

Institute of Public Health



IPH response to a consultation on a new Road Safety Strategy for Northern Ireland

14 January 2022

The Institute of Public Health in Ireland

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Synopsis of IPH submission

Introduction

The Institute of Public Health informs public policy to support healthier populations in the Republic of Ireland and Northern Ireland.

Our key priorities are promoting health and wellbeing, improving health equity, and reducing health inequalities through evidence, policy, and partnership.

The Institute responded to a [consultation](#) on the proposed content of the new Road Safety Strategy for Northern Ireland to 2030, launched by the Department for Infrastructure in November 2021.

Key Observations

The Institute made a series of recommendations on the proposed new Road Safety Strategy for Northern Ireland, including the following:

- Commit to reduce inequalities in injuries and deaths on our roads through targets and specified actions addressing socially disadvantaged and/or vulnerable road users.
- Commit to a five-year programme of legislative review and reform to stimulate and maintain a modal shift in road travel and enhance road safety.
- Establish a research workstream to agree priorities for the evaluation of road safety interventions.
- Enhance the recognition of air pollution as a road safety consideration within the strategy and the responsibility held by this sector to respond to the climate crisis.
- Prioritise the reduction of vehicle speed on 30mph roads and mandate for 20mph speed limits outside all schools.
- Include public health expertise on the proposed Road Safety Forum and engage public health stakeholders in strategy development and implementation.
- Include strategic collaboration with Great Britain and Ireland as a core component of the action plan, particularly in terms of research and data sharing.
- Convene a task and finish group to enhance public transport by addressing barriers that may exist; for example, regarding personal safety and accessibility.

IPH Response

Introduction

The Institute of Public Health in Ireland

The remit of the Institute of Public Health in Ireland (IPH) is to promote cooperation for public health between Northern Ireland and the Republic of Ireland in the areas of research and information, capacity building and policy advice.

IPH supports Departments of Health and their agencies in both jurisdictions and maximises the benefits of all-island cooperation.

In the past 10 years, the Institute has responded to several public consultations relating to road safety. These include:

2010

- [Consultation response](#) to the Department of Environment's consultation, 'Preparing a Road Safety Strategy for Northern Ireland 2010-20'.

2012

- [Consultation response](#) to the Road Safety Authority of Ireland's 'Road Safety Strategy 2013-2020'.
- [Consultation response](#) to a Private Member's Bill to introduce 20mph speed restrictions on smaller residential streets in Northern Ireland.

2014

- [Written and oral evidence](#) (in conjunction with the Northern Ireland Environment Link) to the Northern Ireland Assembly Committee for Regional Development Inquiry into the benefits of cycling to the economy.
- [Consultation response](#) to the Department for Regional Development's 'Draft Bicycle Strategy for Northern Ireland'.

2015

- [Written and oral evidence](#) to the Committee for Regional Development within the Northern Ireland Assembly on the introduction of a 20mph speed limit on residential roads.

2016

- [Consultation response](#) on the proposal by Dublin City Council's Environment and Transportation Department to adopt byelaws to expand 30km/hour speed zones in residential and school areas across Dublin City.

2021

- [Consultation response](#) on the Department for Communities 'Strategy for Sport and Physical Activity for Northern Ireland'.
- [Consultation response](#) on the 'Climate Change (No.2) Bill for Northern Ireland'.

Key points

The Institute of Public Health (IPH) welcomes the progress made in reducing injuries and deaths on roads in Northern Ireland.

We welcome the governments commitments to consult on, and develop, a refreshed and ambitious strategy to enhance road safety in Northern Ireland.

This consultation response presents evidence and recommendations for consideration in designing, delivering and monitoring a finalised strategy. Our response has a dual focus. The primary focus is on enhancing population health and reducing health inequalities in injuries, disability and deaths occurring on Northern Ireland roads. The secondary focus is on maximising policy coherence with the active travel agenda, reducing emissions and air pollution and mobilising the road safety strategy to contribute to climate protection.

We welcome the adoption of the Safe System approach and encourage the Department to apply comprehensively the tools of government to strategy implementation including legislation, programme investment, training, data, research and stakeholder engagement.

Our core recommendations are:

- 1. Embed an inequalities focus in the strategy. Commit to reduce inequalities in injuries and deaths on our roads through targets, and specified actions addressing socially disadvantaged and/or vulnerable road users.**

A strong relationship exists between socioeconomic deprivation, age, gender, ethnicity and occupation with the risk of road traffic injuries and deaths. The strategy should include policy interventions that aim to minimise harms on a population level with a scale and intensity that is proportionate to the risks experienced by vulnerable groups. Data development should focus on enhancing the socio-demographic and ethnicity profile of collisions.

- 2. Commit to a five-year programme of legislative review and reform to stimulate and maintain a modal shift in road travel and enhance road safety, expanding on the existing commitment to conduct a review of speed management.**

To enable a societal shift from a dependence on private vehicles to public transport and active travel, cross-cutting legislation is required. An independent review of existing road safety legislation would be welcomed, to identify areas where new legislation is required for the strategy to achieve its objectives. As a starting point, we would welcome legislation brought in to mandate infrastructure change to support active travel and 20mph speed limits in priority areas including schools.

- 3. Establish a research workstream to agree priorities for the evaluation of road safety interventions in Northern Ireland**

Research is needed to understand public attitudes and beliefs regarding road safety to inform future road safety communications and policies. Research is also needed

to understand the likely impact of specific road safety interventions on our population, including alcohol interlock programmes, banning of 'idling' cars at school gates, traffic calming measures, mandates relating to vehicle advertising, safety of e-bikes and scooters and road safety in border areas.

4. Enhance the recognition of air pollution as a road safety consideration within the strategy and the responsibility held by this sector to respond to the climate crisis

Air pollution is substantial driver of global morbidity and mortality and has a strong association with climate change. The transport sector is responsible for 24% of CO2 emissions from fuel consumption. Currently, there are no actions in the strategy to foster integration of allied strategic initiatives on promoting sustainable, and healthy urban design and transport systems. We recommend adoption of a programme to apply the National Institute for Health and Care Excellence (NICE) strategic actions to increase active travel. These include the prioritisation of local areas with a high potential to increase active travel, improvements to infrastructure and connectivity to make active travel the preferred option, and giving priority to modes of transport that involve physical activity.

5. Prioritise the reduction of vehicle speed on 30mph roads and mandate for 20mph speed limits outside all schools.

30mph roads are associated with the highest rate of fatalities and serious injuries for vulnerable road users. Reducing speed limits in school zones to 20mph has been shown to be an effective measure for reducing road traffic casualties and if appropriately targeted can help achieve a relative reduction in inequalities in road-injuries and deaths.

6. Include public health expertise on the proposed Road Safety Forum and engage public health stakeholders in strategy development and implementation.

Public health professionals have specialist knowledge in the determinants of population health and can assist the Department in strategy design through a public health lens as well as creating important links with the health community.

7. Ensure that strategic level collaboration and cooperation with Ireland and Great Britain is a core component of the action plan

There is an opportunity in the development of the new strategy to improve research and data sharing with other countries including Ireland and Great Britain to aid progress toward shared goals.

8. Convene a task and finish group to bring forward recommendations to enhance the safety and accessibility of public transport

Personal safety of public transport has been shown to be a particular concern for women, those with a disability and those who are economically inactive.

Full consultation response

1. Are you responding as an individual or representing the views of an organisation? (Required)

Organisation

2. If you have responded as an 'Organisation' please specify who the organisation represents.

The Institute of Public Health in Ireland is jointly funded by the Departments of Health in both Ireland and Northern Ireland. The Institute is governed by a Board of Directors appointed by the Chief Medical Officers in Ireland and Northern Ireland, providing strategic advice to the executive team. The Institute works with national and local government departments, and have established partnerships with public health schools, clinical and academic institutions, and community organisations on the island of Ireland, in the UK, EU and globally.

3. If you have responded as an 'Organisation' please specify how the views of members were assembled.

The Institute of Public Health informs public policy to support healthier populations in Ireland and Northern Ireland through research and evidence review. This written evidence has been prepared by policy team and approved by our CEO and Director of Policy.

4. Do you agree that the Safe System approach should underpin the new Road Safety Strategy?

(Required)

Yes

No

5. Have you any further comments about this approach or alternative suggestions?

(Required)

Yes

No

6. If you responded ' Yes' please provide comments.

Key messages

The Institute would welcome a reframing of how the Safe System approach is presented in the proposed strategy to better reflect the responsibility held by government to create a supportive environment and road system and detail on how the tools of government will be applied.

The Institute would welcome a commitment to integrate Health Impact Assessment into the review of speed management in Northern Ireland.

Safe system approach

The Institute welcomes the application of the Safe System approach to the proposed strategy. It is internationally recognised as ‘best practice’ for road injury prevention and has been endorsed by the World Health Organization (WHO) and United Nations Regional Commissions in the recently published global plan ‘Decade of Action for Road Safety 2021-2030’ (1). In particular, the Safe System approach is welcome as it encourages a paradigm shift in how road safety is viewed, moving from a narrow focus on individual behaviour to a wider recognition that road safety is a complex interaction between humans, vehicles, and the road infrastructure. In particular, the Safe System approach is positive as it encourages a paradigm shift in how road safety is viewed, moving from a narrow focus on individual behaviour to a wider recognition that road safety is a complex interaction between humans, vehicles, and the road infrastructure (1).

The proposed strategy outlines five pillars of the Safe System approach that will be taken. In their current form, these pillars place a disproportionate emphasis on the road user rather than legislation and policies that shape the environment for road users. For example, in Pillar 1, ‘Safe Road Use’ is described as ‘*road users who decide the most sustainable way to travel, know and comply with road rules and take responsibility for the safety of themselves and others, especially the vulnerable.*’ Although individual behaviour is a key factor, there are barriers that exist to choosing more sustainable modes of transport such as public transport or active travel that need to be considered in this strategy. There is also a need to clearly articulate the up-stream policy measures required to address Pillar 2, ‘Safe Speeds’. At present, this is described as ‘*road users understand and travel at appropriate speeds to the conditions and within speed limits.*’ Although the individual does hold responsibility for the speed at which they decide to drive, policy action is also required to ensure that speed limits are set at appropriate levels. The Institute welcomes the consideration of a speed management review, including of the general speed limit system in Northern Ireland and will provide detail of this in Question 21 under ‘Safe Roads’, key priority areas.

Health Impact Assessment

The Institute recommend that the Department considers conducting a Health Impact Assessment (HIA) on the potential impacts of the strategy. This will enable potential impacts of the strategy on health to be identified, help to maximise potential health benefits, and mitigate any potential health harms. Transport and mobility are likely to evolve during the next decade, and there is a need to ensure that these changes do not result in further deaths or injury (1). HIA is part of a ‘Health in All Policies’ approach and supports government strategies, such as ‘Making Life Better,’ which aims to improve population health and health equity. New [HIA Guidance](#) has been published on the Institute of Public Health website which incorporates the latest international and European developments and best practice in the field.

7. Do you agree with these proposed targets?

(Required)

Yes

No

8. Have you any comments or concerns about the targets being proposed or alternative views?

(Required)

Yes

No

9. If you responded 'Yes' please provide comments.

Key messages

We welcome the targets included in this Strategy. However, we would also welcome a firm commitment to the long-term target of zero deaths and serious injuries by 2050 as outlined in the EU Road Safety Policy Framework 2021-2030 and Ireland's recently published road strategy 'Our Journey towards Vision Zero- Ireland's Government Road Safety Strategy 2021-2030' (2, 3). Increasing the ambitiousness of the targets and quality of data could help address the consistently high rate of road deaths in Northern Ireland.

The Institute recommends that the Strategy commits to enhance the quality, consistency and comparability of road safety data in Northern Ireland with data in Ireland and in other UK nations. In particular, enhanced data collection and analysis are needed to monitor and respond to disparities in road traffic injuries and deaths in terms of socioeconomic status, age, gender, ethnicity and occupation.

The Institute recommends that the Department for Infrastructure and Department of Health work collaboratively with NISRA to develop estimates of the impact of road injuries on premature mortality, life expectancy, disability and disability-free life expectancy in Northern Ireland.

Targets

The Institute would encourage the explicit inclusion of the long-term target of zero deaths and serious injuries in the proposed strategy for Northern Ireland. The Institute would also encourage the Department to consider a minor amendment to the wording of the targets to ensure they are as ambitious as those outlined in WHO Global Plan for Road Safety; namely, to reduce road traffic deaths and injuries **at least** by 50% during the period 2021-30.

In 2012, the Institute responded to the 'Road Safety Strategy 2013-2020' published by the Road Safety Authority of Ireland (4). The Institute acknowledged that whilst significant progress had been made in terms of reductions in fatalities, the population health burden of injury, disability and mortality associated with road traffic collisions on the island of Ireland remained significant. The Institute recommended that any future road safety strategy should be comprehensive with specific, measurable, attainable, relevant and time-bound (SMART) targets relating to the reduction of fatalities as well as the reduction of serious injuries. This recommendation is applicable to the proposed strategy.

Data quality

It is challenging to compare road safety in different countries as data collection methodology differs across jurisdictions. In the UK, data from Northern Ireland is collected separately to data for Great Britain. To compare EU progress on road safety, the European Transport Safety Council (ETSC) have published a country comparison which outlines road deaths per million inhabitants. This provisional data illustrates that Ireland has a higher death rate when compared to the UK, with 30.0 deaths per million inhabitants in comparison to 24.4 deaths per million inhabitants. Northern Ireland data is not distinguished from the UK in this report; however, the NI Road Safety Strategy Annual Statistical Report found the rate of road deaths per million population to be 29.5.

The Institute recommends that the Department seek to maximise the quality, consistency and comparability of road safety data in Northern Ireland. There may be particular utility to modelling for different scenarios rather than presenting a set target and creating estimates of the likely reduction seen from introduction of different packages of road safety measures. We recognise the issues in terms of presenting trends and statistical analysis of low numbers and the proposal to present five year rolling averages in Northern Ireland. Notwithstanding the challenges of data monitoring in small jurisdictions, the interface with data collected in Ireland and other UK nations should be developed during this strategy to facilitate comparison and explore the potential impacts of different policy measures.

Lastly, there is currently no quantification of the long-term impact that road traffic injuries have on health and disability, or the associated healthcare costs. This was also a limitation of the Road Safety Strategy 2013-2020 in Ireland, and in our response, the Institute called for the development of indicators suitable to the monitoring of injury and disability and the need for specific provision to address the needs of vulnerable road users. Targets which capture the burden of road traffic injuries and other related public health outcomes would be useful to understand the overall burden on health. This could be achieved by inclusion of measures such as potential years of life lost and disability-free life expectancy.

Disparities in road deaths and injuries

In 2010, the Institute responded to the Department of Environment consultation, 'Preparing a Road Safety Strategy for Northern Ireland 2010-20' (5). At that time, the Institute believed there was insufficient emphasis on inequalities attributed to road traffic collisions and called for the strategy to include measures to reduce inequity in health outcomes. This emphasis is still missing from the current proposed strategy. Evidence supporting the need to act on inequalities in road traffic injuries and deaths is outlined as follows:

Socioeconomic status

Although the strategy points to a need to make roads safer for vulnerable groups, there is also a need to consider road safety in the context of socioeconomic inequalities which is a distinct issue and one that is not currently addressed in the proposed strategy. It is well recognised that significant socio-economic inequalities exist in relation to the risk and incidence of road fatalities and serious injuries, even in high-income countries (6). 90% of all road traffic deaths occur in low- and middle-income countries, and within high-income countries people from lower socioeconomic backgrounds are more likely to be involved in a road traffic collision than those from more affluent backgrounds (6). There is also a distinct relationship between deprivation and injury associated with active travel. For example, a study of deprivation and road safety in London found that the most deprived pedestrians and adult cyclists were over twice as likely to be injured compared with the least deprived (7). This study also found the risk to be higher amongst children from deprived areas, as well as individuals from black ethnic groups. Research cited in this study suggested that this is because these groups are more likely to travel as pedestrians and be exposed to road injury risk (8).

Research conducted between 2012-16 by Public Health England (PHE) found that children aged 5 to 9 years old who live in the 20% most deprived areas have a six times higher rate of fatal and serious injuries when compared to children in the 20% least deprived areas (18.6 killed or seriously injured (KSI) per 100,000 and 3.3 per 100,000 respectively) (9). The rate of KSI was also higher in children aged 10-14 years and school aged cyclists who lived in the 20% most deprived areas compared to those living in the least deprived areas (9). PHE research has found the fatality rate to be 20 times higher in children with the most deprived backgrounds, with a similar pattern existing among school-age cyclists from deprived

backgrounds (10).

Research aimed at improving understanding of socio-economic inequalities in road injuries and fatalities in Northern Ireland should be considered a strategic priority with the proposed strategy, particularly within the work on reducing childhood injuries and deaths. At present, the Department of Health produce a Health Inequalities Annual Report which is comprised of data collected through the Health and Social Care Monitoring System. Preventable deaths are a key indicator in this report, which includes a wide range of causes. 'Injuries' is included as a condition group, including transport accidents which are measured under ICD-10 codes V01-V99. As this is aggregate data however, it is not possible to differentiate the impact of transport injuries on health inequalities. However, it is important to note that preventable mortality in the most deprived areas was almost three times that in the least deprived between 2015-19 (11).

There would be merit in cross-departmental working to produce discrete data on road safety and deprivation in Northern Ireland to outline the relationship between traffic injuries as a cause of preventable mortality in Northern Ireland and help to measure progress and impact of the strategy on public health. This data would also be useful to inform public health strategies such as 'Making Life Better,' which presently uses road collisions and the number of people Killed or Seriously Injured (KSI) as a key indicator which is monitored annually. It would also support the development of policy interventions that minimise harms experienced on a population level but particularly amongst disadvantaged groups who are at higher risk of fatality and injury. A commitment should be made through targets to reduce inequalities in these outcomes over the duration of the strategy and this should be accompanied by an action plan that is specific to those targets.

Age

The Institute welcomes the focused target on reducing the number of children killed or seriously injured, however we would also encourage an extension of this target to include other high-risk groups. Research shows that children and young adults (aged 5-29 years) and young males (<25 years) are particularly vulnerable. Older people may be more vulnerable as their road user skills may deteriorate over time with declining physical and cognitive capacity (12). Data in Great Britain (GB) shows that while the number of deaths in young people has fallen, over the past 10 years the number of deaths in older people >65 has plateaued which may indicate that greater action is required to reduce deaths in this demographic.

Gender

Male drivers are more likely to speed and tend to be overrepresented in speed-related crashes (13). Globally, they are three times more likely than women to die from road traffic injuries (14). In Northern Ireland in 2020/21, 72% of fatalities and 65% of those seriously injured were males (15). The strategy does not articulate any response to the gender pattern observed in injuries and deaths. There are several options that might be explored in this regard to inform a policy response. The application of gender mainstreaming or Gender Impact Assessment to the draft strategy would be a good starting point to explore the issues in a way that avoids the pitfalls of stereotyping and stigmatising subgroups of men (as has been the case with regard to aggressive driving and road rage etc). This approach explores gendered behaviours and expectations, gendered perceptions of risk, occupational risk factors, gendered patterns of alcohol use and drink driving, workplace cultures and other aspects that may be driving higher risk for men. Similarly, the application of this approach can surface issues relating to women and 'intersectional' issues relating to gender, roles, disability, vehicle design and policing.

Ethnicity

There is also evidence of higher risk amongst ethnic minority groups, although evidence is limited as ethnicity is not included in STATS19 ONS data (UK) and does not appear to be collected in NI (16). This is important as there are concerns regarding the weakness of data monitoring of ethnicity in Northern Ireland despite an increase in the ethnic diversity of the population (15). A recent study of pedestrian casualties in GB used postcode analysis and census data to explore the road safety risk of different ethnic groups and found that deprived pedestrians from ethnic minority groups were over three times more likely than non-deprived pedestrians from white ethnic groups to experience a road traffic casualty (16, 17). There is a strong relationship between road casualties and deprivation, and between ethnic group and deprivation, however this study showed that people living in deprived neighbourhoods from ethnic minority groups were at an even higher risk of being injured as pedestrians. This increased risk is likely due to exposure and access to other modes of transport. The National Travel Survey found that people in highest income quintiles walk less than those in the lowest income quintile, and lack of access to a car or van is more than double amongst individuals from black ethnic groups when compared to individuals from white ethnic groups (16).

Occupation

The Institute would recommend that occupational road safety risk is also addressed within the strategy with clear actions and targets for those who are required to use a motorised vehicle, e-bike or bicycle as part of their work. It has been estimated that driving for work is a high-risk activity and accounts for 1 in 3 road collisions every year (18). The European Transport Safety Council estimate that 40% of road deaths across Europe are work-related (19). In 2018, nearly one in three UK road deaths involved a driving-for-work trip (20). Thirty-nine per cent of pedestrian deaths involved a working driver, with one in five casualties involving a driving-for-work trip (20). The severity of the public health challenge is likely to be an underestimate, due to issues with data collection and standardisation.

10. Do you agree that these are the best outcomes for the strategy?

(Required)

Yes

No

11. Have you any further comments or alternatives as to what the outcomes should focus on?

(Required)

Yes

No

12. If you responded 'Yes' please provide comments.

The Institute will provide detailed comments on these three outcomes in the questions that follow. In general, the Institute would like to highlight the importance of an overall 'Safe Environment' as an outcome rather than limiting this to only 'Safe Roads.' It is not only the roads that can influence the risk of death and serious injury but also the wider environment

in which we live. This includes sustainable and safe public transport and active travel infrastructure, regulation of public safety and security on public transport and the impact of unhealthy commodities such as alcohol and drugs to name a few.

Strong, co-ordinated cross-departmental action, from the Departments of Justice, Health, Communities, and others, is needed to address these cross-cutting barriers to progress in road safety.

13. Do you agree that the challenges identified represent the key challenges that may impact on our ability to ensure that everyone will be safer on our roads?

(Required)

Yes

No

14. If you responded 'No' what other challenges do you feel merit consideration and why?

Key messages

We recommend that the strategy provide more transparency on the consultation process undertaken to date and the longer-term plans for stakeholder engagement and collaboration with other government departments as well as partners in local government, public health and the community sector.

We encourage collaborative cross-departmental working and alignment of policies to protect public health going forward, particularly in areas such as active travel, alcohol, climate change and health.

The draft strategy reports that the key challenges were collated primarily from stakeholder analysis. Although this evidence source is important, it is only one of a range of types of evidence that should be used to inform decision making. It is also difficult to know how much weight should be placed on this evidence as no information has been provided as the size or composition of the stakeholder group, methodology used to collect their views or how this qualitative data was analysed. The only data presented in this section is driving test pass-rates, which is limited and does not provide a rich understanding of the variety of factors impacting 'Safe People.' The Institute would recommend that other sources of evidence, for example data on public knowledge and behaviours from national surveys, sociodemographic analysis of road traffic accidents in Northern Ireland and evidence on higher-risk groups should be incorporated into the final strategy, and any subsequent indicator set to monitor strategy implementation and impacts.

The Institute agree that road safety is a cross-cutting issue that needs to be integrated into a range of policy agendas including those that impact on child health, climate action, gender, and equity. The road strategy targets and outcomes go hand in hand with policies produced by other departments, and these will need to work towards common goals to create meaningful change. Policy areas including those pertaining to active travel, alcohol, climate change and health to name a few, can all impact the ability of the strategy to improve population health.

Active travel policy

The harmonisation of active travel policies with road safety policies has been a

recommendation of previous work carried out by the Institute. For example, the Institute's response in 2012 to the ROI road safety strategy called for support to implement the National Cycling Policy Framework and National Substance Misuse Strategy in terms of reducing alcohol-related harm on the roads. It would be beneficial to understand how the proposed strategy will coincide with the 'Northern Ireland Changing Gear' Bicycle strategy for Northern Ireland, and to have an update on the progress made with this strategy.

Alcohol policy

Legislation on the sale and supply of alcohol in Northern Ireland has recently undergone reform under the aegis of the Minister for Communities. The new legislation allows for increased trading hours and additional drinking up time and has the potential to facilitate greater alcohol availability in settings such as sports clubs and cinemas (21). These changes may have implications for road safety in terms of the frequency and timing of drink driving and the safety of people (pedestrians/drivers/cyclists/public transport users) enjoying night life or working in the night-time economy (22-24). There are also implications in terms of adapting the policing and service response to road safety issues arising from changing patterns of alcohol use (25).

Other relevant alcohol policy and road safety matters are highlighted under our response to question 16.

Climate change policy

The ambitiousness of action towards the climate change agenda and commitment from the NI Executive may influence the resource and political commitment given to improve active travel infrastructure in Northern Ireland. The Institute would welcome cross-departmental harmony within strategy development and implementation to achieve important progress in population health.

Health policy- in particular, mental health

A literature review conducted in 2012 indicated that over 2% of road traffic accidents are a method of suicide (26). With Northern Ireland having the highest suicide rate in the UK, it is possible that some recorded road accidents are disguising suicides (27). A report based on the Northern Ireland coroner's database found that alcohol above the legal limit was present in 41% of suicide cases and was more common among males and young people (28). Better recording of fatal, single-vehicle, single-occupant accidents, particularly in males and young people who are over the legal alcohol limit, may help to determine the extent of this problem and emphasise the need for further action relating to mental health services in Northern Ireland. Alignment with the 'Protect Life 2' suicide prevention strategy' and the new 'Mental Health Strategy 2021-2031' is recommended in this regard.

15. Do you agree that these are the key priority areas which will help to deliver on the outcome of our people will be safer on our roads?

(Required)

Yes

No

16. If you responded 'No' what other priority areas, in your view, should be considered and why?

Key messages

We recommend investment in improved data on the beliefs, attitudes, and behaviours of road users in Northern Ireland to better inform the ‘Safe People’ strand of the strategic approach, as well as the development of a clear communications strategy.

We support the introduction of Graduated Driver Licensing and recommend that pace and priority is applied to this change.

In light of the ongoing issues with drink driving related injuries and deaths in Northern Ireland, we recommend that a collaborative cross-departmental approach be taken on the issue.

Specifically, a Taskforce should be convened to make recommendations to ensure that alcohol policy decisions across all government departments act in concert to tackle drink driving via controls on the sale and supply of alcohol, the setting of limits on BAC, policing, workplace policies and use of alcohol interlock devices.

We recommend that the strategy include greater attention to workplace road safety, particularly in light of the increase in the number and diversity of people working in distribution and delivery roles relating to the pandemic.

We recommend a structured engagement process is conducted throughout strategy development and implementation, with vulnerable road users, including those with a disability.

The new road safety strategy should include a pandemic preparedness plan building on the learning from the COVID-19 pandemic.

The Institute have several comments regarding the key priority areas that have been identified. We also have suggested three further areas that we would encourage the Department to designate key priority areas: drink-driving, occupational road risk and vulnerable road users.

Firstly, under each of the identified priority areas we suggest the following:

Attitudes and behaviours:

It will be difficult to achieve the outcome proposed of ‘all road users have the appropriate attitudes, skills and knowledge to ensure safe road behaviour.’ Population-level behaviour change is complex and challenging to achieve.

Priority should be given to enhancing intelligence (through research) on the beliefs, attitudes and behaviours of the population, and to use this information to effectively communicate evidence-based recommendations to the public.

The Institute would welcome the application of behavioural science and the development of a change management model to address the degree of change required. This will require collaborative working with public health, behavioural scientists and other professionals experienced in change management.

Graduated Driver Licensing (GDL):

Between 2015 and 2019, 17–23-year-olds were deemed responsible for 23% of all KSI collisions in Northern Ireland (29).

In this same timeframe, 75% of young passenger KSIs (aged 14-20) were travelling with a 17-23-year-old.

44% of young passenger KSIs when travelling with a 17-23-year-old occurred between the hours of 11pm and 6am. These figures highlight the need to address driver safety in novice drivers.

Currently in Northern Ireland, a person must display amber R plates for a period of one year from the date of passing their driving test (30). Furthermore, the maximum permitted speed for a motor car or category A1 motorcycle displaying R plates is 45 mph (30). The Road Traffic (Amendment) Act (NI) 2016 makes provision for the introduction of GDL in Northern Ireland. However, this has not yet been introduced. The proposed GDL will involve:

- A Programme of Training for learner drivers/riders which must be evidenced in a Logbook;
- A mandatory minimum learning period of 6 months;
- Post-test new driver period of two years, during which novice drivers/riders will be subject to lower alcohol limits and must display a post-test plate;
- A time bound passenger restriction for those new drivers under 24 years old for the first 6 months after passing their test (29).

The Institute welcomes the introduction of GDL, as it has proven to be an effective means of reducing the risk of road collisions in novice drivers (31). Increasing the length of the learning period and the amount of driving practice required and restricting night driving and carrying passengers have been found to be particularly effective in reducing the risk.

The Department for Transport in England conducted an evidence review and evaluation of approaches to tackling novice driver safety and concluded that licensing should be based on a full GDL system. The evaluation estimated that a GDL system in Great Britain could save 4,471 casualties and £224 million annually based on 17–19-year-old drivers only (32).

Communication/awareness:

The Institute agrees there is a significant role for public communications. However, no detail has been provided on whether a communications strategy will accompany this strategy and, if so, what it will include.

WHO support international governments to improve awareness among road users about risk factors and dangerous behaviours and have done this by assisting governments to produce ‘hard-hitting’ media campaigns to support other behavioural change measures. Hard-hitting campaigns have already been implemented in Northern Ireland and it would be useful to know if these, or other awareness campaigns used during the previous strategy, have been evaluated in terms of campaign recall and response as well as awareness, attitudes and beliefs across the general population and high-risk groups. It is important to note that although educational campaigns hold value, they are likely insufficient on their own and may not adequately reach high-risk groups. Rather, educational campaigns paired with regulation, legislation, environment and infrastructure changes hold more potential to impact public attitudes and behaviours (33). The role of a Road Safety Champion in Northern Ireland could also be considered.

Active and Sustainable Travel:

The Institute strongly agrees that active and sustainable travel needs to be a core commitment of the new strategy. At present, this strategy does not provide an action plan to address barriers to active and sustainable travel. Action in this area holds substantial value for public health and aligns closely with the strategic public health framework for Northern Ireland ‘Making Life Better,’ the climate change agenda and United Nations Sustainable Development Goals. Barriers to active travel have already been identified and should be addressed as a priority to ensure that people are supported with infrastructure conducive to active travel and public transport, which is safe, accessible, and affordable. The Institute have provided further evidence and recommendations regarding this in our response to

Question 22 under 'Safe Roads- other challenges'.

Policy/legislation/regulation:

The Institute strongly support upstream policy measures such as legislation and regulation as powerful tools to improve population health. However, the strategy could be stronger in relation to these.

Rather than 'ongoing consideration' of relevant policies, the Institute would welcome a strong commitment to progress legislation that directly and indirectly influences the road safety agenda. The Institute welcomed the amendments made by the Road Traffic (Amendment) Act (Northern Ireland) 2016 and would be interested in more information on how and when these changes will be evaluated, as this data could be useful in informing the strategy and further legislative considerations.

Secondly, the Institute would encourage the Department to include the following three additional key priority areas:

1. Drink-driving

Collaborate with other departments to support alcohol policies such as Minimum Unit Pricing (MUP)

The proportion of people killed or seriously injured by drink driving between 2013-2017 in Northern Ireland (5-year average) was 73, which represents 9% of overall KSI casualties (34). The Institute welcomes the consideration being made to the enhancement of the anti-drink driving regime in Northern Ireland. However, we suggest that this is considered a key priority area and that the Assembly harnesses learning from the international community and introduces stringent policy and legislative measures to reduce fatalities and serious road traffic collisions caused by drink driving.

The Institute would welcome clearer recognition of the role of reducing alcohol consumption as a means to reduce drink driving and drink driving related incidents in the strategy, as well as a commitment to integrated working on road safety and alcohol and drug misuse. The proportion of collisions of all categories involving substance use has remained consistent over the years, which indicates a lack of progress in this area. The Institute would recommend a strong alignment and cross-departmental collaboration with the Department of Health, who recently published a new Substance Use Strategy 2021-2031.

Evidence-based upstream policy measures need to be strengthened and prioritised, such as Minimum Unit Pricing of alcohol. This policy measure has been implemented in Scotland and Wales and has already demonstrated substantial population benefits through reducing alcohol-related deaths, hospital admissions and crime (35). Ireland introduced the measure in January 2022. Modelling of the likely impact of MUP in Northern Ireland is positive. Modelling has demonstrated a 50p MUP would avert 3 deaths and 42 hospital admissions per year from road traffic accidents. Although the impact of MUP on drink-driving offences was not included, this was due to a lack of available evidence on the valuation of the harm (36).

The Institute would welcome a strategic cross-departmental workstream to address the impact of alcohol policy on road traffic injury and deaths. Collaborating on this challenge by formulating, implementing, monitoring and evaluating public policies to reduce the harmful use of alcohol across departments is essential to reduce alcohol-related harms.

Reduce legal Blood Alcohol Content (BAC)

The Institute would recommend the reduction of the legal alcohol limit for drivers, and in

particular for professional, learner or novice drivers in Northern Ireland. The current legal blood alcohol content in Northern Ireland is 0.8g/litre blood, which is the same as England and Wales but higher than Scotland, who have a lower legal limit at 0.5g/litre (37). It is also higher than Ireland, where the legal limit for Category B drivers is 0.5g/litre blood and even lower for professional, learner or novice drivers at 0.2g/litre (38).

Conduct research to assess the effectiveness of alcohol interlock programmes and consider the potential for implementation in Northern Ireland

In Ireland, a high impact action that has been identified as part of the 2021-2024 action plan is the establishment of a working group to consider and make recommendations for the implementation of an alcohol interlock programme, supported by a drink drive rehabilitation course for high-risk drink drive offenders (3). This is a breath measuring instrument that can prevent a vehicle from being started if the driver's breath alcohol or drug concentration is high. In Sweden, there is a voluntary programme available to prevent 'Driving While Impaired' (DWI) offences by participating in an alcohol ignition interlock programme, which aims to alter participant's alcohol habits. A study which evaluated whether completion of an alcohol ignition interlock programme (AIIP) resulted in lasting changes of the behaviour of drink drivers and whether such a programme is more effective than a conventional licence revocation suggested that people following the programme had a more successful rehabilitation, reduced their alcohol consumption, and had a lower accident frequency than the control group. A successfully completed programme led to an approximately 60% reduction in drink-driving recidivism and 80% reduction in police-reported traffic accidents compared to before (39). The Institute would welcome a review of the applicability of this intervention in Northern Ireland alongside a careful consideration of ethical issues arising. Furthermore, a seminar jointly hosted by the European Transport Safety Council, RSA, Health and Safety Authority and An Garda Síochána brought together key stakeholders to raise awareness among employers of drink driving in the workplace, particularly in the commercial transport industry. Drink driving in the workplace is an issue closely associated with the commercial transport industry, and so we could call on employers within this sector to review their policies and procedures in relation to alcohol consumption by employees. The seminar included a demonstration of an alcohol interlock device.

Provide accessible information to help improve education and awareness of the risks associated with consuming alcohol and driving

Although data was not available for NI, a survey conducted in Ireland by the Road Safety Authority demonstrated attitudes and behaviours relating to alcohol consumption and driving that are concerning. The percentage of Irish motorists who claim to have a 'no alcohol limit' before driving has fallen from 68% (2019) to 58% (2020) and 1 in 4 motorists agree 'there were times when they have been over the limit the morning after'. There is also a reduction in motorists who claim drink driving is unacceptable among friends/acquaintances (40). The Institute would recommend that research is carried out to understand the attitudes and behaviours of Northern Irish motorists regarding alcohol consumption, and that this could be used to inform public communications and educational interventions.

2. Increased strategic focus on road safety for people whose work involves use of the road network

A strategic review of the management of occupational road risk published in 2020 called for better data to help understand occupational road risks, establishing evidence on effective interventions, and forming strategic partnerships, in line with the Road Safety Statement

(2019) (20).

Occupational drivers are part of a growing industry responding to societal demands for delivery of goods (for example, parcel and food delivery) by motorised vehicles and electric bikes. Anecdotally, these jobs are often occupied by those who are already at higher risk of KSI including young men, ethnic minority groups and those from deprived backgrounds.

Exploring driving behaviours in those who have obtained their driving licence outside of NI may also highlight the need to provide education and training to maximise road safety and reduce the risk of road traffic injury and death in ethnic minority groups.

Research conducted by University College Dublin (UCD) aimed to explore the degree to which work-related road fatalities were underestimated in Ireland by triangulating Road Safety Authority data with Health and Safety Authority (HSA) data with coroner inquest files (41). Over a four-year period, researchers found that 23% (193/833) of road traffic fatality inquests were work-related which was broadly in keeping with literature estimates. This included worker fatalities¹ (29/193), non-worker fatalities² (45/193) and bystander fatalities³ (119/193).

Overall, when all three categories of work-related fatalities were included, researchers found that eleven times as many work-related road traffic fatalities had occurred than had been notified to HSA. The age of the decedents ranged from 0-93, which illustrates the impact on the non-working population. The temporal pattern of these collisions differed from general road traffic collisions by being linked to working day hours with some additional pressure around meal/break times, which demonstrates the role the employer has in ensuring that employees are given sufficient rest time.

This research has highlighted the potential underestimation of work-related road traffic fatalities and provides evidence that may assist the Department in addressing this as a strategic priority. The Institute would suggest that:

- Understanding each category of work-related road traffic fatality and its characteristics could be instrumental to administering prevention strategies in a way that recognises workers, through road traffic collisions, as being at risk of death or members of the public being at risk of death due to their work;
- Ensure that a standardised definition of work-related road traffic fatalities exists, and a system is in place to avoid underreporting of work-related fatalities;
- Because work-related road traffic fatalities occupy a large proportion of all road traffic fatalities, reducing the risks associated with work-related driving will contribute to collision prevention for all road users and could have a large overall impact on deaths;
- Inclusion of ethnic identifiers in the recording of KSIs to provide richer insight into those most impacted by work-related road accidents. This could allow for the introduction of specific measures to address health inequalities in KSIs;
- Existing prevention strategies could be targeted specifically at employers and people who drive for work, including vulnerable road users, and be delivered and promoted through a combination of agencies including Health and Safety Executive, RSA, PSNI, employer and employee representative groups and road transport stakeholders;

¹ Decedent was at work

² Decedent was not at work but the other party to the collision was working, and work contributed directly to the collisions

³ Decedent was not at work but the other party to the collision was working, however there was no, or insufficient, evidence that work contributed directly to the collision. These decedents are included as a worker was still involved in the fatal collision and the bystander likely to have been traumatised by it.

- A reduction in work-related road deaths and serious injuries be included in the targets. This workstream could be strengthened by collaboration with the NI Health and Safety Executive;
 - Increased role of employers, government, and regulators in the protection of employees who drive for work by ensuring adequate policies and procedures are in place;
 - Pre-collision organisational interventions are enhanced including health surveillance, fitness to drive, pre-identification of medical conditions, road safety events, risk assessment and enforcement of regulations and policies. The Department could commence the enhanced enforcement of such regulations and policies, firstly with publicly funded fleets, before rolling out to privately-funded and grey fleets⁴ (42).
- 3. Increased commitment to reduce the risks experienced by vulnerable road users such as pedestrians (including those using personal mobility devices such as prams), people who are disabled, cyclists and motorcyclists**

As outlined in the consultation document, pedestrians, cyclists and motorcyclists are the most vulnerable road user group.

Globally, 49% of all road user deaths are among these groups, which indicates that efforts to improve safety of vulnerable people should help to reduce road traffic fatalities overall (13). Although the consultation document attributes 90-95% of collisions to human error, there is still a need to ensure protective policies and regulation are in place to safeguard vulnerable road users. Infrastructure plays a key role in reducing the risk. A lack of basic facilities such as footpaths, cycle paths and motorcycle lanes increase the risk for road users. WHO produced a road safety technical package in 2017 which provided some recommendations to enhance safety of these groups including the provision of safe infrastructure for all road users including sidewalks, safe crossings, refuges, overpasses and underpasses, establishment of bicycle and motorcycle lanes and enforcement of regulations on motorcycle anti-lock braking, daytime running lights and helmets (43). Furthermore, in urban areas where there is likely to be a typical mix of road users including cyclists, motorcyclists and pedestrians, a maximum speed limit of 20mph should be established unless strong evidence exists to support higher limits (1). The Institute would encourage the Department to consider these in the development of the proposed strategy.

People with a disability can find they are restricted from mobilising due to issues with access. Two of the main constraints include a lack of suitable parking facilities and a lack of dropped kerbs on key pedestrian routes (44). Furthermore, public transport can be inaccessible largely due to the connecting journey between home and the bus/train stop, which illustrates the importance of the pedestrian environment. People who are disabled or older adults may also use mobility scooters, which carries risk, as collisions with scooters can cause severe injury. The Institute would welcome the prioritisation of improving access to active transport and public transport to these groups, as well as the implementation of measures to improve their safety on the roads. Evidence to inform measures to improve access should be gathered through structured engagement with these groups, and the Department may wish to include the establishment of an 'access champion' to champion the needs of non-motorised road users and disabled people (44).

⁴ The grey fleet is commonly defined as any vehicle that is not owned, leased or rented by an employer that is driven by an employee or a contractor making a work related journey. This could be a financial contribution, a car obtained via an Employee Car Ownership (ECO) scheme, a privately owned vehicle used for occasional journeys or a vehicle that the employee has hired outside of any company-provided scheme

17. Do you have any views on the high-level actions that have been identified?

Yes

No

18. If you responded 'Yes' please provide comments.

Although key priority areas are identified in the consultation document, high-level actions are not clearly articulated. A strategic action plan with defined targets, responsibility/ownership and review dates would be welcomed.

19. Do you agree that the challenges identified represent the key challenges that may impact on our ability to deliver a safer road system for all?

(Required)

Yes

No

20. If you responded 'No', what other challenges do you feel merit consideration and why?

Key messages

We recommend that the road safety strategy recognises the threat posed by climate change and the resource and development required for climate change mitigation and adaptation from a road safety perspective. We suggest that climate change mitigation plans relevant to road safety take consideration of the increased risk of flooding, adverse weather events and impacts of climate change on road condition. In terms of climate change mitigation, we would welcome legislation to support a population shift towards active travel which will likely require substantial investment in the transformation of infrastructure.

In terms of climate change adaptation, we recommend a co-ordinated response in terms of prevention and management of floods and adverse weather events to maximise the effectiveness of road safety interventions

The Institute agree that planning policy, road design and infrastructure provision are integral factors to improving the safety of roads for all road users. We would encourage the Department to prioritise key areas that impact public health and safety where there is compelling evidence to support action. These areas are explored in detail in Question 22 and include improving active travel infrastructure and reducing speed limits particularly near priority areas such as schools.

Climate change mitigation

Actions that should be prioritised in Northern Ireland, that may help improve urban transport and mobility include measures to reduce private car use, prioritise walking and cycling as healthy low-carbon modes of transport, and integrate health, equity and environmental considerations into future urban and transport planning.

Data collection will be important to monitor and evaluate the shift to more sustainable transport options and should include enhanced monitoring of air quality and vehicular

emissions.

The Institute agrees with challenges identified by stakeholders, particularly in terms of the need for improved infrastructure to encourage safe, active, and sustainable travel. However, we are concerned that this challenge is not being met with sufficient urgency or strategic direction in the proposed strategy.

There is a strong relationship between the physical environment, infrastructure, climate change and health. Poorly planned urban settings with unsustainable transport systems and a lack of access to public and green spaces increase air pollution, noise, and heat islands. This reduces opportunities for physical activity and can have a negative impact on physical and mental health.

Air pollution is increasing with increasing congestion which is associated with rises in respiratory diseases (13). Transport as a sector is responsible for 24% of CO₂ emissions from fuel consumption (45, 46). There is a strong relationship between air pollution and climate change, and so failure to tackle these in tandem results in a lost opportunity; specifically, an opportunity to gain the multiple benefits to health, the environment, and the economy that are achievable through more efficiency system planning, which includes transport (46).

WHO issued a special report in advance of COP-26 which summarises the health argument for climate action and calls for the development of sustainable and healthy urban design and transport systems as a key recommendation (45).

Climate change is a health emergency, and there is international scientific consensus that rapid, transformative action is required on a global scale in terms of mitigation and adaptation. The evidence supporting the health harms caused by climate change is overwhelming. High quality studies have found that the health effects of climate change are broad including increased dehydration, loss of kidney function, skin cancer, infectious diseases, worsening mental health - already higher in Northern Ireland than the rest of the UK, complications in pregnancy, cardiovascular and pulmonary disease, and death (47).

These health harms disproportionately affect those who are more vulnerable, including children, older people, and those with underlying health problems, and people in developing countries who have contributed least to the problem and are least able to mitigate the harms. Global leaders in health and climate science, such as WHO and Intergovernmental Panel on Climate Change (IPCC) have stressed the urgency of the situation and the rapid speed at which action is needed. In a recent report WHO summarised the key messages from the Working Group on Health in Climate Change and outlined the urgent need to strive for net zero by 2050:

'The window of opportunity is narrow and urgent action is needed at scale'... 'Urgent, ambitious and transformational action at scale is needed, as opposed to minor incremental changes, to limit global warming, preferably at 1.5 °C, and minimize the harm to health and societal well-being' (48).

The faster net zero is reached the better due to the significant health co-benefits from climate action, including improved air quality, a more physically active population, and healthier sustainable diets, among others (48). Reducing greenhouse gas (GHG) emissions, particularly long-lived pollutants such as carbon dioxide (CO₂), to net zero by 2050 is highly preferable as research has shown that GHG emissions and climate change have a profoundly negative impact on the social and environmental determinants of health and consequently health outcomes.

In 2021, the Institute responded to a call for evidence on the Climate Change (No.2) Bill for Northern Ireland (49). The 'No.2' Bill proposes that the target to reduce carbon emissions by 2050 is reduced to 82%, instead of the 100% target recommended on foot of high-quality scientific evidence. In its submission, the Institute made a series of recommendations and

highlighted the need to address the climate crisis as a health emergency and to act faster on meeting current climate change targets.

Climate change adaptation

There are several areas where the strategy needs to consider adaptation measures to respond to the climate change emergency. Climate change will impact the road network in Northern Ireland through several mechanisms including flooding, adverse weather events including heatwaves, embankment failures, landslides and erosion of road base (50). These have the potential to impact on safety at all three levels of the strategy: road users, road condition and the operation of vehicles. There is a need for enhanced guidance on road safety within the management of climate-related events - defined as an incident that results in the closure or partial closure of a road or light rail line for one hour or more e.g. flooding- and other weather emergencies, as well as within flood prevention and management guidance (50).

Transport Infrastructure Ireland have identified several measures that can be taken to minimise disruption from climatic events. These include the identification of hot spots and preparing action plans, participation with the legislative process relating to the mitigation of climate change impacts on the road network, enhancing the maintenance programme, ensuring climate change mitigation and adaptation is incorporated into future schemes and investing in research with practical applications and knowledge sharing with international partners (50).

21. Do you agree that these are the key priority areas which will help to deliver on the outcome of safer roads for all?

(Required)

Yes

No

22. If you responded 'No' what other key priority areas, in your view, should be considered and why?

Key messages

The Institute would welcome an action plan to address issues identified with the active travel infrastructure in Northern Ireland, such as the development of walking/cycling infrastructure outside schools and the need for segregated cycle lanes.

We would encourage the Department to consider the strategies, policies and plans recommended by NICE which aim to improve the environment to increase physical activity, including among those with limited mobility.

We recommend an evaluation of the Welsh Active Travel Act 2013 is undertaken to inform the generation of similar legislation in Northern Ireland.

We welcome the Department's commitment to a speed management view and recommend that speed limits are addressed in 30mph zones, with the introduction of 20mph speed limits in residential areas and priority areas including near schools.

We recommend the Department keep a watching brief on research being generated in other countries on the banning of 'idling' cars outside school gates and consider the potential impact this measure could have in Northern Ireland from a road safety

and environmental perspective.

We welcome the continued roll out of the ‘Safe Routes to Schools’ initiative/Active Schools Travel Programme and support the long-term vision of the strategy to increase active travel in Northern Ireland

We would encourage the Department to evaluate the impact of traffic calming measures in other countries and in Northern Ireland to inform future infrastructure planning

The Institute would welcome action based on existing evidence to address the higher mortality rates in rural areas as a priority

We encourage the Department to ensure that action regarding pavement parking adequately meets the needs of groups who are disproportionately impacted, including those with a disability

Active travel

The Institute have previously provided evidence on the importance of opportunities for active travel and improved pedestrian civic infrastructure to facilitate higher levels of physical activity, with added benefits for the environment. For example, in our response to the Department for Communities consultation on a new Strategy for Sport and Physical Activity for Northern Ireland (51).

The Department for Infrastructure Travel Survey for Northern Ireland 2017–2019 highlighted several barriers to engaging in active travel in Northern Ireland, such as walking and cycling. Just under one fifth of journeys (18%) were walks and only 1% of journeys were cycle rides, both of which have remained static since 2007-2009. The Continuous Household Survey 2019/2020 found that 37% of male respondents and 27% of female respondents had access to a bicycle, with 31% of male respondents reporting that they had cycled in the past 4 weeks compared with 16% of female respondents.

Qualitative data was collected to identify potential barriers to active travel. Reasons why people felt unsafe walking by the road included no footpath (37%), heavy traffic (28%), traffic travelling above speed limit (27%), motorists driving without consideration of pedestrians (26%) and poorly lit footpaths (23%) to name a few (52). Reasons for feeling unsafe when cycling on the road included heavy traffic (56%), motorists driving without consideration of cyclists (49%), poor road conditions e.g., potholes (40%) and traffic travelling above the speed limit (37%).

This survey demonstrates environmental factors may discourage people from engaging with active travel, including pathway design, signage, lighting, and heavy traffic. The Institute would encourage the Department to develop an action plan to improve the infrastructure in Northern Ireland to address barriers identified in this data. Compelling evidence exists which outlines the benefits of active travel for both population health and the environment, which is particularly relevant at present with the NI Assembly’s commitment to the climate change agenda.

Increasing walking or cycling may increase overall levels of physical activity, leading to associated health benefits. These include:

- Reducing the risk of coronary heart disease, stroke, cancer (including bowel and breast cancer), obesity and type 2 diabetes;
- Musculoskeletal health;
- Promoting wellbeing with benefits for depression as well as dementia, which is particularly relevant in an ageing population. Active travel is also linked to improvements in mental health, with studies citing commuters who engage in active travel as suffering from less stress (53, 54).

From a wider social and environmental perspective, an increase in walking or cycling can also help to:

- Reduce car travel, leading to reductions in air pollution, carbon dioxide emissions and congestion.
- Reduce road danger and noise pollution.
- Increase the number of people of all ages who are outside, and provide opportunities for social interaction.
- Provide an opportunity for everyone, including people with an impairment, to participate in and enjoy the outdoor environment (54).

There is a strong economic case for investing in infrastructure that increases levels of active travel (53). Illness as an outcome of physical inactivity has been conservatively calculated to be between £0.9-1 billion per annum in direct costs to the NHS alone (in 2006-07 prices), with indirect costs estimated as £8.2 billion per annum (2002 prices).

UK and international evidence demonstrate significant economic benefits of active travel across government sectors. A journal article published in *The Lancet* outlined how switching to active travel for short motor vehicle trips could save £17bn in NHS costs over a 20-year period, with the largest cost savings from a reduction in the expected number of cases of type 2 diabetes (55). Research conducted by the UK Department for Transport found that the mean benefit to cost ratio for all schemes identified was 6.28:1, with a UK average figure of 5.62:1 (56). To put this into context, the UK Department of Transport values 'very highly' any scheme which returns more than £4 for every £1 invested (56). The benefits of promoting walking and cycling to other departments was also highlighted, including improve educational performance in young people, reducing absenteeism and improved performance at work (56).

In 2014, IPH (in conjunction with the Northern Ireland Environment Link) provided written and oral evidence to the Northern Ireland Assembly Committee for Regional Development Inquiry into the benefits of cycling to the economy (56). In our evidence, we highlighted that cycling contributes £2.9 billion to the UK economy through cycling related sales and employment, work performance and savings to the health service and that health benefits from cycling can save the economy approximately £128 million through reduced absenteeism in the workplace. Also in 2014, the Institute responded to the consultation on the Draft Bicycle Strategy, noting the public health benefits of cycling and the importance of placing cycling at the centre of transport planning to achieve the behavioural and cultural change needed (57).

Consequently, environmental and other interventions which aim to facilitate increased population physical activity through cycling and walking are likely to be amongst the 'best buys' across many areas of public policy i.e., public health benefits, cost savings for health services and for transport planning. In Ireland, Phase 1 of the 2021-2024 action plan in Ireland includes the construction of 1000km of segregated walking and cycling facilities to provide safe cycling and walking arrangements for users of all ages (3). Incentives to walk more that could be influenced by this strategy included better lighting on footpaths at night (16%), more pleasant footpaths (14%) and more footpaths (13%).

Only 8% said that nothing would encourage them to walk more often.

Factors that would encourage cycling included more cycle lanes (36%), cycle lanes separated from the road (32%), safer cycling routes (e.g., more markings, signs to distinguish cycle lanes) and more pleasant cycling routes.

Only 7% said that nothing would encourage them to cycle more often.

The Institute would endorse recommendations made by NICE on improving the environment

to increase physical activity. NICE recommends strategies, policies and plans to encourage and enable people to be more physically active including those of people with limited mobility (58).

These recommendations include:

- Identification and prioritisation of local areas where there is a high potential to increase travel on foot, by bicycle, or by other forms of active travel;
- Improvement of infrastructure and connectivity to make it as easy as possible for people to engage in active travel over using a private car;
- Ensure pedestrians, cyclists, and users of other modes of transport that involve physical activity are given the highest priority when developing or maintaining streets and roads. Practical interventions include widening footways, introducing cycle lanes, restricting motor vehicle access, traffic calming measures, improving cycling infrastructure and improving routes to schools by introducing pedestrian crossings, and measures to reduce vehicle speed (58).

Following the introduction of COVID-19 lockdown measures in March 2020, several pop-up cycle lanes were put in place in Belfast (59). Evaluation results found that there was good use of the cycle lanes by those travelling actively, and that people walking, wheeling, and cycling benefited from the cycle lanes due to feeling safer, improved connectivity through the city, no longer needing to use the footpath or traffic lane, as well as improved health/activity (59). However, it must be acknowledged that some road users who lost road space did not agree with the implementation of these cycle lanes, and issues were identified around access for buses and emergency response vehicles.

In addition to cycle lanes, the introduction of bus lanes and improved public transport services in Northern Ireland may help to increase physical activity, as well as reduce congestion on roads and alleviate the issues associated with lost road space from these cycle lanes.

Legislation to bolster active travel could also be considered in Northern Ireland. The Welsh government introduced the Active Travel Act in 2013 to respond to the global climate crisis and improve the mental and physical health of the population. This Act has resulted in an obligation to improve active transport measures in Wales and has seen an increase in dedicated budgets for active travel infrastructure from under £5 per head of population in 2013 to over £20 in 2021 (60). Insight into the evaluation of this legislation would be useful to inform consideration of similar legislation in Northern Ireland.

Speed management

The Institute notes that the Department will consider a speed management review of the general speed limit and reducing speed limits in urban/residential areas. The Institute is supportive of this proposal and would welcome a firm commitment to it in the new strategy, as well as development of supporting legislation.

Speed impacts negatively on road safety and affects the likelihood of a road traffic collision and the severity of its consequences (13). It also affects the liveability of urban areas due to the impact on environmental and noise pollution (13). In the UK, speed is a major contributor to road deaths, with figures from 2017 estimating speed to have been responsible for 28% of all road traffic crashes (13). Therefore, by targeting speed as key priority area in Northern Ireland, there is a potential to make a substantial improvement to road safety. There are several factors that influence a driver's speed including speed zones/limits, education/promotion, road factors, vehicle factors, traffic conditions, enforcement and drive factors (13). This also means that there are many opportunities to intervene.

A range of measures to address speed management are needed that are reflective of the volume and traffic mix in Northern Ireland.

PHE research found that most police-reported fatalities and serious injuries for pedestrians, cyclists and motorcyclists occurred on 30mph roads. Due to this, it is recommended that 30mph roads are given particular attention and focus as this is the environment which attracts the greatest number of casualties (9). Reducing motorised traffic speed limits can also enhance active travel such as walking and cycling, thus increasing physical activity levels in communities.

The Institute has previously presented evidence on reduced speed limits as part of a public health approach to reducing health inequalities. In 2012, IPH responded to a consultation on a Private Member's Bill to introduce 20mph speed restrictions on smaller residential streets in Northern Ireland (61). IPH welcomed this measure as an effective first step in reducing injury and death as a result of road traffic accidents in residential areas. We highlighted the potential health benefits arising from the introduction of a 20mph speed limit in residential areas, including increased safety for residents, pedestrians and cyclists; slower vehicle speeds resulting in opportunities for walking and cycling; increased physical activity; improved social cohesion and mental health; and reduced emissions.

In 2015, the Road Traffic (Speed Limits) Bill was introduced to the Northern Ireland Assembly. The Institute provided written and oral evidence to the Committee for Regional Development on the introduction of a 20mph speed limit on residential roads (62). The Institute noted that there was sufficient evidence that a number of public health gains can be accrued from lowered speeds in residential areas including reductions in frequency and severity of injuries, reductions in fatalities, particularly among vulnerable road users; protection for children living in disadvantaged communities; reorienting the focus of residential streets so they become safer, more liveable places; increasing opportunities for physical activity; and reducing environmental pollution.

In 2016, IPH welcomed the proposal by Dublin City Council's Environment and Transportation Department to adopt byelaws to expand 30km/hr speed zones in residential and school areas across Dublin City (63). We welcomed the contribution that these byelaws can make to reduce the significant burden of injury, ill-health, disability and premature death associated with road traffic collisions in Dublin City. In the response, IPH called for recognition of the wider role of reduced speed limits in making the urban landscape more appealing and conducive to safe physical activity (active play, walking, cycling and running), as well as community and neighbourhood interaction.

Dublin City Council's byelaws were adopted at the January 2020 Council meeting and it was the intention of the Council's Transportation Department to roll out 30km/h speed limits in all residential areas across the local authority by the end of 2021 (64).

The Institute notes and supports stakeholder feedback outlining the need for wider adoption of 20mph speed limits outside schools.

Reducing speed limits in school zones to 20mph has been shown to be an effective measure for reducing road traffic casualties and if appropriately targeted can help achieve a relative reduction in inequalities in road-injuries and deaths (65, 66). Children are more likely to be injured as pedestrians between 8-9am and 3-7pm, on their way to and from school. PHE research found that 87% of child pedestrian injuries occurred between 3-7pm on 30mph roads and concluded this was likely due to exposure as 30mph is the default speed limit in the UK and common around schools. The risk of injury increases with the move from primary school to secondary school.

A reduction in traffic density and speed in zones around schools would be welcomed, as road collisions remain one of the key causes of premature death amongst children under the age of 15 (10). Research from PHE demonstrated that 35% of child pedestrians are

killed or seriously injured during the 'school run', and as children become older and more independent this coincides with an increase in casualty rate particularly between the ages of 9-12 (10). However, the chances of an accident happening, and the severity of injuries sustained when they do occur, can be reduced by safer road design. PHE research pertaining to road injury prevention in relation to active school travel recommends that a 'whole school approach' is needed which includes improved driver education and training, as well as road safety education which teaches children how to cope with the traffic environment (10). Furthermore, we would encourage the Department consider research that is being generated on banning 'idling' cars outside school gates. Roads around schools are often congested, leading to concerns around road safety and environmental health. A UNICEF UK report found children were most exposed to dangerous air pollution on the school run and while in the playground (67). As a result, some schools in the UK and Ireland have started introducing bans on idling cars outside the school gates, with a Sustrans survey finding that 63% of teachers support car-free streets outside of schools (68).

The Institute would welcome a particular focus on improving safety of school-aged children in the proposed strategy and would support the introduction of 20mph limits in priority areas as part of a safe system approach to road safety. These commitments ideally should be supported by an ongoing programme of legislative reform and adaption of road design.

Active school travel programme

The Institute would welcome strategic commitment and legislation to ensure the development of walking and cycling infrastructure outside schools including retrofitting existing school areas and development of segregated cycle lanes.

A recent Sustrans report on the Active School Travel Programme has demonstrated some early evaluation findings that indicate the success of the programme on increasing active school travel in Northern Ireland. At the end of the 2020-21 school year, the number of children travelling actively to school at participating schools increased from 31% to 43%. At the same time, the number of pupils being driven to school fell from 61% to 50% (69).

The Sustrans report highlighted that there is substantial interest and appetite for school active travel, with 80% of pupils indicating that they would like to but only 43% engaging in active travel (69). Sustrans suggest several measures that may improve the ability of children to engage in active travel which we would support. These include:

- Continuing and expanding the Active School Travel Programme beyond July 2022;
- Developing a 'Safe Routes to School' infrastructure programme to make the road safety improvements needed around schools to persuade more parents to let their children walk or cycle to school;
- Offering on-road cycle training to all Primary 6 pupils to give them the skills to cycle safely.
- Providing secure cycle parking at schools for pupils and staff;
- Creating a 'Schools Streets' programme in Northern Ireland to provide safe, car-free zones around schools (69).

Traffic calming measures

Although traffic calming measures are mentioned in the strategy, the Institute would advise that these measures should be given stronger focus. WHO recommend that speed management measures are reflected in road design or redesign including roundabouts, speed bumps, chicanes and rumble strips (13).

Research and evaluation of the impact of traffic calming measures in other countries and in Northern Ireland would be beneficial to inform future infrastructure planning. It is challenging

to conduct robust research on the effectiveness of these policy measures as it would require different jurisdictions within a country to randomly allocate different traffic calming policies, which is unrealistic. However, evidence is available which indicates that these measures can have a beneficial impact on reducing road safety inequalities.

An ecological study published in the BMJ compared the impact of traffic calming measures on childhood pedestrian injury rates in two UK cities which had similar populations but differing levels of deprivation (70). Results demonstrated that area wide traffic calming is associated with absolute reductions in child pedestrian injury rates as well as reductions in relative inequalities in child pedestrian injury rates. Although this study has limitations due to the study design, the results correspond with a systematic review of preventing unintentional injuries in children which found there was good evidence that area-wide engineering schemes and traffic calming measures reduced accidents, that vulnerable road users (i.e., pedestrians and cyclists) benefited from such schemes and that area-wide engineering schemes were cost-effective (71).

Rural areas

The consultation document outlined that 73% of fatalities occur on rural roads (72). We agree that it is important to analyse previous collisions in order to understand how to address the problem, however there is already substantial evidence that exists that the Department could use to develop an action plan. For example, the Rural Road Analysis 2012-16 identified five top causes of KSI collisions on rural roads, including inattention, speeding, wrong positioning, alcohol impairment of driver and overtaking without care (73). The Institute would welcome action to be taken to address these causes as a priority of the new strategy. Cross-border collaboration is important, particularly to consider how rural road safety can be improved in Ireland for roads that are frequently travelled on for recreation (for example, to Donegal) and work (73).

Pavement parking

Pavement parking affects everyone, but some are more adversely affected than others. These groups include people who have visual impairments, are neurodiverse, use mobility aids to get around and use prams and pushchairs or are walking with children (74). The lack of predictability with pavement parking is particularly difficult for those with visual impairment. Impacts of pavement parking on health and wellbeing include social isolation of those who feel unable to safely leave their homes or are physically prevented from doing so by pavement parking, risks of injury from stepping onto the road to get around a vehicle and trip hazards from damaged pavement surfaces (74).

The Institute welcomes the Inconsiderate Pavement Parking options paper that has been launched by the Department of Infrastructure (75). We would comment that pavement parking is more than inconsiderate and could be reframed to highlight the danger that obstruction causes to public safety. An outright ban of pavement parking was introduced in Scotland in 2019 and London in 1974. It could be useful to evaluate the impact of this legislation in conjunction with stakeholder analysis to determine the best way forward.

23. Do you have any views on the high-level actions that have been identified?

Although key priority areas are identified in the consultation document, high-level actions are not clearly articulated. A strategic action plan with defined targets, responsibility/ownership and review dates would be welcomed.

24. If you responded 'Yes' please provide comments.

NA

25. Do you agree that the challenges identified represent the key challenges that may impact on our ability to deliver on the outcome of safer vehicles for all?

(Required)

Yes

No

26. If you responded 'No' what any other challenges do you feel merit consideration and why?

Key messages

The Institute recommend that the Department keeps a watching brief on the potential impact that the NI economy and financial insecurity may have on the affordability of car maintenance.

We recommend the Department ensure robust regulatory measures exist to safeguard consumers from the marketing, advertising, and manufacturing of vehicles. A watching brief should be kept on legislation being introduced in countries such as France that mandate promotion of active travel in advertisements for vehicles.

The Institute would welcome a dedicated workstream in the strategy to improve public transport safety and accessibility, particularly for women, those with a disability and those who are economically inactive. This could include an updated survey on public attitudes and behaviours relating to use of public transport.

Financial insecurity relating to COVID-19

When compared with growth rates over the last 50 years, 2020 saw a very severe economic impact from COVID-19. The impact continued into 2021, with ONS data suggesting that only 85.2% of businesses were open and trading in Northern Ireland between 22 February 2021 and 7 March 2021 which is substantially lower than proportions seen during September 2020 (76). In the UK, for every household that saw their financial situation improve over the course of the pandemic, two households saw their financial situation worsen (77). Furthermore, even the most financially secure UK households reported an increase in expenditure due to the rising cost of living (77). Financial instability could impact and restrict ability to pay for vehicle maintenance particularly among low-income households, with other essential costs such as food and electricity taking priority.

Regulation of the vehicle industry

The influence of industry and marketing on vehicle safety is not mentioned in the proposed strategy. There is an opportunity in this strategy for government to ensure robust regulatory measures exist to protect the consumer through vehicle safety. In the Global Plan for Road Safety, WHO have provided several policy recommendations which the Institute would endorse and encourage the Department to ensure are in place in Northern Ireland:

- Provide, through legislation, a minimum set of safety standards for vehicles

- Ensure high-quality safety standards are in place for new and used motor vehicles, safety belts, child-restraint systems and motorcycle helmets
- Ensure that high-quality safety standards are kept throughout the full lifecycle of the vehicle including vehicle production, sale, maintenance or re-sale and movement through import or export.
- Support independent new car assessment programs which help buyers to make safer purchasing decisions by providing them with independent information on the safety levels of vehicles tested. This may in turn increase demand for safer vehicles and encourage manufacturers to voluntarily fit safety technologies to meet this demand (1).

Car advertising can perpetuate negative driving behaviours such as speeding, as well as encourage private vehicle use without equal emphasis placed on active travel. Some countries have responded to this challenge; for example, the French government have mandated that car adverts must encourage consumers to walk, cycle or take public transport to tackle greenhouse gas emissions. Advertising space could be used to encourage active travel and similar countries may adopt mandates like those brought in in France (78). The Institute would recommend that the Department keep a watching brief on this area as research is collected and consider the potential for application to Northern Ireland.

Public transport safety and accessibility

Taking public transport can allow for health benefits, as walking or cycling to and from bus stops or train stations contributes to increased levels of physical activity. Using data from the United Kingdom Household Longitudinal Study, researchers from the London School of Hygiene & Tropical Medicine and University College London found that commuting by public and active modes significantly and independently predicted lower BMI and healthier body composition for both men and women when compared to those who used private transport (79).

To encourage the use of public transport above private vehicle use, individual safety must be considered in the policy framework. A survey carried out in 2013 on public perception of public transport safety in Northern Ireland showed that the proportion of people who used public transport was low (45%) (80).

Most respondents indicated that they felt safe using public transport at any time of day (63%), however this view was not equitably distributed across respondents. Females (52%) and those with a disability (50%) were less likely than men (75%) or those without a disability (67%) to feel safe. People with a disability and those who were economically inactive were more likely to never feel safe using public transport. The main reasons given for feeling unsafe were 'noisy, drunk or disruptive passengers' (68%), 'people (not using public transport) loitering at train or bus stops, shelters, and stations' (35%) and 'inadequate lighting at train or bus stops, shelters, and stations' (33%). Safety is a particular concern for women. A national survey in Ireland found that 58% of women often or sometimes feel unsafe taking the bus, almost three quarters said they jog or walk faster as a safety precaution at night and nearly half (47%) say they take a different route or will even walk longer distances in order to feel safer (81).

The Institute would welcome a dedicated workstream in the strategy to improve public transport safety. A new, more recent survey could support this and be used to inform the strategy which must provide an enabling environment for all people to share safe, secure, accessible, reliable, and sustainable mobility, and non-discriminatory participation in transport (1). As there is a sizeable rural community in Northern Ireland, it is important that there are sufficient and reliable public transport services to these areas. Public transport

should be inclusive and accessible to those with physical impairments and improve access to blue and green spaces for everyone.

Modelled results from a study carried out in Melbourne, Australia, showed small but important health benefits and healthcare cost-savings from relatively conservative improvements to public transport accessibility, with larger health benefits and healthcare cost-savings from the development of fully integrated, multimodal public transport networks allowing for significantly improved accessibility (82). These results suggest that improving accessibility to public transport will likely reduce transport-related mortality and morbidity and the burden of diseases associated with physical inactivity and obesity.

27. Do you agree that these are the key priority areas which will help us deliver on the outcome of achieve safer vehicles for all?

(Required)

Yes

No

28. If you responded 'No' what other priority areas, in your view, should be considered and why?

Key messages

We recommend the Department conduct an evaluation of new and emerging technologies in other countries and consider the potential impact these technologies could have on road safety in Northern Ireland. A Health Impact Assessment may help to identify any potential health benefits but also risks that need to be mitigated.

We recommend the Department ensure equity is considered in vehicle design and construction to reduce potential inequalities in road traffic injuries

We recommend the Department extend vehicle regulation to include vehicle fleets, both public and private, as well as HGV and buses

We recommend research is conducted on the safety of e-bikes and scooters, and caution that a review of controlled e-scooter rental scheme trials in Great Britain should be considered through a public health lens

The Institute welcome the key priority areas on vehicles outlined in the consultation document, particularly those relating to tyre safety as data has found illegal, defective, or under-inflated tyres to be a contributory factor in some road traffic accidents leading to death or serious injury (83). In 2016, a road safety charity in Northern Ireland reported that a survey of tyres in the UK found Northern Ireland had the highest proportion of illegal tyres (36.5% of vehicles checked), and so action in this area is welcomed (84). The Institute have several other suggestions for key priority areas which have been outlined below.

New and emerging technologies

In general, more information would be welcomed in terms of the Department's consideration of new and emerging technologies. In-vehicle technologies can help to improve safety on the road. Intelligent speed assistance can help to improve driver's speed compliance, and autonomous emergency braking can help drivers avoid or mitigate collisions (13). WHO are supportive of these measures, highlighting that further development of these and other

measures as well as implementation by manufacturers could reduce fatal and serious road traffic injuries (13). In the Global Plan for Road Safety, WHO highlight how advanced driver assistance systems including electronic stability control, lane change warnings and automatic emergency braking, are already saving lives across many countries (1). A review of the use of these technologies in Northern Ireland and the impact on road safety would be of value. Future automated vehicle functionalities could also save lives, including post-crash care communications technology, vehicle-to-vehicle and vehicle-to-infrastructure communications, route planning to reduce congestion and optimise safety and others (1). There is the potential for new technologies to have both positive and negative impacts on road safety which needs to be considered. Health Impact Assessment would be beneficial to assess the potential impact of any new technologies on population health.

Equity considerations in vehicle design

A greater focus is needed on gender differences in relation to the design and construction of all aspects of transport infrastructure to ensure that vehicle design accommodates the differences in ergonomics between genders. At present there are no recommendations in the strategy pertaining to enhancement of vehicle safety, for example in terms of adapted seating, for vulnerable vehicle drivers and passengers. The WHO highlight there are large gender differences in road injury patterns. Women have a 47% higher risk of serious injury in a car crash than men and are at five times higher risk of whiplash injury. Although this may be due to skeletal differences between genders, regulatory tests which assess vehicle occupant safety only use models of the average male and do not reflect the specific physical needs of women. Regulatory tests should also ensure that vehicles meet the needs of other groups, including those with obesity which is an increasingly common condition in Northern Ireland with approximately 1 in 4 adults and 1 in 5 children affected, as well as people with a disability, babies and young children and older adults (1).

Regulation of vehicle fleets

The Institute note and support the developments that have been made to regulate HGV and buses in terms of vehicle compliance as outlined under 'Current Context.' Increasing the scope of this development to include all businesses with vehicle fleets would be welcomed including vehicle distributors, private taxi companies, postal service, and agricultural employers to name a few.

Safety of e-bikes and scooters

The Institute would propose that the safety of e-bikes and scooters are a key challenge in the strategy and would welcome a commitment to research the risks posed to the population, particularly amongst vulnerable groups such as older people. There are public health concerns regarding the safety of these vehicles, which are becoming increasingly popular. International evidence is highlighting emerging trends of injury patterns and risks.

Primary research conducted in America aimed to explore the injury patterns and trends associated with e-bikes, powered scooters, and pedal bicycles from 2000 to 2017 using the US National Electronic Injury Surveillance System (NEISS) (85). Findings demonstrated increasing incidence of severe injury associated with these modes of transportation. E-bikes were associated with an almost three-fold increased risk of collision with a vehicle. Older age, male gender and specific occupations (commercial food delivery) were associated with a higher likelihood of injury, and these injuries were more likely to be associated with hospital admission than traditional pedal-operated bicycles. Older people may need these devices for mobilising, which is important to maintain independence and wellbeing, but there are clear risks inherent that need to be mitigated. Accidents involving powered scooters were

almost three times more likely to result in a diagnosis of concussion than those involving e-bikes.

Research on the safety of e-bikes and scooters in Northern Ireland would be of value, and there may be a need for improving infrastructure and the built environment to ensure these vehicles can be used safely. As data on this is new and emerging, UK-wide or all-Ireland research could be a cost-effective option to consider.

29. Do you have any views on the high-level actions that have been identified?

(Required)

Yes

No

30. If you responded 'Yes' please provide comments.

More information would be welcomed on what high level actions are being proposed. Although key priority areas are identified in the consultation document, high-level actions are not clearly articulated. A strategic action plan with defined targets, responsibility/ownership and review dates would be welcomed.

31. Do you agree that a new Road Safety Forum should be established?

(Required)

Yes

No

32. If you responded 'Yes' do you feel that this should be chaired at Ministerial level?

Yes

No

33. Do you think other governance arrangements should be put in place?

(Required)

Yes

No

34. If you responded 'Yes' please provide comments on what governance arrangements, in your view, should be considered.

Key messages

We recommend that the Department includes public health specialists in the membership of the Road Safety Forum

We recommend that strategic working with Ireland is commenced from the outset, particularly through data sharing and research

We would recommend that the strategy is supported by a legislative and regulatory framework, and would welcome more information on plans in this regard

Road Safety Forum membership

We would welcome details of the proposed membership of this forum and encourage the Department to include public health professionals as key members and stakeholders in strategy development and implementation. Public health professionals have specialist knowledge in the determinants of population health and can assist the Department in strategy design through a public health lens as well as creating important links with the health community. This is already happening in other countries; for example, public health professionals are key stakeholders for road safety in Norway who have the lowest death rates in Europe at 17 deaths per million inhabitants. Whilst there are many elements of their road safety response that we could learn from, this is an intervention that could be easily implemented. In Northern Ireland, there are a range of organisations who may be able to provide this expertise including the Public Health Agency (PHA), Department of Health and Institute of Public Health in Ireland. The Institute welcomes the introduction of local level stakeholder forums. Given the overlap to road safety and health, we would recommend that local forums have a specified interface with the new Integrated Care System model for Northern Ireland proposed by the Department of Health at the locality and community level.

North-South strategic collaboration

North-South cooperation is a central part of the Good Friday Agreement, which includes six formal areas of cooperation. Transport forms one of these areas of cooperation, with specific focus given to road safety (86). The North-South Ministerial Council (NSMC), which brings together the Government of Ireland and the Northern Ireland Executive on matters of mutual interest, have included the following in their working plan:

- Road and rail safety targets and priorities;
- The possibility of harmonisation of road and rail safety reporting and information systems and mutual recognition of driving disqualifications, penalty points, etc.;
- The possibility of joint road safety campaigns and educational initiatives where this would lead to economies of scale (87).

The ‘Steering to Safety’ road traffic accident research and prevention project carried out by CAWT (Cooperation and Working Together) in 2006 found that the rate of transport accidents was 33% higher in the border region than elsewhere (88). Following the publication of these results, the NSMC discussed cross border co-operation on road safety, agreeing on consultation on road safety strategies, sharing results of relevant road safety research, and continuing to explore opportunities for improving and harmonising arrangements for collecting, collating, and reporting road safety information (88). However, this approach has not gained sufficient traction and was absent in Ireland’s Road Safety Strategy 2021–2030, ‘Our Journey Towards Vision Zero’ (3).

A renewed effort would be welcomed from both governments to collaborate on road safety. As the ‘Steering to Safety’ results are now outdated, the Institute calls for renewed research collaboration and data-sharing across the island of Ireland to provide an updated review of road safety in border areas. This will help to guide the NSMC’s working plan priorities and provides a timely opportunity for North-South collaborative working in this new strategy.

Legislative and regulatory agenda

The Institute would welcome more information on how actions to meet key targets of the strategy will be strengthened by legislation and regulation. At present the strategy refers to ‘ongoing consideration’ of policies, laws and regulations aimed at improving road user behaviour, safety of road infrastructure and the safety of vehicles and enforcement, however there is no commitment to the amendment of existing legislation or proposal of new Bills to achieve this. Legislation and regulation are powerful tools to achieve change on a population

level. A strategic action plan underpinned by a strong legislative and regulatory framework would be welcomed.

35. Are there any equality impacts that you feel need to be considered?

(Required)

Yes

No

36. If you responded 'Yes' please provide details.

The Institute recommend that ethnicity is included under the 'Equality Impact' Assessment. As outlined earlier in our response, there is evidence of higher risk of road traffic injury and death amongst ethnic minority groups, although evidence is limited as ethnicity is not included in STATS19 ONS data (UK) and does not appear to be collected in NI (16). Given the higher risk of this group and potential other factors that contribute to their risk including low paid/grade employment, equality impacts of the strategy on this group should be included (15). Assessment of equality dimensions should be informed by data and evidence to avoid systematic widening of inequalities in certain groups of the population. Evidence should also be gathered through structured engagement with ethnic minority groups.

37. Are there any rural needs impacts that you feel need to be considered?

(Required)

Yes

No

38. If you responded 'Yes' please provide details.

N/A

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