

MEETING

ADULTS AND SAFEGUARDING COMMITTEE

DATE AND TIME

MONDAY 7TH MARCH, 2022

AT 7.00 PM

VENUE

HENDON TOWN HALL, THE BURROUGHS, LONDON NW4 4BG

TO: MEMBERS OF ADULTS AND SAFEGUARDING COMMITTEE (Quorum 3)

Chairman: Councillor Sachin Rajput

Vice Chairman: Councillor Lisa Rutter

Councillors

Saira Don

Nicola Richer

Anne Clarke

Golnar Bokaei

Sarah Wardle

Gill Sargeant

Felix Byers

Paul Edwards

Jess Brayne

Substitute Members

Councillor Helene Richman

Councillor Reema Patel

Councillor Alison Moore

Councillor Daniel Thomas

Councillor Claire Farrier

Councillor Gabriel Rozenberg

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**You are requested to attend the above meeting for which an agenda is attached.
Andrew Charlwood – Head of Governance**

Governance Service contact: Jan.Natynczyk@barnet.gov.uk 020 8359 5129

Media Relations Contact: Tristan Garrick 020 8359 2454

ASSURANCE GROUP

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12.	Committee Forward Work Programme The Work programme for 2021/22 has now been completed so there are no items to report. A new Work Programme for 2022/23 will be presented to the June meeting of this Committee	
13.	Any other items that the Chairman decides are urgent	

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Decisions of the Adults and Safeguarding Committee

11 January 2022

Members Present:-

AGENDA ITEM 1

Councillor Sachin Rajput (Chairman)
Councillor Lisa Rutter (Vice-Chairman)

Councillor Saira Don	Councillor Paul Edwards
Councillor Golnar Bokaei	Councillor Anne Clarke
Councillor Felix Byers	Councillor Gill Sargeant
Councillor Nicole Richer	Councillor Jess Brayne
Councillor Sarah Wardle	

1. MINUTES

RESOLVED that the minutes of the meeting held on 24 November 2021, be agreed as a correct record.

2. ABSENCE OF MEMBERS

None.

3. DECLARATIONS OF MEMBERS' DISCLOSABLE PECUNIARY INTERESTS AND OTHER INTERESTS

None.

4. REPORT OF THE MONITORING OFFICER (IF ANY)

None.

5. MEMBERS' ITEMS (IF ANY)

None.

6. PUBLIC QUESTIONS AND COMMENTS (IF ANY)

NONE.

7. PRESENTATION FROM INCLUSION BARNET - EXPERIENCES OF THE SOCIAL CARE VOLUNTARY SECTOR DURING THE PANDEMIC

The Chairman welcomed Caroline Collier, Chief Executive Officer, Inclusion Barnet to the meeting.

She proceeded to give a presentation on the work Inclusion Barnet did through the pandemic, the impact on different groups and State of the Sector Survey.

She also spoke about Touch Point and reflected on the positive relationship between the sector and the Council.

The Chairman spoke about how Barnet First could be utilised to promote the continued need for volunteers, amongst other things.

Members asked several questions and the Chairman thanked Caroline Collier for attending the meeting.

8. DRAFT FIT & ACTIVE BARNET FRAMEWORK 2022-2026

The Chairman pointed out that The Fit & Active Barnet (FAB) Framework 2022–2026 outlined a local framework for the development of sport and physical activity in Barnet over the next five years.

Through alignment with national and local strategies, it sets out a partnership approach to increasing participation in sport and physical activity to achieve a more active and healthy borough.

The draft Framework had been shaped by services across the Council, partners, and residents through a series of engagement methods.

The draft Framework built on the success of the previous FAB Framework covering 2016–2021 and aims to increase physical activity levels in the borough in the context of people, place, and partnerships.

Officers answered Members questions regarding the Framework.

RESOLVED that The Adults and Safeguarding Committee approve the draft Fit & Active Barnet Framework 2022-2026 (Appendix 1) for public consultation and note that following consultation, the final Fit & Active Barnet Framework 2022-2026 will be presented to the Adults and Safeguarding Committee for approval in March 2022, together with an implementation plan and consultation findings.

9. PREVENTION REPORT

The Chairman reported that for a number of years, the Prevention and Wellbeing team within adult social care had been working with individuals on the edge of the care system to improve their outcomes and prevent, reduce or delay their requirement for care services. The team had also carried out development work at a local level to improve the service offer for residents.

Funding had been secured to expand the Prevention and Wellbeing team. This report asked the Committee to give consideration to the work that the expanded team would do and agree the approach to prioritising work and allocating resource.

Members welcomed this report and asked several questions including the best way to access the service, details of timescales, consultation with residents, reporting back to the Committee, which Officers confirmed could be achieved via the Delivery Plan and asked for a report back to this Committee on the Dementia Strategy.

RESOLVED that the Adults and Safeguarding Committee agree the proposed priorities and approach for the expanded prevention and wellbeing service.

10. SOCIAL CARE STAFF AND COVID 19 VACCINATION

The Chairman noted that on the 11th November 2021, government regulations came into effect which required care staff to be fully vaccinated against Covid 19 in order to work in care homes. These regulations also applied to staff and volunteers who enter care homes as part of their work, such as social workers.

On the 9th November 2021, the government announced that from 1st April 2022, being fully vaccinated would also become mandatory for staff in health and the wider social care sector.

This report provided an update on mandatory Covid 19 vaccinations for social care staff in Barnet, including social care staff employed by the council, care home staff and staff in other social care settings.

Members asked several questions which Officers answered accordingly.

The Executive Director also agreed to supply Councillor Sargeant with details regarding the number of staff who may have been unable to work temporarily and had then returned after leaving due to initially being unvaccinated.

RESOLVED that the report be noted.

11. COMMITTEE FORWARD WORK PROGRAMME

RESOLVED that the Forward Work Programme be noted and a report on Supporting Independence, be added to the Work Programme for a report back to a future meeting of this Committee.

12. ANY OTHER ITEMS THAT THE CHAIRMAN DECIDES ARE URGENT

None.

The meeting finished at 9.19pm

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AGENDA ITEM 7

Adults and Safeguarding Committee 7 March 2022

Title	Adults and Safeguarding Committee Delivery plan 2022/23
Report of	Chairman of the Adults and Safeguarding Committee
Wards	All
Status	Public
Urgent	No
Key	No
Enclosures	None
Officer Contact Details	Dawn Wakeling, Executive Director - Adults and Health dawn.wakeling@barnet.gov.uk

Summary

Each year, the Committee agrees an annual delivery plan. This report sets out the Delivery Plan priorities for the Adults and Safeguarding Committee for the financial year 2022/23.

The content of the plan develops the commitments made in the corporate Barnet Plan 2021-2025 and the Medium-Term Financial Strategy, presented to Council on 1 March 2022.

The committee will receive a performance report each quarter updating on progress, performance, and risk against the priorities.

Officers Recommendations

1. That the Committee approve the Delivery Plan priorities for 2022/23 as set out in this report.

1. Why this report is needed

1.1 Each year, the Committee agrees an annual delivery plan. This report sets out the priorities for the delivery plan for 2022-23. The priorities will support the council's role in ensuring high quality support for residents and include areas of innovation, collaboration and improvement as well as preparation for social care reform.

1.2 Local and national context

1.2.1 The Barnet Plan sets out four priorities for the borough, these are: thriving, family friendly, healthy, and clean, safe & well-run. The Adults and Safeguarding (A&S) Committee is the lead committee for the corporate plan's healthy theme, covering adult social care, integrated care, sports, physical activity & leisure; and working with partners on the Health and Wellbeing Board (HWB) to ensure that social care interventions are effectively joined up with healthcare. However, healthy is a cross-cutting theme and elements of it report to other committees, including activity on homelessness, domestic abuse and gender-based violence, and tackling the longer-term impacts of Covid-19. Overall progress on the Barnet Plan is reported to Policy and Resources Committee, with activity from the A&S committee delivery plan reported as part of the Healthy priority.

Social Care Reform

1.2.2 The Adults and Safeguarding committee delivery plan is being developed in the context of significant change. In September 2021 the government announced plans for social care reform in 'Build Back Better - Our Plan for Health and Social Care'. This was followed in December 2021 by the 'People at the Heart of Care' Adult Social Care Reform white paper. The white paper sets out a 10-year vision for transforming support and care in England. The white paper's focus is on people and outcomes, not just the systems behind them. The vision puts people at its heart and revolves around three objectives:

- People have choice, control, and support to live independent lives.
- People can access outstanding quality and tailored care and support.
- People find adult social care fair and accessible.

1.2.3 The social care reforms set out a range of measures including: support for social care systems and workforce to ensure future sustainability; development of sustainable care markets and tackling variability in market shaping and commissioning; reforming the way adult social care is paid for and funded with a cap on care costs; and new Care Quality Commission (CQC) led assurance of Local Authority adult social care.

1.2.4 The white paper restates earlier proposals for health and social care integration. Integrated Care Systems (ICS) will become statutory bodies, with functions currently being carried out by CCGs being transferred to integrated care systems. The North Central London ICS is due to commence in July 2022.

1.2.5 In February 2022 the Government published its integrated care white paper: 'Health and social care integration: joining up care for people, places and populations', which sets out proposals for health and care systems to draw on resources and skills across the NHS and local government to better meet the needs of individuals and communities.

1.3 Delivery Plan Priorities

Adult Social Care Reform

1.3.1 The delivery plan priorities therefore include development of a programme of work to prepare for and implement the social care reform proposals in Barnet. This work programme will be developed over the coming months as more details about the reforms are published.

Health and Care Together

1.3.2 The council is playing a leading role in the Barnet Integrated Care Partnership (ICP) which brings together all NHS organisations working in the borough, the council, Health Watch and Voluntary, Community and Faith Sector (VCFS) representatives. The goal of the partnership is to provide better health care to Barnet residents, so that they live healthier lives. Over the last year, the council has worked with health and VCFS partners to develop the partnership and preparing for the implementation of a statutory Integrated Care System (ICS). In further developing integrated care, the council is looking to achieve improved access to services for residents and improve health outcomes. As part of the Partnership, we have already implemented new care services such as the care home clinical in-reach team, frailty and dementia multi-disciplinary care, as well as the integrated hospital discharge team, discharging hundreds more people than in previous years.

1.3.3 The continued development of the borough care partnership will continue to be a priority for the A&S committee delivery plan. In 2022/23, the workplan will include:

- Further roll out of the frailty and dementia multi-disciplinary model.
- Health Inequalities - continue to develop a prevention approach to address health inequalities in communities. This year the short term workplan is focused on cardiovascular disease prevention, with an emphasis on building trust in the community and reaching targeted high-risk populations to reduce the equality gaps. The programme aims to take a population health approach, concentrating on an integrated approach to health and wellbeing and addressing the wider determinants of health through engaging communities in neighbourhoods.
- Development of neighbourhood models of working for health and care support, aligned to primary care networks.
- Whilst the integrated hospital discharge has been successfully embedded and mainstreamed, we will continue to develop the service, focusing on supporting timely hospital discharge, planning for winter 2022, and adapting to changes in national guidance and funding. We will also develop a case for further admission avoidance activity with NHS partners.
- The development of a “virtual ward” providing integrated care and support for people with delirium at home instead of in hospital.
- Development of community mental health services, with NHS partners (set out in more detail in the section below on mental health and wellbeing).

Strengths and Independence

- 1.3.4 For people who may need additional care and support, we will always work with them to maintain their strengths and stay as independent as possible, ensuring people get personalised care and support.
- 1.3.5 This year, one of our key priorities will be full implementation of the expanded Prevention & Wellbeing Team to cover the whole borough, as agreed by Committee in January 2022. This will create greater capacity to support residents to stay independent and increase their wellbeing and quality of life.
- 1.3.6 A further priority, as set out in the separate report on this agenda on 'strengths and independence' is to continue to expand our accommodation and support offer by:
- Continuing to develop our two new extra care schemes, Atholl House in Burnt Oak, due for completion in early 2023, and Cheshir House in Hendon, due for completion in 2024.
 - Mobilising the new services and providers in the new supported accommodation framework.
 - Working with our accommodation-based services for people with learning disability or mental health needs, to ensure that services are focused on supporting independence, achieving positive outcomes and progression to more independent settings.
 - Expanding our shared lives scheme by recruiting more carers and matching residents with care and support needs to these approved households.
- 1.3.7 A further priority is the development of an Employment Action Plan with our partners and commissioned services to ensure services adapt and can support residents most effectively with a learning disability or mental ill-health to enter or stay in the paid workforce. We will evaluate our support offer for adults with social care needs, as well as explore opportunities to recruit specialist post(s) to support this area of work. The work is outcomes driven, focused on improving access to employment, skills and training.
- 1.3.8 We will continue to work with Children's and Family Services on 18-35 transition plans: developing transition pathways, processes and use of technology for young adults with learning and complex disabilities. This will also include work with CAMHS services on the transition pathways for young people with mental ill-health.
- 1.3.9 The Liberty Protection Safeguards are being developed nationally to replace the Deprivation of Liberty Safeguards (DOLS) and will provide protection for people aged 16 and above who are or who need to be deprived of their liberty in order to enable their care or treatment; and lack the mental capacity to consent to their arrangements. Implementation has been delayed and the new timeframes are currently unclear. The national consultation on the new code of practice is expected later in 2022 and we will implement this new system in line with government guidance once clarity is received.
- 1.3.10 Continued implementation of the council's Autism Action Plan will also be a delivery plan priority. This will include:
- Joint work with health on diagnostic services and pathways, including development of the 'My Health Passport'.

- Ensuring that provision and plans can support families, carers and people with autism with different support needs. This will include preventative support, culturally specific support in the community, complex needs support, as well as awareness of autism in the criminal justice system.
- 1.3.11 The council will work with partners for Barnet to be recognised as Dementia Friendly community, with increased numbers of Dementia Friends in the Borough. We are aiming for accreditation this autumn. Key to this will be our Dementia Strategy which will be produced in the year for Committee's approval. The Strategy will set out our commissioning intentions and priorities for improving outcomes for people with dementia and their carers, including an increased focus on prevention activity, risk reduction and raising awareness of early signs of dementia. The strategy will be informed by a needs assessment, as well as engagement activity with residents and stakeholders. A co-production group will be established to take plans forward. The intended outcomes include increased day opportunities and support for people with dementia and greater access to information and advice.
- 1.3.12 In partnership with Barnet Carers Centre, we will review and update our Carers and Young Carers Strategy. This strategy, accompanied by an action plan, will outline how the council will work with partners to support carers and ensure that they are able to access individualised support to manage caring responsibilities and their own health and wellbeing.
- 1.3.13 We will procure a single provider for all advocacy services, with plans to encourage sub-contracting or consortium arrangements that will target inequalities. The intended outcome is to strengthen and streamline the support that residents receive to advocate for their rights.
- 1.3.14 Changing Places Toilets (CPTs) are larger accessible toilets for people who cannot use standard disabled toilets, with equipment such as hoists, curtains, adult-sized changing benches and space for carers. A bid has been submitted to the government's capital funding programme to provide an additional 4 CPTs in the borough with the council contributing £55k. The programme intends to contribute to both children and adults with disabilities (and their families and carers) being able to make best possible use of local facilities and amenities.
- 1.3.15 It will always be vitally important for adult social care to support the safety of vulnerable adults. We will continue to lead multi-agency safeguarding work through the MASH team and the Barnet Safeguarding Adults Board to ensure statutory agencies and VCS partners are working effectively together to improve outcomes and deliver in a personalised way.

Focusing on mental health and wellbeing

- 1.3.16 In working with the NHS and other partners on this priority, the council is seeking to improve access to mental health services for residents, supporting them at the right time and improving outcomes.
- 1.3.17 During the last year, we have continued to provide a strength based, recovery model mental health service for people. As a part of our continued development, we have introduced and piloted redesigned service structures, with the aim of enhancing co-working between social care and NHS mental health services.

1.3.18 Further work on the ways of delivering mental health services will be completed in 22/23. Working with health partners, we will continue to embed system wide approaches to mental health support, with clear pathways. This will include role clarity and embedding person-centred, strength-based practice across the system. We will focus on:

- Developing clear pathways for prevention and early help, targeting cohorts for the right services, and enabling those with lower level needs to seek their own support. The council will support NHS colleagues to work with the voluntary sector to improve access to services among under-represented groups.
- Strengthening hospital discharge processes and procedures for mental health so that adults are even better able to access the right care, support and accommodation as soon as possible when they are ready to leave hospital.
- Reviewing rehabilitation, mental health enablement and step-down to ensure that across health and social care we have the right services in place to enable adults to progress and become more independent with a better quality of life.
- Develop plans for Approved Mental Health Professionals (AMHP) workforce sustainability. There has been an increase in demand for Mental Health Act assessments which has put additional pressure on the service. A review of the workforce model for the team will be done to ensure we can continue to meet our responsibilities.
- Continue to work closely with Barnet, Enfield and Haringey Mental Health Trust to ensure that their transformation programme for community mental health services most effectively meets the needs of Barnet residents and that our services are aligned.

Healthy living

1.3.19 The Committee delivery plan priorities in sport and physical activity are contained within the refreshed Fit & Active Barnet (FAB) Framework (2022-2026) and implementation plan (2022-2023) which is presented separately on this agenda for committee's approval.

1.3.20 The Fit & Active Barnet (FAB) Framework provides a strategic framework for the co-ordination and delivery of sport and physical activity across Barnet. Barnet and partners have successfully delivered the FAB Framework 2016-2021, seeing the fastest growth in London of adults aged 16 and over who are physically active for at least 150 minutes per week, as measured by the Sport England Active Lives Survey (61.6% in the latest data release in May 20/21).

1.3.21 Over the last few years, the Borough has seen £44.9m investment in the development of new leisure centres at New Barnet and Barnet Copthall, c.£2m in improving facilities at Burnt Oak, Hendon and Finchley Lido leisure centres, the introduction of the FAB card (with 36,519 registered residents) and the delivery of a range of targeted physical activity interventions, with an estimated two million attendances e.g., Parkrun, London Youth, Games, Health Walks and Rugby4Life.

1.3.22 Building on the successes, the Framework has been refreshed for 2022-2026. It has been co-produced through engagement with representatives from different communities and a wide range of partners. Our vision is to 'create a more active and healthy borough', delivering outcomes that aim to:

- Increase physical activity levels amongst everyone.
- Provide environments that support active lifestyles.
- Work together to embed physical activity at every opportunity.

1.3.23 Delivery of these aims are supported by the FAB implementation plan (2022-2023). Co-owned by the FAB Partnership (with representation from the Council, sport, leisure, health, education, voluntary, community and faith sectors), the implementation plan details a series of workstreams and projects that will be delivered via a collaborative approach to achieve a 'more active and healthy borough', which will be reported to committee in quarterly performance reports.

2. Reasons for recommendations

2.1 A key element of effective management is for the council to have plans in place, particularly in the context of continuing budget and demand pressures, delivering local priorities and allocating resources effectively.

3. Alternative options considered and not recommended

3.1 The alternative option is to not have plans in place which would make it difficult for progress against corporate plan outcomes to be measured.

4. Post decision implementation

4.1 The Delivery Plan will be refreshed on an annual basis. The committee will receive a performance report each quarter updating on progress, performance and risk against the priorities.

5. Implications of decision

5.1 Corporate Priorities and Performance

5.1.1 This supports the council's existing corporate priorities as expressed through the Barnet Plan. Through the corporate plan, an outcomes framework that supports the new priorities has been developed, reported to Policy & Resources Committee and Theme Committees as appropriate.

5.2 Resources (Finance & Value for Money, Procurement, Staffing, IT, Property, Sustainability)

5.2.1 The Medium-Term Financial Strategy (MTFS) is an integral part of the council's overall planning and strategy to ensure a financially sustainable and stable platform from which to deliver its strategic objectives through the Barnet Plan.

5.2.2 Additional funding announcement have been made regarding social care reform, also the potential impacts of the charging changes will need to be understood. These will be captured in the programme of work being developed to address and prepare for social care

reform.

5.2.3 The debt project, which aims to reduce the current level of debt, improve the active management of debt and prevent future debt, will continue to be a key project and updates will be provided as part of quarterly performance reports.

5.3 **Legal and Constitutional References**

5.3.1 The council's Constitution (Article 7, Article 7 – Committees, Forums, Working Groups and Partnerships) sets out the responsibilities of all Committees.

5.3.2 Responsibilities for the Adults & Safeguarding committee include:

- Responsibility for all matters relating to vulnerable adults, adult social care and leisure services.
- Work with partners on the Health and Well-Being Board to ensure that social care interventions are effectively and seamlessly joined up with public health and healthcare and to promote the Health and Well Being Strategy and its associated sub strategies.
- To submit to the Policy and Resources Committee proposals relating to the Committee's budget (including fees and charges) for the following year in accordance with the budget timetable.
- To make recommendations to Policy and Resources Committee on issues relating to the budget for the Committee, including virements or underspends and overspends on the budget. No decisions which result in amendments to the agreed budget may be made by the Committee unless and until the amendment has been agreed by Policy and Resources Committee.
- To receive reports on relevant performance information and risk on the services under the remit of the Committee.

5.4 **Insight**

5.4.1 As part of the development of the delivery plan, we have used insight and evidence to inform our priorities.

5.4.2 As part of the activities undertaken in the delivery plan, we will use insight and evidence to ensure services and support are sufficiently targeted and responsive.

5.5 **Social Value**

5.5.1 The Public Services (Social Value) Act 2013 requires people who commission public services to think about how they can also secure wider social, economic and environmental benefits. As part of any commissioning work in the delivery plan, we will consider the requirements of this act and ensuring the most benefit for Barnet residents. We will implement the new Social Value Policy 2021-2025 in any new commissioning activity, including an increased minimum of 20% weighting for social value, and a menu of social value themes outcomes and measures (TOMs) that will be made available to suppliers as part of a social value toolkit.

5.6 **Risk Management**

- 5.6.1 Each activity within the delivery plan will be risk assessed as part of the delivery plan development process.
- 5.6.2 The council has an established approach to risk management, which is set out in the Risk Management Framework. Risks will be reviewed quarterly (as a minimum), and any high-level risks will be reported to the relevant Theme Committee and Policy and Resources Committee.

5.7 Equalities and Diversity

5.7.1 Equality and diversity issues are a mandatory consideration in the decision-making of the council. The Equality Act 2010 and the Public-Sector Equality Duty, requires elected Members to satisfy themselves that equality considerations are integrated into day-to-day business and that all proposals emerging from the business planning process have taken into consideration the impact, if any, on any protected group and what mitigating factors can be put in place.

5.7.2 Section 149 of the Equality Act 2010 sets out the Public-Sector Equality Duty which requires a public authority (or those exercising public functions) to have due regard to the need to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010.
- Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not.
- Fostering of good relations between persons who share a relevant protected characteristic and persons who do not.

5.7.3 The broad purpose of this duty is to integrate considerations of equality into everyday business and keep them under review in decision making, the design of policies and the delivery of services. The protected characteristics are age; disability; gender reassignment; pregnancy and maternity; race; religion or belief; sex and sexual orientation.

5.7.4 In order to assist in meeting the duty the Council will:

- Try to understand the diversity of our customers to improve our services.
- Consider the impact of our decisions on different groups to ensure they are fair.
- Mainstream equalities into business and financial planning and integrating equalities into everything we do.
- Learn more about Barnet's diverse communities by engaging with them.

5.7.5 This is also what we expect of our partners.

5.7.6 This is set out in the Council's Equalities Policy, which can be found on the website at: <https://www.barnet.gov.uk/your-Council/policies-plans-and-performance/equality-and-diversity>

5.7.7 We will consider the impact on equality, diversity and inclusion and in all our delivery plan activity. Equality impact assessments will be carried out in line with policy requirements.

5.8 Corporate Parenting

5.8.1 In line with Children and Social Work Act 2017, the council has a duty to consider

Corporate Parenting Principles in decision-making across the council. The outcomes and priorities in the Barnet Plan reflect the council's commitment to the Corporate Parenting duty to ensure the most vulnerable are protected and the needs of children are considered in everything that the council does.

- The services set out in this report are relevant to care experienced adults with care and support needs including eligible needs under the Care Act 2014. This includes those with special educational needs and disabilities, referenced in autism plan and in plans for respite/supported accommodation; those with caring responsibilities benefiting from the refreshed carers strategy; and general access to mental health services.
- Dedicated concessionary access to leisure centres is in place for Care Leavers, Children in Care and Young Carers.

5.9 Consultation and Engagement

5.9.1 Engaging with our residents is at heart of our service delivery. We will continue to engage, consult and co-produce new pieces of work in the delivery plan wherever possible to ensure that services and support are shaped by residents of Barnet.

5.9.2 Engagement and co-production form a key part of Adult Social Care. The council hosts an Involvement Board made of resident representatives with experience of adult social care from across different communities. There is a programme of working groups throughout the year, focusing on different services and improving practice. There is also a close working relationship with the voluntary and community sector to engage with different communities. The Involvement Board and VCS partners will play a vital role in co-producing the priorities set out in this report.

5.9.3 A series of engagement sessions have been hosted with partners and residents/community groups in development of the draft FAB Framework (2022-2026). A formal public consultation was hosted via the Councils engagement platform, Engage Barnet from 11th January 2022 to 9th February 2023.

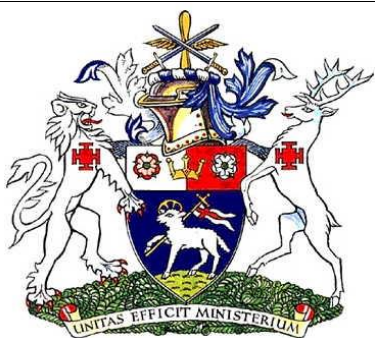
5.10 Environmental Impact

5.10.1 There are no direct environmental implications from noting the recommendations. We will continue to consider the environmental impact of any delivery plan activity.

5.10.2 The FAB Framework will support the achievement of the Barnet Sustainability Strategy Framework and the Long-Term Transport Strategy (2020-2041) through the coordination and delivery of active travel interventions, such as walking and cycling, and promoting everyday movement in the borough.

6. Background papers

6.1 None.



Adults and Safeguarding Committee

AGENDA ITEM 8

7th March 2022

Title	Fit & Active Barnet Framework 2022-2026
Report of	Chairman, Adults and Safeguarding Committee
Wards	All
Status	Public
Urgent	No
Key	No
Enclosures	Appendix 1 – Fit & Active Barnet Framework (2022–2026) Appendix 2 – Report of Consultation Findings Appendix 3 - Fit & Active Barnet Implementation Plan 2022-2023 Appendix 4 – Equalities Impact Assessment
Officer Contact Details	Courtney Warden, Service Manager; Sport & Physical Activity courtney.warden@barnet.gov.uk Laura Thornton, National Management Trainee laura.thornton@barnet.gov.uk

Summary

On 11th January 2022, the Adults and Safeguarding Committee approved the draft Fit & Active Barnet (FAB) Framework 2022-2026, and to commence public consultation, which subsequently took place between 12th January to 9th February 2022 via the Councils consultation platform, Engage Barnet.

Following consultation, the final Fit & Active Barnet (FAB) Framework 2022-2026 is being presented to Committee for approval. The Framework, which has been amended in light of consultation feedback, is attached at appendix 1.

The report of the consultation is at appendix 2. The findings have been considered in the finalisation of the Framework and implementation plan.

The Framework is supported by an implementation plan, shown at appendix 3, which details a series of actions that will contribute to achieving the vision of a 'more active and healthy borough'. The implementation plan is owned by the FAB Partnership. The plan will be further refined as the work programme is developed and will be refreshed annually.

An Equalities Impact Assessment has been completed on the Framework (appendix 4). This assessment concluded that there is a positive impact for those with protected characteristics.

Officers Recommendations

- 1. The Adults and Safeguarding Committee approves the final version of the Fit & Active Barnet Framework (2022–2026) (appendix 1).**
- 2. The Adults and Safeguarding Committee review and note the report of the consultation findings (appendix 2).**
- 3. The Adults and Safeguarding Committee review and note the Fit & Active Barnet implementation plan 2022-2023 (appendix 3).**
- 4. The Adults and Safeguarding Committee review and note the findings of the Equalities Impact Assessment (appendix 4).**

1. Why this report is needed

- 1.1 On 11th January 2022, Adults and Safeguarding Committee approved the draft Fit & Active Barnet (FAB) Framework (2022-2026). Committee also approved the draft Framework to commence public consultation via the Council's consultation platform, Engage Barnet. Printed copies of the survey were available on request.
- 1.2 Building on the engagement undertaken to support development of the draft Framework, the public consultation took place over a four-week period, 12th January 2022 to 9th February 2022.
- 1.3 The consultation was promoted through the following channels:
 - Targeted posts via social media platforms e.g., Facebook and Twitter
 - Emails to the FAB Partnership (representatives of the sport, physical activity, leisure, health, education and the voluntary, community and faith sectors)
 - Emails to clubs and community groups delivering sport and physical activity in Barnet
 - Promotion amongst London Borough of Barnet staff communication channels
 - Articles within the following e-newsletters:
 - o Barnet First (35,000 subscribers)
 - o Barnet Schools Circular
 - o Strategy Bulletin
 - o Communities Together Network
- 1.4 A total of 73 respondents participated in the consultation.
- 1.5 Responses have been analysed and are presented in the consultation report (appendix 2).
- 1.6 The consultation results show that the majority of respondents were positive about the draft Framework and its proposed direction. However, the consultation highlighted some areas for consideration, which have as a result been amended in the final Framework.
- 1.7 Summary of key recommendations from the consultation analysis:

- Vision: unchanged, due to high levels of agreement.
- Guiding principles: reviewed the drafting of the guiding principles to improve clarity.
- Aims: reviewed each aim for amendments, based on areas raised as important to consultation respondents.
- Interventions to deliver the Framework: the consultation provided a range of suggestions that respondents thought would contribute to the delivery of the aims.

1.8 Feedback from the consultation resulted in the following amendments to the Framework:

- Enhanced references to ‘everyday movement’ and activities that contribute to physical activity e.g., formalised sport, walking, cycling, dancing, active play, and gardening
- Amendments to the guiding principles:
 - Principle 1 - amended to better reflect the importance of physical activity beyond traditional ‘sports’ providers
 - Principle 3 – sustainability and the importance of delivering across the life course have been incorporated
 - Principle 4 – the word ‘*challenge*’ has been replaced with ‘*reduce*’, i.e., invest time to understand and *reduce* barriers...’
 - Principle 5 – sustainability has been incorporated
- Links between local and national policies have been strengthened in the document.
- Further context has been included relating to disproportionality in physical activity levels and access to opportunities amongst demographic groups
- Strengthened the commitment in the Framework to ensuring that demographic groups who are disproportionately affected are engaged through targeted interventions
- The following Place commitment (Aim 2) the phrase ‘*enhancing community spaces*’ has been replaced in the final document with ‘*optimise the use of active environments* through the delivery of targeted physical activity interventions’
- Inclusion of content to show how the Framework will support active travel (Aim 2)
- ‘Ensuring sustainable delivery and engagement’ has been incorporated within the Partnerships section (Aim 3).

1.9 Where respondents disagreed with the contents of the Framework, the main reasons were:

- Active travel – the commitment to active travel and how we intend to deliver this agenda through the lens of physical activity has been further defined within the Framework
- Affordability– the commitment to understanding and reducing barriers to physical activity (of which affordability for residents is one) is referenced within the Framework. This has been enhanced within the Partnerships (Aim 3) section as a key focus for the FAB Partnership
- Accessibility (particularly for disabled people) – this has been addressed within guiding principle 2; ‘promote equality and reduce inequality’. Our commitment to addressing

levels of disproportionality experienced by disabled people in access to physical activity opportunities has also been strengthened

- Community safety – making Barnet a safe place to be physically active will be delivered primarily by the Community Safety strategy. FAB will support the achievement of the strategy outcomes
- Parks and open spaces – the importance of parks and open spaces and their role in providing a space for physical activity, and achieving health and wellbeing outcomes, has been addressed within the Place (Aim 2) commitments. FAB will support delivery of outcomes and priorities identified within the borough's Parks and Open Spaces strategy.

- 1.10 The need to reference funding and investment was also provided as a 'disagreeing' comment. The Partnerships section (Aim 3) of the Framework references the importance of working collaboratively to maximise opportunities, in addition to optimising investment opportunities.
- 1.11 As well as being used to amend the final Framework document, the consultation findings will be used to inform the ongoing development of the implementation plan.
- 1.12 The Sport England Active Lives survey information has also been updated in the final Framework. This follows the release of the May 20/21 results which saw Barnet increase to 61.6% of residents aged 16 and over who are active for at least 150 minutes per week (from 60.5% within the Nov 19/20 survey). Barnet has seen the largest increase in physical activity levels across all London boroughs since the survey launched in Nov 2015/16 (4.4%).
- 1.13 The FAB Implementation Plan 2022-2023 (Appendix 3) has been developed collaboratively by members of the FAB partnership. It identifies a series of actions to achieve the vision of 'a more active and healthy borough'. This high-level plan will be further developed over the course of the year and will be refreshed annually.
- 1.14 An Equalities Impact Assessment (Appendix 4) has been completed on the Framework. The assessment concluded that there is an intended positive impact across all protected characteristics.
- 1.15 FAB aims to increase physical activity levels across the borough for all residents. However, the Framework acknowledges that to achieve this, the levels of disproportionality experienced by demographic groups in relation to physical activity levels need addressing. Reducing inequality in access and continuing to improve the physical activity offer for all parts of the community is therefore a key priority for the Framework and the FAB partnership. This will be achieved by targeting interventions, using insight and co-designing opportunities with residents to make physical activity an accessible and attractive choice.
- 1.16 It should be noted that the borough already offers targeted interventions that seek to support residents with protected characteristics to lead more active and healthy lifestyles, for example:
 - Gender specific swim and gym sessions, which also accommodate cultural and religious needs

- Subsidised activities and leisure centre memberships for children and young people, older people, disabled people, carers, children in care and care leavers, and those in receipt of eligible benefits
- Pre- and post-natal activities
- Inclusive facilities and activities for disabled people and those with support needs e.g., Inclusive Fitness Initiative accredited leisure centres, dementia swimming, Barnet Mencap Fit2gether
- Activities for people aged 55 and over delivered by Better (55+ Club) and Age UK Barnet Fitness

2. Reasons for recommendations

- 2.1 The FAB Framework (2022-2026) and implementation plan (2022-2023) will encourage new partnerships and improve opportunities in sport and physical activity across the borough.

3. Alternative options considered and not recommended

- 3.1 None

4. Post decision implementation

- 4.1 The FAB Framework and implementation plan will launch from 1st April 2022. A progress report will be submitted to the Adults and Safeguarding Committee annually, with quarterly updates included in the Committee performance report.

5. Implications of decision

5.1 Corporate Priorities and Performance

- 5.1.1 The FAB Framework supports the delivery of the Barnet Plan (2021 – 2025) ‘Healthy’ priority. As physical activity supports the achievement of wider social, economic, and environmental outcomes, the Framework also contributes to the achievement of other priorities within the plan.

- 5.1.2 Implementation of the Framework supports delivery of the Barnet Joint Health & Wellbeing Strategy (2021-2025), in addition to other key policies e.g., the Long-term Transport Strategy (2020–2041), Parks and Open Spaces Strategy (2016), and the Children and Young People Plan (2019 –2023).

5.2 Resources (Finance & Value for Money, Procurement, Staffing, IT, Property, Sustainability)

- 5.2.1 As public sector resource, capacity and investment faces significant pressure, the importance of collaboration to maximise opportunities and sustainability is vital.
- 5.2.2 The Council’s Greenspaces and Leisure service will seek to maximise the impact of partnership resources in the borough and pursue external funding opportunities where available.

5.3 Legal and Constitutional References

5.3.1 In accordance with the Councils Constitution, Article 7 (Committees, Forums, Working Groups and Partnerships), Section 7.5 (Responsibility for Functions), the terms of reference of the Adults & Safeguarding Committee includes the following responsibilities;

- Responsibility for all matters relating to vulnerable adults, adult social care, and leisure services;
- Work with partners on the Health and Well Being Board to ensure that social care, interventions are effectively and seamlessly joined up with public health and healthcare and promote the Health and Well Being Strategy and its associated sub strategies; and
- To receive reports on relevant performance information (including The Barnet Group Ltd, Your Choice Barnet performance) and risk on the services under the remit of the Committee.

5.4 Insight

5.4.1 Data and insight have been used to support development of the Framework and will continue to be reviewed during its implementation to ensure interventions are targeted and effective. This will include feedback from residents, networks, and partners.

5.5 Social Value

5.5.1 A report by the Sport Industry Research at Sheffield Hallam University concluded that every £1 spent on community sport and physical activity generates nearly £4 for the English economy. The report concluded that investment into physical activity creates a return across health and social care, improves wellbeing, builds stronger communities, and develops skills in the economy¹.

5.5.2 We will continue to utilise the social value calculator (developed by 4Global, Experian & Sheffield Hallam University) to measure social value based on regular participation within Better leisure facilities. Between April 2019 - March 2020, the leisure management contract indicated a social value of £10,019,791 (averaging £284 per participant). This is measured across a range of outcomes including improved health, improved subjective wellbeing, increased educational attainment, and reduced crime.

5.6 Risk Management

5.6.1 The Council has an established approach to risk management, which is set out in the Risk Management Framework. Risks are reviewed quarterly (as a minimum), and any high level (scoring 15+) risks are reported to the relevant Theme Committee and Policy and Resources Committee.

5.6.2 The FAB Partnership and the Greenspaces and Leisure service will ensure that appropriate risk management is in place to mitigate risks associated with delivery of

¹ <https://www.sportengland.org/news/why-investing-physical-activity-great-our-health-and-our-nation>

interventions that support implementation of the Framework.

5.7 Equalities and Diversity

5.7.1 A core aim of the new Framework is to create equal opportunities for all residents to become more active, and tackle inequalities in access. An Equalities Impact Assessment has been completed as set out in 1.14 – 1.16.

5.7.2 Decision makers should have due regard to the public sector equality duty in making their decisions. The equalities duties are continuing duties they are not duties to secure a particular outcome. The statutory grounds of the public sector equality duty are found at section 149 of the Equality Act 2010 and are as follows:

A public authority must, in the exercise of its functions, have due regard to the need to:

a) Eliminate discrimination, harassment, victimisation, and any other conduct that is prohibited by or under this Act;

b) Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;

c) Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

5.7.3 Having due regard to the need to advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it involves having due regard to the need to:

a) Remove or minimise disadvantages suffered by persons who share a relevant protected characteristic that are connected to that characteristic;

b) Take steps to meet the needs of persons who share a relevant protected characteristic that are different from the needs of persons who do not share it;

c) Encourage persons who share a relevant protected characteristic to participate in public life or in any other activity in which participation by such persons is disproportionately low.

5.7.4 The steps involved in meeting the needs of disabled persons that are different from the needs of persons who are not disabled include steps to take account of disabled persons' disabilities.

5.7.5 Having regard to the need to foster good relations between persons who share a relevant protected characteristic and persons who do not share it involves having due regard to the need to:

a) Tackle prejudice, and

b) Promote understanding

5.7.6 Compliance with the duties in this section may involve treating some persons more favourably than others; but that is not to be taken as permitting conduct that would otherwise be prohibited by or under this Act. The relevant protected characteristics

are:

- a) Age
- b) Disability
- c) Gender reassignment
- d) Pregnancy and maternity
- e) Race
- f) Religion or belief
- g) Sex
- h) Sexual orientation
- i) Marriage and civil partnership

5.8 Corporate Parenting

- 5.8.1 The implementation of the FAB Framework will support the Councils Corporate Parenting Commitment through the delivery of interventions such as the FAB Card and its additional benefits to carers (including foster carers), looked after children, and those who are care experienced.

5.9 Consultation and Engagement

- 5.9.1 The refreshed Framework has been developed through a series of engagement methods:
 - Virtual workshops with partners and colleagues across the Council. These provided an opportunity for partners and colleagues
 - One to one discussions with partners and Council colleagues
 - Presentations and discussions at networks such as the Barnet Community & Voluntary Sector Forum, Communities Together Network, Barnet Children's Partnership Board, and the Covid-19 Health Champions
 - Focus groups with residents to understand the importance of physical activity, awareness of opportunity and barriers to participation from a resident's perspective. Groups engaged included older people, disabled people, young people from the Barnet Youth Board and Unitas, members of the LGBTQ+ community and Covid-19 Health Champions. Engagement also took place with representatives from Faith groups via one-to-one interviews. Each focus group included a diverse mix of individuals from White and BAME communities
 - Grassroots club engagement session to learn more about the sport and physical activity provider landscape in the borough, and to receive input on the Framework development
 - Four-week public consultation via the Councils consultation platform, Engage Barnet platform (12th January to 9th February 2022).

5.10 Environmental Impact

5.10.1 The FAB Framework will support the achievement of the Barnet Sustainability Strategy Framework and the Long-Term Transport Strategy (2020-2041) through the coordination and delivery of active travel interventions, such as walking & cycling, and promoting everyday movement in the borough.

6. Background papers

6.1 Adults & Safeguarding Committee report, 11th January 2022: Draft Fit & Active Barnet Framework (2022-2026)

<https://barnet.moderngov.co.uk/documents/s69413/Draft%20Fit%20Active%20Barnet%20Framework%202022-2026.pdf>

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Fit & Active Barnet Framework

(2022 – 2026)

“Creating a more active and healthy borough”



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Foreword

There is a huge amount of evidence to support the importance of leading an active lifestyle. In fact, it is widely documented that if physical activity was a pill, it would be classed as a 'wonder drug' due to the numerous benefits it has on our health and wellbeing. It also helps to bring communities together, tackle crime and support a thriving economy.

Building on the success of the last Fit & Active Barnet Framework (2016–2021), I am delighted to endorse this new Framework, which provides a refreshed approach to create a more active and healthy borough over the next five years.

Whilst we have seen an improvement in physical activity levels across the borough since 2016, there continues to be lower participation levels in our more deprived areas, and among minority ethnic communities and disabled residents. We also continue to see stark health inequalities with 56.4% of Barnet adults and one in five children aged 4-5 overweight or obese.

The unprecedented COVID-19 pandemic has exacerbated the health inequalities in the borough, in addition to driving a national decline in physical activity levels. This has shone a light on the importance of physical activity as we recover from and learn to live through the pandemic.

Our ambition is clear, but we can only achieve our vision by working closely with our residents and partners across the sport, physical activity, health, education and voluntary, community and faith sectors to implement the changes that we need to make. The refreshed Framework emphasises the importance of working collaboratively within a whole systems approach to ensure that we are integrating physical activity at every given opportunity.

Achieving our vision will not be without its challenges, however I am confident that the passion and expertise of the Fit & Active Barnet Partnership will take the lead in implementing this Framework and maximise opportunities to deliver meaningful outcomes for everyone.

Councillor Sachin Rajput

Chairman, Adults and Safeguarding Committee

Introduction

We care about the borough and want it to be a great place to live, work and visit. Listening to and working with residents and communities, we want everyone in Barnet to have the opportunity to live more active and healthier lives.

Physical activity is vital for health and wellbeing. Studies have shown that being physically active has a range of benefits, whether they are health or community focussed. This is increasingly important in our diverse and growing borough, and in the context of the COVID-19 pandemic.

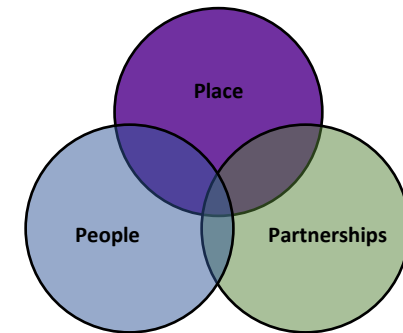
Traditionally, leading a physically active lifestyle has been associated with participating in formal team sports or visiting a leisure facility to swim or use the gym. In recent times it is acknowledged that all types of everyday activities that get people moving more and reduce sedentary behaviour (e.g., walking, cycling, dancing, active play, and gardening, in addition to formalised sports and leisure activities) all contribute to the definition of 'physical activity'.

This Framework builds on the success of our previous Fit & Active Barnet Framework (2016–2021). It sets out a whole-systems approach for physical activity in Barnet over the next five years by outlining our vision and aims in the context of People, Place and Partnerships.

Within each of these aims we have established a series of commitments that will steer our direction.

This Framework has been developed through collaboration among partners to define our vision and how it contributes to the achievement of wider priorities across the borough. The partnership includes the London Borough of Barnet, sport and physical activity providers, National Governing Bodies, the health sector, the education sector and the voluntary, community and faith sector.

To achieve our goals, we will continue to work together, so that everyone who lives, works, or studies in Barnet has the opportunity and support to become more physically active.



Our Vision

Is to **'create a more active and healthy borough'**.

Our Guiding Principles

To achieve our vision, we will apply the following principles:

1. Ensure physical activity is integrated at every given opportunity:

Making physical activity not just the business of typical 'sports' agencies, but is integrated within all relevant services that support residents

2. Promote equality and reduce inequality:

Make Barnet a place where everyone can lead more active and healthier lifestyles

3. Embed a whole systems approach:

Work collaboratively to co-produce and support delivery of sustainable interventions across a life course

4. Be driven by insight:

Invest time to understand and reduce barriers to participation by engaging with communities and using a robust evidence base to inform and guide decisions

5. Challenge the status quo:

Explore sustainable innovative approaches which may be less traditional, whilst attracting investment into the borough

Our progress against the FAB Framework 2016-2021

This refreshed Framework builds on the success of the last Framework that covered a five-year period, 2016–2021. Over this time a diverse range of partners worked together to support residents to lead more active and healthier lifestyles.

Our achievements include:

- The number of adults aged 16 and over who are active for at least 150 minutes per week increased by 7.3% between Nov 15/16 to Nov 17/18 (measured by the Sport England Active Lives Survey). Activity levels then experienced a decrease, but have since increased to 61.6% (May 20/21)
- Delivery of a FAB campaign involving the development of a FAB Hub (digital platform) and creation of the FAB Card - incentivising residents to be active through offering physical activity discounts and benefits. At the time of writing there are 37,839 registered FAB Card holders
- Formation of a Disability Physical Activity Network which has supported collaborative working to deliver inclusive interventions such as wheelchair rugby, dementia swimming and multi-sports sessions
- Procurement of a 10-year leisure management contract with Better which includes operation of the boroughs five leisure facilities and the delivery of health and community-based physical activity interventions
- Delivery of two new leisure facilities at Barnet Copthall and New Barnet, supported by £44.9million Council investment and £2million from the Sport England Strategic Facilities Fund
- Circa. £2million investment from Better to enhance facilities at Burnt Oak, Finchley Lido, and Hendon Leisure Centres
- An estimated two million attendances across targeted physical activity interventions delivered within the borough e.g., Parkrun, London Youth Games, Health Walks and Rugby4Life
- More than 2.5 million visits to the boroughs five leisure centres operated by Better between 1 January 2018 to 31 March 2020 - an increase of 9% based on the same reporting period in 2016-2017.
- Delivery of the Barnet Playing Pitch Strategy and Indoor Sport and Recreation Study

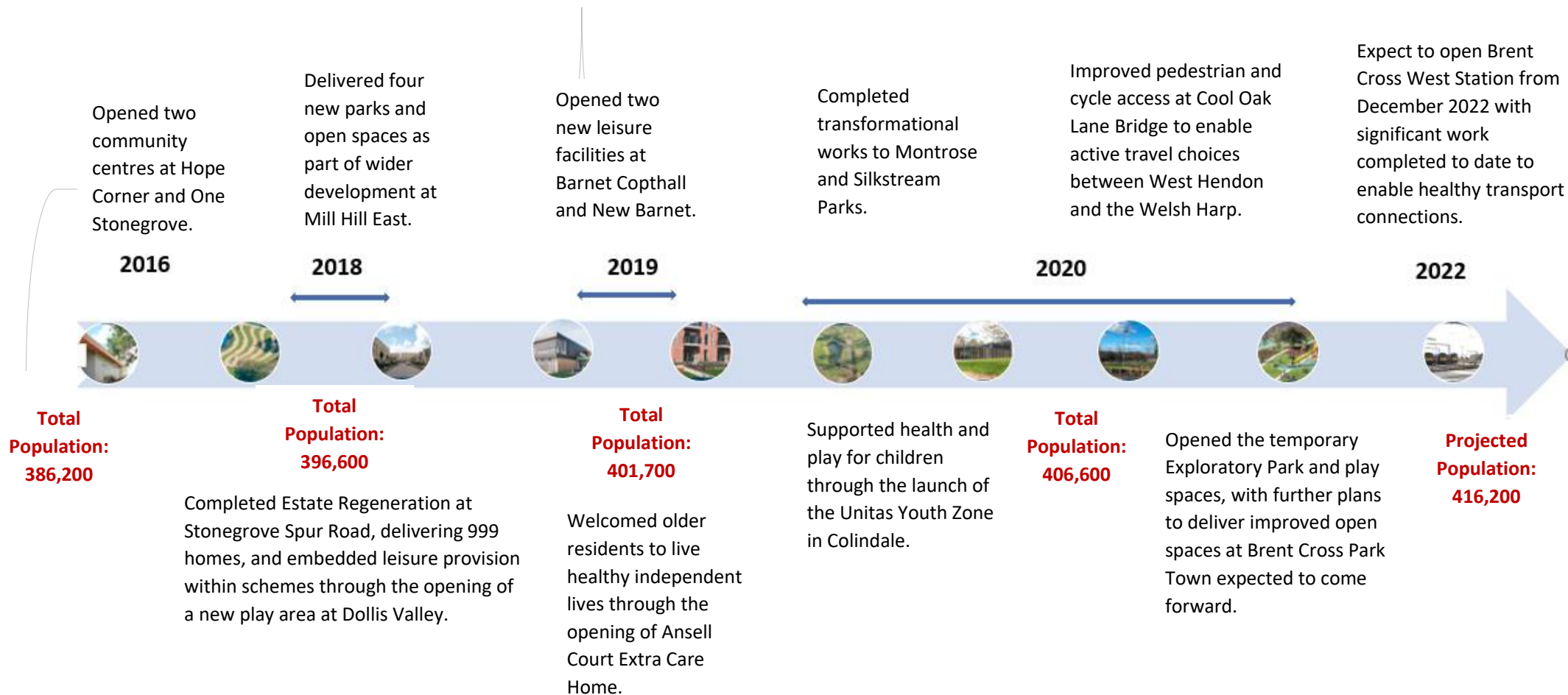
A full update report, submitted to Adults and Safeguarding Committee on 14 September 2021, can be read [here](#)

We are proud of our achievements, however there continues to be inequalities in physical activity levels across the borough. We acknowledge that we need to do better to tackle this issue and our refreshed Framework intends to support everyone in our growing and diverse borough to have the opportunity to be physically active.

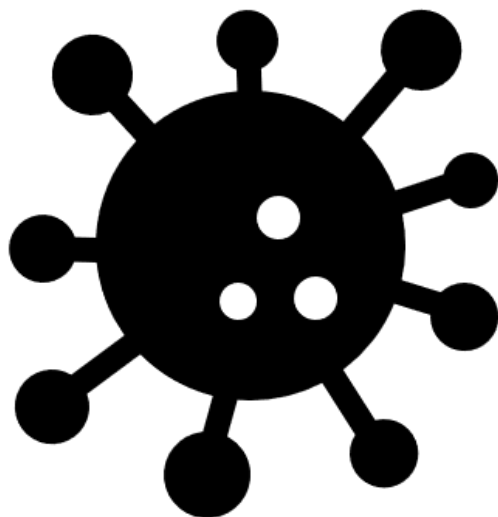
Why do we need a new Framework?

Policy relating to physical activity, such as Sport England’s strategy ‘Uniting the Movement’, now has a greater emphasis on everyday movement and reducing sedentary time. This shift, along with the environment and infrastructure being recognised as critical to encouraging participation, requires us to evolve our approach to achieving increased physical activity levels.

Barnet as a borough has changed significantly since the emergence of the first Fit & Active Barnet Framework in 2016.



The COVID-19 pandemic has led to major changes in physical activity. Nationally, there are 0.8 million fewer active adults (achieving at least 150 mins a week) and 1.4 million more inactive adults (achieving less than 30 mins a week) than before the pandemic¹. At the same time, the pandemic has highlighted the importance of leading an active lifestyle to improve our health and wellbeing.



Physical inactivity is associated with a higher risk of severe COVID-19 outcomes

Women, young people aged 16-24, over 75's, disabled people and people with long-term health conditions, and those from Black, Asian, and minority ethnic backgrounds most negatively impacted.

Significant reductions in walking for travel, swimming, and team sports. Walking for leisure, running, and cycling for leisure all increased during the pandemic.

There has been an increase in digital participation via apps and streaming services

Post third lockdown,

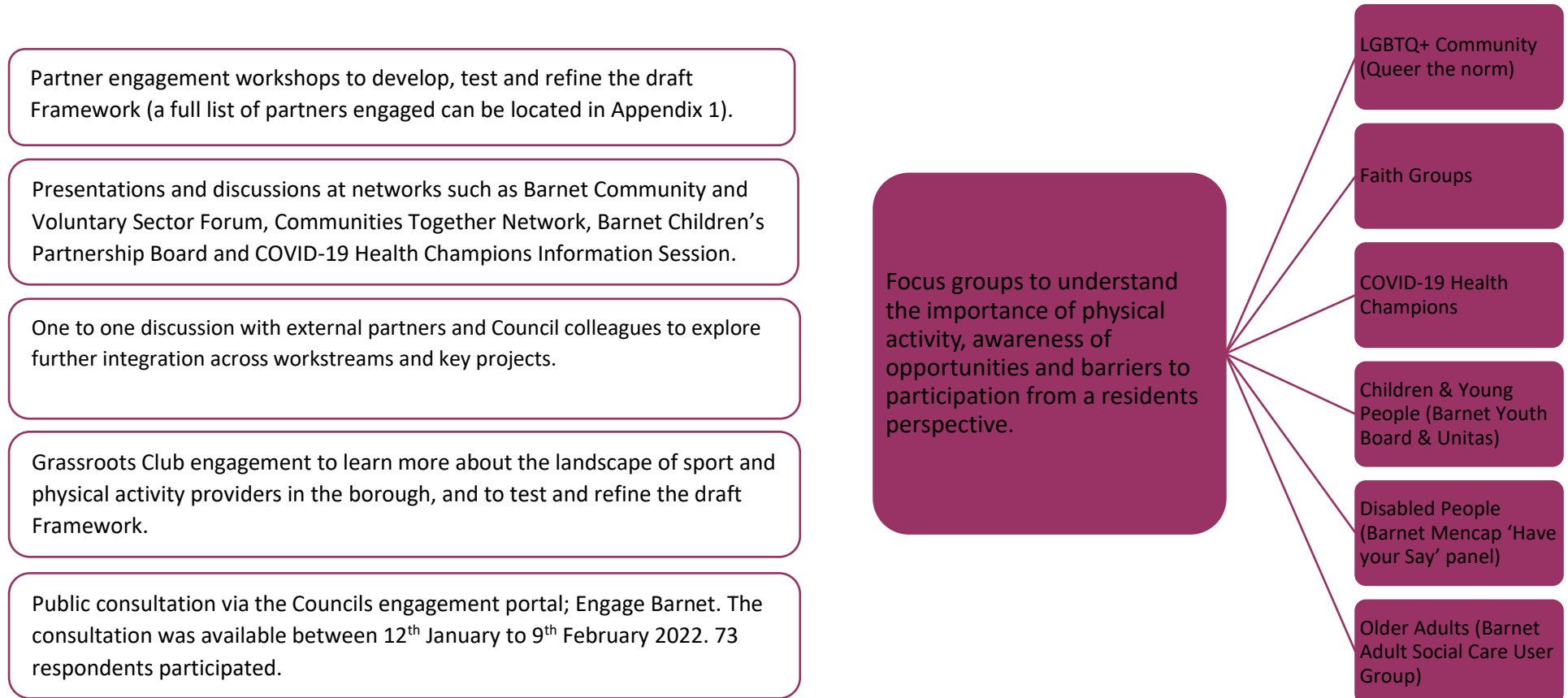
- 87% of teachers believe children's physical fitness is worse
- 67% believe general wellbeing is worse
- 78% believe children returned to school with excessive weight

The new Framework focuses on how we can support people to become active again following the COVID-19 pandemic.

¹ Active Lives Adult Survey May 2020 – 21 Report [PowerPoint Presentation \(sportengland-production-files.s3.eu-west-2.amazonaws.com\)](https://sportengland-production-files.s3.eu-west-2.amazonaws.com)

How we developed this Framework

Development of the Framework was coordinated by the Sport and Physical Activity and Public Health teams at London Borough of Barnet. The Framework has been co-produced through engagement with representatives from different communities and a wide range of partners. For example.

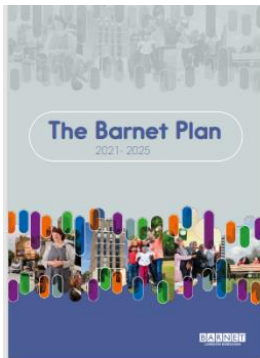


Links to other strategies and plans

Recognising the wide-reaching impact of physical activity and our ambition for the Fit & Active Barnet Framework to provide a platform for partners to deliver their own priorities, it is important that our direction is guided by local and national policy.

Local policy alignment (London Borough of Barnet)

The Barnet Plan (2021–2025):



The Barnet Plan sets out the four priorities for the borough.

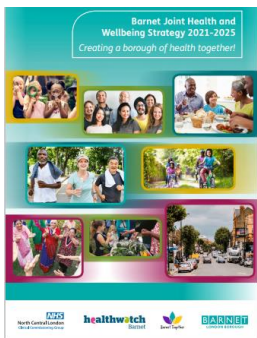


The plan focuses on key outcomes that the Council is seeking to achieve and how we will work to achieve them.

The Fit & Active Barnet Framework falls primarily under the **Healthy** priority of the Barnet Plan, with a commitment to provide “Great facilities and opportunities to be physically active”. However, the Framework also links to the other three priorities set out in the Barnet Plan by supporting their workstreams through links to physical activity.

The Framework also intends to support the delivery of various other strategies, policies and plans in the borough. This will be achieved by optimising synergies across workstreams and providing expertise and support in delivering outcomes that contribute to achieving a ‘more active and healthy borough’.

A full reading list is available in Appendix 2.



Local and national policy alignment

The Framework demonstrates synergy with local and national policy context to create an active and healthier population.



PHE Everybody Active, Every Day: framework for physical activity (updated January 2021)

'Everybody Active, Every Day' is a national, evidence-based approach to support all sectors to embed physical activity into the fabric of daily life and make it an easy, cost-effective, and 'normal' choice in every community in England.

The framework focuses on four areas for action

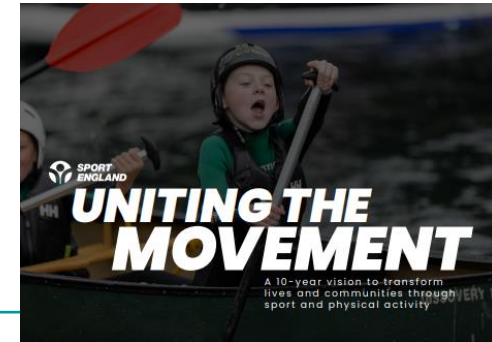
- Change the social 'norm' to make physical activity the expectation
- Develop expertise and leadership with professionals and volunteers
- Create environments to support active lives
- Identify and up-scale successful programmes nationwide



London Sport: LDN Moving (2021)

With a mission to make London the most active city in the world, the London Sport Strategy is made up of six long term goals:

1. Achieving long term change
2. COVID-19 responding to crisis
3. Increase physical activity levels among less active adults, reducing inequalities and inactivity
4. Give young Londoners the best opportunity to form a positive physical activity for life
5. Improve policy, systems, and investment to support active lives
6. Use tech, data, and digital communications to support Londoners to get and stay active.



Sport England Strategy: Uniting the Movement (2021):

Uniting the movement is Sport England's 10-year vision to transform lives and communities through sport and physical activity.

The strategy prioritises five big issues that have the greatest potential for preventing and tackling inequalities in sport and physical activity. Each 'issue' is a building block that on its own would make a difference, but together could make a profound change

- Recover and Reinvent
- Connecting Communities
- Positive Experiences for Children and Young People
- Connecting with Health and Wellbeing
- Active Environments

Appendix 3 provides all full reading list of other policies, strategies and plans that have been reviewed and have contributed to the development of the Framework.

What do we mean by physical activity?

Physical Activity includes exercise as well as other activities which involve bodily **movement** and are done as part of playing, working, active transportation, house chores and recreational activity.”²

How active should we be?

The Chief Medical Officer has set national guidelines on the recommended levels of physical activity at different stages of the life-course. People of all ages are encouraged to spend as little time as possible being sedentary³.



² [World Health Organization Definition of Physical Activity - Public Health](#)

³ [Physical activity guidelines: infographics - GOV.UK \(www.gov.uk\)](#)

What are the benefits of physical activity?

Physical Activity is one of the best preventative tools that can be used as a vehicle to improve a multitude of health, wellbeing, and social outcomes.

Improves physical and mental wellbeing, social and community cohesion, educational attainment, and economic prosperity

Lowers risk of:

- Coronary heart disease and stroke
- Type 2 diabetes
- Cancer e.g., breast and bowel
- Early death
- Premature osteoarthritis
- Falls (among older adults)
- Depression and anxiety
- Dementia

Reduces loneliness and isolation, and crime and anti-social behaviour



Functional limitations and falls in later life are attributable to insufficient movement.



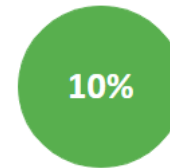
Every £1 spent on community sport and physical activity generates nearly £4 for the English economy.



Just 5 minutes of moderate exercise is enough to experience a mood-enhancement effect and improve sleep quality.



Regular activity in childhood is associated with improved learning and educational attainment.



Getting just 10% of UK residents to move more would increase workplace productivity and reduce absenteeism.

What are the common influencing factors to physical activity?

Along with the wide-ranging benefits of physical activity, there are also numerous influencing factors which can act as facilitators and/or barriers to an individual's ability to access and engage in physical activity opportunities.



- Cost
- Ability (skill, health, disability)
- Suitability
- Caring responsibilities
- Cultural requirements
- Location
- Transport
- Time
- Education and work
- Lack of knowledge
- Low motivation and esteem
- Lack of social network (no encouragement or support)
- Weather

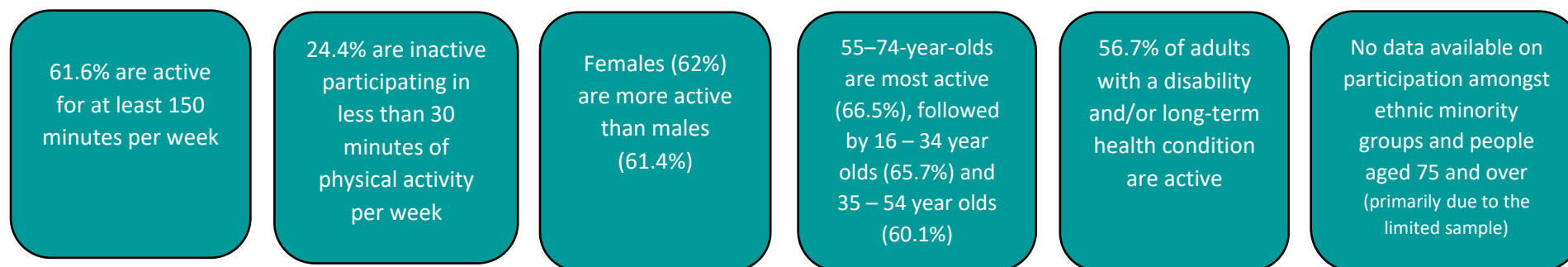
How physically active is Barnet?

Sport England collects data via the national Active Lives Survey that measures participation amongst adults aged 16 and over and children and young people aged 5 – 16 years.

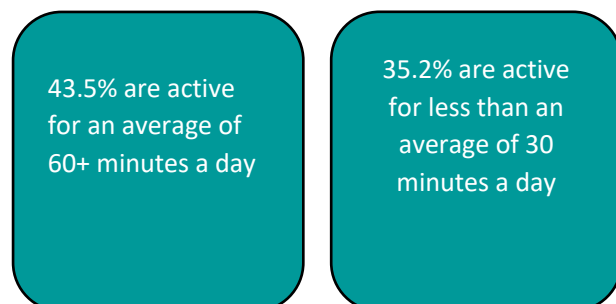
The Active Lives Survey (adults aged 16 and over), is conducted twice a year. The survey is sent out to a randomly selected sample of households across England, with a 500 sample per Local Authority area.

The Active Lives Children and Young People Survey is an annual survey that measures participation amongst 5–16-year-olds. The methodology uses a sample of schools drawn each year from the 'Get Information about Schools' database.

The most recent Active Lives Survey (May 20/21) tells us that for adults aged 16 and over in Barnet:



The last Active Lives Children and Young People Survey for Barnet (academic year 2018/19) tells us that for 5 – 16-year-olds:



To understand participation at a local level, we also have access to participation data from those visiting the boroughs leisure facilities operated by Better.



Note – the data collection period covers 1 January 2018 – 31 March 2020. Data from 1 April 2020 has not been provided due to COVID-19 restrictions and whilst the sector recovers.

Disproportionality (understanding inequalities)

Understanding physical activity levels and motivations for leading a physically active lifestyle is complex and there are several contributing factors that determine how active an individual is. Reviewing physical activity levels on a borough wide basis unmasks stark disproportionality in physical activity levels and access to opportunities between different demographic, and often vulnerable groups. This is notably prominent amongst



Our Aims and Commitments

To achieve our vision, we need to continue to maximise engagement and work collectively towards a shared set of aims.



We will take a multi-agency approach to achieving these aims by focussing on a series of related commitments across a whole system to create a more active and healthy borough.



People



We aim to increase physical activity levels amongst everyone

Our Commitments 'we will do this by':

- Providing opportunities to be active, particularly where physical activity levels are lowest, and inequalities exist
- Understanding the barriers to participation and addressing gaps in provision, to ensure equal and fair access for everyone
- Changing behaviours and perceptions towards leading an active and healthy lifestyle
- Advocating for active lifestyles to be embedded within local policies, strategies and plans and ensure that this is central to decision making

What do we mean by 'increase physical activity levels amongst everyone'?

We will aim to increase physical activity levels across the borough, irrespective of age or how individuals identify. However, we acknowledge that if we truly want to achieve this, we need to address the levels of disproportionality experienced by some demographic groups in relation to physical activity levels and access to opportunities. To accomplish this, we need to ensure that our work is appropriately targeted, insight driven and co-designed with residents to make physical activity an accessible and attractive choice.

Barnet is a growing, thriving, and diverse borough

Barnet has **411,500 residents**
By 2030, this is expected to grow to **449,000**

40.3% of residents are from backgrounds **other than White British**

There are an estimated **95,700** children and young people aged 0-17 in Barnet

Barnet is an ageing borough with **9,700 residents aged 85 and over**

8th least deprived out of 33 London boroughs (IMD 2019)

The borough is generally healthy...

Average life expectancy is **82.4 years for males and 85.8 years for females**

2nd lowest mortality rate for cardiovascular diseases in London (51.1 per 100,000)



...however inequalities exist

Around **12,000 people** in Barnet live in the **20% most deprived** parts of England, primarily in the wards of Brunswick Park, Burnt Oak, Colindale, Golders Green and Underhill

Life expectancy in the **most deprived** areas is on average 7.8 years less for women and 7.4 years less for men

An estimated **4,434** people aged 65+ in Barnet are living with **dementia**

22,229 people live with diagnosed diabetes

1 in 5 children aged 4-5 years in Barnet are overweight or obese

Just over a half of Barnet adults (56.4%) are overweight or obese

14.9% of Barnet's population have a disability

Place



We aim to provide environments that support active lifestyles

Our Commitments 'we will do this by':

- Supporting the protection, revival, and creation of accessible active environments
- Optimise the use of active environments through the delivery of targeted physical activity interventions
- Creating a culture that optimises active travel in the borough
- Encouraging workplaces in the borough to embed physical activity and wellbeing within their business
- Advocating for active environments to be embedded within local policy, strategies and plans and that this is central to decision making

What do we mean by active environments?

An active environment is any space that allows an individual or a group the opportunity to participate in physical activity. It is not limited to traditional spaces such as leisure centres and parks, it could include homes, community spaces such as the high-street, schools and community centres, commutes to work, the workplace and even the digital world.

How will we create a culture of active travel?

Active travel is an important priority for the borough and a series of actions have been set out within the Long-Term Transport Strategy as to how Barnet are committed to support this agenda. The role of Fit & Active Barnet is to support delivery of the priorities set out in the strategy, particularly through the lens of increasing opportunities to be physically active in form of active travel e.g., delivery of walking and cycling interventions, and influencing behaviour change through promotional campaigns.

Barnet is well served by a diverse mix of facilities and environments that support and encourage active lifestyles

28% of the borough is green with **over 200** parks and open spaces with **55** play areas

172 Pitches
(Football, Rugby, Cricket, Baseball and Gaelic Football)

13 Active Trails
16 Outdoor Gyms
2 Skate Parks

205 Tennis Courts
25 Multi-Use Games Areas
13 Outdoor Table Tennis Tables

55 Artificial Grass (3G) Pitches
9 Bowls Greens
4 Golf Courses

27 Sports Halls
30 Swimming Pools
12 Squash Courts

Designated **Gymnastics and Athletics** Facilities

150+ Sports Clubs
24,615 Businesses

All residents live within a **20-minute cycle trip** of a train or underground station

...we know that

22% of residents use outdoor spaces for exercise, slightly higher than the London average

More than 2.5 million visits were recorded at our Better Leisure Centre sites between Jan (2018)-Mar (2020)

Just under half (49%) of residents participating in the Barnet healthy weight survey (2018) felt that **making roads and parks safer** would **increase their likelihood of walking or cycling**

On average, travel time by walking, cycling or public transport is **14 minutes** to a secondary school and **8 minutes** to a supermarket (DfT 2017)

66% of travel journeys in Barnet are **less than five miles**.

Partnerships



We aim to work together to embed physical activity at every opportunity

Our Commitments 'we will do this by':

- Facilitating effective working between partners to deliver the Framework and maximise outcomes
- Enabling the partnership to advocate the value of physical activity, and its contribution to achieving a range of outcomes
- Optimise and secure resources among the partnership to support increased physical activity levels

Development and implementation of the Framework is owned and driven by the Fit & Active Barnet Partnership Board and local networks.

As public sector resource faces significant pressure, the importance of working collaboratively to maximise opportunities and ensure sustainability is vital.

Embracing the five guiding principles set out on page 6, the Fit & Active Barnet Partnership Board and its local networks intends to provide a foundation that supports maximum influence on deliberate and unintentional physical activity in the borough by

- Ensuring strategic alignment
- Optimising investment opportunities
- Avoiding duplication of services
- Identifying and addressing gaps
- Sharing skills, knowledge, and resources to maximise efficiencies
- Promoting the value and benefit of physical activity
- Ensuring sustainable delivery and engagement
- Advocating accessible and affordable opportunities



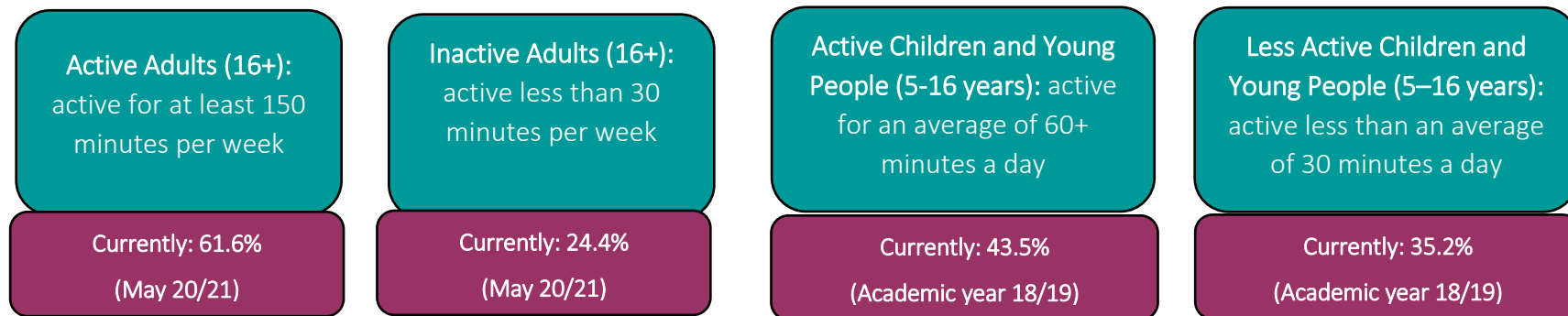
Implementing the Framework

An implementation plan will be developed annually with members of the Fit & Active Barnet Partnership Board and local networks to achieve the aims and commitments set out within this Framework.

Reviewing our progress

A quarterly progress review will be undertaken against the Framework aims and commitments, with an annual report presented to the Adults and Safeguarding Committee.

We will seek to achieve an improvement over the lifespan of the Framework in the following indicators measured by the Sport England Active Lives Survey.



To provide a comprehensive review and to better understand participation in the borough we will also analyse local data sets alongside the Active Lives Survey data. For example, leisure centre visits collected by the boroughs leisure operator (Better); results from the Resident Perception Survey and Young People Survey conducted by Barnet Council; and the Physical Education, School Sport and Physical Activity (PESSPA) survey conducted annually by the Barnet Partnership for School Sport. Reviewing these additional datasets will enable us to better understand participation in the borough and provide a proactive response to emerging needs and gaps in provision.

References

- [Active Lives Adult Survey May 2020 – 21 Report PowerPoint Presentation \(sportengland-production-files.s3.eu-west-2.amazonaws.com\)](#)
- [Barnet Community Local Insight Tool](#)
- [Barnet Healthy Weight Survey: Healthy weight | Barnet Council](#)
- [Greater London Authority: Demographics](#)
- [Health matters: getting every adult active every day - GOV.UK \(www.gov.uk\)](#)
- [jhws 2021 to 2025.pdf \(barnet.gov.uk\)](#)
- [Joint Strategic Needs Assessment – Barnet Open Data](#)
- [Local Government Association Research: The Impact of COVID-19 on culture, leisure, tourism, and sport \(July 2020\)](#)
- [London Borough of Barnet: Long Term Transport Strategy 2020 – 2041](#)
- [PESSPA Survey Results April 2021 - About BPSS - Barnet Partnership For School Sport](#)
- [PESSPA Survey Results April 2021 - About BPSS - Barnet Partnership for School Sport](#)
- [Physical activity guidelines: infographics - GOV.UK \(www.gov.uk\)](#)
- [Physical inactivity is associated with a higher risk for severe COVID-19 outcomes: a study in 48 440 adult patients \(bmj.com\)](#)
- [Physical inactivity is associated with a higher risk for severe COVID-19 outcomes: a study in 48 440 adult patients \(bmj.com\)](#)
- [PowerPoint Presentation \(sportengland-production-files.s3.eu-west-2.amazonaws.com\)](#)
- [Public Health England: Health matters: physical activity - prevention and management of long-term conditions](#)
- [Public Health England: The link between pupil health and wellbeing and attainment](#)
- [Report - LGA \(local.gov.uk\)](#)
- [Sport England: Why investing in physical activity is great for our health – and our nation](#)
- [StreetGames. The experience of the coronavirus lockdown in low-income areas of England and Wales. Manchester: StreetGames; 2020](#)
- [Surge in appreciation of exercise and activity during lockdown | Sport England](#)
- [Surge in appreciation of exercise and activity during lockdown | Sport England](#)
- [World Health Organization Definition of Physical Activity - Public Health](#)

Appendix 1: FAB Framework Engagement (list of partners)

Age UK Barnet	Herts Baseball Club
Argent Related – BXS Project Play	Inclusion Barnet
Arkley Cricket Club	London Borough of Barnet
Barnet Carers Centre	London Sport
Barnet Children’s Partnership Board	
Barnet, Enfield and Haringey Mental Health Trust	Meridian Wellbeing
Barnet Hive (FC) Foundation	Middlesex County Cricket Club
Barnet Homes	Middlesex University
Barnet Mencap	Mind Barnet
Barnet Multi Faith Forum	North Central London Clinical Commissioning Group
Barnet Partnership for School Sport	Phoenix Canoe Club
Barnet & Southgate College	Premier Tennis
Better	Re.
Brampton Lawn Tennis Club	Royal Free London
British Blind Sport	Rugby Football Union
Cannons Cricket Club	Saracens Foundation
Central London Community Healthcare NHS Trust	Sense
Colindale Community Trust	Sported
Community Barnet	UK Deaf Sport
COVID-19 Health Champions	Unitas
Elms Ravenscroft Lawn Tennis Club	Young Barnet Foundation
England Netball	
Groundwork	
Healthy Schools London	
London Sport	

Appendix 2: Local Policy (London Borough of Barnet) Reading List

- Air Quality Action Plan (2017-2022)
- Barnet Carers and Young Carers Strategy (2015-2020)
- *Draft* Barnet Child Participation and Family Involvement Strategy (2022-2025)
- Brent Cross Town Masterplan
- Community Participation Strategy (Draft)
- Community Safety Strategy (2015-2020)
- Children & Young People Plan (2019-2023)
- Domestic Abuse and Violence Against Women and Girls Strategy (2021-2024)
- Equalities Diversity & Inclusion Policy (2020-2024)
- Growth Strategy (2020-2030)
- Indoor Sport & Recreation Study
- Joint Health & Wellbeing Strategy (2021-2025)
- Local Plan (Draft)
- Long Term Transport Strategy (2020-2041)
- Parks & Open Spaces Strategy (2016)
- Playing Pitch Strategy 2017 (review 2021)
- Sports Hub Masterplans; West Hendon, Copthall and Barnet Playing Fields
- Suicide Prevention Strategy (2021-2025)
- Sustainability Strategy Framework

Appendix 3: Local and National Policy Reading List

- [Age UK; Our Purpose, Vision & Values](#)
- [Barnet Partnership for School Sport](#)
- [CMO: Physical Activity Guidelines](#)
- [Department for Levelling Up, Housing & Communities: Levelling Up White Paper \(2022\)](#)
- [HM Government: A Green Future: Our 25-year plan to improve the environment](#)
- [London Sport: LDN Moving](#)
- [NHS Long Term Plan](#)
- [NCL STP Prevention Plan](#)
- [PHE: Engaging NHS System leaders in whole systems approaches to physical activity](#)
- [PHE: Obesity Strategy](#)
- [PHE: Physical Activity-Prevention and Management of Long-Term Conditions](#)
- [PHE: Working Together to Promote Active Travel](#)
- [Saracens Sport Foundation](#)
- [TfL: Healthy Streets Indicators](#)

Draft Fit & Active Barnet Framework 2022-2026 Consultation

Report of Consultation Findings
February 2022

Laura Thornton,
National Management Trainee
Adults Directorate

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Executive Summary

This report sets out the consultation findings from the Draft Fit & Active Barnet Framework 2022-2026 that was carried out between 12th January 2022 and 9th February 2022.

Response to the consultation

The engagement activities during the consultation period consisted of using Engage Barnet. The option of alternative questionnaire formats was advertised but not taken up by respondents.

Consultation method	Element	Number of responses/participants
Quantitative	Online questionnaire	73
Total		73

Summary of key findings from the questionnaire

Views on the vision

- Four fifths (77%) of respondents agreed with our vision for The Fit & Active Barnet Framework (61% strongly agree and 16% tend to agree).
- A minority of respondents (5%) disagree with our vision (4% strongly disagreed and 1% tend to disagree) and 4% of respondents were neutral.

Reasons why respondents disagreed with the vision

- Respondents who disagreed with the vision were asked why. Answers to this question were received by 8 respondents.
- The most common theme (2 or more comments) are summarised below:
 - Consideration needed for funding (2 comments)
 - Suggestions for more specific wording (2 comments)

Views on the guiding principles

- Most of the respondents agreed with the guiding principles (between 52% and 75%).
- The highest level of support was for ‘Promote equality and reduce inequality’ which 92% of respondents agreed with (75% strongly agreed and 17% tend to agree).
- The next highest was making ‘Physical activity everyone’s business’ which 87% of respondents agreed with (62 % strongly agreed and 25% tend to agree).
- Similar levels of agreement were received for ‘Embed a whole systems approach’ and be driven by insight which 82% and 82% of respondents agreed with respectively.

- ‘Challenge the status quo’ received the least agreement with 77% agreeing (53% strongly agreeing and 24% tend to agree). However, this is still the majority that agree with the principle.
- A minority of respondents neither agreed or disagreed with the guiding principles (between 5% and 14%).
- Few respondents disagreed with the principles (between 0% and 3%) and around 5% of respondents were not sure or didn’t know.

Reasons for disagreement with the guiding principles

- Respondents who disagreed with the guiding principles were asked why. Answers to this question were received by 27 respondents.
- The most common themes (2 or more comments) are summarised below:
 - Barriers to access (e.g., cost) (6 comments)
 - Inequalities (4 Comments)
 - Availability of spaces (3 comments)
 - Community Safety (3 Comments)
 - Active Travel (2 comments)

Views on areas to consider in the guiding principles

- Respondents were asked if they felt anything else that should be considered in the guiding principles. 8 respondents answered this question.
- The most common themes (2 or more comments) are summarised below:
 - Barriers to access (e.g., affordability) (2 comments)

Views on Aims of the Framework overall

- The majority of respondents agree with the Aims (between 87% and 92%).
- The highest level of agreement was for Place, 92% of respondents agreed with (84% strongly agreed and 8% tend to agree). This was the highest strongly agree of the three Aims.
- The second highest agreement was for People, 90% of respondents agreed with (76% strongly and 14% tend to agree).
- Partnerships received the lowest level of agreement with 87% agreeing (68% strongly agree and 19% tend to agree). This is still the majority of respondents.

- A small number of respondents were neutral on the three Aims with between 3% and 10% neither agreeing nor disagreeing.
- The minority of respondents disagreed with the Aims with disagreement being between 3% and 2%.
- On average 2% of respondents were not sure whether they agreed with the Aims.

Reasons for disagreement with the Aims

- Respondents who disagreed with the Aims were asked why. Answers to this question were received by 5 respondents.
- The most common themes (2 or more comments) are summarised below:
 - There were no repeated themes within the comments in this section.

Views on areas to consider in the Aims

- Respondents were asked if they felt anything else that should be considered in the Aims. 14 respondents answered this question.
- The most common themes (2 or more comments) are summarised below:
 - Improve transport options including active travel (4 comments)
 - Barriers to access (e.g., Cost) (3 comments)

Views on commitment of Aim 1

- Respondents were asked to rank the commitment within Aim 1 by how important they were to them. 55 respondents answered this question.
- 'Understanding the barriers to participation and identify gaps in provision, to ensure equal and fair access to opportunities for everyone' was the most important commitment within this Aim with a weighted average of 2.98.
- This was followed by 'Providing opportunities to be active, particularly where physical activity levels are lowest, and inequalities exist' and 'Changing behaviours and perceptions towards leading an active and healthier lifestyle' with an average of 2.79 and 2.34.
- The least important commitment was 'Advocating for active lifestyles to be embedded within local policies, strategies and plans and ensure that this is central to decision making' with an average of 2.08.

Views on commitments to include in Aim 1

- Respondents were asked if there were any other commitments they felt should be included in this Aim. 13 answers were received for this question.

- The most common themes (2 or more comments) are summarised below:
 - Consider provisions available for people with a disability (3 comments)
 - Improve transport options including active travel (4 comments)

Suggestions of projects or interventions in Aim 1

- Respondents were asked if they had any suggestions for programmes or interventions that could be done within this Aim. 31 respondents answered this question.
- The most common themes (2 or more comments) are summarised below:
 - Improve active travel infrastructure (7 comments)
 - Culturally specific interventions (3 comments)
 - Improve parks and open spaces infrastructure (2 comments)
 - Barriers to access (e.g., Cost) (2 comments)
 - Consider provisions available for people with a disability (3 comments)

Views on commitment of Aim 2

- Respondents were asked to rank the commitments within this Aim by how important they were to them. 53 respondents answered this question.
- The most important commitments was 'Supporting the protection, revival, and creation of accessible environments' with a weighted average of 3.67.
- This was followed by 'Advocating for active environments to be embedded within local policy, strategies and plans and that this is at the forefront of decision making' (average of 3.24), 'Creating a culture that optimises active travel in the borough' (average of 2.94) and 'Enhancing community spaces through the delivery of targeted physical activity interventions' (average 2.93).
- The least important commitment was 'Encouraging workplaces in the borough to embed physical activity and wellbeing within their business' with an average of 2.6.

Views on commitments to include in Aim 2

- Respondents were asked if there were any other commitments they felt should be included in this Aim. 9 answers were received for this question.
- The most common themes (2 or more comments) are summarised below:
 - Increase active travel and transportation (3 comments)

Suggestions of projects or interventions in Aim 2:

- Respondents were asked if they had any suggestions for programmes or interventions that could be done within this Aim. 13 respondents answered this question.
- The most common themes (2 or more comments) are summarised below:
 - Improve parks and open spaces (3 comments)
 - Improve active travel infrastructure (2 comments)

Views on commitments in Aim 3

- Respondents were asked to rank the commitments within Aim 3 by how important they were to them. 49 respondents answered this question.
- The most important commitment was 'Optimise and secure resources among the partnership to support increased physical activity levels' with a weighted average of 3.
- This was followed by 'Facilitating effective working between partners to deliver the Framework and maximise outcomes' (average of 2.89) and 'Enabling the partnership to advocate the value of physical activity, and its contribution to achieving a range of outcomes' (average 2.43).
- The least important commitment was 'Enabling supportive working between partners to maximise capacity and create efficiencies' with an average of 1.84.

Views on commitments to include in Aim 3

- Respondents were asked if there were any other commitments they felt should be included in this Aim. 7 answers were received for this question.
 - There were no repeated themes within the comments in this section.

Suggestions of projects or interventions in Aim 3

- Respondents were asked if they had any suggestions for programmes or interventions that could be done within this Aim. 10 respondents answered this question.
- The most common themes (2 or more comments) are summarised below:
 - Consider improvements to parks and open spaces infrastructure (3 comments)

Views on the whole Framework

- Respondents were asked if they had any other comments on the draft Fit & Active Barnet Framework after completing the questions on specific sections of the Framework. 15 responses to this question were received.
- The most common themes (2 or more comments) are summarised below:
 - Comments on community support (3 comments)
 - Improve active travel infrastructure (2 comments)

Recommendations

The overall findings of this consultation were that residents were positive about the draft Framework and its proposed direction. The consultation highlighted areas of the Framework that can be updated prior to the final approval of the Framework.

A summary of the key recommendations is below:

- Vision: will be maintained due to high number of responses that agree with the vision.
- Guiding principles:
 - Principle 1 – Consider amending to better reflect and define its purpose e.g., the importance of physical activity being prioritised and integrated beyond traditional ‘sports’ providers.
 - Principle 3 – Consider incorporating sustainability and the importance of delivering across the life course.
 - Principle 4 – Consider wording used within this principle
 - Principle 5 – Consider wording used within this principle
- Aims: Review each Aim and consider amending the commitments with areas raised as important to consultation respondents.
 - For Aim 1, review the wording on the definition of ‘increase physical activity levels amongst everyone’ to make it clear what is meant by this aim.
 - For aim 2, consider expanding on active travel.
 - For aim 3, Consider including sustainability in the aim to ensure ongoing delivery of the framework.
- Interventions to deliver the Framework: the consultation provided a range of suggestions of programmes that would contribute to the delivery of the aims.
- Findings of this consultation will be shared with relevant officers to provide insight for the development of FAB interventions, in addition to the delivery of other local strategies, policies and plans.

Introduction

The Fit & Active Barnet Framework (2022-2026) sets out our whole-systems approach for physical activity in Barnet over the next five years by outlining our vision of creating a more active and healthier borough. To achieve this vision, we have identified aims within the context of People, Place and Partnerships.

The Framework has three Aims to achieve our vision. These Aims are:

1. People, we aim to increase physical activity levels amongst everyone
2. Place, we aim to provide environments that support active lifestyles
3. Partners, we aim to work together to embed physical activity at every opportunity

Prior to the consultation, a series of engagement activities were conducted to develop the Framework and shape the commitments within it. These include:

- Partner engagement workshops to develop, test and refine the draft Framework
- Presentations and discussions at networks such as Barnet Community and Voluntary Sector Forum, Communities Together Network, Barnet Children's Partnership Board, and COVID-19 Health Champions Information Session
- One to one discussion with external partners and Council colleagues to explore further integration across workstreams and key projects
- Grassroots Club engagement to learn more about the landscape of sport and physical activity providers in the borough, and to test and refine the draft Framework
- Resident engagement with the support of Claremont (consulting agency)

On 11th January 2022 the Adults & Safeguarding Committee approved the draft Framework to commence public consultation.

Consultation approach

Consultation methods

The Draft FAB Framework 2022-2026 consultation began on 12th January 2021 and concluded on 9th February 2022.

The consultation consisted of an online questionnaire published on engage.barnet.gov.uk together with the draft Framework and consultation document. The questionnaire and consultation are included as appendices I and II. Paper copies were available upon request.

The ongoing COVID-19 pandemic did affect the consultation approach taken. This meant that the primary method of consultation was the online questionnaire, whereas before the pandemic the consultation would feature in person engagement elements that were not feasible for this consultation.

To support development of Framework, a series of engagement sessions were conducted with a diverse mix of participants reflecting community groups within the borough. Participants were recruited via partners and networks. The engagement included a mix of

face to face, online focus groups and phone interviews. This was then used alongside a review of data and insights.

Promotion of the consultation

The consultation was actively promoted using social media, existing council communications channels and via email.

Activities to promote the consultation included:

- Targeted posts via social media platforms e.g., Facebook and Twitter
- Emails to the Fit & Active Barnet Partnership (represented by sport, physical activity, leisure, health, education and the voluntary, community and faith sectors)
- Emails to providers (clubs and community groups) delivering sport and physical activity in Barnet
- Promotion amongst London Borough of Barnet staff communication channels
- Articles within the following e-newsletters:
 - Barnet First (35,000 subscribers)
 - Barnet Schools Circular
 - Strategy Bulletin
 - Communities Together Network

Findings of the questionnaire

Questionnaire design

The questionnaire was developed to ascertain views on the Draft Fit & Active Barnet Framework and the Aims within it. The consultation invited views on:

- Our vision
- The guiding principles of our Framework
- The commitments we would like to focus on for the next four years

Throughout the questionnaire links were provided to the relevant section of the Framework document and to the consultation document.

The following types of questions were included:

- Questions whether respondents agreed or disagreed with the vision, guiding principles or commitments
- Open ended questions, where respondents were asked to provide reasons for areas they disagreed with or felt was missing from the Framework. The questionnaire also asked for suggestions for relevant programmes or interventions.

Response to the questionnaire

A total of 73 questionnaires have been completed. All these responses were via the online questionnaire or correspondence via email.

This report includes comments provided by respondents in free text questions. Whilst the majority of these comments are included in this report verbatim, please note that some have been edited to remove any identifiable information included in responses to questions.

Response profile

Table 1 shows that the majority of those who responded to the questionnaire were Barnet residents (56%). For this consultation few responses were received from voluntary/community organisations (12%) or public sector organisations (10%). It is important to note that several the respondents (31%) did not answer this question.

Table 1: Profile of those who responded to the Draft Fit & Active Barnet consultation

Stakeholder	%	Number
A Barnet resident	56%	28
A person who works in the London Borough of Barnet area	6%	3
A Barnet business	2%	1
A Barnet business and Barnet resident	0%	6
Representing a voluntary/community organisation	12%	5
Representing a public sector organisation	10%	1
Other	2%	1
Prefer not to say	2%	5
Total who answered this question	2%	50
Not answered this question	31%	23
Total response to the consultation	100%	73

Profile of protected characteristics

The council is required by law (the Equality Act 2010) to pay due regard to equalities in eliminating unlawful discrimination, advancing equality of opportunity, and fostering good relations between people from different groups.

The protected characteristics identified in the Equality Act 2010 are age, disability, ethnicity, gender, gender reassignment, marriage and civil partnership, pregnancy, maternity, religion or belief and sexual orientation.

To assist us in complying with the duty under the Equality Act 2010 we asked the respondents to provide equalities monitoring data and explained that collecting this information will help us understand the needs of our different communities and that all the information provided will be treated in the strictest confidence and will be stored securely in accordance with our responsibilities under data protection legislation (such as the General Data Protection Regulation or the Data Protection Act 2018).

Table 2: Protected Characteristics, profile of those that completed the questionnaire

	Number	%
Gender		
Female	20	48.78%
Male	14	34.15%

Prefer not to say	6	14.63%
Not answered	32	43%
Answered	41	57%
Total	73	100%
Age		
16-17	0	0.00%
18-24	1	2.44%
25-34	8	19.51%
35-44	10	24.39%
45-54	5	12.20%
55-64	5	12.20%
65-74	7	17.07%
75+	0	0.00%
Prefer not to say	5	12.20%
Not answered	32	43%
Answered	41	57%
Total	73	100%
Is the gender you identify with the same as your sex registered at birth?		
Yes, it's the same	34	85.00%
No, it's different	1	2.50%
Prefer not to say	5	12.50%
Not answered	33	45%
Answered	40	55%
Total	73	100%
Disability		
Yes	7	17.07%
No	25	60.98%
Prefer not to say	9	21.95%
Not answered	32	43%
Answered	41	57%
Total	73	100%
Ethnicity		
Asian - Bangladeshi	0	0.00%
Asian – Chinese	1	2.44%
Asian – Indian	1	2.44%
Asian – Pakistani	0	0.00%
Any other Asian background (please specify below)	1	2.44%

Black - African	0	0.00%
Black – British	0	0.00%
Black – Caribbean	0	0.00%
Any other Black / African / Caribbean background (please specify below)	0	0.00%
Mixed - White and Asian	1	2.44%
Mixed - White and Black African	0	0.00%
Mixed - White and Black Caribbean	0	0.00%
Mixed - any other Mixed / Multiple ethnic background (please specify below)	0	0.00%
White - British	16	39.02
White - Greek / Greek Cypriot	1	2.44%
White - Gypsy or Irish Traveller	0	0.00%
White - Irish	0	0.00%
White - Turkish / Turkish Cypriot	0	0.00%
White - any other	10	24.39%
Prefer not to say	9	21.95%
Any other ethnic group (please specify)	1	2.44%
Not answered	32	43%
Answered	41	57%
Total	73	100%
Faith		
Baha'i	0	0.00%
Buddhist	0	0.00%
Christian	8	20.00%
Hindu	1	2.50%
Humanist	0	0.00%
Jain	1	2.50%
Jewish	3	7.50%
Muslim	0	0.00%
Sikh	0	0.00%
No religion	17	42.50%
Prefer not to say/not stated	9	22.50%
Other Faith	1	2.50%
Not answered	33	46
Answered	40	54

Total	73	100%
Pregnancy		
Pregnant	0	0.00%
On maternity leave	0	0.00%
Prefer not to say	6	24.00%
Neither	19	76.00%
Not answered	48	66%
Answered	25	34%
Total	73	100%
Sexuality		
Bisexual	1	2.63%
Gay or Lesbian	2	5.26%
Straight or heterosexual	26	68.42%
Prefer not to say	8	21.05%
Other sexual orientation	1	2.63%
Not answered	38	53%
Answered	35	47%
Total	73	100%
Marital Status		
Single	11	27.50%
Co-habiting	2	5.00%
Married	16	40.00%
Divorced	1	2.50%
Widowed	1	2.50%
In a same sex civil partnership	1	2.50%
Prefer not to say	8	20.00%
Not answered	33	45%
Answered	40	55%
Total	73	100%

Views on the vision

Respondents were asked whether they agreed or disagreed with the vision statement in the draft Framework and their views are shown in table 3.

Four fifths (77%) of respondents agreed with our vision for Fit & Active Barnet (61% strongly agree and 16% tend to agree). A minority of respondents (5%) disagree with our vision (1% strongly disagreed and 4% tend to disagree) and 13% of respondents were neutral.

Table 3: Respondent's level of support for our vision

To what extent do you agree or disagree with the Fit & Active Barnet vision	Number	%
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Strongly agree	44	61.11%
Tend to agree	12	16.67%
Neither agree nor disagree	9	12.50%
Tend to disagree	3	4.17%
Strongly disagree	1	1.39%
Don't Know	3	4.17%
Total	72	100%

Reasons for disagreement with the vision

Respondents were asked if they felt anything else that should be considered in the guiding principles. 8 respondents answered this question.

The most common themes (2 or more comments) are summarised below:

- Suggestions for more specific wording (2 comments)
- Consideration needed for funding (2 comments)

Table 4: Reasons why respondents disagreed with the vision

Why do you disagree with the vision?	
Number of respondents who completed this question	8
Description / Type of verbatim comments	Number of comments
Your first principal is already out of date. The vision should include the whole life goal of a person, which is more than just physical. It should include mental health too.	2
Too vague and doesn't set out enough information on how these aims will be achieved, where funding will come from, which groups will benefit the most	2
It gives no options for plans just statistics. Doesn't mention increased funding or additional planned services.	2
Need to make more 3G football pitches available to use for people.	1
This is not the function of the borough	1
its an option that can only be left up to the people them selves	1

Why do you disagree with the vision?	
Number of respondents who completed this question	8
Description / Type of verbatim comments	Number of comments
Although the document claims to support non "sport" activity e.g. walking and cycling, all I saw listed was parks and sport centres, which is fine, but I was hoping for a lot more on active travel and safe walking and cycling to work e.g. Hendon Thameslink station to Middlesex University is poor for walking (narrow pavements and subways) and terrible for cycling (no safe cycle paths) It needs joining up with active travel.	1
Make sport spaces of the borough accessible for everybody, not just physical disabilities, but for all neurotypes, including neurodivergent people. This means to introduce reliable calm hours for example in swimming pools of the borough when no music or other noise is played and lights are dimmed. And this shall not just be an hour like calm shopping hour in the supermarket, this shall be equal share of time and ideally rotated. So that there is a calm Sunday every 14 days. Offer a reliable email contact for all leisure centres, currently if one can find a contact accessible without phone call, one will not get a reply. Personally, if I have no reliability to plan a visit and no information at all regarding calm hours, I will just not use and not exercise, even if I would love swimming in a sensory friendly pool. I had tried to pass on this information earlier via Barnet Engage but it all felt as if there was no real willingness in Barnet borough to change or even consider anything like this (never got contacted from the relevant post, so has not shown interest, if they had got my message forwarded).	1

Views on the guiding principles

Respondents were asked whether they agreed or disagreed with the guiding principles in the draft Framework. These guiding principles were:

To achieve our vision, we will apply the following principles:

1. Make physical activity everyone's business:
 - Ensure physical activity is not just the business of typical 'sports' agencies but is considered by all
2. Promote equality and reduce inequality:
 - Make Barnet a place where everyone can lead more active and healthier lifestyles
3. Embed a whole systems approach:
 - Implement a whole systems approach, by working collaboratively with partners and the community to co-produce and support delivery
4. Be driven by insight:

Invest time to understand and challenge barriers to participation by engaging with communities and using a robust evidence base to inform and guide decisions

5. Challenge the status quo:

Explore innovative approaches which may be less traditional, whilst attracting investment into the borough

Table 5 shows Most of the respondents agreed with the guiding principles (between 52% and 75%).

The highest level of support was for ‘Promote equality and reduce inequality’ which 92% of respondents agreed with (75% strongly agreed and 17% tend to agree).

The next highest was ‘Making health make physical activity everyone’s business’ which 87% of respondents agreed with (62 % strongly agreed and 25% tend to agree).

Similar levels of agreement were received for ‘Embed a whole systems approach and be driven by insight’ which 82% and 82% of respondents agreed with respectively.

‘Challenge the status quo received’ the least agreement with 77% agreeing (53% strongly agreeing and 24% tend to agree). However, this is still the majority that agree with the principle.

A minority of respondents neither agreed or disagreed with the guiding principles (between 5% and 14%).

Few respondents disagreed with the principles (between 0% and 3%) and around 5% of respondents were not sure or didn’t know.

Table 5: Views on the guiding principles

Principle	Strongly agree		Tend to agree		Neither agree or disagree		Tend to disagree		Strongly disagree		Not sure/Don't know		Total
	%	No	%	No	%	No	%	No	%	No	%	No	
Make physical activity everyone’s business	61.97%	44	25.35%	18	9.86%	7	0.00%	0	1.41%	1	1.41%	1	71
Promote equality and reduce inequality	75.00%	54	16.67%	12	5.56%	4	1.39%	1	0.00%	0	1.39%	1	72
Embed a whole systems approach	61.43%	43	21.43%	15	10.00%	7	2.86%	2	1.43%	1	2.86%	2	70
Be driven by insight	57.75%	41	23.94%	17	9.86%	7	1.41%	1	1.41%	1	5.63%	4	71
Challenge the status quo	52.78%	38	23.61%	17	13.89%	10	2.78%	2	1.39%	1	5.56%	4	72

Reasons for disagreement with the guiding principles

Respondents who disagreed with the guiding were asked why. Answers to this question were received by 26 respondents.

The most common themes (2 or more comments) are summarised below:

- Barriers to access (e.g., cost) (6 comments)
- Availability of spaces (5 comments)
- Inequalities (4 Comments)
- Community Safety (2 Comments)
- Active travel (2 comments)

Table 6: Reasons why respondents disagreed with the guiding principles

Why do you disagree with the guiding principles?	
Number of respondents who completed this question	27
Description / Type of verbatim comments	Number of comments
Principle 4. Not only challenge barriers but actually reduce barriers to exercise. i.e.. cost and lack of incentives.	6/4
provide at least one open air space for model aircraft flying.	3
Accessibility and affordability is important. At the moment, going for a swim or a fitness class at Better Leisure centres in Barnet costs more than in boroughs like Hackney, Camden etc. I assume those boroughs give a more generous subsidy?	6
Affordability and access to services	6
Rather than make it everyone's business make it accessible and affordable for everyone. Don't put the onus on time and cash strapped families and households in a time of hugely increased living costs and poor health outcomes followed by the pandemic.	6
Make football and rugby more available.	3
Sports facilities for the disabled adults hardly exist. They always have to go out of the Borough to access swimming, badminton etc	3/4

Why do you disagree with the guiding principles?	
Number of respondents who completed this question	27
Description / Type of verbatim comments	Number of comments
Making Barnet safe to go out and take exercise	3
You should consider the safety of girls and women using the park	3
Principles are great. Application is everything.	1
Very often, when there is a consultation, the local authority has already made up their minds. It's used as an excuse to put up prices, particularly for things like parking. These aims all seem quite non-specific.	1
Get involved with voluntary groups to be as inclusive as possible and reach all sectors of the community.	1
What do these statements mean in practice?	1
Make it affordable even free Principles 3-5 - pure word salad!	6
In some of the very poorest areas in Barnet children don't engage in sporting activities because they lack the basics needed i.e. sports clothes and footwear.	6/4
No	1
Get people to rely less on their cars.	2
Ask questions that are not leading .	1
Sustaining sport and physical activity, so that it is not a one-off	1

Why do you disagree with the guiding principles?	
Number of respondents who completed this question	27
Description / Type of verbatim comments	Number of comments
I think being fit is great. I think the other major factor to include is nutrition. Nutrition is 80% of anyones fitness goals and challenges. If you don't have the right knowledge about food then this will not work. As we need to feed the body and mind correctly.	1
Inclusion and Safety	3
Co-production	1
Whole system needs to include active travel to and from schools and workplaces and shops by walking and cycling. Not sure I see this clearly in the plans.	2
To consider the element of mental health within the thinking of physical health and focus on what good physical health would do to help. Likewise Thought needs to be considered for the physically disabled, which I cannot see in the proposal.	1
Promoting equality and reducing inequality could include looking into different physical activities from different cultures (obviously leading with a professional and somebody that represents said culture well)	4

Views on areas to consider in the guiding principles

Respondents were asked if they felt anything else that should be considered in the guiding principles. 8 respondents answered this question.

The most common themes (2 or more comments) are summarised below and more detailed comments are in table 7:

- Barriers to access (e.g., affordability) (2 comments)

Table 7: Area's respondents felt should be considered in the guiding principles

Is there anything else you think we should consider for our guiding principles?	
Number of respondents who completed this question	8
Description / Type of verbatim comments	Number of comments
The first point about making it everyone's business could be construed as placing the onus on households who are recovering from a pandemic and acutely feeling the cost of living crisis. Services will need to be truly local across the borough and affordable. Transport within the borough is terrible and it appears TFL will be unable to provide new services. One can go into central London via the bus, train and tube (very important) but struggle to get from High Barnet to Colindale or Golders Green, etc.	2
See above	1
You have the costs up too high to use the facilities.	2
These aims all seem quite non-specific.	1
Does Barnet propose to act as the nanny state?	1
I disagree with the line of questioning	1
Principle 2. I do not think there are inequalities in the borough which do not allow people to do physical activity. In fact the will of doing physical activity must come from the single individual first and if the individual is not prone to do it for whatever reasons there is not much the borough can do for him/her. The borough can promote the health benefits of the activities but this can help people in try to be more active to a certain extent. Eventually it is down to the single individual to do physical activity or not.	1
None	1

Views on the Aims of the Framework overall

Respondents were asked to what extent do they agree, or disagree with the aims of the Framework. These Aims were:

1. Aim1: People, increase physical activity levels amongst everyone
2. Aim 2: Place, provide environments that support active lifestyles
3. Aim 3: Partnerships, work together to embed physical activity at every opportunity

Table 8 shows that the majority of respondents agree with the Aims (between 87% and 92%).

The highest level of agreement was for Place, 92% of respondents agreed with (84% strongly agreed and 8% tend to agree). This was the highest strongly agree of the three Aims.

The second highest agreement was for People, 90% of respondents agreed with (76% strongly and 14% tend to agree).

Partnerships received the lowest level of agreement with 87% agreeing (68% strongly agree and 19% tend to agree). This is still a majority of respondents.

A small number of respondents were neutral on the three Aims with between 3% and 10% neither agreeing or disagreeing.

The minority of respondents disagreed with the Aims with disagreement being between 3% and 2%.

On average 2% of respondents were not sure whether they agreed with the Aims.

Table 8: Views of respondents on each aim

Aim	Strongly agree		Tend to agree		Neither agree or disagree		Tend to disagree		Strongly disagree		Not sure/Don't know		Total
	%	No	%	No	%	No	%	No	%	No	%	No	
Aim1: People	76.19%	48	14.29%	9	3.17%	2	0.00%	0	3.17%	2	3.17%	2	63
Am 2: Place	84.13%	53	7.94%	5	4.76%	3	0.00%	0	1.59%	1	1.59%	1	63
Aim 3: Partnerships	68.25%	43	19.05%	12	9.52%	6	0.00%	0	1.59%	1	1.59%	1	63

Reasons for disagreement with the key aims

Respondents who disagreed with the Aims were asked why. Answers to this question were received by 5 respondents.

The most common themes (2 or more comments) are summarised below, and more detailed comments are in table 9:

- There were no repeated themes within the comments in this section.

Table 9: Reasons why respondents disagreed with the aims

Why do you disagree with the aims?	
Number of respondents who completed this question	5
Description / Type of verbatim comments	Number of comments
<p>1. Partnerships</p> <p>Allow flexible working in the NHS so colleagues can attend fitness classes during the day. Royal Free London are on the list of partners. However, they do not promote fitness and exercise within their workforce due to rigid working conditions.</p> <p>2. Place</p> <p>Have women only gym sessions as currently it is a very male dominant environment which can be intimidating.</p> <p>3. People</p> <p>Introduce incentives to coax beginners into physical activities.</p> <p>4. Partnerships</p> <p>Raise awareness with GPs (referrers) and patients about the Healthwise Physical Activity Programme and make funding available for reduced membership costs.</p> <p>5. People</p> <p>Recruitment drive to get more fitness instructors as current variety of classes are limited due to staff shortages.</p> <p>6. People</p> <p>Introduce gym buddies, mentors or small groups of people to support newcomers to exercise.</p> <p>7. Partnerships</p> <p>Change the work culture to promote physical exercise and relaxation techniques during the day to reduce stress and sedentary lifestyles.</p> <p>8. Place</p> <p>Meridian Wellbeing are doing a good job at the Meritage Centre in Hendon. They have weekly exercise classes both at the centre and online and are very friendly, supportive and inclusive.</p> <p>9. Partnerships</p> <p>Make sure CCGs consider properly the importance of physical exercise when making funding decisions.</p> <p>10. Partnerships</p>	1

Why do you disagree with the aims?	
Number of respondents who completed this question	5
Description / Type of verbatim comments	Number of comments
Partners need to get more seriously involved. Make sure partners are properly committed to embedding a whole systems approach. Look properly at barriers to exercise i.e.. cost, time and consider incentives.	
You are not doing enough to make venue hire cheaper	1
No facilities for the disabled	1
To many leading questions	1
None	1

Views on areas to consider in the aims

Respondents were asked if they felt anything else that should be considered in the Aims. 14 respondents answered this question.

The most common themes (2 or more comments) are summarised below and more detailed comments are in Table 10:

- Improve transport options including active travel (4 comments)
- Barriers to access (e.g., Cost) (3 comments)

Table 10: Areas respondents think should be considered in the aims

Is there anything else you think we should consider for our aims?	
Number of respondents who completed this question	14
Description / Type of verbatim comments	Number of comments
Affordability. See previous comments. Compare prices at Better leisure centres here in Barnet with those in Camden, Hackney. It's cheaper to swim at the amazing Olympic pool in	3

Is there anything else you think we should consider for our aims?	
Number of respondents who completed this question	14
Description / Type of verbatim comments	Number of comments
Stratford than it is at the pools in Barnet. Can you provide a better subsidy to make it more affordable to use council leisure centres in this borough please?	
Aim 2: Place. Concerned that this will translate into LTNs which don't increase activity but make execution of daily life harder for people readjusting to a reversal of a pandemic induced lifestyle	4
Make more places for football cheaper.	3
Make wheelchair accessible sports a priority	1
Make Banet safe for people to take exercise especially in the winter when its dark	1
Time of day and accessibility	3
Reduce air pollution so exercise outdoors is healthier.	1
Please do not install LTN's and not add cycle lanes . Many cycle lanes are not used .	4
More apparatus in the parks for young people	1
Nature. Enable people to do more physical activities outdoor at all levels, from school pupils to retired residents. Should be increased the relation between people, nature and the all benefits that this brings.	4
No	1
Improve public transport. If people spend less time on public transport and have more energy left, they are more likely to be able to take care of their nutrition and physical health via exercise. Biking is not safe for everybody and particularly not on these roads and	4

Is there anything else you think we should consider for our aims?	
Number of respondents who completed this question	14
Description / Type of verbatim comments	Number of comments
distances and sometimes lonely places to get across the borough, but the public transport takes between 3 and 4 time as long as by car and for sensory sensitive people it can have an extremely energy draining effect, reducing them to spend much of their time then exhausted in bed, unable to just think of cooking or exercising.	
None	1
Place - as exercise/physical activities can tend to be a stressful environment due to the judge pressure around it (doing said activity in a "correct" way even if there is or isn't a distinct right way of doing the activity) & having the space be approachable potentially semi private to make people feel more comfortable, being in a space where there's minimal room for judgment.	1

Views on Aim 1: People

Respondents were asked their views on this aim including the proposed commitments and how important they were to them.

The commitments within this aim were:

- Advocating for active lifestyles to be embedded within local policy, strategies and plans and that this is at the forefront of decision making.
- Providing opportunities to be active, particularly where physical activity levels are lowest, and inequalities exist.
- Changing behaviours and perceptions towards leading an active and healthier lifestyle
- Understand the barriers to participation and identify gaps in provision, to ensure equal and fair access to opportunities for everyone

Level of importance of each commitment

Respondents were asked to rank the commitments within this Aim by how important they were to them. 55 respondents answered this question.

‘Understanding the barriers to participation and identify gaps in provision, to ensure equal and fair access to opportunities for everyone’ was the most important commitments within this Aim with a weighted average of 2.98. This was followed by ‘Providing opportunities to be active, particularly where physical activity levels are lowest, and inequalities exist’ and ‘Changing behaviours and perceptions towards leading an active and healthier lifestyle’ with an average of 2.79 and 2.34. The least important commitment was ‘Advocating for active

lifestyles to be embedded within local policies, strategies and plans and ensure that this is central to decision making’ with an average of 2.08.

Table 11 shows the responses from the question with the ranking answers for each commitment.

Chart 1: Weighted average for most important commitment in Aim 1

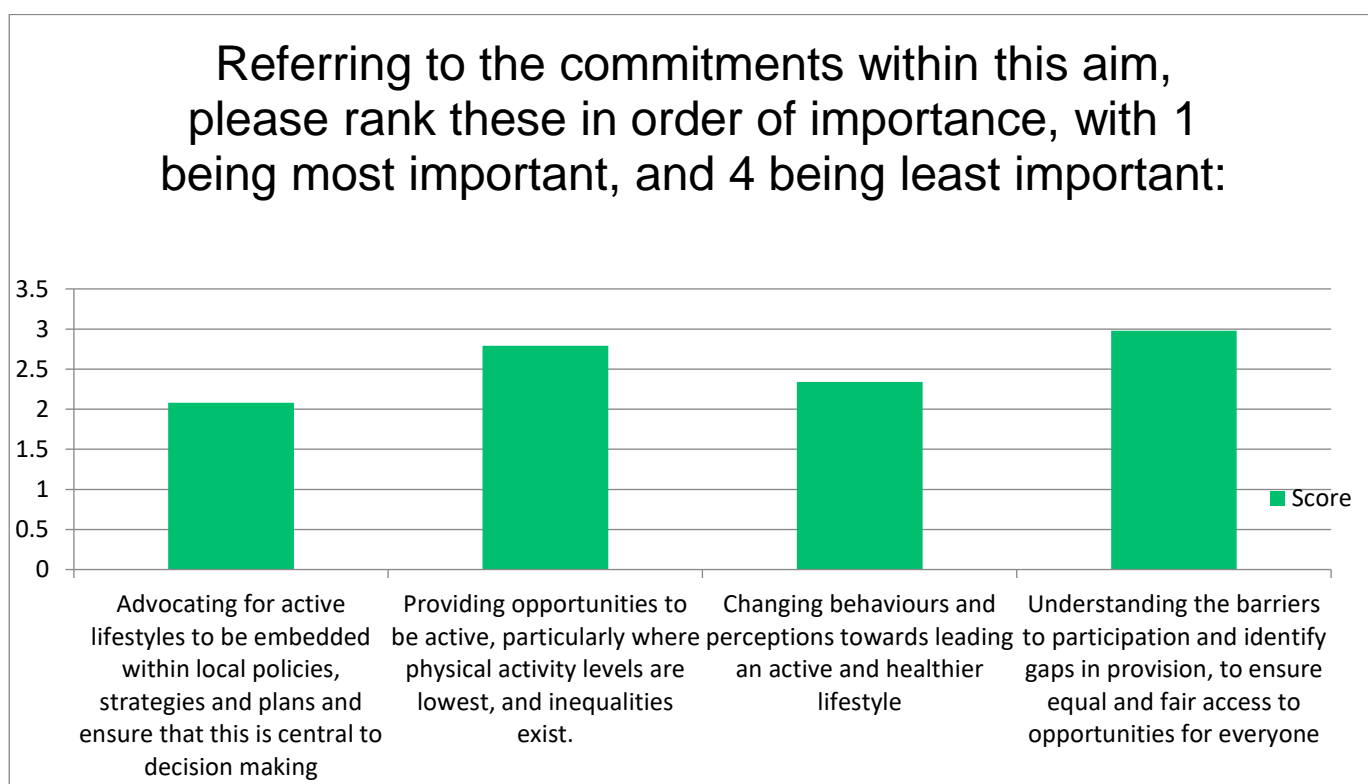


Table 11: Views on 1st, 2nd, 3rd and 4th most important commitment in Aim 1

Commitments	1st Most Important		2nd Most Important		3rd Most Important		Don't know/not sure		Total
	%	No	%	No	%	No	%	No	
Advocating for active lifestyles to be embedded within local policies, strategies and plans and ensure that this is central to decision making	15.09%	8	16.98%	9	39.62%	21	9.43%	5	53
Providing opportunities to be active, particularly where physical activity levels are	28.00%	14	32.00%	16	14.00%	7	6.00%	3	50

lowest, and inequalities exist.									
Changing behaviours and perceptions towards leading an active and healthier lifestyle	15.38%	8	21.15%	11	21.15%	11	9.62%	5	52
Understanding the barriers to participation and identify gaps in provision, to ensure equal and fair access to opportunities for everyone	39.62%	21	24.53%	13	11.32	6	5.66	3	53

Views on commitments to include in Aim 1

Respondents were asked if there were any other commitments they felt should be included in this Aim. 13 answers were received for this question.

The most common themes (2 or more comments) are summarised below more detailed comments are in table 12:

- Consider provisions available for people with a disability (3 comments)
- Improve transport options including active travel (4 comments)

Table 12: Additional commitments respondents think should be included in Aim 1

What other Commitment should be included in this aim?	
Number of respondents who completed this question	13
Description / Type of verbatim comments	Number of comments
Pandemic Planning to continue physical exercise during periods of lockdown	1
1. Partnerships Allow flexible working in the NHS so colleagues can attend fitness classes during the day. Royal Free London are on the list of partners. However, they do not promote fitness and exercise within their workforce due to rigid working conditions.	1

What other Commitment should be included in this aim?	
Number of respondents who completed this question	13
Description / Type of verbatim comments	Number of comments
<p>2. Place</p> <p>Have women only gym sessions as currently it is a very male dominant environment which can be intimidating.</p>	
<p>3. People</p> <p>Introduce incentives to coax beginners into physical activities.</p>	
<p>4. Partnerships</p> <p>Raise awareness with GPs (referrers) and patients about the Healthwise Physical Activity Programme and make funding available for reduced membership costs.</p>	
<p>5. People</p> <p>Recruitment drive to get more fitness instructors as current variety of classes are limited due to staff shortages.</p>	
<p>6. People</p> <p>Introduce gym buddies, mentors or small groups of people to support newcomers to exercise.</p>	
<p>7. Partnerships</p> <p>Change the work culture to promote physical exercise and relaxation techniques during the day to reduce stress and sedentary lifestyles.</p>	
<p>8. Place</p> <p>Meridian Wellbeing are doing a good job at the Meritage Centre in Hendon. They have weekly exercise classes both at the centre and online and are very friendly, supportive and inclusive.</p>	

What other Commitment should be included in this aim?	
Number of respondents who completed this question	13
Description / Type of verbatim comments	Number of comments
<p>9. Partnerships</p> <p>Make sure CCGs consider properly the importance of physical exercise when making funding decisions.</p>	
<p>10. Partnerships</p> <p>Partners need to get more seriously involved.</p> <p>Make sure partners are properly committed to embedding a whole systems approach. Look properly at barriers to exercise i.e.. cost, time and consider incentives.</p>	
Ease of access and affordability and a range of activities easily accessible wherever in the borough someone is. No point having sport pitches for youngsters locally if the older sections of the population have to take public transport and join a gym to access services	1
Make more football pitches available	1
Health of disabled	3
Disabled	3
Poverty, lack of support for vulnerable people.	1
within these aims it is fundamental that active travel is given a very high priority to enable all residents daily movement around the borough.	4
Do not use LTN's . Enfield has forced more traffic onto our adjoining rds so we do not need more holdups.	4
Make it easy for people to be active eg promote safe active travel	4
Nutrition!	1

What other Commitment should be included in this aim?	
Number of respondents who completed this question	13
Description / Type of verbatim comments	Number of comments
Active lifestyles and active travel, as you can in theory have an active lifestyle by driving to a gym. Active travel is the way to get mass participation, but that means making walking and cycling much easier and safer.	4
For both physical disability and for mental health service users.	3

Suggestions of projects or interventions in Aim 1

Respondents were asked if they had any suggestions for programmes or interventions that could be done within this aim. 31 respondents answered this question.

- The most common themes (2 or more comments) are summarised below and more detailed comments are in table 12:
 - Improve active travel infrastructure (7 comments)
 - Culturally specific interventions (3 comments)
 - Improve parks and open spaces infrastructure (2 comments)
 - Barriers to access (e.g., Cost) (2 comments)
 - Consider provisions available for people with a disability (3 comments)

Table 12: Suggestions for projects or interventions within Aim 1

Do you have any suggestions for projects or interventions that should be done within this aim?	
Number of respondents who completed this question	31
Description / Type of verbatim comments	Number of comments
Pandemic Planning to continue physical exercise during periods of lockdown	1
Women only gym sessions. Mentorship programmes or buddies to provide support and encouragement.	1
I own a model flying club but I have to go to cuffley to hire the field as barnet do not have anywhere that we can do our sport,	2

Do you have any suggestions for projects or interventions that should be done within this aim?	
Number of respondents who completed this question	31
Description / Type of verbatim comments	Number of comments
Make it affordable!	2
More car sharing, promote biking with good infrastructure, more bike sharing opportunities, more space for bike sheds instead of parking spaces...	7
Make more 3G artificial turf football pitches available and make it cheaper. It is too expensive.	2/2
Make accessible swimming pools such as the Aspire in Stanmore. Also create more accessible groups for wheelchair football, wheelchair badminton etc	2
Safer roads for biking	7
It's should start as soon as the baby is born. There are not enough support for parents with babies to exercise. Crèche is not available in most sports centres in Barnet. There should be health clinics where parent and baby groups can be held and physical activities can be introduced at early age for baby and parents. There is no free clubs or community centres where teenagers can have fun and be active at the same time. Same problem for adults. Everything costs money which people in Barnet don't have.	1
Projects - increase safe cycle lanes and new swimming pool in Colindale area. Better public transport access to current leisure centres (Barnet Copthall).	7
Improve streets for more active travel including walking and cycling	7
Something a bit more specific and personal... The elderly need more table tennis facilities and at reasonable cost, just as swimming provided currently. And we need evenings to for those working in the day time. Current systems requires bookings two weeks ahead and it's not convenient as just showing up and having a knock and a laugh at preset times. Research has shown table tennis can reduce onset of dementia	1

Do you have any suggestions for projects or interventions that should be done within this aim?	
Number of respondents who completed this question	31
Description / Type of verbatim comments	Number of comments
and it's a safe sport for the elderly where mind and body are exercised. Thank you	
considerable improvement of the pedestrian environment with increased maintenance. Facilities to enable and encourage cycling in safety for all.	7
Dedicated cycleways in local parks and more policing of cyclists on our roads.	7
Direct provision of sports groups for all ages. Flexible times.	1
It would be good to have some engagement activities with disabled people to explore the barriers to sport and physical activity and these are best tackled.	2
Increased cycling provision - with safe segregated cycle ways, and school cycling activities	7
there should be more provision for older people especially with mobility issues, so exercise classes for over 70's for example. this could also be opportunities for people to socialise	
holding workshops and seminars about Nutrition. Holding workshops and seminars about training correctly and safely. I run a gym in North London Business Park and can really towards this.	1
cultural specific intervention Interventions that specifically target residents with long term conditions such as SMI's	3
fic sessions sessions targeted at people with specific long term conditions like SMI's	3
identity inclusion training for facilitators	3
Involvement of the wider community at all levels from the youngest people to the elders. Also massive marketing campaign	2

Do you have any suggestions for projects or interventions that should be done within this aim?	
Number of respondents who completed this question	31
Description / Type of verbatim comments	Number of comments
online and no throughout the borough that promote physical activities.	
GLL app Street Tag Supporting PA opportunities within faith environments e.g. churches, hosting talks and signposting	1
No	1
Safe cycling and walking routes from the main transport hubs to Middlesex University in particular including safe cycling and walking along Station Road from Hendon station: Narrow pavements, horrible subways and no safe cycle route at all.	7
I believe local organisations should certainly have an input	1
I think an easy organised event that provides exercise and a potential opportunity for charity, charging a minimal entrance fee - marathon type events, a run/jog/walk around barnet. This can also go in hand with biking. Dance classes that can be active and a lot more fun without taking a whole load of time out of somebody's day.	1
We believe Yoga and Indian Folk Dances can also be part of the activity for fitness.	1
Family, healthy eating, easy get active initiatives	1
Forging partnerships interventions between the voluntary and community sector and the sports, leisure and health sectors to benefit distinct community groups	1

Views on Aim 2: Place

Respondents were asked their views on this Aim including the proposed commitments and how important they were to them.

The commitments within this Aim were:

- Advocating for active environments to be embedded within local policy, strategies and plans and that this is at the forefront of decision making
- Supporting the protection, revival, and creation of accessible environments
- Creating a sense of place and connectivity by animating community spaces through the delivery of targeted interventions
- Creating a culture that optimises active travel in the borough
- Encouraging workplaces in the borough to embed physical activity and wellbeing within their business

Level of importance of each commitment

Respondents were asked to rank the commitments within this aim by how important they were to them. 53 respondents answered this question.

The most important commitment was supporting the 'Protection, revival, and creation of accessible environments' with a weighted average of 3.67. This was followed by 'Advocating for active environments to be embedded within local policy, strategies and plans and that this is at the forefront of decision making' (average of 3.24), 'Creating a culture that optimises active travel in the borough' (average of 2.94) and 'Enhancing community spaces through the delivery of targeted physical activity interventions' (average 2.93). The least important commitment was 'Encouraging workplaces in the borough to embed physical activity and wellbeing within their business' with an average of 2.6.

Table 13 shows the responses from the question with the ranking answers for each commitment.

Chart 2: Weighted average for most important commitments in Aim 2

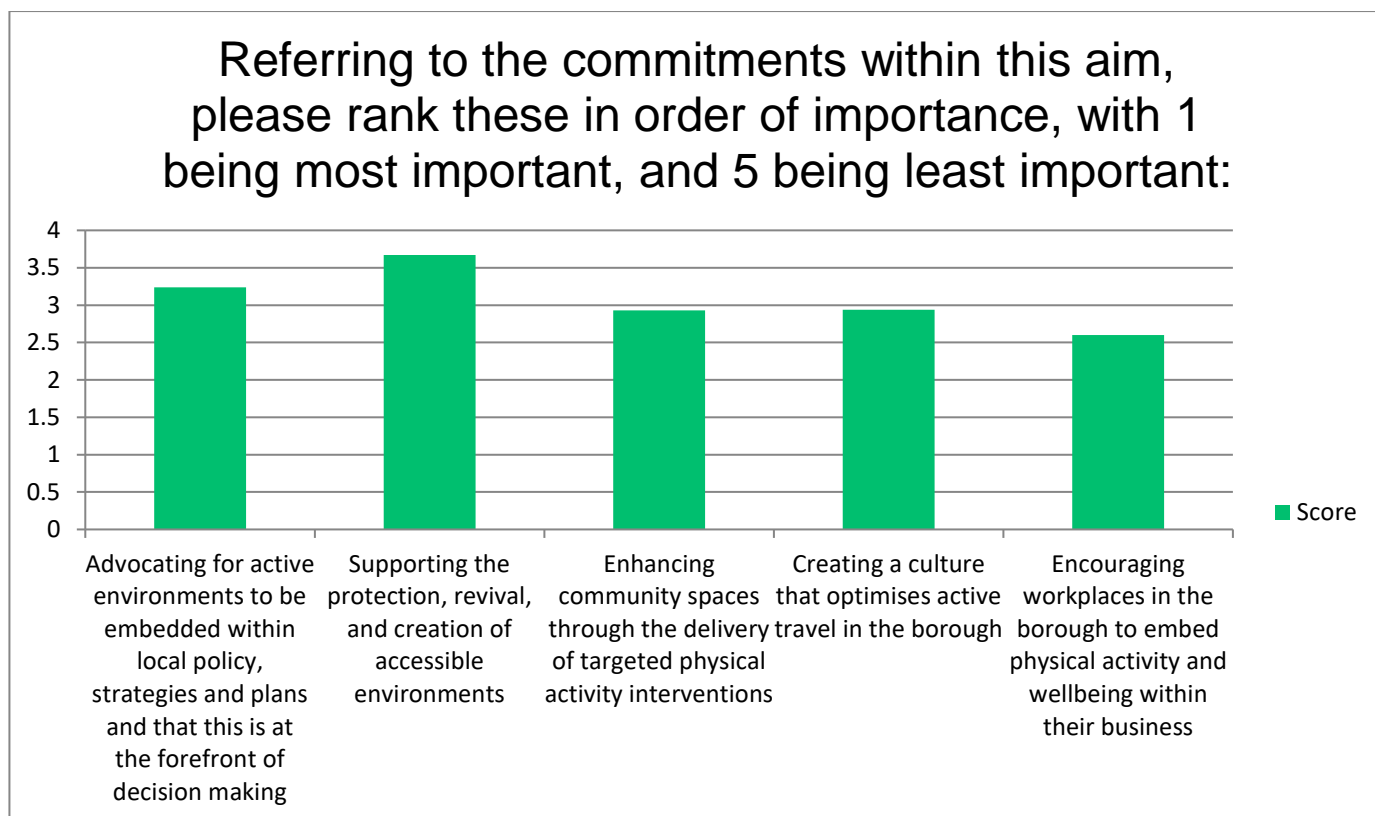


Table 13: Views on most important commitments in Aim 2

Commitments	1st Most Important		2nd Most Important		3rd Most Important		4th Most Important		5th Most Important		Don't know/not sure		Total
	%	No	%	No	%	No	%	No	%	No	%	No	
Advocating for active environments to be embedded within local policy, strategies and plans and that this is at the forefront of decision making	24.49%	12	20.41%	10	16.33%	8	14.29%	8	16.33%	8	8.16%	4	49
Supporting the protection, revival, and creation of accessible environments	29.79%	14	23.40%	11	21.28%	10	12.77%	10	4.26%	2	8.51%	4	47
Creating a sense of place and connectivity by	8.51%	4	23.40%	11	25.53%	12	21.28%	12	12.77%	6	8.51%	4	47

animating community spaces through the delivery of targeted interventions													
Creating a culture that optimises active travel in the borough	25.49%	13	5.88%	3	19.61%	10	19.61%	10	21.57%	11	7.84%	4	51
Encouraging workplaces in the borough to embed physical activity and wellbeing within their business	9.80%	5	21.57%	11	11.76%	6	11.76%	6	27.45%	14	5.88%	3	51

Views on commitments to include in Aim 2

Respondents were asked if there were any other commitment they felt should be included in this Aim. 9 answers were received for this question.

The most common themes (2 or more comments) are summarised below and more detailed comments are in table 14:

- Increase active travel and transportation (3 comments)

Table 14: Additional commitment respondents think should be included in Aim 2

What other commitments should be included in this Aim?	
Number of respondents who completed this question	9
Description / Type of verbatim comments	Number of comments
Pandemic Planning to continue physical exercise during periods of lockdown	1
1. Partnerships Allow flexible working in the NHS so colleagues can attend fitness classes during the day. Royal Free London are on the list of partners. However, they do not promote fitness and exercise within their workforce due to rigid working conditions.	1

What other commitments should be included in this Aim?	
Number of respondents who completed this question	9
Description / Type of verbatim comments	Number of comments
<p>2. Place</p> <p>Have women only gym sessions as currently it is a very male dominant environment which can be intimidating.</p>	
<p>3. People</p> <p>Introduce incentives to coax beginners into physical activities.</p>	
<p>4. Partnerships</p> <p>Raise awareness with GPs (referrers) and patients about the Healthwise Physical Activity Programme and make funding available for reduced membership costs.</p>	
<p>5. People</p> <p>Recruitment drive to get more fitness instructors as current variety of classes are limited due to staff shortages.</p>	
<p>6. People</p> <p>Introduce gym buddies, mentors or small groups of people to support newcomers to exercise.</p>	
<p>7. Partnerships</p> <p>Change the work culture to promote physical exercise and relaxation techniques during the day to reduce stress and sedentary lifestyles.</p>	
<p>8. Place</p> <p>Meridian Wellbeing are doing a good job at the Meritage Centre in Hendon. They have weekly exercise classes both at the centre and online and are very friendly, supportive and inclusive.</p>	

What other commitments should be included in this Aim?	
Number of respondents who completed this question	9
Description / Type of verbatim comments	Number of comments
<p>9. Partnerships</p> <p>Make sure CCGs consider properly the importance of physical exercise when making funding decisions.</p>	
<p>10. Partnerships</p> <p>Partners need to get more seriously involved.</p> <p>Make sure partners are properly committed to embedding a whole systems approach. Look properly at barriers to exercise ie. cost, time and consider incentives.</p>	
Separate cycle ways in parks from pedestrians as far to often cyclists force their way through.	3
Make more 3G artificial pitches available	1
Barnet has no cycle or walking paths. All the roads are dangerous to walk or cycle. A41, A406, A1 to name few. These roads don't create obstacles in creating cycle lane or walking paths in other boroughs. All neighbouring boroughs to Barnet (Brent, Camden, Haringey etc) have safe cycle and walking paths for years but Barnet don't have any.	3
Public awareness campaign to reduce car use	3
it looks like you are turning this into a dictatorship.	1
I am not sure where to suggest this: let's build at least a small workout area in Bittacy Hill Park. At least a pull-up bar! I can donate some money to support this project. There is a beautiful park and a few bars will bring more active people there and promote healthier lifestyle.	1

What other commitments should be included in this Aim?	
Number of respondents who completed this question	9
Description / Type of verbatim comments	Number of comments
Introduce reliable cross borough commuter buses during commuter hours which only stop once in the centre of each quarter to which people can walk and that shorten the journey time and are sensory friendly. Then people get exercise from walking to the bus but without the strain from having to spend 3 to 4 times as long on their commute as if they just sat in their car from door to door. In their spare time they will then have the energy to look after themselves and do some exercise.	1

Suggestions of projects or interventions in Aim 2

Respondents were asked if they had any suggestions for programmes or interventions that could be done within this Aim. 13 respondents answered this question.

The most common themes (2 or more comments) are summarised below and more detailed comments are in table 15:

- o Improve parks and open spaces (3 comments)
- o Improve active travel infrastructure (2 comments)

Table 15: Suggestions for projects or interventions within Aim 2

Do you have any suggestions for projects or interventions that should be done within this Aim?	
Number of respondents who completed this question	13
Description / Type of verbatim comments	Number of comments
Pandemic Planning to continue physical exercise during periods of lockdown	1
<p>1. Partnerships</p> <p>Allow flexible working in the NHS so colleagues can attend fitness classes during the day. Royal Free London are on the list of partners. However, they do not promote fitness and exercise within their workforce due to rigid working conditions.</p> <p>2. Place</p> <p>Have women only gym sessions as currently it is a very male dominant environment which can be intimidating.</p>	1

Do you have any suggestions for projects or interventions that should be done within this Aim?	
Number of respondents who completed this question	13
Description / Type of verbatim comments	Number of comments
<p>3. People Introduce incentives to coax beginners into physical activities.</p> <p>4. Partnerships Raise awareness with GPs (referrers) and patients about the Healthwise Physical Activity Programme and make funding available for reduced membership costs.</p> <p>5. People Recruitment drive to get more fitness instructors as current variety of classes are limited due to staff shortages.</p> <p>6. People Introduce gym buddies, mentors or small groups of people to support newcomers to exercise.</p> <p>7. Partnerships Change the work culture to promote physical exercise and relaxation techniques during the day to reduce stress and sedentary lifestyles.</p> <p>8. Place Meridian Wellbeing are doing a good job at the Meritage Centre in Hendon. They have weekly exercise classes both at the centre and online and are very friendly, supportive and inclusive.</p> <p>9. Partnerships Make sure CCGs consider properly the importance of physical exercise when making funding decisions.</p> <p>10. Partnerships</p>	

Do you have any suggestions for projects or interventions that should be done within this Aim?	
Number of respondents who completed this question	13
Description / Type of verbatim comments	Number of comments
Partners need to get more seriously involved. Make sure partners are properly committed to embedding a whole systems approach. Look properly at barriers to exercise ie. cost, time and consider incentives.	
Impose cycle speed limits in parks.	3
Make more football pitches built in parks and open spaces	3
There should be running tracks in Barnet paths. All paths in the parks are either hand pot holes or not suitable for a run.	1
Same as before	1
Encourage people to walk/cycle instead of drive. Make streets safer with 20mph everywhere, more pedestrian crossings, wider pavements, speed enforcement, penalise dangerous drivers, prioritise air pollution reduction, many more bike lanes	2
Free our streets , More policing.	1
Development, and maintenance of green spaces. Like through the creation of running tracks in the existing parks in the borough.	3
Busway	1
No	1
Active travel to and from Middlesex University with safe walking and cycling routes to and from the major transport hubs e.g. Hendon station to the University needs a safe cycle path and wider pavements and no subways. Prioritise people over cars.	2
None	1

Views on Aim 3: Partnership

Respondents were asked their views on this Aim including the proposed commitments and how important they were to them.

The commitments within this Aim were:

- Advocating the value of physical activity, and its contribution towards achieving a range of health and wellbeing outcomes, and ensuring the integration within all relevant pathways
- Optimising resources to support increased physical activity levels and healthier lifestyles
- Enabling supportive working between partners to maximise capacity and create efficiencies

Level of importance of each commitment

Respondents were asked to rank the commitments within this Aim by how important they were to them. 49 respondents answered this question.

‘Optimise and secure resources among the partnership to support increased physical activity levels’ with a weighted average of 3. This was followed by ‘Facilitating effective working between partners to deliver the Framework and maximise outcomes’ (average of 2.89) and ‘Enabling the partnership to advocate the value of physical activity, and its contribution to achieving a range of outcomes’ (average 2.43). The least important commitment was ‘Enabling supportive working between partners to maximise capacity and create efficiencies’ with an average of 1.84 as shown in chart 3.

Table 16 shows the responses from the question with the ranking answers for each commitment.

Chart 3: Weighted average for most important commitments in Aim 3

Referring to the commitments within this aim, please rank these in order of importance, with 1 being most important, and 4 being least important:

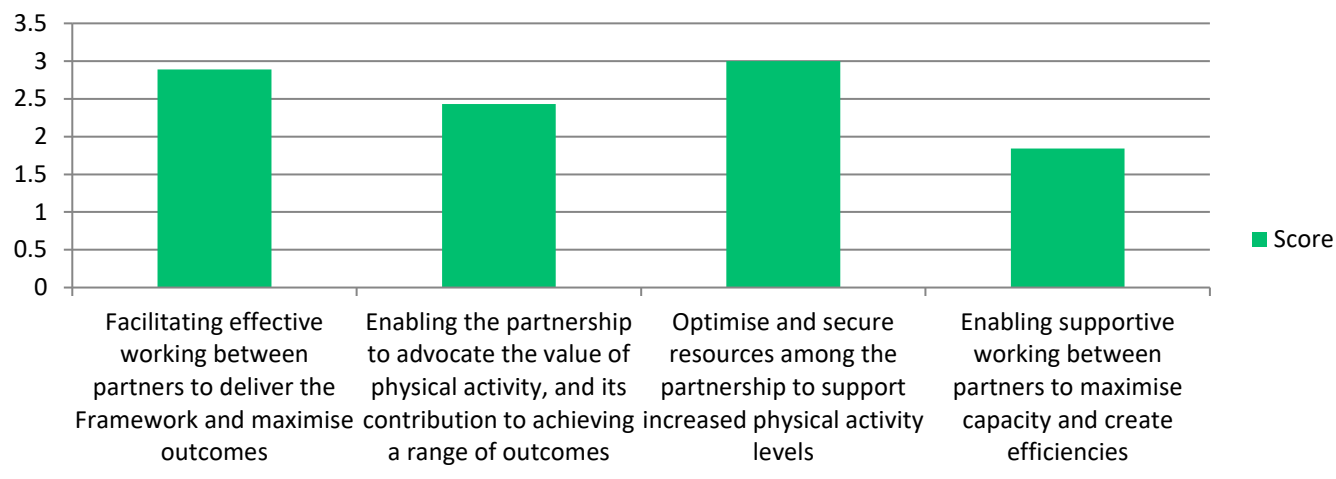


Table 16: Views on most important commitments in Aim 3

Commitments	1st Most Important		2nd Most Important		3rd Most Important		4th Most Important		Don't know/not sure		Total
	%	No	%	No	%	No	%	No	%	No	No
Facilitating effective working between partners to deliver the Framework and maximise outcomes	29.79%	14	23.40%	11	8.51%	4	14.89%	7	23.40%	11	47
Enabling the partnership to advocate the value of physical activity, and its contribution to achieving a	18.18%	8	15.91%	7	27.27%	12	18.18%	8	20.45%	9	44

range of outcomes											
Optimising resources to support increased physical activity levels and healthier lifestyles	%26.09	1 2	32.61%	15	21.74%	10	2.17%	1	17.39%	8	46
Enabling supportive working between partners to maximise capacity and create efficiencies	%10.42	5	8.33%	4	18.75%	9	41.67%	20	20.83%	10	48

Views on commitment to include in Aim 3

Respondents were asked if there were any other Commitment they felt should be included in this Aim. 7 answers were received for this question.

There were no repeated themes within the comments in this section.

Table 17: Additional commitments respondents think should be included in Aim 3

What other commitments should be included in this Aim?	
Number of respondents who completed this question	7
Description / Type of verbatim comments	Number of comments
Pandemic Planning to continue physical exercise during periods of lockdown	1
Make the questioning more understandable	1
1. Partnerships Allow flexible working in the NHS so colleagues can attend fitness classes during the day. Royal Free London are on the list of partners. However, they do not promote fitness and exercise within their workforce due to rigid working conditions.	1

What other commitments should be included in this Aim?	
Number of respondents who completed this question	7
Description / Type of verbatim comments	Number of comments
<p>2. Place</p> <p>Have women only gym sessions as currently it is a very male dominant environment which can be intimidating.</p>	
<p>3. People</p> <p>Introduce incentives to coax beginners into physical activities.</p>	
<p>4. Partnerships</p> <p>Raise awareness with GPs (referrers) and patients about the Healthwise Physical Activity Programme and make funding available for reduced membership costs.</p>	
<p>5. People</p> <p>Recruitment drive to get more fitness instructors as current variety of classes are limited due to staff shortages.</p>	
<p>6. People</p> <p>Introduce gym buddies, mentors or small groups of people to support newcomers to exercise.</p>	
<p>7. Partnerships</p> <p>Change the work culture to promote physical exercise and relaxation techniques during the day to reduce stress and sedentary lifestyles.</p>	
<p>8. Place</p> <p>Meridian Wellbeing are doing a good job at the Meritage Centre in Hendon. They have weekly exercise classes both at the centre and online and are very friendly, supportive and inclusive.</p>	
<p>9. Partnerships</p>	

What other commitments should be included in this Aim?	
Number of respondents who completed this question	7
Description / Type of verbatim comments	Number of comments
Make sure CCGs consider properly the importance of physical exercise when making funding decisions.	
10. Partnerships Partners need to get more seriously involved. Make sure partners are properly committed to embedding a whole systems approach. Look properly at barriers to exercise ie. cost, time and consider incentives.	
Contracts should be given to the companies which uses sustainable and environmental friendly materials. They should not be personal profit making companies but they should be putting money back into the Barnet community projects.	1
get a less biased committee to ask the questions.	1
These questions are oddly worded	1
No	1

Suggestions of projects or interventions in Aim 3

Respondents were asked if they had any suggestions for programmes or interventions that could be done within this Aim. 10 respondents answered this question.

The most common themes (2 or more comments) are summarised below and more detailed comments are in table 18:

- Consider improvements to parks and open spaces infrastructure (3 comments)

Table 18: Suggestions for projects or interventions within Aim 3

Do you have any suggestions for projects or interventions that should be done within this Aim?	
Number of respondents who completed this question	10
Description / Type of verbatim comments	Number of comments
Pandemic Planning to continue physical exercise during periods of lockdown	1

Do you have any suggestions for projects or interventions that should be done within this Aim?	
Number of respondents who completed this question	10
Description / Type of verbatim comments	Number of comments
<p>1. Partnerships</p> <p>Allow flexible working in the NHS so colleagues can attend fitness classes during the day. Royal Free London are on the list of partners. However, they do not promote fitness and exercise within their workforce due to rigid working conditions.</p>	1
<p>2. Place</p> <p>Have women only gym sessions as currently it is a very male dominant environment which can be intimidating.</p>	
<p>3. People</p> <p>Introduce incentives to coax beginners into physical activities.</p>	
<p>4. Partnerships</p> <p>Raise awareness with GPs (referrers) and patients about the Healthwise Physical Activity Programme and make funding available for reduced membership costs.</p>	
<p>5. People</p> <p>Recruitment drive to get more fitness instructors as current variety of classes are limited due to staff shortages.</p>	
<p>6. People</p> <p>Introduce gym buddies, mentors or small groups of people to support newcomers to exercise.</p>	
<p>7. Partnerships</p> <p>Change the work culture to promote physical exercise and relaxation techniques during the day to reduce stress and sedentary lifestyles.</p>	

Do you have any suggestions for projects or interventions that should be done within this Aim?	
Number of respondents who completed this question	10
Description / Type of verbatim comments	Number of comments
<p>8. Place</p> <p>Meridian Wellbeing are doing a good job at the Meritage Centre in Hendon. They have weekly exercise classes both at the centre and online and are very friendly, supportive and inclusive.</p>	
<p>9. Partnerships</p> <p>Make sure CCGs consider properly the importance of physical exercise when making funding decisions.</p>	
<p>10. Partnerships</p> <p>Partners need to get more seriously involved.</p> <p>Make sure partners are properly committed to embedding a whole systems approach. Look properly at barriers to exercise ie. cost, time and consider incentives.</p>	
Make more football pitches	3
More table tennis tables in parks. More safe bike parking places. More safe streets with fewer cars	3
Model flying field for Barnet as they seem to have forgotten its an amature sport.	3
We need to better promote the existing forums and how people can get involved.	1
All the titles are very wordy. Consider simplifying these so people can understand them!	1
No	1
None	1

Views on the whole draft Fit and Active Framework 2022-2026

Respondents were asked if they had any other comments on the draft FAB Framework after completing the questions on specific sections of the Framework. 15 responses to this question were received.

- The most common themes (2 or more comments) are summarised below and more detailed comments are in table 19:
 - Comments on community support (3 comments)
 - Improve active travel infrastructure (2 comments)

Table 19: Any other comments from respondents on the draft FAB Framework

Do you have any other comments on our Draft Joint Health and Wellbeing Framework?	
Number of respondents who completed this question	15
Description / Type of verbatim comments	Number of comments
Pandemic Planning to continue physical exercise during periods of lockdown	1
the questioning should be more down to earth.	1
<p>1. Partnerships</p> <p>Allow flexible working in the NHS so colleagues can attend fitness classes during the day. Royal Free London are on the list of partners. However, they do not promote fitness and exercise within their workforce due to rigid working conditions.</p> <p>2. Place</p> <p>Have women only gym sessions as currently it is a very male dominant environment which can be intimidating.</p> <p>3. People</p> <p>Introduce incentives to coax beginners into physical activities.</p> <p>4. Partnerships</p> <p>Raise awareness with GPs (referrers) and patients about the Healthwise Physical Activity Programme and make funding available for reduced membership costs.</p>	1

Do you have any other comments on our Draft Joint Health and Wellbeing Framework?	
Number of respondents who completed this question	15
Description / Type of verbatim comments	Number of comments
<p>5. People</p> <p>Recruitment drive to get more fitness instructors as current variety of classes are limited due to staff shortages.</p> <p>6. People</p> <p>Introduce gym buddies, mentors or small groups of people to support newcomers to exercise.</p> <p>7. Partnerships</p> <p>Change the work culture to promote physical exercise and relaxation techniques during the day to reduce stress and sedentary lifestyles.</p> <p>8. Place</p> <p>Meridian Wellbeing are doing a good job at the Meritage Centre in Hendon. They have weekly exercise classes both at the centre and online and are very friendly, supportive and inclusive.</p> <p>9. Partnerships</p> <p>Make sure CCGs consider properly the importance of physical exercise when making funding decisions.</p> <p>10. Partnerships</p> <p>Partners need to get more seriously involved.</p> <p>Make sure partners are properly committed to embedding a whole systems approach. Look properly at barriers to exercise ie. cost, time and consider incentives.</p>	
<p>If you want people to be fitter, you need to make fitness classes, swimming pools, gyms etc more affordable. Compare Better prices with neighbouring boroughs. Look at the range of classes offered at Better leisure centres here compared with neighbouring boroughs. Hardly</p>	1

Do you have any other comments on our Draft Joint Health and Wellbeing Framework?	
Number of respondents who completed this question	15
Description / Type of verbatim comments	Number of comments
any fitness classes held in the evenings at Copthall. Hardly ideal for people who work 9-5 and want to do a class in the evening.	
Utility cycling needs to be enabled by means of a high-quality, high-density network of cycle routes in the borough. Routes should be protected from motor traffic and not conflict with pedestrians.	2
Make more football pitches available	1
Take into consideration how safe people feel exercising in the borough or getting to places to exercise	1
Great Idea!	1
See my comment earlier.	1
Drive less, walk/cycle more. Multiple benefits.	2
Please don't ram it down our throats .More community activity centers would help .	2
I would love to see some more tangible examples eg does community activity mean more tennis courts in parks? What's does active travel mean to the council - I'd love it if reducing car journeys and getting people walking or on bikes was a solution you were properly considering but the way you've worded it I have no idea if that's what you're proposing	1
Inviting residents to the partnership board where appropriate e.g. youth parliament	2
No	1
None at all	1

Appendix I: Draft framework consultation questionnaire

Barnet Draft Fit & Active Barnet Framework 2022-26 Consultation

Introduction

The Framework builds on the success of our previous Fit & Active Barnet Framework (2016 – 2021). It sets out our whole-systems approach for physical activity in Barnet over the next four years by outlining our vision of creating a more active and healthier borough. In order to achieve this vision, we have identified aims within the context of People, Place and Partnerships.

For more information on our Draft Fit and Active Barnet Framework 2022-26, please take the time to read our consultation document, and then complete this questionnaire.

Before completing this survey

Please read the information in this booklet in full before answering the questionnaire. You can visit www.engage.barnet.gov.uk or you can email: sport@barnet.gov.uk for further information.

Thank you for your time – your participation in this consultation is greatly appreciated.

Confidentiality

The council does not collect personal information in this questionnaire, which means the information you provide is anonymous. We do not ask for your name, address, email address, telephone number, full post code or any other information that would allow us to identify you. The information you choose to give us in the equalities questions is also anonymous so we cannot identify you from it.

Since the data we collect is anonymous, it is not considered to be personal data under data protection legislation (such as the General Data Protection Regulation or the Data Protection Act 2018).

If you have any questions about this statement please email first.contact@barnet.gov.uk

Section 1: Our vision and guiding principles

Our vision: Is to ensure that anyone that lives, works, or studies in Barnet is provided with the encouragement, opportunity and environment needed to create a more active and healthier borough.

1. To what extent do you agree or disagree with the Fit & Active Barnet vision?
(Please tick one option only)

- | | |
|----------------------------|--------------------------|
| Strongly agree | <input type="checkbox"/> |
| Tend to agree | <input type="checkbox"/> |
| Neither agree nor disagree | <input type="checkbox"/> |
| Tend to disagree | <input type="checkbox"/> |
| Strongly disagree | <input type="checkbox"/> |
| Don't know | <input type="checkbox"/> |

2. If you disagree, please give reasons for your answer? (Please write in your answer)

To achieve our vision, we will apply the following principles:

1. Make physical activity everyone's business:

Ensure physical activity is not just the business of typical 'sports' agencies but is considered by all

2. Promote equality and reduce inequality:

Make Barnet a place where everyone can lead more active and healthier lifestyles

3. Embed a whole systems approach:

Implement a whole systems approach, by working collaboratively with partners and the community to co-produce and support delivery

4. Be driven by insight:

Invest time to understand and challenge barriers to participation by engaging with communities and using a robust evidence base to inform and guide decisions

5. Challenge the status quo:

Explore innovative approaches which may be less traditional, whilst attracting investment into the borough

3. To what extent do you agree or disagree with the guiding principles of the Framework? (Please tick one option on each row)

	Strongly Agree	Tend to agree	Neither agree nor disagree	Tend to disagree	Strongly disagree	Not sure/ Don't know
Make physical activity everyone's business	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Embed a whole systems approach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Be driven by insight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Challenge the status quo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Promote equality and reduce inequality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. If you disagree with any of these please give a reason for your answer, stating the principle you are referring to? (please write in your answer)

Our aims

We identified three aims to help us create a more active and healthier borough.

Aim1: People, increase physical activity levels amongst everyone

Aim 2: Place, provide environments that support active lifestyles

Aim 3: Partnerships, work together to embed physical activity at every opportunity

Further information on how we plan to deliver these aims can be found under page ? -?

5. Is there anything else you think we should consider for our guiding principles?
(Please write in your answer)

6. To what extent do you agree or disagree the Aims included within the Framework? (Please tick one option on each row)

Aims	Strongly Agree	Tend to agree	Neither agree nor disagree	Tend to disagree	Strongly disagree	Not sure/ Don't know
People	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Partnerships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. If you disagree with any of these please give a reason for your answer, stating the Aim you are referring to? (please write in your answer)

8. **Is there anything else you think we should consider for our Aims?** (Please write in your answer)

Section 2: People

Aim 1 is about increasing physical activity levels amongst everyone.

9. **Referring to the commitments within this aim, please indicate how important these are to you.** (Please tick one box per row and column)

	1 st Most Important	2 nd Most Important	3 rd Most Important	4 th Most Important	Don't know/not sure
Advocating for active lifestyles to be embedded within local policy, strategies and plans and that this is at the forefront of decision making.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Providing opportunities to be active, particularly where physical activity levels are lowest, and inequalities exist.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Changing behaviours and perceptions towards leading an active and healthier lifestyle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understand the barriers to participation and identify gaps in provision, to ensure equal and fair access to opportunities for everyone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. Are there any other Commitment you think should be considered in this aim?
 (Please tick one option only)

Yes..... Go to Q11

No Go to Q12

11. What other Commitments should be included in this aim? (Please write in your answer)

Section 3: Place

Aim 2 is about providing environments that support active lifestyles.

13. Referring to the commitments within this aim, please indicate how important these are to you. (Please tick one box per row and column)

	1 st Most Important	2 nd Most Important	3 rd Most Important	4 th Most Important	5 th Most Important	Don't know/not sure
Advocating for active environments to be embedded within local policy, strategies and plans and that this is at the forefront of decision making	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supporting the protection, revival, and creation of accessible environments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creating a sense of place and connectivity by animating community spaces through the delivery of targeted interventions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creating a culture that optimises active travel in the borough	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Encouraging workplaces in the borough to embed physical activity and wellbeing within their business	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. Are there any other commitments you think should be considered in this aim? (Please tick one option only)

- Yes..... Go to Q15
- No Go to Q16

15. What other commitments should be included in this aim? (Please write in your answer)

16. Do you have any suggestions for projects or interventions that should be considered within this aim? (Please write in your answer)

Section 4: Partnerships

Aim 3 is about working together to embed physical activity at every opportunity

17. Referring to the commitments within this aim, please indicate how important these are to you. (Please tick one box per row and column)

	1 st Most Important	2 nd Most Important	3 rd Most Important	Don't know/not sure
Advocating the value of physical activity, and its contribution towards achieving a range of health and wellbeing outcomes, and ensuring the integration within all relevant pathways	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Optimising resources to support increased physical activity levels and healthier lifestyles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enabling supportive working between partners to maximise capacity and create efficiencies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

18. Are there any other commitments you think should be considered in this aim?
 (Please tick one option only)

- Yes..... Go to Q19
 No Go to Q20

19. What other commitments should be included in this aim? (Please write in your answer)

20. Do you have any suggestions for projects or interventions that should be considered within this aim? (Please write in your answer)

Section 5: Draft Fit & Active Barnet Framework

21. Do you have any other comments on our Draft Fit & Active Barnet Framework?
(Please write in your answer)

Section 7: About you

When consulting with our residents and service users Barnet Council needs to understand the views of our different communities.

Please be assured that all your answers will be treated in the strictest of confidence and will be stored securely in an anonymous format.

We have taken every care to ensure that questionnaires are carried out and the information stored in compliance with all relevant legal and regulatory requirements, including the General Data Protection Regulation 2018.

So that we can analyse the findings by different locations in the borough, please can you provide the Barnet ward that you live in.

If you do not know the Barnet ward that you live in you can find it by clicking [here](#) and

entering your postcode. You should then see a page like the image below - you will find the name of your ward on the left-hand side of the page under the heading "Your councillors". In this example, the name of the ward is Brunswick Park.

22. Which ward do you live in? If you live outside Barnet please select other and specify ... (Please select one option only)

Brunswick Park
Burnt Oak
Childs Hill
Colindale
Coppetts
East Barnet
East Finchley
Edgware
Finchley Church End
Garden Suburb
Golders Green
Hale
Hendon
High Barnet
Mill Hill
Oakleigh
Totteridge
Underhill
West Finchley
West Hendon

Woodhouse
Other

23. **Optional: Please provide the first half of your postcode (e.g. NW11):** (Please type in your answer)

24. **Are you responding as:** (Please tick one option only)

A Barnet resident	<input type="checkbox"/>	Go to Q 27
Barnet business	<input type="checkbox"/>	Go to Q 27
A person who works in the London Borough of Barnet area	<input type="checkbox"/>	Go to Q 27
A Barnet business	<input type="checkbox"/>	Go to Q 27
Representing a voluntary/community organisation	<input type="checkbox"/>	Go to Q 25
Representing a public-sector organisation	<input type="checkbox"/>	Go to Q 26
Other (please specify)	<input type="checkbox"/>	Go to Q 27

25. **Please specify the type of stakeholders or residents your community group or voluntary organisation represents:** (Please type in your answer)

26. **Please specify the type of public sector organisation you are representing:** (Please type in your answer)

Community Group, Voluntary, or Public-Sector Organisation - Route to end of questionnaire

27. Are you currently employed, self-employed, retired or otherwise not in paid work?
(Please tick one option only)

- An employee in a full-time job (31 hours or more per week)
- An employee in a part time job (Less than 31 hours per week)
- Self-employed (full or part-time)

- On a Government supported training programme (e.g. Modern Apprenticeship or Training for Work)
- In full- time education at school, college or university
- Unemployed and available for work
- Permanently sick or disabled
- Wholly retired from work
- Looking after the home
- Doing something else (please specify)

28. Does your household own or rent this accommodation? (Please tick one option only)

- Own* Owned with a mortgage or loan
- Own* Owned outright
- Own* Other owned – record word for word
- Rent* Rented from Council
- Rent* Rented from a Housing Association or another Registered Social Landlord
- Rent* Rented from a private landlord
- Rent* Other rented or living here rent free – record word for word

Both Part rent and part mortgage (shared ownership)

Don't know –

Section 7: Diversity monitoring

The Equality Act 2010 identifies nine protected characteristics: age, disability, gender reassignment, marriage or civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation, and requires the council to pay due regard to equalities in eliminating unlawful discrimination, advancing equality of opportunity and fostering good relations between people from different groups. We ask questions about the groups so that we can assess any impact of our services and practices on different groups. The information we collect helps the council to check that our policies and services are fair and accessible.

Collecting this information will help us understand the needs of our different communities and we encourage you to complete the following questions.

All your answers will be treated in confidence and will be stored securely in an anonymous format. All information will be stored in accordance with our responsibilities under the Data Protection Act 1998.

For the purposes of this questionnaire we are asking ? of the protected characteristics included in the Equality Act 2010.

29. In which age group do you fall? (Please tick one option only)

16-17	<input type="checkbox"/>	55-64	<input type="checkbox"/>
18-24	<input type="checkbox"/>	65- 74	<input type="checkbox"/>
25-34	<input type="checkbox"/>	75+	<input type="checkbox"/>
35-44	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>
45-54	<input type="checkbox"/>		

30. Are you: (Please tick one option only)

Male	<input type="checkbox"/> Go to Q32	Female	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/> Go to Q32
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If you prefer to use your own term please provide it here: (Please type in your answer) (Go to Q29)

Females only: Pregnant and on maternity leave

As part of the Equality Act 2010 the council has a statutory requirement to collect information in relation to 'protected characteristics' which includes information on women who are pregnant and on maternity leave. Answering this question will assist us in meeting our legal obligations. It will also help us understand the different needs of our communities.

31. Are you pregnant and/or on maternity leave? (Please tick one option on each row)

	Yes	No	Prefer not to say
I am pregnant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am currently on maternity leave	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

As part of the Equality Act 2010 the council has a statutory requirement to collect information and pay due regard in relation to 'protected characteristics' which includes gender re assignment. Answering this question will assist us in meeting our legal obligations. It will also help us understand the different needs of our communities.

32. Is your gender identity different to the sex you were assumed to be at birth? (Please tick one option only)

Yes, it's different	No, it's the same	Prefer not to say
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

33. What is your ethnic origin? (Please tick one option only)

Asian / Asian British		Other ethnic group	
Bangladeshi	<input type="checkbox"/>	Arab	<input type="checkbox"/>
Chinese	<input type="checkbox"/>	Any other ethnic group (✓ AND TYPE BELOW)	<input type="checkbox"/>
Indian	<input type="checkbox"/>	White	
Pakistani	<input type="checkbox"/>	British	<input type="checkbox"/>
Any other Asian background (✓ AND TYPE BELOW)	<input type="checkbox"/>	Greek / Greek Cypriot	<input type="checkbox"/>

Black / African / Caribbean / Black British		Gypsy or Irish Traveller	<input type="checkbox"/>
African	<input type="checkbox"/>	Irish	<input type="checkbox"/>
British	<input type="checkbox"/>	Turkish / Turkish Cypriot	<input type="checkbox"/>
Caribbean	<input type="checkbox"/>	Any other White background (✓ AND TYPE BELOW)	<input type="checkbox"/>
Any other Black / African / Caribbean background (✓ AND TYPE BELOW)	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>
Mixed / Multiple ethnic groups		
White & Asian	<input type="checkbox"/>		
White & Black African	<input type="checkbox"/>		
White & Black Caribbean	<input type="checkbox"/>		
Any other Mixed / Multiple ethnic background (✓ AND TYPE BELOW)	<input type="checkbox"/>		

Disability

The Equality Act 2010 defines disability as ‘a physical or mental impairment that has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities’.

In this definition, long-term means more than 12 months and would cover long-term illness such as cancer and HIV or mental health problems.

34. Do you consider that you have a disability as outlined above? (Please tick one option only)

Yes No (Please go to Q33)

If you have answered ‘yes’, please select the definition(s) from the list below that best describes your disability/disabilities:

Hearing (such as deaf, partially deaf or hard of hearing)	<input type="checkbox"/>	Reduced Physical Capacity (such as inability to lift, carry or otherwise move everyday objects, debilitating pain and lack of strength, breath energy or stamina, asthma, angina or diabetes)	<input type="checkbox"/>
Vision (such as blind or fractional/partial sight. Does not include people whose visual problems can be corrected by glasses/contact lenses)	<input type="checkbox"/>	Severe Disfigurement	<input type="checkbox"/>
		Learning Difficulties (such as dyslexia)	<input type="checkbox"/>
Speech (such as impairments that can cause communication problems)	<input type="checkbox"/>	Mental Illness (substantial and lasting more than a year, such as severe depression or psychoses)	<input type="checkbox"/>
Mobility (such as wheelchair user, artificial lower limb(s), walking aids, rheumatism or arthritis)	<input type="checkbox"/>	Physical Co-ordination (such as manual dexterity, muscular control, cerebral palsy)	<input type="checkbox"/>
Other disability, please specify			
Prefer not to say <input type="checkbox"/>			

35. What is your religion or belief? (Please tick one option only)

Baha'i	<input type="checkbox"/>	Jain	<input type="checkbox"/>
Buddhist	<input type="checkbox"/>	Jewish	<input type="checkbox"/>
Christian	<input type="checkbox"/>	Muslim	<input type="checkbox"/>
Hindu	<input type="checkbox"/>	Sikh	<input type="checkbox"/>
Humanist	<input type="checkbox"/>	No Religion	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>	Other religion/belief (Please specify)	<input type="checkbox"/>

36. What is your sexual orientation? (Please tick one option only)

Bisexual	<input type="checkbox"/>	Lesbian	<input type="checkbox"/>
Gay	<input type="checkbox"/>	Other	<input type="checkbox"/>
Heterosexual	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>

In addition, if you prefer to define your sexuality in terms other than those used above, please let us know below: (Please type in your answer)

5. End of the questionnaire

Thank you for taking part in our questionnaire. Once you press 'submit' your responses will automatically be submitted to Barnet Council.

Appendix II: Draft framework consultation document



BARNET DRAFT FIT & ACTIVE BARNET FRAMEWORK 2022 – 2026 CONSULTATION

CONSULTATION DOCUMENT 12TH JANUARY 2022 – 9TH FEBRUARY 2022

INTRODUCTION

The Framework builds on the success of our previous Fit & Active Barnet Framework (2016 – 2021). It sets out our whole-systems approach for physical activity in Barnet over the next four years by outlining our vision of creating a more active and healthier borough. To achieve this vision, we have identified aims within the context of People, Place and Partnerships.

HOW TO HAVE YOUR SAY

This consultation is open to anyone that lives, studies, or works in Barnet.

You can give your feedback by completing our online questionnaire at engage.barnet.gov.uk

If you require a paper copy of the questionnaire, or another format, please email: sport@barnet.gov.uk or phone 0208 359 6314.

Your input will be used by the council to shape the final version of the Fit & Active Barnet Framework that will be presented to Adults & Safeguarding Committee in March 2022.

The consultation is open from 12th January 2022 to 9th February 2022

OUR VISION

Is to 'create a more active and healthy borough'.

We are seeking your views on:

To what extent do you agree or disagree with the Fit & Active Barnet vision?

OUR GUIDING PRINCIPLES

To achieve our vision, we will apply the following principles:

1. Make physical activity everyone's business:

Ensure physical activity is not just the business of typical 'sports' agencies but is considered by all

2. Promote equality and reduce inequality:

Make Barnet a place where everyone can lead more active and healthier lifestyles

3. Embed a whole systems approach:

Implement a whole systems approach, by working collaboratively with partners and the community to co-produce and support delivery

4. Be driven by insight:

Invest time to understand and challenge barriers to participation by engaging with communities and using a robust evidence base to inform and guide decisions

5. Challenge the status quo:

Explore innovative approaches which may be less traditional, whilst attracting investment into the borough

OUR AIMS

We identified three aims to help us create a more active and healthier borough.

AIM 1	AIM 2	AIM 3
People: increase physical activity levels amongst everyone	Place: provide environments that support active lifestyles	Partnerships: work together to embed physical activity at every opportunity

We are seeking your views on:

To what extent do you agree or disagree with Aims included within the Framework?

Is there anything else you think we should consider for our Aims?

AIM 1: PEOPLE

We aim to increase physical activity levels amongst everyone

Our commitments 'we will do this by':

- Providing opportunities to be active, particularly, where physical activity levels are lowest, and inequalities exist
- Understanding the barriers to participation and addressing gaps in provision, to ensure equal and fair access for everyone
- Changing behaviours and perceptions towards leading an active and healthier lifestyle
- Advocating for active lifestyles to be embedded within local policies, strategies and plans and ensure that this is central to decision making

We are seeking your views on:

How important are the Commitments to you?

Are there any other Commitments you think should be considered within this Aim?

Do you have any suggestions for projects or interventions that should be considered within this Aim?

AIM 2: PLACE

We aim to provide environments that support active lifestyles

Our commitments 'we will do this by':

- Supporting the protection, revival, and creation of accessible environments
- Enhancing community spaces through the delivery of targeted physical activity interventions
- Creating a culture that optimises active travel in the borough
- Encouraging workplaces in the borough to embed physical activity and wellbeing within their business
- Advocating for active environments to be embedded within local policy, strategies and plans and that this is central to decision making

We are seeking your views on:

How important are the commitments to you?

Are there any other commitments you think should be considered within this Aim?

Do you have any suggestions for projects or interventions that should be considered within this Aim?

AIM 3: PARTNERSHIPS

We aim to work together to embed physical activity at every opportunity

Our Commitments ‘we will do this by’:

- Facilitating effective working between partners to deliver the Framework and maximise outcomes
- Enabling the partnership to advocate the value of physical activity, and its contribution to achieving a range of outcomes
- Optimise and secure resources among the partnership to support increased physical activity levels

We are seeking your views on:

How important are the commitments to you?

Are there any other commitments you think should be considered within this Aim?

Do you have any suggestions for projects or interventions that should be considered within this Aim?

We are seeking your views on:

Do you have any other comments on our draft Fit & Active Barnet Framework?

Fit & Active Barnet Implementation Plan 2022-2023

The Fit & Active Barnet (FAB) implementation plan details a series of actions and workstreams that contribute to the achievement of a ‘more active and healthy borough’,

The implementation plan is owned by the FAB Partnership and is a document that will be reviewed on a quarterly basis with an annual refresh. The plan is a live document, therefore will continue to be refined with more specifics to be added as work develops. This approach will also enable new projects and interventions to be incorporated within a delivery year in agreement with Partnership members.

The implementation plan intends to support delivery of the commitments set out within the FAB Framework (2022-26) and will be delivered in alignment with the five guiding principles:

1. Ensure physical activity is integrated at every given opportunity:

Making physical activity not just the business of typical ‘sports’ agencies, but integrated within all relevant services that support residents

2. Promote equality and reduce inequality:

Make Barnet a place where everyone can lead more active and healthier lifestyles

3. Embed a whole systems approach:

Work collaboratively to co-produce and support delivery of sustainable interventions across a life course

4. Be driven by insight:

Invest time to understand and reduce barriers to participation by engaging with communities and using a robust evidence base to inform and guide decisions

5. Challenge the status quo:

Explore sustainable innovative approaches which may be less traditional, whilst attracting investment into the borough

All actions and workstreams seek to contribute to increasing physical activity levels in the borough, measured by the Sport England Active Lives Survey.

Ref	Aim(s) supported (Primary in bold)	Action / Workstream	Owner (lead in bold)	Outcome / Performance Measure	By When
1	People	Continue delivery of targeted interventions that support residents to lead more active and healthier lifestyles (examples provided in Appendix 1)	FAB Partnership	Number of interventions delivered Number of participants engaged	Ongoing
2	People Place Partnerships	Undertake mapping of the sport and physical activity landscape/opportunities in the borough	LBB Greenspaces & Leisure (SPA)	Mapping completed – gaps in provision highlighted and information fed into FAB Hub (action 6) Raised awareness of opportunities and facilities in the borough	July 2022 Ongoing update
3	People Place Partnerships	Optimise funding opportunities to support the commissioning of new interventions across a range of environments, particularly where activity levels are lowest, and inequalities exist	FAB Partnership	Number of new targeted interventions delivered Number of participants engaged	Ongoing
4	People Partnerships	Support the sector to live through and recover from the COVID-19 pandemic	FAB Partnership	Providers are supported to reinstate service delivery Residents supported to access opportunities	Ongoing

5	People Partnerships	Deliver a FAB campaign that encourages increased activity levels and improved outcomes for residents (e.g., health, wellbeing, community, environmental) through behaviour change	LBB Greenspaces & Leisure (SPA) Better FAB Partnership	Delivery of the FAB campaign Achieve a minimum of 40,000 registered FAB Card members Develop a baseline for FAB Card utilisation	Campaign delivered throughout the year
6	People Partnerships	Continually develop the FAB Hub ensuring that it provides a one stop resource for physical activity and wellbeing	LBB Greenspaces & Leisure (SPA) Better FAB Partnership	A functional Hub signposting to all services	Ongoing
7	People Partnerships	Utilise links with local services and pathways (e.g., GP's, pharmacies, social prescribing link workers, COVID-19 Health Champions, health and social care professionals, Make Every Contact Count) to promote the importance of physical activity and signpost to FAB	LBB Public Health Age UK Barnet Groundwork LBB Adults LBB Children & Families Services	Increased awareness of FAB through active promotion and signposting, subsequently leading to; Increased FAB Card registrations Increased attendance across physical activity sessions / leisure visits	Ongoing
8	People Partnerships	Incorporate physical activity requirements within adult social care provider contracts / service specifications.	LBB Adults LBB Greenspaces & Leisure (SPA) FAB Partnership	Commissioned adult social care providers supporting service users to actively engage in physical activity through effective signposting and delivery (where applicable)	Ongoing
9	Place Partnerships	Support the delivery of physical activity related priorities/outcomes outlined within key	LBB Greenspaces & Leisure (Parks & Open Spaces) LBB Growth & Development	Realisation of priorities and objectives	Ongoing (timescales set)

		infrastructure and environment policies and plans (as listed within the Framework document)	LBB Transport & Highways LBB Public Health Argent Related		out within policies/plans)
10	People Place Partnerships	Identify opportunities to secure investment through developer contributions (S106, CIL) to enhance/develop physical activity infrastructure and facilitate the delivery of interventions	LBB Greenspaces & Leisure LBB Growth & Development LBB Capital Delivery FAB Partnership	S106 and CIL monies are secured to support infrastructure enhancements/developments and the delivery of interventions	Ongoing
11	People Place Partnerships	Pursue funding to install a 'Changing Places Toilet' within Finchley Lido Leisure Centre – improving accessibility for people with a disability.	LBB Adults LBB Greenspaces & Leisure (SPA) Better	Changing Places Toilet Application submitted Funding secured Facility installed	March 2023
12	People Place Partnerships	Work towards making leisure facilities Dementia Friendly	Dementia Friendly Partnership LBB Public Health Better Alzheimer's Society	Achievement of Dementia Friendly Venue status	March 2023
13	People Place Partnerships	Encourage the integration of wellbeing and the importance of physical activity within workplaces across the borough	LBB Public Health Better	Local businesses are supported to invest in the health and wellbeing of their workforce, by using the LBB workplace health and wellbeing strategy as good practice.	Ongoing

				<p>Number of businesses signed up to the Better corporate membership scheme</p> <p>Number of GP surgeries signed up to the Active Practice Charter</p>	
14	Partnerships	<p>Identify the requirement for the development/enhancement of networks (with work plans established) to support the delivery of targeted interventions e.g.,</p> <ul style="list-style-type: none"> - Disability Physical Activity Network (enhance) - Children, Young People and Families Physical Activity Network (establish) - Older People Physical Activity Network (establish) - Active travel network (establish) - Club and Community network (establish) 	<p>LBB Greenspaces & Leisure (SPA)</p> <p>LBB Public Health</p>	<p>Mapping of existing networks/forums within the borough completed to identify the requirement for new networks, or where existing can be utilised.</p> <p>TOR and work plans established for networks</p>	<p>September 2022</p> <p>March 2023</p>
15	People Place	<p>Enhance and develop digital platforms that support increased physical activity levels (improving accessibility and reducing barriers to participation)</p>	<p>Better</p> <p>MDX University</p>	<p>Digital behaviour change application developed and delivered (name tbc) - encouraging increased physical activity through active travel</p> <p>Continued promotion and enhancement of the Better at Home application</p>	<p>March 2023</p> <p>Ongoing</p>

16	<p>People Place Partnerships</p>	<p>Identify strategic opportunities to ensure physical activity is engrained in local policy, plans and decision making</p>	<p>LBB Greenspaces & Leisure (SPA) LBB Public Health</p>	<p>FAB is incorporated within local policies and plans and there is strategic representation at the relevant boards</p> <p>Number of Health Impact Assessments undertaken on local policy and strategic plans.</p> <p>FAB integrated within the development of a Barnet specific Health Impact Assessment Policy</p>	<p>Ongoing</p> <p>Ongoing</p> <p>March 2023</p>
17	<p>People Partnerships</p>	<p>Identify employment, training, and volunteering opportunities and ensure that these are widely promoted</p>	<p>LBB Greenspaces & Leisure LBB Skills & Employment MDX University Groundwork Better Saracens Foundation FAB Partnership LBB BOOST Barnet Partnership for School Sport</p>	<p>Employment, training, and volunteering opportunities are promoted via the FAB Network and available channels such as the FAB Hub, newsletters, and social media platforms</p>	<p>Ongoing</p>
18	<p>People Place</p>	<p>Encourage the delivery of sport and physical activity events in Barnet's parks and open spaces</p>	<p>LBB Greenspaces & Leisure (Events)</p>	<p>Integration of physical activity into the Discover Barnet Presents programme</p>	<p>Ongoing</p>

				Number of sport and physical activity events delivered in Barnet's parks and open spaces	
19	People Place Partnerships	Support the design and delivery of sport, physical activity, and health interventions within the Brent Cross Town development	Argent Related LBB Greenspaces & Leisure (SPA) LBB Communications FAB Partnership	Delivery of sustainable and targeted interventions Residents and groups (including VCFS partners) are supported/encouraged to use the facilities	Ongoing
20	People Place Partnerships	Embed physical activity within services delivered by Greenspaces & Leisure that promote everyday movement	LBB Greenspaces & Leisure FAB Partnership	Promotion of Friends of Parks activities that incorporate physical activity/everyday movement e.g., litter picking, planting, pruning. GoodGym linked with volunteering opportunities within Greenspaces	Ongoing

APPENDIX 1 (NON-EXHAUSTIVE LIST)

Children, Young People & Families	Older People	Disabled people and those living with a long-term health condition:	Health	Active Travel	Universal
<p>BACE Holidays Holiday Activity Fund Healthy Schools / Health Early Years London Golden Kilometre/ School based campaigns (Daily Mile/ 10 Minute shake up) Resilient Schools London Youth Games London Mini Marathon School Games Virtual Challenges XPLORE (child weight management) and after school clubs Activate Schools Free Swimming for Under 8's 8 – 15-year-olds swim for £1 Uritas YouthZone activities Saracens Foundation - Rugby 4 Life, Cheer & Dance Jr Parkrun Young Carers Early Years settings e.g., Children's Centres Pre & Post Natal activity The Barnet Group activity programme & Urban Game Saracens Foundation - Together Active</p>	<p>Silver Sunday Better 55+ Club programme and Club Games Health Walks Saracens Foundation programmes e.g., Love to Dance Age UK Barnet Fitness & Exercise Age UK Get Active, Get Connected Sheltered extra care and residential care physical activity programme Meridian Wellbeing activities</p>	<p>Dementia Friendly Barnet sessions Better Inclusive sessions e.g., rebound therapy and multi-sports FAB 'Carers' card and carers opportunities Saracens Foundation programmes e.g., Disability Hub Barnet Mencap Fit2gether Better Dementia Clubs Better Dementia Walking Football IFI accredited leisure centres CYP SEND activities MIND Yoga Barnet Partnership for School Sport Events Meridian Wellbeing activities</p>	<p>Adult Weight Management XPLORE (children's weight management) Teenage weight management Physical Activity on Referral Cancer Rehabilitation Falls Prevention Diabetes Referral Give it a Go (in-actives)</p>	<p>Health Walks Healthy Heritage Walks STARS Bikeability cycle training Active Trails Cycle Skills* Children's Group Cycle Training* Schools Cycle Training* Dr Bike* Barnet Cycle Routes Breeze Barnet (female cycling) Get Cycling – Barnet Cyclists (barnetlcc.org) *Suspended due to funding restrictions</p>	<p>Parkrun GoodGym Our Parks Saracens Foundation Project Rugby Better at Home (digital application)</p>

Equalities Impact Assessment (EIA)

EIAs make services better for everyone and support value for money by getting services right first time.

EIAs enable us to consider all the information about a service, policy or strategy from an equalities perspective and then create an action plan to get the best outcomes for service users and staff¹. They analyse how all our work as a council might impact differently on different groups protected from discrimination by the Equality Act 2010². They help us make good decisions and evidence how we have reached them.³

An EIA needs to be started as a project starts to identify and consider possible differential impacts on people and their lives, inform project planning and, where appropriate, identify mitigating actions. A full EIA must be completed before any decisions are made or policy agreed so that the EIA informs that decision or policy. It is also a live document; you should review and update it along with your project plan throughout.

You should first consider whether you need to complete this full EIA⁴.

Other key points to note:

- Full guidance notes to help you are embedded in this form – see the End Notes or hover the mouse over the numbered notes.
- Please share your EIA with your Equalities Champion and the final/updated version at the end of the project.
- Major EIAs should be reviewed by the relevant Head of Service.
- Examples of completed EIAs can be found on the Equalities Hub

1. Responsibility for the EIA

Title of proposal ⁵	Fit & Active Barnet Framework 2022-2026
Name and job title of completing officer	Laura Thornton
Head of service area responsible	Courtney Warden
Equalities Champion supporting the EIA	Rosie Evangelou
Performance Management rep	N/A
HR rep (for employment related issues)	N/A
Representative (s) from external stakeholders	Fit & Active Barnet Partnership Board

2. Description of proposal

Is this a: (Please tick all that apply)	
New policy /strategy / function / procedure / service <input type="checkbox"/>	Review of Policy /strategy / function / procedure / service <input checked="" type="checkbox"/>
Budget Saving <input type="checkbox"/>	Other <input type="checkbox"/>
If budget saving please specify value below:	If other please specify below:
<p><i>Please outline in no more than 3 paragraphs⁶:</i></p> <ul style="list-style-type: none"> <i>The proposal which is being assessed</i> <p>The Fit & Active Barnet (FAB) Framework 2022–2026 outlines a local framework for the development of sport and physical activity in Barnet over the next five years. Through alignment with national and local strategies, it sets out a partnership approach to increasing participation in sport and physical activity (including all forms of everyday movement) to achieve a more active and healthy borough. The Framework has been shaped by services across the Council, partners, and</p>	

residents through a series of engagement methods. The Framework builds on the success of the previous FAB Framework covering 2016–2021 and aims to increase physical activity levels in the borough in the context of people, place, and partnerships.

- *The key stakeholders who may be affected by the policy or proposal*

London Borough of Barnet, sport and physical activity providers, National Governing Bodies, the health sector, the education sector and the voluntary, community and faith sector.

- *The decision-making route being taken (eg. business planning, committee) and date of decision*

Adults and Safeguarding Committee to approve assessment on 07.03.22

3. Supporting evidence

What existing data informs your assessment of the impact of the proposal on protected groups of service users and/or staff?

Identify the main sources of evidence, both quantitative and qualitative, that supports your analysis

Protected group	What does the data tell you ⁷ ? <i>Provide a summary of any relevant demographic data about the borough's population from the Joint Strategic Needs Assessment, or data about the council's workforce</i>	What do people tell you ⁸ ? <i>Provide a summary of relevant consultation and engagement including surveys and other research with stakeholders, newspaper articles correspondence etc.</i>										
Age ⁹	<p>The table below shows the percentage breakdown of the total population within Barnet</p> <table border="1" data-bbox="398 523 1187 707"> <thead> <tr> <th>Age group</th> <th>%</th> </tr> </thead> <tbody> <tr> <td>0-17 years</td> <td>23.6%</td> </tr> <tr> <td>18-64 years</td> <td>61.9%</td> </tr> <tr> <td>65 years and over</td> <td>14.5%</td> </tr> <tr> <td>Total</td> <td>100%</td> </tr> </tbody> </table> <p>The Sport England Active Lives Survey (May 20/21) demonstrates</p> <p>Adults aged 16+ in Barnet achieving at least 150 minutes of physical activity per week:</p> <ul style="list-style-type: none"> - 16 – 34 years (65.7%) - 35 – 54 years (60.1%) - 55 – 74 years (66.5%) - 75+ years – no data due to sample size <p>43.5% of Barnet's children aged 5 – 16 years active for an average of 60+ minutes per day (academic year 2018/19)</p>	Age group	%	0-17 years	23.6%	18-64 years	61.9%	65 years and over	14.5%	Total	100%	<p>Engagement conducted to support development of the draft Framework (prior to public consultation) found that for people aged 65 and over the following challenges to accessing sport and physical activity are:</p> <ul style="list-style-type: none"> • Caring responsibilities means there is little time and there's a cost to organising cover • Safety concerns • Classes are not always available to suit age and ability • There may be medical conditions that make physical activity difficult • Travel to facilities can be prohibitive • Covid 19 carries greater risks for the elderly • Not fully aware of what's on offer
Age group	%											
0-17 years	23.6%											
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Age continued	Data collected via the Councils leisure management contract demonstrates that between 1st Jan 2018 – 20th March 2020	Engagement conducted to support development of the draft Framework (prior to public consultation) found that for people aged										

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	<p>(data collection dates align with commencement of the COVID-19 pandemic): 1,036,618 visits from children and young people aged 0-15 years, and 384,046 visits from older adults aged 55 and over</p>	<p>0-17 the following challenges to accessing sport and physical activity are:</p> <ul style="list-style-type: none"> • Some negative experiences of physical activities at school • Worries about body image and the judgement of others • Dislike for doing activities in mixed age groups • Interplay of cultural factors e.g., parents holding certain beliefs about what children should do • School/ college, homework and travel time leaves little time for physical activities • Children are tired from the academic pressure they're under <p>During public consultation we received a total of 73 responses from the following age groups</p> <table border="1" data-bbox="1216 1002 1648 1361"> <tbody> <tr> <td>16-17</td> <td>0</td> <td>0.00%</td> </tr> <tr> <td>18-24</td> <td>1</td> <td>2.44%</td> </tr> <tr> <td>25-34</td> <td>8</td> <td>19.51%</td> </tr> <tr> <td>35-44</td> <td>10</td> <td>24.39%</td> </tr> <tr> <td>45-54</td> <td>5</td> <td>12.20%</td> </tr> <tr> <td>55-64</td> <td>5</td> <td>12.20%</td> </tr> <tr> <td>65-74</td> <td>7</td> <td>17.07%</td> </tr> <tr> <td>75+</td> <td>0</td> <td>0.00%</td> </tr> </tbody> </table>	16-17	0	0.00%	18-24	1	2.44%	25-34	8	19.51%	35-44	10	24.39%	45-54	5	12.20%	55-64	5	12.20%	65-74	7	17.07%	75+	0	0.00%
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Prefer not to say	5	12.20%												
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Disability ¹⁰	<p>14.9% of Barnet's population have a disability (Census 2011 last reported data)</p> <p>The Sport England Active Lives Survey (May 20/21) demonstrates that 56.7% of adults with a disability and/or long-term health condition are active in Barnet for at least 150 minutes per week</p> <p>Data collected via the Councils leisure management contract demonstrates that between 1st Jan 2018 – 20th March 2020 (<i>data collection dates align with commencement of the COVID-19 pandemic</i>): 44,021 visits from people with a disability and/or long-term health condition</p>	<p>Engagement conducted to support development of the draft Framework (prior to public consultation) found that for people with a disability the following challenges are limiting access to sport and physical activity:</p> <ul style="list-style-type: none"> • Reliance on others for travel to activities • Cost, limited available budget • Concerns about Covid • Not wanting to attend activities alone • Fear of embarrassment • Lack of confidence • Waiting lists for oversubscribed activities • Some funding no longer available for previous activities • Timetable clashes with other things like college <p>During public consultation we received a total of 73 responses. Of the 73 responses 17% confirmed that they had a disability. Their input has supported the shaping of the FAB Framework.</p>												

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Gender reassignment ¹¹	Data Not Reportable	<p>During public consultation we received a total of 73 responses from the following. Of the respondents 2.5% have identified as having a reassigned gender. Their input has supported the shaping of the FAB Framework.</p> <table border="1"> <tr> <td>Is the gender you identify with the same as your sex registered at birth?</td> <td></td> <td></td> </tr> <tr> <td>Yes, it's the same</td> <td>34</td> <td>85.00%</td> </tr> <tr> <td>No, it's different</td> <td>1</td> <td>2.50%</td> </tr> <tr> <td>Prefer not to say</td> <td>5</td> <td>12.50%</td> </tr> <tr> <td>Not answered</td> <td>33</td> <td>45%</td> </tr> <tr> <td>Answered</td> <td>40</td> <td>55%</td> </tr> <tr> <td>Total</td> <td>73</td> <td>100%</td> </tr> </table>	Is the gender you identify with the same as your sex registered at birth?			Yes, it's the same	34	85.00%	No, it's different	1	2.50%	Prefer not to say	5	12.50%	Not answered	33	45%	Answered	40	55%	Total	73	100%
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Marriage and Civil Partnership <small>12</small>	Data Not Reportable	<p>During public consultation we received a total of 73 responses from the following. The table below shows the breakdown of marital status of all respondents. Their input has supported the shaping of the FAB Framework.</p> <table border="1" data-bbox="1218 646 1818 1145"> <thead> <tr> <th>Marital Status</th> <th></th> <th></th> </tr> </thead> <tbody> <tr> <td>Single</td> <td>11</td> <td>27.50%</td> </tr> <tr> <td>Co-habiting</td> <td>2</td> <td>5.00%</td> </tr> <tr> <td>Married</td> <td>16</td> <td>40.00%</td> </tr> <tr> <td>Divorced</td> <td>1</td> <td>2.50%</td> </tr> <tr> <td>Widowed</td> <td>1</td> <td>2.50%</td> </tr> <tr> <td>In a same sex civil partnership</td> <td>1</td> <td>2.50%</td> </tr> <tr> <td>Prefer not to say</td> <td>8</td> <td>20.00%</td> </tr> <tr> <td>Not answered</td> <td>33</td> <td>45%</td> </tr> <tr> <td>Answered</td> <td>40</td> <td>55%</td> </tr> <tr> <td>Total</td> <td>72</td> <td>100%</td> </tr> </tbody> </table>	Marital Status			Single	11	27.50%	Co-habiting	2	5.00%	Married	16	40.00%	Divorced	1	2.50%	Widowed	1	2.50%	In a same sex civil partnership	1	2.50%	Prefer not to say	8	20.00%	Not answered	33	45%	Answered	40	55%	Total	72	100%
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Pregnancy and Maternity ¹³	Data Not Reportable	<p>During public consultation we received a total of 73 responses. The table below shows the breakdown of respondents Pregnancy and maternity status. Their input has supported the shaping of the FAB Framework.</p> <table border="1" data-bbox="1218 1310 1680 1396"> <tbody> <tr> <td>Pregnancy</td> <td></td> <td></td> </tr> <tr> <td>Pregnant</td> <td>0</td> <td>0.00%</td> </tr> </tbody> </table>	Pregnancy			Pregnant	0	0.00%																											
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Race/ Ethnicity ¹⁴	<p>The table below show the percentage breakdown of people in Barnet by race/ethnicity:</p> <table border="1"> <thead> <tr> <th>Race/ethnicity</th> <th>%</th> </tr> </thead> <tbody> <tr> <td>Asian</td> <td>20%</td> </tr> <tr> <td>Black</td> <td>7%</td> </tr> <tr> <td>Mixed/Other</td> <td>9%</td> </tr> <tr> <td>White</td> <td>64%</td> </tr> <tr> <td>Total</td> <td>100%</td> </tr> </tbody> </table> <p>The Sport England Active Lives survey is unable to report participation levels amongst most BAME groups due to the limited sample size recruited (500 random sample)</p> <p>The Survey (May 20/21) demonstrates that 67% of residents that identify as White British, 59.1% White Other and 53.7%</p>	Race/ethnicity	%	Asian	20%	Black	7%	Mixed/Other	9%	White	64%	Total	100%	<p>Engagement conducted to support development of the draft Framework (prior to public consultation) found that for people from ethnic minority backgrounds the following challenges were limiting access to sport and physical activity:</p> <ul style="list-style-type: none"> • Men and women prefer to exercise separately so need facilities and classes that cater for this • Low incomes mean they can't afford some activities • Older residents have difficulties with movement and getting out • Not speaking English can mean it's hard to follow an instructor or ask for help <p>During public consultation we received a total of 73 responses. The table below shows the breakdown of the respondents' ethnicities. Their input has supported the shaping of the FAB Framework.</p>						
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	<p>Asian (excluding Chinese) are active for at least 150 minutes per week.</p> <p>Data collected via the Councils leisure management contract demonstrates that between 1st Jan 2018 – 20th March 2020 (data collection dates align with commencement of the COVID-19 pandemic): 222,016 visits from residents representing BAME communities</p>	<table border="1"> <thead> <tr> <th data-bbox="1352 528 1935 576">Ethnicity</th> <th data-bbox="1935 528 1995 576"></th> <th data-bbox="1995 528 2110 576"></th> </tr> </thead> <tbody> <tr> <td data-bbox="1352 576 1935 639">Asian - Bangladeshi</td> <td data-bbox="1935 576 1995 639">0</td> <td data-bbox="1995 576 2110 639">0.00%</td> </tr> <tr> <td data-bbox="1352 639 1935 703">Asian - Chinese</td> <td data-bbox="1935 639 1995 703">1</td> <td data-bbox="1995 639 2110 703">2.44%</td> </tr> <tr> <td data-bbox="1352 703 1935 767">Asian - Indian</td> <td data-bbox="1935 703 1995 767">1</td> <td data-bbox="1995 703 2110 767">2.44%</td> </tr> <tr> <td data-bbox="1352 767 1935 831">Asian - Pakistani</td> <td data-bbox="1935 767 1995 831">0</td> <td data-bbox="1995 767 2110 831">0.00%</td> </tr> <tr> <td data-bbox="1352 831 1935 951">Any other Asian background (please specify below)</td> <td data-bbox="1935 831 1995 951">1</td> <td data-bbox="1995 831 2110 951">2.44%</td> </tr> <tr> <td data-bbox="1352 951 1935 1015">Black - African</td> <td data-bbox="1935 951 1995 1015">0</td> <td data-bbox="1995 951 2110 1015">0.00%</td> </tr> <tr> <td data-bbox="1352 1015 1935 1078">Black - British</td> <td data-bbox="1935 1015 1995 1078">0</td> <td data-bbox="1995 1015 2110 1078">0.00%</td> </tr> <tr> <td data-bbox="1352 1078 1935 1142">Black - Caribbean</td> <td data-bbox="1935 1078 1995 1142">0</td> <td data-bbox="1995 1078 2110 1142">0.00%</td> </tr> <tr> <td data-bbox="1352 1142 1935 1254">Any other Black / African / Caribbean background (please specify below)</td> <td data-bbox="1935 1142 1995 1254">0</td> <td data-bbox="1995 1142 2110 1254">0.00%</td> </tr> <tr> <td data-bbox="1352 1254 1935 1318">Mixed - White and Asian</td> <td data-bbox="1935 1254 1995 1318">1</td> <td data-bbox="1995 1254 2110 1318">2.44%</td> </tr> <tr> <td data-bbox="1352 1318 1935 1386">Mixed - White and Black African</td> <td data-bbox="1935 1318 1995 1386">0</td> <td data-bbox="1995 1318 2110 1386">0.00%</td> </tr> </tbody> </table>	Ethnicity			Asian - Bangladeshi	0	0.00%	Asian - Chinese	1	2.44%	Asian - Indian	1	2.44%	Asian - Pakistani	0	0.00%	Any other Asian background (please specify below)	1	2.44%	Black - African	0	0.00%	Black - British	0	0.00%	Black - Caribbean	0	0.00%	Any other Black / African / Caribbean background (please specify below)	0	0.00%	Mixed - White and Asian	1	2.44%	Mixed - White and Black African	0	0.00%
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Religion or belief ¹⁵	Data Not Reportable	<p>During public consultation we received a total of 73 responses. The table below shows the breakdown of the respondents' religious believes. Their input has supported the shaping of the FAB Framework.</p> <table border="1" data-bbox="1469 687 2045 1366"> <thead> <tr> <th>Faith</th> <th></th> <th></th> </tr> </thead> <tbody> <tr> <td>Baha'i</td> <td>0</td> <td>0.00%</td> </tr> <tr> <td>Buddhist</td> <td>0</td> <td>0.00%</td> </tr> <tr> <td>Christian</td> <td>8</td> <td>20.00%</td> </tr> <tr> <td>Hindu</td> <td>1</td> <td>2.50%</td> </tr> <tr> <td>Humanist</td> <td>0</td> <td>0.00%</td> </tr> <tr> <td>Jain</td> <td>1</td> <td>2.50%</td> </tr> <tr> <td>Jewish</td> <td>3</td> <td>7.50%</td> </tr> <tr> <td>Muslim</td> <td>0</td> <td>0.00%</td> </tr> <tr> <td>Sikh</td> <td>0</td> <td>0.00%</td> </tr> <tr> <td>No religion</td> <td>17</td> <td>42.50%</td> </tr> <tr> <td>Prefer not to say/not stated</td> <td>9</td> <td>22.50%</td> </tr> <tr> <td>Other Faith</td> <td>1</td> <td>2.50%</td> </tr> <tr> <td>Not answered</td> <td>33</td> <td>46</td> </tr> <tr> <td>Answered</td> <td>40</td> <td>54</td> </tr> </tbody> </table>	Faith			Baha'i	0	0.00%	Buddhist	0	0.00%	Christian	8	20.00%	Hindu	1	2.50%	Humanist	0	0.00%	Jain	1	2.50%	Jewish	3	7.50%	Muslim	0	0.00%	Sikh	0	0.00%	No religion	17	42.50%	Prefer not to say/not stated	9	22.50%	Other Faith	1	2.50%	Not answered	33	46	Answered	40	54
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Sex ¹⁶	<p>The table below shows the percentage of the Population of Barnet by gender.</p> <table border="1" style="width: 100%;"> <thead> <tr> <th>Gender</th> <th>%</th> </tr> </thead> <tbody> <tr> <td>Female</td> <td>50.4%</td> </tr> <tr> <td>Male</td> <td>49.6%</td> </tr> <tr> <td>Total</td> <td>100%</td> </tr> </tbody> </table> <p>The Sport England Active Lives Survey (May 20/21) demonstrates that 62% of Females and 61.4% of Males are active for at least 150 minutes per week</p> <p>Data collected via the Councils leisure management contract demonstrates that between 1st Jan 2018 – 20th March 2020 (<i>data collection dates align with commencement of the COVID-19 pandemic</i>): 529,800 visits from women and girls</p>	Gender	%	Female	50.4%	Male	49.6%	Total	100%	<p>During public consultation we received a total of 73 responses The table below details the breakdown of the respondents' gender. Their input has supported the shaping of the FAB Framework.</p> <table border="1" style="width: 100%;"> <thead> <tr> <th>Gender</th> <th></th> <th></th> </tr> </thead> <tbody> <tr> <td>Female</td> <td>20</td> <td>48.78%</td> </tr> <tr> <td>Male</td> <td>14</td> <td>34.15%</td> </tr> <tr> <td>Prefer not to say</td> <td>6</td> <td>14.63%</td> </tr> <tr> <td>Not answered</td> <td>32</td> <td>43%</td> </tr> <tr> <td>Answered</td> <td>41</td> <td>57%</td> </tr> <tr> <td>Total</td> <td>73</td> <td>100%</td> </tr> </tbody> </table>	Gender			Female	20	48.78%	Male	14	34.15%	Prefer not to say	6	14.63%	Not answered	32	43%	Answered	41	57%	Total	73	100%
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Sexual Orientation ¹⁷	Data Not Reportable	Engagement conducted to support development of the draft Framework (prior to public consultation) found that for people from the LGBTQ+ community face the following challenges were limiting access to sport and physical activity:																													

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		<ul style="list-style-type: none"> • Lasting impact from bullying via school sports • Negative association of sport with lad culture • Safety – in changing rooms and at night • Changing rooms rarely cater for non-binary • Issues around body confidence • Deep distrust of local authorities arising from issues of homophobia/inclusivity in schools <p>During public consultation we received a total of 73 responses The table below shows the breakdown of the respondents' Sexuality. Their input has supported the shaping of the Fit and Active Framework.</p> <table border="1" data-bbox="1218 970 1749 1378"> <thead> <tr> <th>Sexuality</th> <th></th> <th></th> </tr> </thead> <tbody> <tr> <td>Bisexual</td> <td>1</td> <td>2.63%</td> </tr> <tr> <td>Gay or Lesbian</td> <td>2</td> <td>5.26%</td> </tr> <tr> <td>Straight or heterosexual</td> <td>26</td> <td>68.42%</td> </tr> <tr> <td>Prefer not to say</td> <td>8</td> <td>21.05%</td> </tr> <tr> <td>Other sexual orientation</td> <td>1</td> <td>2.63%</td> </tr> <tr> <td>Not answered</td> <td>38</td> <td>53%</td> </tr> <tr> <td>Answered</td> <td>35</td> <td>47%</td> </tr> <tr> <td>Total</td> <td>73</td> <td>100%</td> </tr> </tbody> </table>	Sexuality			Bisexual	1	2.63%	Gay or Lesbian	2	5.26%	Straight or heterosexual	26	68.42%	Prefer not to say	8	21.05%	Other sexual orientation	1	2.63%	Not answered	38	53%	Answered	35	47%	Total	73	100%
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Other relevant groups ¹⁸	Data Not Reportable	None

4. Assessing impact

What does the evidence tell you about the impact your proposal may have on groups with protected characteristics ¹⁹?

Protected characteristic	For each protected characteristic, explain in detail what the evidence is suggesting and the impact of your proposal (if any). Is there an impact on service deliver? Is there an impact on customer satisfaction? Click the appropriate box on the right to indicate the outcome of your analysis.	Positive impact	Negative impact		No impact
			Minor	Major	
Age	<p>FAB aims to increase physical activity levels amongst everyone irrespective of their age or how they identify, however we recognise that there are individuals within the borough who experience a multitude of barriers in respect of engaging in physical activity opportunities. These individuals often require additional support and targeted interventions to make physical activity an accessible and attractive choice.</p> <p>The FAB Partnership is represented by a broad range of partners across the local authority, sport and leisure sector, health, education and voluntary community and faith sectors. The diverse representation ensures that our approach to increasing physical activity levels in the borough promotes equality and tackles inequality. This will also be supported through the alignment within insight/data sets and resident engagement.</p> <p>There are a range of interventions and services delivered across the borough, providing physical activity opportunities for all age groups e.g., London Youth Games, Age UK Fitness, Better Club 55+). The FAB Framework and its supporting implementation plan will seek to enhance these opportunities whilst addressing barriers to participation/engagement.</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disability	<p>FAB aims to increase physical activity levels amongst everyone irrespective of their age or how they identify, however we recognise that there are individuals within the borough who experience a multitude of barriers in respect of engaging in physical activity opportunities. These individuals often require additional</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Gender reassignment	<p>FAB aims to increase physical activity levels amongst everyone irrespective of their age or how they identify, however we recognise that there are individuals within the borough who experience a multitude of barriers in respect of engaging in physical activity opportunities. These individuals often require additional support and targeted interventions to make physical activity an accessible and attractive choice.</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Marriage and Civil Partnership	We do not report on whether clients are married or not, and there is no reason to suspect that this group will have a disproportionate number of people with this characteristic.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Pregnancy and Maternity	<p>FAB aims to increase physical activity levels amongst everyone irrespective of their age or how they identify, however we recognise that there are individuals within the borough who experience a multitude of barriers in respect of engaging in physical activity opportunities. These individuals often require additional support and targeted interventions to make physical activity an accessible and attractive choice.</p> <p>The FAB Partnership is represented by a broad range of partners across the local authority, sport and leisure sector, health, education and voluntary community and faith sectors. The diverse representation ensures that our approach to increasing physical activity levels in the borough promotes equality and tackles inequality. This will also be supported through the alignment within insight/data sets and resident engagement.</p> <p>There are interventions available across the borough to support pre- and post-natal parents e.g., water workout. The FAB Framework and its supporting</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Race/ Ethnicity	<p>FAB aims to increase physical activity levels amongst everyone irrespective of their age or how they identify, however we recognise that there are individuals within the borough who experience a multitude of barriers in respect of engaging in physical activity opportunities. These individuals often require additional support and targeted interventions to make physical activity an accessible and attractive choice.</p> <p>The FAB Partnership is represented by a broad range of partners across the local authority, sport and leisure sector, health, education and voluntary community and faith sectors. The diverse representation ensures that our approach to increasing physical activity levels in the borough promotes equality and tackles inequality. This will also be supported through the alignment within insight/data sets and resident engagement.</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Religion or belief	FAB aims to increase physical activity levels amongst everyone irrespective of their age or how they identify, however we recognise that there are individuals within the borough who experience a multitude of barriers in respect of engaging in physical activity opportunities. These individuals often require additional support and targeted interventions to make physical activity an accessible and attractive choice.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Sex	<p>FAB aims to increase physical activity levels amongst everyone irrespective of their age or how they identify, however we recognise that there are individuals within the borough who experience a multitude of barriers in respect of engaging in physical activity opportunities. These individuals often require additional support and targeted interventions to make physical activity an accessible and attractive choice.</p> <p>The FAB Partnership is represented by a broad range of partners across the local authority, sport and leisure sector, health, education and voluntary community and faith sectors. The diverse representation ensures that our approach to increasing physical activity levels in the borough promotes equality and tackles inequality. This will also be supported through the alignment within insight/data sets and resident engagement.</p> <p>There are gender specific interventions available across the borough to support and provide a space where males and females feel comfortable and confident to be physically active e.g., swimming and gym with Better leisure centres.</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Assessing impact

What does the evidence tell you about the impact your proposal may have on groups with protected characteristics ¹⁹?

Protected characteristic	For each protected characteristic, explain in detail what the evidence is suggesting and the impact of your proposal (if any). Is there an impact on service deliver? Is there an impact on customer satisfaction? Click the appropriate box on the right to indicate the outcome of your analysis.	Positive impact	Negative impact		No impact
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Sexual Orientation	<p>FAB aims to increase physical activity levels amongst everyone irrespective of their age or how they identify, however we recognise that there are individuals within the borough who experience a multitude of barriers in respect of engaging in physical activity opportunities. These individuals often require additional support and targeted interventions to make physical activity an accessible and attractive choice.</p> <p>The FAB Partnership is represented by a broad range of partners across the local authority, sport and leisure sector, health, education and voluntary community and faith sectors. The diverse representation ensures that our approach to increasing physical activity levels in the borough promotes equality and tackles inequality. This will also be supported through the alignment within insight/data sets and resident engagement.</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Other key groups		Positive impact	Negative impact		No impact
Are there any other vulnerable groups that might be affected by the proposal? <i>These could include carers, people in receipt of care, lone parents, people with low incomes or unemployed</i>			Minor	Major	
Key groups	<p>FAB acknowledges that there are a multitude of other vulnerable groups in the borough and their ability to access physical activity opportunities and their experience of services may be limited by several variables e.g., caring responsibilities, income, employment status etc.</p> <p>FAB aims to increase physical activity levels amongst everyone irrespective of their age or how they identify, however we recognise that there are individuals within the borough who experience a multitude of barriers in respect of engaging in physical activity opportunities. These individuals often require additional support and targeted interventions to make physical activity an accessible and attractive choice.</p> <p>The FAB Partnership is represented by a broad range of partners across the local authority, sport and leisure sector, health, education and voluntary community and faith sectors. The diverse representation ensures that our approach to increasing physical activity levels in the borough promotes equality and tackles inequality. This will also be supported through the alignment within insight/data sets and resident engagement.</p> <p>There are interventions available across the borough to support ‘other’ vulnerable groups. Examples include;</p> <ul style="list-style-type: none"> - FAB Card offering free/discounted access to physical activity opportunities for all Barnet residents, with enhanced benefits for carers (including foster carers), children in care and care leavers - Subsidised leisure memberships for residents in receipt of eligible benefits - Activities for carers and those in receipt of care working with partners such as Barnet Carers Centre and Dementia Club UK - Free activities delivered across the borough e.g., Our Parks and Parkrun - Employment, training, and volunteering opportunities promoted via Better (Barnet’s leisure operator) and FAB Partnership 	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. Cumulative impact²⁰

Considering what else is happening within the council and Barnet could your proposal contribute to a cumulative impact on groups with protected characteristics?

Yes No

Encouraging and supporting residents to be physically active supports the achievement of several outcomes - aligning with wider work and services delivered by the Council e.g., improved health and wellbeing; increased community cohesion and safety; environmental improvements; employment, skills, and training; and educational attainment.

7. Actions to mitigate or remove negative impact

Only complete this section if your proposals may have a negative impact on groups with protected characteristics. These need to be included in the relevant service plan for mainstreaming and performance management purposes.

Group affected	Potential negative impact	Mitigation measures ²¹ <i>If you are unable to identify measures to mitigate impact, please state so and provide a brief explanation.</i>	Monitoring ²² <i>How will you assess whether these measures are successfully mitigating the impact?</i>	Deadline date	Lead Officer

8. Outcome of the Equalities Impact Assessment (EIA) ²³

Please select one of the following four outcomes

Proceed with no changes

The EIA has not identified any potential for a disproportionate impact and all opportunities to advance equality of opportunity are being addressed

Proceed with adjustments

Adjustments are required to remove/mitigate negative impacts identified by the assessment

Negative impact but proceed anyway

This EIA has identified negative impacts that are not possible to mitigate. However, it is still reasonable to continue with the activity. Outline the reasons for this and the information used to reach this decision in the space below

Do not proceed

This EIA has identified negative impacts that cannot be mitigated and it is not possible to continue. Outline the reasons for this and the information used to reach this decision in the space below

Reasons for decision

Sign-off

9. Sign off and approval by Head of Service / Strategic lead ²⁴	
Name	Job title
<input type="checkbox"/> Tick this box to indicate that you have approved this EIA	Date of approval:
<input type="checkbox"/> Tick this box to indicate if EIA is to be published	Date of next review:

Footnotes: guidance for completing the EIA template

¹ The following principles explain what we must do to fulfil our duties under the Equality Act when considering any new policy or change to services. They must all be met or the EIA (and any decision based on it) may be open to challenge:

- **Knowledge:** everyone working for the council must be aware of our equality duties and apply them appropriately
- **Timeliness:** the duty applies at the time of considering proposals and before a final decision is taken
- **Real Consideration:** the duty must be an integral and rigorous part of your decision-making and must influence the process.
- **Sufficient Information:** you must assess what information you have and what is needed to give proper consideration.
- **No delegation:** the council is responsible for ensuring that anyone who provides services on our behalf complies with the equality duty.
- **Review:** the equality duty is a continuing duty – it continues after proposals are implemented/reviewed.
- **Proper Record Keeping:** we must keep records of the process and the impacts identified.

² **Our duties under the Equality Act 2010**

The council has a legal duty under this Act to show that we have identified and considered the impact and potential impact of our activities on all people with ‘protected characteristics’ (see end notes 9-19 for details of the nine protected characteristics). This applies to policies, services (including commissioned services), and our employees.

We use this template to do this and evidence our consideration. You must give ‘due regard’ (pay conscious attention) to the need to:

- **Avoid, reduce or minimise negative impact:** if you identify unlawful discrimination, including victimisation and harassment, you must stop the action and take advice immediately.
- **Promote equality of opportunity:** by
 - Removing or minimising disadvantages suffered by people with a protected characteristic
 - Taking steps to meet the needs of these groups
 - Encouraging people with protected characteristics to participate in public life or any other activity where participation is disproportionately low
 - Consider if there is a need to treat disabled people differently, including more favourable treatment where necessary
- **Foster good relations between people who share a protected characteristic and those who don’t:** e.g. by promoting understanding.

³ **EIAs should always be proportionate to:**

- The size of the service or scope of the policy/strategy
- The resources involved
- The size of the likely impact – e.g. the numbers of people affected and their vulnerability

The greater the potential adverse impact of the proposal on a protected group (e.g. disabled people) and the more vulnerable the group is, the more thorough and demanding the process required by the Act will be. Unless they contain sensitive data – EIAs are public documents. They are published with Cabinet papers, Panel papers and public consultations. They are available on request.

⁴ **When to complete an EIA:**

- When developing a new policy, strategy, or service
- When reviewing an existing service, policy or strategy
- When making changes that will affect front-line services
- When amending budgets which may affect front-line services

-
- When changing the way services are funded and this may impact the quality of the service and who can access it
 - When making a decision that could have a different impact on different groups of people
 - When making staff redundant or changing their roles

Wherever possible, build the EIA into your usual planning and review processes.

Also consider:

- Is the policy, decision or service likely to be relevant to any people because of their protected characteristics?
- How many people is it likely to affect?
- How significant are its impacts?
- Does it relate to an area where there are known inequalities?
- How vulnerable are the people who will be affected?

If there are potential impacts on people but you decide not to complete an EIA you should document your reasons why.

⁵ **Title of EIA:** This should clearly explain what service / policy / strategy / change you are assessing.

⁶ **Focus of EIA:** A member of the public should have a good understanding of the proposals being assessed by the EIA after reading this section. Please use plain English and write any acronyms in full first time - eg: 'Equality Impact Assessment (EIA)'

This section should explain what you are assessing:

- What are the main aims or purpose of the proposed change?
- Who implements, carries out or delivers the service or function in the proposal? Please state where this is more than one person or group, and where other organisations deliver it under procurement or partnership arrangements.
- How does it fit with other services?
- Who is affected by the service, or by how it is delivered? Who are the external and internal service-users, groups, or communities?
- What outcomes do you want to achieve, why and for whom? E.g.: what do you want to provide, what changes or improvements, and what should the benefits be?
- What do existing or previous inspections of the service tell you?
- What is the reason for the proposed change (financial, service, legal etc)? The Act requires us to make these clear.

⁷ **Data & Information:** Your EIA needs to be informed by data. You should consider the following:

- What data is relevant to the impact on protected groups is available? (is there an existing EIA?, local service data, national data, community data, similar proposal in another local authority).
- What further evidence is needed and how can you get it? (e.g. further research or engagement with the affected groups).
- What do you know from service/local data about needs, access and outcomes? Focus on each characteristic in turn.
- What might any local demographic changes or trends mean for the service or function? Also consider national data if appropriate.
- Does data/monitoring show that any policies or practices create particular problems or difficulties for any group(s)?
- Is the service having a positive or negative effect on particular people or groups in the community?

⁸ **What have people told you about the service, function, area?**

-
- Use service user feedback, complaints, audits
 - Conduct specific consultation or engagement and use the results
 - Are there patterns or differences in what people from different groups tell you?
 - Remember, you must consult appropriately and in an inclusive way with those likely to be affected to fulfil the equality duty.
 - You can read LBB [Consultation and Engagement toolkit](#) for full advice or contact the Consultation and Research Manager, rosie.evangelou@barnet.gov.uk for further advice

⁹ **Age:** People of all ages, but consider in particular children and young people, older people and carers, looked after children and young people leaving care. Also consider working age people.

¹⁰ **Disability:** When looking at disability, consideration should be given to people with different types of impairments: physical (including mobility), learning, aural or sensory (including hearing and vision impairment), visible and non-visible impairment. Consideration should also be given to: people with HIV, people with mental health needs and people with drug and alcohol problems. People with conditions such as diabetes and cancer and some other health conditions also have protection under the Equality Act 2010.

¹¹ **Gender Reassignment:** In the Act, a transgender person is someone who proposes to, starts or has completed a process to change their gender. A person does not need to be under medical supervision to be protected. Consider transgender people, transsexual people and transvestites.

¹² **Marriage and Civil Partnership:** consider married people and civil partners.

¹³ **Pregnancy and Maternity:** When looking at pregnancy and maternity, give consideration to pregnant women, breastfeeding mothers, part-time workers, women with caring responsibilities, women who are lone parents and parents on low incomes, women on maternity leave and 'keeping in touch' days.

¹⁴ **Race/Ethnicity:** Apart from the common ethnic groups, consideration should also be given to Traveller communities, people of other nationalities outside Britain who reside here, refugees and asylum seekers and speakers of other languages.

¹⁵ **Religion and Belief:** Religion includes any religion with a clear structure and belief system. As a minimum you should consider the most common religious groups (Christian, Muslim, Hindu, Jews, Sikh, Buddhist) and people with no religion or philosophical beliefs.

¹⁶ **Sex/Gender:** Consider girls and women, boys and men, married people, civil partners, part-time workers, carers (both of children with disabilities and older cares), parents (mothers and fathers), in particular lone parents and parents on low incomes.

¹⁷ **Sexual Orientation:** The Act protects bisexual, heterosexual, gay and lesbian people.

¹⁸ **Other relevant groups:** You should consider the impact on our service users in other related areas.

¹⁹ **Impact:** Your EIA must consider fully and properly actual and potential impacts against each protected characteristic:

- The equality duty does not stop changes, but means we must fully consider and address the anticipated impacts on people.
- Be accurate and transparent, but also realistic: don't exaggerate speculative risks and negative impacts.
- Be detailed and specific where you can so decision-makers have a concrete sense of potential effects.
- Questions to ask when assessing whether and how the proposals impact on service users, staff and the wider community:
 - Are one or more protected groups affected differently and/or disadvantaged? How, and to what extent?
 - Is there evidence of higher/lower uptake of a service among different groups? Which, and to what extent?

-
- Does the project relate to an area with known inequalities (where national evidence or previous research is available)?
 - If there are likely to be different impacts on different groups, is that consistent with the overall objective?
 - If there is negative differential impact, how can you minimise that while taking into account your overall aims?
 - Do the effects amount to unlawful discrimination? If so the plan **must** be modified.
 - Does it relate to an area where equality objectives have been set by LBB in our [Barnet 2024 Plan](#) and our [Strategic Equality Objective](#)?

²⁰ **Cumulative Impact**

You will need to look at whether a single decision or series of decisions might have a greater negative impact on a specific group and at ways in which negative impacts across the council might be minimised or avoided.

²¹ **Mitigating actions**

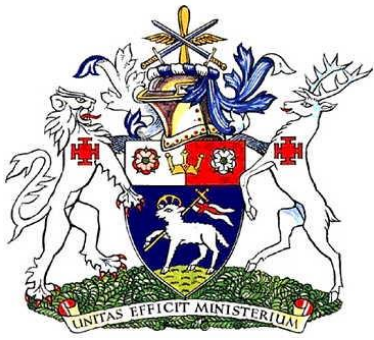
- Consider mitigating actions that specifically address the impacts you've identified and show how they will remove, reduce or avoid any negative impacts
- Explain clearly what any mitigating measures are, and the extent to which you think they will reduce or remove the adverse effect
- Will you need to communicate or provide services in different ways for different groups in order to create a 'level playing field'?
- State how you can maximise any positive impacts or advance equality of opportunity.
- If you do not have sufficient equality information, state how you can fill the gaps.

²² **Monitoring:** The Equality Duty is an ongoing duty: policies must be kept under review, continuing to give 'due regard' to the duty. If an assessment of a broad proposal leads to more specific proposals, then further monitoring, equality assessment, and consultation are needed.

²³ **Outcome:**

- Make a frank and realistic assessment of the overall extent to which the negative impacts can be reduced or avoided by the mitigating measures. Also explain what positive impacts will result from the actions and how you can make the most of these.
- Make it clear if a change is needed to the proposal itself. Is further engagement, research or monitoring needed?
- Make it clear if, as a result of the analysis, the policy/proposal should be stopped.

²⁴ **Sign off:** You will need to ensure the EIA is signed off by your Head of Service, agree whether the EIA will be published, and agree when the next review date for the EIA will be.



Adults and Safeguarding Committee AGENDA ITEM 9

7th March 2022

Title	Advocacy Services – a single provider approach
Report of	Chairman of the Adults and Safeguarding Committee
Wards	All
Status	Public
Urgent	No
Key	No
Enclosures	None
Officer Contact Details	Ellie Chesterman, Head of Commissioning – Mental Health and Dementia, Ellie.chesterman@barnet.gov.uk

Summary

The London Borough of Barnet is currently in a tri-borough contracting arrangement with the neighbouring boroughs of Enfield and Haringey for the provision of Independent Mental Capacity Advocacy (IMCA) and Independent Mental Health Advocacy (IMHA). The council also holds separate, borough specific contracts for Independent Health Complaints Advocacy Service (IHCA) and Care Act Advocacy (CAA), which are solely for the use of Barnet residents.

This report summarises the rationale for the recommendation to re-procure all advocacy services under a single tri-borough contract with a lead provider from 1st November 2022. The lead provider would be expected to subcontract to smaller specialist organisations, where beneficial, to reach diverse communities and meet a full range of accessibility needs.

Officers Recommendations

1. That the Adults and Safeguarding Committee approve the proposed approach to proceed with the planned re-procurement of the tri-borough advocacy contract, under a single provider approach, to include all statutory and community advocacy functions, namely Independent Mental Capacity Advocacy (IMCA), Independent

Mental Health Advocacy (IMHA), Independent Health Complaints Advocacy Service (IHCAS) and Care Act Advocacy (CAA).

2. That the Adults and Safeguarding Committee note the early termination of the Care Act Advocacy contract, in order that it be coterminous with the tri-borough and IHCAS contracts to facilitate tendering as proposed under recommendation 1.

1. Why this report is needed

- 1.1 The London Borough of Barnet is currently in a tri-borough contracting arrangement with the London Boroughs of Enfield and Haringey for the provision of Independent Mental Capacity Advocacy (IMCA) and Independent Mental Health Advocacy (IMHA). This contract ends on 31st October 2022.
- 1.2 On 9th December 2021, the Policy and Resources Committee approved the Annual Procurement Forward Plan as a record of activity for 2022/23 – 2024/25. This authorised the re-procurement of this contract and Barnet are the designated lead authority for this contract cycle.
- 1.3 The council currently has separate contracts in place for the provision of Barnet-only Independent Health Complaints Advocacy Service (IHCAS), ending 31st October 2022 and Care Act Advocacy (CAA), due to end 31st March 2024. The CAA contract delivers statutory advocacy in relation to social care needs.
- 1.4 Following extensive research and engagement with neighbouring boroughs, officers' recommendation is to procure a single provider to lead the delivery of advocacy services across the tri-borough footprint, covering IMHA, IMCA, IHCAS, CAA, from 1st November 2022. The report will set out our rationale for this approach and the benefits we expect it to deliver for residents.

2. Context: advocacy services

- 2.1 Advocacy services fulfil important statutory functions on behalf of local authorities as required under the Care Act (2014), the Mental Capacity Act (2005) and the Mental Health Act (1983, as amended in 2007). They provide independent support to residents to ensure their voices are heard; empower people to exercise their rights and to be involved in decisions that affect their lives.
- 2.2 The provider market for advocacy services is relatively small nationally, with a handful of providers holding a majority of the market share and the necessary skills and expertise to deliver at scale. There are a number of smaller, specialist providers working with particular cohorts, for example people with learning disabilities and different ethnic and faith groups. These providers often work at borough-level and tend not to bid for large contracts that reach outside of their area of specialism.

In Barnet we are currently working with two of the large national providers across our three advocacy contracts. We do not have any formal advocacy arrangements with any of the smaller providers in the borough.

2.3 Our new contract arrangements will need to account for several upcoming changes to legislation and codes of practice that are likely to require changes to ways of working and increase demand for advocacy services:

- The Mental Capacity (Amendment) Act (2019), which will replace the Deprivation of Liberty Safeguards (DoLS) with Liberty Protection Safeguards (LPS).
- The introduction of a revised Mental Capacity Act Code of Practice to support the implementation of LPS.
- Proposed legislative reforms to the Mental Health Act (1983, as amended in 2007) expected to include clearer, stronger detention criteria and give patients more substantive rights to challenge detention.

Timescales for these changes are not yet known nationally, but it is envisaged that some funding will flow to support implementation.

3. Reasons for recommendations and alternative options considered

3.1 Monitoring information demonstrates that Barnet's current advocacy services are effective and provide good outcomes for residents. However, people accessing the services have shared feedback that their case can be passed between organisations or has needed to be dealt with by two organisations if pertinent to health and social care, which requires them to tell their story multiple times. This feedback prompted officers to appraise the benefits and drawbacks of procuring via a single provider approach:

Approach	Advantages	Drawbacks	Mitigations
Single provider	<ul style="list-style-type: none"> • Residents need only to tell their story once • Ability to refer internally to meet a range of needs • One front door = no wrong door • Efficiency gains associated with a single referral system • Streamlined contract monitoring and KPI tracking • Reduced failure demand • Scope for economies of scale, particularly at a management level maximising budget for service delivery 	<ul style="list-style-type: none"> • Potential loss of small organisation specialisms who are not able to act as the lead provider • Risks attached to contracting with one provider, if they were to fail to deliver • Potential to lose the individual within a large organisation approach 	<ul style="list-style-type: none"> • Using market warming and engagement and the tender process to actively encourage / require subcontracting / consortium arrangements, with a particular focus on reaching diverse communities and meeting a full range of accessibility needs • Ensure the tender process includes thorough evaluation of the lead provider's ability to deliver
Separate lots for each type of advocacy	<ul style="list-style-type: none"> • Potential to have a specialist / more experienced provider for each advocacy service • More accessible for smaller providers to deliver an entire lot themselves 	<ul style="list-style-type: none"> • Less cost effective due to fewer economies of scale • More protracted procurement process • Greater demands on performance management for each service/provider • Multiple points of entry and referral systems increase potential for failure demand and delayed responses to resident needs • Inability to refer internally to meet a range of needs 	<ul style="list-style-type: none"> • Undertake robust financial assessment in the tender process to ensure maximum cost effectiveness • Commissioning role to ensure providers delivering separate lots work well together to reduce failure demand / poor resident experience

- 3.1 Working with a single provider for advocacy services would align Barnet with the majority of other London boroughs who commission their services in this way. Statutory Care Act guidance also encourages local authorities to consider merging advocacy services in order to improve continuity for those that access them (Care and Support Statutory Guidance (2014), Chapter 7, Section 7.57).
- 3.2 Following the review of guidance, benchmarking, Strength, Weakness, Opportunity, and Threat (SWOT) Analysis and considering the feedback received, it is proposed that the advantages of the single provider approach outweigh the drawbacks, particularly when considered alongside the mitigations officers can implement. The Committee is asked to endorse this approach.

4. Post decision implementation

- 4.1 A competitive procurement process for the tri-borough contract was already scheduled for Spring 2022. We intend to maintain this schedule, with amended tender documentation aligned to seeking a single lead provider. The commissioning team will work with colleagues in Enfield and Haringey to design a process that will suitably test providers' ability to deliver the full suite of services and achieve best value for money, as well as their plans to collaborate with other local organisations and ensure that the needs of diverse communities are met.
- 4.2 Service specifications will be co-designed with residents to ensure they fully reflect their feedback and expectations. Resident representatives will also be involved in the evaluation process.
- 4.3 The terms of Barnet's existing CAA contract include provision for early termination with three months' written notice.

5. Implications of decision

5.1 Corporate Priorities and Performance

- 5.1.1 The Barnet Corporate Plan sets out our ambitions to work "in a strengths-based way, recognising people's goals and aspirations" and ensuring residents "have greater choice and control over the care they receive". Advocacy services play a valuable role in empowering residents to articulate their goals and aspirations, to be involved in decisions that affect their lives and to challenge us when health and care services do not deliver the high quality of service that we expect. Advocacy services also play a vital role in supporting residents to challenge inequalities in the access to, and delivery of, services.
- 5.1.2 Commissioning a single lead provider for advocacy, creating one front door, and encouraging collaboration with smaller local organisations, will further support corporate priorities by making services easier to access (a top 3 priority for Barnet residents), strengthening partnership working between organisations and acknowledging the value of local community-based support.

5.2 Resources (Finance & Value for Money, Procurement, Staffing, IT, Property, Sustainability)

- 5.2.1 The planned procurement will remain within the financial limits within the Forward Plan

agreements for all affected contracts, £493,291 per annum, be met by the existing Adult social care budget.

5.2.2 Barnet's contributions to existing contracts up until the proposed end dates of 31st October 2022 are as follows:

6.	Contract Term	Annual contribution	Global contribution for contract term
IMCA and IMHA (Tri-borough contract)	01/11/18 - 31/10/22	£111,021	£ 444,084
IHCAS	01/04/21 – 31/10/22	£59,088	£93,556
CAA	06/04/21 – 31/10/22	£122,161	£193,422
Totals		£292,270	£731,062

The proposed new contract will be funded from within the prevention cost centre in the adult social care budget, which is – currently £7.887m in 2021/22.

6.1 Legal and Constitutional References

6.1.1 Article 7 of the Council's Constitution sets out the terms of reference of the Adults and Safeguarding Committee which includes the following responsibilities:

(1) Responsibility for all matters relating to vulnerable adults, adult social care and leisure services.

(2) Work with partners on the Health and Well Being Board to ensure that social care, interventions are effectively and seamlessly joined up with public health and healthcare and promote the Health and Well Being Strategy and its associated sub strategies

6.1.2 Legal advice has been sought in relation to early termination of the contract for CAA. Early termination with three months' written notice is within the contract terms and is therefore legally permissible.

6.1.3 The duties to provide advocacy services are found as below:

6.1.4 Independent Mental Capacity Advocate is found at s35 of the Mental Capacity Act 2005.

6.1.5 Independent Mental Health Advocate duty arises in s130 A of the Mental Health Act 1983, as amended by the Mental Health Act 2007.

6.1.6 The Care Act advocacy duty is at sections 67/68 of the Care Act 2014 and in the Care and Support (Advocacy) Regulations 2014.

6.1.7 The Independent Health Complaints Advocacy Service duty is found in the Local Government and Public Involvement in Health Act 2007, as amended by the Health and Social Care Act 2012.

6.2 Insight

6.2.1 Although monitoring data demonstrates the positive outcomes being achieved by advocacy services, research on alternative models and feedback from residents has given us sufficient evidence to support the recommendations made in this report. The commissioning team will work with care quality colleagues to establish new monitoring and reporting requirements that are aligned to the new contract.

6.3 Social Value

6.3.1 Providers will be tested on their ability to offer social value through this contract in the tender process at 10% weighting. Collaboration with smaller local organisations will also contribute to social value outcomes.

6.4 Risk Management

6.4.1 There are limited risks associated with the recommendation to procure advocacy services from a single lead provider. There are some risks associated with early termination of the contract for CAA, although these will be mitigated through our positive working relationship with the provider. Risks and mitigations are outlined below, and further references are made under section 3.1

Risk	Mitigations
<ul style="list-style-type: none"> • Damage to relationship with provider • Viability of provider • Impact on current service delivery and performance 	<ul style="list-style-type: none"> • Early engagement with provider • Market analysis and assessment of impact – council contract is not material to provider viability • Robust contract and relationship management

6.5 Equalities and Diversity

6.5.1 Procuring a lead provider model with expectations around subcontracting with smaller local specialist organisations will strengthen capacity to reach diverse communities and meet a full range of accessibility needs.

6.6 Corporate Parenting

6.6.1 Advocacy services work with all adults 18+, including those for whom Barnet hold corporate parenting responsibility and those who are care experienced.

6.7 Consultation and Engagement

6.7.1 We will be co-designing the service specifications with residents to ensure we fully reflect their feedback and expectations and involving residents in the evaluation process.

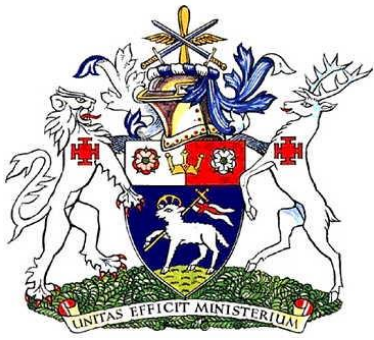
6.8 Environmental Impact

6.8.1 The environmental impact of this service is minimal; however, we will be expecting the successful provider to consider this as part of their social value contributions. This may

include offering a blended online and face-to-face service, thus minimising travel requirements.

7. Background papers

7.1 N/A



Adults and Safeguarding Committee AGENDA ITEM 10

7th March 2022

Title	Building on strengths and maintaining independence
Report of	Chairman of the Adults and Safeguarding Committee
Wards	All
Status	Public
Urgent	No
Key	No
Enclosures	None
Officer Contact Details	Ellie Chesterman, Interim Head of Commissioning for Mental Health and Dementia, Ellie.Chesterman@barnet.gov.uk Sue Tomlin, Head of Commissioning for Learning Disabilities and Physical & Sensory Impairment, Sue.Tomlin@Barnet.gov.uk

Summary

The Barnet Corporate Plan, 2021 – 2025, identifies ‘strengths and independence’ as a pillar of the Healthy priority for the borough. Our ambition is to ‘work in a strength-based way, recognising people’s goals, aspirations and existing communities to ensure that they can stay well and independent.’

At the January committee meeting, it was agreed that the committee would receive a report outlining the council’s work to promote the independence of adults with care and support needs. This report summarises recent relevant activity across Adult Social Care, and plans for the coming year, that support the delivery of the corporate plan ambition.

Officers Recommendations

The Committee is asked to note the content of this report and endorse the prospective activity outlined to continue to support, maintain and improve the independence of residents in the borough.

1. Why this report is needed

- 1.1 Working in a strengths-based way, recognising people’s goals, aspirations, and the value of their communities, to ensure that they can stay well and independent, is at the centre of all of the work delivered through Adult Social Care. Following the committee’s request, this report briefs the committee on relevant practice and activity to this end.

Strengths-based Practice

- 1.2 Strengths based practice is a collaborative process between the individual and those who work with them, drawing on the strengths and assets around them, enabling coproduction, promoting empowerment, and maintaining independence.
- 1.3 The Care Act (2014) statutory guidance directs practitioners to consider the person’s own strengths and capabilities, what support might be available from their wider support networks, or within the community to help in considering ‘what else other or alongside the provision of care and support might assist the person in meeting the outcomes they want to achieve’ (DH2017).
- 1.4 Considered as a golden thread that runs through everything we do, a strengths-based approach is used throughout Adult Social Care in our interactions with residents, carers, external providers, and our colleagues - from frontline practitioners to commissioning.
- 1.5 Through our strengths-based approach we aim to prevent, reduce or delay an adult’s social care needs from either developing or escalating. To deliver this, alongside partners, we draw on our workforce – ‘competent, confident, creative and caring’ (Barnet Adult Social Care Quality Framework).
- 1.6 Services that the council commissions all build on this philosophy. Our commissioning seeks to enable and support the individual to capitalise on their assets, draw on their strengths, and the strengths of those around them, to achieve their outcomes.

Accommodation and Support

- 1.7 Barnet’s approved provider list for Accommodation and Support ensures that there is a range of accommodation-based options available to support people to live as independently as possible.
- 1.8 These services are a core component of the council’s strategy to promote independence offering an alternative to traditional residential provision for people with social care needs and supporting people to progress to more independent living arrangements.
- 1.9 Following an extensive procurement exercise that concluded in January 2022, contracts for the new approved list are currently being issued to successful providers. The tender process has increased the range and diversity of supported living provision within the borough and broadened the range of options available to residents.
- 1.10 **Table 1 – Service types**

Service	Purpose	No. of Providers
Hoarding assertive outreach service	The service aims to help individuals remove clutter and reduce the risk of harm due to poor sanitation or inhabitable living environments.	2
Neighbourhood networks	To enable people living in a particular area (neighbourhood) to develop skills to live independently, build natural community support and social networks to support each other and meet responsibilities as a tenant / occupier.	4
Supported living – low / medium / high needs	Supported Living offer that includes accommodation, care and support for people with disabilities, including learning disabilities and mental health conditions.	41
Supported living – young adult transition	This service is to provide accommodation, care and support for young people with health and social care needs.	23
Supported living - specialist mental health step down support	Accommodation and high-level support following discharge from secondary mental health services. Access to support 24 hours that is flexible and responsive to the individual's needs. The service is to be time limited, supporting individuals to successfully move to more independent living.	12
Supported living for people with complex disabilities and health needs	Supported living for people with complex disabilities and health needs, and targeted support for those with mental ill health, that provides a well-coordinated combination of social care and clinical support to maintain good and positive health as well as independence.	21
A 'crash pad' for people with learning disabilities and / or autism and / or mental health needs	Care and support for people with learning disabilities, autism or mental health needs who require emergency respite. The service will prevent and minimise the risk of crisis within an individual's life by providing either emergency accommodation (crash pad) or extra care and support within an individual's own home.	7

1.11 **Table 2: Total successful and new providers**

Successful providers (across all lots)	New providers
110*	22

*Some providers have been successful across more than one lot.

- 1.12 As part of the re-procurement, we have also expanded the offer to include assertive outreach services to work with people who hoard. Providers will be expected to help individuals remove clutter and reduce the risk of harm due to poor sanitation or inhabitable living environments. The providers will support people to address their hoarding issues at a pace the individual can control and which promotes their wellbeing. Operational teams had identified this as a priority area, given the challenges involved in effectively supporting residents who have entrenched hoarding behaviours, particularly when these behaviours potentially mask other unmet health and social care needs.
- 1.13 Specifications for all services were coproduced with operational teams and with residents to ensure service options available in the coming years match local needs and expectations, and that they support our ambitions around strengths and independence. The commissioning and care quality teams will be working with successful providers through mobilisation and implementation to ensure that service delivery matches these specifications.
- 1.14 Key features include:
- Increased scope for individuals with a range of needs, notably an increased range of provision for mental health, autism, and physical disabilities
 - A focus on progression – supporting residents to build on their strengths and be aspirational for their future
 - Supporting people in the least restrictive settings, managing complex needs within the community, and seeking to avoid admission to hospitals
 - Strengthening of existing requirements to deliver enablement and recovery-focused activities, in line with strengths-based assessments that identify individual goals and monitor progress towards them

Extra Care

- 1.15 With parallels to the accommodation services outlined above, extra care housing offers a flexible housing-based service for older people. It also supports the council's aim to promote integrated communities and ensure that there are good housing choices for older people. Extra care housing provides a further way to support people to remain in their own homes, to avoid social isolation and to maintain high standards of independent living for longer, while having access to care and support when needed. There are currently 4 extra-care schemes in Barnet, one of which is Ansell Court, described below.
- 1.16 In November 2016 the Adults and Safeguarding Committee approved the expansion of extra care housing provision (ECH) in Barnet. This is a further core component of the council's strategy to promote independence.
- 1.17 The council commissioned Barnet Homes to act as the development agent for a pipeline of affordable extra care housing. It was identified that the expansion of extra care provision would help to meet the projected future care and support needs of older adults. Projections indicated that an additional 227 affordable rent extra care places would be required by 2030 to meet eligible needs.

- The phase one scheme, Ansell Court, was completed in 2019 and the first tenants moved into the setting in April 2019. £15 million was identified in the council's capital programme for this development. Situated in Mill Hill, this scheme has 53 flats, some of which have 2 bedrooms.
- Stagg House (which will be renamed Atholl House upon completion) is the second of the schemes and is currently under development with capital works underway on the site. The scheme is situated in Burnt Oak and will have 50 flats. Completion is scheduled for early 2023.
- The third location is Cheshir House, and the build is due to be completed by Spring 2024. The scheme is situated in Hendon and will have 75 flats.

- 1.18 These services deliver high quality, self-contained accommodation and give the individual full tenancy rights. A cornerstone of extra care is the flexibility of the support provision on site and the ability to increase or decrease care and support in response to individual needs. The service enables tenants to retain control over their own lives while receiving the support they need in a suitable environment with access to communal space and facilities.
- 1.19 Extra care is available to residents in Barnet over the age of 55 who have a housing and social care need. There is some flexibility on age requirement for younger people living with dementia and for people with learning disabilities, and this is exercised on a case-by-case basis in the best interests of the individual and the residents of the scheme.

Enablement

- 1.20 The council's enablement service is an essential part of the preventative, early intervention and wellbeing offer, promoting independence and reducing or delaying the need for longer-term care and support. Enablement provides intensive, time limited and needs-based care to eligible adults to help them improve their quality of life.
- 1.21 It can be delivered wherever the individual is accommodated, including in the range of settings already outlined. It is a flexible service which provides outreach support in the individual's home.
- 1.22 Over recent years there has been significant change in the levels of demand and complexity of individuals who are referred into the service. This has partly been driven by the impact of Covid 19 and by the close working between the council and health partners to support timely discharge from hospital.
- 1.23 During 2020 and 2021, there have been significant changes in national legislation that have reshaped the pathways for people moving from hospital into the community and the council's enablement service has been key in ensuring that individuals can leave hospital and return to their homes safely and in a timely manner.
- 1.24 In March 2020 legislation was introduced with immediate effect that changed the timescales and formalised practice associated with hospital discharge focussing on a 'Home First Discharge to Assess (D2A) Operational Model'. These changes have undergone further modification since their initial implementation and are now the

required hospital discharge and community support model, as set out by the Government in guidance published on 5th July 2021¹.

- 1.25 During 2021, the council worked closely with the service provider, Your Choice Enablement, and other key stakeholders, to revise service pathways and maximise the available enablement capacity. This ensured that the service was able to respond effectively to wider system changes and offer the valuable support needed by residents to maintain their independence within the community.
- 1.26 From March 2021 to January 2022 more than 1,800 Barnet residents received enablement support, with 79% of people starting directly from hospital so they could return to their homes. 58% of people who received an enablement service went on to need no further support and to fully regain their independence.

Assistive Technology – ‘Telecare’

- 1.27 The assistive technology service provides the council with a high quality, mainstreamed and highly innovative service, that uses technology, monitoring and support to enable people to live as independently as possible in the community, within their own homes and in a range of settings.
- 1.28 It can be used independently, or alongside other support and interventions to maximise safety and independence in the community, following a coproduced assessment and care planning process.
- 1.29 The service helps avoid unplanned hospital attendance or admission by effectively supporting people to prevent their health and social care needs increasing, facilitate hospital discharge as quickly and safely as possible and to improve outcomes for people.
- 1.30 Examples of assistive technology in use are:
- Emergency alarms and sensors for people at risk of falling
 - Visual alarms and sensors in the home connected to fire alarms, telephones and doorbells for people with hearing impairment
 - Pendant alarms to reach help at the touch of a button
 - Talking clocks and reminders for people with visual impairment
 - Personalised interactive devices to assist the individual to be independent
 - Telecare is also linked to response services, who will call or visit the individual in response to an alert
- 1.31 The digital offer within the service was adapted to respond to the change in local needs during the height of the pandemic, and the current provider responded well to

¹ [Hospital discharge and community support: policy and operating model - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/guidance/hospital-discharge-and-community-support-policy-and-operating-model)

the challenges presented by Covid-19. Currently, the telecare service is used by around 4,000 people in Barnet.

- 1.32 Work is underway to design and commission the future service in the borough from April 2023 onwards with a strengthened offer built on innovation for people with a range of care needs outside of the traditional model, and work with health partners to identify the growing opportunities for healthcare technology and explore shared endeavours.

Progression in Learning Disabilities

- 1.33 Strengths and independence with a particular focus on 'progression' is a core part of the work of the Barnet Learning Disability Service (BLDS). People with learning disabilities want to develop their skills and increase their independence wherever possible. The team works to ensure that care and support is appropriate and is linked to clear outcomes set by the person themselves which they can progress towards.
- 1.34 The progression model is based on strength-based assessments which maximise opportunities for independence, helping people to acquire independent living skills through taking small steps to greater independence.
- 1.35 The principle of progression is fundamental to all activity within the service; reviewing support plans and working with care and support providers to ensure the best match of services to meet the persons' needs and that these will enable the person to fulfil their ambitions.
- 1.36 Building on this work we are developing an approach to day opportunities provision that is progression-focused, which will work with the individual's strengths and enable people to increase their skills and independence.
- 1.37 The council will be working with a range of providers both within and outside the care market to shape a range of meaningful day activity and employment support interventions, drawing on universal services such as transport, fitness, and leisure.

Prevention

- 1.38 As noted by the committee in the report presented in January 2022, the council's Prevention and Wellbeing Team is being expanded. The service focuses on three core areas of activity:
- Personalised & individual support for people known to adult social care and their informal carers
 - Community engagement and development work with local organisations
 - Creating new initiatives and increasing community capacity
- 1.39 In addition to this in-house provision, we commission a range of preventative services that support early intervention, addressing needs in the community before they escalate to the point of needing a statutory intervention. Key examples include:
- Neighbourhood services, run by Age UK, which include community run fitness groups, dance, art, lunch clubs and other activities to address social isolation and ensure people maintain connections to the community

- A range of community-based dementia services, also run by Age UK, that support and promote independence and wellbeing for adults with dementia and their carers
- The Barnet Mencap 'Bright Futures' contract, which provides a range of early intervention and prevention services, including employment support, day and community opportunities for people with learning disabilities and/or those with autism.

- 1.40 An example of services responding to support people to remain independent and remain safe in the community during the pandemic, can be seen within the Bright Futures service.
- 1.41 Over the last two years we have worked with Barnet Mencap to adjust their offer to continue to prevent escalation of needs and management of risks, through completing weekly and fortnightly telephone wellbeing and welfare checks, targeting those living alone or with parents or carers aged 70 or over or with their own support needs.
- 1.42 Staff were able to respond to safeguarding concerns, changes in behaviour at home and other situations. In addition, Barnet Mencap staff were able to discuss a range of health matters and helped to identify missed health appointments and vaccinations.
- 1.43 The model has enabled the provision of early and proportionate support and created opportunities for links with other voluntary and community services, such as Barnet Carers' Centre, the Wellbeing Hub, Age UK, and escalation to Barnet Learning Disability Service (BLDS).

2. Reasons for recommendations

- 2.1 At the last meeting, the Adults and Safeguarding Committee agreed to receive a report updating on services to support the independence of Barnet residents.

3. Alternative options considered and not recommended

None.

4. Post decision implementation

None.

5. Implications of decision

5.1 Corporate Priorities and Performance

- 5.2 On 8th February 2021, Policy and Resources Committee approved the Barnet Plan, which identified the four key priorities for the council over the next four years, as set out below. The approaches and services outlined within this report support the healthy priority.

- Clean, safe and well run: a place where our streets are clean and antisocial behaviour is dealt with, so residents feel safe. Providing good quality, customer friendly services in all that we do.
- Family Friendly: creating a Family Friendly Barnet, enabling opportunities for our children and young people to achieve their best.
- Healthy: a place with fantastic facilities for all ages, enabling people to live happy and healthy lives.
- Thriving: a place fit for the future, where all residents, businesses and visitors benefit from improved sustainable infrastructure & opportunity.

5.2.1 This report has articulated a range of ways in which Adult Social Care are working in partnership with key stakeholders to ensure we achieve our ambitions to empower residents to maximise their strengths and independence.

5.3 **Resources (Finance & Value for Money, Procurement, Staffing, IT, Property, Sustainability)**

5.3.1 Resource decisions in relation to the work referenced in this report have been managed within the existing budget. These approaches and services support the council to meet its statutory duties within the available funding envelope.

5.4 **Legal and Constitutional References**

5.4.1 The council's Constitution (Article 7, Article 7 – Committees, Forums, Working Groups and Partnerships) sets out the responsibilities of all council Committees. The responsibilities of the Adults and Safeguarding Committee include:

- Responsibility for all matters relating to vulnerable adults, adult social care and leisure services.
- Work with partners on the Health and Well Being Board to ensure that social care, interventions are effectively and seamlessly joined up with public health and healthcare and promote the Health and Wellbeing Strategy and its associated sub strategies.
- To receive reports on relevant performance information and risk on the services under the remit of the Committee.

5.4.2 Both the Care Act 2014 and the supporting statutory Care and Support Guidance note that the care and support system should actively promote wellbeing and independence, and that the concept of independent living is a core part of the wellbeing principle.

5.4.3 The Local Authority has a duty under s 5 of the Care Act (2014) to shape and maintain an efficient and effective market of services for meeting care and support needs in the local area.

5.5 **Insight**

5.5.1 Monitoring information and performance data is collected and analysed on an ongoing basis and used to inform commissioning intentions.

5.6 Social Value

5.6.1 The Public Services (Social Value) Act 2012 requires people who commission public services to think about how they can also secure wider social, economic, and environmental benefits.

5.6.2 All tender activity referenced in this report included or will include a specific method statement question to test providers on how they will deliver social value through the contract in question. Bidders are asked to demonstrate how they intend to: support the local economy, promote skills and employment, protect and improve our environment, create healthier, safer and more resilient communities and/or increase social capital by supporting London Councils' Procurement Pledge.

5.6.3 The care quality team works with providers throughout the duration of contracts to understand how these commitments are being maintained.

5.7 Risk Management

5.7.1 Risks associated with any procurement processes are identified and suitable mitigations implemented. This includes ensuring that processes are legally compliant and consistent with budget resources and savings targets.

5.7.2 Risks of non-delivery are managed by developing strategic relationships with successful providers and robust contract and performance monitoring. Approved provider lists can be re-opened during the contract period to add new suppliers, subject to the usual procurement processes.

5.8 Equalities and Diversity

5.8.1 Equality and diversity issues are a mandatory consideration in the decision making of the council.

5.8.2 Decision makers should have due regard to the public sector equality duty in making their decisions. The Equality Act 2010 and the Public-Sector Equality Duty require elected Members to satisfy themselves that equality considerations are integrated into day-to-day business and that all proposals emerging from the business planning process have taken into consideration the impact, if any, on any protected group and what mitigating factors can be put in place. The equalities duties are continuing duties they are not duties to secure a particular outcome. The statutory grounds of the public sector equality duty are found at section 149 of the Equality Act 2010 and are as follows:

5.8.3 A public authority must, in the exercise of its functions, have due regard to the need to:

- Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act.
- Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it.
- Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

5.8.4 Having due regard to the need to advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it involves

having due regard, in particular, to the need to:

- Remove or minimise disadvantages suffered by persons who share a relevant protected characteristic that are connected to that characteristic.
- Take steps to meet the needs of persons who share a relevant protected characteristic that are different from the needs of persons who do not share it.
- Encourage persons who share a relevant protected characteristic to participate in public life or in any other activity in which participation by such persons is disproportionately low.

5.8.5 The steps involved in meeting the needs of disabled persons that are different from the needs of persons who are not disabled include, in particular, steps to take account of disabled persons' disabilities.

5.8.6 Having due regard to the need to foster good relations between persons who share a relevant protected characteristic and persons who do not share it involves having due regard, in particular, to the need to:

- Tackle prejudice, and
- Promote understanding.

5.8.7 Compliance with the duties in this section may involve treating some persons more favourably than others; but that is not to be taken as permitting conduct that would otherwise be prohibited by or under this Act. The relevant protected characteristics are:

- Age
- Disability
- Gender reassignment
- Pregnancy and maternity
- Race,
- Religion or belief
- Sex
- Sexual orientation
- Marriage and Civil partnership

5.8.8 This is set out in the council's Equalities Policy together with our strategic Equalities Objective - as set out in the Corporate Plan - that citizens will be treated equally with understanding and respect; have equal opportunities and receive quality services provided to best value principles.

5.8.9 Progress against the performance measures we use is published on our website at: <https://www.barnet.gov.uk/your-council/policies-plans-and-performance/equality-and-diversity>

5.9 Corporate Parenting

All relevant work referenced in this report has given consideration to the specific care * support needs of young adults and those who are care experienced. . For example, the approved provider list for accommodation and support has a specific lot working with young adults with additional support needs. These services will offer young

people accommodation options where they can receive age-appropriate wrap around support to develop independent living skills as part of a personalised progression plan.

5.10 Consultation and Engagement

5.10.1 A wide range of engagement activity with stakeholders is undertaken to support all service development work, including engagement with experts by experience, operational staff, and provider markets. Commissioned providers are also required to collect regular feedback from residents and carers in order to inform their own service planning and for review by our own contract monitoring team.

5.10.2 The Adult Social Care Engagement Officer is in the process of drafting the engagement plan for 2022/23 which will drive key activity in the coming year, ensuring that the voice of residents and carers is heard throughout the offer.

5.11 Environmental Impact


5.11.1 Commissioned providers are required to consider environmental impact as part of their social value contributions. The care quality team works with providers throughout the duration of contracts to understand how these commitments are being maintained.

6. Background papers

None.

Adults and Safeguarding Committee

7th March 2022

	<p style="text-align: right;">AGENDA ITEM 11</p> <h2 style="text-align: center;">Adults and Safeguarding Committee</h2> <p style="text-align: center;">7th March 2022</p>
<p style="text-align: center;">Title</p>	<p>Quarter 3 (Q3) 2021/22 Delivery Plan Performance Report</p>
<p style="text-align: center;">Report of</p>	<p>Councillor Sachin Rajput – Committee Chairman</p>
<p style="text-align: center;">Wards</p>	<p>All</p>
<p style="text-align: center;">Status</p>	<p>Public</p>
<p style="text-align: center;">Urgent</p>	<p>No</p>
<p style="text-align: center;">Key</p>	<p>No</p>
<p style="text-align: center;">Enclosures</p>	<p>None</p>
<p style="text-align: center;">Officer Contact Details</p>	<p>Courtney Davis, Assistant Director Communities and Performance courtney.davis@barnet.gov.uk Appy Reddy, Head of Business Intelligence, Performance and Systems appy.reddy@barney.gov.uk Dean Langsdon, Finance Business Partner for Adults, Public Health and Leisure dean.Langsdon@barnet.gov.uk</p>

Summary

The committee receives a performance report each quarter updating on progress, performance and risk against its priorities. This report provides a thematic overview of performance for Q3 2021/22, focusing on the activities to deliver both the corporate and committee priorities in the Adults and Safeguarding Delivery Plan.

Officers Recommendations

The Committee is asked to review the performance, budget and risk information for Q3 2021/22 and make any referrals to Policy and Resources Committee or Financial Performance and Contracts Committee in accordance with the terms of reference of these Committees, as it decides appropriate.

1. INTRODUCTION

- 1.1 The Barnet Plan sets out four priorities for the borough, these are: thriving, family friendly, healthy, and clean, safe & well-run. The Adults and Safeguarding (A&S) Committee is the lead committee for the corporate plan's healthy theme, covering adult social care, integrated care, sports, physical activity & leisure and works with partners on the Health and Wellbeing Board (HWB) to ensure that social care interventions are effectively joined up with healthcare. However, healthy is a cross-cutting theme and elements of it report to other committees, including activity on homelessness, domestic abuse and gender-based violence, and tackling the longer-term impacts of Covid-19.
- 1.2 Each year the committee adopts an annual plan, setting out the key priorities for the services within its remit, which includes key performance indicators. The plan for this financial year reflects both the Council's policy aims of safeguarding residents and supporting them to live independently; enabling residents to live healthy and active lives; and the Council's on-going response to the Covid-19 pandemic for the services within the committee's remit.
- 1.3 This report provides an overview of performance and activities to deliver the committee's priorities, and the budget forecast, for Q3 2021/22

2. DELIVERY PLAN PRIORITIES 2021/22

2.1 Pandemic response

- 2.1.1 Throughout quarter 3, adult social care services have continued to receive a high volume of contacts, especially for support upon discharge from hospital. The integrated discharge process (detailed below in 2.2.1.1) has been maintained along with continued support to care providers, working on the Covid 19 vaccination programme (especially relating to social care workers and people who draw on social care) and on-going shared leadership with NHS partners of local activity. The council supported care homes to ready themselves for mandatory vaccination of staff in care homes in November 2021. Other CQC regulated community services were supported to get vaccination rates to >85% for staff (above the North Central London average), although the government has announced it will revoke vaccination as a condition of deployment for these services from 1 April as planned, subject to consultation.
- 2.1.2 During quarter 3, 66 care homes experienced an outbreak due to the significant increase in community transmission rates of the Omicron variant. In most cases residents and staff were asymptomatic. The Integrated Care Quality Team worked alongside Public Health and the One Barnet Care Home Team to ensure providers have access to the right guidance and support to manage these outbreaks.

2.2 Bringing health and care together

- 2.2.1 There are a range of integrated health and care services in Barnet already. In Q3, the Council continued its work with the NHS and VCFS partners through the Barnet Integrated Care Partnership (ICP), now the referred to as the Barnet Borough Partnership (BBP), across the range of projects and initiatives that come under its remit, implementing new programmes of work and developing its governance in preparation for the implementation of a statutory Integrated Care System (ICS) in July this year.

This included the second round of the Community Innovation Fund, the flagship community investment fund administered by the council on behalf of the Borough Partnership, which received over 90 applications (an 150% increase on the previous round). Such was the high volume and quality of that 31 local community projects received funding and are now receiving support to mobilise to deliver their innovative projects for residents of Barnet. The projects include community led mental health and wellbeing support, supporting sustainable green spaces and promoting exercise and wellbeing, supporting families, children and young people and promoting family health, all led by diverse groups within our communities.

2.2.2 The health and social care system felt the impact of the Omicron variant alongside the usual winter pressures and the council worked hard to keep the system safe and delivering high quality services to residents during Q3. This has included supporting an increased number of residents to leave hospital with care and support. In this quarter the social work teams facilitated 1,511 discharges with care and support – either returning home or to a care home. In total, for the first three quarters of the year 4,012 residents were discharged home (pathway 1) and 316 moved on to residential and nursing placements (pathway 3. Note: the definition of pathway 3 includes both council and continuing health care placements).

2.2.3 Key performance indicators for this priority monitor demand coming from hospital pathways into social care and the cumulative number of clients with joint funding (CHC) arrangements. These are local measures based on the national discharge to assess health and care pathways established in 2020-21.

Indicator	Polarity	20/21 EOY	21/22 Target	Q3 21/22		Q3 20-21 Result	Benchmarking
				Result	DOT		
Total number of Hospital discharges in the quarter enabled by the integrated discharge team	-	3,876 (partial year recording)	No Target	1,993		1,368	No benchmark available
Adults discharged with support from adult social care (pathway 1 or 3)	-	2,086 (partial year recording)	No Target	1,511		-	No benchmark available
Number of clients with Joint Funding (CHC) arrangements	-	351	No Target	343	↑	-	No benchmark available

** New measures for 20-21 and hence no previous benchmarking; it was DTOC to end of 19-20

2.3 Supporting residents to maintain their strengths and independence

2.3.1 The council's adult social care service has focused on supporting independent living using a strengths-based practice model for many years. The new corporate plan re-affirms this commitment.

2.3.2 Q3 saw continued development of our two new extra care schemes, Atholl House in Burnt Oak, due for completion in January 2023, and Cheshir House in Hendon, due for

completion in March 2024. Capital works at the second site are underway and the build contract for the third site has been signed. Work is progressing on finalising the service specification for the support provision, drawing on local examples, best practice and informed by the experience of commissioning the service at Ansell Court in Mill Hill.

2.3.3 The procurement of new accommodation and support providers was progressed in Q3 and completed in the first part of Q4. More details are contained a separate report on this agenda.

2.3.4 We continued to work closely with Barnet Mencap through the Bright Futures contract who are maintaining regular contact (telephone well-being checks) with people with learning disabilities who live alone or with older parents or carers, ensuring access to their employment and community activities.

2.3.5 There are 9 Key performance indicators for this priority, which are a combination of 5 local measures and 4 national measures from the Adult Social Care Outcomes Framework (ASCOF).

Indicator	Polarity	19/20 EOY	20/21 EOY	Q3 21/22		Q3 20- 21	Benchmarking
				Result	DOT	Result	2019-20
Numbers of shared lives carers recruited	Bigger is Better	-	4	9	↑	-	No benchmark available
Number of shared lives placements	-	-	3	3	→	-	No benchmark available
People provided with information, advice and guidance	Bigger is Better	3,087	3,639	2,703	↓	2,830	No benchmark available
Total Number of clients who received reablement services in the year from both hospital and community routes	Bigger is Better	568	1002	1,484	↑	643	No benchmark available
Percentage of safeguarding contacts leading to S42 safeguarding referrals	-	23.4 %	24.3%	24.5%	↓	27.7%	No benchmark available

Indicator	Polarity	19/20 EOY	20/21 EOY	Q3 21/22		Q3 20-21	Benchmarking
				Result	DOT	Result	2019-20
Adults with learning disabilities who live in their own home or with their family	Bigger is Better	80.0%	82.2%	74.1%	→	74.1%	CIPFA Neighbours 75.9% London 76.2% England 77.3%
Adults with learning disabilities who are in paid employment	Bigger is Better	8.4%	8.4%	9.9%	↑	8.0%	CIPFA Neighbours 7.6% London 7.0% England 5.6%
Permanent admissions to residential and nursing care homes, per 100,000 population age 65+ (c)	Smaller is Better	502.6	509.6	397.1	↑	291	CIPFA Neighbours 436.6 London 431.3 England 584.0
Permanent admissions to residential and nursing care homes, per 100,000 population age 18-64 (c)	Smaller is Better	16.7	14.7	8.1	↑	6.9	CIPFA Neighbours 11.4 London 10.8 England 14.6

2.4 Focusing on Mental Health and wellbeing

- 2.4.1 During Q3 the Council's mental health social work teams tested a redesigned service structure which has brought social workers into teams aligned with BEH Mental Health Trust's locality teams with clearer processes for incoming work and supporting hospital discharge. Roles for social workers and health practitioners have been clarified with a clear focus on working in an integrated way but for each professional to fulfil their unique role. This approach supports a person-centred service, clearer and quicker pathways for adults and strengthens the prevention and recovery model.
- 2.4.2 The Network continued to provide a strength based, recovery model service for people and developed carers and men's groups. The mental health service in adult social care and relevant teams in family services have been actively working together to improve the transition pathway for young people. This work has included regular joint meetings, an agreement to engage at an earlier stage with young people, and continual involvement in the early help and transition panels.
- 2.4.3 The Council, CCG and Mental Health Trust have been working collaboratively to support further development and implementation of the new community mental health model for people with severe and enduring mental health illness which is being piloted in primary

care network 3. As part of this work the Council is working with the Trust to improve provision of community mental health rehabilitation and develop mental health pathways that have a strong community focus.

2.4.4 The Suicide Prevention Partnership, involving partners across Public Health, Adult Social Care, the CCG and BEHMHT, have supported an extensive communications campaign to raise awareness of help available to Barnet residents, particularly encouraging use of the Stay Alive app. Community Barnet have also delivered several engagement events specifically targeting men, including at the LBB Depot. The MH manager at the Network has led on suicide prevention and has offered a range of training in conjunction Public Health and the Trust.

2.5 Greater facilities and opportunities to be physically active

2.5.1 During Q3 the council and GLL continued to work together to reinstate a full programme across all facilities. At the end of Q3, the total live leisure (GLL) membership base was at 83% of pre-pandemic levels:

- Total (pre-paid) membership pre-pandemic (March 2020): 10,968
- Total live membership at the end of Q3: 9,119 (-251 members vs Q2 however this can be attributed to the expected drop in memberships over the winter period, together with the impact of the Omicron variant)
- Total FAB card holders (March 2021 pre-reopening): 25,183
- Total FAB Card holders live at end of Q3: 36,519 (+2,270 members vs Q1)
- Total Q3 live membership: 45,638.

Leisure centre attendances experienced a slight reduction in Q3 compared to Q2, however this is a typical trend during the winter period, which has been further exacerbated due to the Omicron variant:

- October 21 = 129,353
- November 21 = 100,224
- December 21 = 85,513

Q3 Total = 315,090 (-1,610 attendances vs Q2)

2.5.2 Other key service headlines include:

- 61.6% of adults aged 16+ are active for at least 150 minutes per week (Active Lives Survey May 20/21). This is an increase of 1.1% since the last survey (Nov 19/20). Barnet has experienced the largest increase across all London boroughs (4.4%) since 2016
- 217 Barnet school children participated in an Activate schools programme
- 415 referrals across all health interventions received and processed (physical activity on referral, weight management, Give it a Go, diabetes, and cancer rehabilitation)
- Re-launch of Dementia Club at Barnet Copthall Leisure Centre
- Suicide prevention month and world mental health day supported with links to physical activity

3 BUDGET FORECASTS

3.1 The Revenue Forecast (after reserve movements) for the Adults and Safeguarding Committee's service areas of adult social care and leisure is £113.796m. Of this, £6.456m is the impact of Covid 19, leaving an overspend of £4.307m at Q3.

Revenue Forecast (Q3 2021/22)

Service Area	21/22 Budget	Projected Outturn	Variance (under)/over		Covid Impact £000	Revised Variance (under)/over	
	£'000	£'000	£'000	%	£'000	£'000	%
ASC Prevention Services	2,709	2,574	(135)	-2.3%	0	(135)	-2.3%
ASC Workforce	17,657	20,069	2,412	13.1%	2,088	324	0.0%
Sub-total	20,365	22,643	2,277	11.2%	2,088	189	0.9%
Placements Budget							
Integrated Care - LD	29,398	30,005	607	2.1%	0	607	2.1%
Integrated care - MH	9,422	9,802	380	4.0%	0	380	4.0%
Integrated Care - OA	35,513	39,249	3,736	10.5%	1,743	1,993	5.6%
Integrated Care - PD	10,037	11,175	1,138	11.3%	0	1,138	11.3%
Sub-total	84,370	90,231	5,861	6.9%	1,743	4,118	4.9%
<i>Non-demand Covid Commitments</i>	0	781	781		781		
Sub-total	0	781	781		781	0	
Adults Social Care Total	104,736	113,655	8,919	8.5%	4,612	4,307	4.1%
Leisure							
Leisure	(1,703)	141	1,844	-108.3%	1,844	0	0.0%
Leisure Sub-total	(1,703)	141	1,844	-108.3%	1,844	0	0.0%
Total Adults	103,033	113,796	10,763	10.4%	6,456	4,307	4.2%

Projections for Covid financial impact are as per below, as set out in the December 2021 return to the Department for Levelling Up, Housing and Communities. The table below details the main spend areas in response to Covid and reconciles to the 'Covid impact' column in the revenue forecast table above.

Service Area	Covid-19 Impact	Category
	£'000	Commentary
Adult Social Care	500	VCS sustainability fund
	100	Falls prevention, isolation and loneliness support
	2,088	ASC workforce pressures
	181	Support to vulnerable people
	643	Placements - support to efficiency planning
	1100	Paying for voids in Residential Block provision
Sub-total	4,612	
Leisure	1,843	Leisure SPA Income Pressure
Sub-total	1,843	
Total	6,455	

- 3.1 To better illustrate the actual position in the budget, the decision has been taken to reverse the previous planned reserve drawdown (£3.516m). However, if there is a continued increase (see comments below) the drawdown may be reinstated.
- 3.2 Factoring in the additional government funding given to Councils, ASC is now showing an overspend, equivalent to 4.2% of the budget. Overspends in placements are primarily due to continued demand increases in community settings. Costs associated with scheme 2 and scheme 3 of the hospital discharges/avoidance process are estimated at £1.9m, which is expected to be recouped from the CCG, although this position is subject to movement.
- 3.3 The service has seen an increase in demand, largely from people being discharged from hospital in larger numbers and with more complex needs. This is in excess of the volumes used in the model to set the 21/22 budget. There has been an increase of approximately 25% in homecare commissioned hours from the period used to set this year's budget, with demand for residential and nursing placements returning to pre-pandemic levels.
- 3.4 A recent announcement to continue with Hospital Discharge (scheme 3) funding until the end of this financial year has been factored into current projections however the potential impact of the Omicron variant has not been included, this will need to be monitored.
- 3.5 The Leisure, Sports and Physical Activity budget is forecast to overspend by £1.843m, due to the continued loss of planned surplus income caused by the mandated closure of centres during the initial stages of the pandemic. This cost is being covered by the application of central government funding, leading to a balanced position for leisure.
- 3.6 The **Capital Forecast** for areas within the committee's remit is **£4.546m**, this reflects a £0.456m underspend variance reported position at Q3.

Capital Forecast (Q3 2021/22)

Capital Programme Description	2021-22 M9 Budget	2021-22 M9 Forecast	Variance
	£000	£000	£000
Sport and Physical Activities	132	93	-39
Community Equipment and Assistive Technology	1,417	1,000	-417
Investing in IT	379	379	0
Disabled Facilities Grants Programme	3,074	3,074	0
Adults Total	5,002	4,546	-456

- The Sports and Physical Activities projected forecast at month 9 is £0.093m and retention payment have been released for the two sites. There is some slippage of £0.408m against the budget and is due to anticipated works on the Playing Fields, which is to take place next year.

3.7 Debt Recovery

- 3.7.1 Debt which relates to adult social care residential placements and community care packages arises when individuals are financially assessed as being able to contribute to the costs of their care and support, but the contributions have not been paid. Most individuals do pay their contributions and the council typically receives around £12-14 million each year in financial contributions, indeed the average collection rate for Barnet

is around 80%. The council has initiated a dedicated project to reduce the current level of debt, improve the active management of debt and prevent future debt.

3.7.2 We have identified a range of reasons for the buildup of debt, which include not routinely using direct debit to support regular payments, the need to improve information flows between Mosaic (case management system) and Integra (finance system) and the fact that cases can be very complex, especially when there are no formal arrangements for the management of an individual's financial affairs.

3.7.3 At the end of Q3 the level of overdue debt related to individuals who receive adult social care services was £8.359. Approximately 25% of the debt relates to deceased client accounts and 20% of this debt is secured by a deferred payment agreement (DPA). A DPA is an arrangement with the council that enables people to use the value of their homes to help pay care home costs after their deaths. However, funds owed under DPAs are shown as a debt even if the individual is still living.

3.7.4 The primary focus of the project team has been to reduce the current level of debt whilst developing robust standard operating procedures to ensure future levels of debt are significantly reduced and actively managed. The table below shows the financial benefit to the Council to date.

Financial Benefit	Amount
Individual debt repaid	£451,700
Debt recharged to Health	£66,464
Credits (Invoices Adjusted)	£202,750
Debt avoidance	£270,988
Total financial benefit	£991,902

3.7.5 Further funding has been agreed and a team has been recruited to expand the existing Debt Recovery team until the end of March 2023. A system lead workflow and standard operating practice has been designed for each category of debt and a Debt Panel meeting has been established to ensure a clear and robust process for decisions and escalations. In phase two, the project will take the learning from phase one and finalise standard operating procedures and system improvements and make recommendations for permanent resourcing, service structure, and on-going preventative measures.

4. SAVINGS

4.1 The total amount of savings identified for A&S Committee for 2021/22 is £1.716m. This is shown in the table below. Savings have been reviewed and risk assessed. The current position is as follows:

Line Ref	Description of Savings	2021/22	Comment
		£'000	
A&S8	Leisure VAT efficiency	-124	Impacted by Covid
A&S9	Leisure - over delivery against projected income.	-747	Impacted by Covid
A&S21	OAPD - strength based approach to care reviews.	-160	Some progress being made. Likely to be impact by Covid. Continues to be reviewed
A&S22	LD - support for working age adults.	-325	
A&S25	Charging - increase in hourly homecare rate	-60	
A&S27	Reablement - maximising impact of offer.	-200	
A&S31	Prevention - front door offer	-100	
		-1,716	

5. REASONS FOR RECOMMENDATIONS

- 5.1 These recommendations are to provide the Committee with relevant budget, performance, and risk information in relation to the corporate and committee priorities in the Corporate Plan (Barnet 2024) and A&S Committee Delivery Plan.

6. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

- 6.1 None.

7. POST DECISION IMPLEMENTATION

- 7.1 None.

8. IMPLICATIONS OF DECISION

8.1 Corporate Priorities and Performance

- 8.1.1 Robust budget, performance and risk monitoring are essential to ensure that there are adequate and appropriately directed resources to support delivery and achievement of corporate and committee priorities as set out in the Barnet Plan and Annual Delivery Plans.

- 8.1.2 Relevant Council strategies and policies include the following:

- Medium Term Financial Strategy
- The Barnet Plan
- A&S Committee Delivery Plan
- Performance and Risk Management Frameworks

9. RESOURCES (Finance and Value for Money, Procurement, Staffing, IT, Property,

Sustainability)

- 9.1 The budget forecasts are included in the report. More detailed information on financial performance is provided to Financial Performance and Contracts Committee.

10. SOCIAL VALUE

- 10.1 The Public Services (Social Value) Act 2012 requires people who commission public services to think about how they can also secure wider social, economic, and environmental benefits. Before commencing a procurement process, commissioners should think about whether the services they are going to buy, or the way they are going to buy them, could secure these benefits for their area or stakeholders. The Council's contract management framework oversees that contract delivers the expected services to the expected quality for the agreed cost. Requirements for a contractor to deliver activities in line with Social Value will be monitored through this contract management process.

11. LEGAL AND CONSTITUTIONAL REFERENCES

- 11.1 Section 151 of the Local Government Act 1972 states that: "without prejudice to section 111, every local authority shall make arrangements for the proper administration of their financial affairs and shall secure that one of their officers has responsibility for the administration of those affairs". Section 111 of the Local Government Act 1972 relates to the subsidiary powers of local authorities.
- 11.2 Section 28 of the Local Government Act 2003 (the Act) imposes a statutory duty on a billing or major precepting authority to monitor, during the financial year, its income and expenditure against the budget calculations. If the monitoring establishes that the budgetary situation has deteriorated, the authority must take such action as it considers necessary to deal with the situation. Definition as to whether there is deterioration in an authority's financial position is set out in section 28(4) of the Act.
- 11.3 The Council's Constitution (Article 7, Article 7 – Committees, Forums, Working Groups and Partnerships) sets out the responsibilities of all Council Committees. The responsibilities of the Adults and Safeguarding Committee include:
- (1) Responsibility for all matters relating to vulnerable adults, adult social care and leisure services.
 - (2) Work with partners on the Health and Well Being Board to ensure that social care, interventions are effectively and seamlessly joined up with public health and healthcare and promote the Health and Wellbeing Strategy and its associated sub strategies.
 - (3) To submit to the Policy and Resources Committee proposals relating to the Committee's budget (including fees and charges) for the following year in accordance with the budget timetable.
 - (4) To make recommendations to Policy and Resources Committee on issues relating to the budget for the Committee, including virements or underspends and overspends on the budget. No decisions which result in amendments to the agreed budget may be made by the Committee unless and until the amendment has been agreed by Policy and Resources Committee.
 - (5) To receive reports on relevant performance information and risk on the services under the remit of the Committee.

11.4 The Council's Financial Regulations can be found at:
<https://barnet.moderngov.co.uk/ecSDDisplay.aspx?NAME=SD349&ID=349&RPID=26844096>

12. RISK MANAGEMENT

12.1 The Council has an established approach to risk management, which is set out in the Risk Management Framework. Risks are reviewed quarterly (as a minimum), and any high level (scoring 15+) risks are reported to the relevant Theme Committee and Policy and Resources Committee

Risk description	Risk Mitigations and Q3 Update
<p>AC001 Finances: Uncertainty about future demand for services, increasing complexity and cost of care packages, legislative changes and, specifically related to COVID, the availability of funding streams, reimbursements, on-going support and future waves could lead to a worsening budget overspend for the service resulting in insufficient resources to meet statutory obligations and a deterioration in the council's overall financial position. Risk Rating: 16</p>	<p>The Council's budget management process forecasts demographic growth and pressures over a multi-year period. Budget and performance monitoring and management controls are used throughout the year including monthly analysis and a risk-based approach to budget monitoring and any decisions regarding reserve movements.</p> <p>Adult Social care and finance are working closely to assess and monitor the financial impact of COVID. The Council continues to liaise with Health and submit discharge returns, currently discharge funding has been agreed to the end of March 2022.</p> <p>The MTFs to 2024 is set and adult social care will continue to undertake initiatives focused on reducing and managing future demand.</p>
<p>AC016: Funding and sustainability challenges facing the voluntary sector could lead to a reduction in the capacity of the Borough's preventative services resulting in adults being without the appropriate services and an increase in demand for more intense, longer and more expensive care and support services over time. Covid 19 has presented further risks to the VCS regarding financial sustainability and increased demand for support.</p>	<p>To mitigate risk and ensure a coordinated and joined approach with the VCS in response to Covid 19 a community infrastructure programme was established in conjunction with Barnet Together. As part of this programme the Council committed £125k funding to aid the work of the boroughs VCS as they support the people most affected by the Covid 19 crisis (the Barnet Community Response Fund and the Barnet Covid 19 Sustainability Impact fund). As part of the programme of work a dedicated workstream to consider support for adults was also developed</p>

<p>Risk Rating: 16</p>	<p>and this workstream holds weekly meetings with key providers to promote joint working and manage risks. Alongside this, the prevention and wellbeing service continue to ensure regular communication is occurring with the wider VCS and look at opportunities to work jointly together.</p>
<p>AC002 Failure of a care provider: A care provider suddenly being unable to deliver services could lead to HSE breach, harm to individuals resulting in a violation of statutory duty and financial consequences. This risk covers both quality and financial risk to care providers.</p> <p>Risk Rating: 16</p>	<p>For all contracted services due diligence is undertaken at the start of each contract to ensure quality and sustainability of providers. Regular contract monitoring is undertaken with providers and financial health and sustainability risks are also monitored. Care Quality advisors support homes through best practice support and supporting staff development. If issues are identified, then there is a clear provider concerns process to assess risk to individuals and support improvement. There is also a clear provider failure / closure approach to manage closure of homes and the safe transition of individuals if required.</p> <p>In response to mandatory vaccine regulation, the care quality team reviewed business continuity plans with care homes to ensure that homes a) have plans to deal with staff shortfalls and recruit accordingly and b) assess risks to residents and ensure resident needs can be met. This preparation was invaluable when care homes began experiencing Omicron outbreaks alongside other mechanisms in place between Care Quality Team, Health (One Barnet Care Home Team) and Public Health to assess risk and ensure service continuity was not affected.</p> <p>Additional costs to the sector resulting from Covid 19 have been addressed by a combination of local measures and national schemes that provided PPE and Infection Prevention and Control (IPC) funding, which the Council has passported to care providers. IPC funding will continue until March 2022.</p>

<p>AC008 Safeguarding demand: Insufficient staff in post who are effectively trained/managed or if demand/complexity rises significantly could lead to non-adherence with policies and procedures (specifically safeguarding within the Care Act and London-wide safeguarding policies and procedures) resulting in harm to vulnerable persons.</p> <p>Risk Rating: 12</p>	<p>Quality assurance framework in place to manage staff training, practice forums, case file audits etc. Safeguarding cases are reviewed on a daily and weekly basis by the heads of service. Senior management and DASS review weekly. Monthly reporting to leadership team on safeguarding activity. Monthly quality and safeguarding meeting with DASS includes review of complex cases. The Safeguarding Adults Board (multi-agency) meets regularly and monitors performance through its PQA framework. Tools are available to support practitioners (e.g., recording templates, assessment tools etc.), as well as learning processes such as safeguarding adult reviews (SARs) and the domestic homicide review process. All safeguarding leads are in regular contact to discuss the processing of safeguarding referrals within the context of the current pandemic.</p>
<p>AC0044 Leisure: The performance of the leisure operator to deliver against contractual obligations and commitments could lead to the health and wellbeing priorities not being fulfilled resulting in possible consequences to service delivery, operations and finances. Risk Rating 15</p>	<p>The leisure contract continues to be monitored in alignment with the Performance Management Framework to ensure delivery against obligations / commitments and targets are met.</p>

13. EQUALITIES AND DIVERSITY

- 13.1 Section 149 of the Equality Act 2010 sets out the Public-Sector Equality Duty which requires a public authority (or those exercising public functions) to have due regard to the need to:
- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010.
 - Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not.
 - Fostering of good relations between persons who share a relevant protected characteristic and persons who do not.
- 13.2 The broad purpose of this duty is to integrate considerations of equality into everyday business and keep them under review in decision making, the design of policies and the delivery of services. The protected characteristics are age; disability; gender

reassignment; pregnancy and maternity; race; religion or belief; sex and sexual orientation.

- 13.3 In order to assist in meeting the duty the Council will:
- Try to understand the diversity of our customers to improve our services.
 - Consider the impact of our decisions on different groups to ensure they are fair.
 - Mainstream equalities into business and financial planning and integrating equalities into everything we do.
 - Learn more about Barnet's diverse communities by engaging with them.

This is also what we expect of our partners.

- 13.4 This is set out in the Council's Equalities Policy, which can be found on the website at: <https://www.barnet.gov.uk/your-Council/policies-plans-and-performance/equality-and-diversity>

14. ENVIRONMENTAL IMPACT

- 14.1 There are no direct environmental implications in relation to the recommendations.

15. BACKGROUND PAPERS

- 15.1 None

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