Active Travel Social Prescribing Feasibility Study

1. Project Overview

1. Please provide us with the details of your project key contact. *

Local Authority name	Nottingham City Council
Key contact name	Jennie Maybury
Key contact email address	jennie.maybury@nottinghamcity.gov.uk
Key contact phone number	0115 8763946

2. Please provide the names of relevant leaders who have signed off the project. *

Local Authority lead	Sajeeda Rose, Corporate Director, Growth and City Development, Nottingham City Council
Public Health / PCN lead	Lucy Hubber, Director of Public Health, Nottingham City Council and Dr Hugh Porter, Clinical Director Nottingham City Place-based Partnership

3. Please provide a short summary of your project; to include activities, target demographic(s) and location(s). * 500 words

Nottingham is ideally placed to capture the benefits of active travel but this opportunity is not equally available to all our citizens. People in Aspley/Beechdale/Bilborough (PCN3), St Anns/Sneinton (PCN6) and Bulwell (in PCN1) will be referred to a tiered package of locally-based motivational active travel services, as part of a personalised care package, with inclusive sessions supporting less represented groups in active travel. Local health, community and active travel partners have all endorsed the programme (see Q29).

Level 1: Community based family-friendly provision targets low-income families in areas with lowest healthy life expectancy. Women in these areas live for up to 25 years in poor health. Family-friendly provision will ensure the offer is accessible to carers, often women, and establish healthy travel habits breaking the cycle of low physical activity. This package will provide the next step for people after Level 2/3 support:

- Weekly pop ups at community venues with group cycle training, Dr Bike and e-bike library service for eligible participants signposted via social prescribers. All ability cycle sessions will support differently abled people.
- Social walk and ride programmes including tandem rides for people with visual impairment.
- Dr Bike project training volunteers to City & Guilds L1 to provide bike repairs in the community.

Three Active Travel Community Activators, working with established community partners, including Bestwood Partnership, Renewal Trust, Groundworks, will commission additional walk/cycle activities with existing groups and supplement children's support with adult provision.

Level 2: Personalised small group and 1to1 active travel support on referral will focus on those experiencing poor mental health or social isolation, which accounts for 60% of social prescribing referrals (762 people in 21/22, half in PCN3). Participants will develop positive habits, build friendships and gain confidence for independent journeys by exploring their neighbourhood through graded walks and rides and planning journeys to other social prescribing activities to support transition into Level 1. Phased over 6-12 weeks, activities will combine practical skills with motivational support including Walk and Talk, graded walk and ride programmes, active travel buddy schemes with PTP, cycle training, Build-a-Bike and bike maintenance courses, building confidence for participants to transition into Level1.

Level 3: Nottingham University Hospital Trust Active Hospital Walking Clinics: Ten-week group walking courses offering clinician supported assessment and healthy living themed sessions for adults with non-alcoholic fatty liver (Phase 1) and women with gestational diabetes (Phase 2). Groups continue as social self-led groups to maintain healthy lifestyles.

Level 4: Taster activities for social prescribers including GPs and Link Workers to embed an active travel culture in Nottingham City Place-based Partnership and build referral partners' and patients' confidence and knowledge around prescribing walking and cycling activities.

The offer is underpinned by:

- **Virtual hub for local walks/rides routes and activity calendar** for social prescribers, service providers, individuals and community groups, via a partnership with Nottingham Open Spaces Forum's Green Map project. GoJauntly will provide a dynamic walking app including local challenge windows. Alongside printed maps this will create an information, planning and motivational toolkit collating existing walk/ride information and supporting development of new trails and groups.
- **Expanded community bike library offer** to extend existing fleet of refurbished bikes with 60 specialist accessible e-bikes/e-trikes offering free 4-week bike loans (see Q32).
- **Community active travel grants** to fund cycle parking, lockers, pool bikes, safety equipment and hi-viz clothing for community groups to create cycle friendly venues and support delivery of peer led walks and rides.
- **Established social prescribing assets** including a network of Social Prescribing Link Workers (SPLWs), a Trusted Provider Accreditation scheme to help SPLWs refer clients to

activity providers suitable for their needs; links to Rohan and Sharewear charitable outdoor clothing schemes; community networks for walking and volunteering; My Life Choices co-design partnership.
- **Strong local partnerships supported by cross-partnership programme delivery team** of 5.8 FTEs (see Q22) and a commitment to a continued co-design approach to ensure the programme meets neighbourhood needs.

Front sheet of the budget at **Q6** provides a programme overview, **Appendix 3** provides the Logic Map including flowchart showing how the feasibility stage informed design of the programme and the full stakeholder engagement report and the referral process and data collection points for each delivery level as per **Q20**.

2. Budget

4. Please outline your overview budget for the delivery of your Active Travel Social Prescribing activities.

***Note: this is revenue spend only, your capital infrastructure spend supporting the delivery of the social prescribing activities must come from your existing or planned capital funding (ATF, Transforming Cities, Towns Fund, Levelling Up etc.)**

If you require funding for equipment and assets (e.g. cycles, storage) please outline this in the table below and your detailed budget to be attached.

Item	Total	Year 1 £	Year 2 £	Year 3 £
Programme management and partnership project delivery team (5.8 FTE staff and M&E)	**591,585**	122,235	243,441	225,909
Co-design activities to support detailed service design and commissioning	**30,000**	25,000	5,000	0
Extended bike library service – bike hire co-ordination, GPS tracking data package, insurance, maintenance and parts	**105,863**	35,288	45,450	25,125
Extended bike library service – equipment and assets (60 ebikes/specialist bike/trikes. GPS tracking units, storage container units at Harvey Hadden Sports Village)	**131,000**	131,000	0	0
Active travel marcomms including 2 year GoJauntly walking app package and contribution to NSOF Green Map project	**60,000**	27,000	27,000	6,000
Level 1: Community based family friendly support for Link Worker signposting and L2/L3 progression including local activation budget	**244,250**	41,180	109,280	94,060

Item	Total	Year 1 £	Year 2 £	Year 3 £
Level 2: Intensive personalised 1to1 and group walking and cycling activities	**288,830**	70,100	122,525	96,205
Level 3: NUHT Active Hospitals Walking Clinics for adults with non-alcoholic fatty liver and for women with gestational diabetes	**28,000**	6,800	11,600	9,600
Level 4: Taster activities for social prescribers to foster an active travel culture in Nottingham City Place-based Partnership	**18,988**	15,244	1,872	1,872
Small-scale community grant scheme to support active travel to community venues	**90,000**	25,000	40,000	25,000
	1,588,516	**498,848**	**606,168**	**483,770**

5. Who will be responsible for tracking the budget throughout project delivery, and how often will this be reviewed?

Nottingham City Council has a proven track record of effective sustainable transport delivery which will inform our proposed approach to Active Travel Social Prescribing. Drawing on previous monitoring and evaluation evidence from our LSTF, Access Fund and Capability Fund programmes we selected the most impactful and deliverable projects to assemble a highly complementary programme of effective active travel behaviour change measures to meet the needs of citizens in our target communities most impacted by poor health..

The partnership's focused delivery approach for this programme is guided by a lean delivery framework, effective PRINCE2 project/programme management processes, comprehensive financial and risk management, and collaborative communications and monitoring arrangements. Effective delivery will rely on accurate and achievable Gantt charts, timely and accurate financial monitoring and monitoring of key performance indicators to ensure the project keeps to timescales and key milestones are met. This approach has been successfully adopted through previous programmes as outlined above.

The Programme Manager will report monthly to the programme board to ensure that projects are being delivered on time and to budget and to identify and manage any issues and risks. The programme manager will be assisted by a dedicated project officer and supported by the council's internal Project Management Office, PMO. The role of the PMO is set out in Q25.

The Programme Manager will also be assisted by dedicated financial monitoring staff within the council's Transport Strategy Business Support team. The Business Support team are responsible for monitoring project spend and ensuring purchase orders are approved and invoices are paid on time. Budget monitoring information will be provided to the Programme Manager and Project Officer on a monthly basis to feed into the programme board reports, supported by quarterly budget review meetings to review actuals and forecast spend. Any day to day finance issues outside the meeting cycle will be highlighted to the Programme Manger by the Business Support team.

The budget overview is set out in Q4 and detailed budget uploaded at Q6 including programme overview diagram.

6. Please upload a detailed budget for your project to support the top line information displayed above.
Detailed budget supplied to DfT, not for publication.

7. Please provide the name and e-mail address of the Section 151 officer within your authority

Name	Clive Heaphy
Email address	clive.heaphy@nottinghamcity.gov.uk

8. Are you able to confirm that your Section 151 officer has confirmed in writing that the proposed spending is expected to deliver value for money? Note that you may be required to provide this confirmation to the DfT for audit purposes.

Email received 20 April

- [x] **Yes**
- [ ] No

9. Which of the following sources of evidence have been considered in making this value for money judgement? (Please tick all that apply)

- [x] **Cost benchmarking comparisons**
- [ ] Appraisals for past spending
- [x] **Programme level appraisals**
- [x] **Appraisals using the Active Mode Appraisal Toolkit**
- [ ] None of the above
- [ ] Other (please specify):

10. Please set out the evidence collected which demonstrates why this spending would be expected to deliver value for money (300 words max.)

Nottingham's ATSP programme will provide 'Good' value for money based on the categories in DfT's VfM Framework. Four scenarios were modelled in AMAT to show the core, low, high and 'break even' BCRs depending on the number of additional trips that are expected to result from the programme.

The 'core' scenario returns a **BCR of 2.32**. This is based on evidence from Sloman et al. (2019), which attributes adult cycle training interventions with an average increase of 1.4 trips per participant, per week. This is a reasonable proxy for the ATSP programme as it will provide a similar level of targeted support to beneficiaries to give them the skills and motivation to walk and cycle independently – a similar outcome to cycle training.

The basis of our 'Low' and 'High' AMAT scenarios, which returned BCRs of 1.66 and 3.99 respectively, is evidence from previous programmes (see supporting evidence in AMAT). There is good evidence for interventions leading participants to make at least one additional active

travel trip per week (Low scenario), and one programme targeting inactive people saw an average increase in cycling of 2.4 hours per week (High scenario).

Our final scenario is a “break-even” which finds that only 0.605 additional trips per participant per week are required to return a BCR of 1.0.

These scenario assessments have been underpinned by local evidence of the successful delivery of behavioural change programmes through LSTF, Access Fund, Active Travel Fund and Capability Fund. The delivery costs of these programmes have enabled us to reliably benchmark costs for ATSP delivery (Q4) and estimate the likely number of beneficiaries based on uptake of similar initiatives delivered locally. The locations for delivering the ATSP programme dovetail with committed active travel infrastructure investment (see Q34) and 22/23 revenue funding (see Q33) maximising the potential to create a change in behaviour amongst beneficiaries.

11. If you have any additional information to support your value for money assessments, please upload it here.

Appendix 1: AMAT Tooolkit xls can be supplied on request

3. Project Planning and Timelines

12. Please outline the key delivery milestones in year 1 of your pilot. You will be able to upload your detailed project plan / gantt chart following this.

We are keen to understand the set up and initiation stages of your project to support delivery starting and early integration into social prescribing systems. This might include project board/steering group meetings, onboarding of delivery partners and first referrals taking place and getting underway.

Please use bullet points or a table if easier to display the information.

Social prescribing is already established in the Nottingham City Place-based Partnership with commitments to double Social Prescribing Link Worker (SPLW) provision by 2023/24. A network of 25 SPLWs are in post, with 12 working in the target communities alongside 5 Health & Wellbeing Coaches, ready to refer clients into active travel support packages.

Since April 2021 Nottingham’s Greenspace social prescribing pilot has established the governance and processes required to support successful social prescribing activities around better mental health and wellbeing which will benefit the active travel social prescribing programme:

- Trusted Providers Accreditation help SPLWs refer to activity providers that meet the needs of each client,
- Community networks for walking and volunteering facilitated by Nottingham CVS,
- Links with community groups and food banks enabling the programme to assist people at locations where they already access support,
- Links with charitable outdoor clothing schemes (Rohan and Sharewear) to address participation barriers around suitable clothing and footwear for active travel.

Programme initiation will start from May to pre-plan and frontload activities ahead of the grant announcement as far as practicable including:

- Preparing formal council approval report;
- Preparing programme initiation documentation including project assurance via NCC Project Management Office (see Q25);
- Agreeing procurement strategy;
- Preparing specifications to commission “quick win” activities up to £25k;
- Progressing framework tenders for cycle training and active travel services;
- Preparing recruitment packs for new posts;
- Agreeing specification for specialist e-bike library fleet;
- GDPR screening and approvals for personal data collection processes.

This approach will enable the council to meet the following milestones in Year 1:

- **June 2022;** Initiate strategic and operational project steering groups as extension of Greenspace Strategic Project Team for programme reporting (see Q22 & Q23)
- **June – October 2022:** Continue community co-design to ensure service commissioning responds to local needs and the target audience, working with the My Life Choices patient co-design group.
- **July 2022:** Establish online monitoring process including suite of pre, post and 6 month participant questionnaires on SNAP for use by all delivery partners.
- **31 July 2022:** Council approval secured to accept the grant award, agree spend allocations and procurement routes.
- **31 August 2022:** Commission “quick win” projects to deliver small-scale standalone activities up to £25k, including Level 4 NUHT Active Hospitals Walking Clinics.
- **31 August 2022:** Commission specialist providers for projects underpinning the wider walking and cycling offer: Go Jauntly specialist walking app and the e-bike library operator.
- **31 August 2022**: Purchase specialist e-bike fleet and extend bike storage capacity at Harvey Hadden Sports Village for use by appointed e-bike library operator. Note Ridewise are currently piloting a small-scale e-bike on prescription project including a small fleet of 10 e-bikes and e-trikes enabling some interim provision until the expanded fleet is purchased.
- **30 September 2022:** Establish the programme delivery team including recruitment of 5.5 FTE new posts. There may be individuals who can be seconded into these roles on an interim basis.
- **31 October 2022:** Complete procurement of Year 1 active travel projects.
- **February 2023**: Procurement frameworks in place for cycle training and active travel services for award of contracts to providers for year 2 & 3 project delivery from April 2023.

13. Please upload your project plan / gantt chart.

See Appendix 2: Programme Gannt chart

4. Project Aims and Objectives

Please list your key project aims and objectives, making clear how they link to the overall project objectives below.

The overall project objectives are:

- **To address local community identified need relating to underrepresented groups, high levels of deprivation and health inequalities.**
- **To actively promote increased levels of physical activity through cycling and walking**
- **To demonstrate clear links between infrastructure development and the proposed social prescribing schemes.**
- **To support modal shift to active travel providing people with travel choices and supporting changes in behaviour.**

Our local programme objectives mirror DfT's overarching objectives but have been refined to respond to social prescribing priorities for Nottingham City. The feasibility stage outlined in Q29 has helped to deepen our understanding of local needs using additional insight from more detailed analysis of local health data and through a tiered stakeholder engagement and co-design process. This engagement process has highlighted that:

- The majority of social prescribing referrals in the city are for mental health and wellbeing and/or social isolation alongside financial difficulties, underlining that physical activity and mental wellbeing are intertwined and that financial hardship is often a causal factor so these factors need to be addressed together.
- The importance of services being offered through trusted places and organisations and being representative of our communities so they accessible to and run by "people like me".
- Ensuring that our social prescribers at every level of the system are passionate advocates for active travel and so there is role for this programme to support that wider active travel culture change across the system, as well as supporting citizens.

Our ATSP programme aims to make walking and cycling accessible to all, by offering local and personalised support to reach people in our communities who would most benefit from moving more, being more connected to people and places and better mental health and wellbeing. We want to explore how we can use social prescribing to improve our understanding of "what matters to me" for our target groups to develop our walking and cycling offers to enable behaviour change to active travel for people previously not engaged, or unable to participate, due to health, confidence, mental wellbeing, mobility, or other physical or financial barriers.

Our local programme objectives build on DfT's objectives to reflect these findings:

1. Encourage the uptake of active travel for people in the target Primary Care Networks (PCNs1,3 & 6) experiencing high levels of deprivation and health inequalities, in particular low income families, women, differently-abled people and people needing support with mental health & wellbeing or experiencing social isolation.
2. Address barriers for under-represented groups to increase participation in walking and cycling within PCNs1,3 & 6 through inclusive access to services and places for walking and cycling, and to bikes and associated clothing and equipment and increasing visibility of "people like me" amongst participants and service providers.
3. Increase physical and mental health and wellbeing of participants through walking and cycling.
4. Test the correlation between active travel environments and active travel social prescribing measures to increase the uptake of walking and cycling.
5. Prompt modal shift to active travel by providing people with positive walking and cycling experiences and support to embed active travel habits and foster peer-led activities beyond the initial intervention period.
6. Develop a positive active travel culture amongst practitioners delivering social prescribing.

7. Build the local evidence base to improve healthcare provider and patient understanding of the benefits of active travel for different health conditions.

15. Please detail your target outputs for the project in the box below.

Programme level outputs:

- Our programme has capacity to support **at least 5,500 people, equivalent to 8% of the city's inactive population** (estimated 65,000 people, Active Nottinghamshire data) by October 2024 (circa 76 people per month in each of the three target PCN areas) through a combination of referral into self/peer-led activities and more intensive personalised support programmes.
- The current resource of 12 Link Workers in the target PCNs are each tasked to support a caseload of 250 patients p.a., equating to an estimated 6,000 patients over 24 months.* *(*October 2022 – September 2024 when delivery closes to enable 6 months post-intervention monitoring to be completed).*
- 2021/22 referral data for the three target PCN areas shows 60% of referrals were for mental health, social isolation increasing to 80% including physical health reasons. This would indicate up to 4,800 (80% of 6,000) of forecast referrals over the ATSP programme delivery period may be suitable for support from the ATSP programme.
- Due to the impact of financial circumstances on stress, and consequently mental and physical wellbeing, the number of people needing support is expected to increase as the cost of living crisis deepens. Also as the benefits of active travel as a social prescribing option becomes more familiar, it is anticipated this will also increase demand for this offer.
- Therefore offering provision for circa 5,500 people will cater for this level of demand. Note the actual reach and impact of the programme is expected to be higher as the benefits will ripple into the wider families of those individuals supported.
- To achieve this the programme will provide **17,947 opportunities ("activity places")** for target communities to participate in structured active travel offers, allowing support from average of 3 services per person creating a personalised support package, for example, cycle training plus PTP or journey buddying combined with bike library loan, or Dr Bike/bike mechanic skills, or attending several pop up cycle support events, or led walks or rides.

Project levels outputs are:

- Provide accessible bike library fleet of 60 e-bikes and e-trikes offering 1,000 free 4-week cycle hires.
- Create virtual active travel support hub promoting walks and ride routes with calendar of activities and events supported by app providing curated package of hyper-local walks, and annual local walk challenge in each target community.
- Pilot co-design approach to commissioning local active travel services.

Level 1 Community family friendly provision

- Provide 288 community pop up active travel events providing one stop shop for cycle training, Dr Bike, route planning advice, led rides and walks at accessible community venues including parks, food banks, community centres, schools, job clubs.
- Provide 20 all ability cycle taster days in supportive environment offering 720 activity places.
- Provide 40 led local led walks and 40 group community led bike rides offering 960 places.
- 45 drop in maintenance days at community venues and the provider's community workshop.
- Create network of 45 trained community Dr Bike volunteers and provide 60 Dr Bike pop ups servicing approx. 720 bikes.
- Provide 18 tandem rides for people with visual impairment offering 108 ride places.

- Award up to 15 small-scale grants to community groups to create cycle friendly venues and provide equipment to support walking and cycling activities.

Level 2 Intensive personalised 1to1 and group support packages

- Provide 3,200 walking or cycle PTPs (via email, phone call, 1 to 1 appointments or group journey planning sessions) supported by 515 1 to 1 walk or cycle buddy sessions.
- Provide 120 1 to 1 buddy walk courses of 5 sessions per person supporting 120 people.
- Provide 24 group 10 week walking courses with 288 places.
- Provide 204 weekly group cycle training sessions with led rides offering 1,224 places. supporting estimated 204 people (assuming each person goes on 6 rides), package to be tailored to specific communities such as extension activity for existing community groups, Muslim women, rehab/rehab support groups for health conditions etc.
- Provide 60 e-bike/adapted bike loan with 6 week personalised exercise/ride package.
- Provide women-only community cycle support programme offering cycle training, led rides, cycle maintenance sessions, build a bike, including childcare, offering 444 activity places supporting estimated 300 women.
- Run 4 women's community ride leader training packages creating 80 female community ride leaders.
- Provide 24 Build-a-Bike 4-day courses offering 72 x Level 1 City & Guilds training places and bikes.

Level 3 NUHT Active Hospital Walking Clinics

- Provide 12 walking clinics for adults with non-alcoholic fatty liver supporting 144 hepatic clinic patients.
- , and
- Provide 8 walking clinics for women with gestational diabetes supporting 96 ante-natal patients.

Level 4 Supporting an active travel culture in Nottingham City Place-based Partnership

- Create network of active travel advocates across the Nottingham City social prescribing system.
- Offer 144 cycle training places with active travel information session and 24 led cycle rides for health and social care professionals (GPs, link workers. H&W Coaches, Community Connectors).
- Create suite of information promoting the benefits of active travel for common health conditions for patients, GPs and social prescribers.

16. If you have a logic model or theory of change for your project, you can upload it here

See Appendix 3: Logic model and Engagement/Co-design Flowchart

4. Monitoring and Evaluation

Monitoring is the collection of data to check progress against planned targets. It is the formal reporting of evidence that spend and outputs are successfully delivered and milestones met.

Evaluation is the assessment of the project's effectiveness and efficiency during and after implementation.

17. The Monitoring and Evaluation framework for the Active Travel Social Prescribing pilots sets out the DfT's monitoring requirements for each local authority to undertake. Are you confident that your authority will be able to meet these requirements?

- [x] **Yes**
- [ ] No
- [ ] Unsure / Don't know

18. The Monitoring and Evaluation framework also sets out evaluation requirements for each local authority. Are you confident that your authority will be able to meet these requirements?

- [x] **Yes**
- [ ] No
- [ ] Unsure / Don't know

19. What, if any, challenges do you foresee in being able to meet these requirements? (300 words max)

We are aware that there will be challenges that will need to be overcome to deliver both process and impact evaluations, especially so with the impact evaluation.

We consider the suite of participant/practitioner questionnaire surveys based on standard questions provided by the DfT to be conducted before, immediately after and six months after implementation to be the centrepiece of the impact evaluation. These will be key in addressing the challenges of accounting for contextual change and attributing change to the ATSP interventions. If necessary we will, in consultation with DfT, include additional specific questions designed to account for external contextual change and identify to what extent observed behavioural change and perceived/actual improvements in health and wellbeing amongst participants is due to the ATSP interventions. Getting responses to questionnaires, especially post intervention, is always a big challenge and we would draw on our extensive experience of conducting surveys, together with advice from communications' colleagues to help maximise response rates. We are also open to conducting focus groups to delve deeper into the impact of ATSP.

Within the above approach we will utilise a quasi-experimental approach* to further strengthen attribution and account for contextual change as these challenges are particularly acute due to current economic and transport demand volatility driven by world events including Covid19. We are discussing how to recruit appropriate participants to comparator groups with Public Health colleagues, as well as conducting a literature search to identify best practice, but welcome national advice. Selecting people who almost met the intervention criteria but did not receive any interventions would seem the most practical option. If this approach to identifying a comparator

group is adopted, a Regression Discontinuity Design[1] could be used as a statistical analysis capable of estimating the treatment effect of ATSP on key performance indicators.

We will also use the above data to 'test' the Nottingham ATSP Theory of Change which can further strengthen the conclusions.

As this project will involve gathering personal, and especially health data, from individuals, we appreciate the importance of GDPR and protecting individuals' personal data. We will carry out a Data Protection Impact Assessment as part of project inception before starting any data collection from individuals including a risk assessment of any privacy issues guided by expert advice from colleagues in Information Governance to ensure a robust system is in place.

**as we are not in a position to randomly select our treatment and control groups we use the terms quasi-experimental and comparator groups*

[1]Hausman, C. and Rapson, D.S., 2018. Regression discontinuity in time: Considerations for empirical applications. Annual Review of Resource Economics, 10, pp.533-552.

20. What monitoring processes will you employ to effectively track and assess your project? 300 words

Nottingham City Council (NCC), in partnership with the Nottingham City Place-based Partnership (previously the CCG), would be able to bring expertise in their respective fields to support DfT's monitoring and evaluation activities for active travel social prescribing as set out in its Guidance. NCC's Highway Metrics Team has a proven monitoring and evaluation capability based on extensive industry and academic experience in delivering evaluations including behaviour change programmes. The Place-based Partnership is experienced in population health management harnessing GP primary care data on outputs and outcomes, supported by case studies and co-production forums to analyse the effectiveness of social prescribing.

We will deliver a baseline questionnaire survey before the intervention, followed by a further survey once the intervention has finished and then a final survey six – twelve months later to assess the long-term impacts of the interventions. This survey data will be collected via a link to shared suite of online surveys using SNAP which all delivery partners will be required to use with participants so travel behaviour data will be held on a programme-wide database (see partner referral process Q23). These surveys will also be carried out in a comparator group of individuals suffering the same health conditions but who are not subject to the interventions thus utilising a quasi-experimental approach. These surveys could be augmented with focus groups to help further understand behavioural change brought about by our schemes. This will be supported by relevant output metrics which would contribute to the process evaluation and will also examine differences between those who have taken up the ATSP and those who have not.

Staffing resources have been identified within the Highway Metric Teams to undertake the monitoring and evaluation and provision made to fund the evaluation within this bid. Using our experience from participating in previous community-based active travel schemes, such as the Access Fund, we would work closely with the scheme providers to enable them to collect the relevant data whilst the schemes are being delivered to learn about the particular activities, participation levels, and to identify challenges and risks whilst the schemes are in progress, to make rapid tweaks to inventions if necessary.

Our final report will bring together all the monitoring and evaluation data to draw conclusions about the extent to which our programme has met the seven ATSP objectives in Q14 and thus if the ATSP Theory of Change in Appendix 3 has operated as anticipated, therefore answering the five key research questions identified in the national guidance.

21. If you are working with the DfT Behavioural Science team, please outline the key elements of your research project - including methods and anticipated learnings.

We have not discussed this opportunity with the Behavioural Insights Team but we would be very happy to work with the team, in collaboration with other pilot areas as appropriate, if and additional focus on any elements of our programme would support the Department's behaviour change research. Locally we are keen to explore opportunities to work with a local academic research partner to strengthen the public health aspects of our evaluation.

5. Project Governance

22. Who are the key roles / people responsible for the delivery of the social prescribing pilot? If you have an internal steering group/ project board and a wider network of delivery partners, please list both below.

Please list your roles in the following format:
Name; Role; Key Responsibilities

You can upload an organogram if you wish.

Organogram in Appendix 4 shows how the project governance feeds into the Nottingham and Nottinghamshire ICS and the City Council's Health and Wellbeing Board and how the project delivery team supports the different levels of the delivery described in Q3. Page 2 shows the referral process for each delivery level including participant data collection points as per Q20.

Programme delivery will be led by a cross–sector partnership team of 5.8 FTEs based in local authority, health and voluntary sectors comprising:

- **Programme Manager 1 FTE**, Transport Strategy, Nottingham City Council, responsible for overseeing programme delivery, commissioning third party service providers, contract management with appointed delivery partners, budget management, progress reporting through local partnership governance described below, leading local partnership management for ATSP activities, reporting to DfT, participating in ATSP Communities of Practice. Post to be recruited. (In the interim this role will be covered by Jennie Maybury, Principal Transport Planner.)
- **Project Officer 1 FTE**, Transport Strategy, Nottingham City Council, programme administration, overseeing project reporting and monitoring from delivery partners/service providers, managing the participant survey database, administering community small-scale grant scheme. (Vacant post to be recruited.)
- Rebekah Smith, **Transport Marketing Manager,** Nottingham City Council, 0.1 FTE contribution to active travel behaviour change marcomms activities to support the programme.
- Alistair McGrady, **Senior Transport Planner (Data and Evaluation)** Nottingham City Council, 0.2 FTE contribution to provide expert input and oversee programme monitoring and evaluation activities including ensuring compliance with GDPR and post-evaluation work package in year 3 with academic research partner (tbc).
- **Social Prescribing Co-ordinator, 1 FTE,** Nottingham City Place-based Partnership, providing a central point of co-ordination across the system to maximise effectiveness of the Nottingham City Social Prescribing Link Worker network and to lead delivery of level 2 ATSP support offer. New post to be recruited, hosted by Nottingham City GP Alliance reporting to Ankish Patel, Head of PCN Workforce (tbc).

- **Active Travel Community Activators 3 x 0.5 FTEs** hosted by Nottingham CVS as part of Greenspace social prescribing programme team (tbc) to lead project delivery in each PCN area including commissioning of additional small-scale community led projects and supporting ongoing community co-design input, working closely with each area's lead partnership organisation. 3 new posts to be recruited.
- **Volunteer Development Officer 1 FTE**, hosted by Nottingham CVS as part of Greenspace social prescribing programme team (tbc) to develop community capacity, peer led activities and sustainability. New post to be recruited.

Initial discussions have taken place with the Place-based Partnership, GP Alliance and Nottingham CVS regarding the above 5 (2.5 FTE) additional posts which will be confirmed as part of the project inception.

Programme governance The Greenspace social prescribing programme has already established the local governance for social prescribing in Nottingham City for nature connectedness for mental health and wellbeing, with representation on the strategy and operational project teams from many of the same people required for active travel social prescribing. Therefore it has been agreed that the active travel governance will be an extension of the Greenspace governance with shared quarterly meetings.

The organogram in Appendix 4 shows how the strategic programme steering group sits in the wider governance for health and social care in Nottingham City with direct reporting up to Nottingham City Place-based Partnership (formerly the CCG) and the City Council's Health and Wellbeing Board which both report to the Nottingham and Nottinghamshire Integrated Care Board.

The following will be invited to join the Active Travel Social Prescribing Strategic Steering Group
(BOLD text denotes existing member of Greenspace strategic programme group):

- Jennie Maybury, (interim) Active Travel Social Prescribing Programme Manager, Transport Strategy, Nottingham City Council
- **Jules Sebelin,** Chief Executive Officer Nottingham CVS
- **Amanda Chambers,** Greenspace Programme Manager, Nottingham CVS
- **Maria Willis,** Head of Social Prescribing PCN Development, Nottingham & Nottinghamshire CCG
- **Claire Kent,** Service Transformation Manager City Locality Team, Nottingham & Nottinghamshire CCG
- **Ankish Patel, Head of PCN Workforce, Nottingham City GP Alliance**
- **David Johns**, Public Health Consultant, Nottingham City Council, lead for Eating Well and Moving More workstrand of Health and Wellbeing Strategy
- Jo McCaulay Nottingham University Hospital Trust, Active Hospitals Project Lead
- Kerryn Chamberlin, Strategic Director, Active Nottinghamshire
- **Sport England Regional Physical Active Co-ordinator** (name tbc)
- Helen Hemstock, Chief Executive of Ridewise and Chair of Cylcing and Walking Action group and Local Access Forum
- Dave Clasby, Sustrans, Partnership Manager East Midlands
- Steve Johnson, British Cycling, Cycling Delivery Manager, East Midlands
- **Cherry Barnard,** Chief Executive of Renewal Trust, area partner lead for St Ann/Sneinton
- Amy Palmer, Groundworks Partnership and Programmes Manager, area partner lead for Aspley/Bilborough/Beechdale
- Donna Denning, Bestwood Partnership, Community Partnership Manager, area partner lead for Bulwell
- Sarah Manton/Martin Willis, **Nottingham Open Spaces Forum** (lead for Green Map project)

- Keymn Whervin/Richard Chapman, **My Life Choices co-design network**
- **Canal and River Trust**

Majority of these colleagues have participated in the stakeholder engagement co-design sessions during the feasibility stage and have supported the programme for the Expression of Interest stage.

The Operational Steering Group will have membership from the same organisations at a project delivery level as well as the ATSP project delivery team, PCN leads, Link Workers and local delivery partners once appointed. The format is to be confirmed but it will probably be more effective to run the operational partnership steering group as three parallel groups specific to each delivery area to guide the delivery across Level 1 and Level 2 support officers, building on the stakeholder engagement process.

Quarterly contract monitoring meetings will be held with external active travel service providers to report on project delivery, spend and progress towards contract KPIs. Project meetings might be required monthly in the initial set up stage. This information will feed into programme level monitoring of spend, progress on delivery and targets and uptake of services.

Delivery will be linked into wider physical activity and transport programmes through existing partnerships including Together We Move Collective, Walking and Cycling Action Group, Local Access Forum, Nottingham Derby Joint Mobility Board for the TCF programme.

Day to day programme management will be overseen internally within the council via a Programme Board as set out in Q25.

23. If you have an organogram for your project, you can upload it here.

See Appendix 4: Organogram and Referral Pathway Flowchart

24. How often will you hold project review meetings?

- [ ] Weekly
- [ ] Fortnightly
- [ ] Monthly
- [x] **Quarterly**
- [ ] Other (please specify):

Comments:

- Strategic and operational partnership programme steering group meetings will be held quarterly piggy backing onto the established Greenspace Social Prescribing programme meeting cycle where possible due to shared membership and close working between the two programmes.
- Quarterly contract monitoring meetings will be held with external active travel service providers to report on project delivery, spend and progress towards contract KPIs. Project meetings might be required monthly in the initial set up stage.

- Service providers will be required to submit monthly reporting on project delivery and spend monthly using the Council's project reporting template to allow us to identify any issues and mitigate risks at an early stage.
- This info will feed into internal council programme management including financial monitoring, management of risks and issues via a monthly Programme Board as set out in Q25.
- Quarterly finance meetings will review actuals and forecast spend.

25. How will you report internally to ensure project progress is monitored?

Firm governance of the programme is critical to successfully bringing together the delivery partners to ensure a coordinated programme of measures to achieve the programme objectives set out Q14 to maximise health and sustainable transport benefits. Throughout the programme, the process of delivery and the impact of the measures delivered will be monitored and evaluated. The council recognises the importance of understanding the outcomes and impacts of implemented initiative, so as to inform future implementation and intervention design

Q22 and the organogram in Appendix 4 sets out the programme governance and the cross partnership delivery team for the ATSP programme:

- Key representatives from the council, Greenspace Social Prescribing Programme and Nottingham City Place Based Partnership along with senior delivery partner representatives will attend the Active Travel Social Prescribing (ATSP) Strategic Steering Group to provide strategic overview of the programme and its relationships to other health interventions.
- It will meet quarterly integrated into the existing Greenspace Strategy Steering Group meeting cycle. This management-level team will ensure effective and practically-focused coordination and knowledge-sharing is maintained across the delivery partners. The Programme Manager will be responsible for updating the Steering Group with the progress of the programme.
- The ATSP Operational Steering Group will have membership from the same organisations at a project delivery level as well as the ATSP project delivery team, PCN leads, Link Workers, and local delivery partners once appointed within each delivery area to co-ordinate delivery across Level 1 and Level 2 support offers and ensure the programme is responsive and adaptive to local needs and complements other community initiatives.

The day to day programme management will be the responsibility of the ATSP Programme Manager based in Transport Strategy at NCC supported by a dedicated Project Officer, working within the council's internal programme governance framework, comprising.

ATSP Programme Board

- As set out in Q5 the Programme Manager will report monthly to an internal ATSP Programme Board of senior managers in transport and public health to ensure that projects are being delivered on time and to budget and to identify and manage any issues and risks. The Programme Manager will be assisted by a dedicated project officer and supported by the council's internal Project Management Office, PMO (see below).
- External delivery partners will be required to report progress on delivery of individual projects via monthly project reports and quarterly contract monitoring meetings to manage project delivery, spend and progress towards contract KPIs. The delivery partners will be appointed in the basis of their expertise and knowledge on local transport and community development in Nottingham together with the ability to deliver smarter choices projects
- Monthly reporting will to enable the project delivery team to identify any issues and mitigate risks at an early stage. Issues will be identified and escalated to the Active Travel Social Prescribing Strategic Steering or to the council's own Portfolio Holder for Transport as appropriate. The Project Board will also be attended by officers leading on programme

monitoring and evaluation and for communications. Monitoring and evaluation will be co-ordinated by the City Council.

- The information from the project board will form the basis of accurate monitoring information back to the DfT as set out in Q26. Independent evaluation input may also be contracted-in, as required, and opportunities to work with an academic research partner are being explored.

City Council Transport Portfolio Holder Meetings

- The council's portfolio holder meetings occur monthly; their purpose is to seek the council's approval to engage in specific activities such as project delivery. The Portfolio Holder may also ask for an update on specific projects.
- Portfolio Holder approval will be required to accept award of the DfT grant and associated spend allocations and procurement routes for the ASTP programme.
- Any approvals for programme variations within the envelop of the approved allocations can be made by a senior officer delegated decision.
- Reports to the portfolio holder about the progress of the project will be given at key stages
- Portfolio holders will also be asked to engage in communications events related to the programme in order to raise awareness of project outcomes.

The Council's Project Management Office (PMO)

- The PMO acts to ensure that each of the council's major projects are being run effectively in accordance with agreed KPIs and to ensure that project are kept to a sound financial footing.
- One of the PMO's key roles is to ensure that project risks are identified and adequate mitigation is put in place to deal with them.
- Once a project is established the PMO carries out a review of that projects. A project business case is provided to the review panel. The review panel is made up of senior managers, project officers and finance officers. The programme manager will present the project business case to the review panel. The review panel will look at each project area including Risk, Procurement, resources, data protection, and how the project links to key council policy. The review panel then issues a report of Critical Actions, Essential Actions and Advisory Recommendations
- The Project Board is responsible for ensuring that each of the recommendation of the review panel are implemented.

26. How do you plan to report externally (to stakeholders) and back to DfT on project progress?

External progress reporting will be provided in a variety of ways tailored to the needs and interests of each audience:

Programme reporting to DfT and cross-government social prescribing partnership:

- Progress reporting against delivery milestones, finance spend and outputs will take place with quarterly review meetings as set out in Q5 and Q22.
- Participant survey data will be collected via a link to shared suite of online surveys using SNAP which all delivery partners will be required to use with participants so travel behaviour data will be held on a programme-wide database (see Q20). The project progress information along with the participant before and after survey data when this becomes available, will be available to report to DfT as required.
- The project team will also participate in DfT's ATSP Community of Practice to share experience with other pilot areas and share good practice through regional partnerships such as Midlands Improvement Service Group and Core Cities networks.

Local partners and stakeholders:

- Reporting progress on delivery to key stakeholders will be achieved via the Strategic Partner Steering Group and the area level Operational Steering Groups outlined in Q22, with
- additional dissemination to wider stakeholders will be through existing wider physical activity and transport partnerships including Together We Move Collective, Walking and Cycling Action Group, Local Access Forum, Nottingham Derby Joint Mobility Board for the TCF programme.

Community representatives and citizens:

- Feedback to communities will be supported by the involvement of the My Life Choices co-design group and through the Active Travel Community Activators who will be the face of project in each area.
- We are exploring use of the Co-Place www.co-place.org and Urban Room initiatives www.38carringtonstreet.org.uk to support this process to provide a platform for continued community engagement and co-design.
- The council has long standing Local Area Committees which provide a formal route to discuss local projects with councillors and community representatives.
- The council's dedicated Transport Nottingham website at www.transportnottingham.com along with community facebook pages, enewsletter, Twitter and the Arrow citizen magazine www.mynottinghamnews.co.uk/arrow/ with three editions per year including annual print copy to every household in the city, provide citizen-focussed channels for communicating news and updates on local transport initiatives.
- Case studies and blogs will bring the project to life, communicating success stories and supporting promotion of the services via the link workers.
- Our local active travel delivery partners, including Sustrans, Ridewise Cycling UK, British Cycling, Nottingham Bikeworks, have established a strong local social media following to share stories and promote services to promote shared messaging with TransportNottingham.

6. Risk Register

27. Please list and comment on the key identified risks to your project. You can upload your template risk register after this question.

The key risks for this project are outlined as follows:

- **Unsuccessful bid** Our application for funding the social prescribing programme is unsuccessful. This would result in the programme becoming unaffordable as no alternative source of funding is currently available. A discussion would then take place with the bid partners to determine if there were any elements of the programme that could be delivered within existing budgets.
- **Delays to funding award** Any delays to the award of funding to the city council could have an impact on the programme as a whole. Delivery partners will be notified to ensure they are primed and ready to deliver once funding becomes available.
- **Lack of resource capacity available to deliver the programme** The council has made resources available in order to deliver the scheme. Procurement frameworks are also in place to enable to the council to contract outside providers to deliver capacity as necessary.
- **Covid restrictions reintroduced** Working restrictions introduced in response to the Coronavirus result in increased delivery costs. This is of particular concern given the ATSP scheme will potentially be working with vulnerable people. Review project specifications. Utilise frameworks to ensure best value and consider joint tendering with other schemes

where appropriate. This risk is to be monitored as part of ongoing project reporting requirements as delivery commences

- **Resources relating to monitoring and evaluation** Insufficient resource allocation for monitoring and evaluation activities will mean the council is unable to undertake the monitoring and evaluation required for the programme. Monitoring and evaluation resource has been made available by the council. This issue will be monitored by the programme board.
- **Lack of uptake for the scheme** Dynamic marketing and communications strategy has been developed together with a comprehensive stakeholder management strategy. Regular monitoring will identify challenges which will be dealt with by the Programme Board.
- **Internal Approvals** Failure to secure internal approvals to commence programme delivery will result in a delay in commencement of programme delivery. The project team will liaise with legal, procurement and finance representatives and Portfolio Holders prior to seeking approval to accept funding and commence project.

Note the council's **GDPR impact assessment** process includes a risk assessment regarding data privacy for personal and sensitive information so there maybe additional risks and mitigation measures associated with the data collection and monitoring for the programme which will identified and addressed through the GDPR screening process as part of programme inception and incorporated into the programme's risk register as required.

28. Please upload your risk register

Appendix 5: Risk Register

7. Project Activities and Deliverables

29. Please outline the community engagement techniques employed through the feasibility study to determine relevant activities for your target demographic(s) / audience(s)

A structured, multi-layered approach to co-design was applied to the ATSP feasibility study to ensure that strategic and local stakeholders, existing and future delivery partners; and community representatives, all shaped the proposed programme.

Over 60 stakeholders and community representatives from 20 organisations across the city were actively involved in the design of the programme. Healthcare and community based partners critical to the delivery of ATSP were fully engaged in the process, including the ICP's Nottingham City Place-based Partnership, Nottingham and Nottinghamshire Clinical Commissioning Group, Nottingham City GP Alliance and the My Life Choices Lived Experience Co-Production Group.

Specific engagement techniques included:

- 1to1 discussions with organisations that will form part of the ATSP steering group to secure strategic support for the bid.
- Two citywide stakeholder workshops with strategic internal stakeholders, healthcare, and active travel delivery partners; and community representatives to refine the programme beneficiaries and target neighbourhoods, better understand local barriers to active travel; and agree the walking and cycling activities to fund through ATSP.

- Three neighbourhood-specific workshops, one in each PCN area, with local stakeholders including ward councillors, PCN Managers, Social Prescribing Link Workers, Health & Wellbeing Coaches, and community representatives to discuss the specific healthcare needs within each neighbourhood, the localised barriers to walking and cycling: and active travel activities.
- Eight 1to1 discussions with specific stakeholders and delivery partners to agree referral pathways, governance: and monitoring and evaluation processes.

The intention is to continue the co-design process instigated during the feasibility study into the programme initiation phase by involving selected stakeholders in the detailed specification of neighbourhood-specific walking and cycling activities to ensure they meet local needs.

The Stakeholder & Community Engagement Report in **Appendix 8** as supporting evidence to this bid contains full details of those stakeholders engaged and the findings from the co-design process which have shaped this bid.

30. Please list the cycling activities to be delivered to support existing social prescribing systems through your pilot project. Which partners (if any) will you work with to deliver these interventions?

	Activity	Partner(s) may include	Anticipated number of beneficiaries	Target audience for activity
1	Accessible e-bike library loan service incl Level 2 e-bike exercise on prescription package	RideWise (subject to procurement)	Up to 1000 people receiving e-bike loans; 60 adults receiving personalised exercise package	People who cannot use a standard bike due to health, mobility or confidence
2	Level 1 Community active travel pop up events programme inc All Ability Cycle Taster Days	Ridewise, Sustrans, Women, Cycling UK, British Cycling, Women in Tandem (subject to procurement	870 people plus 180 people with additional needs	Inactive adults in low income families in PCNs 1,3,6 Differently abled people needing supportive environment
3	Level 1: Community led rides programme incl tandem rides for people with visual impairment	RideWise and Women in Tandem (subject to procurement)	132 to 588 people	Inactive adults, people lacking confidence or needing support with mental health in PCNs 1,3,6 People with visual impairment
4	Level 1:Community cycle maintenance training	Nottingham Bikeworks (subject to procurement)	450 adults	Inactive adults in low income families in PCNs 1,3,6
5	Level 1: Volunteer community Dr Bike service	Nottingham Bikeworks (subject to procurement)	45 trained volunteer bike mechanics, 720 people receiving bike repairs	Inactive adults in low income families in PCNs 1,3,6
6	Level 2: Cycle buddying with PTP	Sustrans supported by local partners (subject to procurement)	60 to170 adults	Adults with low confidence

	Activity	Partner(s) may include	Anticipated number of beneficiaries	Target audience for activity
7	Level 2: Group cycle training	Ridewise (subject to procurement)	204 adults	Tailored to community needs in each PCN eg existing community groups, Muslim women, rehab/rehab support grps for health conditions etc
8	Level 2: Build A Bike training package	Nottingham Bikeworks (subject to procurement)	72 adults	Adults with low confidence
9	Level 2: Women's cycle support package – bike maintenance, led rides, Earn-Bike course incl childcare + Women's community ride leader training package	Women in Tandem (subject to procurement) and British Cycling in partnership with local providers (tbc)	304 women + 80 women trained as ride leaders = 384	Women in low income families in PCNs 1,3, 6/ women with low confidence
10	Level 4: Cycle training and led rides for social prescribers	RideWise (subject to procurement)	72 social prescribers	Social prescriber network incl GPs, SPLW. H&W Coaches, Community Connectors

Comments:

Level 1, 2, 3 refers to the different tiers of support as set out in Q3 and the project budget at Q6.

Note all delivery partners named in Q30 are indicative and subject to procurement.

Nottingham City has a well-established network of local and national active travel service providers that have developed much of the good practice that our ATSP programme draws on and who already work effectively together taking a partnership approach to delivery. All the delivery partners have been involved in the feasibility stage and contributed ideas and experience to develop a menu of inclusive and supportive projects to shape the intervention programme:

- Ridewise, a local sustainable transport charity based in Nottingham, currently provides a community bike library of refurbished bikes in Nottingham so it would be most efficient to appoint Ridewise to operate the expanded fleet, subject to approval of a direct contract award. Ridewise are currently piloting an e-bike personalised support package for the Capability Fund and this learning will support the commissioning of an extended package for ATSP programme. Ridewise has also developed the Community Cycle Centre offer, the All Ability Cycling sessions and rides for people with visual impairment.
- Sustrans Nottingham team have delivered successful PTP support packages for jobseekers including referral into cycle training and bikes mechanic support packages in partnership with Ridewise and Nottingham Bikeworks and are currently work on school streets engagement and will be delivering an active travel community behaviour change package in PCNs 3 & 6 in summer 2022.
- Nottingham Bikeworks is local community interest company in Nottingham specialising in community bike mechanic services and skills courses with a track record in working with

jobseekers, refugees and asylum seekers and mental health service users, building confidence and community capacity.

- Women in Tandem is a local all-female organisation specialising in cycle services and activities for women working closely with local communities.
- British Cycling are delivering a range of community activation around cycling as part of the current partnership with the City Council including piloting an intensive coaching course to develop community Breeze female ride leaders.
- Cycling UK has supported various small scale projects in our communities delivered by the above partners and we have discussed options for fostering active travel within existing community groups.

31. Please list the walking activities to be delivered to support existing social prescribing systems through your pilot project. Which partners (if any) will you work with to deliver these interventions?

	Activity	Partner(s) may include	Anticipated number of beneficiaries	Target audience
1	Virtual hub for local walks/ride routes with activity calendar	Greenspace social prescribing Nottingham Open Spaces Forum	5,500 +	All 5,500 programme participants and their families/friends, social prescribers, existing community groups and citizens
2	GoJauntly dynamic walking app with rotes and community challenge packages	GoJauntly (subject to procurement)	5,500 +	All 5,500 programme participants and their families/friends, social prescribers, existing community groups and citizens
3	Level 1: Community led walks	Tbc subject to procurement	96-480 people	Inactive adults in PCNs 1,3,6 - can be tailored to community needs in each PCN eg existing
4	Level 2: PTP with 1to1 walking buddy support (single sessions)	Tbc – Ridewise have local experience of providing this type of support	80 - 225 people	Inactive adults, people lacking confidence or needing support with mental health in PCNs 1,3,6
5	Level 2: 5 week walking course with PTP and 1to1 walking buddy	Tbc – Ridewise have local experience of providing this type of support	120 people	Inactive adults, people lacking confidence, experiencing social isolation or needing support with mental health in PCNs 1,3,6
6	Level 2: Group 10 week led walking courses	Tbc subject to procurement	288 people	Inactive adults, people lacking confidence, experiencing social isolation or needing support with mental health in PCNs 1,3,6
7	Level 3: NUHT Active Hospital Hepatology Walking Clinic	Tbc subject to procurement	144 patients	Adults with non-alcoholic fatty liver

	Activity	Partner(s) may include	Anticipated number of beneficiaries	Target audience
8	Level 3: NUHT Active Hospital Ante-natal Walking Clinic	Tbc subject to procurement	96 women	Women with gestational diabetes

Comments:

Level 1, 2, 3 refers to the different tiers of support as set out in Q3 and the project budget at Q6.

Note all delivery partners named in Q31 are indicative and subject to procurement.

Nottingham City has a well-established network of local and national active travel service providers that have developed much of the good practice that our ATSP programme draws on and who already work effectively together taking a partnership approach to delivery. All the delivery partners have been involved in the feasibility stage and contributed ideas and experience to develop a menu of inclusive and supportive projects to shape the intervention programme.

- Ridewise, a local sustainable transport charity based in Nottingham, has also piloted a number of small-scale walking support and buddying packages working with people experiencing social isolation in response to the pandemic.
- Sustrans Nottingham team have delivered successful PTP support packages for jobseekers as outlined in Q30.
- Additional local walking delivery partners will be identified at the pre-programme stage as part of the tender process for an active travel service framework contract building on the work Greenspace programme has done to date.

As part of the feasibility stage Hana Sutch at GoJauntly has provided a costed menu-based proposal for a 2 year delivery package in Nottingham up to £25k. Greenspace social prescribing programme had previously identified GoJauntly as a suitable provider for a curated local walks app and this package will be developed as partnership project to support both social prescribing offers. Again the contract award will be subject to procurement.

Nottingham Open Space Forum, a local volunteer organisation, working with Greenspace social prescribing and the Future Accelerator programmes, is leading work to develop a web hub to bring together the open and greenspace information which will include walking and cycling activities, services and routes, to foster informal and organised use of community shared open space.

32. How do you propose to deliver / investigate the cycles as a mobility aid element of the pilot project? Where will this be integrated into other activities?

Expansion of the existing community bike library is a core element underpinning our accessible cycling social prescribing offer and will be developed in partnership with local community bike library operator, sustainable transport charity Ridewise (subject to approval of procurement).

Library bikes will be available for free 4 week loans to individuals and to community groups to support participation in the Level 1 and Level 2 cycling offer. The package includes specialist fleet, operating costs and secure bike storage at Harvey Hadden Sports Village in PCN3.

Purchase of a fleet of 60 specialist accessible bikes offering a range of e-bikes, e-trikes, adapted bikes tandems and companion bikes will complement the existing fleet of 400 standard refurbished bikes, catering for wide range of needs and fitness levels. Initial scoping has identified a fleet mix of 7 e-trikes, 3 folding e-trikes, 3 electric tandems, 2 side by side tandems, 3

bikes with child transport, 3 low step thru bikes and dog-friendly e-cargo bike plus 20 standard e-bikes and 20 converted e-bikes would be achievable enabling 1,000 x 4 week hires over the programme.

The Capability Fund includes a small-scale e-bike on referral pilot project for up to 30 individuals to support weight loss, mental wellbeing or rehabilitation, The learning from this will inform development of a larger scale project comprising a 3 x 6 week programme for 30 eligible individuals per year (10 per course). Beneficiaries would be supported beyond the 6 week programme by the Bike Library with option of a bike loan to help them to continue the regular physical activity.

Up to 20 of the e-bike fleet will be converted from reconditioned standard bikes and options to offer community courses to assist people to upgrade their own bike to an e-bike to assist mobility will be explored as part of the level 1 and level 2 “build a bike” offers.

There may be opportunity to link with the roll out a ‘Hubs Mobility Service’ through the national Mobility Centres by ensuring Driving Mobility referral partners at DVLA, NHS Motability and Police are aware of the e-bike library as an option to try alternative options to maintain independent mobility for local journeys. See https://www.drivingmobility.org.uk/news/driving-mobility-help-more-disabled-people-travel-confidently-with-government-funding/.

33. Are there other DfT funded behaviour change projects that you will link your Active Travel Social Prescribing pilots to? Please list these below.

This might be through delivery partners, events or interventions. We are interested to see potential linkages or cross over between existing projects.

1	Capability Fund - small scale ebike social prescribing pilot with Ridewise supporting 30 people on referral about to launch, for completion by September 2022 (£16,000)
2	Capability Fund - community based active travel behaviour change package in Beechdale/Aspley and St Anns/Sneinton June to September 2022 (£29,000) with Sustrans
3	Capability Fund– completion of school streets engagement package with school holiday provision working with 6 primary schools and their communities until 31 August 2022 with Sustrans (£35,000) supported by Living Streets WoW offer Bikeability Level 2 cycle training for 1,815 primary school places 22/23 up to £81,675 plus SEND top up with 23/24 and 24/25 funding anticipated
4	British Cycling partnership programme up to January 2023 includes community activation packages with a focus on supporting more women into cycling (pro-rated cost £25,000)
5	Capability Fund active travel marcomms package and Love to Ride 2022 summer campaign window (£32,000)

Comments:

22/23 revenue funding is in place for the above delivery. The Schools Streets support package seeks to engage with the wider school community so complements the Level 1 community ATSP offer. The community active travel behaviour change project has been specifically designed to work in the same communities that will benefit from the ATSP package to kickstart wider active travel behaviour change in those communities beyond the ATSP beneficiaries and will build on the stakeholder co-design work initiated in the ATSP feasibility stage.

Other complementary activities were funded in the Access Fund/ATF/Capability Fund project programmes such as Community Cycle Centres, jobseeker PTP and cycle support package, Nottingham BikeAid and workplace active travel service up until 31 March 2022. If further funding could be secured these approaches would all add value to the ATSP programme delivery by supporting wider culture of active travel behaviour change across the city. Experience has shown people often engage with the active travel support programme following

exposure to multiple projects across different settings and events, rather than any single entry point. Having a network of activities and services maximises our ability to support people in the way that works best for them. The council and our partners will explore any future opportunities to secure funding to continue the good practice developed through these projects.

8. Capital Infrastructure Integration

34. Infrastructure Development Plans:

Please outline where your existing capital plans will link to and complement the social prescribing delivery areas (Locations and infrastructure developments etc.). How will improvements to the physical environment support an increase in walking and cycling in the social prescribing delivery areas? You can upload maps or illustrations following this question.

Nottingham has a secured significant capital investment through Cycle Ambition programme, Active Travel Fund including school streets package), Transforming Cities and Levelling Up Fund to become a place that puts walking and cycling first. Our focus delivery areas (PCN1 Bulwell; PCN3 Aspley/Beechdale/Bilborough; PCN6 St Ann's/Sneinton will all benefit from planned capital investment in walking and cycling infrastructure as set out in our LCWIP 1/4/10 year pipeline, with relevant schemes highlighted in the plans in Appendix 6 and listed in Q36. This includes a bid for further ATF funding bid for the St Ann's Wells Road cycle corridor in PCN6. These are all high quality segregated cycle routes design in accordance with the latest guidance in LTN1/20.

To complement the cycle network development our Levelling Up bid secured funding for expansion of Schools Streets to 20 more schools and a Streets for People package. These packages will support everyday walking and cycling journeys by reducing car dominance around schools and provide local walking and cycling connections linking into strategic cycle network to enable residents to walk and cycle to local shops and services. Streets for People package will be developed in response to local priorities as part of our area capital programme. This will provide the ideal opportunity to explore how the additional active travel behaviour change measures in the ATSP programme work alongside that very locally focussed capital infrastructure investment enabling local walking and cycling journeys.

We are already using active travel engagement to support and inform infrastructure design:

- Sustrans has recently completed a package of community co-design work in the Kingsbury Drive area of the PCN3 and prepared outline proposals for schools streets package, which will complement and extend the improvements delivered through the Wigman Road cycle corridor. The Harvey Hadden Sports Village which has a high quality cycle track is located in the same area creating a hub for delivery of community cycle activities in PCN3.
- Our Capability Fund community active travel behaviour change package in PCN3 and PCN6 over summer 2022 will engage these communities beyond the immediate recipients of the ATSP programme inspire and initiate a local consultation network for development of future plans for active travel neighbourhood improvements.

The ATSP programme will add to this learning.

35. Please upload any relevant maps or illustrations demonstrating capital infrastructure developments that will support the delivery of the Social Prescribing interventions.

Appendix 6 provides plans of capital schemes in ATSP delivery areas

36. What existing funding is supporting the delivery of the capital infrastructure developments? Are there any additional funding requirements which will form part of the Local Authority Walking and Cycling capital bid for 2022 onwards?

Please list the funding pots and amount associated.

1	**Nottingham Derby Transforming Cities Programme (TCF)** = £161million to strengthen connections between major employment sites, upgrade public transport, improve options for people on foot or bike and improve connections between the two cities of Nottingham and Derby. The programme includes schemes 2-6 below:
2	**Wigman Road and Beechdale Road corridor (£4million)** is a new high quality cycle lane, public realm and pedestrian improvements close to the Harvey Hadden cycling circuit extended dedicated off-carriageway cycle lanes out to housing/employment growth areas in PCN3.
3	**New cycle and footbridge across the river Trent (£9.25million)** linking the expanding Waterside regeneration area to Colwick Park on the north bank, and the Lady Bay/West Bridgford area to the south. New and enhanced connecting paths and crossing points will be developed connecting people in PCN6 via the bridge to the wider walking and cycling network, providing access to housing, employment and leisure opportunities across the city and beyond.
4	**Cycle improvements along the Hucknall Road corridor (£2.5million)** from Valley Rd to Moor Bridge, and a section of Mansfield Road south of the junction with Hucknall Road and the associated routes through to the city centre. Construction is currently underway on Hucknall Road between Heathfield Road and Tring Vale) in PCN1.
5	Three strategic cycling and walking corridors within St Ann's area in PCN6 along St Anns Well Road, Carlton Road and Woodborough Road in PCN6 including **improved cycling facilities along Carlton Road (£1.25million)** as part of the city's Strategic Cycle Corridor N13 to upgrade an existing cycle route. The preliminary design has been developed and communication material is currently being developed for consultation in May 2022.
6	**Active Travel Fund (ATF)** provided **£570,000** in tranche 1 and **£2million** in tranche 2. Package enabling preliminary design and consultation work for St Ann's Well Road including trialling elements of segregated cycle infrastructure using temporary infrastructure and a programme of 12 School Streets across the city creating local improvements with planter barriers to restrict traffic outside schools supported by activities in schools around active travel behavior change.
7	Further **ATF funding bid for £2.2million** announcement pending for an LTN1/20 compliant cycle route for St Ann's Wells Road (Note information embargoed until DfT announcement.)
8	**Levelling Up Fund** secured £18million for package of measures that will improve the condition of residential streets, encourage more walking and cycling to school, and enable the installation of energy-efficient street lighting and electric vehicle charging in communities including package 9 and 10 below:
9	- **Streets for People (£8.5million)** will be split between each ward, with the areas most in need getting proportionately more funding. The works will be identified by local people and prioritised by ward councillors. This could include work to improve the condition of pavements, roads, and cycle ways to make sustainable travel a more attractive option.
10	- **School Streets (£1.5million)** will build on the existing schemes funded through the Active Travel Fund, and include measures to encourage more walking, cycling and scooting to school.

Comments:

The City Council has a LEP wide LCWIP in place. We look forward to working with the newly established Active Travel England and the DfT to secure future funding settlements that will

enable us to deliver the ambitious programme outlined within the document to the high standards put forward in LTN1/20.

9. Public Sector Equality Duty and Equality Impact Assessment

37. How will you consider the needs of people with a protected characteristic when developing and delivering activities through the Active Travel Social Prescribing pilots?

Nottingham City has significant levels of deprivation and health inequalities with an estimated 65,000 physically inactive people. PCN3 (Aspley/Bilborough/ Beechdale) has the lowest female healthy life expectancy and highest years of living in poor health across the Nottingham and Nottinghamshire Integrated Care System and compared to national data, with women living up to 25.2 years in poor health. PCN1 (Bulwell/Top Valley) and PCN6 (St Ann's/Sneinton) also perform poorly. The pandemic, exacerbated by the cost of living crisis, has compounded these health inequalities. .

Active travel is hugely beneficial to physical and mental health but barriers like income, knowledge, personal health and confidence mean this opportunity is not equally available to all citizens, with women, BAME communities, disabled people and older people walking and cycling less. The feasibility stage (Q29) has highlighted that:

1. Most social prescribing referrals in the city are for mental health and/or social isolation. Our package will:

- Support women by providing family-friendly active travel package to support low-income families in Level 1 and work with local provider Women in Tandem to provide women-only support in Level 2 which will include childcare.
- Level 2 provides a personalised "What Matters to Me" approach, delivered in an inclusive and supportive way, with options for individual or group support over period of 6-12 weeks to build confidence and reduce social isolation.

2. Activities will be run by "people like me", delivered at trusted places, by recognised partners and representative of our communities:

- BAME communities make up 35% of the population in PCN6 and 26% in PCN3, indicating a need to provide activities tailored to different cultural groups, adopting local and national good practice e.g., Cycle Sisters projects.
- The Community Dr Bike project will develop a community network of mechanics from within those communities.
- Active Travel Community Activators will work closely with established community groups to commission projects that respond to the specific community needs, supported by grants to make local venues cycle friendly.

3. Activities will be inclusive and accessible for all abilities and differently abled people:

- 60 specialist and adapted e-bikes/e-trikes will expand the bike library and underpin our accessible social prescribing offer (Q32).
- All ability cycle sessions will provide cycle training to differently abled people, alongside tandem rides for people with visual impairments.
- A Trusted Provider Accreditation scheme will ensure that activities/providers are matched to the needs of each client.

The Nottingham City Place-based Partnership's My Life Choices lived experience co-design group will provide continued input into the service specification, commissioning, and promotion of activities to ensure the offer resonates with those that would most benefit from being more active.

38. Which of the following groups will benefit from the interventions you propose to deliver through the pilots?

- ✓ **Black and Ethnic Minority people**
- ✓ **Disabled people**
- ✓ **Women**
- ☐ School children (under 16)
- ☐ Elderly / older people
- ☐ Unemployed
- ✓ **People with long term health conditions**
- ✓ **Other (please specify):**

People experiencing poor mental health and/or social isolation

39. If you have additional supporting information in the form of an Equality Impact Assessment, to fulfil the requirements of the Public Sector Equality Duty (PSED) please upload it here

See Appendix 7: Equality Impact Assessment

10. Exit Strategy and Sustainability

40. Please outline the steps you will take to ensure sustainability of your project following the end of the pilot period. JM

How will the delivery be integrated into the wider systems for Active Travel and Social Prescribing to support continued delivery after the end of the pilot period? This might be sustained partnerships, scaling down activities, follow up projects or activities, or seeking continued funding.

Social prescribing is already established in Nottingham and active travel is a key part of our local health, transport and environmental strategies. Sustaining the benefits of this programme is critical to ensuring we meet our Carbon Neutral 2028 target and for supporting moving more to live well for longer. Active travel offers an affordable travel option, increasingly important as the cost of living rises, but there is a cost to providing effective support to build skills and confidence around this. Personalised interventions can be resource intensive but focusing activities on the most in need will reap the greatest health benefits (proportionate universalism) and the bid partners will continue to pursue all available future funding opportunities to continue successful approaches from this pilot.

In the meantime, building community capacity and local peer champions to harness the potential within our communities, designing walking and cycling into neighbourhood improvements, developing a local economy around active travel, and establishing walking and cycling from an early age, will all help to sustain the benefits of the programme.

In particular:

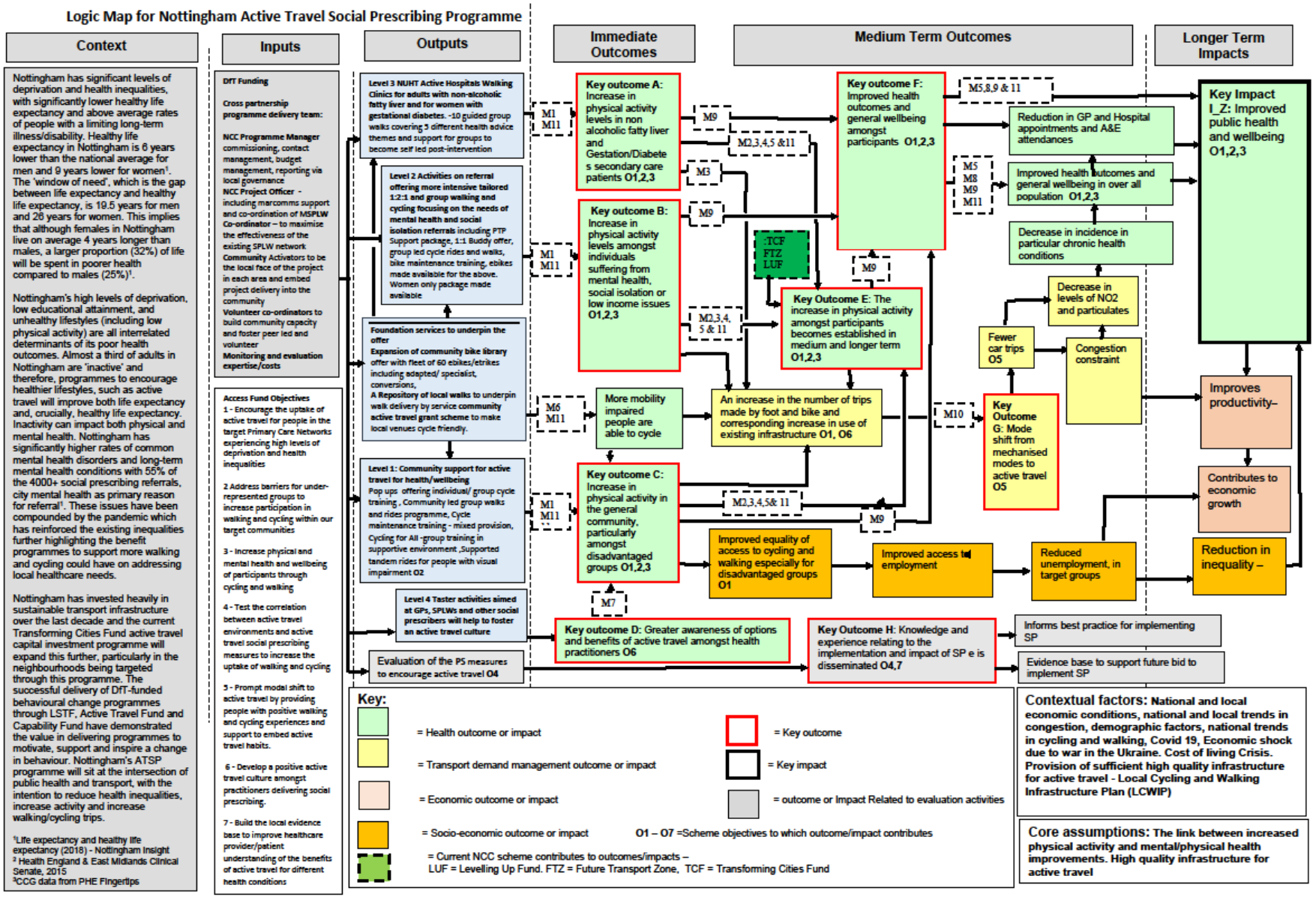
- Intensive support for Level 2 & 3 participants will equip them to continue walking and cycling through Level 1 signposted activities and provision outside this programme e.g., social walks and rides like 5k Your Way (https://5kyourway.org/) for those living with and beyond cancer.
- The Green Map project and GoJauntly walking app will foster such community led activities.
- The Community Dr Bike project will build volunteer skills and capacity in local bike mechanics to continue Dr Bike provision beyond the funding package.
- Activities to build confidence amongst social prescribers and the programme evaluation will develop the business case for the value of active travel as an effective health intervention.
- Establishing walking and cycling interventions within the comfort zone of practitioners and patients will encourage use of Personalised Care Budgets to buy active travel sessions, creating a local market for active travel services, and support the case for secondary care to invest in alternative treatment pathways like walking clinics for adults with non-alcoholic fatty liver and gestational diabetes.
- The programme will fund a significant specialist adapted bike/e-bike fleet to underpin our accessible cycling offer. We will explore business models using this asset to secure an operator to continue the service beyond the funding programme.

Appendix 2: Programme Gannt chart

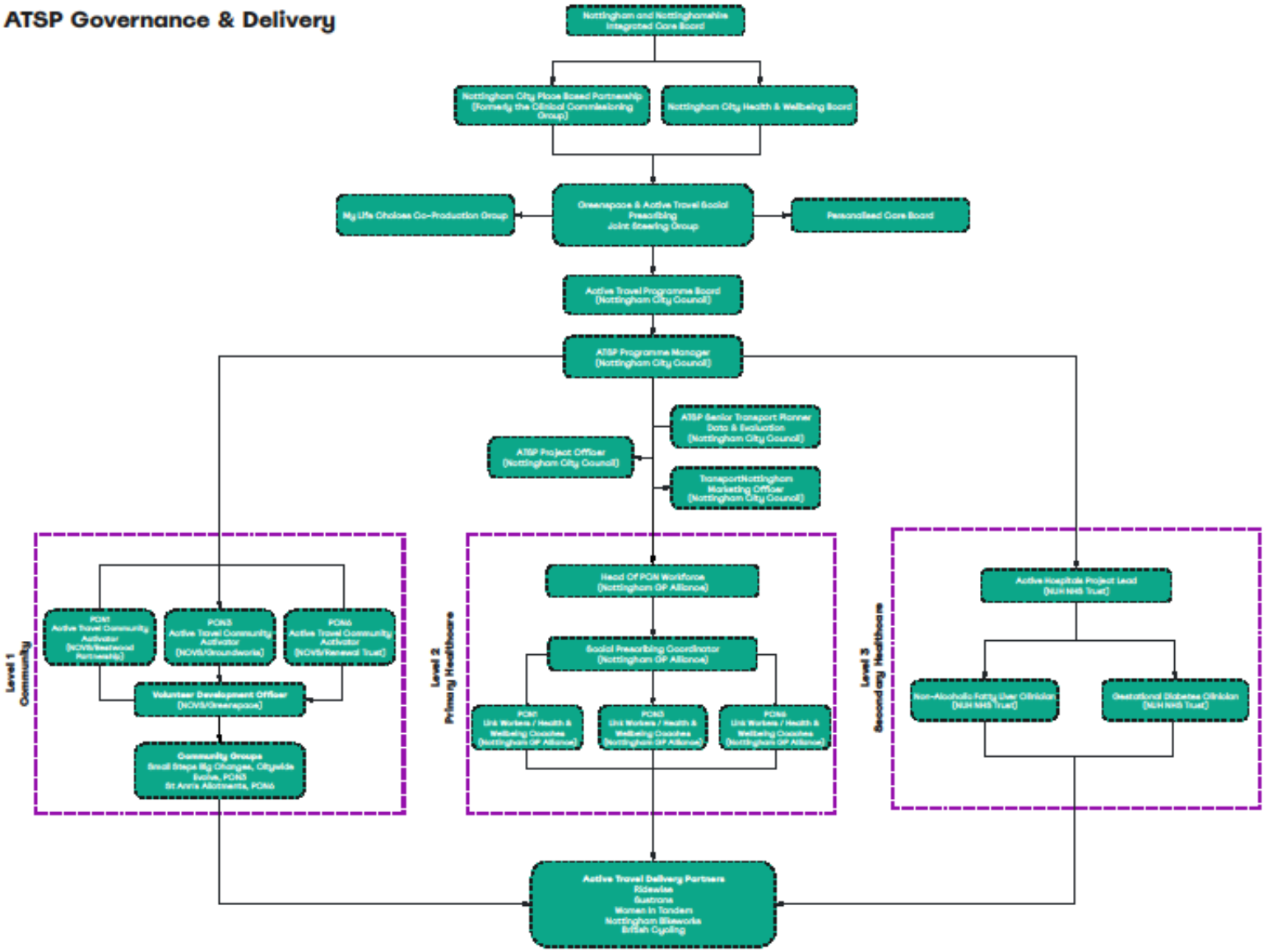
Programme Phase	Task	Year 1 (2022/23)										Year 2 (2023/24)												Year 3 (2024/25)											
		Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
Workpackage 0: Project Initation	Initiate ATSP strategic & operational steering groups																																		
	Approve DfT grant award																																		
	Establish programme-wide monitoring processes																																		
	Continue co-design for procurement specification																																		
	Commission "rapid imitation" interventions for Year 1 (Work package 1)																																		
	Commission providers of specialist resources/services (Go Jauntly / Bike Library)																																		
	Purchase e-bike fleet & storage facility																																		
	Establish in-house programme delivery teams																																		
	Complete initial procurement of external delivery partners for Year 1																																		
	Develop active travel procurement framework for Year 2 & 3																																		
	Procure external delivery partners for Year 2 & 3 using framework																																		
Workpackage 0: Ongoing Programme Management, Marketing & M&E	Regular programme wide marketing & comms																																		
	Printed & digital resources design & re-prints																																		
	Training sessions for GPs/Link Workers & re-fresher rides																																		
	Administration of grant programme																																		
	Go Jauntly route web hub and app																																		
	Green Map web hub delivery																																		
	Delivery Partner Monitoring & Reporting																																		
	Programme Evaluation																																		
	Department for Transport and ATSP Steering Group reporting																																		
Workpackage 1: Community	ATSP Community Activators & Volunteer Coordinators in-post																																		
	Delivery of bike library																																		
	Community cycle centres package																																		
	Community led group walks and rides programme																																		
	Cycle maintenance training - mixed provision																																		
	Dr. Bike provision and establish in a champions network																																		
	Cycling for All cycle training																																		
	Supported tandem rides for people with visual impairment																																		
Delivery of Workpackage 2: Primary Healthcare	Social Prescribing Coordinator in-post																																		
	Agreeing detail of referral processes																																		
	Personalised travel support																																		
	1 to 1 walking and cycle buddies																																		
	Group led walks and rides																																		
	Group cycle training																																		
	E-bikes on prescription																																		
	Build a bike' course																																		
	Women only cycle support (skills, group rides, earn a bike)																																		
	Breeze community ride leader training (Women only)																																		
Delivery of Workpackage 3: Secondary Healthcare	NUHT Active Hospital non alcoholic fatty liver clinic walks																																		
	NUHT Active Hospitals gestational diabetes clinic walks																																		

**Indicative timetable, to be confirmed at detailed co-design stage*

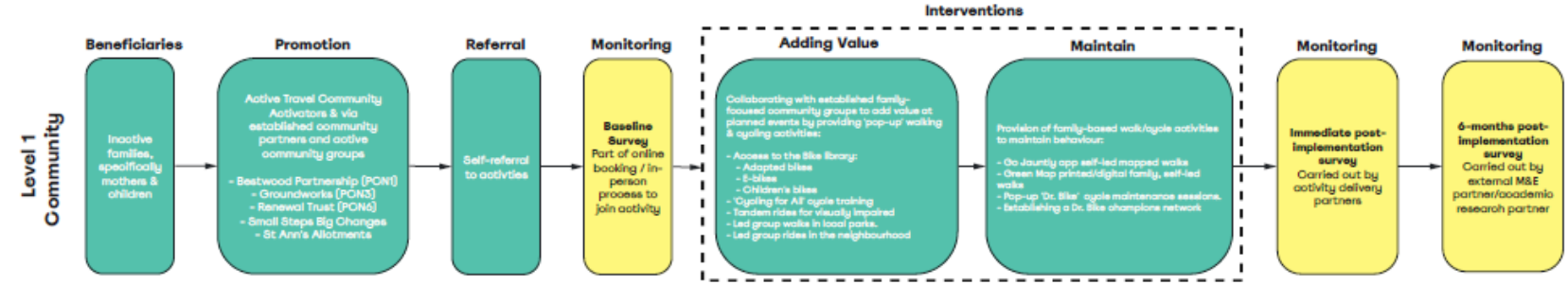
Appendix 3: Logic model and Engagement/Co-design Flowchart.

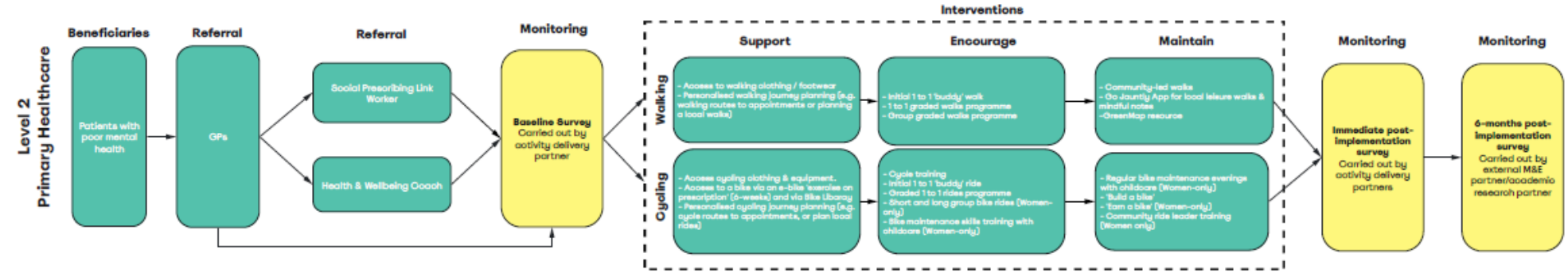


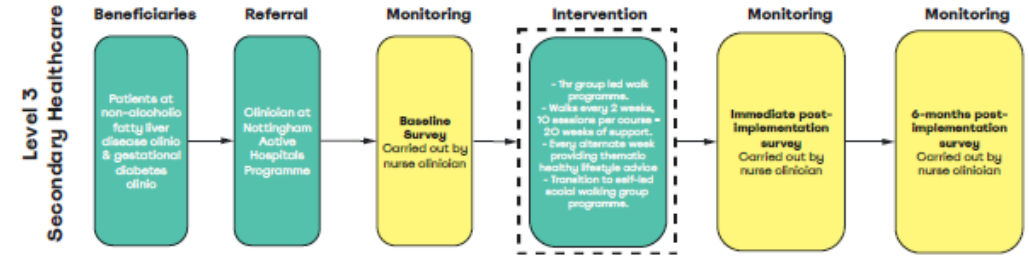
Appendix 4: Organogram and Referral pathway Diagram Flowchart



ATSP Referral Pathways







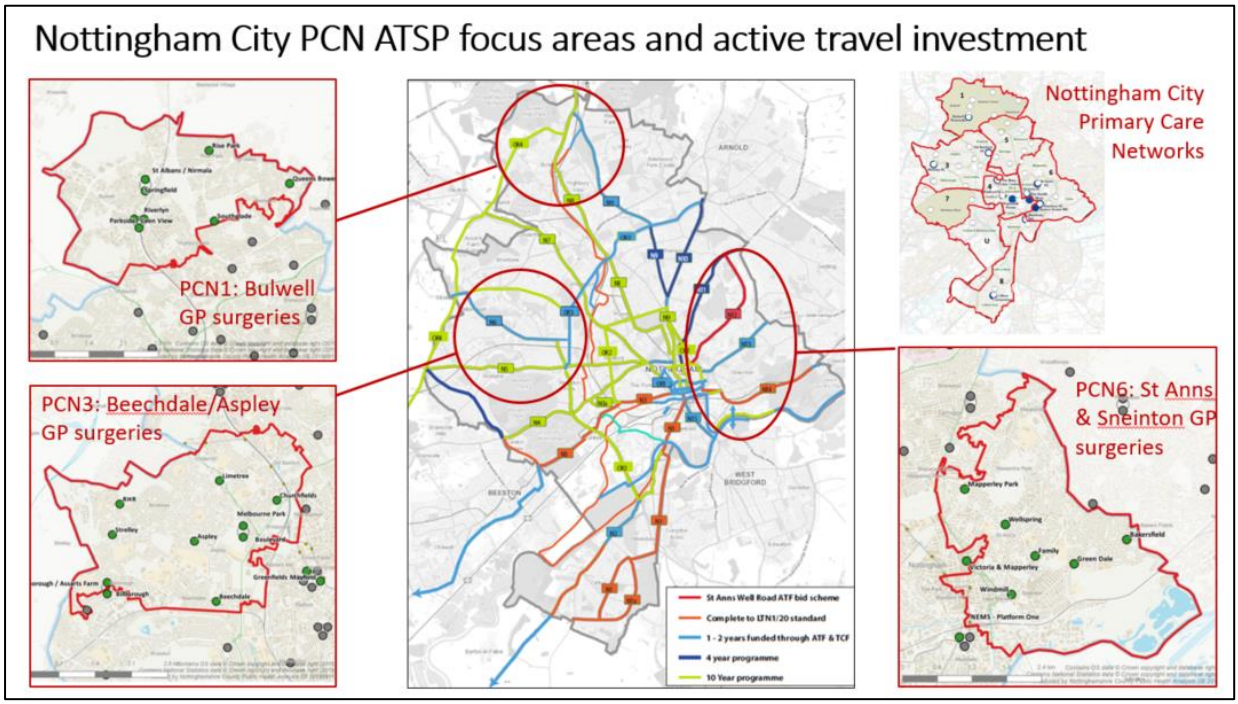
Appendix 5: Risk Register

Project:	Active Travel Social Prescribing
Project lead:	Jennie Maybury
Last Updated:	12-Apr-22

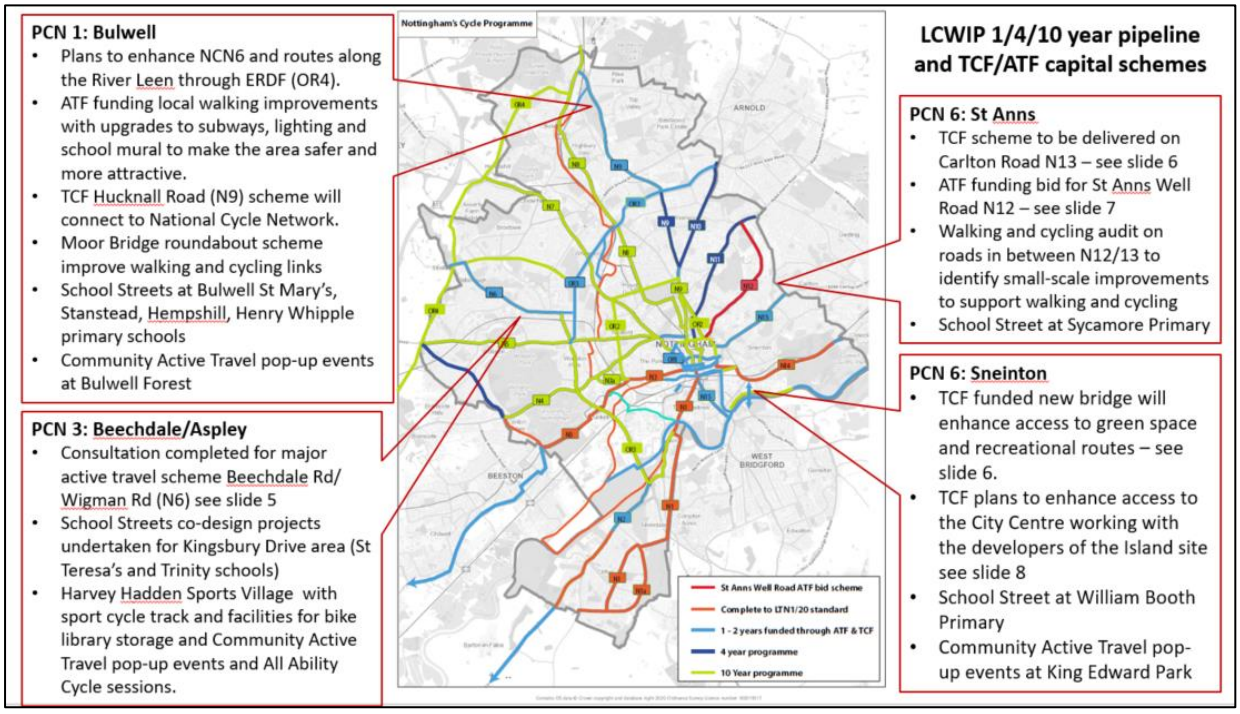
			Prevailing Risk Ratings									
Risk Number	Risk Description	Description of Potential IMPACT (quantified wherever possible)	LIKELIHOOD Rating	IMPACT Rating	Risk Rating	Risk Owner	Action Owner	Risk Responses	Date Added	Live/ Closed	Date Closed	Comments
R001	Application for active travel social prescribing is not successful	Elements potentially become un-affordable	Possible	Major	12	Programme Manager	JM	Discuss with scheme partners if there are any elements of the Ative Travel Social Prescribing programme that could be scaled back and delivered within availbale resources.	12-Apr-22	LIVE		
R002	Delay to delivery due to late funding award	Delays to scheme implementation	Possible	Moderate	9	Project Manager	Team Leader	Delivery partners will be notified to ensure they are primed and ready to deliver once funding becomes available	12-Apr-22	LIVE		
R003	Lack of capacity to deliver programme measures	Programme delays and failure to spend funds	Unlikely	Moderate	6	Programme Manager	JM	Framework contracts in place to deliver capacity as required	12-Apr-22	LIVE		
R004	Working restrictions introduced in response to the Coronavirus result in increased delivery costs. This is of particular concern given the ATSP scheme will potentially be working with vulnerable people	Inability to deliver full programme	Unlikely	Moderate	6	Programme Manager	JM	Review project specifications. Utilise frameworks to ensure best value and consider joint tendering with other schemes where appropriate. Risk to be monitored as part of ongoing project reporting requirements as delivery commences	12-Apr-22	LIVE		
R005	Insufficient resource allocation for monitoring and evaluation activities	Unable to undertake the monitoring and evaluation required for the programme	Unlikely	Minor	4	Monitoring and Evaluation Team (Transport Strategy)	SD	Service area review to identify any resource constraints for delivery	12-Apr-22	LIVE		
R006	Match Funding Not available in 2022/23	Scale back project	Unlikely	Minor	4	Programme Manager	JM		12-Apr-22	LIVE		
R007	Insufficient uptake of scheme		Unlikely	Minor	4	Programme Manager	JM	Dynamic marketing and communications strategy has been developed together with a Comprehensive stakeholder management strategy. Regular monitoring will identify challenges which will be dealt with by the programme board.	12-Apr-22	LIVE		
R008	Failure to secure internal approvals to commence programme delivery	Delay in commencement of programme delivery	Remote	Moderate	3	SRO	CC	Liaise with Legal, Procurement and Finance representatives and Portfolio Holders prior to seeking approval to accept funding and commence project	12-Apr-22	LIVE		

Appendix 6: Plans of capital schemes in ATSP delivery areas

Slide 1



Slide 2



Slide 3

Links to Bulwell/ Top Valley (PCN1):

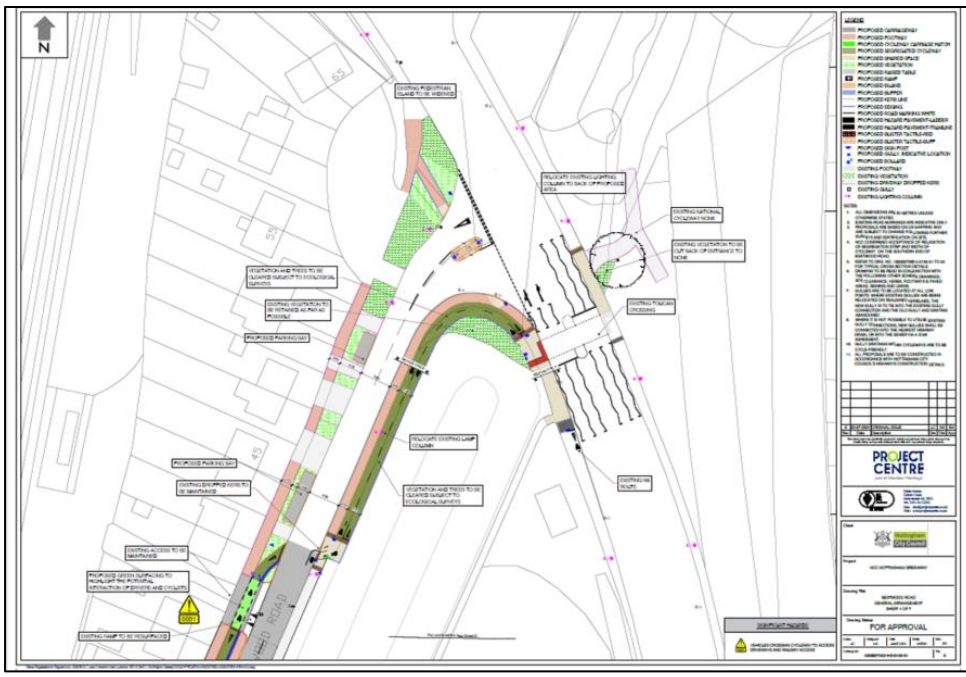
Hucknall Road to Bestwood Road (N9): TCF funding Scheme cross-section



Hucknall Road (N9): Completed stepped cycle track outside Nottingham University Hospital Trust City campus (*Part of NUHT Active Hospitals programme*).

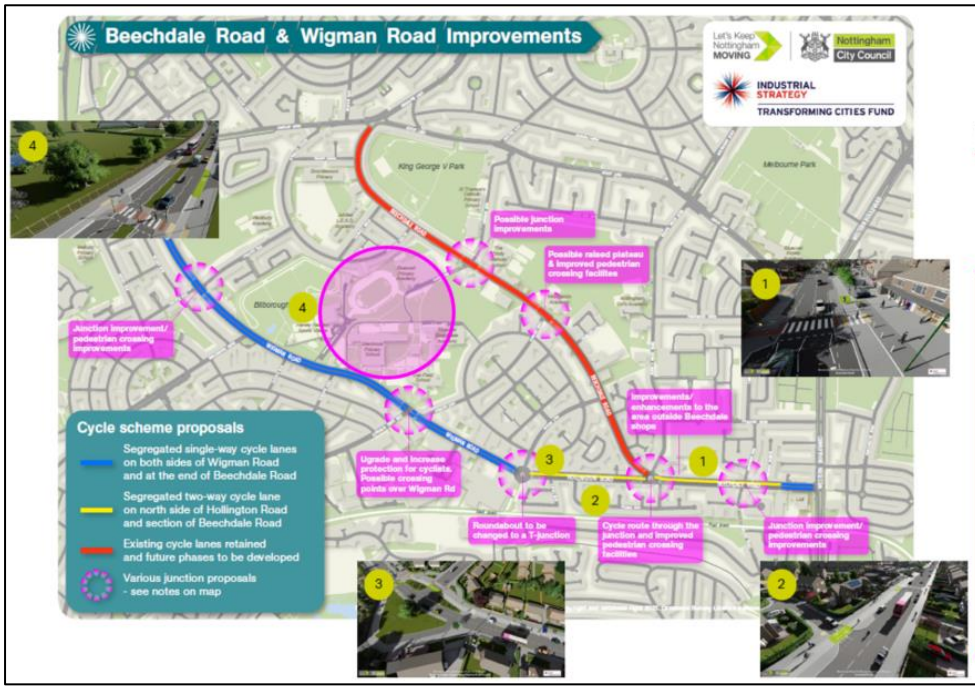


Slide 4



PCN1: Bulwell Design for Bestwood Road scheme to link to National Cycle Network - LTN1/20 compliant (Subject to future funding bid.)

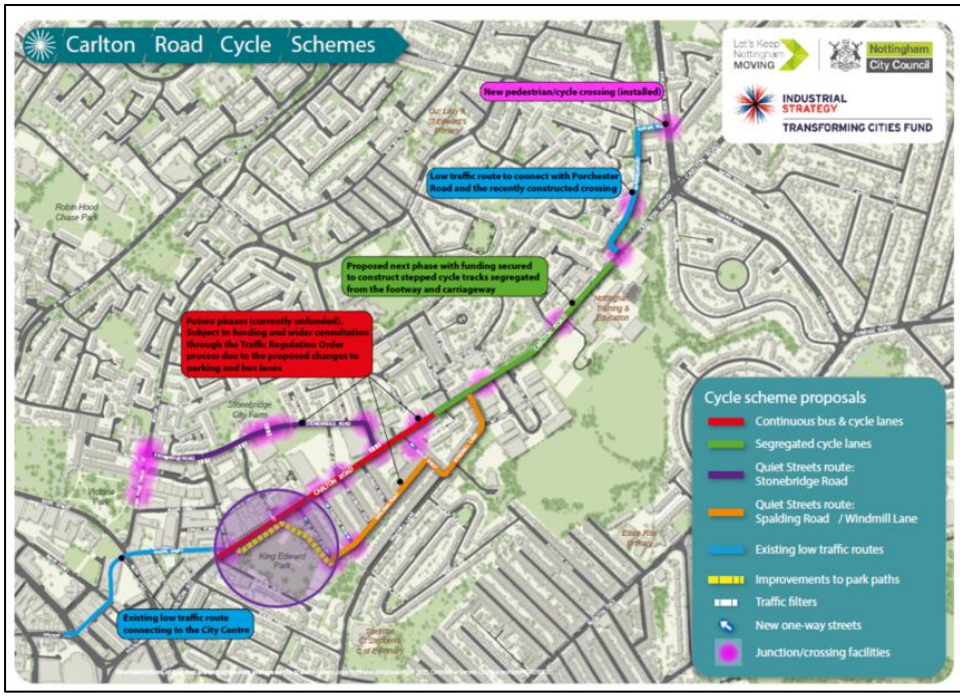
Slide 5



N6 Beechdale Road/ Wigman Road in PCN3 (TCF funding)

PCN3 is home to the **Harvey Hadden Sports Village** offering a sport cycle track and facilities for bike library storage and a core venue for ATSP community active travel pop-up events and All Ability Cycle sessions.

Slide 6



N13 Carlton Road cycle scheme in PCN6 (TCF funding)

King Edward Park will be a core venue for ATSP active travel community pop up events for PCN6.

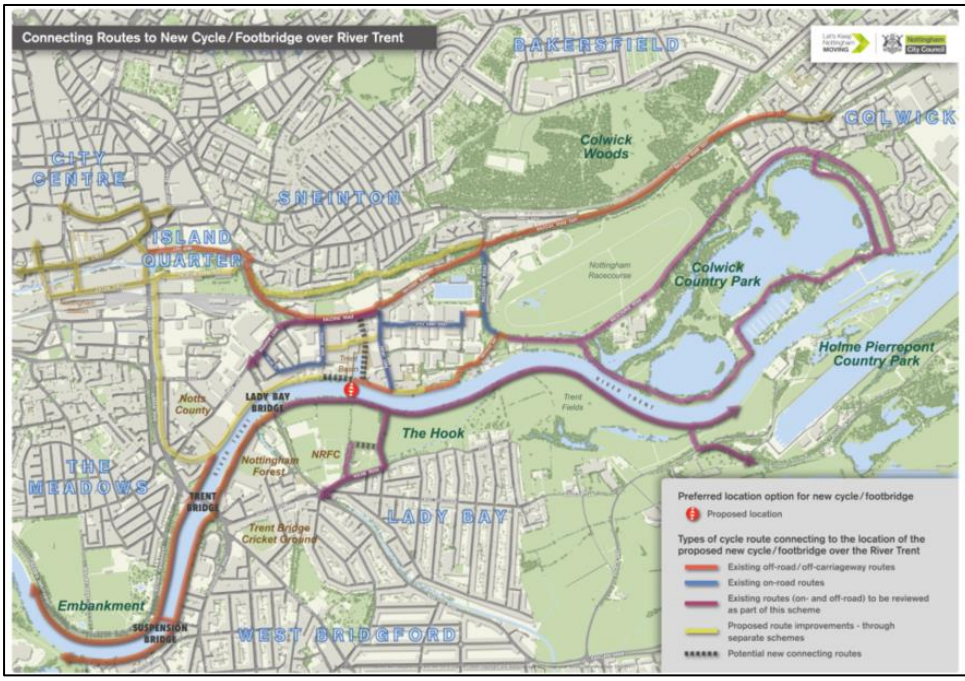
Slide 7



N12 St Ann's Wells Road ATF scheme in PCN6 – ATF funding bid pending for an LTN 1/20 compliant cycle route.

Work is being undertaken to identify small-scale improvements to support walking and cycling in between N12 and N13 Carlton Road (slide 6) to complement these schemes. This package of improvements will support everyday cycling for people in PCN6 area. Increasing access to e-bikes in the ATSP programme will assist people to cycle in the hillier parts of the area.

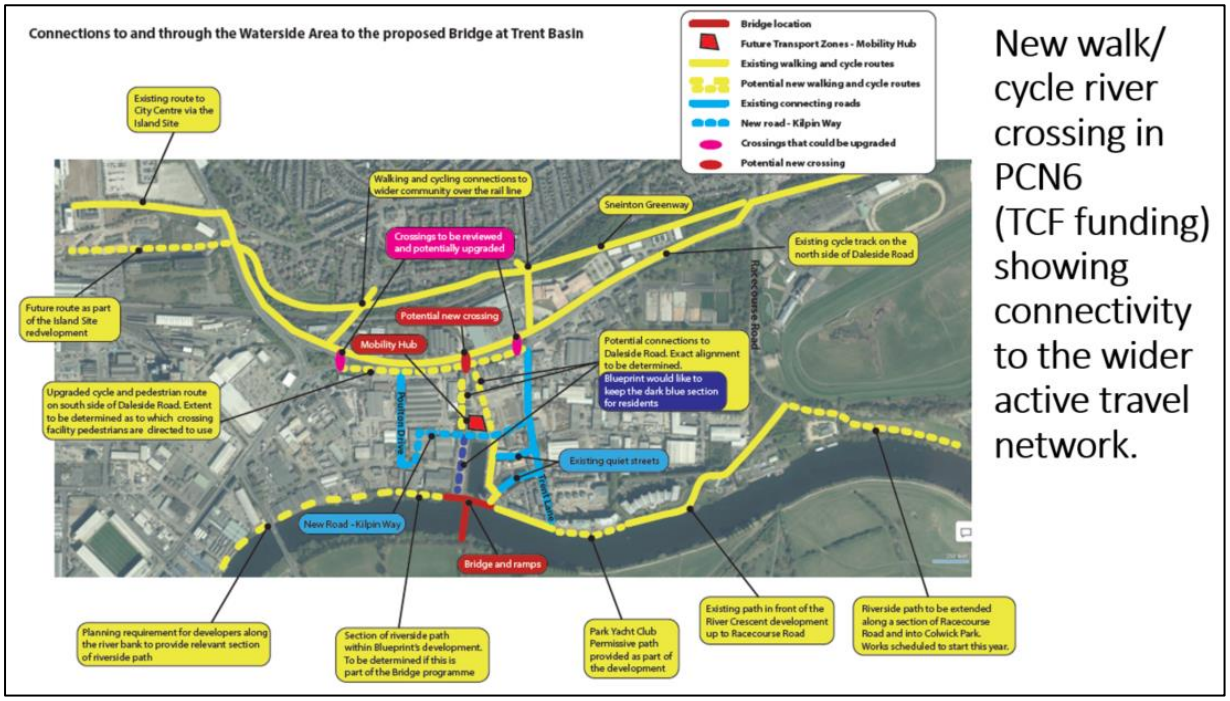
Slide 8



New cycle/ foot bridge river crossing in PCN6 (TCF funding)

Opens up a new segregated cycle corridor into city centre and will enhance access to green space and recreational routes. Will enable opportunities for led rides and walks in the ATSP programme along the river linking to the 10k Big Track walk/cycle route.

Slide 9



New walk/ cycle river crossing in PCN6 (TCF funding) showing connectivity to the wider active travel network.

Appendix 7: Active Travel Social Prescribing - Equality Impact Assessment

Title of EIA: Active Travel Social Prescribing
Department: Development and Growth
Service Area: Transport Strategy

Name of Author: James Ashton
Director: Sajeeda Rose
Strategic Budget: No

Brief description of proposal / policy / service being assessed:

Nottingham City Council in partnership with the Nottingham City Place-based partnership (formerly the Clinical Commissioning Group) and Primary Care Networks (PCNs) in areas 1, 3 and 6 to deliver a programme of interventions aimed at improving the take up of active travel through social prescribing in places where there is investment in active travel infrastructure. Our programme aims to support people with different levels of need using a mix of targeted motivational support to signpost people into suitable existing walking and cycling services and more intensive individual support as part of a personalised care package.

Active travel is hugely beneficial to physical and mental wellbeing but barriers like personal health, income, knowledge and confidence mean this opportunity is not equally available to all our citizens, with women, BAME communities, disabled people and older people walking and cycling less. Proposed activities will include buddying schemes with personalised activity plans for walking and cycling, promoting local graded walks and rides (print and online) using safe routes, supporting local groups and volunteering for self-organised social led walks and rides focussed around network improvements; working with local providers to scale up proven pilot activities such as walking buddy schemes to reduce isolation; tandem cycle rides for people with visual impairment; cycle training for people with learning disabilities.

Ensuring easy affordable access to a wider range of bikes to suit all abilities (adapted bikes, trikes, tandems, ebikes) through an extended bike library with associated clothing and equipment will underpin our cycle interventions. The programme will be delivered in three areas of Nottingham, Bulwell/ Top Valley, Aspley/Bilborough and St Ann's/Sneinton. These locations have been selected on the basis of health need and to make the most of existing and proposed physical infrastructure for walking and cycling.

Information used to analyse the effects on equality:

Information used to analyse the effects of the Bid measures on the equality groups was derived from:

- Census data
- Unemployment data
- Mosaic data
- Joint Strategic Needs Assessment for Nottingham and Nottinghamshire
- Transport and travel surveys

Relevant Data and Research:

Car ownership in Nottingham is also significantly lower than the average in England, with the 2011 Census suggesting that only 43.7% of households in the city have access to a car, compared to 25.8% in England. Car ownership is also particularly low amongst pensioners living alone as well as lone parents. With car ownership or access to car low in the city, importance is placed upon buses to provide access to work and education, and to limit levels of social isolation

Population - Nottingham Insight

Gender - The population of Nottingham City is comprised of 51% females and 49% males. Lone parents are predominantly female, which affects socioeconomic status and access to opportunities. Car ownership amongst lone parents tends to be low. Whilst women are motivated to travel actively for physical and mental health reasons, worries about their personal safety, convenience (particularly when taking multi-stop trips) and appearance are all barriers to preventing them from cycling and walking.
https://www.sustrans.org.uk/our-blog/research/all-themes/all/exploring-gender-and-active-travel

Disability – In Nottingham City, 18.1% of people have long-term health problems that limit day-to-day activities. Data collected by Transport Statistics (2019) found that people with a disability make fewer trips by car. Simultaneously, disabled people are also less likely to be a car driver, placing further importance on accessible transport both in terms of walking and cycling but also public transport.

Other evidence which might be relevant – There is emerging evidence that suggests air pollution can be associated with poorer mental health conditions. This includes potential links between air pollution exposure and increased rates of both depression and anxiety disorders. Air pollution, mental health, and implications for urban design - a review - Centre for Urban Design and Mental Health (urbandesignmentalhealth.com)

	Could particularly benefit X	**May adversely impact X**	**How different groups could be affected** (Summary of impacts)	**Details of actions to reduce negative or increase positive impact** (or why action isn't possible)
People from different ethnic groups.	☒	☐	The measures will be aimed at citizens who would benefit from increased physical activity with particular focus on women in low income families, people being referred for social prescribing for mental health or social isolation reasons and 2 specific clinical cohorts in Nottingham University Hospitals Trust's Active Hospitals programme hepatology and ante- natal clinics (Adults with non-alcoholic fatty liver and women with gestational diabetes). For those accessing the programme there should be the following impacts: • Positive economic impacts (and the associated social, health and well-being benefits) through improving access to work by active travel. • Positive health impacts through encouraging people to walk and cycle and through expanded travel horizons. • Increased confidence through exercise and social interaction. The programme will support people into	The majority of social prescribing referrals in the city are for mental health and wellbeing and/or social isolation. Our package will: • Offer personalised provision and "What Matters to Me" will be at the heart of inclusive and supportive delivery with options for individual or group level support. This will cater for people who lack social confidence and need a more personalised one to one approach to motivate and build confidence through to people experiencing social isolation who might prefer the more social element of group activities. These activities will be delivered over period of 6- 12 weeks allowing time to build relationships with clients and for friendships to develop. • Support women by providing family friendly active travel package to support low income families and to provide women-only support which will include childcare. • Services will be delivered in the local areas in community settings and by.
Men	☒	☐		
Women	☒	☐		
Trans	☐	☐		
Disabled people or carers.	☒	☐		
Pregnancy/ Maternity	☒	☐		
People of different faiths/ beliefs and those with none.	☐	☐		
Lesbian, gay or bisexual people.	☐	☐		
Older	☒	☐		
Younger	☐	☐		
Other (e.g. marriage/ civil partnership, looked after children, cohesion/ good relations, vulnerable children/ adults). ***Please underline the group(s) /issue more adversely affected or which benefits.***	☐	☐		

			including access to bikes, suitable clothing and footwear for active travel, knowledge skills and confidence. These services will benefit citizens by: • Helping those who are unemployed to broaden their travel horizons to access jobs and training through the jobseeker travel support service (e.g journey buddying, cycle training, cycle loan) • Providing bike maintenance skills/ training and free cycle loans and access to out door clothing which will help to reduce barriers to using bikes for transport. • Helping those in low income households with health needs to broaden their travel horizons with access to cycle training, cycle maintenance and buddying located to support cycling in communities with low levels of activity/ lower income areas. • Helping those in employment enhance their travel options including active forms of travel which could improve their health. • Providing 1to1 and Group Walking sessions with a journey buddy which will help to build confidence • Providing personalised travel plans and information about walking and cycling routes for citizens in their local area. • Providing 1to1 and group training to enable people to cycle and encourage healthy, active lifestyles.	working with established community groups to help people access support through familiar and trusted channels they already engage with. This delivery model will promote community cohesion by enabling targeted groups to access the services and travel confidently. Citizens with specific health needs such as those with a disability or limited mobility or with mental health needs will be referred by the Social Prescribing Link Workers or Health and Wellbeing Coaches to appropriate active travel service providers registered with the Greenspace social prescribing Trusted Providers Accreditation to ensure service providers can offer the right support to meet the specific needs of each client. Activities such as group walks and cycle training will be commissioned for particular groups of users as required in each PCN area (e.g. age related, people with disabilities, women, cultural communities, BAME groups). Examples of such projects within the programme include led tandem rides for people with visual impairment; a programme of women only bike mechanics training including childcare to enable participation; all ability cycle training taster sessions delivered in a supportive environment. The e-bike library will offer free loans from a pool of specialist and adapted e-bikes, e-trikes, e-tandems and companion bikes to make cycling accessible to all abilities and for people with specific health or mobility needs. A co-design approach will ensure that our programme will make active travel possible for those who would most benefit from being more active, being more connected to

				people and opportunities, better mental health and wellbeing. This process will be supported by the CCG's patient co-design network, My Life Choices to bring lived experience to input to service specifications and commissioning of active travel services in the programme.

Outcome(s) of equality impact assessment:

•No major change needed ☒ •Adjust the policy/proposal ☐ •Adverse impact but continue ☐

•Stop and remove the policy/proposal ☐

Arrangements for future monitoring of equality impact of this proposal / policy / service:
Review assessment following feedback from Equality and Diversity Team

Approved by (manager signature):

Chris Carter
Chris.Carter@nottinghamcity.gov.uk

Date sent to equality team for publishing:

First Draft sent

Send document or link to:
equalityanddiversityteam@nottinghamcity.gov.uk