

Nottingham City Council

Active Travel Social Prescribing Feasibility Study

Stakeholder & Community Engagement Report

April 2022

a company of Royal HaskoningDHV

Active Travel Social Prescribing Feasibility Study
Stakeholder & Community Engagement Report

Version 2-1

April 2022

Produced by:



For:

Nottingham City Council

Contact:

Stephanie Meyers

Integrated Transport Planning Ltd.
1st Floor, 1 Broadway
Nottingham
NG1 1PR
UNITED KINGDOM

0115 824 8250
meyers@itpworld.net
www.itpworld.net

Project Information Sheet

Client	Nottingham City Council
Project Code	3843
Project Name	Nottingham Active Travel Social Prescribing Feasibility Study
Project Director	Jim Bradley
Project Manager	Stephanie Meyers
Quality Manager	Jim Bradley
Additional Team Members	Blair Davidson, Phoebe Garside
Sub-Consultants	n/a
Start Date	February 2022
File Location	Box:\3843

Document Control Sheet

Ver.	Project Folder	Description	Prep.	Rev.	App.	Date
V2-1	Box:\3843\ProjectFiles	Excl. appendices	SN	SN	SN	29/04/22
V2-0	Box:\3843\ProjectFiles	Final	SN	SN	JB	21/04/22
V1-0	Box:\3843\ProjectFiles	Draft	SN	SN	JB	14/04/22

Notice

This proposal has been prepared according to the instructions and requirements of Nottingham City Council. Integrated Transport Planning Ltd cannot accept any responsibility for any use of or reliance on the contents of this proposal by any third party. The information in this proposal has been prepared in commercial confidence and should not be released to any Third Party without the express written agreement of Integrated Transport Planning Ltd.

Table of Contents

1. Introduction 3
Report Structure 3
2. Background 4
DfT's Active Travel Social Prescribing Objectives 4
Nottingham's Proposed ATSP Programme 5
Feasibility Study Research Questions 5
3. Stakeholders & Community Engagement 7
Approach 7
Participation 10
4. Co-Design Findings 12
Target Audience, Locations & Needs 12
Healthcare Needs & Potential Beneficiaries 12
Support Required 13
Intervention Neighbourhoods 14
Encouraging Behaviour Change 15
Participation Barriers (Beneficiaries) 15
Participation Barriers (Referral & Delivery Partners) 16
Lessons Learnt 17
Delivery 18
Walking & Cycling Activities 18
Integration & Referral Pathways 20
5. Conclusion 22

List of Tables

Table 2-1: Feasibility Study Research Questions 6
Table 3-1: Engagement Timetable 8
Table 4-1: Walking and Cycling Activities 19
Table 4-2: Referral Pathways 21

List of Figures

Figure 3-1: Engagement Approach 7
Figure 3-2: Citywide Workshop Output 10
Figure 3-3: Stakeholder Organisations 10
Figure 3-4: Stakeholders & Community Representatives Engaged 11
Figure 4-1: Possible Beneficiary Groups 12
Figure 4-2: Primary Care Networks 14

Appendices

Appendix A ATSP Engagement Findings
Appendix B ATSP Referral Pathways

Acronyms

ATSP	Active Travel Social Prescribing
DfT	Department for Transport
EoI	Expression of Interest
NCC	Nottingham City Council
PCN	Primary Care Network
SPLW	Social Prescribing Link Worker

Executive Summary

In January 2022, the Department for Transport (DfT) awarded Nottingham City Council (NCC) funding for an Active Travel Social Prescribing (ATSP) feasibility study. A critical element of this involved co-designing the ATSP programme with local stakeholders and community representatives. This report sets out the findings from this co-design process which took place in February and March 2022. Over 60 stakeholders from 20 organisations contributed to the co-design of the ATSP programme.

The key findings from the stakeholder and community engagement

were that the three priority groups to engage with are those on clinical treatment pathways, those with poor mental health and inactive families. There is most potential these three beneficiary groups to benefit from ATSP because for those on some clinical treatment pathways (e.g., non-alcoholic fatty liver disease), lifestyles changes such as walking more will improve their physical health and related health conditions. Based on the number of social prescribing referrals from primary healthcare, supporting those being referred due to poor mental health or social isolation will provide greatest support to the largest number of beneficiaries. Finally, by supporting the adults of inactive families to walk and cycle more, it will not only have the benefit of improving the adult's physical health but also support a generational change in travel behaviour.

The key needs of these beneficiary groups are the provision of practical and emotional support to help them on their journey to start walking and cycling. This means providing advice to motivate, inspire and encourage beneficiaries to make a change to their physical and mental health, by walking and cycling. The services needed to fulfil these needs start with the provision of intensive 1 to 1 advice and support to encourage beneficiaries to go on local walks / rides and use this as a stepping stone to increase independence to join community-based group walks/rides, or plan their own solo walks / rides.

The possible barriers to participation for beneficiaries are the financial cost of buying clothing / equipment to start cycling, a lack of confidence or motivation to start a new activity, particularly for some of the priority beneficiary group. A lack cultural awareness when delivering active travel projects in more diverse communities; and the topography of some neighbourhoods which have hilly terrain which is not favourable for new cyclists. The lessons learnt from previous active travel and community-based programmes to overcome some of these barriers is to continue working with communities to shape the detail of the interventions, to build capacity within established community groups, keep activities 'hyper local', make them fun and social to encourage repeat visits; and have representation from a

diverse range of community advocates to encourage participation from less represented groups.

The type of active travel activities they will support beneficiaries to walk and cycle fall into three categories: provision of clothing/equipment to walk or cycle, training to equip people to ride and maintain bikes or plan walking routes/rides; and support services to motivate and sustain a change in behaviour through 1 to 1 and group activities. All of these are likely to be needed to facilitate the identified beneficiary groups to participate in the programme.

Feedback from stakeholders and community representatives participating in the co-design process has been universally positive with many pledging their support for the continuation of engagement into the initiation and delivery stages of the programme. Considering this, NCC proposes to build on these relationships to work closely with local delivery partners, referral partners and community groups, such as the My Life Choices Co-Production Group, to refine, commission and promote the specific walking and cycling activities for each neighbourhood.

The flow diagram in Appendix A sets out the relationship between the engagement finding and how these have shaped the co-designed ATSP programme.

1. Introduction

1.1 In January 2022, the DfT awarded NCC funding for an ATSP feasibility study. A critical element of the feasibility study involved co-designing the ATSP programme with stakeholders and community partners to ensure the proposed active travel interventions resonate with the intended beneficiaries, are deliverable and will encourage a greater modal shift towards walking and cycling.

1.2 This report sets out the findings from a stakeholder and community co-design process which took place in February and March 2022. The insights gained from engagement will shape NCC's funding bid to be submitted in April 2022.

Report Structure

1.3 The remainder of this report is structured as follows:

- Chapter 2 defines the background of the feasibility study.
- Chapter 3 maps the stakeholders, partners, and community groups involved in the co-design process.
- Chapter 4 sets out the findings from the co-design process.
- Chapter 5 concludes the report and sets out the next steps for co-design should the funding bid be successful.

2. Background

2.1 Social prescribing is a mechanism whereby healthcare professionals can refer (or prescribe) patients to a range of non-clinical services delivered by community-based partners. These services can help to address practical, social, and emotional healthcare needs including:

- Mental health.
- Isolation.
- Complex social needs.
- Managing long-term health conditions.

2.2 Social prescribing has been embedded within the health and social care sector for many years. Two years ago, social prescribing was incorporated into the DfT's Walking and Cycling Plan as a way of supporting those with healthcare needs to improve their physical and mental health; whilst also encouraging more active travel trips.

2.3 In Summer 2021, the DfT invited Expressions of Interest (EoI) from Local Authorities to be part of an ATSP feasibility study and in January 2022, NCC were successful in being selected as one of 32 Local Authorities awarded funding to carry out a feasibility study to refine their ATSP programme. The findings from the feasibility stage will inform a funding bid to the DfT in April 2022 to secure funding to deliver a three-year ATSP programme from 2022 to 2025.

DfT's Active Travel Social Prescribing Objectives

2.4 The overarching objectives of the DfT's ATSP programme are to:

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

2.5 These objectives were communicated to stakeholders and community representatives throughout the co-design process to ensure the proposed programme meets the DfT's funding requirements.

Nottingham's Proposed ATSP Programme

2.6 Nottingham is an early adopter of social prescribing and the city's Placed-based Partnership (formerly the Integrated Care Partnership) already has 25 Social Prescribing Link Workers and 5 Health & Wellbeing Coaches delivering personalised care across 8 Primary Care Networks in the city. Alongside this provision, a two-year social prescribing programme called Green Space, launched in 2021 to improve the mental health and wellbeing of communities hardest hit by the pandemic through nature-based activities in local green spaces. This programme has recently set-up the necessary governance structures and partner networks to deliver social prescribing across the city.

2.7 NCC's ATSP programme aims to integrate with the existing social prescribing system by providing a complementary active travel service in 3 neighbourhoods in the city with the deepest health inequalities. The purpose is to provide practical and emotional support to encourage people to walk or cycle more, either as independent activities (e.g., learning to cycle) or as a facilitator to other community-based activities (e.g., planning their walking route to the local community coffee morning and supporting them to make that trip).

2.8 Five beneficiary groups for ATSP identified at the EoI stage were:

1) young families in deprived households.
2) those tackling weight management issues.
3) those requiring mental health support (e.g., building confidence/addressing isolation),
4) those on treatment pathways pre-op, post-op and rehabilitation,
5) those recovering from long Covid who need graded/paced exercise.

2.9 Through the feasibility study, NCC has worked with stakeholders and community partners to secure buy-in, refine the above beneficiaries and intervention areas, agree the ATSP 'offer', and approve mechanisms to allow for rapid project initiation, the findings of which are presented in this report.

Feasibility Study Research Questions

2.10 The research questions that formed the basis of the stakeholder and community engagement have been set out in Table 2-1 and the findings detailed in Chapter 4 'Co-Design Findings'.

Table 2-1: Feasibility Study Research Questions

Themes	Questions
Target audience, location and needs	• What demographics do stakeholders see as priority groups to support and why? • What are the non-clinical health needs for people in these PCN areas? • What services are required to support their needs?
Barriers to participation (Beneficiaries & Referral Partners)	• Which priority groups have the most potential to use active travel and why? • What are the barriers these groups face to walking or cycling?
Lessons learnt	• What's worked with previous community-based programmes?
Walking and cycling activities	• Will these interventions (services) meet the local needs? • Which one(s) are likely to be most beneficial?
Integration and referral pathways	• How could ATSP integrate into existing community-based services

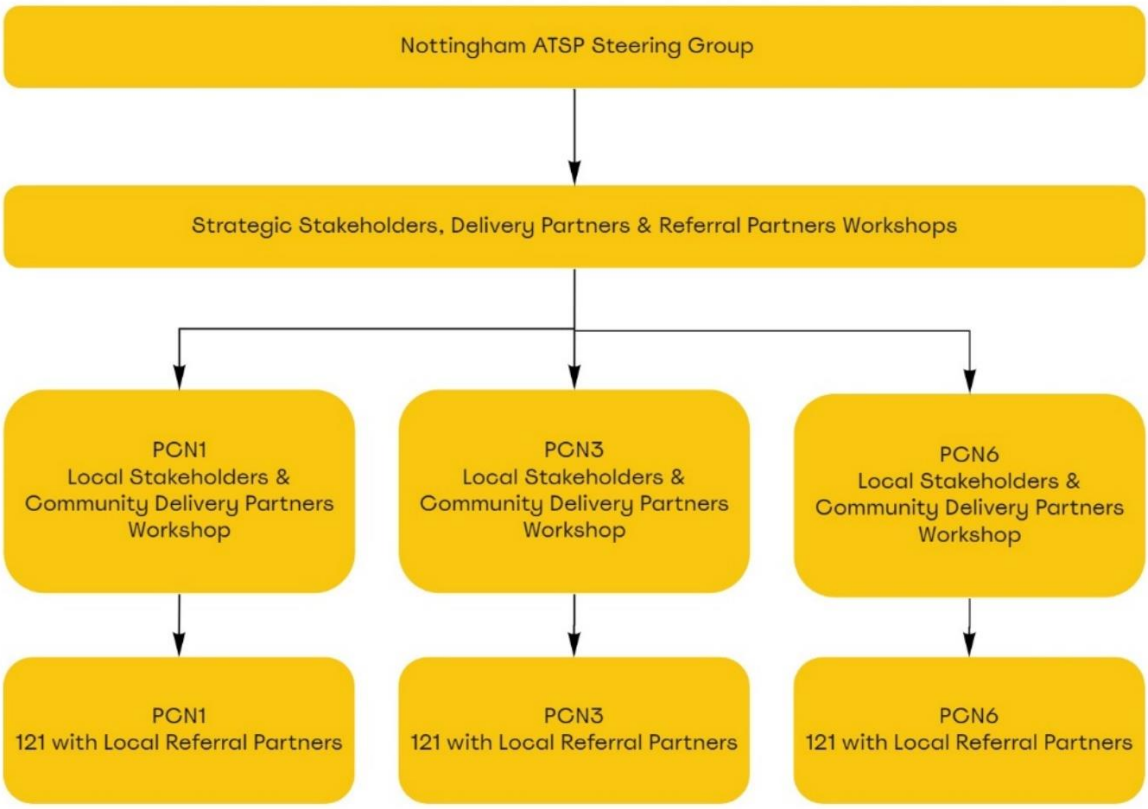
3. Stakeholders & Community Engagement

3.1 This section sets out the approach to engagement for the feasibility study and those stakeholders that contributed to the co-design process.

Approach

3.2 A multi-layered engagement approach was applied to the co-design process to ensure that strategic and local stakeholders, existing and future delivery partners; and community representatives shape the proposed programme. This engagement approach has been visualised in Figure 3-1.

Figure 3-1: Engagement Approach



3.3 Specific engagement activity included:

- 1 to 1 discussions with organisations that will form part of the ATSP steering group to secure strategic support, this included:
    - Nottingham City Placed-Based Partnership (formerly Nottingham City Integrated Care Partnership).

  - Nottingham City Council.
  - Nottingham Community & Voluntary Service (NCVS).
  - My Life Choices Co-Design Group.
  - British Cycling.
- Two citywide stakeholder workshops were held with strategic internal stakeholders, healthcare stakeholders, active travel delivery partners and community stakeholders (Figure 3-4), to discuss the programme beneficiaries, target neighbourhoods, barriers to promoting active travel and active travel interventions to fund through the programme. All sessions were conducted via MS Teams and included facilitated breakout sessions to discuss specific topics related to the programme. Miro was used to collate outputs from the workshops and all sessions were recorded.
- Three Primary Care Network (PCN)-specific workshops were held 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 barriers to active travel and possible active travel activities. As with the citywide workshops all sessions were conducted via MS teams.
- Eight 1 to 1 discussions with specific stakeholders and partners to agree referral pathways, governance and monitoring and evaluation.

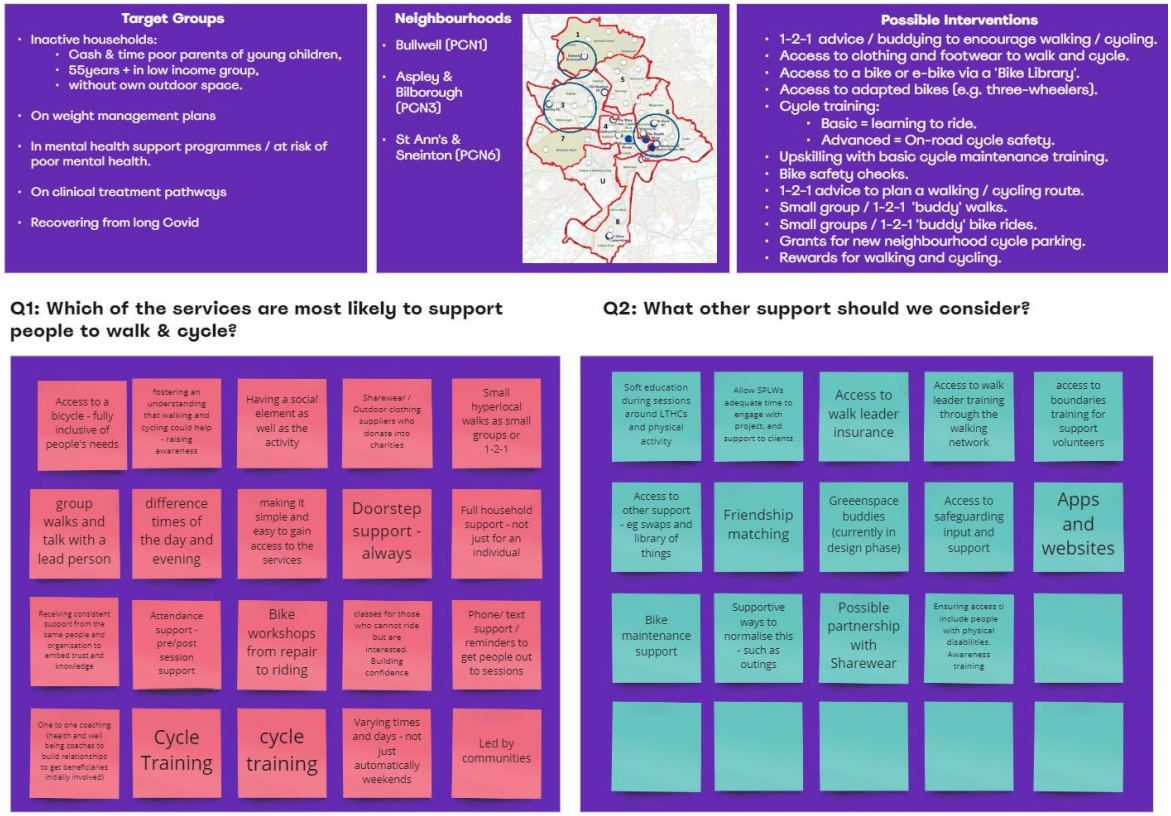
3.4 A timetable of all the engagement carried out has been included in Table 3-1 and an image of the output from one of the citywide workshops can be found in Figure 3-2.

Table 3-1: Engagement Timetable

Date	Purpose	Format	Area	Attendees
02/02/22	ASTP feasibility study and forthcoming funding bid application	Group online meeting	Citywide	Nottingham City Place-based Partnership Executive Team
23/02/22	Local needs, intervention areas and buy-in from SPLW	Group online meeting	Citywide	Nottingham City GP Alliance SPLW
01/03/22	Identifying active travel social prescribing beneficiaries	Online workshop	Citywide	ATSP Steering Group, strategic stakeholders,

07/03/22	Co-designing active travel social prescribing interventions	Online workshop	Citywide	ATSP Steering Group, strategic stakeholders, delivery providers and referral partners
14/03/22	Verifying local needs, proposed interventions, and delivery mechanisms	Online workshop	PCN 1	Local stakeholders and community delivery partners
16/03/22	Verifying local needs, proposed interventions, and delivery mechanisms	Online workshop	PCN 3	Local stakeholders and community delivery partners
17/03/22	Verifying local needs, proposed interventions, and delivery mechanisms	Online workshop	PCN 6	Local stakeholders and community delivery partners
21/03/22	Co-design with lived experience group	1 to 1 online meeting	Citywide	My Life Choices lived experience group
22/03/22	Referral pathways for primary healthcare	1 to 1 online meeting	PCN6	PCN6 Health & Wellbeing Coaches
22/03/22	Referral pathways for communities	1 to 1 online meeting	PCN6	Future Parks Accelerator Programme
24/03/22	Referral pathways for primary healthcare	1 to 1 online meeting	PCN1	PCN1 General Practitioners
24/03/22	Referral pathways for secondary healthcare	1 to 1 online meeting	Citywide	Nottingham University Hospitals NHS Trust
28/03/22	ATSP governance integration with existing Green Space social prescribing programme	1 to 1 online meeting	Citywide	Greenspace Social Prescribing Programme Manager
02/04/22	Barriers to women cycling in Nottingham	In-person	Citywide	Women In Tandem group cycle ride

Figure 3-2: Citywide Workshop Output



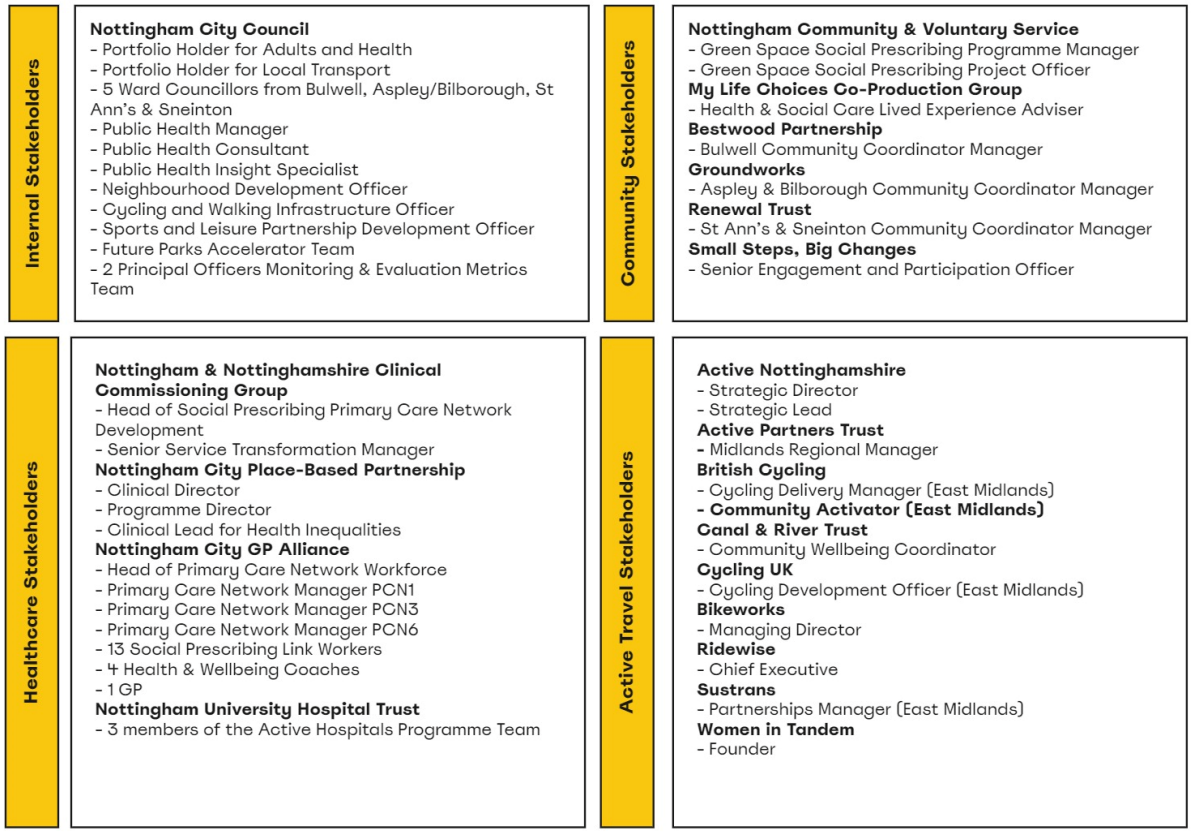
Participation

3.5 In total, 64 stakeholders from 20 different organisations (Figure 3-3) participated in the co-design process. To demonstrate the breadth of engagement that took place those stakeholders participating in the co-design process have been listed in Figure 3-4.

Figure 3-3: Stakeholder Organisations



Figure 3-4: Stakeholders & Community Representatives Engaged



3.6 Engaging with such an extensive group of stakeholders and community representatives has ensured that the co-design process not only complies with the DfT's requirements for the funding application, but fundamentally, has enabled stakeholders to shape the proposed ATSP programme, drawing on their experience of delivering similar social active travel programmes, as well as through the personal experiences of social prescribing from the My Life Choices lived experience advisors.

3.7 NCC views the co-design process initiated as part of the feasibility study to be just the start of an ongoing collaboration with stakeholders and community representatives. If the funding application is successful, the intention is to build on relationship established at the feasibility stage with My Life Choices group and engage with additional community groups via the Community Coordinator Managers (Figure 3-4) to formulate the detail of the proposed interventions in each PCN.

4. Co-Design Findings

4.1 This section sets out the findings for all stakeholder engagement carried out for the feasibility study to answer the research questions set out in Table 2-1. Appendices A to E contain detailed write ups of the two citywide and three PCN-specific workshops.

Target Audience, Locations & Needs

Healthcare Needs & Potential Beneficiaries

4.2 At the EoI stage, analysis of citywide healthcare data identified five possible beneficiary groups based on healthcare need in three neighbourhoods across the city where there are the greatest levels of health inequality (Figure 4-1). Through the co-design workshops, the healthcare needs of these potential beneficiaries were explored in more detail to verify if the data trends reflected the actual needs of the community.

Figure 4-1: Possible Beneficiary Groups



4.3 The workshops confirmed that primary healthcare professionals prescribing mental health support accounted for the most social prescribing referrals; and this has been increasing over the past two years due to Covid-19. The most prevalent non-clinical, mental health conditions were depression, anxiety, social isolation, and loneliness. Associated health and social care factors were seen to be exacerbating mental health conditions, for example, if a patient is also managing a long-term physical health condition (e.g., long covid/diabetes), in debt or unemployed, experiencing domestic abuse, or in poor housing.

4.4 By focusing part of the ATSP programme on those with poor mental health there is the potential to not only address the greatest healthcare need (based on the number of social prescribing referrals) but also to support other beneficiary groups, as many patients experience both physical and mental health conditions.

4.5 Detailed discussions with Primary Care Network Managers, Social Prescribing Link Workers (SPLW) and the Health & Wellbeing Coaches programme confirmed there is a

cohort of patients already being referred for social prescribing due to poor mental health that could benefit from ATSP activities; and these partners were willing to work together to refer eligible patients to the ATSP programme.

4.6 Stakeholders identified that by focusing solely on primary healthcare referrals it could limit the potential for other partners working with potential beneficiaries to form part of the wider ATSP referral network. They advocated for the programme to consider additional 'touchpoints' that potential beneficiaries connect with as part of the health and social care system. This could be secondary healthcare support (e.g., outpatient clinics) for those on clinical treatment pathways, or social support (e.g., foodbanks / debt services / community-services) for inactive households in low-income households in deprived neighbourhoods.

4.7 The three priority ATSP beneficiary groups emerging from the co-design process were therefore:

- Specialised support for those on identified clinical treatment pathways, referred by secondary healthcare (Hospital outpatient clinics).
- Focused support for those experiencing or at risk of poor mental health, referred by primary healthcare (GPs).
- Community support for families in low-income households in more deprived neighbourhoods, via public/voluntary sector social support or self-referral.

Support Required

4.8 Based on the above beneficiary groups, stakeholders suggested that personalised, 1-2-1 support, ideally delivered face to face, should be the focus for the first phase of the programme. This is because changing ingrained behaviour, whether that is inactivity or isolation requires motivation to pro-actively change personal circumstances. For the beneficiary groups identified for ATSP, a greater level of support will be required to motivate, remind, and encourage people to get involved with walking and cycling, compared to someone who isn't on a social prescribing support programme.

4.9 For many beneficiaries, stakeholders felt it is unlikely to be enough just to provide walking and cycling infrastructure or services (although these will be critical to maintaining active mode share), it is the personal encouragement and support from advisors that will make the difference, particularly for those experiencing poor mental health. It is this 1 to 1 support that is needed to initiate people's journeys towards regular walking and cycling.

4.10 Any support provided to beneficiaries needs to be 'hyper local', provided within the community, near people's homes and at venues people feel comfortable visiting, whether that is their local faith, community, or leisure centres. This is because stakeholders felt that some beneficiaries, particularly those experiencing poor mental health, or adults with young families, would find it too overwhelming to travel beyond their neighbourhood.

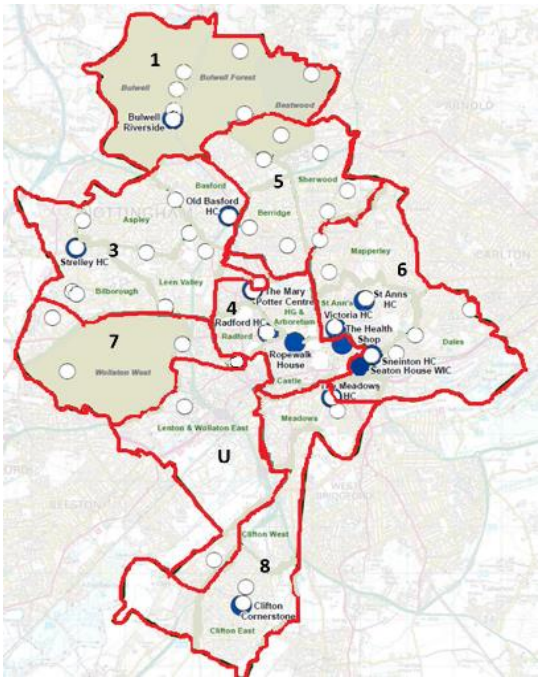
4.11 Finally, stakeholders highlighted that the open spaces or venues proposed for ATSP activities need to have sufficient facilities to support participation. This could be as basic as ensuring the park has a public toilet or ensuring there are changing rooms to get ready for cycling activities. This also links in with delivering the ATSP programme in neighbourhoods which align with the larger-scale active travel infrastructure investment.

Intervention Neighbourhoods

4.12 Based on citywide healthcare data, three Primary Care Networks (PCN) were identified as having the greatest potential need for social prescribing. Within those PCNs the following neighbourhoods were selected due to their proximity to future walking and cycling infrastructure investment:

- Bulwell in Primary Care Network 1
- Aspley, Bilborough and Beechdale in Primary Care Network 3
- St Ann's and Sneinton in Primary Care Network 6

Figure 4-2: Primary Care Networks



4.13 Through the citywide and PCN-specific workshops, stakeholder support for delivering ATSP interventions in each neighbourhood was gauged. There was support for delivery in all three PCN areas, with a slight preference for PCN3 and PCN6 due to proximity to existing infrastructure and local needs, respectively. No consensus was reached on prioritising the phasing of delivery in certain PCN areas and stakeholders suggested this should be determined at the PCN-specific workshops once the buy-in from local stakeholders and community representatives was determined.

4.14 Subsequent workshops with the PCN-specific stakeholders identified a significant level of support for the ATSP in all three PCN areas. Verbal commitment was received from healthcare delivery partners (PCN Managers / SPLW /H&WB Coaches) to support the delivery of the programme should funding be successful. For this reason, if budget allows, it was agreed that all three PCN areas should be taken forward for delivery in Year 1 of the programme.

Encouraging Behaviour Change

4.15 Many of the stakeholders involved in the co-design process had extensive experience of engaging directly with the identified beneficiaries, either from a healthcare perspective (GP, SPLW, H&W Coach), or due to being a community-based walking or cycling delivery partner (British Cycling, Ridewise, Women in Tandem). The possible barriers to encouraging active travel were discussed along with the support required to overcome them. Direct engagement was also carried out with future beneficiaries participating in Women in Tandem interventions, including a women-only led bike ride, to understand the factors that encouraged them to start cycling.

Participation Barriers (Beneficiaries)

4.16 Top of the list in terms of potential barriers was the financial cost of cycling and, to a lesser extent, walking. The neighbourhoods with the greatest health inequalities also have some of the lowest household incomes for the city. Stakeholders suggested that beneficiaries are likely to have little disposable income and the cost of buying appropriate clothing/footwear and to start walking or cycling, is likely to be a barrier. Stakeholders strongly suggested the ATSP programme consider loaning the clothing, equipment (bikes and safety accessories) needed to facilitate participation.

4.17 The second barrier to overcome is low confidence, particularly for those beneficiaries experiencing poor mental health. Stakeholders advised that more intensive emotional support will be needed to support these individuals to walk or cycle, especially if they have experienced long periods of isolation, or are feel anxious in new situations. Stakeholders agreed that beneficiaries would need to take small steps to build confidence. This would mean providing 1 to 1 support, which could involve an ATSP advisor going to the individual's home to meet them to walk to the local faith centre. From this starting point, the ATSP advisor could pair the individual with a friendly 'buddy' from the community for a 1 to 1 walk and then, over time, support them to join a local walking group, or provide links to resources so they could continue planning their own solo walks.

4.18 Linked to low confidence is a lack of trust some beneficiaries may have in working with new organisations, especially if they feel particularly vulnerable. Stakeholders noted that working with established referral partners and having trusted messengers (GPs, SPLW, established community groups) for the programme could help accelerate the acceptance of the programme amongst the beneficiaries.

4.19 The provision of any group activities, such as led walks or rides, should also include specific, women-only sessions, to create a safe, non-judgmental space for beneficiaries to ask questions, and meet other women. Evidence collected by Women in Tandem suggests that to engage women from communities less represented in cycling, such as Muslim women, a women's-only space is essential for participation. Stakeholders felt that if this specific provision wasn't offered, the activities would not be viewed as accessible.

4.20 Although the focus of the ATSP interventions is for those over the age of 18, there was acknowledgement from stakeholders that many adults have dependents, whether that be young families or carers, which could limit their availability to participate in walking/cycling activities. Providing 'family-friendly' activities or activities with free childcare could therefore be one way to overcome this. Women in Tandem found that the provision of free childcare during their cycle maintenance sessions helped more women who are the primary caregivers to learn basic skills in maintaining a bike.

4.21 Finally, the topography of Nottingham could be a barrier to participation as some areas of the city could be seen as unfavourably hilly for those new to cycling or with lower fitness levels, this is particularly true of St Ann's in PCN6.

Participation Barriers (Referral & Delivery Partners)

4.22 Barriers to participating in the ATSP programme do not only represent a challenge for beneficiaries, but potentially referral and delivery partners too, if appropriate resources are not provided to support the delivery of the programme. The key challenges for these stakeholders were:

- Increased pressure on community and voluntary resources to promote and provide ATSP services. Sufficient funding needs to be allocated to support the delivery of these new walking / cycling services.
- As noted earlier, if referral routes just focus on primary healthcare this could limit how other partners could get involved, for example through secondary healthcare or community-based referral partners.

- Finally, longer term funding to recruit appropriate staff resources, or a clear exit strategy for project close out, is essential for the longevity of the project to embed it within the community.

Lessons Learnt

4.23 Over the past 10 years, several DfT-funded travel behaviour change programmes have been delivered in Nottingham to support residents, workplaces, schools, and jobseekers to travel sustainably. Lessons learnt from these programmes, and other community-based interventions delivered by stakeholders, have helped to identify the most effective engagement methods which could be applied to the ATSP programme. The key points from this discussion were:

- Collaborate with communities – The most successful community-based programmes are those that have actively engage with community groups to help define the activities to be delivered in their community. This not only makes sure that the events work in a practical sense (e.g., right times, locations, activities) but also brings a greater sense of ownership to the project. Community representatives often become the messengers for the programme, encouraging more people to trust and participate in the activities on offer.
- Build capacity – The neighbourhoods being targeted through the ATSP programme have numerous family and group activities already being delivered by community groups. Building on this existing community provision and expanding the services offered to include active travel, is likely to be a more effective way of quickly embedding the programme within the community.
- Keep it local – Repeatedly stakeholders mentioned the need to deliver services within the community, ideally at locations that are within walking distance of the heart of the neighbourhood.
- Easy referral routes – This needs to be clear for all partners and beneficiaries. Situations should be avoided which involve beneficiaries being passed from organisation to organisation to access services. From a user perspective it should be seamless.
- Provide clothing / equipment – Many of the communities NCC are seeking to work with are in deprived neighbourhoods, which means there is less likelihood they will have the available resources to participate in cycling. Those programmes that make provision for this will inevitably have greater rates of participation.
- Continued support – The complex health and social needs of some beneficiaries means NCC should allow for continued support to encourage these people to walk

and cycle. One session is unlikely to be enough to change behaviour, it will be a phased process over several weeks / months.

- Tailored session – A 'one size fits all' approach to walk/cycle activities is unlikely to engage groups that are less represented in the active travel community (e.g., women, with a disability, older, different cultures). Providing sessions targeted at these groups in environments they perceive to be safe, and welcoming are essential for participation.
- Physical information – Whilst many people now feel comfortable accessing information digitally, there is still a segment of the population who will benefit from paper-based resources, this should not be forgotten when planning for project delivery.
- Rewards – As mentioned previously, one of the greatest challenges for encouraging beneficiaries to make a change to their circumstances is motivation. Stakeholders noted that rewards-based programmes can help to instil a drive for change.

Delivery

Walking & Cycling Activities

4.24 In NCC's ATSP EoI a range of potential walking and cycling activities were set out in Table 4-1. These were defined based on the healthcare needs identified in the citywide data and through insight from previous travel behaviour change programmes. These activities were discussed with stakeholders through the citywide and PCN-specific workshop to gauge their level of support for the effectiveness of these interventions.

Table 4-1: Walking and Cycling Activities

Equipment	Skills	Support
• Clothing / footwear to walk and cycle. • A bike or e-bike loan • Adapted bike, trikes and etrikes. • Cycle safety equipment (e.g. lights, helmets, locks) • Access to digital and printed route maps.	• Basic to advanced cycle training • Bike maintenance training.	• Confidence building to walk/cycle. • Walk/cycle route planning. • 1 to 1 cycle rides or walks with ATSP team. • Informal 'buddy' walks or rides with community. • Social led group walks and rides. • Bike safety checks.

Skills

4.25 Giving beneficiaries the skills and confidence to start cycling was seen as valuable by many stakeholders. This included the basics of starting to ride a bike, through to more advanced on-road cycle skills. Stakeholders cautioned that this would need to be a phased process as many beneficiaries are likely to be new to cycling and lead sedentary lifestyles due to physical or mental health reasons. As one of the workstreams aims to focus on inactive families, stakeholders noted that there may need to be childcare provision or parallel training for children to enable adults to attend the cycle training.

4.26 Many people new to cycling have trepidation over travelling a distance from their household for fear of a puncture and workshops that teach valuable maintenance skills such as changing an innertubes, repairing a puncture, replacing brake pads or checking gears, were all viewed as helpful for giving beneficiaries the confidence to continue cycling after the initial cycle training is completed. These more advanced cycle skills are likely to suit those beneficiaries towards the end of their journey of learning to ride.

Support

4.27 It has always been NCC's intention that the ATSP programme would provide both practical and emotional support to help beneficiaries to become more active. As with the cycle skills, this is likely to be a phased process, starting with 1 to 1 support to each individual and progressing community led or solo walks/rides.

4.28 Stakeholders agreed that 1 to 1 walk/cycle mentoring would be important for more introverted personalities who struggle to build relationships, or for people who have been isolated for long periods. Conversely, for other beneficiaries building a social element into the ATSP programme is likely to encourage participation as much as the activity itself, so it will be important for delivery partners to build relationships with beneficiaries, to make the sessions fun and social, so they look forward to joining the group sessions. For both the 1 to 1 and group activities it will be important to have advocates from within the community participating in the activities, particularly for less represented groups. Evidence from previous public health campaigns such as This Girl Can indicates that having a relatable 'messenger' for the programme can encourage greater participation.

4.29 Practical considerations for the delivery of group activities include:

- Culture & language barriers – PCN6 residents have diverse cultural backgrounds with a larger population of south-Asian and eastern European communities than the other two PCNs. For some people English is unlikely to be their first language and this needs to be considered, particularly in planning for cycle safety and confidence sessions.
- Session times – Walk/cycle activities would need to be delivered at different times of day/evening and during the week / at weekends to have the widest reach.
- Reminders - Stakeholders were cautious of people forgetting when and where the sessions were being held and some suggested using reminders and inspiration messages via phone calls, texts, and emails to prevent individuals from worrying about missing a session, as well as forgetting timings.

4.30 Overall stakeholders felt that all of the proposed measures would meet the requirements of the beneficiaries but cautioned that during the initiation stage of the programme, community representatives continue to be involved in the detailed planning of activities to ensure they are delivered at appropriate times, locations and groups to enable participation. Nottingham's My Life Choices co-production lived experience advisor opted to be part of this detailed planning to ensure the messaging surrounding the programme and how it is promoted is both engaging and appropriate for the audience.

Integration & Referral Pathways

4.31 Following the citywide and PCN-specific workshops, follow-up discussions were held with healthcare and community stakeholders likely to be involved in the referral

process, to agree the broad principles for referral to enable rapid project start-up. This included discussions with:

- Nottingham University Hospital NHS Trust's Active Hospitals Programme team to agree referral routes for those on clinical treatment pathways.
- Nottingham GP Alliance's SPLW, Health & Wellbeing Coaches and a GP across the three neighbourhoods to better understand existing social prescribing referral processes and the integration of ATSP.
- Nottingham City Council's Future Parks Accelerator Programme team to explore how existing community support aimed at families in more deprived neighbourhoods could be expanded to include family-friendly outdoor walking and cycling activities.

4.32 The outcome of these discussions has been detailed in Table 4-2 and visualised in Appendix B.

Table 4-2: Referral Pathways

Secondary Healthcare	Referral via clinicians for patients on clinical treatment pathways for non-alcoholic fatty liver disease and gestational diabetes. Both conditions can be improved with lifestyle changes to become more active. Tailored support could be provided to eligible patients to benefit from 'walk and talk' group sessions.
Primary Healthcare	Referrals via GPs, SPLW or Health and Wellbeing Coaches within the neighbourhoods of the eligible PCN areas (1, 3 and 6) for patients who are experiencing poor mental health whereby walking and cycling activities could help improve wellbeing whilst also improving physical health.
Community	Referral via community-based partners or self-referral via online registration for family-friendly walking and cycling activities. Aimed at working with low-income families, targeting the women supporting young children.

5. Conclusion

5.1 A multi-layered engagement approach was taken to ensure that a range of stakeholders were involved in the co-design process, from strategic stakeholders through to those with lived experience of social prescribing.

5.2 Over 60 stakeholders from 20 organisations participated in the co-design, with many more invited to participate. The relationships built through the feasibility study will be built on in the initiation stages of the project (June – August 2022), to work closely with local delivery partners, referral partners and community groups to refine, commission and promote the specific walking and cycling activities for each neighbourhood.

5.3 The key findings from the stakeholder and community engagement which will shape NCC's ATSP funding bid are:

- The three priority groups to engage with are those on clinical treatment pathways, those with poor mental health and inactive families.
- The key needs of those beneficiaries is the provision of practical and emotional support to help them on their journey to start walking and cycling. This means providing advice to motivate, inspire and encourage beneficiaries to make a change to their physical and mental health, by walking and cycling.
- The services needed to fulfil these needs start with the provision of intensive 1 to 1 advice and support to encourage beneficiaries to go on local walks / rides and use this as a stepping stone to increase independence to join community-based group walks/rides, or plan their own solo walks / rides.
- There is most potential for ATSP to support the following three beneficiary groups:
    - Those on clinical treatment pathways where lifestyles changes such as walking more will improve their physical health and related health conditions.
    - Those experiencing poor mental health as this is the reason for most social prescribing from primary healthcare in the PCN areas.
    - Inactive families because by targeting the adults of busy households with young children through family-friendly activities, it will not only have the benefit of improving the adult's physical health but also support a generational change in travel behaviour.
- The possible barriers to participation for beneficiaries are the financial cost of buying clothing / equipment to start cycling, a lack of confidence or motivation to start a new activity (particularly for some of the priority beneficiary groups), a lack

cultural awareness when delivering active travel projects in more diverse communities; and the topography of some neighbourhoods which have hilly terrain which is not favourable for new cyclists.

- Lessons learnt from previous active travel and community-based programmes should help to address these barriers and help shape the programme during initiation. Pertinent advice from stakeholders is to continue working with communities to shape the detail of the interventions, to build capacity within established community groups, keep activities 'hyper local', make them fun and social to encourage repeat visits; and have representation from a diverse range of community advocates to encourage participation from less represented groups.
- Finally, the active travel activities to support beneficiaries to walk and cycle fall into three categories: provision of clothing/equipment to walk or cycle, training to equip people to ride and maintain bikes or plan walking routes/rides; and support services to motivate and sustain a change in behaviour through 1 to 1 and group activities. All of these are likely to be needed to facilitate the identified beneficiary groups to participate in the programme.

Appendix A

ATSP Engagement Findings

Active Travel Social Prescribing Stakeholder & Community Engagement Report

ATSP Engagement & Co-design Flow

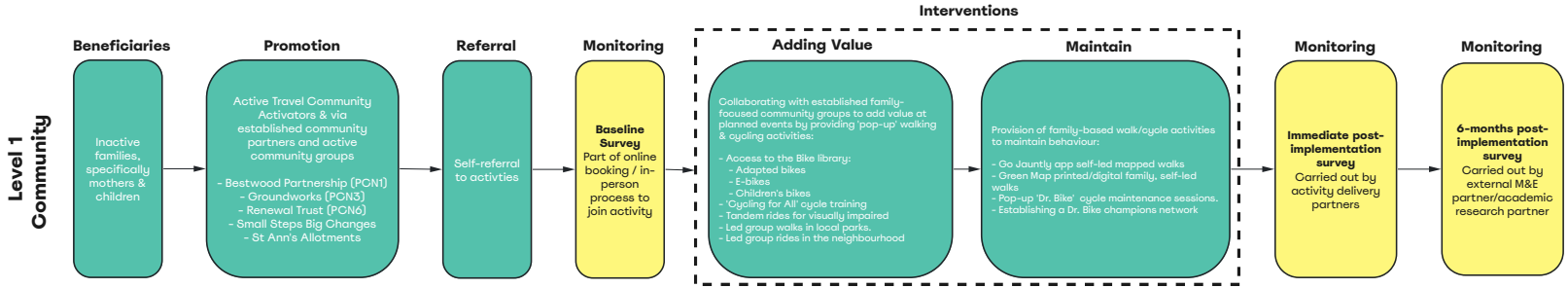
Research Questions	Engagement Findings	Co-designed Programme
What are the priority groups for ATSP and why?	- Inactive families because by targeting the adults of busy households with young children through family-friendly activities, it will not only have the benefit of improving the adult's physical health but also support a generational change in travel behaviour. - Those experiencing poor mental health as this is the reason for most social prescribing from primary healthcare in the PCN areas. - Those on clinical treatment pathways where lifestyles changes such as walking more will improve their physical health and related health conditions.	Based on the findings from the stakeholder engagement, three distinct workpackages have been defined based on referral pathway, but also beneficiary group: - **Workpackage 1: Communities** - Family friendly walking and cycling activity provision for low income households. Targeted in all three PCN areas via self-referral, supporting to families to become more active by walking and cycling. - **Workpackage 2: Primary Healthcare** - Personalised small group and 1 to 1 intensive walking and cycling support via referral from GPs/Link Workers. Focused on supporting those with poor mental health to access walking and cycling activities as a therapeutic service whilst also supporting more active travel. - **Workpackage 3: Secondary healthcare** - Funding the delivery of a two walking clinics providing a graded walks programme to support those on clinical treatment pathways for non-alcoholic fatty liver disease and gestational diabetes; and form part of Nottingham University Hospital Trust 'Active Hospitals' programme.
What are the non-clinical health needs for people in the targeted PCN areas?	- Practical and emotional support to help people start their journey to walking and cycling. - Advice to motivate, inspire and encourage a change to physical and mental health, by walking and cycling	Considering these needs the programme will provide: - **Practical support** - Entry-level support and activities across all three workpackages to support beneficiaries to take their first steps towards active travel. This includes providing beneficiaries with practical advice on planning walk/cycle routes, training on how to ride a bike and cycle maintenance to improve confidence. - **Emotional Support** - Depending on the beneficiary group this will either be provided via 1 to 1 mentoring or buddying sessions (Workpackage 2), or via group activities (Workpackage 1 and 3). The difference for Workpackage 2 in providing 1 to 1 support is based on feedback from stakeholders, who suggested that those experiencing poor mental health would benefit from more intensive 1 to 1 support initially before transitioning to group activities.
What services are required to support healthcare needs?	- Intensive 1 to 1 advice and support is needed to encourage beneficiaries to go on local walks / rides. - A phased programme to support beneficiaries to increase their independence and join community-based group walks/rides, or plan their own solo walks / rides.	These requirements have been built into the programme by providing: - **1 to 1 support** - Intensive support has been programmed for Workpackage 2 to provide personalised travel advice and 1 to 1 walk/cycle budding for those experiencing poor mental health. - **Increased independence -** For all Workpackages (1 - 3) it is the intention to provide phased support to beneficiaries to provide them with the equipment, skills and support to not only start walking/cycling but also become more independent in the journeys they make. This includes progressing from 1 to 1 support, to ATF-led group walks/rides and then into community based activities. Provision has also been made to support ride leader training and a Dr. Bike champions network.
What are the barriers beneficiaries face towards walking or cycling?	- Financial cost of buying clothing / equipment to start cycling - A lack of confidence or motivation to start a new activity - A lack cultural awareness when delivering active travel projects in more diverse communities - Topography of some neighbourhoods which have hilly terrain which is not favourable for new cyclists.	To overcome these barriers the following measures have being incorporated into the programme: - **Clothing / Equipment** - For Workpackages 1 and 2, access to clothing/footwear for walking and cycling will be addressed by working with Rohan and Sharewear, access to bikes will be through the Community Bike Library, including adapted bikes, e- bike, e-trikes, companion bikes, e-tandems. Workpackage 2 will offer e-bike loan with a personalised rides/exercise support package. - **Confidence building** - Providing a safe, inclusive and supportive environment to start walking and cycling will be core to all of the ATSP activities. This means providing both intensive 1 to 1 support and groups activities, both of which seek to build confidence to walk and cycle more. - **Cultural awareness** - As part of the detailed co-design process, specific consideration will be given to the different demographic groups likely to be engaged in each neighbourhood. Where necessary, demographic/culturally-specific activities will be provided. For example, women-only cycle maintenance classes and rides have been catered for. All delivery partners will receive training as part of the programme start-up in. - **Topography** - The Bike Library will include e-bikes to overcome barriers to cycling in PCNs with hillier terrain.
What's worked with previous community-based programmes?	- Continue working with communities to shape the detail of the interventions - Build capacity within established community groups - Keep activities 'hyper local' - Make activities fun and social to encourage repeat visits - Have representation from a diverse range of community advocates to encourage participation from less represented groups.	Based on this advice from stakeholders, NCC are planning to: - **Continue Co-Design** - From June - August additional co-design will take place with local stakeholders and community representatives to agree the detail of the interventions to be delivered (when, where, how etc) to ensure they meet the PCN-specific needs. The 'My Life Choices' lived experience co-production group will feed into how the programme is marketed and delivered. - **Capacity** - Three new Active Travel Community Activators (1 per PCN) and a Volunteer Coordinator will provide a local resource for each of the delivery neighbourhoods to coordinate project delivery in each area, support participation and develop community capacity. The Link Worker Network Co-ordinator will maximise the effectiveness of the existing Social Prescribing Link Workers. - **Local delivery** - Delivery of the walking / cycling activities will take place in each of the PCN areas. Beneficiaries will not be expected to travel beyond their neighbourhood to participate in activities. - **Social** - 1 to 1 'Buddy' walks/rides and group walks/rides will being a social element to the activities. These two approaches aim to provide an inclusive and supportive network that offers friendship and motivation to keep people participating in walk/cycle activities. - **Representation** - As part of the extended co-design process will identify community champions to be the messengers for the ATSP programme to demonstrate inclusivity and diversity in the marketing of the programme.
What active travel activites will best meet local needs?	- Provision of clothing/equipment to walk or cycle - Training to equip people to ride and maintain bikes or plan walking routes/rides - Support services to motivate and sustain a change in behaviour through 1 to 1 and group activities	For the design of the programme this has translated into: - **Equipment** - Loaning bikes and safety equipment via a 'Bike Library', providing e-bikes 'on-prescription' for a 6 week period and providing clothing / footwear to support walking via Greenspace's Shareware initiative. In addition to this, resources such as Go Jauntly and Green Map will provide new resources to help people plan active travel journeys. - **Training** - Cycle training (basic through to advanced), cycle maintenance skills and walk/cycle route planning will form part of the core offer to equip beneficiaries with the skills they need to make independent walk / cycle trips. - **Support** - 1 to 1 mentoring, buddying and group activities will provide a range of support to beneficiaries through the duration of the programme.

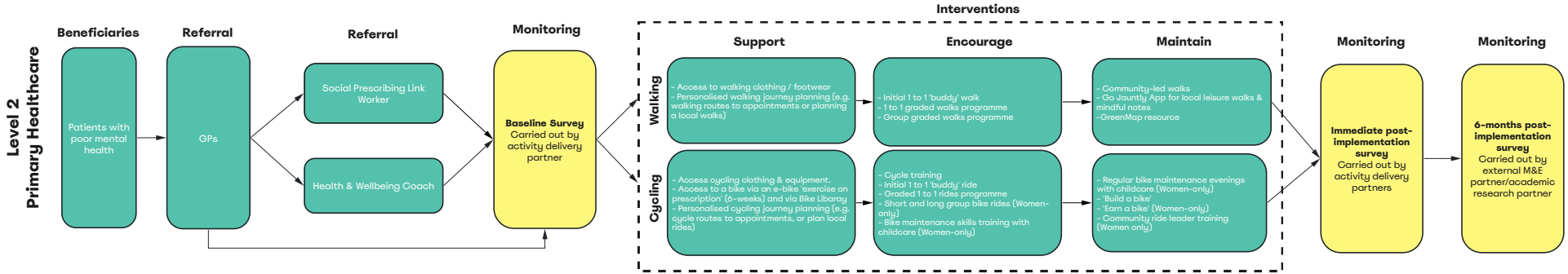
Appendix B

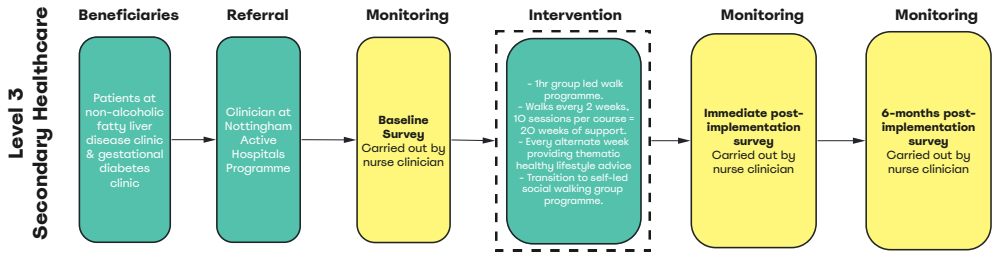
ATSP Referral Pathways

Active Travel Social Prescribing Stakeholder & Community Engagement Report

ATSP Referral Pathways







Integrated Transport Planning Ltd
Charles House
148 Great Charles Street
Birmingham
B3 3HT UK
+44 (0)121 285 7301

Integrated Transport Planning Ltd
2 Abbey Gardens
Great College Street, Westminster
London
SW1P 3NL UK
+44 (0)7498 563196

Integrated Transport Planning Ltd
1 Broadway
Nottingham
NG1 1PR UK
+44 (0)115 824 8250

www.itpworld.net

a company of Royal HaskoningDHV

