13 March 2024

Dear

Request for Information – ATISN 20200

Thank you for your request for information dated 12 February 2024.

Your request:

I understand (from The UK Statistics Authority) that in September 2023, the Welsh Government's statisticians provided advice to the Welsh Government to make clear in its use of the figure that the estimated savings are broader than savings to the NHS alone.

Please may I have a copy of the wording/advice, the date the advice was given and exactly who the advice was given to.

Our Response:

The information requested can be seen at Annex A below.

Next steps

If you are dissatisfied with the Welsh Government's handling of your request, you can ask for an internal review within 40 working days of the date of this response. Requests for an internal review should be addressed to the Welsh Government's Freedom of Information Officer at:

Information Rights Unit,
Welsh Government,
Cathays Park,
Cardiff,
CF10 3NQ

or Email: Freedom.ofinformation@gov.wales

Please remember to quote the ATISN reference number above.

You also have the right to complain to the Information Commissioner. The Information Commissioner can be contacted at: Information Commissioner's Office,
Wycliffe House,
Water Lane,
Wilmslow,
Cheshire,
SK9 5AF.

However, please note that the Commissioner will not normally investigate a complaint until it has been through our own internal review process.

Yours sincerely

ANNEX A

From: Howarth, Stephanie (COOG - DDAT - KAS - Statistical Services)
Sent: Thursday, September 21, 2023 1:23 PM
To: Jenkins, Simon (COOG - Communications - News)
Cc: Mason, Toby (COOG - Communications)
Subject: RE: URGENT - HEALTH OQS - 20mph

A couple of colleagues and I have quickly reviewed the papers this information comes from (the 2022 Napier paper and an abstract of the 2017 paper)

- The 2022 Napier paper is an update to the prevention costs component of the 2017 paper. It uses more recent casualty figures from 2017-19, whereas the 2017 paper used 2011 data. It also uses a slightly more conversative assumption on casualty prevention – 40%, compared to 42% in the 2017 paper. (Might be worth noting we haven't been able to exactly match the slight/severe casualty data with our own figures, but they are in the right ballpark and unlikely to affect the overall conclusion.)
- The methods seem reasonable, although there are elements we haven't been able to check in the time available, most notably on the value of prevention. However the 2022 paper notes this is based on an established Dept for Transport method so it seems reasonable to use that.
- The paper estimates "the casualty savings of 20mph, in the first year alone, to be just over £92M". Casualty savings are considered as "reductions in costs to society, also known as the value of prevention". The scope of this is not entirely clear, but examples noted in the paper include "not having to pay for the multiple costs attendant with road traffic crashes, hospital care and any longer term care, nor the loss of earnings from premature deaths and injuries." So it is wider in scope than savings to the NHS alone.
- The paper says that casualty savings in the first year are three times the implementation costs (£92m vs £32m). This refers to *direct financial costs* of implementation to government, as sourced from the explanatory memorandum. I don't know enough about the costs of implementation to know if there are further costs that should be included here, so would advise caution on making this comparison unless others who know more about this are content (e.g. colleagues involved in implementation, economists).
- There is nothing in the 2022 paper about air pollution. This comes from the 2017 paper alone. The 2017 paper estimates that NO2 deaths may increase by 63 and PM2.5 deaths may decrease by 117. So there is an estimated net decrease in deaths for these two pollutants. As we've only been able to access the abstract so far, we haven't been able to look into more detail on this topic.

So overall, it is reasonable to use the £92m savings figure, but noting that this is broader than savings to the NHS alone. And that while there may be an increase in deaths from one air pollutant, deaths from another pollutant are estimated to decrease by a larger amount.