of European connectivity.

Travel trends

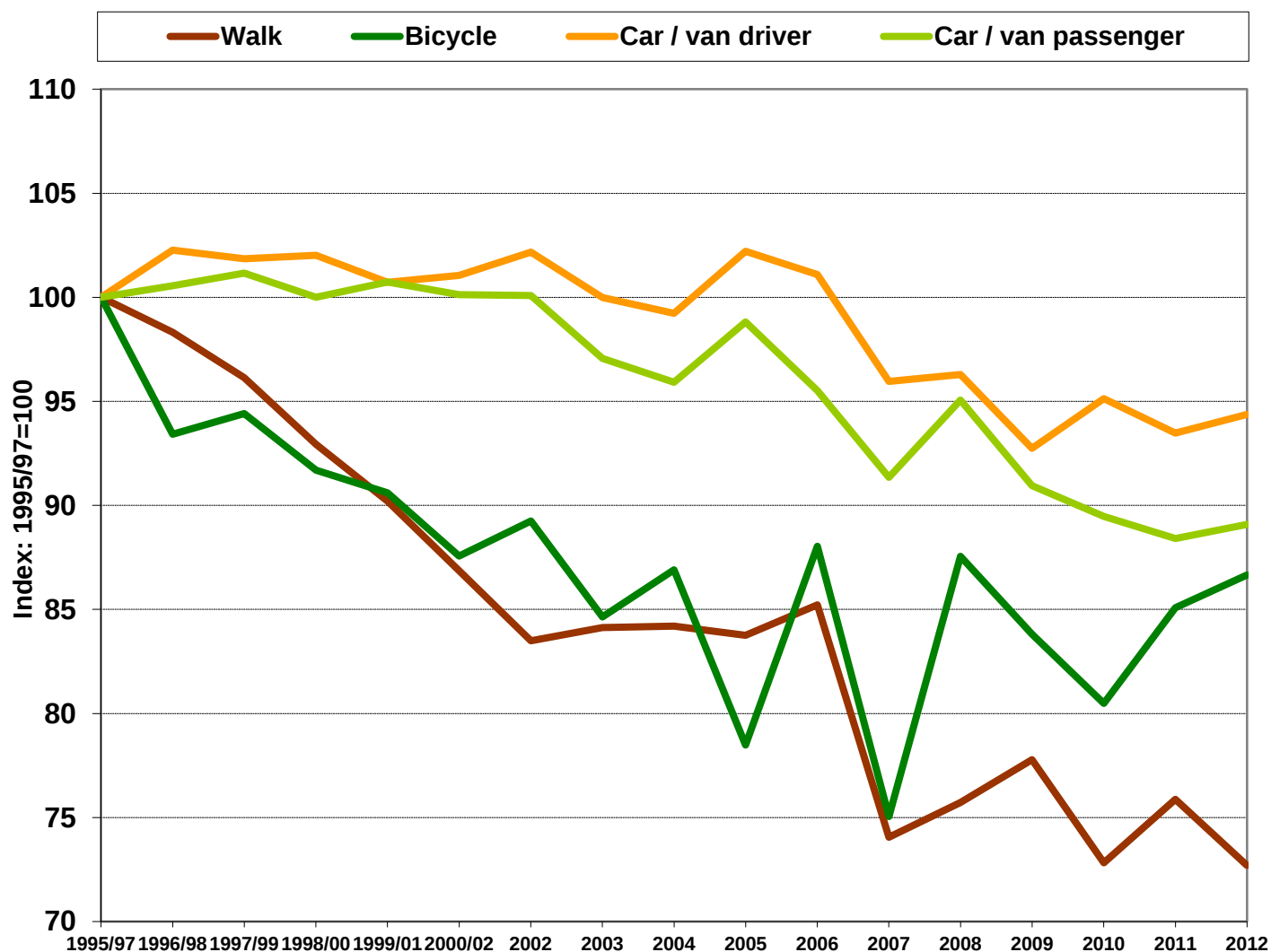
34. Despite the recent increases in cycling (mainly since 2006), the longer-term trends in active travel are not encouraging (see Figure 3).³³ The number of walk and cycle trips fell by a quarter between 1995/97 and 2012 (although cycle *mileage* rose by 23%). Travel to school by car has increased while walking to school has declined. Bus and rail trips often involve walking and so may have health benefits: outside London bus use declined by 17% while rail trips increased by 66%. Trends in London are different: cycling, bus and rail use have all increased and London is the only region in Great Britain where the percentage of households without a car has increased.
35. A separate study found that only 25% of primary school children in England are allowed to travel home from school alone, compared with 86% in 1971. Primary school children in Germany are allowed considerably more independence.³⁴

³² European Commission, [A Sustainable Future for Transport](#), 2009

³³ DfT, [National Travel Survey: 2012](#), September 2013

³⁴ Policy Studies Institute, [Children’s Independent Mobility in England and Germany, 1971-2010](#), 2013

**Figure 3: Average number of trips by selected private transport modes - index:
Great Britain, 1995/97 to 2012**



Source: DfT, National Travel Survey, 2013

Public health

36. Public health refers to policies and interventions to protect and promote good health and well-being, in some cases providing expert treatment and in others actively seeking to pre-empt health issues via strategic thinking. Public health policy revolves around prevention of illness, promotion of awareness of dangers to health and protection of the vulnerable. Healthcare services are estimated to contribute to one third of life-expectancy improvements whereas changing people's lifestyles and removing health inequalities contribute to two-thirds.

The health challenges and trends

37. The Government acknowledges the scale of the public health challenges, and highlights key issues, although road traffic casualties are not highlighted:

*We have to be bold because so many of the life-style driven health problems we see today are already at alarming levels. Britain is now the most obese nation in Europe. We have the worst rates of sexually transmitted infections recorded, a relatively large population of problem drug users and rising levels of harm from alcohol. Smoking alone claims over 80,000 lives every year. Experts estimate that tackling poor mental health could reduce our overall disease burden by nearly a quarter. Health inequalities between rich and poor have been getting progressively worse. We still live in a country where the wealthy can expect to live longer than the poor.*³⁵

38. In public health, the scale of a health problem is often measured in terms of disability adjusted life years (DALYs) lost. In the UK in 2010, 835,000 (5%) DALYs were attributable to physical inactivity and low physical activity while 311,000 (2%) were attributable to road transport injuries.³⁶ Childhood obesity is an increasing problem, as illustrated in Figure 4.
39. Some of these problems, particularly obesity and poor mental health, can be alleviated by active travel. A survey by the British Heart Foundation found that eight in ten thirteen year olds did not engage in the recommended levels of physical activity. One in three children were classed as overweight upon leaving primary school, with the prospect that children today might "die younger than their parents."³⁷
40. Poor air quality, often resulting from traffic emissions, is also a cause of serious health ill-health.

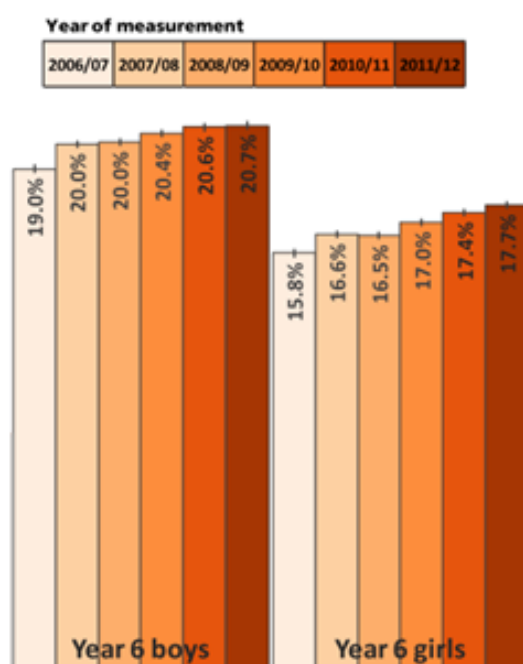
In Greater London it is estimated at in 2008 there were over 4,000 'death brought forward' attributable to long term exposure to small particles [PM10s].

³⁵ DH, *Healthy Lives, Healthy People: Public Health Strategy*, 2010, p.7

³⁶ UK health performance: findings of the Global Burden of Disease Study 2010, *The Lancet*, Vol 381 March 23, 2013, pp997-1020

³⁷ Chris Smythe, 'Obesity will send today's children into an early grave', *The Times*, 12 August 2013

Figure 4. Prevalence of childhood obesity in Year 6 boys and girls, 2006/07-2011/12



Source: National Obesity Observatory, *National Child Measurement Programme*, [Changes in children's BMI between 2006/07 and 2011/12](#), February 2013

Policy framework

41. The Department of Health's 2010 Command paper *Healthy Lives: Healthy People: Public Health Strategy* set out the Coalition Government's key policy aims for public health:

- Protecting people from serious health threats;
- Helping people live longer, healthier and more fulfilling lives; and
- Strong development in the poorest areas.³⁸

42. Public health is, in the Government's view, a shared responsibility: it is "*simply not possible to encourage healthier lifestyles through Whitehall Diktat*" and promotes a more localised approach.³⁹ It is accompanied by significant institutional change (see below).

43. The strategy is the Government's response to Professor Sir Michael Marmot's *Fair Society, Healthy Lives* report⁴⁰ - the "Marmot review", often described as highlighting the "causes of causes". It points to local environments and income inequalities as the key determinants of public health and is sceptical about the potential to improve health for those most in need without tackling the more fundamental causes of ill-health.

Institutional framework

44. There has been significant institutional change in the NHS and public health under the present Government. From the 1st April 2013, the Health Protection Agency, Regional Public Health Groups and Health Observatories were merged into Public Health England, an executive agency

³⁸ DH, *Healthy Lives, Healthy People: Public Health Strategy*, 2010, p.7

³⁹ DH, *Healthy Lives, Healthy People: Public Health Strategy*, 2010, p.2

⁴⁰ Marmot, M. [Fair Society, Healthy Lives: Strategic Review of Health Inequalities in England post 2010](#), 2010

of the Department of Health. Public health at a local level is now managed by local authorities, overseen by their newly-established Health and Wellbeing Boards which are required to consider priorities set locally (Joint Strategic Needs Assessment) and nationally (Public Health Outcome Framework) when deciding on their local public health actions.

45. Established under s194 of the *Health and Social Care Act 2012*, Health and Wellbeing Boards are designed to provide a forum within which key leaders from the health and care system are able to work together in order to improve the health and well-being within their districts whilst reducing health inequalities. A key aspect of broader plans to modernise public health, these boards will hold a strong influence over commissioning, localisation and joined-up working. They are designed to give communities a greater say in understanding and addressing local health care needs. The Health and Wellbeing Boards are required to consider priorities set locally (Joint Strategic Needs Assessment) and nationally (Public Health Outcome Framework) when deciding on their local public health actions.

PHOF and JSNAs

46. Two key documents in the new arrangements for public health are the Public Health Outcomes Framework (PHOF) and Joint Strategic Needs Assessments (JSNAs).
47. The Public Health Outcomes Framework (PHOF) sets out the desired outcomes for public health and how they will be measured. The PHOF for 2013-2016, updated in November 2013, reiterates the Government's philosophy to public health that the *"The responsibility to improve and protect our health lies with us all – government, local communities and with ourselves as individuals."*⁴¹ It highlights the importance of two factors: increasing healthy life expectancy and removing the inequalities in healthy life expectancy. The framework specifies annual indicators for public health nationally and regionally. Rather than setting "top-down targets" it emphasises achieving locally-determined priorities, guided by the PHOF. This contains indicators relating to transport, including the number of people killed and seriously injured on roads, older people's perception of safety and physical inactivity as well as obesity and self-reported well-being.
48. Joint Strategic Needs Assessments (JSNAs) are documents that analyse the health needs of local populations, to inform and guide the commissioning of health, well-being and social services within the local authority area. The JSNAs are designed to underpin the health and well-being strategies and commissioning plans. The main purpose of a JSNA is to assess the health needs of a local population in order to improve the physical and mental health and well-being of individuals and communities. The NHS and upper-tier local authorities have had a statutory duty to produce an annual JSNA since 2007.⁴²
49. An analysis of 40 JSNAs by the Royal Society for the Prevention of Accidents (RoSPA) found that the coverage of road safety was mixed. Half had no explicit section on road safety and, while some were "excellent" others were short and contained very little detail. RoSPA concludes that:
- Road safety activities can be integrated with wider public health work by considering it alongside healthy transport and efforts to increase physical activity. Joint Strategic Needs Assessments should include road safety.*⁴³

⁴¹ DH, [Improving outcomes and supporting transparency. A public health outcomes framework for England, 2013-2016](#), November 2013

⁴² NHS Confederation, [The Joint Strategic Needs Assessment](#), 2011

⁴³ RoSPA, [Road safety and public health](#), 2014

Public health arrangements in the devolved administrations

Public Health Wales is an NHS Trust and provides specialist public health advice and services in support of many organisations across Wales. Its principal stakeholders includes the:

- Welsh Government
- Seven Health Boards in Wales
- Two other NHS Trusts in Wales
- 22 Local Authorities in Wales

The Public Health Wales board published a five year strategy in 2010 setting out strategic objectives including:

- *Improve health and reduce health inequalities by addressing the social, economic and environmental factors which determine people's health*
- *Promote healthy behaviour.*⁴⁴

In 2011, the Public Health Strategic Framework was published, setting out priorities for public health in Wales for the next 18 – 24 months.⁴⁵

NHS Health Scotland is Scotland's national agency for reducing health inequalities and improving health. A central part of its work lies in supporting Health Boards to achieve their health improvement targets, as set by the Scottish Government and laid out in their local delivery plans.

A Fairer Healthier Scotland, the strategy from 2012 to 2017, sets out the role, direction and priorities of NHS Health Scotland for the next five years.⁴⁶

Joined-up agendas?

50. In this chapter we have set out the current policy frameworks and highlighted some areas where there are synergies between the three sectors. We summarise our findings in Table 3.

51. It is evident that transport and public health bodies locally and centrally are growing increasingly concerned about obesity and this is driving sustainable transport initiatives. Though it is not a new concern, there have been a number of recent publications from the health sector recognising the impact that the transport sector has on public health, and urging changes to be made. For example:

- BMA: *"...transport's impact on health has become unnecessarily harmful, to the point where it is a significant cause of morbidity and mortality."*⁴⁷ This harmful impact refers not only to direct impacts such as casualties and pollution, but also indirectly to health problems relating to air pollution and physical activity deficiency.
- TfL: if physical inactivity trends continue, 90% of the adults in London will be obese by 2050, as the children grow-up in a city "where it is normal to be obese."⁴⁸

52. A major driver for public health is the priority to reduce health inequalities. This has clear linkages to the priority in the road safety Framework to prioritise casualty reduction for children in deprived areas. Children from deprived households suffer greater levels of ill-health and higher pedestrian casualty rates than children from wealthier households.

⁴⁴ NHS Wales, [Public Health Wales: Five year Strategy](#), 2010

⁴⁵ NHS Wales, [Delivering a Five-Year Service, Workforce and Financial Strategic Framework for NHS Wales](#), 2010

⁴⁶ NHS Health Scotland, [A Fairer, Healthier Scotland: Our Strategy 2012-2017](#), 2012

⁴⁷ BMA, [Healthy transport = healthy lives](#), 2012

⁴⁸ TfL, [Roads Task Force - Tactical Note 20: What are the main health impacts of roads in London?](#), 2012, pp.2-3

53. The road safety sector is also increasingly aware of public health and sustainable transport issues. Links between road safety, sustainability and public health are increasingly recognised at international level. An “integrated approach to road safety” is one of the three top principles in the European Commission’s Road Safety Policy Orientations 2011-2020. The European Commission states that:

*The future road safety policy should be taken into account in other policy fields of the EU, and it should take the objectives of these other policies into account. Road safety has close links with policies on energy, environment, employment, education, youth, public health, research, innovation and technology, justice, insurance, trade and foreign affairs, among others.*⁴⁹

54. On the other hand, the public health sector seems to be less focused on road safety than the casualty numbers might suggest. This contrasts with the international situation. At the UN Rio+20 Summit in 2012, governments agreed that safe and sustainable transport needed to be an essential component of development strategy. Road traffic deaths and injuries represent a worsening global public health epidemic. There is an opportunity to include road safety in the Sustainable Development Goals which replace the Millennium Development Goals in 2015.”⁵⁰

London – an example of joined up delivery.

London is unique and has many attributes that do not apply to other cities or devolved administrations in the UK. However, it is instructive to see how it is tackling the issues of road safety, sustainable transport and public health, both separately and jointly.

Road safety. The London road safety action plan Safe Streets for London contains an ambitious target to reduce KSIs by 40% by 2020 from a 2005-2009 baseline. The plan is focused on outcomes and based on a Safe System approach. It prioritises safety for vulnerable road users as they account for 77% (in 2011) of KSIs but warns against a “victim blaming approach”. It states that “*Casualty reduction needs to be considered within the wider context of health policy, including public health.*”

Sustainable transport. Within a context of support for an extensive public transport system, the Mayor has set a target to increase cycle use by 400% between 2001 and 2026. Many initiatives and funding streams are underway to support this including expansion of the public Bike Hire scheme, safety improvements to the Cycle Superhighways, new “mini-Hollands” and “Quietways” and free “Bikeability” cycle training for all school children. Walking is being encouraged through improved information, including Legible London, improvements to the public realm and countdown facilities at pedestrian crossings.

Public health. The statutory responsibility for public health in London lies with London Boroughs. However, the Mayor of London has also taken a pro-active approach. Transport for London (TfL) has published what it claims to be the world's first transport health action plan. This seeks to increase physical activity, reduce the impacts of road traffic collisions and traffic noise and improve air quality. It notes that “*Road traffic injuries account for a very small proportion of all poor health and deaths in London....However, fear of road traffic injury is the leading reason people give for not walking or cycling...*”⁵¹

⁴⁹ EC, [Towards a European road safety area: policy orientations on road safety 2011-2020](#), 2010

⁵⁰ Kevin Watkins, [Safe and Sustainable Roads: The Case for a Sustainable Development Goal](#), 2011

⁵¹ TfL, [Improving the health of Londoners. Transport Action Plan](#), February 2014

Table 3. Summary of existing national policy frameworks for road safety, sustainable transport and public health					
	Long term vision and main aims	Motivations	Strategy	Indicators	Sources
Safety	Ensure that Britain remains a world leader in road safety. Continue to reduce the number of people killed and seriously injured on Britain's roads. Take into account the modal shifts occurring in order to reduce the increasing number of cyclist collisions on the roads.	Personal loss Social impact Perception of failure Public calls for response Economic impact - emergency and health costs - insurance pay outs - impact of collisions and incidents on congestion, reliability and resilience	Improving road safety together: empowering local citizens and local service providers away from centralised policy and catering for regional differences. Education: developing skills and attitudes, advice to road users, educational interventions for offenders Targeted enforcement and sanctions: drink and drug driving, careless driving, etc. Make it "easier for road users to do the right thing".	<u>Key indicators:</u> Number of road deaths (& rate per billion vehicle miles (pbvm)) Rate of motorcyclist deaths pbvm Rate of car occupant deaths pbvm Rate of pedal cyclist deaths pbvm Rate of pedestrian deaths pbvm Number of deaths resulting from collisions involving drivers under 25 <u>Others include:</u> Perceptions of road safety, feeling safe walking and cycling Ensure deprived living areas do not experience a deprivation of safety.	DfT, <i>Strategic Framework for Road Safety</i> (2011) Additional strategies in devolved administrations

Sustainable travel	Living within environmental limits Ensuring a strong, healthy & just society (Sustainable Development Strategy, 2005) “Our vision is for a transport system that is an engine of economic growth, but one that is also greener and safer and improves quality of life in our communities.” (Creating Growth, Cutting Carbon 2011) 80% reduction in CO₂ by 2050 (Climate Change Act 2008) “Outdoor Air Without Risk To Health” (Air Quality Strategy for England, Scotland, Wales and N. Ireland 2007)	Legal requirements: • To reduce carbon • To comply with air quality standards • sustainable development duties (London) Policies: • Provide travel choice • Reduce car use for short journeys • Economic growth • Climate change • Protect the natural environment • Public health: increasing incidence of cardiovascular and respiratory diseases.	Focus on short trips, smaller-scale local schemes (LSTF). Make travelling on foot, by bike or on public transport more attractive. Make car travel greener by supporting the development of the low carbon vehicle market Increase the availability and accessibility of active transport through planning and infrastructure improvements. Improve education and awareness of sustainability and encourage journey planning amongst younger generations. Traffic management in areas experiencing extreme levels of congestion.	Levels of cycling Creating Growth, Cutting Carbon 2011 Public transport use. Creating Growth, Cutting Carbon 2011 Monitoring & evaluation of LSTF projects (eg. Travel patterns) LSTF Monitoring & Evaluation Framework 2012 CO₂ emissions Climate Change Act 2008 Levels of air pollutants, including:- - Nitrous Oxide - Particulates - Sulphur Dioxide Air Quality Strategy 2007	<i>LSTF Monitoring and Evaluation Framework (2012); Creating Growth, Cutting Carbon: making Sustainable Local Transport Happen (2011); Climate Change Act (2008); Air Quality Strategy (2007).</i>
Public Health	Improve healthy life expectancy Decrease health inequalities Improve the population’s lifestyles increasing health and well-being as a result	Recognition that causes of death are dominated by “diseases of lifestyle” Overweight and obesity • 1 in 5 children • 2 in 3 adults	Improve local environment to make physical activity part of everyday life. Encourage a modal shift towards active transport or public transport. Protect the population from health threats Empower local leadership and local communities	- Individuals killed and seriously injured on roads - Injuries in under 18s - Adult/childhood obesity - Physical inactivity - Air pollution - Population affected by noise - Social connectedness - Use of green space for exercise - Self-reported well-being - Falls & falls injuries – over 65s - Quality of life for older people - Number of cycle paths and the use they receive.	DoH, <i>Healthy Lives, Healthy People: Our strategy for public health in England</i> (2010)

Chapter 3: Case Studies

Selection of case studies

55. In order to illustrate the policy intersections and possible synergies between transport safety, sustainability and health, four case studies were selected from the three policy areas (see Table 4).
56. The case studies are intended to show the degree to which schemes focused on one policy areas have delivered synergies or co-benefits for others. They were not chosen to (necessarily) illustrate good practice. They are all partly or mainly behaviour-change schemes. Two involve a significant degree of infrastructure provision.

Table 4. Principle objectives for the case study schemes

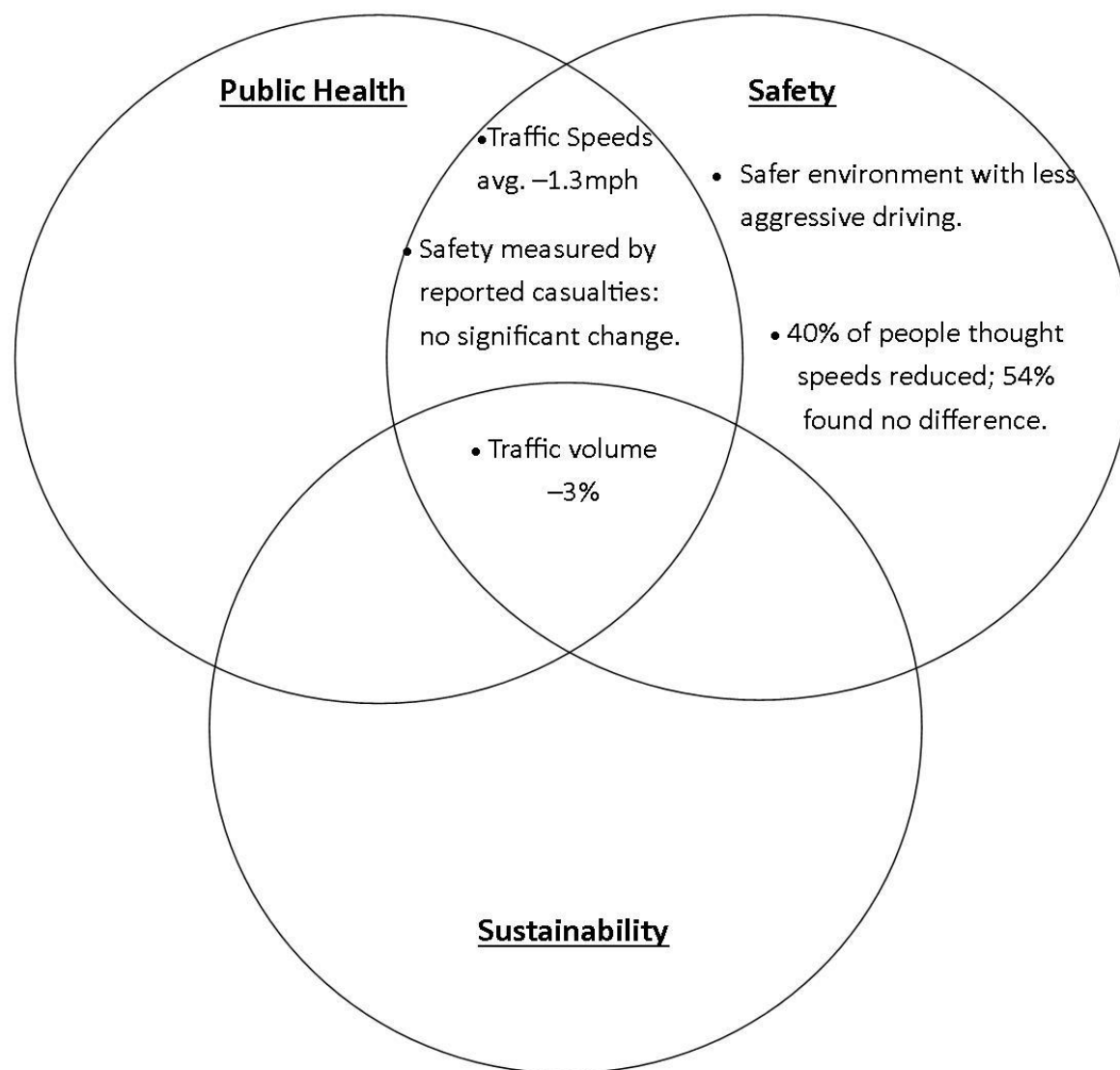
Scheme	Road safety	Sustainable transport	Public health
Portsmouth 20mph speed limit	Yes	-	-
Sustainable Travel Demonstration Towns		Yes	
Barclays Cycle Superhighways	Yes	Yes	
Change4Life			Yes

The Portsmouth 20mph speed limit scheme

57. The Portsmouth 20mph speed limit scheme was the first extensive, area-wide 20mph speed limit scheme in England. Unlike 20mph zones, the scheme did not involve new physical speed reducing measures to enforce the lower speed limits. It was intended to address actual and perceived safety issues associated with busy residential areas and inappropriate vehicle speeds. Portsmouth City Council had been planning a series of traffic calming zones over a longer period but launched the 20mph limit scheme on an experimental basis in the wake of a triple fatality on a main road in 2004. It was subsequently expanded to cover 410 km (94%) of the city's road length. The existing speed limit was 30mph and actual speeds were relatively low (below 30mph) before the limit was lowered to 20mph. The scheme was intended to be 'self-enforcing' without the need for cameras or extra police involvement. The Council sought support for the scheme through various channels, including neighbourhood forums, schools and the media.
58. Consultants Atkins undertook an interim evaluation of the scheme for the DfT in 2010, using data provided by the Council.⁵² Traffic speeds were measured at 223 sites in six sectors before and after implementation. Average speeds fell in all sectors, by an average of 1.3mph to 19.8mph. 19 sites, however, were found to still have average speeds between 24mph and 29mph. Annual counts suggested traffic had not re-routed systematically from the roads subject to 20mph limits to the main roads on the corridor.
59. A comparison was made of road casualties in the three years before and the two years after implementation. This found that casualties had fallen by around 41 (22%) from 183 per year to 142 casualties per year. This compared to a fall of 14% on similar roads nationally during the same period. The number of pedestrian casualties decreased by 7 (16%) per year after the 20mph limit came into effect and the number of pedal cyclists casualties by 6 (15%). Despite the overall fall, there was a slight rise of 2.5 (6%) in the average number of total casualties seriously injured – from 30 to 33 per annum – compared with a 15% decline nationally.
60. The Council's main objective implementing the scheme was to improve safety (actual and perceived). It hoped that the scheme might also contribute towards wider environmental, public health and social policy outcomes. Atkins found that there was no significant decrease in levels of congestion. The majority of car drivers surveyed claimed that the scheme did little to alter their travel mode or frequency. However, a small number did increase their levels of walking, pedal cycling and public transport usage.
61. A public opinion survey undertaken by the Council found that 40% felt that the scheme had decreased the speed of cars within Portsmouth, though 54% believed that the scheme had made no difference. 40% of respondents maintained that since the introduction of the scheme there had been a safer environment for walking and cycling; furthermore, nearly 40% surveyed believed that there has been less aggressive driving since the introduction of the scheme although half of those surveyed felt that there had not been the expected reduction in congestion. The survey found that the main sources of dissatisfaction with the scheme were that the drivers exceeded the speed limit and that there was no effective means of enforcing the scheme should drivers exceed the limit.
62. Overall, the scheme results are somewhat inconclusive and no further detailed evaluation has been undertaken. The casualty numbers were small and the evaluation period relatively short. The Council considers that the scheme has been accepted and understood by local residents. The DfT is commissioning a large scale study of 20mph limit schemes, although Portsmouth may not be included.

⁵² Atkins, [Interim Evaluation of the Implementation of the 20mph Speed Limits in Portsmouth \(Final Report\)](#), 2010

Figure 5. Portsmouth 20mph Speed Limit Scheme



Sustainable Travel Demonstration Towns

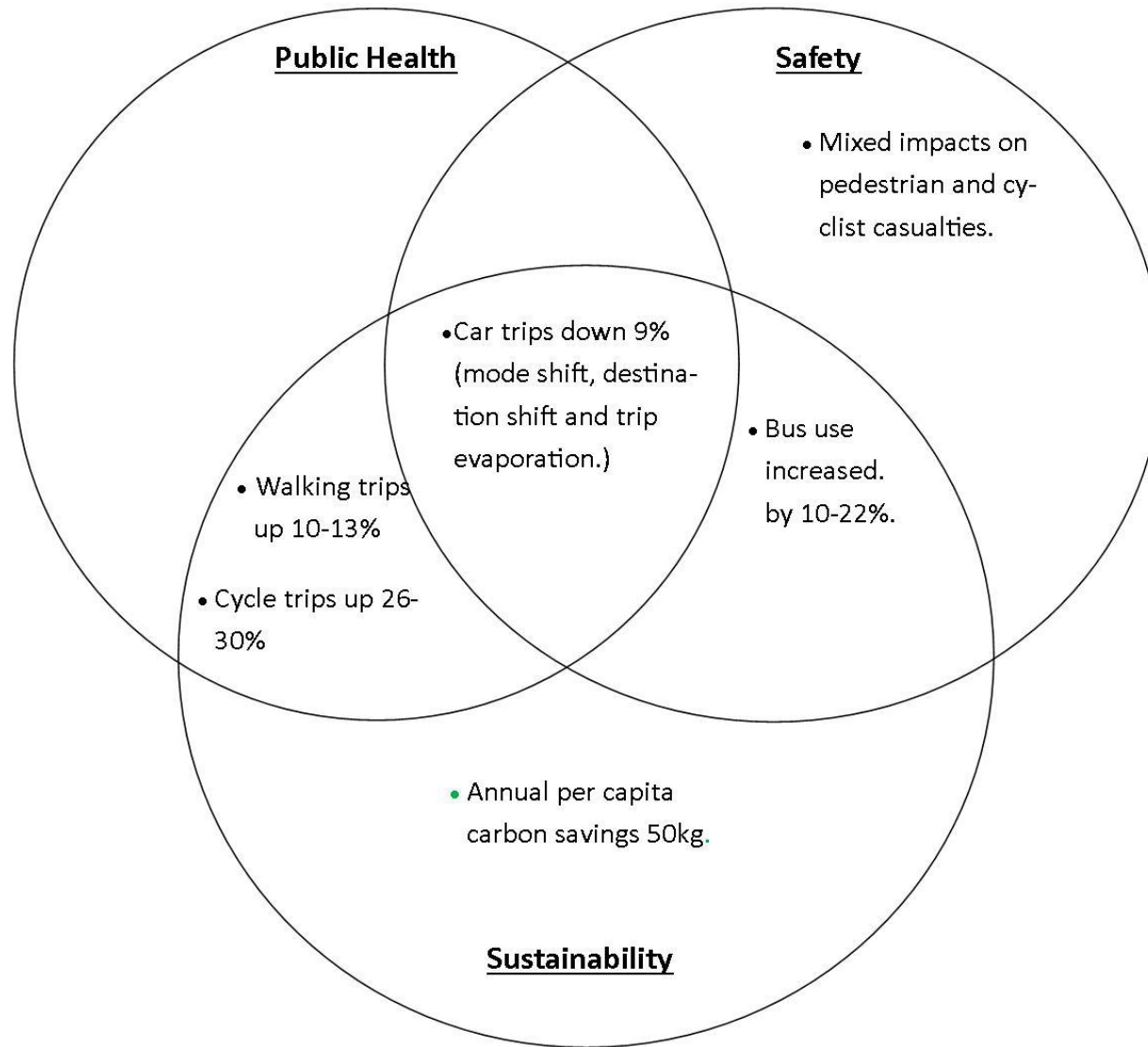
63. Sustainable Travel Demonstration Towns were a set of projects aimed at changing travel behaviour and encouraging active travel and public transport use. The schemes were intended to demonstrate the degree to which social, economic and environmental benefits could be obtained through promotion of sustainable travel. They were initiated, monitored and funded by the DfT and undertaken by Darlington Borough Council, Peterborough City Council and Worcester City Council between 2004 and 2008.⁵³ The schemes were primarily aimed at tackling congestion and ensuring good accessibility in these cities. The local authorities involved in the scheme made use of a strong brand identity; developing travel awareness campaigns, marketing schemes and encouraging school and workplace involvement in the formulation of travel planning on a city wide scale.
64. The monitoring report found that within the three cities there had been a shift away from car use (-9%) and an increase in walking (+10-13%), cycling (+26-30%) and bus trips (+10-22%). Worcester experienced significant increases in walking but levels of cycling appeared to decline. The report found that car driver mileage by residents of the towns fell 5%-7% (on trips <50km) during the course of the programme. This was calculated to produce an average annual carbon savings of 50kg per capita within the towns between 2004 and 2008.⁵⁴ It should be noted that reliably monitoring changes travel patterns at local over relatively short period is difficult.
65. Whilst the scheme primarily focused on sustainable travel, there are notable potential synergies with public health and road safety. Increases in active travel are typically associated with health benefits – although these were not measured in the study. Reductions in motor vehicle mileage may have contributed to reductions in carbon emissions and air pollutants.
66. Whilst a reduced volume of traffic might be expected to be beneficial for road safety, there was no consistent change in casualty numbers or severities. Darlington saw an increase in total cyclist casualties while Peterborough and Worcester saw falls. The changes for pedestrians were more mixed. In Darlington, there was a reduction in all pedestrian casualties (-17.7%) but an increase in fatal and serious pedestrian casualties (+9.5%). In Peterborough there was an increase in all pedestrian casualties (+7.0%) including an increase (+4.8%) in fatal and serious pedestrian casualties. In Worcester there was a small reduction in all pedestrian casualties (-4%) but a larger reduction in fatal and serious pedestrian casualties (-17.4%).⁵⁵
67. In conclusion, the Sustainable Travel Demonstration Towns took a holistic approach to promoting active travel and sought to demonstrate health, safety and environmental benefits and synergies. There were apparent successes but the impacts on vulnerable road user casualties was mixed.

⁵³ DfT, [The Sustainable Travel Demonstration Towns, Part III, Chapter 3](#), 2010

⁵⁴ DfT, [The Sustainable Travel Demonstration Towns, Part IV, Ch.18](#), 2010

⁵⁵ DfT, [The Sustainable Travel Demonstration Towns, Part IV, Ch.19](#), 2010

Figure 6. Sustainable Travel Demonstration Towns



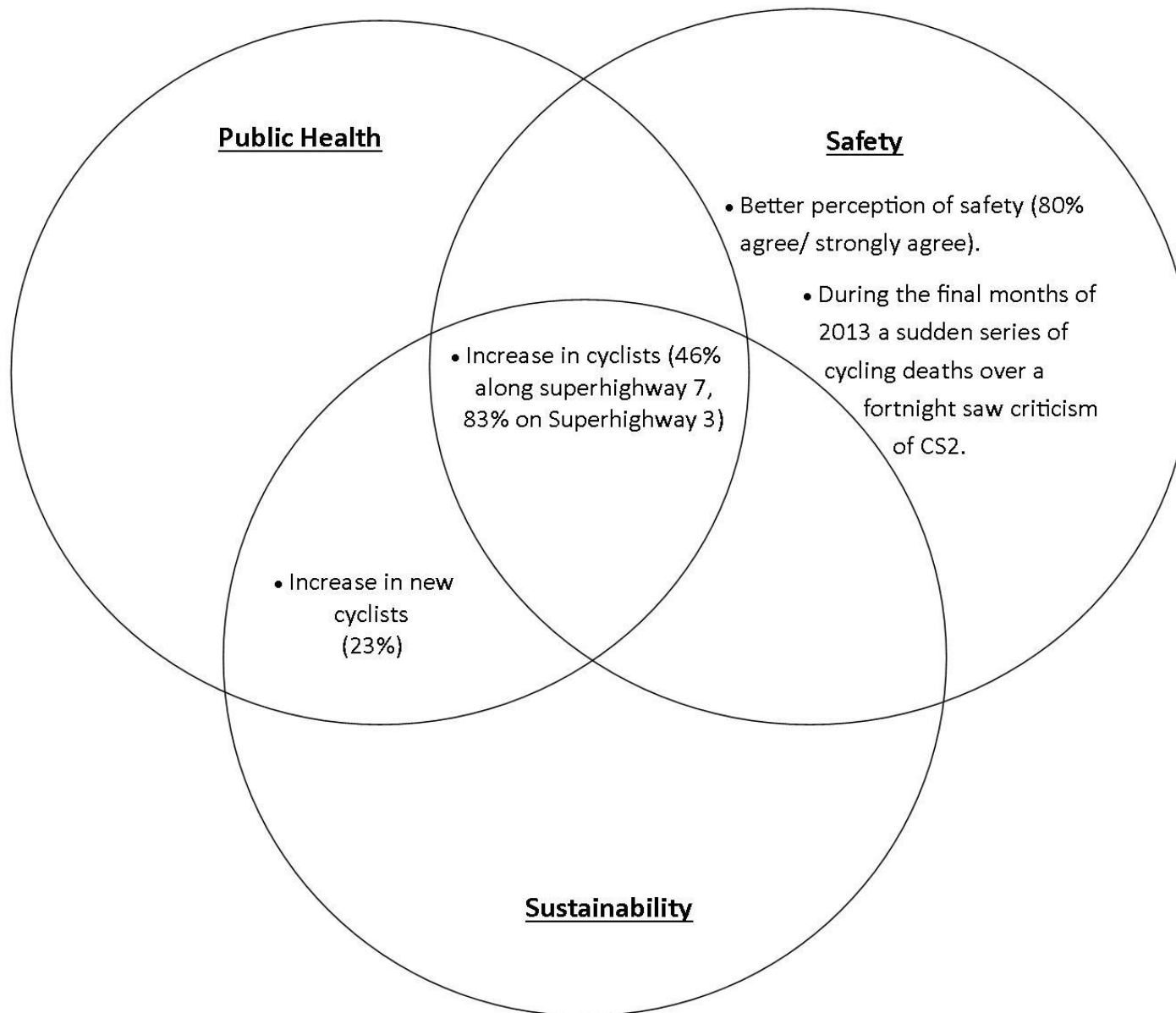
Barclays Cycle Superhighways

68. The Barclays Cycle Superhighways is an initiative of London Mayor Boris Johnson and delivered by TfL. The scheme was launched in 2010 and was aimed at providing safer, faster and more direct journeys into the city. The intention was to improve safety through improved infrastructure and “safety in numbers” resulting from an increased awareness of cyclists by motorists. The routes selected for the Cycle Superhighways (CS) were chosen as those best able to provide safer routes for cyclists than previously experienced on London’s busy roads.
69. The schemes have been monitored by TfL.⁵⁶ CS7 has seen an increase in cyclists of 83% while CS3 has led to an increase of 46%. Both of these routes received an 80% approval rating from individuals surveyed by TfL and there has been an increase in the number of cyclists within the city centre by 23% since 2010.⁵⁷
70. However, the Cycle Superhighways have not proved entirely successful in terms of safety. CS2 in particular has been criticised for insufficient physical segregation and poor safety standards for cyclists, particularly at the Bow Roundabout where three cyclist deaths have occurred since 2010. Cycle infrastructure in London and CS2 in particular received a great deal of media attention at the end of 2013 as a result of six cyclists deaths within a fortnight incidents (even though the total number for the year(14) was the same as for 2012.) The mayor and TfL have agreed that more comprehensive physical segregation will be needed in CS2 and in other schemes.
71. Cycling on the London Road Network has increased by 61% between 2005/6 and 2012/13, and the Cycle Superhighways have contributed to this growth. This is in line with the Mayor’s target to increase cycle use in the capital and is likely to have had health benefits. However, the perceived safety failures at specific locations combined with the spate of cyclist deaths in 2013 show the difficulties and tensions in delivering casualty reductions and improved sense of safety and increased cycle use.

⁵⁶ TfL, [Barclays Cycle Hire: Key Facts](#), 2010

⁵⁷ TfL, [Barclays Cycle Hire: Key Facts](#), 2010

Figure 7. Barclays Cycle Superhighways



Change4Life

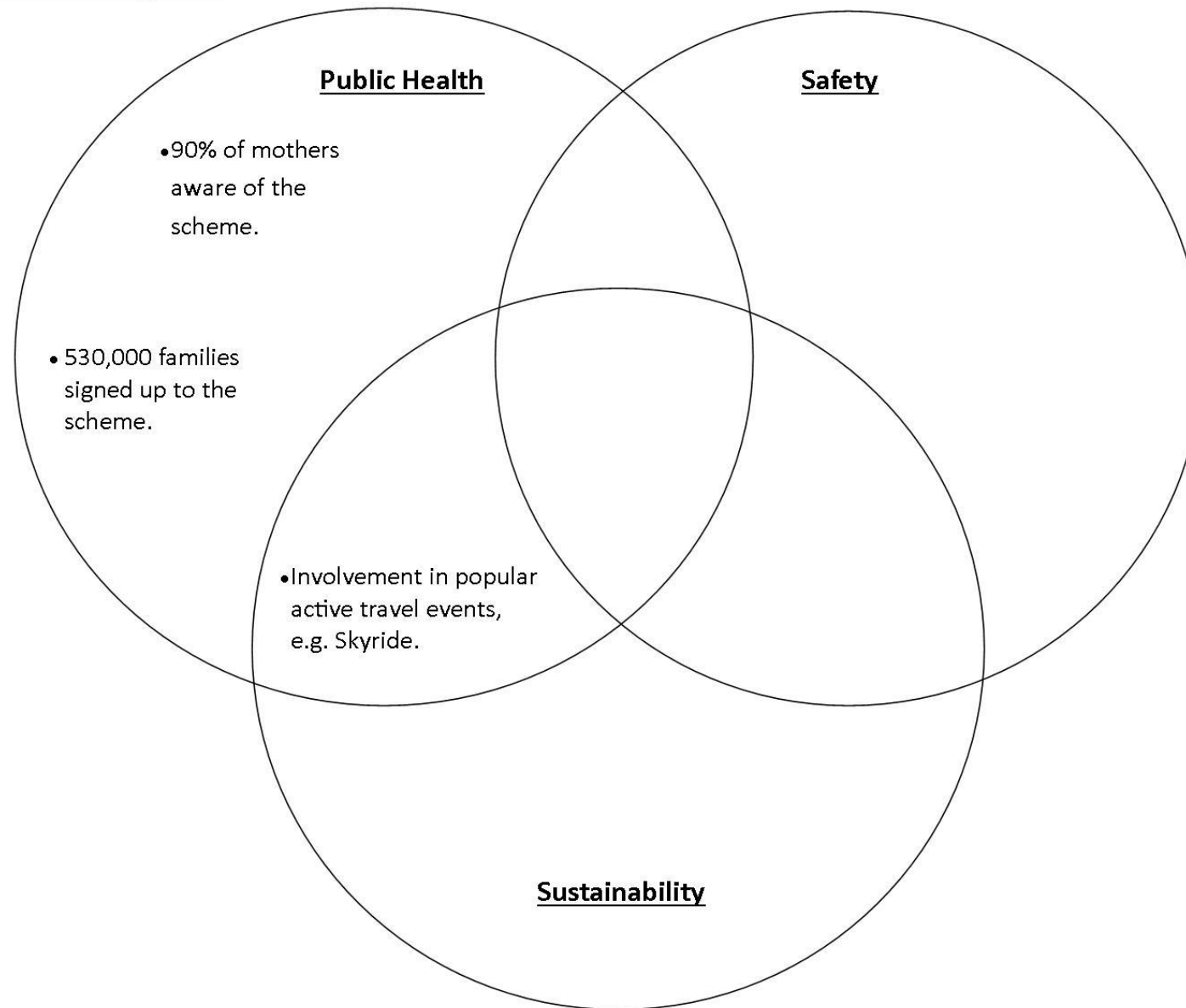
72. Under the authority of the NHS (Public Health Department), the Change4Life scheme was Britain's first national social marketing campaign designed to reduce obesity. It broke new ground with its involvement of the commercial sector in the process. The campaign was launched in 2009 and aims to encourage families to 'Eat well, move more, live longer', backed up by funding from both the government and commercial partners.⁵⁸ The Change4Life policy states a desire to "call upon support and action from all quarters of society".
73. It is based on what its strategy document refers to as a 'hypothetical model of behaviour change' in terms of diet and activity.⁵⁹ This approach towards health improvement states that its aim is to ensure that everyone plays their part in ensuring an improvement in the nation's general health and well-being. Its increased promotion of active travel provides a stakeholder involvement to the scheme which is particularly prominent in terms of increasing support for active travel schemes to school and parental involvement and encouragement relating to the scheme.
74. The outcomes of this scheme have been difficult to quantify due to the commercial and media-orientated direction of Change4Life. However, the policy has arguably increased awareness of the need to exercise as 530,000 families have signed up to the scheme and 90% of the mothers surveyed by the Department of Health indicated an awareness of Change4Life.⁶⁰ Furthermore, as a result of the Change4Life scheme there has been increased interest and involvement in popular active travel events (e.g. Skyride) by family groups. As such it demonstrated synergy between public health and sustainable travel. Overall, the scheme is judged to have raised awareness of health and physical activity but direct results in terms of improved health or long-term lifestyle change are lacking.

⁵⁸ NHS, [Change4Life Marketing Strategy](#), 2009, p.37

⁵⁹ NHS, [Change4Life Marketing Strategy](#), 2009, p.3

⁶⁰ NHS, [Healthy Weight, Healthy Lives: Consumer insight summary](#), 2008, p.2

Figure 8. Change4Life



Conclusion

75. Table 5 sets out the main aims and outcomes of the four case studies selected to illustrate potential policy intersections, providing background before considering just how these policies could allow for the formulation of joined-up working.
76. The case studies (particularly the Sustainability Travel Towns and the Barclays Cycle Superhighways) show some tangible outcomes; they also show the difficulties of achieving behaviour change. They show that co-benefits are not achieved automatically. There is potential for schemes to deliver more by partnership working with other sectors, widening the scope and the objectives of the schemes but not necessarily adding much to overall costs. In the new landscape for local authorities we would expect schemes to be more integrated and to seek to address multiple objectives. Achieving behaviour change would be more likely.

Table 5. Summary analysis of case studies

	Aims	Motivations	Strategy	Indicators and outcomes	Who
Portsmouth 20mph speed limits	Safety: address actual and perceived safety issues, with particular focus on children & other vulnerable groups To be self-enforcing	A triple fatality Public wish	Public engagement Commercial & services engagement	Traffic speeds avg -1.3mph Traffic volume -3% Safety measured by reported casualties: no significant change. Perceived safety – safer environment with less aggressive driving but not less congestion. 50% satisfied, 15% dissatisfied.	Portsmouth City Council (local highway authority) capital from LTP capital settlement.
Sustainable Development Towns	Change travel behaviour (promotion of cycling, walking and public transport, for travel to work and school)	A UK study outlining potential to reduce traffic, bring economic, social & environment benefits Tackle congestion Ensure good accessibility	Personal travel programme Travel awareness campaigns Strong brand identity Walking & cycling promotion Public transport information & marketing School travel planning Workplace travel planning	Car trips down 9% Bus trips up 10 – 22% Cycle trips up 26 – 30% Walking trips up 10 – 13% Annual per capita carbon savings 50kg Mixed impacts on pedestrian as cyclist casualties	Darlington Borough Council Peterborough City Council Worcester City Council DfT (initiation, monitoring and funding)

Barclays Super Cycle Highways	Break down barriers and increase commuter cycling Improve safety and perception of cycling to encourage more cycling, generating a critical mass along the route & making the route more attractive to others	Mayor's vision for cycling: To make the physical & cultural changes required for London to become a cyclised city: one where people can ride their bicycles safely, enjoyably & easily Make London healthier, more environmentally friendly, less congested	Provide safe, fast, direct, continuous & comfortable way of getting to central London by bicycle along recognised commuter routes	Increase in cyclists (46% along superhighway 7, 83% on superhighway 3) Increase in new cyclists (23% on route previously used other transport) Better perceived of safety (80% agree/strongly agree superhighways improve safety)	TfL Consultation with London Borough Councils
Change4Life	Create a movement in which everyone in society plays their part. Engender changes in behaviour which lead to healthier lives.	Reduce the risk of chronic diseases becoming increasingly prevalent: heart disease, Type 2 diabetes and respiratory disease. Improve mental well-being. Reduction of obesity (adults and children)	Commercial promotion of Bikeability and 'Walk for life' schemes Route planning Physical activity guidelines and requirements provided for specified age groups. Bike Week events and mass participation cycling event.	Awareness and participation: 530,000 families signed up to the scheme 90% of mothers are aware of the Change4Life scheme. Involvement in popular active travel events, e.g. Skyride.	NHS (Public Health Department)

Chapter 4: Pulling in the same direction?

“It can’t be said often enough: we have to take a broad policy approach and not just think of the transport aspects.” (Diane Abbott MP, Shadow Minister for Public Health, 2013⁶¹)

This chapter of the report draws on and quotes from the expert seminars and the PACTS’ *Triple Whammy* conference. It is intended to:

- Provide a summary of the issues raised regarding current joined-up working during two expert seminars;
- Set out the obstacles to and enablers of joined-up working at both a regional and national level which were identified during the expert seminars;
- Identify important conclusions on how to expand synergy, highlighted by transport professionals and academics; and
- Conclude that the primary question remains how far the alterations in policy enabled the development of “joined-up” solutions to any viable degree?

Testing the policies in practice

77. The previous chapters show that government policy documents for road safety, sustainable transport and public health acknowledge the co-benefits and promote joint working across the three sectors. They imply that objectives can be delivered more effectively and efficiently through this synergy. But to what extent is this being achieved in practice and what are the benefits, barriers and pitfalls? In order to answer these questions, PACTS organised two expert seminars and a national conference.

Expert seminars

78. PACTS held two seminars, in London and Birmingham, in July 2013, comprising central and local government officials, health professionals, academics and others from the three sectors. The London seminar focused on national and London aspects, particularly national policy and its interpretation by government departments. The Birmingham seminar addressed regional and local approaches to joined-up working, predominantly in the West Midlands. PACTS prepared an agenda for the chairs. The seminars were held under the Chatham House rule, whereby what is said is not attributed to any individual or organisation. The participants were happy for their names to be listed in the report (see Appendix I).

Triple Whammy conference

79. PACTS’ reasons for undertaking research are to bring about improved transport safety. The conference, *Triple Whammy: Achieving safety, sustainability and health goals in transport*, at the Royal College of Surgeons in October 2013, was intended to bring together people from the three sectors to promote more effective joint working. Over eighty people attended and the speakers’ presentations are available.⁶² The conference provided additional material for this report.

⁶¹ PACTS, [*Triple Whammy: Achieving safety, sustainability and health goals in transport*](#), PACTS conference; 26.10.13, Royal College of Surgeons, London.

⁶² PACTS, [*Triple Whammy: Achieving safety, sustainability and health goals in transport*](#), PACTS conference; 26.10.13, Royal College of Surgeons, London.

To what extent is policy already aligned?

80. During both expert seminars joined-up working was rapidly identified as a central issue, particularly in the current political and economic climate. The Government has made it clear that jobs and the economic growth are overriding priorities. The key drivers behind increased joint working were cuts in local authority funding, the need to align programmes to funding opportunities – “*turn and face the money*” - and to find schemes areas where several interests intersected. A further significant driver in the three sectors was the perceived shift in public and political support towards active travel and public transport.
81. One outcome of local authority budget cuts has, however, been the merging of a significant number of road safety teams with the sustainable transport teams. Sustainable transport teams have considerable interests in the public and personal health impacts of the active travel modes and this is driving change in road safety alongside the return of public health to top tier local government.
82. In terms of policy alignment there have been hindrances in terms of funding allocation, as departments at the national and regional levels are protective of their funding whilst simultaneously seeking out additional resources. This style of “protectionism” has proven a deterrent to the development of joined-up working between the different departments. Increasingly local authorities have been encouraged to avoid this “silo-mentality”, instead encouraging the identification of drivers for joined up working and areas of policy intersection in future policy and its implementation. Tensions have also emerged between policy-driven approaches led by councillors and more evidence-led measures advocated by council officers.
83. One hindrance to joint working was identified as the differing styles of learning and policy development between departments. Whilst public health has, primarily due to its connections to the NHS, experienced a more top-down influence from Whitehall in its policy direction, the local government functions of road safety and sustainable transport have developed in a more “organic” manner, learning and developing horizontally as well as vertically.

Does joined up working already exist and if so, to what extent?

84. Attendees at the seminars were positive about the level of joined up working already in existence in some local areas where localism and responsibility for public health has allowed greater opportunity for cross-departmental projects.
85. One of the key drivers of joined up working is concern about obesity, particularly childhood obesity. “In Birmingham one in four children are classed as obese. Can we live with that? It’s a public health emergency which must be dealt with.” This has given support to schemes such as Bikeability (a cycle training scheme) which address road safety, sustainability and health goals.
86. The significant dedicated funding for LSTF and cycling schemes (Cycle City Ambition etc) was highlighted as having strongly positive impacts on investment in active travel and schemes to provide safer conditions for these modes. Funding opportunities also helped to bolster political support for active travel, particularly cycling. However, there was concern about reliance on short-term funding sources, with the LSTF currently providing the main opportunity for joined up working and yet ending in 2015.

What are the enablers and obstacles to joined-up working?

Drivers

- **Obesity concerns:** these are proving to be a major driver for promoting physical active across departments, including those outside public health and transport. ‘In terms of our

priorities in sport and leisure...it's to get those in the city who are inactive to become active. That's where the biggest health gains are to be made."

- **Air quality agenda**: Recently the air quality agenda has received increased interest both from the European Union and from Whitehall; a shift which has been taken advantage of to push synergy to achieve beneficial sustainability results.
- **Political leadership**: This was key to pushing joined-up working as a concept. It was argued that schemes such as the Barclays Cycle Superhighways Scheme would only occur with the necessary "political leadership".
- **Dedicated funding**: dedicated funding was seen as much preferable to having to compete for funds against "conventional" transport schemes, despite the improved assessment tools. This not only enabled but drove sustainable transport and safety schemes.

Enablers

- **Localism**: This was identified as giving more flexibility to local authorities and assisting with joined-up working.
- **Public health in local government**: The transfer of public health responsibilities, staff and funding to local authorities, and the creation of Health and Wellbeing Boards, was seen as a significant enabler of joint working. A small example is where public health funds have been used to grit pavements to reduce slips and falls. *"With two years of funding this is big opportunity for joined up thinking."*
- **Improved economic assessment tools**: new assessment tools such as HEAT (Health Economic Assessment Tool) were helping in funding bids (although better tools were still needed).
- **Absence of opposition**: Some schemes were seen as positive and without opposition, e.g. Bikeability and Kerbcraft, despite the difficulties of evaluating their impacts. Schemes which impinged on road space or parking facilities for motor vehicles tended to generate opposition.
- **Local facilities and public transport**: it was easier to promote sustainable transport in urban environments with local shops and services and public transport than in rural areas where car dependency was higher.

Obstacles

- **Plans and objectives not aligned**: the Joint Strategic Needs Assessments (JSNAs), local transport plans and road safety strategies need to be better aligned.

"The JSNA's are very disappointing at the moment from a road safety perspectives...they just quote the national figures..."

- **"Silo-Mentality"**: A sense of separateness among departments within council authorities, the civil service and the government from parliament to the localities has proven to be restrictive in terms of interdepartmental co-operation. Improved interdepartmental awareness on shared objectives and outcomes was seen as important.

There's quite a difference between government departments. The DfT promotes walking and cycling but the Department of Health would say 'frankly we're worried about really fat people and you're never going to get them on a bike'. They weren't even terribly interested in getting them to walk to the shops as even that was seen as a bit of a step too far. They might try to get

them to tootle around the park but that wasn't particularly interesting from a transport perspective.

- **Professional fears:** "There is fear from individuals that they may lose their status, role and turning things on their head is sometimes quite difficult for some people."
- **Differences of language:** The difficulty in understanding agendas between the three different groups has stemmed partly from the three areas being "divided by language which has only exacerbated the challenge of partnership". The road safety and public health sectors use different definitions of risk and safety terminology.

Some of the ways partnerships break down is this lack of understanding of other people's agendas because they're couched in different language.

- **Different learning cultures:** "Local authorities learn in a very different way from the health sector ...there are different methods to deliver knowledge and sharing good practice. Health sectors tend to be very top-down... local authorities are much more organic."
- **Different timescales:** local sustainable transport schemes and small scale road safety interventions may be implanted within 2-3 years whereas "Public health timescales are 10 years or more. That is long for local government politics.". This creates challenges to joint working. "*Birmingham has a long –term strategy to tackle public health issues. We are saying "let's do Marmot" [tackle the causes of causes]*"
- **Population strategies versus sub-groups:** public health tends to focus on population strategies while road safety may target specific sub groups. Public health population strategies are based on the premise that small changes by lots of people achieve bigger changes overall than big changes by a small number of people.⁶³
- **Inconsistent / inadequate survey data:** e.g. the Active People Survey records only walk trips lasting over 30 minutes yet shorter trips, to public transport, are important for those concerned with sustainable transport or public health.
- **Uncertainty over ownership:** Localism allows flexibility but also means less direction from central government and legal duties on local authorities to consider handing responsibility for services and facilities to the community under "the right to challenge" provisions of the Localism Act. This creates uncertainty.

Challenges

- **Local authority funding.** Substantial additional cuts in local government funding are still to come. "*We are having to fund next year's road safety priorities in [redacted] region by scraping together bits of unspent allocations from last year. The money from local authorities has dried up! It's like shaking the piggybank!*"
- **New money?** There is an impression that additional funding is available when, in reality it may be a matter of doing more with less. Under the previous regime, some Primary Care Trusts already contributed towards road safety and active travel schemes. For example, Liverpool and Manchester PCTs contributed £400,000 and £500,000 respectively towards 20mph speed limit schemes in their areas, partly on basis of addressing health inequalities.
- **Optimism bias:** There remains a risk of assuming that synergy will be automatically achieved and of ignoring potential difficulties. "*We've got all the frameworks. The reality is that there*

⁶³ A Davis, *The prevention paradox and population strategies applied to transport*, [Essential Evidence 109](#), 2013

could be a lot more working together to actually deliver what they're saying on paper. There is almost an expectation that another section will deal with that."

- **Exacerbating health inequalities:** not all sustainable transport schemes address health inequalities. Cycling and leisure walks were highlighted as being most likely to be taken up by those who are already healthy or in upper-income groups.
- **Potential negatives:** Increases in active travel may increase road casualties and may not reduce car use or health inequalities. *"There is a danger the public health money will be used for other things."*
- **Conflicting messages:** Conflicts need to be recognised more fully. For example the Think! campaign which showed all cyclists wearing helmets was seen as promoting safety at the expense of public health. It was thought that it might increase fear of being killed or injured and reduce the number of people using a bicycle – and therefore the health benefits.
- **Walking overlooked:** Walking – on its own or in combination with public transport - has obvious potential for wide uptake with substantial health benefits but, unlike cycling, is not getting the policy attention it warrants.

In the round of things, pedestrian safety is important, we must be conscious to not just talk about cycling.

In my local authority the group that is relatively resistant the public health message is the public transport team who are missing a huge opportunity with potential walk trips.

Public transport is the safest mode – but the safety case is rarely made.

- **Freight:** freight issues are not generally addressed in sustainable policy. Yet van traffic has increased rapidly as a result of the growth in online shopping and "just in time" delivery and the dangers from HGVs to cyclists and pedestrians in London came to the fore in 2013.
- **Engaging planners and urban designers:** changing the physical environment was seen as crucial but long term and difficult.

PHE has a number of strands we're trying to weave together ...it's about saying how you design the spaces to make it easier for people to pursue active travel.

Chapter 5: Safety in the future

87. This chapter explores the following questions

- What can the safety community learn from this exploration of joined up policy objectives and working?
- Does the safety agenda need to be adapted in order to work with these other transport policy areas?

Addressing conflict

88. An area of potential conflict between safety, sustainable travel and public health is the way in which safety concerns are tackled in relation to pedestrian and cyclists. Negative perceptions of safety can be a barrier to active travel yet safety messages can heighten not allay, safety fears and discourage people from using active travel. Practical examples include pedestrian guard-rail, cycle helmets and the freedom given to child pedestrians.

89. Likewise, active travel can cause issues for the safety agenda, as encouraging active travel means a greater number of vulnerable road users. This presents the safety community with the challenge of bringing down the total number of casualties, whilst enabling the encouragement of more active travel. This challenge is acute for the safety agenda, as it can't always be assumed that any interventions by public health and sustainable travel will take safety fully into account. This was highlighted in chapter two when analysis of Change 4 Life suggested that even within such a well-developed scheme there remains the risk that other aspects such as safety might be side-lined.

A focus is required on keeping vulnerable road users safe in order to enable and aid the push for active travel whilst avoiding an increase in the number of casualties.

Getting the best out of links to other agendas

90. The safety community can also take advantage of links to other agendas, further to the benefits highlighted in previous chapters. Reducing inequalities is a priority for public health. It is possible that expertise in public health on closing the inequalities gap could translate over to safety, where there is a continued problem of inequality in injury risk.⁶⁴ Developing safety interventions should take this inequality into account.⁶⁵ Therefore there is a shared interest in tackling social causes of injury risk, as social factors influence both health inequalities and risk inequalities.

Further exploration of areas where safety, public health and sustainable travel agendas could help each other may prove fruitful, such as tackling social factors and inequality.

Ensuring that the safety agenda remains a priority

91. As the PACTS *Tackling the Deficit* report series found, local authorities have reported the perception that road safety is no longer a priority for central government, and that funding was consequentially being directed towards other services. Five in six respondents to a PACTS survey claimed that the Strategic Framework had no effect or a negative effect on road safety in general.⁶⁶ An IAM report published in April 2012 found that local councils in England cut their

⁶⁴ Clare Lowe, Grahame Whitfield, Liz Sutton and Jeremy Hardin (DfT), [Road Safety Research Report No.123: Road User Safety and Disadvantage](#), 2011

⁶⁵ ROSPA, [Social Factors in Road Safety Policy Paper](#), 2012,

⁶⁶ PACTS, [Tackling the Deficit: Checking the Health of Road Safety](#), 2011

road safety budgets by 15% (£23 million) the previous year compared to average spending cuts of just 6% for other council services.⁶⁷

92. PACTS recommended that government take action to reassure local authorities that road safety was still a priority, by developing a vision for road safety with stakeholders, and using platforms already in place to draw attention to road safety, its achievements and the work still to be done.⁶⁸
93. As discussed earlier the integrating of road safety in to other agendas could help maintain interest in it and push it higher up the priority list by piggybacking on other agendas which have political focus. However, it is important to ensure that safety does not get buried under other important issues. Though the relative freedom of recent funding streams has been appreciated by local authorities, there is a danger that road safety will continue to be squeezed out.

Ensuring that the safety agenda remains visible and a priority will be important as more joined up working develops.

The road safety approach

94. The traditional approach to road safety has focused on casualty reduction through “the three Es”: education, enforcement and engineering. In recent years the *Safe System* approach has been identified as international best practice, championed by Sweden and the Netherlands and promoted to all countries irrespective of their socio-economic status.⁶⁹ This was outlined in the following declaration which was developed for the PACTS conference *Aiming for Zero* in March 2012.

*This conference notes the progress towards the elimination of deaths that has been achieved through the adoption of a Safe System approach in the Swedish Vision Zero and the Dutch Sustainable Safety. It believes that Great Britain’s approach to road safety over the next decade needs to be informed by a similar ethical approach. Where road deaths are preventable and where the means to prevent them is identified and cost-effective where this is measurable, society has a moral and economic responsibility to act for the public benefit. Good safety management places an obligation on those in authority to manage risks and prevent needless incidents and casualties. It also places a responsibility on those using a network to comply with the law and not to import risk into the system.*⁷⁰

95. Both Vision Zero and Sustainable Safety maintain that “although a human being is often the cause of a crash, the crash can be prevented by a safe design of the traffic system. **The safety level of the system is measured by whether crashes can lead to severe injury or not; it is not measured by the number of crashes.** This assumes a joint responsibility of the road user and the traffic system designer. The user's responsibility is to obey the rules, and the system designer’s responsibility is to arrange the system in such a way that it can be used safely. Moreover, the system designer must take further steps in the system design if road users commit offences or if users get severely injured”.⁷¹

⁶⁷ Institute for Advanced Motorists, [The end of the road? Local investment in road safety in England](#), 2012

⁶⁸ PACTS, *Tackling the Deficit: Checking the Health of Road Safety*, 2011

⁶⁹ OECD, *Towards Zero: Achieving ambitious road safety targets through a Safe System approach*, 2008

⁷⁰ PACTS, *Tackling the Deficit: Checking the Health of Road Safety*, 2011, p.16

⁷¹ Institute for Road Safety Research, [SWOV Factsheet: Sustainable Safety, principles, misconceptions, and relations with other visions](#), p.3

96. The *Safe System* approach foresees that much more investment should go to creating segregated cycle networks, lower speed limits in urban areas and villages, higher pedestrian protection safety standards in vehicle design, including HGVs and other large vehicles, and roadside protection to reduce the impact of runoff crashes.

Serious injuries

97. As road safety integrates to a greater extent with public health and sustainable travel, and as the number of deaths continues to decrease, there is likely to be a more explicit focus on serious injuries. At an EU level, reductions in the number of injuries have not been as great as the reduction in the number of deaths, and therefore injury prevention is an important part of the EU's road safety priorities for 2011 – 2020.⁷²
98. In July 2013, the European Commission announced a common EU definition for road traffic serious injuries: those scoring MAIS3+ - usually involving long-term medical harm. The European Parliament welcomed this move and issued a number of recommendations to the Member States and the Commission, including urging the Commission to set an ambitious target for the reduction of road traffic serious injuries over the period 2011-2020. The European Transport Safety Council commented: *Tackling serious injuries must prompt a focus on improving road safety in urban areas, particularly for vulnerable road users. More than half of those seriously injured on EU roads are pedestrians and other vulnerable road users, such as cyclists, who are involved in a collision in urban areas.*⁷³
99. The UK (STATS 19) definition of serious injury is broader and includes less severe injuries. Whilst both definitions have merit, the more restricted EU definition may be closer to what the public would consider to be a serious injury and the type of injury that is of most concern to the health sector. This raises questions about how risk is defined and perceived by society, which is particularly pertinent for active travel where fear is a barrier.⁷⁴ PACTS has already argued⁷⁵ that the UK requires a road safety vision that goes beyond “remaining a world leader on road safety”,⁷⁶ and *Safe System* provides an internationally recommended approach which expressly seeks to address more effectively the needs of vulnerable road users.⁷⁷

⁷² European Commission: [Road Safety Report 2013](#), 2013

⁷³ European Transport Safety Transport Safety Council, [‘European Parliament calls for EU to tackle serious road traffic injuries’](#), 2013

⁷⁴ Professor Johnathan Wolff, [Risk, Fear, Shame and the Regulation of Public Safety](#), *Economics and Philosophy*, Volume 22, Issue 03, November 2006, pp 409-427

⁷⁵ PACTS, [Tackling the Deficit: Checking the Health of Road Safety](#), 2011

⁷⁶ DfT, *Strategic Framework for Road Safety*, 2011, p.11

⁷⁷ J Breen, *Managing for ambitious road safety results*, 23rd Westminster Lecture, PACTS

Chapter 6: Conclusions and Recommendations

National integration of policy and delivery

100. The return of public health to top tier local government presents a very good opportunity to better align road safety, sustainable transport and public health policies. Greater integration of policy and delivery across the three sectors is necessary and desirable. The potential co-benefits are substantial and the pressure for further financial savings is strong. However, there are also risks and challenges ahead.
101. While government has broadly encouraged this direction current **policy and delivery is less joined up in central government than in local government**. This has been described as the Humpty-Dumpty syndrome whereby local government is expected to piece together the fragmented initiatives of central government. Cross Whitehall collaboration, both at Ministerial and senior civil servant level, on road safety, public health, and the environment could challenge silo working at a national level to help achieve the synergies sought of reduced casualties, increased active travel use, lower carbon dioxide emissions and lower overall environmental impact from road transport. **Government must show stronger leadership to achieve results and demonstrate joined up working at central level.**

Integration of local delivery

102. There are clear trends towards integration of policy and delivery across the road safety, sustainability travel and public health sectors at local level. As a result of financial pressures and deliberate policy choices, a number of local authorities have combined their road safety ET&P staff and programmes with those delivering sustainable travel initiatives. In a few authorities, some public health staff have been located with road safety and sustainable travel teams. It seems likely that these trends will strengthen and spread to other authorities, not least because of further cuts and because concerns about obesity are becoming a primary driver of sustainable travel measures.
103. However, the picture is quite mixed. In some local authorities sustainable transport is not seen as part of the road safety remit and public health staff have yet to engage in transport issues and vice versa. Some of these divisions may be due to differences in professional cultures, language, definitions of risk and location. **We recommend additional training to bridge these divides, including a series of regional workshops, possibly modelled on the themes of the PACTS Triple Whammy conference.**
104. Greater public health influence may have other knock-on effects – some yet unknown. One may be to draw in greater collaboration with policy areas such as education, not least in helping to promote sustainable travel on the school journey **to reinforce the provisions of the Education and Inspections Act, 2006.**

Reduced resources

105. Difficult times lie ahead for local and central government. Local authority public health budgets are ring-fenced for two years, ending 2015/16. Synergies may deliver co-benefits and efficiencies but overall resources are being reduced. Each of the three sectors is hoping to win support for its priorities from the other two. **The best survival strategy for these services will be to emphasise the co-benefits of joint working, “one council” jointly delivering safer active travel with safety, health and environmental outcomes.** Interventions that do not have short-term or obvious benefits may suffer disproportionately. For example, planned highways maintenance – important to the safety of vulnerable road users and to avoiding higher long-term maintenance costs – is a perennial favourite for cuts. Equally, many important public health interventions require longer than an election cycle to implement. There is a need for **better and**

more easily used evaluation tools to assess the health and sustainability benefits of transport schemes. Local authorities feel that they are being asked to undertake tasks that are too complex and time-consuming and which should be made simpler by central government.

Delivery arrangements for road safety

106. Localism and freedom from central inspection seems to have allowed local authorities to develop their own priorities and delivery models which they consider to be beneficial. At the same time a range of new local decision-making institutions have been imposed by central government, including Local Enterprise Partnerships and Local Transport Bodies. As a result, there is greater variety in local policy and service delivery arrangements with Local Enterprise Partnerships, Local Transport Boards, road safety partnerships, local authorities, Fire and Rescue Services and other bodies involved in varying ways. There is no clear picture of local delivery models. Road safety engineering now seems to sit with traffic engineering and have less connection with road safety education, training and publicity (ET&P). If so, this seems unfortunate - it should have strong connections with both. **More information is needed about the service delivery arrangements and good practice at the local level and whether local authorities are fulfilling their statutory road safety obligations.**

Road safety as a means to deliver other agendas

107. Following the transfer of public health responsibilities to local authorities in 2013, public health is becoming a significant driver of sustainable transport policy. The policy has not necessarily changed but it has been given added emphasis. This trend seems likely to become stronger. This has consequences for road safety policy and priorities: road safety is seen as a means to contribute to sustainable travel and public health objectives. Creating safer conditions for walking and cycling, and making vulnerable road users, including children, older people and motorcyclists, feel safer are growing in importance alongside continued reduction in road casualties.
108. From a public health perspective, shifting the whole population distribution of a risk factor may prevent more injury and harm than simply targeting the far fewer high risk outliers. Such an approach may well be able to help unite road safety and public health in achieving population shifts in behaviour e.g. speed where sufficient offenders driving at around 35mph in a 30mph limit do more to increase traffic danger among vulnerable road users than fewer higher speed outliers.

Casualty reduction matters

109. The substantial falls since 2006 in the total number of people killed in road traffic collisions, and the long-lasting trend in reductions in total serious injuries, have led some to perceive that road safety is no longer a problem – particularly for vehicle occupants. Yet 1,754 people were killed and a further 23,039 seriously injured on the roads in Britain in 2012.
110. Much of the recent trend has, however, been attributed to the recession and there are concerns that an upturn in the economy may see a rise in casualties. The recent high profile for cycling safety and the demand for 20mph limits has also shown that the public is not satisfied with current levels of safety. And while cycling safety has received a high media and political profile, far more people have died as pedestrian or motorcyclists, and as young or older drivers.
111. Road traffic collisions are still the largest single cause of death for people in the UK aged between 5 and 25 years. Of all *accidental* deaths in 2012, road deaths accounted for 72% of those aged 15-19 years and 15% for all age groups.⁷⁸ In the absence of a long-term goal and casualty reduction targets to provide the framework for a comprehensive national road safety

⁷⁸ DfT, *Reported Road Casualties Great Britain: 2012*, Table RAS30035, 2013.

plan, insufficient attention is currently being given to road casualty reduction. PACTS is also concerned that key national public health policies do not seem to give the prominence to reducing road death and injury that the facts warrant.

112. The UK Coalition government has declined to set casualty reduction targets although the devolved administrations have done so. **We recommend that a future government and devolved administrations adopt casualty reduction targets for total deaths and serious injuries. These should be underpinned by targets to reduce the *rate* of death per mile travelled or hour of exposure for each major road user group.** This would demonstrate a commitment to improving the safety of all road users. Given the changes in modal share that are happening and sought, absolute targets for individual road user groups may not be appropriate. Targets would also help road safety compete for resources with other policy other areas, such as climate change and child safeguarding which are backed by targets and statutory obligations.

A better understanding of risks and benefits

113. The recent focus on cyclist deaths in London has again highlighted the need for better information about risk and not just casualty numbers. If vulnerable modes of transport are to be successfully promoted, **better information is needed about the relative risks and benefits of each mode. This should include casualties per unit of exposure (distance travelled, time and trip). This information needs to be combined with information on the health benefits of each mode.** The DfT, DH and PHE should collaborate more extensively in this task so that practitioners, the media and the public have a single reliable source. Road accident (STATS19) records and hospital (HES) data should also be more closely matched. The risks should be set within a wider frame of understanding the risks of sedentary behaviour and the premature deaths resulting so that physical activity is understood better in the context of assessing risks and benefits of different travel modes.
114. Information is also needed about the safety of the system – again, not the same as casualty numbers. The National Road Safety Framework included a number of indicators to measure progress in delivering safety, such as the percentage of vehicles complying with the speed limit. These indicators are also consistent with indicators of the *Safe System* approach to road safety. **Whereas the casualty data show almost universal progress, the National Road Safety Framework indicators show a more mixed picture.** Moreover, they do not seem to have been featured much in reporting by ministers or in scrutiny by the road safety community.⁷⁹
115. The DfT also needs to **improve its presentation of casualty data.** The 2012 GB casualty figures, which showed total deaths at the lowest levels since records began, received much negative press coverage along the line that “cycling is becoming more dangerous” because of a relatively small increase in cycling casualties. Subsequently, the DfT published the National Travel Survey which showed that cycling casualties have moved in line with the increase in cycling.

Cycling success needs to be applied to other modes

116. **Cycling has received substantial attention and support. Other sustainable transport modes need to emulate this success.** By comparison, the safety, environment and health benefits of public transport seem to receive inadequate attention. Walking – on its own or in combination with public transport – deserves much greater policy focus, not least because it offers health benefits to the greatest number of people and to those experiencing the worst health inequalities. And from a safety perspective, pedestrian casualties warrant even more attention as they outnumber cyclist casualties (in terms of fatalities) by a ratio of 4:1. The barriers to walking and the ways to encourage more walking are sometimes assumed to be identical to

⁷⁹ They do not appear until page 173 in Reported Road Casualties Great Britain 2012.

those for cycling where the reducing dangers is generally the priority.. Walking requires a subtly different set of measures, which may have more to do with land use, urban design and personal security than traffic safety. **A wider understanding of how to promote walking is needed, including more examples of international good practice.**

UK road safety in the future

117. Following this discussion, the road safety sector should consider the following points:

- The safety of vulnerable road users will be of vital importance in order to enable and aid the push for active travel whilst avoiding an increase in the number of casualties.
- There may be further areas where safety, public health and sustainable travel agendas could help each other, such as tackling social factors and inequality.
- While working with public health and sustainable travel could benefit safety, it will be important to ensure that the safety agenda remains visible and a priority.
- The *Safe System* approach should be promoted and is consistent with a more joined up approach with public health and sustainable travel. The road safety sector should also be contemplating long-term, fundamental matters such as how risk is defined and perceived, how it can be measured as an indicator of safety, beyond the current reporting of casualty figures and limited measures of exposure, and how it can be reduced in ways that are consistent with other aspects of the quality of life such as freedom of access and mobility, and affordable in the context of other calls upon public and private finances.

Appendix I: Participants in the Expert Seminars

Regional Expert Seminar, held in Birmingham, 11th July 2013

(Chair) Karen Creavin, Head of Community Sport and Healthy Lifestyles, Birmingham City Council
Lucy Amos, Research Assistant, PACTS
Naomi Baster, Policy and Research Officer, PACTS
Councillor Steve Bedser, Health and Wellbeing Cabinet Member, Birmingham City Council
John Charles, Team Leader, Road Safety and Sustainable Travel, Walsall Council
Mike Cooper, Smarter Choices Team leader, Birmingham City Council
Andrea Johnson, Road Safety Education lead officer, Birmingham City Council
Conrad Jones, Head of Sustainability, Centro (WMP TE)
Graham Lennard, Cycling and Walking, Transport Policy Team, Birmingham City Council
Ann Osola, Head of Growth and Transportation, Birmingham City Council
Andy Radford, Transport Programmes team, Birmingham City Council
Mark Roscoe, Commissioning Manager - Lifestyles, Birmingham Public Health
Andy Thorpe, Senior Transportation Planner, Sandwell Council.

National Expert Seminar, held in London UCL, 17th July 2013

(Chair) Adrian Davis, Public Health Bristol City Council
Lucy Amos, Research Assistant, PACTS
Naomi Baster, Policy and Research Officer, PACTS
Nicola Christie, Centre for Transport Studies, UCL
Ann Marie Connolly, Public Health England
David Davies, Executive Director, PACTS
Charlie Foster, Oxford University
Martin Gibbs, British Cycling
Katie Hunter, GLA/TfL
Jessica Matthew, DfT
Su Ormes, Road Safety GB
Jeremy Phillips, Devon County Council
Lucy Saunders, GLA/TfL
Graham Thomson, Transport Scotland
Duncan Vernon, RoSPA
Heather Ward, Centre for Transport Studies, UCL

Appendix II: Road safety powers and devolution

This note sets out the powers which are devolved as at March 2014. It was kindly provided by the Department for Transport, with assistance from the Department of Environment Northern Ireland, Transport Scotland, the Welsh Government, Transport for London and Road Safety GB.

International rules

The Westminster Government negotiates changes to international regulation (e.g. UN rules on vehicles) and European law on behalf of the United Kingdom.

EU directives require secondary legislation to be implemented. Where the responsibility for the issue has been devolved, the devolved administration is required to implement. So in practice the Westminster Government works in tandem with the relevant devolved administrations.

Northern Ireland

Northern Ireland is responsible for its own road traffic legislation, including driver and vehicle testing and driver licensing, road safety policy and legislation, and vehicle standards.

Vehicle licensing is an excepted matter with services delivered by Northern Ireland's Driver and Vehicle Agency under an agreement with the DVLA.

The Department for Regional Development's Transport NI is the sole unitary road authority for Northern Ireland, responsible for over 25,500 km of roads. All necessary infrastructure and speed limit powers are devolved to that Department, although to maintain consistency with the rest of the United Kingdom, most legislation and policy guidelines mirror those in effect in Great Britain and elsewhere.

The Police Service of Northern Ireland is responsible for operational policing, although policing policy is a reserved matter.

Great Britain

The Government in Westminster is responsible for the following areas, on behalf of all of Great Britain:

- The Highway Code.
- Some driving offences, including wearing of seatbelts and motorcycle helmets.
- Vehicle standards, including statutory requirements with regard to vehicle lighting and fitting of seatbelts.
- Driver training and testing.
- Driver and vehicle licensing, including medical conditions.
- Penalties for road traffic offences, including driver retraining schemes.
- Type approval of devices for detecting speeding and traffic signal offences (speed and red light cameras).
- Setting the national speed limit

- Regulation of street infrastructure, including making rules on design of pedestrian crossings and traffic signs

Scotland

Road safety education and training; and payments for the treatment of traffic casualties which are covered in the Road Traffic Act 1988 are devolved to Scotland.

Scottish Ministers also have the power to set limits for drink and drug driving. The Government in Westminster has responsibility for the Drink Drive Rehabilitation Scheme in England and Scotland.

Scottish Ministers also have the power to determine the level of the national speed limits on dual carriageways and motorways (currently 70mph) and single carriageway roads (currently 60mph), as well as associated vehicle speed limits in Scotland. The UK Government still has reserved responsibility for the national speed limit of 30mph.

The Scottish Government is also responsible for managing Scottish trunk roads and has strategic responsibility for safety on all Scotland's roads. It issues its own guidance on setting local speed limits and has its own safety camera programme.

Police Scotland is responsible for roads policing in Scotland.

England and Wales

For England and Wales, the Westminster Government is additionally responsible for setting drink and drug driving limits.

Policing in England and Wales is divided into territorial forces, with the Westminster Government setting policing policy.

Wales

The Welsh Government is responsible for the Welsh trunk road network. It sets policy on safety cameras and issues guidance on setting local speed limits. The Welsh Government has responsibility for the drink drive rehabilitation scheme in Wales.

London

The Mayor also sets the strategic direction for transport in London through the Mayor's Transport Strategy.

Transport for London is responsible for the management of the "red routes" within London, whereas the London Boroughs are responsible for their roads.

TfL is responsible for licensing private hire vehicles and minicabs.

Policing in London is the responsibility of the Metropolitan Police Service (and the City of London Police). The Mayor's Office of Policing and Crime is responsible for setting policing priorities, whilst the Metropolitan Police Commissioner is responsible for operational matters and is required to account to MOPAC for them.

Local authorities

Local authorities are responsible for the management of local roads, within the rules set by Government.

Local authorities outside of London are responsible for licensing private hire vehicles and minicabs.

Local Authorities are required by statute to promote road safety; to undertake collision/casualty data analysis and to devise programmes, including engineering and road user education, training and publicity that will improve road safety.

Anybody!

There are no rules on who may or may not set targets.

Providing funding for particular road safety initiatives and running public education campaigns may take place at any level of Government and from any part of Government (e.g. Transport, health...).

Glossary

Bikeability: A national training programme for cyclists in England, Wales and Scotland. It replaced the cycling proficiency test.

Clinical Commissioning Group (CCG): statutory groups as of 2013 and set up by the Health and Social Care Act 2012, they include all the General Practitioners in their geographical area and are aimed at giving GPs and other clinicians the power to influence commissioning decisions concerning their patients.

Disability-Adjusted Life Year (DALY): a measure of overall disease burden, expressed as the number of years lost to ill-health, disability or premature death.

Health Observatories: Produce information, data and intelligence on people's health and care for practitioners, commissioners and policy makers. There are currently 12 in the United Kingdom. The network of Public Health Observatories became part of Public Health England in April 2013.

Health Protection Agency: Was a non-departmental public health body set up in 2003 to protect health against infectious disease and provide advice. The HPA's role was to create an integrated approach to protecting public health within the UK and it was merged in 2013 with the Medicines and Healthcare Products Regulatory Agency.

Health Economic Assessment Tool (HEAT): an [international economic assessment tool](#) designed to capture the health benefits of walking and cycling schemes.

Public Health England: A new executive agency of the Department of Health formed from a number of expert organisations in public health. Designed to protect and improve the nation's health and well-being whilst achieving the reduction of health inequalities.

Joint Strategic Needs Assessment: Analysis of the health needs of UK populations to inform and guide policy direction. They are designed to provide advice on the commissioning of health, well-being and social care services within local authority areas.

Kerbcraft: National Strategy for Child Pedestrian Safety.

Localism: Describes a range of policies introduced by the Coalition Government to prioritise local decision making under the [Localism Act 2011](#).

Local Transport Plan (LTP): previously mandatory but now voluntary, LTPs are produced by local transport authorities to set out their transport objectives, policies and schemes. They may form a basis for bids for DfT funding. They would normally include a section on road safety strategy.

THINK! Programme: DfT road safety information to the public with the intention of encouraging safer behaviour to reduce the number of people killed or injured on the roads.

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**DECADE OF ACTION FOR
ROAD SAFETY 2011-2020**