



**179**      **MINUTES OF THE PREVIOUS MEETING (ITEM NO. A5)**

**RESOLVED:**

That the minutes of the previous meeting held on 18 October 2017 be agreed as a correct record and the Chair be authorised to sign them.

**180**      **ADULT SOCIAL CARE PLAN (ITEM NO. B1)**

Jess McGregor, Director of Adult Social Care (Strategy and Commissioning), introduced the report, which summarised planned transformation work in Adult Social Care.

The following main points were noted in the discussion:

- The available resources were insufficient to meet the growing demand for adult social care services. The Adult Social Care Plan was intended to promote the sustainability of the service by implementing a 'strengths based' approach.
- Before the implementation of the Care Act, social care was focused on assessing individuals' eligibility for services. The Care Act legally required local authorities to assess individuals and then provide services to meet their needs.
- Transformation work was required to ensure that Adult Social Care was meeting care needs in the most effective way. It was suggested that some existing services provided good quality care, but resulted in a loss of independence, which was detrimental to overall wellbeing and quality of life. Adopting a strengths based approach would provide care in a way which supported people in maintaining their independence.
- The Board considered a case study of an unwell elderly woman who lost her independence; her quality of life decreased and she became depressed as she became increasingly reliant on care services. It was emphasised that supporting people in maintaining their independence was the right thing to do, regardless of financial considerations.
- Adult Social Care could not adopt a strengths based approach in isolation. Partnership working across the health and care sector was required to ensure that the approach was effective.
- A discussion was had on the importance of engaging the workforce in service transformation. It was commented that a system-wide culture change was required to embed a strengths based approach into all services. This would help to ensure that care was joined up and consistent. It was commented that the role of social workers may need to be reshaped to ensure that they are able to deliver services which promote independence.
- It was queried how the performance of strengths based approaches could be measured. In response, it was advised that performance measures would need to evolve around national indicators and the Wellbeing Partnership's outcomes framework.
- Engagement with the voluntary and community sector was needed to develop a culture of prevention and supporting independence among all organisations working with vulnerable people.
- A strengths based approach would present additional risks, and these needed to be balanced against improving quality of life and wellbeing. It was advised that many elderly people prioritised their independence, and services should work to enable these people to take risks in a safe way.
- Adult Social Care did not only commission services, but influenced other services to work in different ways. It was commented that a strengths based

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approach to adult social care would contribute to Islington's wider strategic aims of early intervention, prevention and resilience.

### **RESOLVED:**

To note the work taking place in Adult Social Care to improve the quality and sustainability of provision.

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### **ISLINGTON FAIR FUTURES COMMISSION RECOMMENDATIONS (ITEM NO. B2)**

Tania Townsend, Children's Partnership Development and Strategy Manager, introduced the report which detailed the recommendations of the Fair Futures Commission.

The following main points were noted in the discussion:

- The Fair Futures Commission had made a number of recommendations focused around five key population outcome ambitions: 21<sup>st</sup> century skills for growing up; 21<sup>st</sup> century skills for work and the future world of work; connected communities; a child-friendly place to live and grow; and alliances for ambitious and fairer futures.
- The recommendations challenged decision-makers to take a long term approach to supporting young people; it was emphasised that there was not a quick fix to the challenges facing young people.
- Those turning 18 in 2018 had lived in an age of austerity since they were ten years old. It was commented that a whole generation had been affected by cuts to services during their formative years.
- Public services had a strong emphasis on protecting young people. Although safeguarding was extremely important, it was suggested that services also had a moral responsibility to develop and support young people.
- Health and Wellbeing Board members' organisations were asked to formally respond to the Commission's recommendations. Officers offered to meet with each organisation to discuss how they could contribute to the Commission's work.
- The Board welcomed the Fair Futures Commission's report and indicated that each partner organisation would have a role in implementing the recommendations.

The Board thanked Tania Townsend for her attendance.

### **RESOLVED:**

- (i) To welcome Fair Futures Commission's final report;
- (ii) That member organisations of the Health and Wellbeing Board respond to the relevant recommendations of the Fair Futures Commission by Summer 2018.

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### **CHILDREN AND YOUNG PEOPLE'S HEALTH RELATED BEHAVIOUR QUESTIONNAIRE (ITEM NO. B3)**

Helen Cameron, Health and Wellbeing Manager, introduced the report which summarised the results of the Children and Young People's Health Related Behaviour Questionnaire.

The following main points were noted in the discussion:

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- The questionnaire had been completed by 3,300 young people between April and June 2017. The results had been shared with key partners, including headteachers.
- The survey was carried out by a national survey organisation; although it was not completed in every local authority area, the data was able to be analysed against a wider sample across England.
- The Board noted concern that one quarter of Reception pupils and one third of Year 6 pupils were overweight or obese. It was also noted that 13% of children skipped breakfast, and 15% of Year 6 boys drank an energy drink every day. The Board discussed the importance of establishing healthy habits at a young age, and how this could be encouraged through school breakfast clubs.
- The Board considered how children, particularly young adolescents, could be encouraged to exercise. It was commented that some primary schools had taken P.E. off the timetable to assist with preparations for SATs; this approach was not encouraged by Children's Services. It was suggested that more could be done to enrol young people in afterschool sports activities.
- The Board expressed concern at the significant difference in resilience between boys and girls, and in particular how this gap widened over time. It was advised that some schools were already working to develop girls' resilience.
- Members expressed concern at the number of young people who knew someone who carried a weapon, commenting that the sustained media focus on youth violence was making young people feel unsafe, which contributed to the proliferation of weapons.
- The Board welcomed the report, commenting that the data was interesting and useful. Officers advised that schools would be challenged on the issues raised in the questionnaire, and the questionnaire would be carried out again in future to evaluate progress. It was commented that Health and Wellbeing Board members may wish to suggest questions for future questionnaires.
- The Board considered that the data could be used to inform the work of local agencies. Officers advised that a more detailed breakdown of the data was available on request.

The Board thanked Helen Cameron for her attendance.

### **RESOLVED:**

That the findings of the questionnaire be noted.

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### **APPOINTMENT OF A VOLUNTARY SECTOR REPRESENTATIVE TO THE HEALTH AND WELLBEING BOARD (ITEM NO. B4)**

The Board supported the proposed appointment process and selection criteria. Board members were encouraged to promote the opportunity to their partners in the voluntary and community sector.

### **RESOLVED:**

- (i) To note the proposed appointment of a voluntary sector representative to the Health and Wellbeing Board;
- (ii) To note the proposed appointment process and selection criteria.

MEETING CLOSED AT 2.10 pm

Chair