

## Health on Wheels –Seminar report

### Introduction

Cycling Scotland held a seminar on the 30th March 2007 at Victoria Quay centered around the Health on Wheels model that is currently running in a number of locations in the North of England. The purpose of the event was to raise awareness of the Health on Wheels concept, engage with the audience and highlight potential pilot projects as well as present a networking opportunity. The objectives of the seminar were;

- To encourage participants to identify key actions to take the Health on Wheels concept forward in Scotland.
- To gauge interest and the potential to pilot Health on Wheels projects
- To identify funding and evaluation needs
- To promote collaborative working and encourage networking

The Health on Wheels project aims to increase levels of physical activity through cycling exercise referral projects. However, the model encompasses more than exercise referral. It is also a developmental model which, in a similar way to jog and walk leaders, can provide the opportunity to increase and promote the use of national and local cycling networks. The model can also be utilised as a promotion and marketing tool to increase cycling across a number of settings and target a variety of groups including the young, old and disabled among others.

The event attracted a variety of health professionals as well as LA cycling officers, cycling project officers and other key stakeholders (See delegate list in Appendix C). A participatory appraisal approach was used to enable delegates to share and contribute their skills, experience and knowledge in order to shape an action plan.

### Background

Cycling Scotland is core funded by the Scottish Executive to bring cycling out from the fringes of everyday life and into the mainstream. We aim to integrate cycling into modern living as a sustainable mode of transport, a means of exercise, and a strong contributor to the Scottish tourist economy.

We achieve this through promoting public participation in cycling events, supporting and providing education and instructor cycle training to ensure people can cycle with confidence, and providing engineering services to ensure that cyclists are catered for on Scotland's roads and paths.

### Presentations

The delegates heard from a number of speakers throughout the morning session (See seminar programme in Appendix B). You can view the powerpoint presentations and photos from the event at the following link on the Cycling Scotland website.

<http://www.cyclingscotland.org/healthonwheels.aspx>

## Workshop feedback

For the workshop session the delegates were divided into 8 groups, 4 of which responded to the first set of questions and 4 discussed the second set of questions. Half way through the session the groups swapped so all delegates had a chance to discuss both sets of questions. The main points of discussion were captured on tablecloths for each group. The 2 sets of questions for focus were as follows;

### Group A

- What are the opportunities for implementing Health on Wheels in our areas?
- How can this be achieved?

### Group B

- How can we support individuals to become more involved in Health on Wheels?
- What part could our services play in implementing this?

From the results of these discussions delegates were then asked to highlight the issues they regarded as a priority. These points were then fed into the subsequent action planning session.

Photos of the event and delegates engaging in participatory appraisal process can be found at the following link;

<http://www.cyclingscotland.org/healthonwheels.aspx>

## Action planning feedback

Six priority areas which were identified through the workshop sessions were discussed during action planning sessions. A total of 8 questions were explored in relation to each priority issue as follows;

**What action/issue?**

**What will we do?**

**Where (may be a specific area)?**

**Who should be involved?**

**Resources required?**

**When (time line)?**

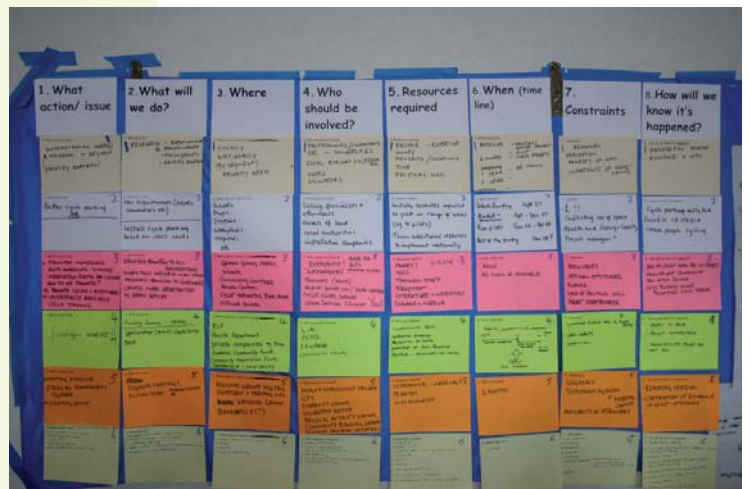
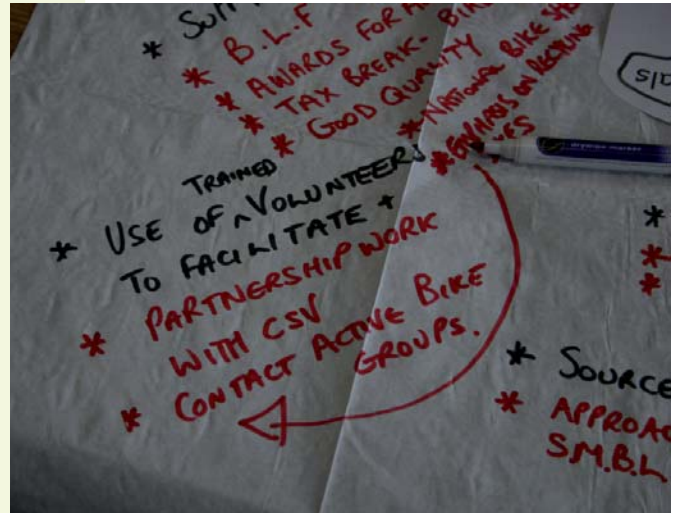
**Constraints**

**How will we know it's happened?**

A summary of the discussions is given for each priority area;

### 1. Needs and barriers in relation to cycling

Delegates identified that it was important to understand users and potential users needs and identify possible barriers to cycling in relation to running a Health on Wheels project. The provision of support in the form of education and



clear communication channels was highlighted.

Additionally, the importance of implementing effective evaluation of projects at both local and national levels was agreed. The need to enable feedback from both users and volunteers and the utilisation of this information was also identified as a key action in the operation of a Health on Wheels project.

## **2. Develop and maintain sustainable infrastructure.**

Delegates determined that it was possible to use infrastructure as a tool to raise awareness of cycling and the importance of the development of relevant and sustainable infrastructure was key. The need to identify user requirements in a range of settings such as schools, workplaces, hospitals, stations etc. was also identified. The importance of using these findings to inform decisions of where installation should be was also highlighted.

A partnership approach was determined as the most effective in terms of implementing appropriate infrastructure, suggested groups were Local Authorities, land owners, installation companies and volunteers. Health and Safety issues, staff resource and initial funding were identified as constraints in relation to implementation of cycling infrastructure.

## **3. Promotion**

The delegates focussed on how to promote and increase awareness of cycling in general and cycling for health projects. Increased cycle route awareness through improved signage, accessible cycle training made available to all and a central website were all methods identified.

Targeted promotion covering all ages and abilities as well as cycle and maintenance training were determined as important components of an overall package. There were a number of physical areas where promotion was deemed to be required along with an all-encompassing partnership approach including school communities, primary care professionals, Active School and Travel Plan Co-ordinator networks and Local Authorities.

Training, signposting of resources and funding were all identified as essential for effective promotion. The main constraint cited was lack of political will along with sources of funding and resources.

## **4. Funding**

Delegates identified that a number of sources could be approached for funding including Health Boards/departments, private organisations and sponsorship, Scottish Community Fund and Scottish Regeneration Fund. Local Authorities, the NHS, community groups and cycling projects were all identified as parties who should be involved in sourcing and securing funding.

In order to obtain funding it was agreed that a co-ordinating body was required to organise all activities. The group determined that before proceeding with a funding bid, the collation and presentation of supporting evidence, together with cost projections would be required.

The main constraints associated with this particular issue relate to competition for funding, legal concerns and the customisation of bids to particular funding bodies.

## **5. Partnership Working**

Delegates focussed on the need for effective partnership working, both at national and local level. The importance of bringing all relevant stakeholders together to form a steering group was identified. Local groups would have regular meetings which would then feed into a national group.

Local level steering groups would consist of representatives from a number of backgrounds such as health improvement, primary care, disability groups, voluntary sector, community planning and outdoor education.

Due to the nature of the group it would be important to manage any potential conflict of interest and co-ordinate availability of attendees.

### **6. Making cycling socially acceptable**

Delegates recognised the need to change current public perceptions about cycling and discussed ways in which to 'normalise' cycling. A number of ideas were recorded including media campaigns, adoption of positive role models and marketing of basic cycle training courses accessible to all.

This type of campaign would involve a number of agencies from differing disciplines being involved as well as champions at every level, from grassroots delivery of cycle training to decision makers at policy and planning level.

### **Free Cycle Ride Leader training offer**

The final section of the seminar involved a short presentation on the Cycle Ride Leader course provided by Cycling Scotland. This one day course is of particular relevance as it is aimed at those who will be leading groups through a variety of rides on pre-planned risk assessed routes within their local area, usually as part of a larger project e.g. Health on Wheels.

Such programmes are likely to be aimed at adult groups and the emphasis may be on those returning to cycling, those wanting to be more active, a health focus or merely to highlight the range of rides available locally.

Rides are designed to be easy to moderate in terms of both physical and technical difficulty, with a range of rides suited to the specific client group available through local projects.

Many adults can already cycle, the aim of the Cycle Ride Leader programme is to encourage more use of their bikes and is not designed to be an instructional programme.

Those who want instruction in cycling or to become instructors should consider the cycle training programmes (cycle proficiency programmes for road and cycle-path networks) or the cycle-coaching programmes for the development of technical riding skills or improved performance.

### **Next steps**

As a result of the Health on Wheels seminar, Cycling Scotland is looking at taking forward a number of actions. The possibility of partnership with other agencies to support local cycling projects implement projects is currently being examined.

A key action for Cycling Scotland is to identify and apply for funding to enable the development of resources and support for projects, possibly in the form of regional co-ordinator's.

It is intended that a Health on Wheels section of the Cycling Scotland website including case studies, best practice examples and guidance as well as a strand on the Cycling Scotland forum is created as a resource and point of contact for projects.

Initially, the next step is to ask those at a local level what they think is required in their area for an effective cycling project. An audit of existing activities may be required to ascertain how improvements can be made in their specific community and how Cycling Scotland can support this.

## Orbits of participation

Delegates were asked about what they perceive as being their future involvement with Health on Wheels. Based on the following three questions;

- How interested are you or is your organisation?
- What level of interest do or can you have?
- How do you want to be kept in touch with Health on Wheels?

All delegates were asked to add a post-it note with their contact details to the Orbits of Participation diagram to demonstrate the level of involvement they anticipate on having. There were four options as follows;

1. Very interested
2. Sometimes interested
3. Peripherally interested
4. Uninterested or busy

As can be seen from the diagram the majority of delegates were mostly 'very interested'.

## Further information

Further copies of the Health on Wheels guide can be requested directly from Cycling Scotland.

The Cycling England website gives an overview of the project. The 'Health on Wheels' guidance document which gathers together Best Practice examples from the projects currently running in the North of England can also be accessed from this site.

<http://www.cyclingengland.co.uk/health9.php>

As covered during the day it is important to monitor and evaluate any cycling referral project effectively in accordance with the NICE guidelines produced in 2006 which can be found at the following link.

<http://guidance.nice.org.uk/PH12/guidance/pdf/English>



## Appendix A

### Sticky wall feedback

#### High point of today

- Networking
- Finding out about Forestry Commission's role in health
- Forestry Commission presentation
- We are doing the 'right' thing
- The Health on Wheels concept
- Good networking opportunity
- Reminder of the power of personal contact
- Hearing other peoples perspectives
- How cheap it can be
- Lunch
- Met existing project representatives
- Met man from Forestry Commission
- Forestry Commission dvd and talk
- Lots of active, committed people
- Presentation by Ian Tierney and Garrie Prosser – good practical information and inspirational stories, very 'can-do' attitude.
- Relevance of Health on Wheels to Scotland

#### Something from today you will use

- Good case studies
- Case studies
- Explore links between Health on Wheels and Paths to Health
- Make it happen in Fife
- Working for Maggie Wynn with Changing Pace as a Cycle Ride Leader
- Identify cycling champion at Queen Margaret University
- Bike computer pilot
- Evaluation with group after 12 week course
- Will travel with volunteers to research existing successful projects
- Try piloting a cycle group for the elderly

## Appendix B

### Health on Wheels Seminar - Programme

**Date:** Friday 30<sup>th</sup> March

**Venue:** Seminar room 3, Scottish Executive, Victoria Quay, Edinburgh. EH6 6QQ

**Time:** 09.30 – 15.30

#### Purpose

To raise awareness of the Health on Wheels concept, engage with the audience and highlight potential pilot projects, a networking opportunity.

#### Objectives

- To encourage participants to identify key actions to take the Health on Wheels concept forward in Scotland
- To gauge interest and the potential to pilot Health on Wheels projects
- To identify funding and evaluation needs
- To promote collaborative working and encourage networking

**09.30 to 10.00**

**Registration and refreshments**

**10.00 to 10.10**

**Introduction**

Jim Riach, Education and Training Manager, Cycling Scotland  
Vikki Hilton, Facilitator

**10.10 to 10.50**

**What is Health on Wheels?**

Ian Tierney, Manager, Cycle Projects

**Health on Wheels case study - Practical lessons**

Garrie Prosser, Bolton Healthy Living Programme Manager, Bolton PCT

**10.50 to 11.00**

**Energy Break**

**11.00 to 12.00**

**Session 1 – Other settings**

**Kevin Lafferty, Health Advisor, Forestry Commission Scotland** Physical activity and cycling as a health intervention in other settings

**Kenny Steele, Project Manager, Paths for All**

Lessons from walking schemes, evaluation of pedometer study

**Mark Sharples, Healthy Routes Co-ordinator, Healthways**

Example of current activities to promote health through cycling

<b>12.00 to 12.10</b>	<b>Energy break</b>
<b>12.10 to 12.30</b>	<b>Session 2 – Planning a pilot project</b>  <b>Craig Mullen, Outreach Officer, Big Lottery Fund</b> Possible sources of available funding for projects in Scotland  <b>John Lauder, Director, Sustrans Scotland</b> Advice on how to implement an effective monitoring and evaluation framework for a pilot project.
<b>12.30 to 13.30</b>	<b>Lunch – Buffet lunch provided in Room 7</b> <b>Display stands in Room 6</b> PAHA, Sustrans, Paths to Health, FCS, Big Lottery Fund, Healthways
<b>13.30 to 14.30</b>	<b>Session 3 – Workshops</b> What opportunities are there in your area? How can this be implemented?
<b>14.30 to 15.00</b>	<b>Action Planning</b> How to progress Health on Wheels in Scotland?
<b>15.00 to 15.15</b>	<b>Cycle Ride Leader</b> An overview of the course provided by Cycling Scotland and how this can benefit and be utilised as part of a Health on Wheels project.
<b>15.15 to 15.30</b>	<b>Closing Remarks</b>

## Appendix C – Delegate List

First Name	Surname	Organisation
David	Atiyah	Mental Health Services Edinburgh
Persephone	Beer	Perth and Kinross Council
Lindsay	Brunton	Cycling Scotland
Fiona	Cameron	North Ayrshire Council
Isla	Campbell	Strathclyde Partnership for Transport
Laura	Campbell	Dundee City Council
Judy	Cantley	Edinburgh Leisure Sports Development
Celéane	Chapman	Glasgow Braendam Link
Bridget	Dales	Scottish Natural Heritage
Jane	Damer	Glasgow City Council
Claire	Douglas	East Dunbartonshire Council
Rose	Dovey	Cycling Scotland
Allan	Dunlop	Fife Council
Ian	Findlay	The Paths for All Partnership
Elinor	Forgan	Craigour Park Primary
Colin	Gibson	Glasgow Braendam Link
David	Gilmour	Cycling Scotland
Chris	Hill	Cycling Edinburgh
Vikki	Hilton	Hilton Associates
Anita	Jefferies	Edinburgh Leisure Sports Development
Gill	Kelly	Queen Margaret University
Maureen	Kidd	NHS Health Scotland
Tom	Kinnear	Edinburgh Leisure Sports Development
Kevin	Lafferty	Forestry Commission Scotland
Jane	Lamont	Glasgow Braendam Link
John	Lauder	Sustrans
Stewart	Lennon	Dundee Leisure
Matthew	Lowther	Scottish Executive Health Department
Monica	M.H. Smith	NHS Health Scotland
Ruaridh	MacGloine	The Bike Station
Lynn	Marshall	Sustrans
Hilary	Maxfield	Edinburgh Leisure Sports Development
Leanne	McMillan	East Dunbartonshire Council
Christophe	Merkel	Cycling Scotland
Craig	Mullen	Big Lottery Fund
Andrew	Pankhurst	Cycling Scotland
Alex	Pattison	Try Cycling Tayside
Michala	Phifer	Central Scotland Forest Trust
Garrie	Prosser	Bolton Primary Care Trust
Jim	Riach	Cycling Scotland
Christine	Rothnie	Cambuslang & Rutherglen Community Health Initiative
Susan	Rutherford	Central Scotland Forest Trust
Mark	Sharples	Healthways
Kenny	Steele	Paths for All
Ian	Tierney	Cycling Projects
Joyce	Turner	Perth and Kinross Council
Andrew	Wilson	Craigour Park Primary
Kenny	Wilson	Mountain Bike Scotland

## Appendix D

### Funding Sources

In order to run a successful pilot project it is of course vital to source adequate funding. There are a number of sources of funding available which may be relevant to your area of work, below are some links for possible funding providers.

**The Scottish Council for Voluntary Organisations (SCVO)** is the national body representing the voluntary sector. SCVO seeks to advance the values and shared interests of the voluntary sector. The website has a great deal of information including how to access funding streams outlined at the following webpage. <http://www.scvo.org.uk/scvo/Information/DisplayResults.aspx?al=t&TCID=24&PageName=Funding%20Sources>

**The Rural Community Gateway** provides funding information for members in relation to funding news, information and project management advice. A comprehensive monthly funding newswire is also available to keep members up to date on the latest funding opportunities. <http://www.ruralgateway.org.uk/index.html>

**The Big Lottery Fund** offers a number of funding opportunities such as Awards for All Scotland, Young People's Fund and Investing in Communities amongst others. <http://www.biglotteryfund.org.uk/scotland>

**Esmée Fairbairn Foundation** is one of the largest independent grantmaking foundations in the UK. The Foundation makes grants to organisations which aim to improve the quality of life for people and communities in the UK, both now and in the future.

In 2007 they expect to make grants totaling £29 million across the UK for charitable purposes in four programme areas: Arts & Heritage, Education, Environment and Social Change: Enterprise and Independence. Applications need to be for charitable purposes and can be made at any time. <http://www.esmeefairbairn.org.uk/>

**The Allan Lane Foundation** provides grants of between £500 and £15,000 to small voluntary not-for-profit organisations, where the work benefits groups of people who face hostility in UK society today. The Foundation funds work which will make a lasting difference to people's lives; is aimed at reducing isolation, stigma and discrimination; and encourages or enables unpopular groups to share in the life of the whole community. There are a number of priority groups that the Foundation seeks to support which can be found the following website <http://www.allenlane.org.uk/priorities.html>

**The Truethouse Charitable Foundation** has 3 main priority areas for awarding funding, namely; Health Care & Disability, Community Support and Education and the Arts. The Foundation currently distributes over £2 million each year. The average grant awarded by the Foundation is £5,000. Applications can be submitted at any time. <http://www.truethousecharitablefoundation.org.uk/home.html>

The funding information above was sourced from a number of e:news letters and websites including The Big Lottery Fund, The SCVO, The Rural Gateway and Paths to Health.