

Exeter - Cycling Demonstration Town 2005 – 2011

Devon County Council has a history of investment in cycling dating back to the late 80's when work began on long distance trails such as the Granite Way and Tarka Trail.



This historical commitment was recognised in 2005 when Exeter was selected to be one of six Cycling Demonstration Towns by Cycling England. These towns were tasked with delivering Cycling England's vision of *'More people cycling more safely and more often'*. Funding was allocated to each town which was matched by the Local Authorities and their partners. The aim being to raise the level of expenditure to that of comparable European Cities and see if we could replicate their success in promoting cycling.

A small, dedicated team was established to deliver the 'Cycle Exeter' project and three targets were agreed with Cycling England;

- 20% of children regularly cycling to secondary school (2% was the National Average)
- 19% increase in average daily cycle trips
- No increase in the rate of cycling casualties

The initial focus was school children as Exeter's five Secondary Schools were being rebuilt and this was seen as a 'once in a generational opportunity' to open new schools with great cycling routes and facilities. In addition we would be working with Exeter Primary Care Trust on an exercise referral scheme to use cycling as a way of improving health amongst adults. Three work streams were established to deliver these projects. These were;

- 1) New and improved infrastructure
- 2) An extensive programme of promotion in schools and workplaces
- 3) Cycle training for children and adults

New and Improved infrastructure

This was a major area of the initial work programme with around 80% of the budget in the first two years being spent on new routes. The rationale was that a network of routes was needed that people would be confident to use and that Devon would be happy to promote. Studies had highlighted that one of the key barriers to cycling amongst non-cyclists was a lack of provision of facilities away from traffic.¹ Over the project period over 45km of new routes were built or improved.

¹ Power Marketing Research 2006-2009

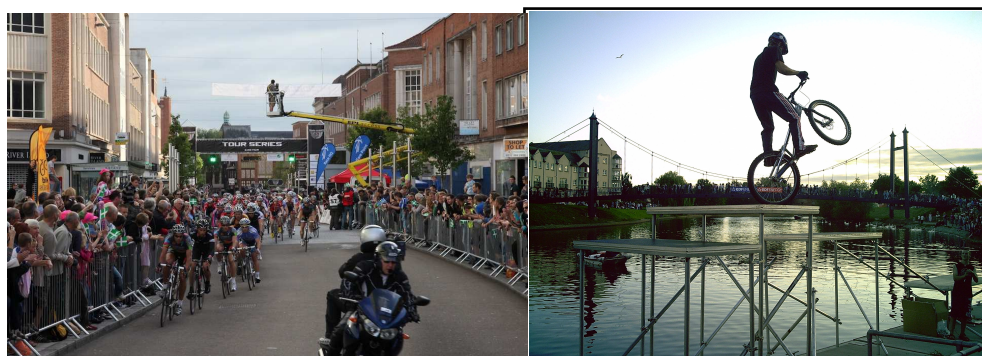


Strong political will was crucial to allow narrowing of the Exeter outer ring road to create shared use paths linking schools to the cycle network.

Promotion

Once improvements on the network were underway work began on creating a strong network of contacts in schools and businesses. In businesses this involved finding champions and establishing Bicycle User Groups (BUG's)². These champions allowed us to create a far larger and stronger virtual team. These BUG's were supported with materials and funding for facilities such as cycle parking or showers in workplaces.

In schools we worked with the transport charity Sustrans. A Sustrans Bike It Officer focused intensively on 10 schools a year to promote opportunities to cycle through inspiring events, activities and cycle training.



In addition to school & workplace initiatives a programme of high profile events and family rides were delivered across the city to inspire people and get them out and about.

Cycle Training

Nationally it was recognised that the historical Cycling Proficiency programme was no longer being delivered consistently and achieving very limited success. Cycling England reviewed the training developing a new National Standard and rebranding this as Bikeability. The Cycling Demonstration Towns were tasked with piloting Bikeability and working with schools to ensure it was delivered during the school day. Bikeability was launched in 2006 in Exeter with 793 children receiving training. The scheme is now delivered across Devon with 5500 children receiving free training in 2010.



² <http://www.cycleexeter.org.uk/wp-content/uploads/downloads/2011/03/bug-leaflet-exeter.pdf>

The National Standard was then used in Exeter to roll out a programme of adult cycle training, working in partnership with the Exeter Primary Care Trust. This used the model of an existing walking scheme called 'Stroll on Exeter' and members of the walking group were invited to be the guinea pigs. The project ran from 2006 – 2010. At this point future funding became uncertain and we also had some difficulties promoting structured courses so offered free 'one to one' sessions instead. Over the period 2006 – 2010 over 850 adults took part in one or other of these training and confidence programmes. Of these over 80% were female and almost 40% were over 50.

Targets

- 20% of children regularly cycling to secondary school (2% was the National Average) – **EXCEEDED (22%)**³
- 19% increase in average daily cycle trips⁴ - **EXCEEDED (40%)**
- No increase in the rate of cycling casualties - **ACHIEVED**⁵

Partnerships

Partnerships were a key factor in the success of the Cycle Exeter Project. As a small team tasked with delivering major changes across the City the targets couldn't have been achieved without the input of a large number of partners and enthusiastic individuals. The main partners included;

- Exeter City Council • Sustrans • Schools • Workplaces • Exeter Primary Care Trust • Forestry Commission • Cyclists Touring Club • Exeter University • Exeter College • Schools Sports Partnerships • Cycle Training Instructors

The support of key Senior Officers and Councillors from both Devon County Council and Exeter City Council were also crucial to helping establish a number of these partnerships and removing barriers. In addition the kudos of being part of a National Demonstration Project helped push the project forward with a number of high profile Ministerial visits.

Health specific interventions and monitoring

From the outset Cycle Exeter aimed to establish a strong partnership with the local Primary Care Trust and deliver a cycling on referral programme. In discussions with other Local Authorities it became apparent that this was a shared objective and they were keen to monitor our achievements. Our initial 'Cycle to Your Hearts Content' courses were full as we had a partner officer in the PCT whose role involved facilitation and delivery. Her enthusiasm ensured courses were full but from the outset we identified problems of monitoring and evaluation.

Essential elements, barriers & sustainability

We secured a small amount of match funding from the PCT but to continue the courses a more detailed monitoring regime (adhering to NICE guidelines) than we had envisaged was needed by the PCT. This was required to monitor the long term health benefits. A trainee public health specialist worked with the team to adapt the surveys to become more manageable but it was something we never really achieved with enough detail to fully satisfy the NICE guidelines. **A key lesson** here was that although our organisations shared an objective to get more people physically active we had different evaluation needs. The NICE evaluation required a level of questioning and detail that we weren't sufficiently resourced to deliver.

³ Analysis and synthesis of evidence on the effects of investment in six Cycling Demonstration Towns – 2009 DfT

⁴ Analysis and synthesis of evidence on the effects of investment in six Cycling Demonstration Towns – 2009 DfT

⁵ Devon County Council Road Safety Data 2005-2010

It was necessary to broaden the scope of the project after a reorganisation at the PCT. A hands on approach was no longer viable and it was recognised we weren't going to be able to establish a true exercise referral scheme. Direct engagement with surgeries, health centres and practice nurses was also proving problematic meaning accessing those with specific health problems was proving difficult. The decision was therefore taken to open the scheme to all adults which led to a large rise in participation. **A key lesson** here was that by broadening the offer to all adults we made increased the overall value for money for schemes.

As the profile of the Cycle Exeter project increased so did the workload for individual officers. Financial constraints within the LA meant that we weren't able to increase the capacity of the team. Promotion of specific initiatives and planning for them therefore suffered. The organisation and marketing of adult cycle training courses was very time consuming, particularly in relation to the average numbers per course. As a result, the decision was taken to refocus the offer to 1:1 sessions. We quickly learnt a number of lessons from these.

- 1) Being demand driven rather than supply led meant 1:1 training required far less work in terms of promotion.
- 2) No promotion of specific dates and locations also meant the product could be far more convenient to both instructors and customers
- 3) It was far cheaper

Health Results from Exeter CDT

- In 2009 an additional **5821** adults in Exeter cycled in a typical week, who had not cycled at all in 2006⁶
- Surveys in 2006 and 2009: Proportion of residents classed as 'inactive' (taking account of cycling activity, other physical exercise and activity at work) -10% or -2.2% points (from 22.8 to 20.6%) ICM Survey for Cycling England⁷
- Surveys in 2006 and 2009: proportion of adult residents doing any cycling in a typical week in the previous year +21% or +5.6% points (from 27.3% to 32.9%) ICM Survey for Cycling England⁸

⁶ Valuing Increased Cycling in the Cycling Demonstration Towns 2009

⁷ Analysis & synthesis of evidence on the effects of investment in six Cycling Demonstration Towns 2009 DfT

⁸ Analysis & synthesis of evidence on the effects of investment in six Cycling Demonstration Towns 2009 DfT