Road Safety Strategy 2012 – 2022
3 Year Review 2016-2018
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Foreword

I am pleased to introduce this update of the Suffolk RoadSafe Strategy looking forward to what the partnership aims to deliver over the next phase from 2019 to 2022.

Road safety continues to be a priority for Suffolk County Council. The delivery of this strategy supports the priorities of the County Council of inclusive growth health, care and wellbeing and the provision of efficient and effective public services.

There are a number of challenges ahead and I look forward to working strategically with the Police and Crime Commissioner, Suffolk Police, Suffolk Fire & Rescue Service, Suffolk Highways and Highways England to deliver a range of initiatives to ensure all road users are kept safe on the roads of Suffolk.

Some of the challenges the partnership will seek to address include the increase in the number of older drivers, our large network of rural roads and the continued budget restraints faced by the County Council. In recent years, while making good progress in reducing casualty numbers, Suffolk has seen a flattening out of this trend. We know that we need to develop new ways to carry on the good work and encourage all road users to play their part in keep the network safe. This will include the use of the internationally renowned Safe Systems approach to road safety, where the responsibility for road safety is shared among many, including the road users themselves.

Having a free-flowing and safe road network in Suffolk is fundamental to the way we live and work. We all know how frustrating it can be if the road network grinds to a halt so the RoadSafe partnership’s main focus is delivering safe travel for all road-users from pedestrians to HGV drivers.

One important contribution is to improve driving standards, which is why a whole range of educational initiatives are supported by RoadSafe, including work with sixth formers/new drivers, promotion of advanced driving courses and the Safe Rider schemes for motorcyclists. We have also delivered initiatives for business and delivery drivers and innovative Grand Driver courses, designed for drivers over 60s to help keep them driving safely for longer.

All of this needs backing-up with proportionate enforcement activity by the Constabulary. It continues to be deeply disturbing that the ‘Fatal Four’ are the main causes of so many serious collisions and fatalities, including driving whilst under the influence of alcohol and/or drugs.

We must all remember driving is a privilege and not a right. We must do whatever we can to improve our own driving standards and remember any vehicle is potentially a lethal missile and must be handled with great care.

Mary Evans,
Cabinet Member for Highways, Transport and Rural Affairs Growth, Highways and Infrastructure

Tim Passmore,
Police and Crime Commissioner for Suffolk
Introduction

The Suffolk Roadsafe Board is a non-statutory Board which was created in May 2007 to bring together the main agencies involved in road safety in the county. It currently comprises representatives from Suffolk County Council, Suffolk Highways, Suffolk Fire and Rescue Service, Suffolk Constabulary, Highways England, the East of England Ambulance Service, Public Health and the Police and Crime Commissioner. The agencies work together to provide the best possible use of resources and road safety expertise from many different disciplines.

This is the second review of the strategy since 2012 and captures achievements made in the last three years (see Appendix A), changes to relevant policies and the direction of the strategy between 2019 and 2022. (The first review covering the years 2012 – 2015 can be downloaded from www.suffolkroadsafe.com)

The aim of the partnership is to make the roads of Suffolk safer for all.

Within the strategy, the aims of the partnership are

- to reduce the number of people killed and seriously injured (KSI) on the county roads
- to encourage behaviour change, deliver better education and provide a safe road network for all road users
- to provide a targeted and intelligence led approach to education and enforcement activities
- to reduce the cost to the partnership and beyond of the impact of collisions and future costs
- to address the impact collisions may have within Suffolk communities

In Suffolk the key groups of concern have been identified as;

- Motorcyclists – this includes young people on mopeds through to experienced riders on high powered vehicles
- Young drivers / riders (16-24) – especially the inexperienced who have recently passed their test
- Cyclists – including commuters and leisure riders
- Older drivers – in a county with an ageing population reliant on private cars to enhance and maintain their quality of life.

Over the last three years the Roadsafe Board partners have made key investments in support of the strategy. In particular Suffolk County Council, Suffolk Constabulary and the Police and Crime Commissioner have provided financial support funded from driver diversionary course attendees for projects which reflect the Board’s commitment to targeted, appropriate and proportionate response to road accidents and community concerns about safety on our roads. These investments include support for:

- engineering solutions where cluster sites and issues on linear routes are identified,
- drug wipes and testing,
- Community Enforcement Officers and smaller speed camera vans to reach smaller rural communities,
- Parish Speed Indicator Devices (SiDs) and Temporary Vehicle Activated Signs (TVAS),
- Average speed camera systems,
- Community Speed Watch activities and
- Pre-driver education.
Performance and trends

The Department for Transport’s National Strategic Framework projects a national reduction of 40% in the number of Killed or Seriously Injured casualties by 2020 based on the 2005-2009 average. In Suffolk the 2005-09 baseline is 356 KSI per year, which equates to a reduction to 214 per year by 2020. Reviewing the casualty numbers to the end of 2018 shows a prediction, based on historical data, that KSI rates may still be in the region of 250 per year.

The number of people killed or seriously injured on Suffolk’s roads has significantly decreased over time, despite an ongoing increase in the number of and distance travelled by vehicles. It is estimated by DfT that each fatal accident costs over £1.6m.

The graph below shows the decline in KSI reductions and the 2005-09 baseline average.

![Killed & Seriously Injured 1991-2018](image)

Figure 4 – Killed and seriously injured casualties in Suffolk (1991-2018)
The Police road accident recording system CRASH was introduced in early 2016 by the Home Office, with severity classes decided by the system, rather than the officer attending the collision. There appears to have been an increase in serious collisions due to this change (note trend in All Injury numbers continues to decline in Figure 5).

Figure 5

All Injury 2010 to 2018

All data collected by the Police is verified and published annually by the DfT

Strategy

There has been little reduction in the number of people killed or seriously injured on UK roads since 2010. In May 2017, the DfT commissioned a Road Safety Management Capacity Review to benchmark and understand the current status of institutional delivery of road safety in Britain, and to identify practical and actionable opportunities for strengthening joint working, local innovation, and efficiency on a national and local basis.

The report summarised that Britain has taken a bold next step in addressing the need for results focused road safety management by adopting Safe System in the British Road Safety Statement. In order to make a success of this and to prevent the substantial avoidable tragedies experienced daily on UK roads the report concludes that critical success factors will be:

- Strong ministerial leadership;
- A planned, systematic, accountable approach to road safety management with clear roles and responsibilities;
- The adoption of a national long-term goal towards the ultimate prevention of death and serious injury; and
- The adoption of national interim quantitative targets to 2030 to reduce death and serious injury, supported by a set of related safety performance objectives to foster closer management, more efficient delivery and use of public resource to achieve better results.

Safe Systems

Safe Systems comprise of five pillars underpinning a strategic approach for managing road safety.

The Safe Systems approach recognises that:

- We can never entirely eradicate road collisions because there will always be some degree of human error;
- When collisions do occur the human body is inherently vulnerable to death or injury; and
- Because of this, we should manage our infrastructure, vehicles and speeds to reduce crash energies to levels that can be tolerated by the human body.

The five pillars are

- Pillar 1: Safer Roads
- Pillar 2: Safer Road Users
- Pillar 3: Safer Speeds
- Pillar 4: Safer Vehicles
- Pillar 5: Post Crash Response

To link with the partnership approach of the RoadSafe Board under these pillars, collisions are considered by the type of road user being involved and injured, related to the vulnerable user groups and the type of journeys that are being made.

Utilising the ability to integrate data from condition surveys to collision locations along with traffic flow and speeds will also be included within the review of collisions which are undertaken annually.

Safety Audits on all highways schemes are an ongoing process to ensure that they meet the highest possible road safety standards.

In many cases, parish council and county councillors will continue to address local safety concerns and anxieties with funds from the Local Highway Budgets.
### Monitoring

Monitoring of the strategy and the development of the Suffolk RoadSafe Partnership is an essential part of the ongoing collision and injury reduction programme.

The strategy is monitored in a number of ways by the partners, this includes the production of the Annual Reports. The report uses the most up to date information and analytical techniques to identify road safety collision and casualty trends in the county. When data is available it is divided into two distinct sections, covering risk to local residents and risk on the local road network. The report also provides long term trend analysis and comparisons with national rates and between the districts.

Suffolk County Council continues to analyse collision data using a range of techniques and methodology to identify sites or routes where KSIs are occurring. These are reviewed with the Suffolk Highways, police and the fire service to ensure that the best value in terms of collision reduction is obtained from the investments made. Quarterly updates are made to the board by partner members via meetings of key stakeholders, the face to face meetings assist with the forward delivery of the strategy, rather than an arm’s length approach.

### Annual Reports

There are a number of reports based on collisions involving specific road user groups, such as motorcyclists and annual reports on collision data are available for public consumption on the web at [www.suffolkroadsafe.com](http://www.suffolkroadsafe.com)

Social demographic casualty profiles reflect the predominance of rural communities across much of the county. The most numerous casualty type are rural families in affordable village homes who are reliant on the local economy for jobs, this group is also over represented in comparison to communities in Suffolk. Pensioners and those from mature households also make up significant proportions of casualties, although this reflects the demographic profile of the county.

Road accident statistics gathered by the Police (STATS19) provides the main source of data that underpins the strategy. However, there is increasing recognition of issues associated with recording this data and Suffolk Highways, together with Eastern Region partners (RSGB East) are supporting the TRIP project in Cambridgeshire which is bringing together Police data with Trauma Audit & Research Network (TARN) hospital trauma patient data. The researchers are attempting, amongst other factors, to extrapolate the full cost of an accident, including rehabilitation and also collision culpability. In Appendix B, there is a report on emergency admissions for transport accidents amongst Suffolk residents between 2013/14 and 2017/18.

Key Roles of the Partnership

Suffolk Constabulary

- Carry out proactive enforcement activities with a focus on Fatal Four contributory factors to collisions resulting in death or serious injury.
- Provide focused visible police patrols and participate in coordinated problem solving at locations identified through partnership intelligence gathering as suffering from increased KSI (Killed or Seriously Injured) collisions.
- Provide a visible roads policing presence on the county's strategic road network.
- Engage with communities at a local Safer Neighbourhoods Team level ensuring that concerns around road safety are signposted to the most effective partner agency quickly and efficiently.
- Make best use of technology to identify those road users failing to comply with the law (i.e. Automated Number Plate Readers, Mobile Speed Enforcement and to utilise media received from public to support driver education and also prosecutions where appropriate).
- Investigate the causes of KSI collisions and ensure that where appropriate, lessons are learned and findings are shared with partners to help improve the design of Suffolk's road network.

Suffolk Police and Crime Commissioner

- Work with the Suffolk Roadsafe Board partners to ensure that there is a joined-up and evidence-led approach to the Partnership’s strategy and effective action taken to make Suffolk’s roads safer.
- Provide a strong public commitment to making Suffolk’s roads safer, particularly through actions to tackle the ‘fatal four’ (speeding, mobile phone use, drugs/alcohol and seat belts).
- Raise the profile of the Constabulary’s work to enforce on the fatal four with the public and media.
- Ensure the Constabulary’s approach to roads policing and road safety is monitored in accordance with the Police and Crime Plan.
- Engage with communities and businesses about policing matters, including road safety and transport issues.

Suffolk County Council and Suffolk Highways (see Appendix C)

- Deliver driver diversionary courses on behalf of Suffolk Police.
- Develop and deliver a data-led road safety education, training and publicity strategy.
- Deliver appropriate engineering solutions to tackle issues identified and ensure that any planned highways schemes are audited by qualified personnel.
- Support publicity campaigns organised by the Government’s Think Campaign and other road safety bodies.
- Assess collision data to develop effective interventions whether through enforcement, education or engineering.
- Monitor effectiveness of the Roadsafe strategy.
- Work with Police to alleviate local road safety concerns.

Highways England

- Highways England is committed to reducing collisions on the trunk road network (A11, A47 and A14).
- Provide Roadsafe with information about current safety schemes.
Non-engineering measures have an impact on both trunk and non-trunk roads, so will work with partners to share best practice and technical expertise.

Collaborate on engineering and education programmes where appropriate.

**Suffolk Fire and Rescue Service**

**Prevention business plan 18/19**

- Align and agree Road safety strategy with Suffolk Roadsafe
- Evaluate all activities effectively
- Utilise all available resource and personnel to support delivery (capacity)
- Record activity effectively

**Prevention Department delivery plan 18/19**

- Analysis of data to continue to target resources effectively
- Working with Suffolk Roadsafe on Braking Point
- Delivery of supporting project linked to mobile phone use and behavioural change
- Explore partnership working to reduce pedal cycle incidents
- Development and support of Biker Down product and delivery

Ensure that the greatest amount of resources is committed to the most vulnerable within the Community. We will work to reduce those killed and seriously injured in RTC’s on Suffolk’s road network. As a partner of Suffolk’s Roadsafe partnership we will strive to reduce the traumatic loss of loved ones, reduce the impact from congestion and improve the economic growth through engaging and educating those most likely to be involved in an RTC.

**Public Health**

Suffolk Public Health fully support the work of the Roadsafe Partnership in their aim to reduce road traffic accidents, collisions and in improving environmental factors related to road usage. Public Health is committed to improving access for all road users and to reduce the risks of road use by non-motorised vehicle transport.
<table>
<thead>
<tr>
<th>Safer Roads</th>
<th>Suffolk Highways &amp; SCC</th>
<th>Highways England</th>
<th>Suffolk Constabulary</th>
<th>Suffolk Fire and Rescue</th>
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<tr>
<td>Safety engineering schemes, highway asset management of signs &amp; lining, winter maintenance, cyclical programme for signs &amp; lining, road worker safety</td>
<td>Road worker safety, signalisation of roundabout, prioritisation of network improvement of star ratings &amp; interventions to reduce risks, network wide rather than site specific.</td>
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<td>Safer People</td>
<td>Unaccompanied pedestrians – school crossing patrols</td>
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<td>Safer People</td>
<td>Secondary students: Pre-driver – Braking Point, Young driver – Get in Gear Offending driver – Driver diversionary courses Business drivers – We Mean Business, Motorcyclists – Hugger campaign, Older driver – GrandDriver All road users – DfT’s Think campaign and local campaigns. Speed drivers – SiD and TVAS scheme</td>
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<td>Safer Speed</td>
<td>Speed limit requests assessed against SCC policy, developer funded schemes</td>
<td>Response to request for speed limit changes, response to new developments</td>
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<td>Post Collision Response</td>
<td>National response standard</td>
<td>CLEAR - National response standard for dealing with RTCs</td>
<td>CLEAR - National response standard for dealing with RTCs SRF Generic Response Plan/ JESIP Appropriate investigation of KSI collisions and full detailed investigation of all road fatalities to allow for successful prosecutions where appropriate and for the Coroner to consider appropriate recommendations in terms road safety improvement</td>
<td>CLEAR - National response standard for dealing with RTCs SRF Generic Response Plan/ JESIP</td>
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<td>Safer Vehicles</td>
<td>Educate drivers/riders on correct use of new technologies, ensure that road networks meet requirements of the in-vehicle technology.</td>
<td>Educate drivers/riders on correct use of new technologies, ensure that road networks meet requirements of the in-vehicle technology.</td>
<td></td>
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</table>
Policy Context

National Policy

In 2015 the Department for Transport published the Road Safety Statement ‘Working Together to Build a Safety Road System’, setting out the Department’s vision, values and priorities in relation to British road safety. This includes a clear recognition of the challenges and opportunities that are faced in bringing safety improvements to all road user groups.

The priorities for road safety, outlined in the document include:

- Adopting the Safe Systems approach. It is also a theme that runs throughout the Statement;
- Protecting vulnerable road users, including pedestrians, cyclists, motorcyclists and horse riders, through infrastructure and vehicle improvements, promotion of safer behaviour and equipment and ensuring other road users are aware of the risks posed to these groups and adapt accordingly;
- Taking tough action against those who speed, exceed the drink-drive limit, take drugs or use their mobile phone while on the road;
- Promoting the development and adoption of connected and autonomous vehicle technologies in a way that maximises safety benefits;
- Supporting Highways England and local authorities in improving the safety standards of our roads;
- Reviewing the nation’s road safety management capacity, to identify opportunities for strengthening joint working, local innovation and efficiency;

In 2018 the Department published a progress report outlining the achievements made against the 2015 high priority delivery plan.

The following content shows the extent to which nationally, road safety is considered by the partner organisations within Suffolk RoadSafe Board.


Roads policing supports and complements road safety education and engineering, it provides this through deterring inappropriate behaviour of drivers, identifying offenders, investigating the cause of collisions, education of a range of road users and the elimination of dangerous vehicles using the roads.

Fire and Rescue Service

The Department for Communities and Local Government’s 2012 Fire and Rescue National Framework sets out the Government’s priorities and objectives for fire and rescue authorities in England. The Framework sets out high level expectations and builds on existing notable practice shown by fire and rescue authorities across the full range of their functions.

The priorities in the Framework are for fire and rescue authorities to:

- identify and assess the full range of foreseeable fire and rescue related risks their areas face, make provision for prevention and protection activities and respond to incidents appropriately
- Work in partnership with their communities and a wide range of partners locally and nationally to deliver their service
- Be accountable to communities for the service they provide
- The National Fire Chiefs Council Strategy 2017-2020
- Work with the FRS and partners to develop, coordinate and implement national prevention campaigns such as the UK Drowning Prevention Strategy and road safety campaigns
- Work with the Home Office to support the government-funded national campaigns. Seek to increase consistency of key messages through coordination of national campaigns, maximising partnership opportunities, encourage sharing of best practice and the creation of guides and templates where appropriate.
- Services will ensure good communication with local Partnerships
- All partners will deliver a consistent message

Highways England

Delivery Plan 2015-2020 details how the organisation will deliver its strategic outcomes. Outcome 2 A Safe and Serviceable Network considers how the target of a 40% reduction in KSI1s on their network will be achieved by 2020. A five year plan, Driving Forward Safely will be published in autumn 2015.

In 2016 Highways England published its Cycling Strategy, outlining how the organisation will develop an integrated, comprehensive and high quality cycling network. Including facilities that are safe, separated from traffic, suitable for all abilities and supports sustainable transport.

https://www.gov.uk/government/publications/cycling-strategy
Public Health England

The Public Health Outcomes Framework ‘Healthy lives, healthy people: Improving outcomes and supporting transparency’ sets out a vision for public health, desired outcomes and the indicators that will help us understand how well public health is being improved and protected.

The framework concentrates on two high-level outcomes to be achieved across the public health system, and groups further indicators into four ‘domains’ that cover the full spectrum of public health. The outcomes reflect a focus not only on how long people live, but on how well they live at all stages of life.

The Public Health Outcomes Framework was refreshed in May 2016, following a consultation in 2015. Under the supporting public health indicators road safety is contained within Domain 1: Improving the wider determinants of health. Indicator 1.10 concerns the KSI rate per 100,000 resident population.

The table below shows the Killed and Seriously Injured rate (KSI) for all authorities in the East of England, the values are the 2014–16 baseline.

Figure 1

<table>
<thead>
<tr>
<th>Area</th>
<th>Recent Trend</th>
<th>Count</th>
<th>Value</th>
<th>95% Lower Cl</th>
<th>95% Upper Cl</th>
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<td>East of England region</td>
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Source https://fingertips.phe.org.uk/profile/public-health-outcomes-framework

Cycling & Walking Investment Strategy

Following on from the draft Cycling Delivery Plan, in 2016 the Department for Transport consulted on a Cycling & Walking Investment Strategy, publishing the full document in 2017. The Strategy has the ambition that ‘cycling and walking are the natural choices for shorter journeys, or as part of a longer journey’ and are achieved through the following:

Better safety ‘A safe and reliable way to travel for short journeys’
- streets where cyclists and walkers feel they belong, and are safe
- better connected communities

Better mobility ‘More people cycling and walking – easy, normal and enjoyable’
- more high-quality cycling facilities
- more urban areas that are considered walkable
- rural roads which provide improved safety for walking and cycling
- more networks of routes around public transport hubs and town centres, with safe paths along busy roads

safer traffic speeds, with lower speed limits where appropriate to the local area
-cycle training opportunities for all children

better links to schools and workplaces
- technological innovations that can promote more and safer walking and cycling
- behaviour change opportunities to support increased walking and cycling
- better integrated routes for those with disabilities or health conditions

Better streets ‘Places that have cycling and walking at their heart’
- places designed for people of all abilities and ages so they can choose to walk or cycle with ease
- improved public realm
- better planning for walking and cycling
- more community-based activities, such as led rides and play streets where local places want them
- a wider green network of paths, routes and open space

The strategy contains the objectives to be achieved by 2020:
- Increase cycling activity, where cycling activity is measured as the estimated total number of cycle stages made
- Increase walking activity, where walking activity is measured as the total number of walking stages per person
- Reduce the rate of cyclists killed or seriously injured on England’s roads, measured as the number of fatalities and serious injuries per billion miles cycled
- Increase the percentage of children aged 5 to 10 that usually walk to school

With aims and targets to be achieved by 2025:
- Double cycling, where cycling activity is measured as the estimated total number of cycle stages made each year, from 0.8 billion stages in 2013 to 1.6 billion stages in 2025
- Increase walking activity, where walking activity is measured as the total number of walking stages per person per year, to 300 stages per person per year in 2025
- Increase the percentage of children aged 5 to 10 that usually walk to school from 49% in 2014 to 55% in 2025

Links to Local Priorities

Growth Priorities and Population

The number of homes to be delivered through local plans to 2036 (2031 for West Suffolk authorities) is 36,171. This total is based on various needs assessments including accounting for market signals. Based on local authority figures, housing delivery across Suffolk is averaging at 2,228 each year. The total number of homes required to be delivered each year is around 3,000. Therefore, in order to achieve the planned number of homes, the current rate of delivery needs to increase by 35%.

The East of England Forecasting model indicates the economic growth scenarios. The conclusion being that the total number of jobs within Suffolk will increase by 31,500 from 369,000 in 2017 to 400,500 in 2036.

The Education and Learning Infrastructure Plan 2017 notes that the number of school aged children and young people has grown as the county sees spikes in localised population growth, net increases in immigration and a large amount of new developments for the revitalised housing market. The pupil forecasts show that the mainstream school population will increase from 102,000 by over 7,500 (7.9%) in the next 5 years (primary age increasing by 4%; secondary age increasing over 13% in this period). Within this growth there are particular ‘hot spots’ such as Ipswich, North Lowestoft and Forest Heath which will facilitate a need for additional school places and new schools.

associated with development. There are currently just over 325 schools in Suffolk.

The number of households and demand for dwellings are forecast to increase by 22% over the next 20 years – double the rate of population growth – as changes in demographic structure change household composition.

There will be more older households with a greater number of couples at ages 65 to 85 (and singles at age 85+).

**Figure 2**

No of households by age in Suffolk 2039 vs. 2014 (000’s)

![Bar chart showing the number of households by age group in Suffolk, 2014 vs. 2039.](chart)

Source: Public Health Knowledge & Intelligence Team

Suffolk’s total population is forecast to increase by over 10% over the next 20 years; but the proportion of older people within the population increases by nearly 50%.

**Figure 3**

![Bar chart showing population projections for 2017 and 2037.](chart)

Source: ONS sub national population projections mid year 2014- based

The 65+ age group accounts for all of the population increase forecast in Suffolk over the next 20 years, The working age population is expected to decline slightly but economic modelling suggests there will be 12% jobs growth in Suffolk by 2037 – with the working age population supported by the increasing retirement age cohort.
SCC Speed Limit Policy (2014)

Suffolk Council’s Cabinet agreed to a new policy on speed limits in December 2014. It was developed following engagement of key stakeholders by the Roads and Transport Policy Development Panel which is a cross party group of Councillors.

The Council deals with requests to change speed limits from Parish, Town, Borough or District Councils. Individuals requesting changes to a speed limit, should seek support from their County Councillor when submitting a request.

A number of factors need to be taken into account before changing a limit, such as the nature of the road, impact on local residents, activity on the side of the road, collision history, cost of implementation, traffic delays, impact on vulnerable road users, the environment and public anxiety. The view of the Police is also sought before changes are made. The legal process to change a limit can take approximately nine months. The Speed Limit Policy is available at.

There is a community strategy to tackle speeding concerns in local areas. The strategy supports community solutions including community speedwatch, parish and town councils wishing to purchase Speed Indicator Devices and temporary Vehicle Activated Signs. Details are published here.

Public Health

The main aim of the Joint Strategic Needs Assessment (JSNA) is to accurately assess the health needs of a local population in order to improve the physical and mental health and wellbeing of individuals and communities. The JSNA underpins the Health and Wellbeing Strategy, with local authorities and clinical commissioning groups (CCGs) having equal and joint duties to prepare JSNAs and JHWSs, through the Health and Wellbeing Board (HWB). The JSNA identifies core determinants of health as well as looking at the wider determinants (for example road safety). Public health and education can influence road safety, especially in terms of encouraging sustainable transport. Collision prevention and the promotion of healthy lifestyles reduces costs to the health service.

The Suffolk Health and Wellbeing Board monitor road safety as part of its work to ensure Suffolk residents have access to a healthy environment and take responsibility for their own health and wellbeing.

The Board review performance of local indicators and the Public Health Outcomes Framework indicator relating to death and serious injury on Suffolk roads.

Suffolk Public Health Framework contains the following outcomes;

Outcome 2 - Suffolk residents have access to a healthy environment and take responsibility for their health and wellbeing.

2.1 Creating an environment where it is easy to make healthy choices and take responsibility for own health

2.1.5 Decreased killed or seriously injured casualties on Suffolk roads

https://www.suffolkroadsafe.com/speeding/speed-limits
https://www.healthy.suffolk.org.uk/jsna
Looking to the future, analysis of Demographics & Trends by the Public Health Knowledge & Intelligence Team indicates:

- Number of young people staying roughly stable, so about the same number of new drivers as now
- Significant increase in older people, many of whom will be able to drive safely and will be very experienced, but many of whom will also be increasingly frail or suffering from sensory impairment, which may increase some risks (but impossible to quantify how much)
- Better access to broadband and flexible working may mean less commuting – more people able to do at least some work, if not all their work, from home
- Reworking of some industries e.g. insurance to be driven by data rather than people may lead to less employment and less commuting – but hard to predict when and by how much
- Innovations in car technology will be significant – more EVs means less emissions, which means better air quality for all – but also potential for new innovations such as sensors which detect possible collision objects, self-driving cars etc
- It is difficult to see healthcare provision scaling back given the likely needs of our older population, but maybe more will be delivered locally or remotely, meaning fewer trips to big hospital sites

The Suffolk Safeguarding Children’s Board

The Suffolk Safeguarding Children’s Board accepts the importance of reduction road collisions involving children and young people. A strategy which outlines the approach of the Suffolk RoadSafe partners to tackle collision involving young pedestrians, cyclists, riders and drivers was agreed by the Board in December 2011.

In July 2019 the Local Safeguarding Children Board will be replaced by a partnership arrangement of Police, CCG and LEA/Social Care.

Collisions data is reported as part of the wider corporate performance reporting framework, updating the organisation on progress against its corporate priorities in the SCC Our Priorities 2017–2021 publication. The data is updated and reported on a quarterly basis to Corporate Leadership Team, Joint Leadership Team, Scrutiny Committee, and it is then published on the Council’s Open Data portal.

The Child injury prevention strategy for CYP aged 0–15 is in its development stage. The strategy is for prevention of injuries at home and around home, so the scope is much narrower. The aim/objectives and outcome measurements have been agreed with LCSB and governance sits with them. Public Health are planning a multi-agency workshop in November 2018 to agree action plan with named leads and specific actions.

Suffolk’s Police and Crime Commissioner (PCC)

Suffolk’s Police and Crime Commissioner (PCC) works with Roadsafe partners to support preventative and enforcement activity to improve road safety. The PCC also has a key role to hold the Chief Constable to account for the delivery of an efficient and effective police service which includes its approach to enforcement. In 2013, following consultation with the public, the Constabulary amended its operational approach to speed enforcement to ensure it took account of community concerns as well as analysis of accident data.

This saw the introduction of a strengthened approach to enforcement in rural areas alongside the ongoing work to enforce speed restrictions on the strategic road network.

Speed is one of the ‘Fatal Four’ contributory factors to collisions alongside use of mobile phones, failing to wear seatbelts and drink/drug driving. The new approach ensures that speed enforcement will take place where there is an evidence based need. The sites are publicly available so that the community is aware of the sites and allows individuals to address their own driving behaviour.

The annual road safety report from Suffolk Police to the PCC can be found here, detailing achievements in the financial year 2017-2018.

The Suffolk Fire and Rescue Service Plan (2018 – 2021) commits the service to a full range of prevention, protection and response activities that are aimed at making the communities of Suffolk safer.

The Authority’s Integrated Risk Management Plan will be reviewed in 2018. This will take account of the new national Framework for fire and rescue services that is expected to be published by Government in the summer 2018.

SFRS will review and amend their approach to road traffic collisions. The review will take account of the changes in vehicle design, occupant safety and the mechanisms of injury, our traffic collision data and advances in extrication and rescue techniques and fire service specialist equipment.

NHS Trauma Strategy for the East of England

The TRIP project (Targeting Road Injury Prevention) will look in detail at crashes that cause severe injury and death, in particular examining the types of drivers that are involved in these crashes. This innovative project brings together partners from the local authority, emergency services and Cambridge University Hospitals to explore whether prevention strategies targeted at groups of drivers similar to those considered culpable for crashes, rather than targeting groups who are likely to be injured, have an impact on road safety.

The TRIP project is split into two work packages:

- A detailed epidemiological analysis of collisions to explore whether prevention strategies targeted at high risk profiles, in contrast to road user profiles derived solely from road crash and casualty data (as recorded by STATS19), have an impact on casualty reduction.

- The development of a framework for the delivery of research-led practice in road safety.

Funded in part by the Road Safety Trust, the project is due to report it’s findings and recommendations in 2020.

Future scan – issues which could impact on the strategy

School Transport Policy

Suffolk County Council’s Cabinet reached a decision on 19 June 2018, to introduce this new policy statement Home to School Travel Policy 2019-2020 on a phased basis with effect from September 2019, for children as they join or move schools, age and distance criteria apply.

Under the new arrangements, a child will remain eligible for transport to their current school if they are receiving SCC funded transport in July 2019, are aged 5-16 and continue to live at their current home address. Under SCC’s new policy, there are no Transport Priority Areas (i.e. areas where children would receive funded school transport to a particular school over and above the statutory minimum). The School Travel Policy is for residents of Suffolk whose children are of statutory school age (i.e. 5-16). It also applies to Rising 5 year olds. Supporting information


to this policy can be found at www.suffolkonboard.com

Changes to the policy have identified that for some schools this could lead to a large number of pupils no longer eligible for subsidised school transport, particularly in rural areas and at secondary school stage where up to 54% of pupils may be affected. In this scenario, families would need to make their own arrangements which could lead to more pupils walking, cycling or driving themselves to school, along with increases in the number of pupils driven by parents/carers.

Implications for road safety;
walking & cycling on unlit rural roads, more young drivers from identified groups already over represented, increased ‘school gate congestion’ & associated issues around inconsiderate parking.

We will monitor this using STATS19 data for injury collisions for children aged between 5 and 16 during term time, using September 2017 to July 2019 as the baseline data.

Development Management

On all planning consultations, from single dwellings to large urban expansion schemes, road safety is the first thing the team consider. With access on to the highway development management engineers insist on all new accesses being to appropriate standards, either DMRB (Design Manual for Roads and Bridges) or Manual for Streets, with adequate visibility for the type and speed of road. Where existing access are being use they request betterment to ensure that the access will be improved for the increase in use, generally bringing poor accesses up to modern standards with increased visibility.

For larger sites, above 50 dwellings generally the council, as highway authority, aim to secure improvements in pedestrian or cycle facilities to ensure the safety of new and existing residents of the area. This can involve new crossings and providing missing links of footway. For very large schemes it may be possible to secure new relief roads to reduce traffic on unsuitable roads with poor existing facilities and improvements to junctions including signal control to reduce the risks of conflict between vehicles and vulnerable road users.

The DM team will continue to scrutinise applications to make sure that road safety is the key priority, and will recommend refusal on any sites that cannot demonstrate safe access for all users, as set out in the revised NPPF (para 108). As the larger sites already permitted build out they will inspect and oversee the highways construction to ensure and safety issues are addressed before roads are opened to the public, including Stage 3 Road Safety Audits.

Most authorities in Suffolk are consulting on their new Local Plans in the near future. As a statutory consultee, Suffolk County Council will ensure that road safety issues are considered from the earliest stage to ensure that only the sites that contribute positively to road safety are allocated in the local plans.

The huge volume of planning applications in Suffolk in a risk in terms of resources, but road safety will remain the top priority. Reductions in SCC capital budgets mean that there are less opportunities for match funding to supplement S106 funding to deliver larger scale safety improvements. The DM process is the best opportunity to secure funding for road safety improvement schemes, given the reduction in direct funding for road safety from central government. Having a clear list of safety issues in the vicinity of future development, with potential mitigation options, enables schemes to be secured when development is proposed. The new NPPF sets out more clearly the requirement to consider road safety as per of the para. 109 ‘severe test’.

The Suffolk Strategic model provides an innovative approach to modelling future traffic patterns and highlights key road
safety challenges on the strategic road network, for future mitigation. Examples are when projected queues on the off slips exceed the stacking space, resulting in traffic potentially backing up into the free flowing high speed traffic, resulting in possible high speed shunt collisions. Identifying these issues at an early stage in the planning process, ideally at Local Plan stage, feeds into funding opportunities for development and national government funding.

**Connected and Autonomous Vehicles**

In a rapidly emerging market, Connected and Autonomous Vehicles (CAVs) offer the potential to significantly improve access for those who are unable to drive. AVs could reduce road congestion by allowing cars to drive at constant speeds and closer together, allowing passengers to make more efficient use of time and lead to improved road safety. Alternatively, they could result in traffic increased and congestion if they enable greater levels of travel at busier times. AVs could also contribute to the development of on-demand services which would improve accessibility in rural areas and support economic activity.

EuroRAP published a report outlining the progress towards a fully autonomised transport system in June 2018 and the associated changes to collision type and severity. Recognising that there will be a significant period of transition where traditional vehicles are using roadspace alongside vehicles with differentiating levels of autonomy and a need for roads that cars are able to ‘read’.

The transition is likely to take many decades and along with type and severity of collision, liability may also change. Risks are likely to arise where road maintenance is poor; such as faded line markings (and where the highway authority may be liable), where the autonomous vehicle has a different perception of the road to a driver and where vehicle numbers increase and people travel more without a high vehicle occupancy rate.

There may be benefits to road users arising from the rise in AVs, collision type is likely to change with the introduction of lane assist, speed management, vehicle to vehicle connectivity and autonomous emergency braking. AEB has been mandatory on most newly registered HGVs over 7.5 tonnes since November 2015.

> https://www.eurorap.org/new-report-tackles-the-transition-to-automated-vehicles-on-roads-that-cars-can-read/
The report highlights key changes may be a reduction of over 60% in rear-end shunts, head-on collisions may reduce by at least 40% and those involving vulnerable road users could be reduced by 20%. However, the report does not identify a benefit to motorcyclists.

**Increase in the number of older drivers in the county**

The number of older people in county areas has grown by half a million years nationally between 2013 – 2016 and Suffolk is likely to witness a significant increase in licensed drivers in the remaining years of the strategy. Whilst older drivers are generally involved in fewer accidents than the rest of the driving population, this growth in sheer numbers as well as the vulnerability of older drivers to injury when involved in accidents need to be considered.

As the population ages it will be necessary to consider how best we can empower older road users to maintain their safe mobility. Many older road users self-regulate as they become more risk averse and aware of their frailty. It will be important for their physical health and well-being that those who are able to, continue to remain independent and mobile.

How will society support older drivers dealing with complex traffic environments and the cognitive demands of driving?

Older rural dwellers will need to access family and friends, health facilities, shops and places of leisure. They belong to a generation which grew up with car ownership and driving and will be reluctant to move away from the cars even as health dictates. Will consideration need to be given to technological options, road network design, timings of pedestrian crossings, more local facilities and public transportation?

Appendix A

Suffolk Roadsafe Partnership
3 Year Review November 2018

Education

Educating Road Users

43,109 drivers have attended speed awareness courses in Suffolk

Educating Children

Over 80 primary schools have active Junior Road Safety Officer schemes

4700 students at 40 schools have taken part in the Braking Point pre-driver education programme

10,384 children completed Bikeability training over the last 3 years

Safe travel

68 school crossing patrols cross 8,500 unaccompanied children everyday.

Community

Community Speedwatch

There are over 50 Community Speedwatch groups at 118 sites

There are now over 200 Parish Councils that have joined the SID (Speed Indicator Device) schemes

4 additional police motorcyclists are funded by SuffolkRoadsafe have targeted the Fatal 4 (speeding, drink/drug driving, seatbelts & mobiles)

Enforcement

Speed Enforcement

94,073 speeding drivers caught in Suffolk in 2017

Drink & Drug Drive Enforcement

620 drink drive arrests and 673 drug drive arrests in 2017

An average of 53 positive tests per month (636 annually)

Casualties per year

<table>
<thead>
<tr>
<th>Year</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fire service attendance at incidents</td>
<td>327</td>
<td>327</td>
<td>313</td>
</tr>
<tr>
<td>Engineering</td>
<td>£1.2M of cycle improvements along A47 in Lowestoft</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>£840,660 spent on delivery of 9 safety schemes including toucan crossings, junction improvements and cycling schemes</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

www.suffolkroadsafe.com
Appendix B

Emergency admissions for transport accidents among residents of local authority districts in Suffolk County 2013/14-2017/18

During the five-year period, there were 3,372 emergency hospital admissions in Suffolk for transport related injuries. 63% of these admissions were for males. A quarter of admissions were for people age 25-44 years, and a quarter for those age 45-64.

<table>
<thead>
<tr>
<th>Age group (years)</th>
<th>Number of emergency admissions related to RTC in 2013/14 – 2017/18</th>
<th>Percentage of all RTC related admissions contributed by this age group</th>
<th>Percentage of RTC related admissions in this age group contributed by males</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-14</td>
<td>410</td>
<td>12%</td>
<td>63%</td>
</tr>
<tr>
<td>15-24</td>
<td>606</td>
<td>18%</td>
<td>70%</td>
</tr>
<tr>
<td>25-44</td>
<td>821</td>
<td>24%</td>
<td>70%</td>
</tr>
<tr>
<td>45-64</td>
<td>817</td>
<td>24%</td>
<td>62%</td>
</tr>
<tr>
<td>65-84</td>
<td>560</td>
<td>17%</td>
<td>53%</td>
</tr>
<tr>
<td>85+</td>
<td>158</td>
<td>5%</td>
<td>47%</td>
</tr>
</tbody>
</table>

A quarter of those who required hospital admission had been pedal cyclists, a further quarter had been occupants (including driver) of a car. About 17% were motorcycle riders, and another 17% had been injured in other vehicles. 10% were pedestrians. Injured males were most likely to be pedal cyclists, injured females were most likely to be car occupants.

<table>
<thead>
<tr>
<th>Situation of person at time of injury</th>
<th>Percentage of all RTC related admissions contributed by this mode of transport</th>
</tr>
</thead>
<tbody>
<tr>
<td>Car occupant</td>
<td>26%</td>
</tr>
<tr>
<td>Pedal cyclist</td>
<td>24%</td>
</tr>
<tr>
<td>Motorcycle rider</td>
<td>17%</td>
</tr>
<tr>
<td>Other land transport</td>
<td>17%</td>
</tr>
<tr>
<td>Pedestrian</td>
<td>10%</td>
</tr>
<tr>
<td>Bus occupant</td>
<td>2%</td>
</tr>
<tr>
<td>Pick-up truck or van occupant</td>
<td>2%</td>
</tr>
<tr>
<td>Water transport</td>
<td>1%</td>
</tr>
<tr>
<td>Occupant of 3 wheeled vehicle</td>
<td>&lt;1%</td>
</tr>
<tr>
<td>Air and space transport</td>
<td>&lt;1%</td>
</tr>
<tr>
<td>Other</td>
<td>&lt;1%</td>
</tr>
</tbody>
</table>
Amongst those aged 0-24 years, the greatest number of admissions for accidents occurred amongst the 15-19 year old age group.

**Percentage of emergency admissions for transport related injuries occurring in each age group in Suffolk, 2013/14 - 2017/18 person age 0-24**

Within 15-19 year olds, the most common mode of transport at the time of the accident was as a motorcycle rider, followed by pedal cyclist. Younger children were most commonly injured requiring admission as pedal cyclists. Those admitted age 20-24 were also most frequently on motorbikes.

Across all age 0-24 years, the most common mode at time of the accident was as a pedal cyclist. This accounted for 31% of emergency admissions, with motorcycle riding and being in a car both at around 20%. Pedestrian injury accounted for 10%.

**Emergency admissions for transport related injuries, persons 0-24 years old, by mode of travel at time of accident 2013/14 - 2017/18**
In the 0-24 age group, 67% of admissions were for males. In younger age groups this disparity was less pronounced, with males accounting for 58% of admissions in 0-4 year olds and 51% in 5-9 year olds. However, in 10-14 year olds the gap was widest, with males accounting for 73% of admissions. In 15-19 and 20-24, males represented 70% of admissions.

Looking at those age 0-24 years, and across the county districts (Table 3) it is notable that:

- Across Suffolk, 22% of emergency admissions for RTC in this age group are for those age under 10. However, in Ipswich this is 30%, whereas in Suffolk Coastal this is only 7%. The lack of significant difference in the rates of injury suggests that this difference is due to different demographic make-up of the different areas.

- Across Suffolk, and in most districts, the most accidents in those under 24 are accounted for by those age 15-19, however in Forest Heath 44% of emergency admissions for accidents are for those age 20-24.

<table>
<thead>
<tr>
<th>Area</th>
<th>0-4</th>
<th>5-9</th>
<th>10-14</th>
<th>15-19</th>
<th>20-24</th>
</tr>
</thead>
<tbody>
<tr>
<td>Suffolk overall</td>
<td>8</td>
<td>14</td>
<td>19</td>
<td>31</td>
<td>29</td>
</tr>
<tr>
<td>Babergh County District</td>
<td>0</td>
<td>18</td>
<td>16</td>
<td>39</td>
<td>25</td>
</tr>
<tr>
<td>Forest Heath County District</td>
<td>5</td>
<td>14</td>
<td>13</td>
<td>25</td>
<td>44</td>
</tr>
<tr>
<td>Ipswich County District</td>
<td>13</td>
<td>17</td>
<td>15</td>
<td>28</td>
<td>27</td>
</tr>
<tr>
<td>Mid Suffolk County District</td>
<td>6</td>
<td>18</td>
<td>15</td>
<td>34</td>
<td>28</td>
</tr>
<tr>
<td>St Edmundsbury County District</td>
<td>6</td>
<td>8</td>
<td>23</td>
<td>33</td>
<td>31</td>
</tr>
<tr>
<td>Suffolk Coastal County District</td>
<td>3</td>
<td>4</td>
<td>12</td>
<td>17</td>
<td>16</td>
</tr>
<tr>
<td>Waveney County District</td>
<td>8</td>
<td>14</td>
<td>19</td>
<td>31</td>
<td>29</td>
</tr>
</tbody>
</table>

The rate of emergency admissions for road transport collisions is 90.3 per 100,000 residents (95% CI 87.3 – 93.4) of all ages across all Suffolk. In Waveney, the rate is significantly better than the Suffolk average at 74.1 per 100,000 (95% CI 67.3 – 81.4). In Forest Heath, the rate is significantly worse at 140.4 per 100,000 residents (95% CI 127.6 – 154.1). Other districts are not statistically significantly different from Suffolk average.
Amongst those aged 24 and under, the rate of emergency admission is 98.3 per 100,000 residents in that age group across all Suffolk (95% CI 92.3 – 104.5). The rate in St Edmundsbury is significantly better than the Suffolk average at 77.0 (95% CI 63.9 – 92.1), none of the others are significantly different to Suffolk.

**Rate of emergency admissions for transport related injuries, persons 0-24 years old, by location, 2013/14 - 2017/18**

- **All Suffolk**
- **Waveney**
- **Suffolk Coastal**
- **St Edmundsbury**
- **Mid Suffolk**
- **Ipswich**
- **Forest Heath**
- **Babergh**

### Babergh
- In Babergh County District in the five-year period there were 391 emergency hospital admissions for transport related injuries
- 60% of these were for males
- 10% were those aged 0–14 years
- 33% of admissions were for car occupants, with 18% of admissions for pedal cyclists
- Pedestrians were 8%

### Forest Heath
- In Forest Heath District in the five-year period there were 442 emergency hospital admissions for transport related injuries
- 62% of these were for males
- 8% were those aged 0–14 years
- 34% of admissions were for ‘other transport accidents’, with car occupants making up 24% and pedal cyclists 15%
- Pedestrians were 8%

### Ipswich County
- In Ipswich County District in the five-year period there were 568 emergency hospital admissions for transport related injuries
- 71% of these were for males
- 16% were those aged 0–14 years
- 29% of admissions were pedal cyclists, with car occupants accounting for 20%
- Pedestrians were 17%

### Mid Suffolk
- In Mid Suffolk District in the five-year period there were 491 emergency hospital admissions for transport related injuries
- 59% of these were for males
- 12% were those aged 0–14 years
- 29% of admissions were car occupants, with pedal cyclists accounting for 21%
- Pedestrians were 6%
**St Edmundsbury**
- In St Edmundsbury District in the five-year period there were 487 emergency hospital admissions for transport related injuries
- 63% of these were for males
- 9% were those aged 0-14 years
- 29% of admissions were car occupants, with pedal cyclists accounting for 22%
- Pedestrians were 11%

**Suffolk Coastal**
- In Suffolk Coastal District in the five-year period there were 560 emergency hospital admissions for transport related injuries
- 63% of these were for males
- 13% were those aged 0-14 years
- 29% of admissions were pedal cyclists, with car occupants accounting for 26%
- Pedestrians were 9%

**Waveney**
- In Waveney District in the five-year period there were 433 emergency hospital admissions for transport related injuries
- 65% of these were for males
- 15% were those aged 0-14 years
- 31% of admissions were pedal cyclists, with car occupants accounting for 22%
- Pedestrians were 11%
Appendix C

Suffolk Highways Annual Delivery Report 2018/19

**Reactive and Cyclical Works**
- **Reactive Works**
  - 2,341 reactive works
  - Attended – 26,896
  - Responded to and managed
  - 19,127 reactive works
  - 5,063 reactive works
- **Bridges**
  - 14,048 bridges
- **Street Lighting**
  - 1,239 street lighting incidents
- **Cycles Works**
  - 6,896 miles
  - 4,705 miles
  - 74,061
- **Winter**
  - 77
  - 87,000 miles
  - 10,500
- **Condition Surveys**
  - 6,278 miles
- **Safety Inspections and Customer Service Reports**
  - 22,729
  - 33,000 customer reports

**Capital Maintenance Schemes**
- **Carriageways**
  - Surface Dressing
    - 370+ sites covering 254 miles
  - Resurfacing
    - 20 miles
- **Footways**
  - 69 schemes
  - 6 miles
- **Drainage**
  - 52 schemes have been delivered to improve drainage
  - Of those 8 were schemes where there was a risk of properties flooding
- **Structures**
  - 12 schemes
  - 1,000 inspections carried out
  - 1,625 new columns have been delivered
  - 5 traffic signal sites renewed

**Major Schemes**
- **Completion of Rural Routes**
  - Ipswich
  - Completion of Felixstowe
  - Lowestoft 3rd crossing
  - Design support delivered through supply chain
  - Design and implementation support through supply chain
- **Bury St. Edmunds**
  - Completion of Tayfen Triangle
  - Foxhall Road
  - Felixstowe Road junction and cycleway improvements
  - Completion of Radial Routes
  - Eye Airfield Roundabouts – Development Scheme
  - Coastal Community Fund
  - Design support for St. Peter’s Dock

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*Follow us @suff_highways*  
*report a fault: highwaysreporting.suffolk.gov.uk*  
*what’s happening in my area?*  
*[https://roadworks.org](https://roadworks.org)*
Appendix D

Tackling Speeding in Suffolk

Total offences in Suffolk 2018: 39,463

Police & Safecam Teams

Suffolk Police carry out enforcement where there is an evidence of collision history or a substantiated complaint about speeding.

Police Officers issued speeding tickets: 2,413 offences.

Fixed camera sites: A140 Coddenham, A12 Benhall.

Av speed sites: A14 Orwell Bridge, A12 Benwell Bridge, A12 (East Bergholt - Stratford St Mary).

Speed Awareness Course

Course runs in Ipswich, BSE and Lowestoft, 6 days a week.

Clients attended speed awareness courses: 19,867.

Police Community Speedwatch (CSW)

There are now over 200 Parish Councils that have joined the SID schemes. Parish/Town Councils can purchase their own SID with volunteers moving it.

2018 Community Enforcement Officers: 4

Total offences in Suffolk 2018: 39,463

Speed Indicator Device (SID)

SIDs display the actual vehicle speed.

Av speed sites: 16,273 offences.

Temporary Vehicle Activated Sign (TVAS)

Temporary VAS (TVAS) display the posted speed limit.

Suffolk Highways move devices to 100+ sites.

10 Community Enforcement Officers: 10,158 offences.

200 Parish Councils that have joined the SID schemes.

To find out more about our strategy and how you can help visit "speed prevention in communities" section at www.suffolkroadsafe.com