RoSPA
The Royal Society for the Prevention of Accidents

Preparing a Road Safety Submission for a Joint Strategic Needs Assessment

THINK
Road Safety

Produced with the support of the Department for Transport

March 2015

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Executive Summary

The responsibility for the delivery of public health was transferred to local authorities in England in 2012 as a result of the Health and Social Care Act 2012. The principle behind this was that local leadership for public health will be at the heart of the new public health system.

Nationally, the Public Health Outcomes Framework sets overarching outcomes and 17 key indicators for public health. One of these indicators is to reduce the number of people killed or seriously injured on England's roads, and road safety activities can contribute to many of the other indicators.

Locally, local authorities in England took over responsibility for public health from 1 April 2013, and receive a ring-fenced public health grant to fulfil their duties to deliver public health improvements as set out in the outcomes, priorities and indicators in the Public Health Outcomes Framework.

Local Authorities in England also have Health and Wellbeing Boards who collaborate to encourage integrated working to improve the health and wellbeing of the people, and reduce health inequalities, in its area.

Every local authority in England is required to produce a Joint Strategic Needs Assessment (JSNA) and establish a Health and Wellbeing Strategy and investment plan. The JSNA assesses the current and future health and care needs of the local population to inform and guide the planning and commissioning of health, well-being and social care services within the local authority area.

JSNAs provide an important and ideal opportunity for road safety managers to incorporate and integrate their road safety activities and policies into the wider public health activities and policies of their local authority. This can help to ensure that public health activities and priorities contribute towards road safety ones, and may be able to help fund road safety activities.

However, this opportunity is not always being taken. A RoSPA survey of Local Authority Road Safety Managers in 2013/4 found that only half of the JSNAs identified included a road safety element and some of those were very brief.

There is, therefore, an opportunity for Road Safety Professionals to work closely with Public Health teams to tackle and reduce road casualties, and to encourage and enable more active travel, such as walking and cycling.

This guide is intended to encourage and help road safety managers to prepare and submit a road safety submission for inclusion in their local authority's JSNA, and to outline a practical process to do so.

Chapter 1: Understanding the new Public Health Framework

Background

The responsibility for the delivery of public health was transferred to local authorities in England in 2012 as a result of the Health and Social Care Act 2012. The principle was that local leadership for public health will be at the heart of the new public health system.

Nationally, the Public Health Outcomes Framework sets overarching outcomes and 17 key indicators for public health. One of these indicators is to reduce the number of people killed or seriously injured on England's roads, and road safety activities can contribute to many of the other indicators.

The Public Health Outcomes Framework has two overarching outcomes:

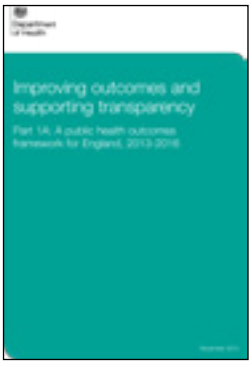
Outcome 1 - To Increase healthy life expectancy; taking account of the health quality as well as the length of life.

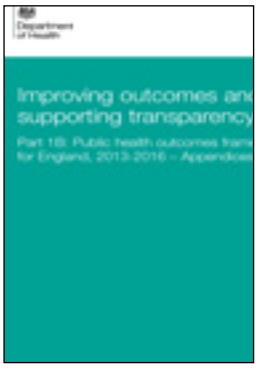
Outcome 2: - Reduced differences in life expectancy and healthy life expectancy between communities through greater improvements in more disadvantaged communities.

For further information see:

"Improving outcomes and supporting transparency: Part 1A: A public health outcomes framework for England, 2013-20162 at https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/263658/2901502_PHOF_Improving_Outcomes_PT1A_v1_1.pdf

"Improving outcomes and supporting transparency: Part 1B: Public health utcomes framework for England, 2013-2016 – Appendices" at https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/263659/2901502_PHOF_Improving_Outcomes_PT1B_v1_1.pdf.





Locally, local authorities in England took over responsibility for public health from 1 April 2013, and receive a ring-fenced public health grant to fulfil their duties to deliver public health improvements as set out in the outcomes, priorities and indicators in the Public Health Outcomes Framework.

Health and Wellbeing Boards
Local Authorities in England also have Health and Wellbeing Boards who collaborate to understand communities' needs, agree local public health priorities and encourage commissioners (buyers) of public health services to work in a more joined up way as the example from Devon County Council shows.

Devon County Council's Health and Well Being Board's priorities

- ensure the delivery of improved health and wellbeing outcomes for the population of Devon, with a specific focus on reducing inequalities

- promote the integration of health, social care and public health, through partnership working between the NHS, Social Care Providers, District Councils and other public sector bodies

- promote an integrated health improvement approach to public health service provision

- provide a local governance structure for the local planning of and accountability for all health and wellbeing related services

- assess the needs and assets of the local population and lead the development of the statutory Devon Joint Strategic Needs Assessment (JSNA) in partnership with Clinical Commissioning Groups

- similarly, produce and update a Devon Joint Health and Wellbeing Strategy to provide a strategic framework to meet the needs identified in the JSNA

- promote joint and joined-up commissioning and pooled budget arrangements, where that makes sense as a means of promoting integration and partnership working across areas

- ensure that all commissioning plans and policies reflect the health and wellbeing priorities identified through the joint needs assessment process

The principle behind Health and Wellbeing Boards is to encourage integrated working to improve the health and wellbeing of the people, and reduce health inequalities, in its area.

This means that every local authority needs to:

- Complete a Joint Strategic Needs Assessment (JSNA)
- Establish a Health and Wellbeing Strategy and investment plan
- Commission public health services.

The person with overall responsibility for delivering this within the local authority is the Director of Public Health.

Joint Strategic Needs Assessment (JSNA)
Each Local Authority Public Health Department is required to produce a Joint Strategic Needs Assessments (JSNA). This assesses the current and future health and care needs of the local population to inform and guide the planning and commissioning of health, well-being and social care services within the local authority area. Commissioning in this context is important as it involves understanding and defining the service being procured and measuring values and outcomes to inform future commissioning.

The JSNA:

- Is concerned with wider social factors that have an impact on people's health and wellbeing, such as housing, poverty and employment.
- Looks at the health of the population, with a focus on behaviours which affect health, such as smoking, diet and exercise.
- Provides a common view of health and care needs for the local community
- Identifies health inequalities
- Provides evidence of effectiveness for different health and care interventions

The main audience for the JSNA are health and social care commissioners who use it to plan services. It can also provide an evidence base for preparing bids and business cases by the voluntary and community sector to ensure that community needs and views are represented, by service providers to assist in the future development of their services, and by the public to scrutinise local health and wellbeing information, plans and commissioning recommendations.

Local Health Improvement Plan
The JSNA is also used to develop the Local Area Improvement Plan, therefore, ensuring that road safety is included in the JSNA will help to ensure it is also included in the Local Area Improvement Plan. Actions which can be covered in a plan include, for example:

- Reducing smoking
- Increasing the proportion of the population at a healthy weight
- Detecting and treating diseases earlier, such as heart disease, high blood pressure, diabetes, cancers
- Targeting preventive interventions at those vulnerable groups with the worst health, including those who may be at risk of domestic or sexual violence and abuse
- Investing in the health and wellbeing of all children and young people
- Improving mental health and emotional wellbeing, and preventing loneliness
- Increasing income levels and employment, and reducing poverty
- Improving the quality and warmth of housing
- Reducing misuse of substances, including alcohol and drugs
- Helping people in their neighbourhoods to live healthier and happier lives.

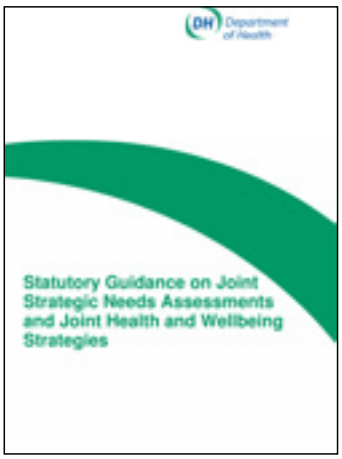
As an example, the priorities within the Devon Joint Health and Wellbeing Strategy are:

Overarching Priority	**Priorities**
A focus on children and families	Poverty, Targeted family support, Domestic and Sexual violence and abuse, Pre-school education outcomes, Education outcomes and skills, Transition.
Healthy lifestyle choices	Alcohol misuse, Contraception and sexual health, Screening, Physical activity, healthy eating and smoking cessation, High blood pressure (hypertension), Integrated pathway for self-care.
Good health and wellbeing in older age	Falls, Dementia, Carers support, End of life care integrated pathway.
Strong and supportive communities	Mental health and emotional wellbeing, Living environments, Housing, Social isolation, Offender health.

In this example, walking and cycling programmes are assumed to be part of the active travel agenda. In other Highway Authorities the main role of road safety is to mitigate the consequences of active travel programmes. In either instance road safety has an important role to play.

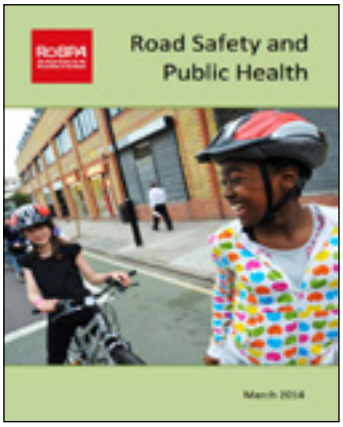
JSNAs provide an important and ideal opportunity for road safety managers to incorporate and integrate their road safety activities and policies into the wider public health activities and policies in their local authority area.

This enables road safety managers to submit information to demonstrate how accident prevention programmes, both revenue and capital funded, can work towards increased healthy life expectancy. It can also help to ensure that public health activities and priorities contribute towards road safety ones, and may be able to help fund road safety activities.



However, this opportunity is not always being taken. A RoSPA survey of Local Authority Road Safety Managers in 2013/4 to identify the level of integration between road safety and public health activities, and to highlight examples of good practice in joined up working, found that only half of the JSNAs identified (19 out of 40) included a road safety element and some of those were very brief.

RoSPA's report[1] had four main recommendations:



- JSNAs should include road safety issues
- Public Health and Road Safety should identify shared agendas
- The co-benefits of road safety and public health must be considered when planning and evaluating work
- Public Health and Road Safety should share data and evidence to improve the effectiveness of actions and set evidence based objectives

If your current Local Health Improvement Plan does not include an element of road safety this presents a good opportunity to follow up. If the Plan is to be refreshed, inputting into the JNSA is recommended.

This guide is intended to encourage road safety managers to prepare and submit a road safety submission for inclusion in their local authority's JSNA, and to outline a practical process to do so.

Chapter 2: Opportunities for Road Safety Presented by JSNAs

As the Devon Joint Health and Wellbeing Strategy shows, the opportunities created through the Health and Social Care Act 2012 can be significant and worthy of consideration. This chapter will consider in more detail the opportunities which it presents to a Road Safety Manager.

Local Authority Involvement

Until recently road safety was firmly seen as a responsibility of the Highway Authority as enshrined in section 39 of the 1988 Road Traffic Act which says that each local authority:

a) must carry out studies into accidents arising out of the use of vehicles on roads or part of roads, other than trunk roads, within their area,

b) 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 the 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 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, and

c) 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.

The safe and efficient movement of goods using the local highway network remains a key function of the Local Authority, however, NIHCE guidelines (National Institute for Health and Clinical Excellence - previously Nice)[2] makes it clear that public health is not solely the responsibility of the highway authority and will require action on a personal and community level involving individuals, third sector organisations and business.

There is, therefore, an opportunity for Road Safety Professionals to work closely with Public Health teams to tackle and reduce accidents. To do this, it is important that a clear road safety profile covering the who, what, where, when and how is included in the JNSA at a local level. This will enable Health and Wellbeing Boards and Clinical Commissioning Groups to identify problems and to allocate resources according to priority need.

The important thing to remember when writing a road safety submission for a JSNA is that they are flexible and enable local areas to focus on their local priorities. There is no standard template for JSNAs or for producing a road safety submission. Therefore, before writing a road safety submission it is essential to read the JSNA for your area to identify common areas of working where opportunities of synergy might exist. It is useful to present information in the way most relevant to the JSNA.

It's also important that you are aware of the Public Outcomes Framework and can link your Local Transport Plan (LTP3) programmes and strategies to the Public Health Outcomes. It is also worth looking at your Local Enterprise Partnership (LEP) priorities to see whether there are any linkages. Some may not readily have a linkage and these are best either left out or included only to provide the reader with an awareness of work being undertaken as part of a narrative overview.

Public Health have a considerable role to play in the delivery of road safety programmes and it is important to recognise that despite their relatively new involvement, public health professionals have considerable experience in behavioural change programme work. In discussions you will find that there is considerable commonality, however, it is important to appreciate that there are differences. The main one being that public health is primarily concerned with improving quality of life though better health, whilst road safety is concerned with accident prevention.

Data Indicators

One of the most important issues to be aware of is data indicators. Local Authority Accident Investigation teams normally drill down to very specific areas and to cluster sites to determine common accident factors which can be treated. In comparison, the Public Health indicator 1.10 'Killed and seriously injured casualties on England's roads' is far less specific and looks at a much wider geographical area and demographics.

The indicator definition used is: 'Number of people reported injured on the roads, all ages, per 100,000 resident population, using a 3 year average figure.

Rates are reported at Local Authority level and are included in the annual Local Authority Health Profiles. These give a snap shot overview of health for each local authority in England. They are designed to help in decision making and plan development to improve local people's health and reduce inequalities. The indicators show how the area compares to the national average.

For more detail see www.apho.org.uk/default.aspx?QN=P_HEALTH_PROFILES.

Prevention

Decision-makers and commissioners need to take measures today to prevent problems tomorrow. The mantra 'prevention is better than cure' is more relevant than ever. This is one of the reasons why 'killed and serious injured casualties on England's roads' is included in the public health domain indicators, as outlined in the Government's Healthy Lives, Healthy People Update[3,4] This is a good opportunity to remind Commissioners of the importance of accident prevention and why it has been included within the key indicators.

In times of ever increasing demands upon the NHS and Accident and Emergency, it is now more than ever vital that accident prevention helps to reduce unintentional injuries. In 2010/11 they accounted for 12.5% of emergency admissions and accounted for 5% of all hospital admissions (road accidents formed a part of these).[5]

This costs UK society an estimated £150 billion every year[5] and importantly contributes to inequalities as children from poorer backgrounds are five times more likely to die as a result of an accident than children from better off families. Data from Oxfordshire illustrates the scale of the problem at a Health Locality level.

Hospital Admission Data from Oxfordshire
Using good local hospital data if it is available can be very important. For example, data was collected over a two year period by Oxford University Trust from John Radcliffe, Oxford and Horton General, and Banbury Accident and Emergency departments. From this, seven clear priority areas were identified: Home 0-4 years, Home 75+ years, School 10-14 years, Leisure 10-25 years, Roads 15-29 years and Workplace 25-34 years.

Local data
You may not be in a position to use good quality local hospital data however, you may wish to investigate the number of Intensive Care Beds which are taken by road traffic casualties over a given period. One way to get this data is to seek permission for a nurse (or student) to record the number of preventable bed days lost using a simple tally count. Achieving this may be impractical unless you have contacts within the hospital or Trust who can make this happen. The point to stress is that this should take no more than a minute each week and involve a simple bed count. This is a non-scientific survey but is useful in indicating the situation on the front line and is an ideal way to demonstrate the linkage between prevention and a tangible health benefit. In this instance, reduction in serious road casualties may result in less demand for intensive care treatment, hospital beds and A&E.

Health
Road safety has a much wider impact on health than just preventing injuries. This is because some forms of travel (i.e. walking and cycling), and the provision for them, bring more health benefits for individuals and society than motorised transport. However, the way that people travel is influenced by concerns about actual or perceived safety; effective intervention to reduce road danger can encourage more people to travel by these active, health-promoting modes. For example, the Devon road safety ambition is that 'any route and any mode should be available to anyone at any time free from harm or the fear of harm'.

The growth in traffic and reliance on car travel has had a wide range of negative impacts on health. Decreases in active travel, such as cycling and walking, has meant that more people are less active and use less energy during their daily routines, which has contributed towards a higher prevalence of overweight or obese adults and children. It is estimated that four out of ten people do not do enough physical activity to achieve good health, and this leads to 37,000 premature deaths per annum in England. Between 1961 and 2005, there was a 20% reduction in physical activity and this is predicted to rise to 35% by 2030.[6]

Therefore, road safety should not be considered in isolation from other areas of health because arguably we will only encourage more active travel if people feel safe and confident to walk and cycle more. Over half the people questioned in a survey[7] said that they don't cycle, with the main reasons being 'concerns around the safety of road cycling' and 'concerns about drivers treating them badly'. Programmes which facilitate safe cycling create an ideal opportunity within a JSNA.

For more information, see:
- All Party Cycling Group: Get Britain Cycling
- Moving More, Living More
- All Party Commission on Physical Inactivity A Co-ordinated Approach
- Improving the Health of Londoners

Road Accident Prevention Links to Public Health

The table below shows some of the ways that road safety can contribute to, and benefit from, the Outcomes and Indicators of Public Health Outcomes Framework.

Domain 1: Improving the wider determinants of health

Objective: Improvements against wider factors which affect health and wellbeing and health inequalities

Public Health Indicator	**Potential Road Safety Link**
1.1 Children in poverty	Measures that address the higher road risk of lower socio-economic groups
1.2 School readiness	Measures that address the journey to school
1.4 First time entrants to the youth justice system	Measure that address motoring offenders
1.5 16-18 year olds not in education, employment or training	Road safety education for young people, especially those not in education, employment or training
1.9 Sickness absence rate	MORR measures to road crashes and injuries
1.10 Killed and seriously injured casualties on England's roads	Education, Engineering and Enforcement road safety programmes
1.13 Re-offending levels	Driver Diversionary training, eg, Speed Awareness
1.14 The percentage of the population affected by noise	Road engineering measures that reduce road noise. Reduction in the use of motorised transport in favour of walking and cycling.
1.16 Utilisation of outdoor space for exercise / health reasons	Measures to promote safe walking and cycling
1.19 Older people's perception of community safety	Measures that improve the perception that the road environment is safer

Domain 2: Health Improvement

Objective: People are helped to live healthy lifestyles, make healthy choices and reduce health inequalities.

Public Health Indicator	Potential Road Safety Link
2.6 Excess weight in 4-5 and 10-11 year olds	Active travel initiatives
2.7 Hospital admissions caused by unintentional and deliberate injuries in children and young people aged 0-14 and 15-24 years	Education, Engineering and Enforcement road safety programmes
2.12 Excessive weight in adults	Active travel initiatives
2.13 Proportion of physically active and inactive adults	Active travel initiatives with associated mitigation measures
2.18 Alcohol related admissions to hospital	Drink drive initiatives

Domain 3: Health Protection

Objective: The population's health is protected from major incidents and other threats, whilst reducing health inequalities.

Public Health Indicator	Potential Road Safety Link
3.1 Fraction of mortality attributed to particulate air pollution	Schemes that minimise vehicular travel

Domain 4: Healthcare, public health and preventing premature mortality

Objective: Reduced numbers of people living with preventable ill health and people dying prematurely, whilst reducing the gap between communities.

Public Health Indicator	Potential Road Safety Link
4.3 Mortality from causes considered preventable	Education, Engineering and Enforcement road safety programmes
4.4 Under 75 mortality rate from all cardiovascular diseases	Active travel initiatives

Be Realistic

As the previous tables illustrate, there are many tangible opportunities to link road safety and the public health agenda, to the mutual benefit of both fields. However, it is important to be realistic in your expectations whilst considering what to include in your JSNA submission. The aging population and the resultant pressures upon 'Social Care' budgets are increasing, resulting in ever tightening financial budgets.

Therefore, limited resources are prioritised on the most vulnerable within society. Road Safety programmes can offer significant cost benefits for specific groups e.g. refresher/assessment driver programme for older drivers and those with significant health diagnoses can help keep them driving and independent and, therefore, less dependent on costly health and social service networks.

Consequently, any preventative scheme must demonstrate 'value for money' and have measurable outcomes which can be evaluated. Therefore, road safety spending in these diminishing budgets are only likely to be considered for inclusion where they bring measurable and quantifiable outcomes for accident prevention, whilst also supporting health equity, economic development and education, and thereby improving the quality of life of the targeted group.

Reducing health inequalities may require infrastructural investments that are considered higher risk because they are designed to facilitate changes in behaviour in very challenging demographic groups, rather than reflect existing behaviours in much less challenging groups. An investment in closing the health gap in this sort of context requires capital projects to be matched by revenue work targeting behavioural change. This may create real opportunities for cooperative working between the Local Highway Authorities and Public Health.

Chapter 3: Preparing your JSNA submission

This chapter considers the steps you might wish to consider to prepare your JNSA submission. Following this suggested process will help you to put together your submission in accordance with current health guidelines. The step at which you enter the process will be determined by your previous experience and work undertaken to date in this area.

Step 1
Find out who is responsible for compiling your JSNA. RoSPA's survey found that no one set person has this responsibility. Often the task was undertaken by a Consultant, whilst in other cases it was carried out in-house by an Officer working within the Public Health Team.

Step 2
Obtain a copy of your area JSNA and find out whether there is a section covering road safety or active travel. You may not have written an input but one may have been included by a Public Health author.

Step 3
Find out when a new JSNA is scheduled to be written, or whether there is an opportunity to submit a road safety input as part of a scheduled periodic refresh. There is no point spending time and effort if future budgets have been allocated and any new submissions will not be considered, however, worthwhile and valid it might be to improving the health of the area. In this situation, keep checking to see when an update is scheduled.

Step 4
Contact and meet with the appropriate person within Public Health. This is an excellent opportunity to build relationships and to discuss future 'partnership working'; irrespective of whether or not you ultimately decide to write a road safety section. Ensure you have sufficient and robust data to show where your issues are, who they affect and what the nature of the problem is. It will help to identify geo-demographic overlaps. Find out:

- the key priorities within the JSNA
- Target areas
- Target groups
- Key performance indicators by which they will be measured by the Health and Well Being Board.
- Whether the local Health and Wellbeing Strategy prioritises the below indicators and if so how?

    - Indicator 1:10 Killed and seriously injured casualties on England's roads
    - Indicator 2.7 Hospital admissions caused by unintentional and deliberate injuries in under 18's.

This information will help you to identify possible areas of joint working, where you can add value to 'identifiable targets within the agreed JSNA' programme. It's stating the obvious to say that if it does not provide synergy to the JSNA targets, it won't be considered.

Step 5
Consider your current programme of work and how this fits with the JSNA. Be open to the idea of modifying your priorities and established work programme to make overall net Public Health gains where a judgement between casualty reduction per se and overall health and health inequalities is required This will help you to decide whether you are going to include an existing programme(s), modify it or suggest a new initiative(s) which helps fulfil priorities within the Local Improvement Plan. As part of this process:

- Identify all the relevant local partners both inside and outside the local authority who you may wish to work with.

- Look at your current strategies and activities that either, directly or indirectly, impact on 'the public health agenda' and ask how these activities are evaluated? This will be the first question you will be asked. If they are not currently being evaluated, say how they will be in your submission. For further information on how to evaluate a road safety programme see: www.roadsafetyevaluation.com/introduction/purpose-of-evaluit.html.

- The JSNA will have clearly defined targets with identified geographical locations and groups. As part of preparing a possible submission, carry out a detailed analysis of the road accident statistics within these geographical areas. It is highly likely that the areas identified are already on your own 'priority list' as they will almost inevitably be in areas of deprivation as an overarching vision within the Public Health Outcomes Framework is to: Improve and protect the nation's health and wellbeing and to improve the health of the poorest fastest.

- A second outcome of the Public Health Outcomes Framework is to reduce differences in life expectancy and healthy life expectancy between communities. Road accidents are an important element within this mix. For example, children who live in more deprived areas are at much greater risk than children from the most affluent. There would be around 800 fewer serious or fatal injuries to child pedestrians annually, and 136 fewer serious or fatal injuries to child cyclists, if all children had a risk of injury as low as children in the least deprived areas.[8]

Step 6
Identify what you want to get from the exercise, for example:
- Funding support with activity delivery by road safety team (existing or new initiatives).
- Third party delivery, for example Fire Officers disseminating child car seat advice to parents as part of a home fire safety check (existing or new initiatives).
- Partnership delivery in association with road safety team (existing or new initiatives) to deliver a better and more cost effective service.
- Share intelligence and data

Step 7
Decide whether to include recommendation within your submission, or whether you only intend to include a factual description of what road safety work is currently being undertaken, the purpose being to brief the reader for future potential work opportunities.

Step 8
Start drafting your proposed JNSA Road Safety submission. Be sure to include 'current best practice Public Health' guidance - see the next chapter.

Step 9
Determine the membership of your Health and Wellbeing Group and speak to the Chair. Find out their understanding of road safety and how this can support in delivering the overarching outcome of the Public Health Outcomes Framework. Find out if the JSNA is being used to assess the accident prevention priorities and have they been linked to other local government aims? Have any linkages been made with the Local Strategic Partnership? In the discussion with the Chair, find out if there are proposals for maintaining the delivery of accident prevention services within the Health and Wellbeing Strategy or whether this is seen as a Highway function.

Step 10
Contact and discuss road safety priorities and programmes with the local councillors in the identified target areas. The checklist below may be useful to aid discussion:

- Have they been involved or had an input in preparing priorities within their constituency regarding accident prevention since 1st April 2013?

- Do they fully understand their local community's needs in relation to accident prevention?

- Has the Health and Wellbeing Board been briefed on the need to address accident prevention and how it can support the 'active travel' agenda? Do they fully appreciate the need to provide a safe environment as without this it is likely that the injury rate to vulnerable road users will increase? This is an ideal opportunity to mention the World Health Organisation's 'Vision Zero' approach. Road safety and sustainable travel are intrinsically linked together; affect one and the other will inevitably be affected in either a positive or negative way.

If you are planing a new initiative, don't reinvent the wheel; find out what has been previously carried out and base it on best practice and research. Look at: www.roadsafetyobservatory.com/ and www.roadsafetyknowledgecentre.org.uk/.

When preparing and pulling together all the data and information for your submission, use what is already available in your LTP3, Partnership Plans and similar documents. However, it is important to present it in a style and format which is compatible to the 'mother document'. Find out where your section(s) will fit. Is there an opportunity for road safety to have its own section or will it fit into another or multiple sections, eg. Child Health, or Community safety for example?

Chapter 4: Completing your submission

This chapter looks at some key factual information which you may wish to consider including so that it reflects current thinking within Public Health. It does not aim to prescribe the schemes you should include in your submission. The results from your accident audit, local demographics and local JSNA priorities will determine this and as an experienced Road Safety Manager you are the best person to decide upon the content of your submission. The second part of the chapter considers some do's and don'ts, based on an examination of some current JSNAs which include road safety and active travel sections.

In putting together your submission remember that the purpose of the JSNA is to provide a clear analytical overview of the health needs of the area. Whilst it has a role in shaping commissioning intentions it should not be absolutely directive in prescribing solutions – instead, there should be an expectation that commissioners take account of the recommendations set out in the JSNA; if commissioners choose not to implement these there needs to be an explanation.

In this sense, the JSNA should set out some of the "what" and the "why" but not necessarily the "how" or the "in what order". In other words, the JSNA should inform the plan, not be the plan. Your submission may be the start of the partnership process and more co-ordinated working rather than an end in itself.

Cost benefit analysis – HEAT
As stated previously, JSNAs are produced by health and wellbeing boards, and are unique to each local area. Therefore, the Director for Public Health is free to compile the JSNAs in a way best suited to the local circumstances – there is no template or format that must be used and no mandatory data set to be included.

However, a range of good evidence should be used in JSNAs, hence the importance of including robust accident data. This can be used in two important ways:

- To provide evidence to justify including road safety in the JSNA
- To provide evidence of the money that can be saved by accident prevention measures or measures to promote a healthy lifestyle such as walking or cycling.

A way to show this is by using the World Health Organisation HEAT assessment tool http://www.heatwalkingcycling.org/index.php?pg=cycling&act=introduction.

World Health Organisation – Vision Zero
The safe systems approach as advocated by the World Health Organisation and Vision Zero[9] is based on the understanding that injury is caused by an exchange of energy in quantities higher than human tolerance to it. Preventing or minimising the exchange of energy, therefore, prevents injuries. It recognises that people make mistakes, and so roads and vehicles should be designed so that these mistakes do not result in death. This places human vulnerability at the centre of road design, and proposes that roads, vehicles, and traffic speeds be modified to prevent exchanges of energy which are likely to cause fatal injuries. This approach can be applied to all roads and all road users.

The safe system approach has been adopted in countries, such as The Netherlands, Sweden, and New Zealand, and parts of the approach have been adopted in the Safe Streets for London Action Plan.[10]

Marmot Report
It's important to remember that reducing health inequalities runs as a key theme throughout the Public Health Framework. The Marmot Report, "Fair society, Healthy lives[11] also highlights the impact of inequalities.

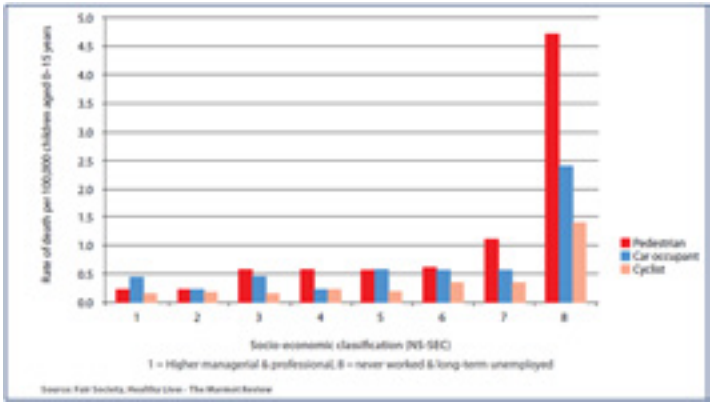
If you are considering a child centred theme it is worth having a look at the Marmot Report as it highlights the impact of health inequalities when looking at accidental deaths among children. For example, the single major avoidable cause of death in childhood in England is unintentional injury – death in the home for under-5s and on the roads for over-5s. The report noted that there are more deaths from unintentional injury than, for example, from leukaemia or meningitis and the social class gradient in child injury is steeper than for any other cause of childhood death or long-term disability.

It would be worth highlighting that while overall rates of death from injury in children have fallen in England and Wales over the past 20 years, this has not been the case for rates in children in families in which no adult is in paid employment. Children in the 10% most deprived wards in England are four times more likely to be hit by a car than children in the 10% least deprived wards.[12] Road deaths, especially among pedestrians and cyclists, are particularly high among children of parents who are classified as never having worked or as long-term unemployed.[13] Particular groups face further inequalities. Black ethnic minority groups in London are 1.3 times more likely to be injured as pedestrians and car occupants on the city's roads than those in white ethnic groups, according to a study at 10mph zones.[14]

Importantly, the Marmot report says: Health inequalities will only be reduced effectively through partnership working and a consideration of the wider determinants of health, rather than purely focusing on the NHS. This, combined with the need to be cost-effective and focus on prevention, means that new approaches to delivering public services must be considered and adopted.

Marmot highlights the link between deprivation and accident prevalence. This is not news in road safety but it's a good opportunity to stress the importance of target scheme, especially for children in deprived areas. Tables[5] like the one below may be worth including. Don't assume that public health colleagues have the same road safety knowledge as you.

Deaths to under-16s as a result of road traffic accident



The aging population may also create an opportunity for joint working, especially in regards to helping people to remain independently mobile.

Preparing a Road Safety Submission: Do's and Don'ts

Do's

Include core information; some examples of how this has been presented in current JSNAs are shown below:

Example 1:
- Overview of accident position
- Where the collisions occurred – including cluster site maps
- Who is involved
- Programmes currently in place and measurable outcomes (evidence based)
- Proposed new initiatives if applicable (outputs and outcomes)

Example 2:
- Current situation
- Future needs and gaps in provision*
- Identify future threats to service delivery*
- Summary of priorities that will help deliver casualty reduction in accordance with identified best practice.

Example 3:
- Who is at risk and why
- Current service in relation to need
- Unmet needs and service gaps

***** These are exceptionally important and should be included.

Get in touch with road safety colleagues who are working with Public Health teams already – the Road Safety GB Knowledge Centre is a good way to seek help from others in the profession.

Don'ts

- Some JSNAs do not have recommendations for each and every section. However, this does not mean that you should not include recommendations for commissioning. Even if they are edited out it's important that they are included as they will help with future discussions and possible joint working.

- Don't make the mistake of providing an excellent historical account of what has happened and what current programmes are in place, without looking forward to future action plans which you wish to continue or develop based upon needs assessment.

- Cost benefit analysis is something which is engrained within NIHCE and the Public Health culture; don't forget to include inputs and anticipated outcomes derived from initiatives. Use evidence to demonstrate the effectiveness of current activities, or if it's a new activity, clearly show how the outcomes will be monitored and evaluated.

- Don't be disheartened, remember 'The need to be cost-effective and focus on prevention means that new approaches to delivering public services must be considered and adopted'.

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March 2015