

# Commission on Creating Healthy Cities

## Call for Evidence – response from Nottingham City Council

### September 2021

**Please note** – this is a collective response from colleagues across Nottingham City Council. Our Chief Executive, Mel Barrett, is a Commission member and sits on Subgroup A – The Built Environment, Design and Place-making (housing, planning and urban design, regeneration). Mel has not provided any information towards this response due to his role on the Commission.

## 1. Governance/decision making processes

Overarching Questions:

### **1.A - How best can City leaders ensure that the voices of citizens/users of services shape their policymaking and keep the public genuinely engaged with the process of policymaking as it proceeds from consultation to decision?**

Nottingham has successfully engaged with citizens on a variety of themes, including annual budget sessions with senior leaders and Portfolio Holders and regular citizen surveys.

Recent engagement on Nottingham's new Strategic Council Plan asked residents, businesses and partners (and staff) if the priorities for the Council over the next two years were the right ones, and what else we might need to include. An electronic survey was made available, as well as virtual engagement sessions with the Chief Executive, Leader and Deputy Leader, with a question and answer session at each. This enabled citizens and stakeholders to engage with the Council in a way that suited them. In case anyone was unable to attend the virtual sessions, a write-up of each Q&A session was made available so everyone could access the information that had been shared.

Consultation on plans for Nottingham's Broad Marsh shopping centre (partially demolished by former owner Intu before they went into administration, the centre is now owned by the City Council) involved a major engagement campaign, as this is an issue about which a lot of citizens and businesses feel strongly. The 'Big Conversation' consultation included:

- Paper copies of the online survey provided on request
- Presence within a shop unit in a busy city centre thoroughfare for over three weeks, with large displays promoting the 'Big Conversation' engagement
- Consultation with Nottingham City Youth Cabinet (youth leadership group for 16-25-year-olds)
- Three day-long engagement sessions with Primary Parliament (Year 6 pupils from 13 Nottingham City primary schools, including special schools; 170 children engaged in total)
- Big Conversation survey work through Nottingham College, with business studies students using the Big Conversation questionnaire
- Conversations with developers, funders, occupiers and heritage experts
- Business and partner events

Over 2,000 people provided their views and the results of the consultation have been published (here: <https://storymaps.arcgis.com/stories/21c59c2e9c52410b9278230ea7828acc>). The architects have been briefed on the feedback and the public is being kept updated regularly so they feel part of the project and know that their voices have been listened to.

There is evidence that not all citizens want to be involved. Opportunities are provided for people to take part online and through other methods, however some citizens are not fully aware of what a local council provides. In the 2019 citizens' survey, 47% of respondents in Nottingham had not been in touch with the Council in the previous 12 months, which makes engagement difficult. 20% of people responding had never contacted the Council, which could be for a variety of reasons, including that they have never needed us or they do not think we can help them. They might even

have contacted us but do not realise – for example if they have spoken to someone about school admissions, to book an event at one of our leisure centres or if there has been an issue with community safety.

Engagement requires time and resource. Councils are operating in a reduced capacity and therefore are more limited now in the engagement they can undertake. Local decisions should include input from communities and service users, but with limited staff available to undertake this there is a risk that councils will not be able to engage with residents as often as they would like to or should. We need the appropriate resources to ensure residents' voices are heard.

### **1.B - What are the methods that work, and that don't work, in engaging the wider public in the task of creating a healthy city?**

As in question 1.A, we consulted extensively on the Broad Marsh shopping centre. Lots of people commented on the need for green space to be part of the development, and for it to support Nottingham's ambition to be carbon neutral by 2028. Nottingham has a large number of Green Flag parks and residents really value them, especially during the Covid pandemic when people could not travel far or go to the gym or leisure centre. Council communications have frequently highlighted the health benefits of clean air and outdoor space, so residents have taken this on board.

A consultation run in 2019 by the Nottingham and Nottinghamshire Integrated Care Partnership, of which Nottingham City Council is a partner, on their Long Term Plan yielded over 1,000 responses from citizens. Engagement included a bespoke website, an online survey, outreach engagement events, social media posts and in-depth interviews with specific partners. Slides provided gave context and set out the challenges so people felt better informed before completing the survey.

Experience has shown that people struggle to talk about their health with strangers, so there needs to be some trust or awareness of the processes and what the wider benefits will be if they engage. Participants need to understand what will be asked of them and what the consultation will cover; if they think they will be asked specifically about their own health they will be less likely to participate. Usually when speaking with people, NCC allows self-completion of questionnaires to enable confidentiality. If conducting sessions face-to-face, people may feel less likely to engage or be completely open in their responses.

Evidence-based Questions:

#### **1.1 - Are any of the current ways of engaging citizens – Citizens Juries, Assemblies, Youth Parliaments, use of deliberative panels, focus groups et al - proven to be effective?**

Nottingham has an active Citizens UK chapter, which has contributed to local initiatives and trained people to organise within their own community. Related to question 1.B above, one of their main areas of focus is mental health support.

Nottingham City Council has a Citizens Panel (more information here:

<https://www.nottinghamcity.gov.uk/citizenspanel>), members of which are contacted regularly to ask for their views and to keep them updated. They have provided input into a diverse range of campaigns including testing the Nottingham Transport website, digital technology and its use in improving health and wellbeing for the over 60s, and feedback on marketing campaigns relating to Nottingham being a clean and safe city.

As a city with a large number of young people, including students from our two popular universities, we value the importance of engaging with young people. NCC has a commitment in its Strategic Council Plan to "Consult young people on important decisions and involve them in the Council's decision making process". Despite restrictions due to Covid, 18 separate participation meetings,

events and activities were held with children and young people in Q1 of 2021-22 (April – June), and the Youth Cabinet planned and delivered their bi-annual youth leadership conference exploring issues around young people's motivation in the context of Covid and other factors. Issues raised at these events feed into the Children's Partnership Board and Improvement Plan, the One Nottingham strategic partnership and the Nottingham Together Board.

Nottingham's Primary Parliament fed ideas into the Library Service's 'Next Chapter' consultation with sessions looking at 'Libraries of the Future', whilst the Children in Care Council focused on ways to improve education for Children in Care and Care Leavers. Being asked for their views on so many subjects, and seeing their message shared with other partnerships confirms to the young people participating that their voice is being heard at the highest levels in the authority and across the city, so they are more likely to engage if they are genuinely being listened to, especially on issues affecting them and their peers.

Engagement through these methods is effective, however usually people more actively in contact with the Council are the ones who take part. Focus groups for covering a cross-section of participants are good, but those who are more engaged are again more likely to attend.

As part of this it is also key to understand if people are happy talking to an officer from the Council; the cost of this form of engagement is quite high and the time and resources are not always available.

In the past, funding was available to employ a consultant to provide a representative sample of residents to take part in panels. This would be regularly refreshed and these people could be seen to provide representative views of all communities. This funding is no longer available, in Nottingham we have no responsible officer as the post was made redundant due to budgets, so active recruitment to keep the panel refreshed is no longer undertaken.

### **1.2 - What is the evidence of success or failure for neighbourhood forums in England, and Community Councils in Scotland, bridging the community/municipality divide?**

Nottingham's first Neighbourhood Forum and its plan area were ratified by the City Council in February 2015 (in the Sneinton area). It is sometimes the case that the most active people within local communities are more likely to be involved, so community groups do not necessarily represent the whole community voice. They can be effective in engagement with their fellow residents where it is seen they have a shared interest in the community and where there is reluctance from people or groups to engage with the local authority directly.

Resourcing and supporting these forums can be labour intensive and due to limited resources, not enough time can be dedicated to them. Additionally, the success of these forums depends largely on local action and having people within the community who are willing and able to run them – in some areas this might not be easy or possible, and these areas might miss out.

### **1.3 - What is the evidence of success or failure of resourcing local government to take decisions locally produces for health and wellbeing?**

We do not have relevant evidence on this question.

### **1.4 - Can a value-for-money case be made for encouraging and sustaining the enhanced community spirit generated by the pandemic (increased volunteering, extended neighbourliness and more charitable/community activity)?**

People are interested in volunteering and in recent engagement on the new Strategic Council Plan there was great enthusiasm and support from the voluntary sector. There was a lot of 'community

spirit', but they also need support from local authorities. The voluntary sector cannot sustain the work in the long term without grants or funding.

Nottingham City Council has encouraged 'neighbourliness' during the pandemic, asking people to check on their neighbours and support them with shopping or collection of prescriptions. The Council also supports initiatives such as Community Champions and Clean Champions. Additionally, within the Council there are Time to Change Champions, who aim to challenge discrimination around mental health, and Aspiration Champions, who support our children in care and care leavers to raise their aspiration levels. It would be good to build on this in the future, both for the Council and for the communities themselves.

**1.5 - Do suggested proposals for action on governance/decision-making pass the tests of being realistic, useable, specific, deliverable and affordable?**

We do not have relevant evidence on this question.

## **2. The Built Environment, Design and Placemaking (Housing, Planning and Urban Design and Regeneration)**

Overarching Questions:

**2.A - Is there evidence that changes to urban design and housing quality – including energy efficiency, security, affordability – for both new development and neighbourhood regeneration, will lead to healthier cities?**

Yes. A comprehensive evaluation of the Council's Decent Homes Programme was undertaken by Nottingham City Homes (our arm's length management organisation for council housing) in partnership with Nottingham Trent University. It found that significant positive impacts had accrued through the programme in respect of both physical and mental health. The study is available here: [http://irep.ntu.ac.uk/id/eprint/28087/1/5639\\_Valero-Silva.pdf](http://irep.ntu.ac.uk/id/eprint/28087/1/5639_Valero-Silva.pdf).

**2.B - Can a case be made for the property industry and investors to reset real estate value to include health and wellbeing?**

This is very dependent on the viability of development in any particular location. For instance, local planning authorities in the south of England support quite wide ranging Section 106 requirements for health whereas in Nottingham, land values are much lower and even achieving affordable housing contributions from development can be challenging. The scope for 'resetting estate values' is therefore likely to be limited across much of the country.

**2.C - What evidence is available to support the case for changes to local and national policies for housing and the built environment in the light of the Covid experience?**

Nottingham City Council only has anecdotal rather than any firm statistical evidence on this matter. Anecdotal reports suggest that people with more space, sufficient room to work from home and also access to outdoor/garden space have generally coped better with the Covid experience.

Evidence-based Questions:

**2.1 - Is there evidence that the integration of housing and health in the same government Ministry and/or at the local level, achieves better outcomes?**

Locally, Nottingham's planning team has been working with Public Health much more closely since 2013, when LAs took on new health responsibilities. This has positively influenced Local Plan policies on open space, active travel and healthy eating. Planning policies are now subject to assessments of their health impacts, which can help to avoid unintended consequences.

Nationally we are not aware of recent data but historically, closer government departmental responsibility for housing and health were clearly important background to the 'Addison Act' which led to post-WW1 social housing.

**2.2 - What is the evidence that poor quality housing leads to physical and mental ill health, excess (winter) deaths, accidents in the home, increased hospital admissions and readmissions, premature moves into residential care and fuel poverty?**

Although NCC does not have collected data on this there is plenty of data available. Examples would be the 2010 report "The Real Cost of Poor Housing" by BRE Trust, the University of Warwick and the University of Brighton.

**2.3 - Can the gains from improved housing be quantified financially?**

See report referenced in response to 2.2, above.

**2.4 - What lessons can be learned from 'post-occupancy evaluations' that obtain feedback and gauge the satisfaction of the homes' occupiers?**

We do not have relevant evidence on this question.

**2.5 - Does the evidence from the pandemic show links between susceptibility to the Covid virus and health inequalities such as: overcrowding; multigenerational households; cold and damp conditions; lack of space to work or study at home; lack of garden/balcony/green space?**

We have no specific local data. At a national level, highest rates of transfers have been in densely populated urban areas, and populations associated with high density living (some BAME communities) have been more disproportionately affected.

**2.6 - How best can Local Planning Authorities play a positive, proactive role in creating the healthy city?**

By having explicit regard to health outcomes in planning policy and decision making. This could be through actively engaging health partners in policy development and planning decisions, and ensuring that assessments of policies and major schemes give due consideration to their impact on health.

**2.7 - What changes to mandatory Building Regulations (e.g. in relation to standards for accessibility) can be shown to improve health and wellbeing?**

We have no statistical data. At the moment Accessibility levels 2+ are not mandatory and so there is little provision of this.

**2.8 - Are there exemplar toolkits created by any UK cities which could be disseminated for use elsewhere?**

We do not have relevant evidence on this question.

**2.9 - Do any robust studies demonstrate the benefits of land value capture and make the case for replication of past examples of new settlements and urban extensions that create strong communities?**

We are not aware of 'robust studies' on this, however there is a need to bear in mind that previous new town development acquired land at agricultural values.

**2.10 - What is the evidence of benefits from achieving a mix of incomes and housing types, for young and old, and an absence of segregation?**

We only have anecdotal examples in relation to this. We have seen failure where age criteria have been lowered on 'older persons' affordable housing schemes. We had an example where this

happened and the (relatively) younger occupants were involved in significant anti-social behaviour, causing significant problems for the scheme overall.

In relation to mixed tenure/wealth schemes we have seen success with the regeneration of the Stonebridge area of St Ann's. This former social housing estate was partly demolished, with some of the social housing retained. A first phase of mainly new RP social housing (but of higher quality design and layout) created a better physical environment where a private sector developer invested in the rest of the site, attracting owner-occupiers. The outcome has been very successful with new owner-occupiers living alongside social tenants on a transformed and generally successful estate.

**2.11 - Is there evidence that outcomes are unsatisfactory for occupiers of high-rise flats? Or of out-of-town estates with no community facilities?**

We do not have statistical data on this.

**2.12 - Is there evidence that changing patterns of work and retail during the pandemic – with implications for new development and neighbourhood regeneration - will be sustained afterwards? How can emerging opportunities for regenerating high streets and reviving town centres be achieved post-Covid?**

It is too early to take a view on this.

**2.13 - Is there evidence that Home Improvement Agencies, providing advice and support for home retrofitting for older owners, are enhancing health and wellbeing for those living in poor conditions?**

The HIAs themselves will no doubt be able to demonstrate the benefits they have brought in terms of improved health and reduced hospital admissions. Locally, Nottingham has benefitted from Age UK Nottinghamshire's housing service, as well as operating its own preventative adaptations (PAD) scheme. These have unquestionably supported people to live independently and safely in their homes and prevented accidents and hospital admissions; unfortunately, we do not have precise data on this. We will be suggesting that Age UK also participates in the Call for Evidence.

### **3. Transport and movement, infrastructure and technology (smart cities)**

Overarching Questions:

**3.A - Could the transport and mobility sectors lead the way, after the pandemic, in offering evidence-based solutions to issues of air quality, energy consumption, improved productivity, 'levelling up' and helping create the healthy city?**

The demands on the transport sector have changed rapidly over the course of the last 18 months. The response to Covid-19 has meant that commuting to offices reduced rapidly as office workers were advised to work from home if they could, and other businesses closed or furloughed staff. This led to a reduced traffic demand on the road network, with reduced traffic flow figures at peak times combined with a rapid switch away from public transport in order to help reduce levels of transmission of the virus.

Throughout this period Nottingham City Council has conducted continuous monitoring of traffic flows, public transport patronage and numbers of people cycling and walking. In addition, the council also conducts continuous monitoring of air quality using a network of real time analysers and diffusion tubes.

As restrictions on movement have lifted, the Council has used its network of data collection sensors to develop evidence which shows how the economy is reopening after the pandemic and what effect this is having on traffic flows and air quality. This evidence has revealed that traffic flows and the number of people cycling have increased sharply compared to other modes of transport. While

general traffic flows remain slightly below normal levels, cycling figures have increased beyond their normal levels. Public transport patronage continues to lag behind. It seems likely that with home working becoming the norm for all or part of the week and lingering concerns regarding the risk of contracting Covid, fewer people may be catching the bus for commuting or other purposes.

This evidence has led to concerns that traffic flows will continue to rise and may rise beyond their pre-pandemic levels as commuters opt to use the car when they return to the office, shops and leisure rather than public transport. Increases in general traffic flows will then have a negative impact on congestion, air quality, noise levels and carbon emissions from the transport network.

In order to combat this, the Council has developed a number of projects aimed at making walking and cycling more attractive than driving. These projects are aimed at a broad cross section of society from children and parents traveling to school, job seekers, people with long-term health problems, to people who are travelling to work on a daily basis.

The Council is collecting evidence on the effectiveness of these projects. This evidence will be valuable to inform how we tackle issues such as air quality, improve productivity and realise health improvements.

### **3.B - What are likely to be the long-term effects of the pandemic on use of public and private transport and, in particular, changed working/commuting behaviour?**

The Council has been looking closely at emerging trends during the course of the Covid pandemic. This analysis has shown that working from home for some people may now be a long-term reality. Businesses that have relied on home working during the pandemic have found that productivity hasn't dropped off as previously expected and many have taken the opportunity to reduce their costs associated with office space. Public transport is the most efficient way of getting a large number of people into or out of the centre of the city at busy times like the morning and evening peak periods. With fewer people commuting into the centre of the city for work, and the fact that restrictions due to social distancing made bus and tram travel difficult, public transport patronage has reduced sharply. We currently project that due to changing working and commuting patterns post-pandemic, public transport usage will reduce in the region of 20% locally. Research from Transport Focus suggests that there will be continued demand from passengers for enhanced cleaning regimes and a desire for more flexible ticketing options to reflect new work and commuting behaviour.

With the reduction of a daily influx of commuters to the city centre, businesses which traditionally relied on large volumes of passing footfall have suffered. This, together with the reduced demand for office space in city centres, has meant that the role of our city centre has come into question. The long-term impacts of this are yet to be fully understood, but without action city centres may become less of a destination in their own right and trips may become more dispersed. This may mean that public transport systems (which currently run on radial routes into and out of the city centre) may no longer cater for the types of trips that are now being made.

The increase in vehicle sales, both new and second-hand, shows that people's travel habits have now become more diverse and they may now need to travel to locations at different times, not well served by public transport. In recent years, evidence has shown that young people were reluctant to purchase cars and get driving licenses due to the cost. The pandemic may have reversed this trend as we have seen an increase in the demand for driving lessons and for driving licenses.

Efforts to increase the number of people cycling and walking instead of using the car offers the biggest opportunity to reduce carbon emissions, improve air quality and improve the health of our

citizens. The numbers of people cycling has seen a big increase during the pandemic and is now consistently higher than before. The Council has a long-term transport strategy aimed at getting more people cycling and walking for short trips instead of using the car. The Council is also committed to providing high quality segregated cycling facilities. With the increased availability of high quality segregated cycling and walking infrastructure we are likely to see a longer term increase in cycling and walking.

Increases in the availability of new technology will also change the way people travel. Nottingham is currently undergoing an e-scooter hire scheme trial, which has been popular with younger people. This new mode has seen people switch to scooters for short trips.

Evidence-based Questions:

### **Digital Divides**

#### **3.1 - Is there evidence available to help our understanding of how the digital divide – both physical and social – may be excluding:**

- those without any or adequate broadband, preventing access to online shopping, studying, work and recreation;
- those unable to afford the necessary IT equipment and monthly costs;
- those lacking the knowledge/skills to use broadband/internet.

#### ***Adequate broadband***

Nottingham benefits from free Wi-Fi access across the city centre, which helps Nottingham to be one of the areas outside London and the South East with the highest internet usage; over 90% in all age groups.

In a survey of Nottingham City Homes (NCH) tenants from Q2 of 2019, 54% of respondents said they had internet access at home, 3% said they had access but not at home, and 43% said they had no access to the internet. The survey, however, is a self-selecting postal survey that will be skewed towards that population and is, therefore, not representative of Nottingham overall. Nonetheless, on this basis, this group (without internet access) would equate to around 7% of Nottingham's population and is, therefore, consistent with national estimates and a cohort for whom more traditional access routes need to remain.

NCC's online forms and webpages have been revised in recent years to make them as easy to use as possible. NCC uses 'SilkTide' to manage the overall performance, it checks thousands of indicators every week. Website quality and accessibility have a target of 95%, which is met.

#### ***IT equipment and costs***

Nottingham's 'free to use' public access computers are mainly sited in City Council libraries, with two job centres, one advice centre, the local Citizens Advice building and a small number of businesses and charities also offering 'free to use' computers. Private research undertaken by colleagues suggests people who do not have internet access at home or on their mobile phones visited the library for access, however those using the service expressed that the hourly access restrictions were an issue.

Not all 'internet access' is the same; mobile phones are the main access route, so there is an increasing need for websites to be easy to view on smaller devices. Smartphone access and apps remain the growth area, confirmed locally and by the 2018 and 2019 Ofcom surveys. The second most common internet access route is tablet, and computer ownership levels are relatively low and falling.

#### ***Knowledge and skills***



Discussion with colleagues in NCH during the rollout of Universal Credit (UC) in Nottingham (which is applied for and managed online) revealed that the majority of NCH tenants who moved to UC in the first six months had been IT literate and were happy to claim online.

As of February 2020, of the NCC services that had been digitised, over 70% of customers chose to use this method instead of by phone or face-to-face; in recent months this number has increased to 88%.

As of early 2020, most councils reported 'channel shift' to digital services at around 30%; Nottingham's figure was around 80% and during the first lockdown it increased to over 90%. NCC engages with citizens in the design of online forms and processes, and achieves a 93% customer satisfaction rating. Our customers increasingly choose to use this method to manage their lives and activities at a time and place to suit them; almost 200,000 NCC customers have a digital account.

### **Patterns of working**

#### **3.2 - Is there evidence of the effects relating to working practices adopted during the Covid pandemic:**

- flexible working,
- hybrid working at home and in an office,
- working in office hubs close to home

The Council has commissioned a number of surveys during the course of the pandemic. A survey of businesses carried out by the Business Improvement District showed that over 70% of respondents were planning on adopting flexible working practices long term. Only 10% said that they would go back to the way they worked before the pandemic with the rest still to make formal plans. Over 90% of employers responded to say that having their staff working from home during the pandemic had been a success.

The Planning for Future Travel in Nottingham Citizens Survey 2021, conducted in July this year, showed that 57% of respondents were currently working from home and that 51% think they will be working from home 2-3 days a week after Covid-19. This should be caveated, as older age groups and those in professional/managerial roles were over-represented in the survey sample.

#### **3.3 - Is there evidence on likely impacts for mobility, following the pandemic, relating to:**

- the demand for travel,
- the viability of public transport,
- reductions in congestion

As stated in 3.1 and 3.2, the Council has collated a wide variety of travel and transport data throughout the pandemic. At the time of writing (August 2021) the current picture in Nottingham looks as follows:

- Car traffic peaked at around 93% of pre-Covid (early March 2020) levels in June 2021 and, as of mid-August 2021, dropped to 86% of pre-Covid levels due to the school holidays.
- Throughout the early part of the year, bus patronage started to rise and reached a peak of 66% of pre-Covid levels in early June 2021.
- In April 2021 tram patronage was at 25% of pre-Covid levels as restrictions started to ease. This has now grown to around 38% in early August 2021, although this figure was affected by the school holidays.
- Cycling is the only mode of travel that has regularly exceeded pre-Covid levels. This is also the case nationally. Weekends are busier for cycling than weekdays.

Currently bus companies are receiving grants from central government to maintain full services, but the future of bus services is uncertain as they are heavily dependent on commuters who are now

making fewer trips by public transport. We estimate a reduction of patronage of around 20% on public transport due to changes in working patterns, which has the potential to lead to a requirement to reduce bus service frequencies on Nottingham's bus network, once the 'Covid Bus Services Support Grant' ceases in April 2022. This has the potential to dilute the offer and make bus services less attractive. Measures are being put in place through our Transforming Cities Programme and Bus Service Improvement / Enhanced Partnership Plan work to grow the market, but it is unclear at present how far they will mitigate the impact of changes in commuting patterns.

Congestion has not reduced and remains a constraint on effective bus service operation. We do not anticipate a reduction in real terms by this autumn 2021, although the pandemic may have reduced the pre-pandemic growth trajectory for congestion. If demand for travel declines overall, but congestion remains at previous levels, that would suggest that there is a mode-switch from public transport to the car, which is concerning. Data from our Vivacity sensors suggests that traffic flow has returned to almost pre-pandemic levels, as per early March 2020.

The Planning for Future Travel in Nottingham Citizens Survey 2021 showed that a significant number of respondents intended to change their travel behaviour in the future. Two thirds intend to change their future mode of travel due to concerns about catching Coronavirus, while 38% will do so because they will be working from home. It is encouraging that 29% intend to change their future travel mode, as they now prefer to use their bike or walk.

Over half of the respondents say that they are concerned about using public transport in the future due to Covid-19 and 38% intend to use public transport less.

Importantly, the results from this survey also indicate that there will be a modest mode-switch to the car when compared with the pre-pandemic period, with 26% of respondents saying they will use the car/van more, compared with 17% saying they will use it less.

### **Modes of transport**

#### **3.4 - Is there evidence of changing attitudes toward, and expectations for:**

- the role of the car (in particular the role of SUVs)
- public transport and continuing need for social distancing
- novel forms of transport – mobility as a service, sharing, Uber etc.
- walking and cycling – and health – risks, safety etc.

#### ***Role of the car***

The Society of Motor Manufacturers and Traders (SMMT) provides forecasts by vehicle category in terms of engine/fuel type but does not provide data in SUVs specifically. This predicts an overall rise in car and light commercial vehicles (up to 3.5t gvw) (LCVs) registrations with increased market share for BEV, PHEV, HEV and decrease in diesel engines. See <https://www.smmt.co.uk/wp-content/uploads/sites/2/WEBSUM-SMMT-CARLCV-MARKET-OUTLOOK-Q3-30072021.pdf>.

#### **SMMT outlook for 2021 & 2022 – as at July 2021**

##### **2021**

- Cars registrations at 1.822 million, up 11.7% on the 2020 total.
- Diesel car volume of 0.301 million, down -6.6% on 2020 and taking a 16.6% market share.
- BEV registrations to rise by 59.5%, pushing its market share up to 9.5%.
- PHEV registrations to increase by 75.1%, taking its market share to 6.5%.
- HEV registrations to rise by 37.9%, with a market share of 8.3%.
- LCV registrations at 0.364 million, expected to rise by 24.3% on the 2020 total.

##### **2022**

- Cars registrations at 2.104 million, are predicted to increase by 15.4% on the 2021 outlook.
- Diesel car volume of 0.291 million, down -3.4% on 2021 with a 13.8% market share.

- BEV registrations to rise by 46.0% on 2021 outlook, increasing its market share to 12.0%.
- PHEV registrations to rise 29.7% on 2021 outlook, pushing its market share up to 7.3%.
- HEV registrations to increase 33.6% on 2021 outlook, with a market share of 9.6%.
- LCV registrations at 0.373 million, expected to rise by 2.4% on 2021 outlook.

#### ***Public transport and continuing need for social distancing***

There is some evidence from national Transport Focus research that some public transport users would like to see continued social distancing on public transport or at least emptier buses, trains and trams, but views are mixed. Non-users are more likely to require continued social distancing than those who regularly use public transport.

#### ***Novel forms of transport***

We will be exploring options to implement Mobility as a Service (MaaS) through our Future Transport Zone (FTZ) programme, which will allow us to embed more flexible travel share options such as car clubs, bike hire and e-scooters as options within the established public transport offer accessible through a shared payment platform. Nottingham has had car club since 2014 and is part of the national e-scooter trial; the FTZ programme will allow us to fully integrate these options with the wider public transport network. We are currently undertaking an options appraisal for MaaS, engaging with key stakeholders and operators, which will report in the autumn. This scoping exercise will provide more information about local expectations for MaaS and shared transport.

#### ***Walking and cycling***

Our active travel delivery partners report that demand for walking and cycling support packages in Nottingham such as walking buddying, cycle training and the bike library has increased over the past 12 months. Local walk maps pre and during the pandemic are consistently one of the most popular resources in our Travel Choices packs in areas where we have delivered household PTP type projects. This could be due to a number of factors including a desire for a socially distanced travel option, exploring ways to exercise outdoors, and as a response to quieter traffic during summer 2020 improving perceptions of safety and air quality. However, as traffic levels rise and return to, or even exceed pre-pandemic levels, these gains are in danger of being eroded.

### **Technology**

#### **3.5 - What evidence exists to help us to assess the impact of electric vehicles and the outcomes from less air pollution?**

The Council has invested heavily to reduce and remove the barriers to ownership of electric vehicles. The Council worked with partners, primarily through the Go Ultra Low (GUL) Package, to deliver a network of over 400 fast and rapid charge points across the region around Nottingham. As part of GUL and via other funding streams, NCC has also developed projects to loan electric vehicles to businesses and taxi drivers to break down some of the preconceptions about electric vehicle ownership. An evaluation of the impact of GUL on the take up of electric vehicles is currently underway in partnership with Loughborough University and is due to report its findings in the first half of 2022. Electric vehicles are seen as a solution to the problem of increasing Nitrogen Dioxide emissions in cities, however electric vehicles currently make up a very small proportion of the overall fleet in Nottingham so evidence for the impact of electric vehicles on air quality is limited.

Air quality sensors have shown a reduction in pollution from transport over the last 18 months but this is largely due to the reduction in traffic flow rather than the switch away from internal combustion engine vehicles.

More evidence is available here: <https://www.transportnottingham.com/policies/air-quality/>.

### **3.6 - Is there evidence of benefits of use of technology/apps for travel planning and seamless door to door journeys?**

Before the pandemic, Nottingham and surrounding local authorities made extensive use of real time bus and tram information. This information, together with the high frequency and high quality bus service provided in Nottingham, helped to make journeys by public transport more convenient and attractive for journeys to and from the city centre.

Evidence for the benefits of using technology is mixed and differs between age groups. Many local journeys are not multi-modal and for simple journeys such as walking to a local bus stop and catching a bus into the city centre or cycling to a known destination, an app-based solution is not necessary for many people. Those who regularly use social media may find this a more familiar way of accessing information, and the availability of Google Maps means that there is an existing tool that can meet more complex travel planning requirements for those who can and want to use it.

However, there is no doubt that smart ticketing with contactless payment on both mobile devices and bank cards with “best fare” capping does demystify public transport travel for some by removing a barrier to access. Alongside better real-time information, this can improve the passenger experience; the Council sees as key the availability of data and information in a wide variety of formats to making journeys by means other than private car as accessible and attractive as possible.

For example, Nottingham City Transport (NCT), Nottingham’s largest bus operator, also has an app which passengers can use for journey planning and purchasing tickets. Pre-pandemic this hosted around 1.2 million app sessions a month, and was increasing. The app is more heavily used than NCT’s website and accounts for 75% of all their digital traffic.

The Council is currently preparing to deliver a large project as part of our Future Transport Zone programme to deploy more traffic monitoring sensors. The information from these sensors will be used to inform a live journey planning tool that could be used by the travelling public to see how trips by car compare to more sustainable modes in terms of cost and journey time.

### **Green spaces**

#### **3.7 - Is there evidence of benefit to health and wellbeing from access for citizens to green space facilities, parks, allotments, etc.?**

“Physical activity is the single most important way to improve your physical and mental health” Dr Jenny Harries, Deputy Chief Medical Officer for England, said in January 2021. The benefits of being active extend well beyond physical health and wellbeing. The wide range of physical and mental health benefits of physical activity for general and special populations are substantial. The evidence is particularly robust for the general adult population and for people with pre-existing medical conditions. The greatest health impact can be gained by concentrating on the inactive. The [WHO Global Action Plan on Physical Activity 2018-2030](#) also recognises the important co-benefits of physical activity that accrue to sectors and settings beyond health.

Taking up cycling is amongst the most effective health interventions a person can make. According to a recent study by the University of Glasgow, cycling to work can contribute to a 45% lower risk of developing cancer, a 46% lower risk of heart disease and a 41% lower risk of premature death, compared to a non-active commute.

However, it is important we do not overlook the role of walking. The ‘How People Move’ report prepared by Active Nottinghamshire and Active Derbyshire (available at <https://www.activenotts.org.uk/uploads/the-spaces-and-places-to-support-people-to-move-may->

[21.pdf?v=1621427888](#)) provides local evidence about the role of active travel, particularly walking for outdoor exercise. The report highlights that for Nottinghamshire and Derbyshire:

- 79% of all sport and physical activity takes place outdoors.
- We walk significantly more than we undertake any other form of exercise – on average, nearly half our active time is spent walking and, as single activities, walking, gardening and cycling overshadow all other forms of exercise.
- Urban parks were visited nearly three times more than any other natural environment, and over 2 in 3 nature visits are taken within two miles of home.
- Walking is one activity in which people from lower socio-economic groups are overrepresented.
- Walking is an unthreatening entry into physical activity and potentially easier for inactive people to engage in.
- Walking for leisure generally increases with age up to 69-years-old, whereas walking for travel is highest in 16 - 19-year-olds and then declines with age.

This demonstrates the value of green spaces and parks for physical activity, and in particular the role of active travel both as a form of accessible exercise and to access local amenities.

Nottingham City's Joint Strategic Needs Assessment for Physical Activity identifies that although age is the greatest risk factor for severe Covid-19 outcomes, the pandemic has amplified socio-economic inequalities, leading to a greater risk of mortality for BAME communities and those living in more deprived areas and regions. Also, new health inequalities have emerged for Nottingham during the pandemic including communities who lack access to green spaces. Many disadvantaged communities in the city are without access to gardens, balconies or green space, and those living with long-term conditions may face significant mobility issues.

Nottingham and Nottinghamshire Integrated Care System (ICS) has been successful in securing £500,000 as part of a two-year (April 2021 to March 2023) national green social prescribing scheme, aimed at improving the mental wellbeing of communities hardest hit by the Coronavirus pandemic. The Greenspace programme, which started in April 2021, seeks to connect people to nature through both digital and physical means. Active travel is seen as a key element of this offer, both providing activities to partake in within open spaces and being a reason to go to a park, canal or riverside route. Therefore, walking and cycling-based activities are a way of enabling people to access green spaces and other beneficial activities, thus providing both physical and mental health benefits of active travel and being in a green environment. The evaluation and learning from the Greenspace pilot will provide quantifiable local evidence of the benefits of access to green space for citizens.

The City Council has invested heavily in its network of leisure centres over the years including new facilities at Harvey Hadden Sports Village, Djanogly and Victoria Leisure Centres. The Council is operating in a challenging environment, both due to the pandemic and financial austerity. As other sport and leisure facilities in the city face critical income shortfalls due to lockdown closures reducing the provision for active people to continue being active, outdoor provision such as parks, open spaces and local green spaces are playing an increasing role. As underlined by the evidence in the How People Move report discussed above, walking and cycling for both active travel and recreation have a key role to play in the recovery agenda for Nottingham City by both helping people be more physically and mentally healthy and helping us to meet our 2028 carbon neutral target.

#### **4. Health & Wellbeing (public health, social prescribing, food and exercise, health creation)**

Overarching Questions:

**4.A - Is the Commission right to see health as the prism through which to consider the full spectrum of a city's social and public policies?**

Yes.

**4.B - How can our highly centralised and illness-orientated health service be transformed to achieve more responsive, more preventative, more holistic and more personalised outcomes?**

We do not have relevant evidence on this question.

**4.C - What data have been found to be the most useful in measuring the health of cities?**

We do not have relevant evidence on this question.

Evidence-based Questions:

**4.1 - What evidence supports the case for investment in public health and prevention?**

We have no specific local evidence to highlight although we would strongly support such investment, underpinned by a significant evidence base, including financial return on investment. Evidencing the impact of prevention can be challenging – particularly for primary prevention, which is furthest ‘up-stream’.

**4.2 - Does the evidence suggest the most cost-effective improvements in health and wellbeing will come from encouragement of healthier lifestyles and diets, combatting obesity, inactivity and tobacco/alcohol/substance abuse? How big a part can education play – from early years throughout the life course – to make a significant difference?**

We do not have relevant evidence on this question.

**4.3 - Are there further fiscal incentives (e.g. like the sugar tax) that have been shown to affect behaviour positively?**

The national evidence base shows positive impact of tobacco control strategies – including fiscal incentives. No local examples available.

**4.4 - Is there evidence of the success of the social prescribing route to achieving health and wellbeing?**

We do not have relevant evidence on this question.

**4.5 - How can citizens and local employers be involved in co-production and co-ownership of local solutions to improve health and wellbeing? Should the CCHC use surveys and opinion polls to establish how users of services can best engage in creating healthier cities?**

There is a risk that models of co-production can be tokenistic – co-production is more than consultation or engagement, which surveys and opinion polls tend to lend themselves to.

There are two lottery-funded system-change initiatives in Nottingham which have co-production at their core:

- Small Steps Big Changes – improving the lives and life chances of babies and children in Nottingham. Parent Champions and Parent Ambassadors meet with local families with their communities to gain understanding of local services and learn what is important to families. Local parents have a role in key decisions within the organisation – including providing feedback on service design, moderating tender processes and on interview panels during recruitment.
- Opportunity Nottingham – exists to improve the lives of people with multiple and complex needs in Nottingham City. The ‘voice’ of lived experience is a significant part of the project and informs many key decisions. ‘Expert Citizens’ are beneficiaries of Opportunity Nottingham who feel ready and able to get involved. Involvement can include:
  - Advising on policy and practice change and service developments
  - Developing training
  - Taking part in recruitment processes

These are models of excellent practice and true co-production which have shown a clear benefit to the quality and success of the services offered.

Covid-19 has strongly highlighted the need to work closely with local communities – to really understand their needs and ensure services are designed in a way which is acceptable and accessible. Services have worked more closely than ever with local communities on the ground to ensure they are supported and able to participate in key activities such as self-isolation, testing and vaccination. At times this has required new ways of working and a different way of thinking. It is important that these gains and new insights are built on as we recover from Covid-19.

**4.6 - Does research indicate that the long-term future of the NHS model is financially unsustainable, requiring investment in prevention research and implementation?**

We do not have relevant evidence on this question.

**4.7 - Is there evidence on what health-related activities are best done at a national scale and what should be further devolved to local (or regional) government?**

Planning policy in relation to fast food outlets – there is a clear relationship between the density of fast food outlets and obesity. Some areas have been successful in implementing planning policies that restrict fast food outlets in specific areas, for example within close proximity of schools. Nottingham City Council was unsuccessful in attempts to get a scheme of this nature approved following objections from large fast food chains. The requirement for ‘local-specific evidence’ is a barrier. This is one instance where a clear and strong national policy would be beneficial, and eliminate inconsistencies in policies across the country.

NCC is also supportive of proposed national-level activity in relation to fluoridation, as an important preventative activity, which is challenging to implement at a local level.

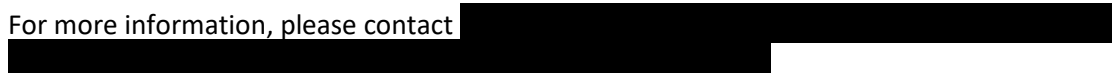
**4.8 - What has the Covid pandemic taught us in terms of health inequalities? What are the lessons in respect of residential care homes and the need for age-friendly, independent accommodation within the community?**

NCC is currently producing a Joint Strategic Needs Assessment chapter on the wide-ranging health related impacts of Covid-19, including a focus on health inequalities. This is not currently shareable but will be published at a later date. Covid-19 has shone a bright light on health inequalities and the wider determinants which underpin them. It is important to take the opportunity to build on the momentum and strength of feeling this has generated.

**4.9 - Do the data from international comparisons show good/poor performance of the UK on measures of life expectancy, years of life free from impairments, infant mortality, violent deaths and the health of poorer communities? Are there clear lessons from other countries to guide UK practice?**

At local authority level the greater concern is about both the disparity across the country, i.e. between Nottingham and other areas of England, and between different areas of the City.

For more information, please contact



# CCHC Call for Evidence

Response ID	Start date	Completion date
[REDACTED]	[REDACTED]	[REDACTED]

1	Title	[REDACTED]
1.a	If you selected Other, please specify:	

2	First Name(s)	[REDACTED]
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3	Surname(s)	[REDACTED]
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4	Contact email address	[REDACTED]
4.a	Additional email address (please complete this if you are submitting evidence on behalf of someone else)	

5	Location	United Kingdom (GB)
5.a	If you selected Other, please specify:	
5.b	City	Nottingham

6	Institution/Company/Organisation	Nottingham City Council
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Planning service links with Public Health teams since the latter moved into local authorities have positively influenced Local Plan policies, including on things like open space, active travel and healthy eating (relating to approval of takeaway locations etc.).

Changes to urban design and housing quality have helped improve physical and mental health. A comprehensive evaluation of Nottingham City Council's Decent Homes Programme was undertaken by Nottingham City Homes (our arm's length management organisation for council housing) in partnership with Nottingham Trent University. It found that significant positive impacts had accrued through the programme in respect of both physical and mental health.

Resetting local estate values to include health and wellbeing may be difficult in some areas, particularly in the Midlands and the North, due to much lower land values and where even achieving affordable housing contributions from developments can be challenging

There are concerns residents will take to their cars due to fears over Covid-19 risks on public transport, and that car usage will rise above pre-Covid levels, thus increasing emissions. Two thirds of respondents to a local travel questionnaire said they intended to change their mode of travel due to the pandemic.

Permanent changes to working patterns due to Covid are projected, and it is expected there will be a 20% reduction in public transport usage in Nottingham due to this and nervousness about Covid risks (as above). This may affect the viability of some public transport routes.

The current e-scooter scheme operating in Nottingham is proving popular with young people and could help reduce emissions for short journeys.

Our active travel delivery partners confirmed demand for walking and cycling schemes increased during the last 12 months.

Covid has strongly highlighted the need to work closely with local communities to understand their health needs. Nottingham City Council is producing a Joint Strategic Needs Assessment (JSNA) chapter on the wide-ranging health-related impacts of Covid including a focus on health inequalities.

A large, focussed consultation with citizens, businesses and partners on the Broad Marsh development (the site of a former shopping centre in the city centre), resulted in lots of requests for green, natural and open spaces for leisure and exercise.

8	<p>Please select which exposure(s) your evidence relates to. Further explanation on these exposures can be found on a PDF file here. Please select all that apply.</p>	<ul style="list-style-type: none"> <li>• Planning (e.g. density, green spaces, housing, transport, urban design etc.)</li> <li>• Workplaces and employment</li> <li>• Accessibility (e.g. access to healthcare, facilities, parks etc.)</li> <li>• Urban services and infrastructure (e.g. sanitation, water, energy, broadband etc.)</li> <li>• Environment (e.g. pollution, climate, carbon emissions, ventilation, biodiversity, natural habitat, natural disasters, noise etc.)</li> <li>• Deprivation (e.g. income, poverty, diversity etc.)</li> <li>• Finance and economics</li> <li>• Society (social networks &amp; relations) (e.g. human interactions, violence, crime etc.)</li> <li>• Governance and policy</li> <li>• Technology and innovation</li> </ul>
9	<p>Please select which outcome(s) the submitted research relates to. Please select all that apply.</p>	<ul style="list-style-type: none"> <li>• Wellbeing</li> <li>• Health (physical): (e.g. non-communicable diseases, communicable diseases, behaviours etc.)</li> <li>• Mental Health</li> <li>• Quality of Life</li> <li>• Lived experiences: (e.g. social health, social wellbeing, social behaviour etc.)</li> </ul>
10	<p>Method of evidence submission: If you need to provide further evidence, please submit this either digitally via email or hard copy via post.</p>	<p>Digital (via email to <a href="mailto:gchu@kellogg.ox.ac.uk">gchu@kellogg.ox.ac.uk</a>)</p>
11	<p>How did you hear about the Commission on Creating Healthy Cities and the associated call for evidence?</p>	<p>Through a colleague who received a direct email about it.</p>