



MAKING IT COUNT
SPENDING CHOICES WHICH PROTECT YOUR COMMUNITY

Executive Summary

The full extent of spending cuts will not be unveiled until the Treasury publishes its Comprehensive Spending Review (CSR) expected in October this year, but early indicators from the coalition suggest that Local Government will take the biggest hit in budget deficit plans. A cut of £780m for the Department for Communities and Local Government and a £1.2bn reduction to local authority grants combined with the removal of ring fencing for more than £1.7bn of local authority budgets mean that spending choices at the local level will become more complex and difficult decisions will need to be made. As a decision maker and budget holder, it is likely that you will be looking to get the most out of every pound spent, looking at the full range of Local Government activity and assessing the most effective way to allocate budgets in order to ensure that your community does not suffer as a result of fiscal tightening.

People are the most valuable economic resource in any community. The spending decisions which you make will affect the wellbeing of the people in your local authority area and could help to preserve their quality and length of life.

Legislation, funding and governance structures dictate that Local Government is the lead delivery agent of road safety activity and has made a significant contribution to the 40 per cent reduction in the number of people killed and seriously injured (KSI) on our roads over the last decade. But road death and injury continues to plague our communities and must continue to be treated using a preventative approach.

The total value of prevention of reported road accidents in 2009, estimated to be £15.8bn. This includes an estimate of the cost of damage only accidents but does not allow for unreported injury accidents. A number of assumptions have been made to produce a broad illustrative figure which suggests that allowing for accidents not reported to the police could increase the total value of prevention of road accidents to around £30 billion.¹ The argument to improve road safety is therefore not simply ethically, socially and emotionally driven but also an economically sound policy area that will deliver real cost savings.

At times like this, every public service will be calling for protection and it becomes more important that long-term and sustainable interventions that make a difference are prioritised. Spending on effective and well-evaluated road safety activity will not only protect members of your community but will also prevent the numbers of KSI from rising and presenting additional economic and social costs in your area.

Road death and injury is expensive and demoralising but preventable. The following outlines the role which you can play in protecting the length and quality of life which your residents experience and offers guidance about where to look for additional financial and informative support.

¹ <http://www.dft.gov.uk/adobepdf/162469/221412/221549/227755/rrcgb2009.pdf>

1) The Value of Communities

'People are our greatest resource' has become something of a mantra in the sales world. In Local Government the phrase takes on even more relevance. People are the bricks of local communities and rely on effective and co-ordinated governance to generate optimum conditions for living. As the spending review makes its impacts, and public services vie for position, it is vital that funding decisions are evidence led and able to make improvements to quality of life and overall well-being.

In 2009, 6 people were killed and 68 people were seriously injured every day on British roads – a daily toll of almost the same number who were killed and injured in the high-profile Potter's Bar rail crash of 2002. The financial decisions made by Local Government are able to contribute to the reduction of that insupportably high but apparently socially accepted level of death and injury.

2) Road Safety – The National Overview

Even after more than two decades of steady progress in road casualty reduction, with the numbers reported Killed or Seriously Injured (KSI) reduced by two-thirds since the early 1980s, a total of 26,906 people were reported KSI in 2009, a year which saw 222,100 road casualties in collisions reported to the police in Great Britain and 2,222 deaths on British roads. It has long been known that a considerable proportion of non-fatal casualties are not known to the police, as hospital, survey and compensation claims data all indicate a higher number of casualties than are reported to and by the police.

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3) Road Safety – The Local Picture

The 2004 World Health Organisation (WHO) *World Report On Road Traffic Injury Prevention*³ highlighted the importance of joined-up local approaches to prevent road death and injury:

"Road safety is a multisectoral issue and a public health issue – all sectors, including health, need to be fully engaged in responsibility, activity and advocacy for road crash injury prevention... Local knowledge needs to inform the implementation of local solutions"

The last road safety strategy *Tomorrow's Roads* provided the headline casualty reduction targets for 2010 of 40 per cent reduction in overall numbers of people Killed and Seriously Injured (KSI), 50 per cent reduction in child KSI and 10 per cent reduction in the slight casualty rate and

² <http://www.dft.gov.uk/adobepdf/162469/221412/221549/227755/rrcgb2009.pdf>

³ http://www.who.int/violence_injury_prevention/publications/road_traffic/world_report/intro.pdf

encouraged specific efforts on ten key themes. All these targets have been achieved. The strategy was developed in active consultation with many road safety stakeholders, and was comprehensible, feasible and relevant. There is, however, still a high cost to society of road casualties and further progress on casualty reduction is needed.

Over the course of the *Tomorrow's Roads* strategy casualty reductions achieved have differed across GB, with some of our road users at much higher risk of being killed or seriously injured than others. Many of those users are easily identifiable. Research shows an augmented degree of risk to certain **user profiles** (young people, the elderly, males, people from deprived and ethnic minority backgrounds) **user types** (motorcyclists, pedal cyclists) **user behaviours** (drink/drug driving, speeding, non wearing of seatbelts) and **user locations** (both rural and urban).

It is absolutely vital that local road safety focus is based on evidence and that high-risk groups of people are prioritized within a comprehensive safety strategy.

Local road safety performance and delivery will be related to a number of socio-economic factors and latent conditions and will need to be linked with wider community goals and policies.

4) Local Delivery of Road Safety - Management Instruments

Road safety delivery occurs primarily at the local level with Local Government playing a fundamental role in the reduction of KSI. Though performance varies quite significantly, often as a result of resource, location and socio-economic conditions⁴, the ultimate responsibility to deliver road safety is taken on by Local Government.

This responsibility is most evidently incorporated into two key pieces of legislation: The 'Road Traffic Act 1988⁵: 39 : *Powers of Secretary of State and local authorities as to giving road safety information and Training*' and the 'Local Government and Public Involvement in Health Act 2007⁶: 116 : *Health and social care: joint strategic needs*:

Under these two Acts, Local Authorities 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.*
- *Carry out studies into accidents arising out of the use of vehicles on roads or parts of roads, other than trunk roads, within their area.*
- *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 which they*

⁴ <http://pacts.org.uk/docs/pdf-bank/Beyond%202010%20-%20Taking%20Stock%20and%20Moving%20Forward%20.pdf>

⁵ <http://www.legislation.gov.uk/ukpga/1988/52/contents/enacted>

⁶ <http://www.legislation.gov.uk/ukpga/2007/28/contents>

are the highway authority (in Scotland, local roads authority) and other measures taken in the exercise of their powers for controlling, protecting or assisting the movement of traffic on roads.

- *In constructing new roads, take such measures as appear to the authority to be appropriate to reduce the possibilities of such accidents when the roads come into use.*
- *Alongside the relevant PCTs, prepare and publish an assessment of relevant health needs (which includes the measure of Road Traffic Accidents where relevant).*

Congestion is of great concern to Local Highway Authorities across the country. An additional piece of legislation, The Traffic Management Act 2004⁷: 16: *Network Management by Local Traffic Authorities*, states that it is *the duty of a Local Traffic Authority to manage their road network with a view to achieving, so far as may be reasonably practicable having regard to their other obligations, policies and objectives, the following objectives:*

- a) securing the expeditious movement of traffic on the local authority's road network;*
- b) facilitating the expeditious movement of traffic on road networks for which another authority is a traffic authority.*

Congestion is estimated to cost the nation around £22 billion per year. Research from the RAC Foundation⁸ shows that a quarter of that congestion is associated with road accidents⁹. Prioritising road safety will most likely have a positive influence on congestion levels within a Highway Authority.

5) Looking at Cost Benefit

Engineering and Enforcement

We are fortunate in GB to have a robust estimate of the cost of casualties to society. It includes the cost of the crash (health services, etc), plus the loss of productivity of those involved and an element related to 'willingness to pay'. Having this robust estimate allows a financial cost benefit analysis that is directly comparable with other forms of investment.

The costs of road safety engineering schemes are documented and can be linked with historical measures of casualty reductions. For example, several studies using 'before' and 'after' data have shown that 20mph Zones reduce casualties by around 40%, so reliable estimates can be made of investing in 20mph zones. A cost benefit analysis of road safety engineering schemes, including 20mph zones, often give first year rates of return of about 100% - i.e. the costs are recovered by the value of saving death and injury in 12 months.

These high levels of financial return are common for road safety engineering schemes and for smaller (cheaper) signing and lining measures, the first year rates of return are often higher. For

⁷ <http://www.legislation.gov.uk/ukpga/2004/18/notes/contents>

⁸ ⁸ Irving Yass (2010) 'Delays Due to Serious Road Accidents' RAC Foundation, London
http://www.racfoundation.org/assets/rac_foundation/content/downloadables/road%20accident%20delays%20-%20yass%20-%20april%20-%20report.pdf

⁹ <http://www.racfoundation.org/research/safety/delays-due-to-serious-road-accidents>

most Local Highway Authorities, investing in road safety engineering gives the highest rates of return on any of their investment programmes. A similar high rate of return is also provided by road safety enforcement programmes, including safety cameras. Research using 'before' and 'after' data has shown that these cameras reduce collisions by around 40%. Similar benefits can be attributed to speed management programmes undertaken by local Police Forces.

Education, Training and Publicity

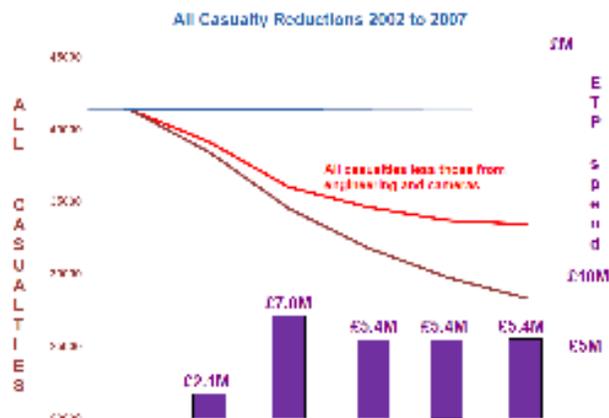
It is much more difficult to predict benefits for education, training and publicity (ETP) interventions. The DfT THINK campaign for example is seen by the whole population and it is impossible to directly attribute casualty reductions to this campaign on its own. Changes in road risk are linked to a large number of variables (including flow, speed, vehicle design, population changes, mode of travel changes, etc) and the vast majority cannot be controlled or allowed for.

Most assessments of ETP focus on how well subjects remember the campaign and how well the message is understood. We therefore have estimates of changes in people's attitudes and stated behaviours, but it is not possible to relate these directly to changes in real behaviour.

There is, however, some indirect evidence that ETP campaigns can give large benefits and that campaigns are vital to provide the changes in the attitudes in society (the social norm). We know this is very important for road safety and the reduction in average speeds on 30mph roads (as published by DfT every year) over the last few years is very encouraging.

London has seen very large reductions in casualties over the past 9 years. At least part of those reductions has come from relatively large investments in ETP. The chart below shows the overall casualty reductions in London and the proportion that can be attributed to engineering and enforcement investment. This leaves over 50% of the reduction that has come from other activities (above the red line on the graph). While all this benefit cannot be attributed to ETP, it is reasonable to assume that the greater proportion can be.

London is quite unique in its ability to look at figures like this. The size of spending and the more statistically significant casualty numbers allow for more effective evaluation of ETP measures which is currently difficult at the local level.



Smaller areas with lower casualty rates will find it difficult to evaluate in this way. The road safety sector is currently looking at better ways to evaluate ETP interventions. One development is the E-Valu-it toolkit.

E-Valu-it

Following a series of 'Road Safety Health checks' carried out by DfT with a number of Local Authorities across the country, a issue frequently raised was the difficulty encountered locally in evaluating Education, Training and Publicity (ETP) interventions.

In the current climate with declining resources, it is increasingly important to use those resources most effectively, and to measure the activities delivering best value in getting the right road safety message across to the right people, and delivering the desired results. Alongside RoSPA and Local Authority partners, the DfT have designed a solution to make evaluation easier for local road safety partners, as well as creating a more consistent approach.

E-valu-it will be a web-based tool, and will include information on specific related topics, a glossary and links to other resources. Dissemination will be through a series of regional workshops which will take place between September and December 2010. The tool will also be promoted through a number of other channels, including RSGB. The web-site is expected to be released to everyone on early December, and will be found at www.roadsafetyevaluation.com.

It is important that developments like this are supported and encouraged by management staff to ensure that road safety interventions are as effective as possible.

6) Key relationships

Joining-up: A Strategic Approach to 'Whole Area' Policy

March 1st saw the tenth anniversary of the road safety strategy *Tomorrow's Roads, Safer for Everyone*. Recent PACTS research¹⁰ has found widespread support for the role which the Tomorrow's Roads strategy has played over the last ten years. Delivery partners found that it helped to generate support for road safety within the wider context of their respective areas of work. A very positive outcome from the focus on achieving measurable goals over the last decade has been the building of local partnerships involving a wide range of organisations, to promote road safety and to work together to implement locally relevant and cost-effective measures.

At the local level, as budgets are reduced, the development of effective partnerships will be a strategic approach to sharing responsibility. Furthermore by 'joining-up' it is far easier to use a 'total place' approach, looking at the whole area, the range of policy objectives and the needs and wants of the community. This total place approach is a useful way to observe areas of policy overlap and conflict and help to spread the burden and the costs.

¹⁰ <http://www.pacts.org.uk/docs/pdf-bank/Beyond%202010%20-%20Taking%20Stock%20and%20Moving%20Forward%20.pdf>

Road safety has developing relationships between Local Authority, Police and Fire and Rescue as well as many non-government organisations and private industry stakeholders. It is vital that those links are made wider to include other key members of society such as teachers, medical professionals, and religious and community leaders. The Neighbourhood Road Safety Initiative (NRSI)¹¹ was an important step forwards in this approach.

Creative Funding

Despite cutbacks in traditional funding routes, it is possible to reach out to other policy areas which have relevant and tangible objectives and funding sources. The dissolution of Primary Care Trusts (PCTs) is a key example. The NHS White Paper¹², *Liberating the NHS*, gave April 2013 as the dissolution date for PCTs. 96 per cent of the PCT budgets will be going to GP Consortia. The remaining 4 per cent will be going to Local Authorities for the work identified below.

PCT responsibilities for local health improvement will transfer to local authorities, who will employ the Director of Public Health jointly appointed with the Public Health Service. The Department will create a ring-fenced public health budget and, within this, local Directors of Public Health will be responsible for health improvement funds allocated according to relative population health need.

Health need (that which is being treated by the ring-fenced budget as identified above) is analysed by APHO and documented in a series of profiles based on local authority/region.¹³ The table on the last page of each profile identifies a number of health needs including Road Death and Injury.

Where road death and injury indicators demonstrate a need for improved health, local authorities must consider the importance of relevant road safety interventions that reduce road casualties whilst improving the health of the local community.

7) Local Delivery of Road Safety - What is Road Safety?

Road Safety has traditionally been considered within three main sub-categories: Engineering, Education and Enforcement. Today however, this separation is somewhat rudimentary. Improvements in evidence and research and increased concern for effective spending means that this three-pronged approach not only limits the potential of road safety activity in terms of lives saved and underestimates the complexity of the issues being dealt with, but also prevents the development of key relationships across whole area policy plans.

8) Road Safety – A Safe System

There is a growing and encouraging tendency in road safety management to view the road user, the road environment and the vehicle as a system, treated in its entirety. The OECD/ITF report *Towards Zero* concluded that a fundamental shift in road safety management to a safe system

¹¹ <http://www.nrsi.org.uk/nrsi/index.html>

¹² http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_17353

¹³ http://www.apho.org.uk/resource/view.aspx?RID=50215&SEARCH=W*

approach is required, pointing out that the safest communities in the future will be those that embrace this shift and begin work now on the interventions required to close the gap between current performance and the performance associated with a genuinely safe road transport system.¹⁴

9) Key Messages

Road death and injury is massively wasteful, destroys lives beyond those of the actual victims, limits future productivity and drains money from our economies. It is also eminently preventable and the industry has an enviable record in reducing road casualties over the last decade and more at a fraction of the costs to society of the problem itself.

The current deficit reduction exercise has served to highlight the anomalous position of road safety – where health service and education spending has been protected from cuts and yet resources to tackle the single biggest non-natural killer of our children and young people has been, and will be, severely cut. Effectively we are prioritising parts of their health and development but slashing a public service aimed at making sure they survive to enjoy long, productive and enjoyable lives. We need to be creative in integrating road safety into public health, developing ‘place-based’ approaches and accessing expertise and funding from currently protected sources.

Road safety can form a unique bond between the public, private and voluntary sectors in tackling one of our major social ills – preventable road death and injury.

There is no legitimacy in asking for excusal in helping reduce the deficit. Evidently, current and future spending decisions are getting harder to make, new ways of working, evaluating existing practice and forging new cross-sectoral partnerships are all going to be essential in delivering vital life-saving services while reducing costs. However, there are limits to budget cuts beyond which road safety service delivery will become unviable, leading inevitably to unnecessary death and serious injury in our communities, especially among the most vulnerable members of society.

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The Parliamentary Advisory Council for Transport Safety (PACTS) <http://pacts.org.uk>

Road Safety Great Britain <http://roadsafetygb.org.uk/>

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¹⁴ OECD (2008) Towards Zero – Ambitious Road Safety Targets and the Safe System Approach