Northern Ireland Assembly

Committee for Regional Development

OFFICIAL REPORT (Hansard)

Road Traffic (Speed Limits) Bill: Institute of Public Health in Ireland

17 June 2015

NORTHERN IRELAND ASSEMBLY

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Members present for all or part of the proceedings:
Mr Trevor Clarke (Chairperson)
Mr Seán Lynch (Deputy Chairperson)
Mr John Dallat
Mr Alex Easton
Mr Chris Lyttle
Mr David McNarry
Mr Cathal Ó hOisín

Witnesses:

Dr Elizabeth Mitchell	Institute of Public Health in Ireland
Dr Joanna Purdy	Institute of Public Health in Ireland

The Chairperson (Mr Clarke): I welcome Dr Joanna Purdy and Dr Elizabeth Mitchell. I do not know who is leading off.

Dr Elizabeth Mitchell (Institute of Public Health in Ireland): Good morning. I will lead off, Chairman, and Joanna will make the bulk of the presentation. Thank you for the invitation to present evidence on the Bill. I am director of development and capacity building in the institute, and my colleague Joanna Purdy is the public health development officer. The Institute of Public Health in Ireland promotes cooperation for public health between Northern Ireland and the Republic of Ireland in the areas of research, information, capacity building and policy advice. Following our written evidence submission, today we would like to highlight the key public health benefits of 20 mph speed restrictions and some of the evidence to support the introduction of the proposed Bill.

I hand over to my colleague Joanna to make our oral presentation.

Dr Joanna Purdy (The Institute of Public Health in Ireland): Good morning, Chair and members. At the outset, we say that we welcome and support the proposed legislation. We believe that the Bill will also contribute to the implementation of Making Life Better, the cross-departmental public health framework.

Based on evidence from the UK and Europe, lowering speed limits to 20 mph has been shown to reduce road traffic collisions; reduce the frequency and severity of injuries; reduce the number of fatalities, particularly among older people and children; and offer protection to children at higher risk of injury and fatality, particularly those living in disadvantaged communities. The evidence presented today will draw on findings from studies where both 20 mph speed limits and zones have been implemented. We believe that the evidence for the implementation of 20 mph speed limits in residential areas will bring about a reduction in road traffic collisions, injuries and fatalities.

A recent review of the effects of 20 mph zones and limits concluded that there was convincing evidence of the effectiveness of those measures in reducing accidents, injuries, traffic speed and volume as well as improving the perception of safety. A UK study examining 20 mph speed zones in 200 small residential areas found that, on average, speed reduced from 25 mph to 16 mph, resulting in about a 6% reduction in accidents for every 1 mph reduction in speed. This, in turn, equated to a 61% reduction in total injuries and a 70% reduction in child pedestrian injuries. European studies have reported similar effects, with reductions in traffic speed and volume as well as sustained reductions in injuries.

A speed limit of 20 mph slows traffic down sufficiently to adapt to the presence of pedestrians and other road users. We know that a person is seven times more likely to survive if hit by a car travelling at 20 mph rather than 30 mph. When we think about children in particular, it is important to remember that their eyes and brains are not yet mature enough to be able to judge speeds over 20 mph, therefore making it more hazardous for them when crossing the road. In Northern Ireland, between January 1999 and March 2000, almost all pedestrian casualties among children aged nought-to-four and around nine out of 10 pedestrian casualties among young people aged 12 to 15 occurred in areas with 30 mph speed limits. Older pedestrians are also particularly vulnerable. Even in moderate collisions, this group is at greater risk of fatality or serious injury. In fact, there is a 47% risk of fatality at 30 mph for older pedestrians.

We know that there are significant inequalities in child injury and fatality. Children living in the most deprived areas of Northern Ireland are almost five times more likely to be injured as a pedestrian in a road collision compared with those living in the most affluent areas. Another study found that children living in the most deprived areas of north and west Belfast were over three times more likely to be involved in a road traffic collision. The enactment of the Bill would thus help to reduce those health inequalities experienced among the disadvantaged communities as a result of road traffic accidents.

We believe that the proposed legislation will make it potentially easier for drivers to comply with the speed limits by adopting a consistent and simplified approach. Pilot schemes in Portsmouth and Edinburgh reported greater compliance with 20 mph speed limits where the average speed was already around 24 mph. We know that there are already over 500 20 mph speed zones with physical traffic-calming measures in operation across Northern Ireland. We contend that the roll-out of the 20 mph speed limits will support drivers in modifying their behaviour where the speed zones have already been in operation and drivers are already driving at lower speeds.

In 2013, the total cost of all reported road accidents and casualties in Great Britain was estimated to be almost £15 billion. Those costs include loss of productivity due to injury; the human cost of casualties; medical, police, insurance and administration costs; as well as damage to property. The cost of child road casualties in Northern Ireland over the five years from 2003 to 2008 was estimated at £50 million a year.

Slowing traffic down makes residential streets more conducive to human interaction. Social networks are important for physical health and mental well-being, but high volumes of traffic can have a negative impact on those opportunities for social interaction. A recent study in Bristol found that those who lived on a busy street had one quarter fewer friends than those who lived on a street with light traffic. Residential streets are typically where children play and where they meet their friends. They learn to ride a bicycle, and they cross the road to get to a friend's house or to a play area. Parents who perceive their streets to be safer places are more likely to let their children play outdoors. Maximising those opportunities for play and active travel will also help to redress the current trend towards sedentary lifestyles.

Following the introduction of a 20 mph speed limit in Edinburgh, the proportion of older primary-school children who were allowed to play unsupervised outside their home, on the pavement or on the street, increased from 31% to 66%. When we consider the vision of the policy statement on play and leisure and the A Fitter Future For All strategy, the Bill could make an important contribution to increasing outdoor play and physical activity among children.

We believe that 20 mph speed limits will also enhance the environment for active travel. Short journeys are more suited to active travel. Currently, over half of these journeys are taken by car, 43% on foot and less than 1% by bicycle. We recognise, however, that the fear of injury can put people off walking and cycling. Creating safer roads will, therefore, help to encourage active travel. The Bill has the potential to give support to the successful implementation of the active travel strategy and the forthcoming bicycle strategy. As well as health benefits, environments suitable for walking and cycling

are also good for local economic development and property values. Safe roads can lead to increased use of local shops and businesses, contributing to greater economic activity in communities.

It will also be important to consider the effect of the 20 mph speed limits on air and noise pollution. By taking account of current road traffic speeds and conditions, as well as any increases in walking and cycling, it may be possible to ascertain the impact of 20 mph speed limits on noise and air pollution. However, we recognise that this is a complex area and that the evidence on the impact of lower speed limits on pollution remains unclear.

We support the proposal in the Bill for a public information campaign to increase public awareness of any proposed changes in speed limits. In the Republic of Ireland, there has been a public awareness strategy to alert citizens of the move towards slow zones, which give local authorities the power to introduce 30 kph speed limits in residential areas. The roll-out of slow zones, coupled with the potential introduction of 20 mph speed limits in Northern Ireland, will help to reinforce these lower speed limits across both jurisdictions and, in turn, help to achieve greater compliance, particularly for cross-border travellers.

In conclusion, we foresee a number of public health benefits arising from 20 mph speed limits. These include making streets safer and more liveable places for children to play in and more conducive to community and neighbour interaction, increasing the appeal and safety of the environment for walking and cycling, supporting drivers in modifying their driving behaviour and, ultimately, reducing injuries and saving lives.

The Chairperson (Mr Clarke): Thank you for that presentation. I will open the session to the Floor. I know that one member wants to ask a question that I was going to ask, so I will leave that one for him.

Mr Lynch: Go ahead; I have another one.

The Chairperson (Mr Clarke): No, you are OK.

I am intrigued by a few things that you said in your presentation, Joanna. I am interested in figures sometimes, but I am not very good at them, according to the Department, because I disagree with its budget figures. You mentioned a figure of £15 billion in the UK. Has any cost analysis been done on what the figures might be reduced to, per head of population, in areas where the 20 mph speed limits are introduced? There are bound to be figures for that.

Dr Purdy: There has been evidence from studies in London that suggest that 20 mph speed limits are bringing about a savings of £20 million a year.

The Chairperson (Mr Clarke): In those areas?

Dr Purdy: Yes.

The Chairperson (Mr Clarke): I apologise; I sniggered to myself when you said it. I grew up in a social housing development where the speed limit was 30 mph. I was having a little laugh with Gavin, because, according to those statistics, I would have had a quarter fewer friends than I should have had. Joanne, if I had had any more friends, I would not have had time to play with them all. Sometimes we need to be careful with statistics.

I am not entirely negative about all of this, but we all have a role to play in how we behave and our attitudes to driving. Unfortunately, many of the accidents that we see are down to people's actions as opposed to not complying with limits. What is your view on a voluntary code? I will ask you a straight question: if you live in a residential area, do you drive at 20 mph voluntarily?

Dr Purdy: I do.

The Chairperson (Mr Clarke): Seriously?

Dr Purdy: Yes.

The Chairperson (Mr Clarke): OK.

Dr Purdy: The reason is that I had a collision with my next-door neighbour. It involved two vehicles, but no was injured. I am glad that no one was injured, but I learned the personal lesson about the impact that that could have had. That collision was at 20 mph — a low-speed collision — so I was very aware, on the basis of personal experience, of what could have happened. I have two children of primary-school age, so I am very conscious of the absolute importance of keeping speeds below 20 mph for their safety. I want them to be able to go out and play with their friends and to ride their bicycles. We do not have enough space in our back garden to ride a bicycle, so I want them to be able to do those activities safely, and a 20-mph limit would allow that.

The Chairperson (Mr Clarke): I appreciate your honesty. As I said, I grew up on a social housing estate. I was one of four children, and the estate was our backyard. We all played there. I have three children and live in the countryside, and none of my children is streetwise. The point that I am trying to get to is that there is a role for parents in all of this. We do not educate our children about roads, whether the limit is 20 mph, 30mph, 40 mph, 50 mph or 60 mph. To a degree, I have failed as a parent, because it is difficult for me as someone who lives in the countryside to educate them. When I was younger, we lived in a residential area, and that was the only place that we had to play in. You certainly could not have ridden your bicycle in Housing Executive backyards, because they were very small. Therefore, there is education needed, not from a public health perspective but from the perspective of being responsible parents and schools. Whether the limit is 20 mph, 30 mph or otherwise, more education is needed.

I suppose that I should congratulate the Department for its Active School Travel programme and stuff like that. I am sceptical about whether people will adjust to a 20-mph limit. No one has convinced us about enforcement. Each of us here will be lobbied by constituents in particular residential areas who are concerned about speed. Our enforcement agencies will not come in, because the statistics are not high enough to warrant their resource. Reducing the limit to 20 mph will not necessarily have an impact unless we get driver habits to change. I do not know whether you agree or disagree with that.

Dr Mitchell: Some important points were made earlier by members about the smoke-free legislation and the smoking ban. We have learnt from other public health campaigns in the past that the solution cannot be a single measure. You are absolutely right that a raft of measures, including education, parental attitudes and parental support, is needed. It is about changing the culture and public attitude across the piece when we want to try to make some of those changes in behaviour, because changing behaviour is difficult. This is one measure that would help to create that culture and environment in which our streets will be safer for children. The other big change from when you were young or when I was young —

The Chairperson (Mr Clarke): Are you saying that I am not still young? *[Laughter.]*

Dr Mitchell: You are obviously a lot younger than I am.

In those days, there was less traffic. Now, there is much more congestion, and we all suffer from the impact of that on our environment.

The Chairperson (Mr Clarke): That is a fair point. Houses then were designed for one car, and now they cannot hold three.

Mr Lynch: Thanks for the presentation. In your evidence, you talked about inequalities in the number of accidents and fatalities in disadvantaged areas, and you mentioned west Belfast. You identified children in disadvantaged areas as being five times more likely to be injured. Does that not mean that it would be better to have a targeted rather than blanket roll-out of 20-mph zones? You identified areas that have a high rate of accidents, so having a targeted roll-out in the Bill might be better than having a blanket roll-out. I am not saying that I am against the Bill. I live in an area where there are 20-mph zones, and it took 10 years to get those. There are traffic-calming measures, and that is why I ask the question.

Dr Purdy: That is a very good point. Thank you for your question. There are communities that are very articulate and empowered that are able to lobby for 20-mph speed limits or zones in their area. We know that, in areas of high deprivation and social housing, there has been a real emphasis put on installing physical traffic-calming measures to reduce speeds.

I suggest to you that there are communities that do not feel as empowered, are not as skilled or do not have the capacity to lobby for 20-mph speed limits in their area. For that reason, the legislation brings

with it equality, meaning that all communities will be captured and treated fairly and equally by the blanket approach to having 20-mph speed limits.

Mr Lynch: Quite often, communities ask people such as us — representatives — to argue for 20-mph limits and traffic-calming measures. There were no accidents where I live, and it took 10 years to get the measures in place. You have to drive at 20 mph; otherwise, you destroy your car. If you have the ones that go across the road, you cannot avoid them.

The Chairperson (Mr Clarke): Seán, I think that the idea is that you are not supposed to avoid them. *[Laughter.]*

Mr Lynch: Sometimes I am like you and am late. *[Laughter.]*

The Chairperson (Mr Clarke): I will get you back for that one.

Mr Ó hOisín: The Bill's policy objective is to reduce fatalities. Some 80% of all road fatalities in this part of the world happen in areas that will not be affected by the Bill. That is the case. How then can the Bill in its current form address fatalities effectively?

Dr Mitchell: I will come in there. You make very important points. The legislation should not be a measure in isolation from other measures to reduce fatalities on our roads. That is very important, particularly for rural areas and arterial roads.

We argue that we should take a much wider view of the potential health impacts of the Bill rather than be just concerned with reducing fatalities. We have heard that 20-mph limits and zones can contribute to many other aspects of health, by promoting active travel, making our streets safer and decreasing social isolation. There are many other benefits. I urge any evaluation that is done not to focus narrowly on fatalities and collisions but to look at the wider picture of the benefits that the legislation could bring.

Mr Ó hOisín: I appreciate that. We are all lobbied for traffic-calming measures, speed reductions and everything else, but I know of a case in which there were two fatalities — I do not want to specify it — and there was then a clamour for traffic-calming measures. They were put in, and, immediately, the people who lived there wanted them taken out again. There was a whole campaign, and, in one case, they were removed.

I do not know how the blanket approach could work. I certainly agree with a site-specific and case-specific use, and that is what we are mostly lobbied on. In my village, there are three schools beside one another, yet they do no fulfil the criteria based on numbers or accident records to have traffic-calming measures installed. I am not sure how a blanket approach can be taken in practical terms.

Dr Mitchell: That is an example in which a blanket approach would help, if you apply it to zones of schools and things. You said that physical calming measures often become unpopular with residents. What is being proposed here is more around signage and making 20 mph the norm rather than the exception in areas. We have seen from other areas where it has been introduced that it is a popular measure compared with the engineering measures.

Dr Purdy: I will pick up on two points. Liz made the point about the blanket approach, and Rod earlier made the point about changes in driver attitude to achieve the behavioural change, which is so important. We have seen that, as you rightly highlighted, with seat belts and smoke-free legislation. Changing driver behaviour is hugely important. It can be achieved only by very effective public information and public awareness campaigns. We have seen success around drink-driving and speeding campaigns.

As you will be aware, the schemes were rolled out in London initially as physical measures, which are often controversial. The move in London is now towards the signage-only 20-mph speed limits, because of the costs of limitation and because, with enforcement as a partial solution and changes in driver attitudes, greater success is being seen as a result.

To pick up on your point about where the majority of the accidents occur being outside the remit of the Bill, it is important to remember that, if we look at the figures for Northern Ireland — they date back a number of years, but the most recent analysis was conducted around the number of child pedestrian

casualties in 30-mph zones — we will see that children and older people are the most vulnerable groups in the 30-mph areas that we would like to see having 20-mph limits.

Mr Ó hOisín: The children aspect is the one that exercises most people a lot. There is best practice elsewhere. As a precursor to any legislation, perhaps it would come as standard that the flashing signage around schools be across the board. You could look at the American idea of not being able to pass a school bus when it is sitting parked. All those types of things might add to the Bill. Would pilot schemes not be more preferable in the short term?

Dr Purdy: I understand that there have been a number of pilot schemes around schools. It seems to be quite difficult to get some of the findings —

Mr Ó hOisín: It is not standard.

Dr Purdy: — from the evaluations, but I know that some schemes have been rolled out. It would be interesting to look at the outcomes of the five pilots that have been instigated. There have been some objections to some pilots, and, as a result, they are not under way just yet. Without knowing the detail, I cannot really comment on the specifics of whether they include areas that have schools in the locality. It would be interesting to look at those pilot areas to see whether schools are included in them.

Dr Mitchell: I certainly agree that it is important to look at a range of measures and to try to intervene in a number of ways to achieve the same aim. We are not against what you say, but we feel that the Bill would be an important part of trying to achieve the overall change.

Mr Dallat: I take it that you are both doctors of medicine.

Dr Purdy: I am not, but Liz is.

Dr Mitchell: I am; Joanna has a PhD.

Dr Purdy: She is the real doctor.

Mr Dallat: I am not creating a hierarchy, but I was keen to know whether at least one of you is. You will have seen the tragedy of road accidents. I am not in A&E very often, but, on the couple of occasions that I have been, I have seen it. The thought occurs to me that something needs to be done. Indeed, I give great credit to those members of the medical profession who have taken part in the road safety television ads. When you see the message coming from the people whose experience it is day and daily, you realise that, as political representatives, we have an enormous responsibility to focus attention on road accidents.

I want to ask you about two points from your earlier evidence to make sure that we have your response on record. What is the impact on the severity of injuries for every mile per hour that a vehicle drops in speed?

Dr Purdy: I refer to the UK study on the implementation of 20-mph speed zones in 200 small residential areas. In that case, there was a 6·2% reduction in accidents for every 1-mph reduction in speed, equating to a 61% reduction in total injuries and a 70% reduction in child pedestrian injuries. In the Netherlands, it was found that, where speed restrictions of 30 km/h were in place, the result of 85% of the traffic travelling at a mean speed of less than 30 km/h was a 15% to 30% reduction in traffic volume, leading to a 25% reduction in injuries. That was sustained over a 15-year period. That is also an important element to consider in this debate.

Mr Dallat: Chairperson, I think that it is important that all MLAs receive those startling figures, which give great encouragement to those of us who want to justify a 20-mph limit.

The second issue, which came up much later in your evidence, concerned communities that are not empowered and that perhaps do not have the confidence or know-how to organise successful campaigns to reduce speed in their area. Am I right in assuming that the Bill would give voice to the unheard — the people who suffer the tragedies, perhaps with little public attention, but do not really have the empowerment to do anything?

Dr Purdy: I believe that it would, and I agree with your point about it giving a voice to those communities and helping to reduce inequalities that might exist.

Mr Dallat: Chairperson, it is important, when we consider the Bill, that we bear those people in mind, because all of us know that campaigns for road safety very often — I choose my words carefully — emanate from areas where people are homeowners and awareness of road safety may be higher. Those are the two points that I was influenced by, and I sincerely hope that your presence here today helps. If we could have more information on the massive reduction in serious injuries or potential deaths that results from every mile-per-hour reduction in speed, that would be much appreciated.

The Chairperson (Mr Clarke): Those figures would be interesting, but I want to put it on record — I am not trying to correct you, John — that the communities will not get a voice, because the Bill will be implemented. The communities will not get a say, whereas in the areas where there has been a campaign, it is community-driven. The Bill in its current form will be put upon communities whether they want it or not.

Mr Dallat: Chairperson, I am glad that you corrected me. You do that quite often, and quite rightly. The Bill in itself will give them the voice.

The Chairperson (Mr Clarke): Only if they accept its outworkings.

Mr Dallat: A substantial section of people who, I suspect, are largely affected by death and serious injury on the roads will have their voice heard in the Bill.

The Chairperson (Mr Clarke): Before I bring in David, I will respond to that. You have been here much longer than most of us, John, but, in all my time as an MLA, I have never had my door knocked down by anybody trying to introduce a Bill that says that 20 is plenty for Northern Ireland. There are people in particular areas who are calling for traffic-calming measures, but it is not the issue that has come to my office door the most in eight years.

Mr Dallat: Chairperson, you are absolutely right. You are helping me make my point. You mentioned your age earlier: you are much younger than me.

The Chairperson (Mr Clarke): Much, much younger.

Mr Dallat: When I was first introduced to television and the cinema, it was saturated with ads for smoking, and all the actors and actresses were puffing. Anybody who goes up to the hospitals in Belfast knows what happened there.

The Chairperson (Mr Clarke): David, this is not because of the talk about smoking. You were next anyway.

Mr McNarry: I am certainly not puffing along here. What is happening is very unfortunate, as there seems to be competition between the Bill's sponsor and the departmental officials. It seems to be that one is trying to outshine the other, and I do not think that is coming from the sponsor, Mr Ramsey. I think that, because the Bill is a live issue, we are now having this debate, and I think that the debate is very helpful and useful. I support the Bill and trust that the communities will be involved, although I take your point, Chair, about that happening only when it becomes a Bill. They have to be involved before then. Having said that, I have to say something about main roads. If the police are not listening, the one that I use most days coming here has a 30-mph limit. I find that I cannot do 30 mph on it. That is too slow, and there are dangers with that as well. If I do 30 mph, people are going to come right up my back end and hit me, because nobody does 30 mph on it, and we are all breaking the law. There is something to be done there.

I agree with the 20-mph limit when you are entering areas. On entry is particularly where the message has to be given. I have seen it in Scotland, where you are given better warnings. Signs tell you that, down the road, you are going to hit a speed limit. Too often, on our roads, we are probably breaking the speed limit anyhow, but, too often, we come straight into a speed limit zone and are not prepared for it, and, by the time we are in it, we are still doing 40 mph. There is something to be said on that.

There is just one question that I have to ask. The debate also seems to be focusing on signage and engineering costs and on the Department's preference, so far anyhow, for engineering costs, even

though it cannot put some humps the right way around in certain places. Do you believe that there is there a compromise position between achieving the same ends with signage or engineering, or are we going to be forced to accept that engineering is the one-size-fits-all success?

Dr Mitchell: I think that Joanna made an important point that some other cities across the UK are moving away from the physical traffic-calming measures in favour of signage. Therefore, it is important to keep an eye on this debate and on what is happening in other places as evidence emerges, because, clearly, the situation is not static. There are changes happening all the time, and, as more places implement the 20-mph limit, we will have more evidence to look at.

I was a bit concerned to hear in the Department's evidence that it may be a number of years before it takes measures on the issue. That gives me some concern. There is enough evidence at the moment to move forward on this. I do not think that it has to be a blanket either/or, but we should learn from elsewhere. If signage is becoming the preferred option, perhaps we should learn from that.

Mr McNarry: I do not know whether you were in earlier, but, once again, we were told that the Department is bust and broke as far as repairing roads, making sure that pipes do not freeze and ensuring that buses and trains run on time etc are concerned. How far up the list of priorities do you believe that the public perceive this to be? If you asked me whether I wanted to make sure that the safety of my constituents was better guaranteed by the use of money this winter or by putting up 20 mph signs, I know which one I would go for, with all due respect. How far up the ladder of priorities do you see this? The Bill will not make a matter of difference to the implementation. That is the weakness of the argument. If we are really talking about children's, elderly people's or anyone's lives being in jeopardy, that is what we should be talking about, rather than some battle about whether there are humps, signs or whatever. That is key to the budgetary situation that we find ourselves in today and which we will not get out of tomorrow.

Dr Mitchell: Your point that we should be looking at the positive health outcomes that different measures can produce is very well made. We should be looking at that very important aspect across all policies that we implement and in how we allocate our budget. There is, perhaps, a tendency to look at budgets from a silo as opposed to looking at the overall impact of different Departments' spending on Northern Ireland as a whole. I think that many of the savings from this kind of measure will not necessarily fall to DRD but to Northern Ireland as a whole.

Mr McNarry: The Ministers will ask you what they keep asking us: where will you get the money from? Where will you take it from to put it into this? It is rather unfair of me to ask, but I would love to hear the answer, to be honest.

Dr Mitchell: I wish that I had the answer for you, but, like the Committee, I would need to know a bit more about the Department's budget before I could even attempt to answer it.

Mr McNarry: Wouldn't we all?

Dr Mitchell: Health and preventing death, disability and serious injury should be considerations across policy areas, not just for the Health Department.

The Chairperson (Mr Clarke): On the back of that, Elizabeth, from the health perspective, would you volunteer to give up some money for this? Would you take a cut in your public health funding?

Dr Mitchell: I believe that there already has been a cut to public health.

The Chairperson (Mr Clarke): There has been a cut everywhere, but would you take a further cut?

Dr Mitchell: You would have to weigh that against the potential impact on public health.

The Chairperson (Mr Clarke): So, that is a yes.

Dr Mitchell: No, I think that you would have to look at where you would do the most harm to the public's overall health.

Mr McNarry: Chair, will you take a cut to your Chairman's pay to help, too, then?

The Chairperson (Mr Clarke): Yes.

Mr McNarry: There you go.

The Chairperson (Mr Clarke): If there was *[Inaudible.]*

Dr Mitchell: We could all ask those questions, but we have to look at the overall picture.

The Chairperson (Mr Clarke): We have to approach it realistically as well. David raises a good point. You are both part of a Department receiving public moneys —

Dr Mitchell: We receive money from the Department in the South, from Dublin, and the Department here.

The Chairperson (Mr Clarke): The point that I am trying to make is that, outside this forum, everyone is coming to us and saying, "Save our budget. Save our budget. Save our budget". You make some very valid points, and no one dismisses any of those. We all are aware that we need to do more to reduce deaths, serious injuries and any type of collision, but, living in the real world, there is a cost to all of that. David asks you to put a high-level figure on where you would categorise that, but I am asking whether you would be willing to give up some of your budget to help to fund projects such as this.

Dr Mitchell: We heard from Mr King that directors of public health across the UK have given money towards particular aspects of this. I am sure that that could be considered. That said, I am not the budget controller, so I cannot really answer for that.

The Chairperson (Mr Clarke): It may be an unfair question.

Dr Mitchell: However, if we look elsewhere, we see that they have put their money where their mouth is.

The Chairperson (Mr Clarke): Yes, and I think that that is important: your phrase sums it up.

Mr Lyttle: I fully support the principle of a 20 mph speed limit. I think that it will reduce speed, save lives and create a safer streetscape for a number of reasons. Have you any specific recommendations on how best to roll out such a scheme in Northern Ireland?

Dr Mitchell: Engagement with stakeholders and local communities is very important. Public information campaigns should be a part of this, as we heard that it has been in other areas. It should not be introduced without community engagement and awareness raising. Those are important aspects that need to be factored into the overall cost of this. That is, perhaps, where some of the directors of public health in England have contributed to the funding: public awareness raising and engagement.

The Chairperson (Mr Clarke): Thank you, Joanna and Elizabeth. It has been very enlightening.