

# Merton Council

## JOINT CONSULTATIVE COMMITTEE WITH ETHNIC MINORITY ORGANISATIONS AGENDA

### Membership

Councillors Edith Macaulay (Chair), Stan Anderson, Laxmi Attawar, Logie Lohendran  
**Ethnic Minority Organisations**

African Educational Cultural & Health Organisation (AECHO) Deputy	Revd Mrs H Neale
Ahmadiyya Muslim Association	Mr S Ahmad
Asian Diabetic Support & Awareness Group	Mrs N. Shah
Asian Elderly Group of Merton	Mr M S Sheikh
Asian Youth Association	Mr T Hassan
Bangladeshi Association of Merton Deputy	Mr. N. Islam
Bengali Association of Merton Deputy	Mr J Choudhury
Bengali Women's Association of Merton	Mr M Rahman
British Muslim Association of Merton	Mrs M Ahmed
Ethnic Minority Centre	Mr I Rizvi
Euro Bangla Federation Deputy	Mrs Sabitri Ray/Mr A Savage
London South West Chinese Community Association	Mr Q Anwar
Merton African Organisation	Ms L Saltoon
Merton Somali Community	Mr C J Lusack
Merton Unity Network	Mr A. Ali
Mitcham Filipino British Association Deputy	Ms P Anderson
Morden Citizen's Advice Bureau	Ms A Colquhoun
Pakistan Cultural Association of Merton & Wandsworth	Ms C Bataillon
Pakistan Welfare Association Deputy	Ms J Gillies
Positive Network	Mr M A Shah
South London Somali Community Association	Mr S U Sheikh
South London Tamil Welfare Group	Mr H Ejaz
Victim Support Merton and Sutton	Ms G Salmon
Wimbledon Mosque	Mr A Musse
	Dr P Arumugaraasah
	Ms D Moseley
	Mr I Khan

A meeting of the Joint Consultative Committee with Ethnic Minority Organisations will be held on **19 March 2014** commencing at **7.15 pm** at **Merton Civic Centre, London Road, Morden, in the Council Chamber.**

This is a public meeting and attendance by the public is encouraged and welcomed. For more information about the agenda and the decision making process contact the Policy, Strategy and Partnerships Team by email at [diversity@merton.gov.uk](mailto:diversity@merton.gov.uk) or telephone 020 8545 3156 / 4637.

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# JCC with Ethnic Minority Organisations Agenda

## 19 March 2014

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1	Declarations of interest (see note1)	-
	Councillors and co-opted members must declare if they have a personal or prejudicial interest in any of the items on this agenda at the start of the meeting, or as soon as the interest becomes apparent to them.	
2	Apologies for absence	-
3	Minutes of the meeting held 4 December 2013	3
4	Matters arising	
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9	Annual Residents Survey	50
10	Developing voice and capacity building in the BAME community	
11	Any Other Business	

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Future meeting dates: 18 June 2014, 24 September 2014, 10 December 2014, 11 March 2015

### Note1: Declarations of interest

Councillors and co-opted members who have a personal or prejudicial interest in relation to any item on this agenda are asked to complete a declaration form and hand it to the Democratic Services Officer. Forms, together with a summary of guidance on making declarations of interest, will be available around the meeting table. If further clarification is needed members are advised to refer to "The Code of Conduct – Guide for members May 2007" issued by Standards for England, which will be available at the meeting if needed.

**JOINT CONSULTATIVE COMMITTEE WITH ETHNIC MINORITY ORGANISATIONS  
4 DECEMBER 2013**

**TIME:** 7.15 to 9.15

**PRESENT:** Edith Macaulely (Chair) Stan Anderson, Councillor Laxmi Attawar, David Simpson,  
Mr Sheikh, Mr Rizvi, Mr A Savage, Mrs Sabitri Ray, Safet Vukalic, Mr Khan, Revd Mrs Hannah Neale

**ALSO PRESENT:** Evereth Willis, Equality and Community Cohesion Officer, Councillor Agatha Akyigyina, Mr J Hall,  
Chief Inspector Mark Lawrence,  
Angela Chu, Housing Strategy Manager,  
Adele Williams, Health Watch Merton

**1 DECLARATIONS OF INTEREST**

No declarations were made.

**2 APOLOGIES FOR ABSENCE**

Councillor Lohendren, Mr Ejaz

**3 MINUTES OF THE MEETING HELD 2 October 2013**

A minutes silence was held in memory of Chris Frost, the late Chief Executive of Merton Voluntary Services Council.

The minutes were agreed.

**4 MATTERS ARISING**

The meeting of 2 October was chaired by Mr Sheikh. Evereth to get the Welfare Reform training dates from David Keppler.

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**RESOLVED:** Evereth to contact David Keppler

**5 Equalities Monitoring of Housing Services**

Angela Chu gave a presentation on equalities monitoring of the housing services for the 2012/13 financial year. The monitoring is done to assess the housing needs of various groups. Ms Chu noted that different housing outcomes is caused by many factors and does not necessarily indicate inequality. Since the 2001 Census the following key changes have been noted:

- The 2011 Census shows that the BME population has increased to 35%.
- The 'White Other' group had the biggest increase, at 61%, followed by a 59% increase in the 'Mixed' group and 55% increase in the 'Asian' group.
- Conversely, the 'White' group had decreased by 20%.

**Homelessness**

- 'Black' households are far more likely to make a homelessness application than any other ethnic group. In 2011-12, all other groups were under-represented in homeless applications. In 2012-13, the proportion of homeless applications from 'White' households had notably increased from 47% to 51%.
- Ethnic minority households are over-represented amongst homeless applicants. The increase in the proportion of applications from 'White' households in 2012-13 is likely to involve mainly 'White Other' households, but further work to disaggregate data will be necessary to verify this.
- Homeless applicants from all BME groups are more likely to be accepted as homeless. The proportion BME households amongst homelessness acceptances had decreased in 2010-11 but have since been on the increase again.

**Lettings**

- Black' residents are significantly more likely to be in housing need while 'White' residents are much less likely to be in housing need in both 2011-12 and 2012-13. 'Other' residents are also less likely to be in housing need
- Comparing the ethnicity profiles of all Housing Register applicants in 2012-13 with those who have 'reasonable preference' does not show any significant difference

**JOINT CONSULTATIVE COMMITTEE WITH ETHNIC MINORITY ORGANISATIONS  
4 DECEMBER 2013**

- Proportions of lettings made to 'Asian' and 'Other' applicants are much lower than their representations in the Housing Register
- Lettings outcomes for 'Black' applicants improved between 2011-12 and 2012-13.
- 36% of Housing Register applicants require homes with 3 bedrooms or more, but only 24% of homes available for let in 2012-13 were larger homes. This is likely to be a contributing factor to the 'difference' in lettings outcomes amongst different ethnic groups, as 'Asian' applicants are more likely to require larger homes and the proportion of 'Other' households needing larger homes is also above average

**Rent Deposit Scheme**

With the exception of 'Mixed' households, ethnic minority groups are more likely to have accessed the private rented sector through the Rent Deposit Scheme when compared to their share amongst homeless applicants. 'White' & 'Mixed' households are less likely to benefit from the scheme.

This suggests that 'Asian' and 'Other' households on the Housing Register are more likely to have to rely on the private rented sector to meet their housing need, where it is possible for them to access suitable sized housing sooner, as just over three-quarters (76%) of social housing available for let in 2012-13 were 1-bed or 2-bed homes.

Ms Chu explained that she wants to get the BME voluntary sector to help to inform on the issues. A BME Housing Strategy group has been set up to develop the housing delivery plan for the strategy. She urged the JCC membership to get involved.

Questions submitted by Councillor Lohendren: The white Homelessness figure is very worrying. Has Merton done any analysis of the reason behind this increase? Is there any possibility of knowing, how many in the housing register to date and of this what % are BME (Asian/Black- Somalis / Polish)?

Ms Chu replied that the increase in 'White Other' is probably caused by the increase in rough sleepers from Eastern Europe. The council is working with Faith in Action to prevent homelessness.

Housing is also working with the Tamil community and numerous issues have been identified. The council does not have data on the Somali homelessness however Ms

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Chu undertook to investigate further.

Ms Chu advised that the cultural make up of people being rehoused is being monitored. There is a perception that certain groups are being placed together in particular areas. She explained that most of the housing stock is in Micham and available supply is constrained.

Mr Rizvi asked if it is correct that the Indian category had increased by 63. Ms Chu undertook to check the census data further.

Mr Sheikh asked how the changing demographics will be catered for and suggested that the information needs to show where people are coming from.

It was suggested that Asian and White Other be disaggregated.

Ms Chu gave assurances that analysis of the monitoring data would continue to be done to inform service provision.

**RESOLVED: Agree the report's recommendations**

**6. Crime statistics**

Chief Inspector (CI) Lawrence informed the meeting that crime has increased by 2% which is relatively static. He added that he also looked at the quality of crime investigation.

An independent company undertakes the User Satisfaction Survey, the results of which show that within Merton 82% of respondents were satisfied, only Sutton had better results. CI Lawrence said it was important to look BAME respondents.

There are only two boroughs out of 32 where BAME respondents are more satisfied than White respondents and Merton has the highest performance. In Merton 84% of BAME respondents were satisfied compared to 82% for White respondents. Merton is a cohesive borough and victims of crime are treated respectfully.

When compared to other borough's Merton has quite high sanction detection rates. The sanction detection rate for Domestic Violence is 49.8% (the 5<sup>th</sup> best), Race and Religious crimes is 48% (5<sup>th</sup> best) and Homophobic crime is 60% (4<sup>th</sup> best).

In Merton 102 Racial offences were reported that resulted in 49 people brought to justice, compared to Sutton which had 127 offences and 45 brought to justice.

CI Lawrence informed the meeting that community tension was quiet at the moment but there were concerns about:

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1. The Mark Duggan inquest
2. The trail for the killing of Drummer Lee Rigby

Cllr Lohendren submitted the following question: The Domestic Violence statistics have still not come down will it be possible to break it down by ethnicity?

CI Lawrence undertook to look at the statistics further and suggested that providing a narrative about crime in the borough instead of graphs may be more informative to the JCC.

Mr Sheikh commented that there has been an increase in the number of Racist crimes and he would like to see it decrease. CI Lawrence commented that all crime has increased but overall there was a 9.7% decrease on the previous 12 months for crime types except for theft from the person.

CI Lawrence highlighted that an increase in crime may also be because there is an increase in confidence to report it.

Question: Has the emphasis changed in Merton based on structural changes? CI Lawrence replied that the cuts have affected back room staff. There have been changes in the rank structure, with an increase in the numbers of front line officers. There is a drive to increase BAME numbers. There is the same number of staff responding to emergency calls. The Neighbourhood staffing levels are increasing and overall there is no change in local policing.

CI Lawrence reported that Operation Nugget has been put in place to tackle burglary, especially as the Asian community is being targeted. Advice is being given to people to keep their jewellery in safe deposit boxes and photograph their jewellery.

Question: What causes non detection? There are various reasons, often people report crimes and don't take it further, also without a named suspect it is difficult to progress the investigation.

The Asian community is being supported through reassurance work and advice on how to make their homes more secure.

Question: The Ahmadiyya mosque has sponsored 50 officers are they going to be based in the borough? CI Lawrence replied that there are no new officers; it was a job fair that was held at the Baitul Futuh mosque to give advice and support people through the interview process.

A street sweep is taking place, knocking on doors offering advice. Operation Fortress – Police Community Support Officers (PCSO) are trained to do crime prevention surveys. There is a need to get people to understand how to make their jewellery secure and have nothing visible and keeping lights on when they are out in the

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evening. Thieves are also using social media to target victims.

CI Lawrence also reported that the Neighbourhood policing team numbers has increased by 1 Police Constable and 1 PCSO.

Question: Which area is more under threat and is it true that burglars are using metal detectors? CI Lawrence replied that some wards have higher levels of burglary, Lower Morden has the lowest rate. Generally the more deprived areas have higher crime levels but it depends on the crime type. Five or six wards have higher crime. There are 60 crimes on an average ward and 100 on a busy ward. Visibly there are more officers out and about. There is a challenge because people want to see people on the street, but tactically it is better to be in cars because that is more effective. PCSOs do 66% of their shifts on late turns to give a high presence on main road, hubs and town centres as part of Operation Winter Nights.

**RESOLVED: CI Lawrence to break down the Domestic Violence data further and provide a narrative on crime for future meetings.**

**7. Health Watch**

Adele Williams presented on Health Watch and explained that is the consumer champion for Health and Social Care services. There is a link between people and service commissioners. Health Watch is not a provider of health and social care.

In February 2014 Health Watch will be analysing the information received during consultation to make an assessment of the issues of concern and develop the main priorities. A report will be prepared to influence service commissioners.

Anyone can use the service. Adele encouraged everyone to get in touch and give their views. Health Watch is willing to do outreach to communities.

Question: What is the link to service commissioners? Ms Williams replied that Health Watch is gathering evidence to go to service commissioners. In Spring evidence will be used to go into the community to see what the needs are and work with service commissioners.

Questions: How does Health Watch work? Health Watch will have an influence group linked to Involve. The group is funded by the Department of Health but managed by Merton Voluntary Services Council. Health Watch Merton works with Health Watch nationally and this helps them to be independent.

**8. ANY OTHER BUSINESS - None**



# The Expert Patients Programme (EPP)

Promoting Self-Care and Partnership

# What is EPP?

- ▶ Free, 6-week, self-management programme
- ▶ Any long-term health conditions (LTCs) / Carers

Adapted from Chronic Disease Self-Management Course (CDSMC)

## An Expert Patient...

- ▶ Skills, Knowledge, Confidence
- ▶ Active role, Informed decisions
- ▶ Partnership



# Why EPP? – Context

Ageing population

>15 million people in England with LTCs

50% of all GP appointments

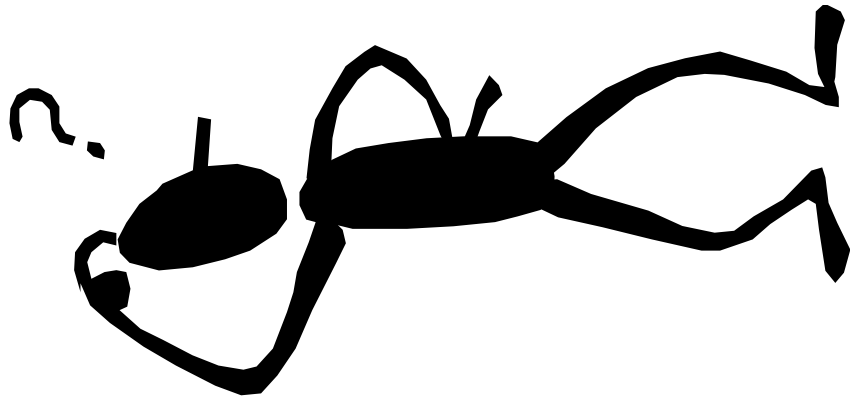
£££ 70% health & social care budget £££



Changes in design & provision of services

- ▶ NHS England 'House of Care' (2013)
  - Pillars: Empowered Patients and Partnership
- ▶ Commissioning priority: supporting Self-Management

# Evidence

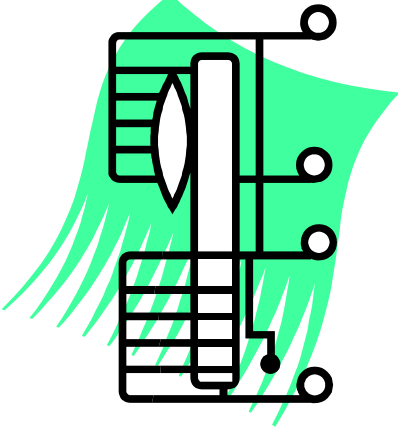


# Published Research

- ▶ USA: Evaluation of CDSMC (Lorig et al. 1999)
  - ✓ Self-report general health, fatigue, disability
  - ✓ Communication with physicians
  - ✓ Fewer days in hospital
- ▶ UK: Evaluation of EPP (Kennedy et al. 2007; Rogers et al. 2008)
  - ✓ Self-efficacy, energy
  - ✓ Partnership with clinicians
  - ✓ Cost-effective intervention



# Health Service Utilisation

- ▶ EPP Internal Monitoring Data (2003-2005)
  - ▶ N = 1000, questionnaire data @ 4 – 6 months
  - ▶ GP Consultations 7%
  - ▶ A&E Visits 16%
  - ▶ Pharmacy Visits 18%
- 
- ▶ Self management education interventions → reductions in unplanned admissions (Purdy et al 2012)

# EPP – What’s Involved?

- ▶ 2.5 hour sessions, once a week for 6 weeks
- ▶ Led by tutors who are also living with LTCs
- ▶ Community settings
- ▶ Groups: 12 - 18 people



# EPP – What’s Involved?

- ▶ Group discussions and exercises
- ▶ Problem Solving and Action Planning
- ▶ Practical tips / advice
- ▶ Topics include:
  - Managing pain and fatigue
  - Communication skills
  - Coping with anger/low mood
  - Healthy eating, exercise, sleep





# Participants said...

- ▶ Feel more confident and positive about life
- ▶ High levels of satisfaction

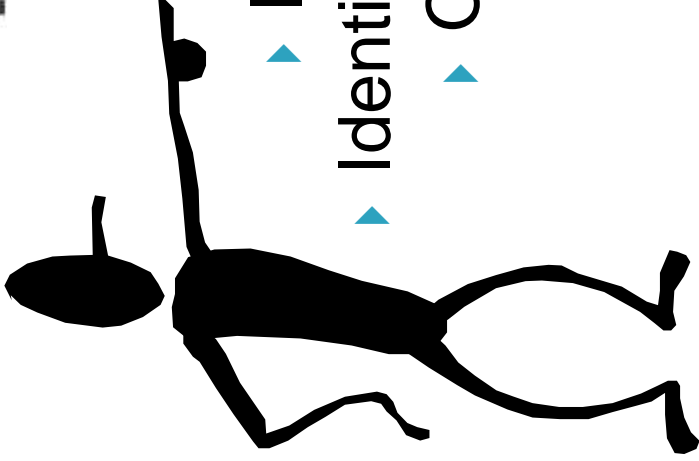
*“It has completely changed my life for the better, thank goodness my GP mentioned it to me”  
– Edith*

*“I was more upbeat and happy after doing the EPP course. I feel I have my life back.”  
– Angie*

*“I am now more focussed on weight management... I have started losing weight”  
– Stella*

*“My confidence grew session after session”  
– Chloe*

# Help us spread the word



- ▶ Information, leaflets, resources
- ▶ Identifying people who may be interested
  - ▶ Opportunities for joint promotion
  - ▶ Signpost to courses



## Next course:

**Thursday mornings (10:30am – 13:00pm)**

**April 10<sup>th</sup> – May 15<sup>th</sup>**

**Guardian Centre, Colliers Wood**

# Get in touch!

**Susie Colville**  
Expert Patient Programme Coordinator

[susie.colville@mertonccg.nhs.uk](mailto:susie.colville@mertonccg.nhs.uk)

020 3668 1292

020 3668 1280 (EPP Administrator)



- ▶ **Leaflets available to take with you today**

# **Committee: Joint Consultative Committee with Ethnic Minority Organisations**

**Date: 19<sup>th</sup> March 2014**

Agenda item: Wards: All

## **Subject: Equalities Monitoring of Housing Services**

Lead officer: Kate Herbert, Head of Policy, Strategy and Partnerships

Lead member: Councillor Edith Macauley, Cabinet Member for Community & Culture

Forward Plan reference number:

Contact : Andrew Wakefield, Chair of Merton Community Policing Partnership (MCP)

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### **Recommendations:**

- That members of the Joint Consultative Committee with Ethnic Minorities note the progress so far on the implementation of a Safer Neighbourhood Board

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## **1 Executive summary**

1.1 The Mayor of London Boris Johnson in his election manifesto committed to ending the long standing method by which the Metropolitan Police engaged with community groups and residents at a borough level.

1.2 The engagement method known as Community Police Engagement Groups (CPEGs) had begun and evolved following the Scarman report into the Brixton riots.

## **2 Details**

2.1 The role of Safer Neighbourhood Boards (SNB) will be to establish local policing and crime priorities, monitor police performance and confidence, and fulfil a range of important, specific functions in include:

- To ensure communities are more closely involved in problem solving and crime prevention;
- To have a broad remit to reflect Mayor's Office for Policing And Crime (MOPAC) broader responsibilities, while respecting the view that local people know best what is needed at the local level;
- To have greater reach and ensure a more frequent refresh of ideas and views;
- To achieve greater coherence between different engagement mechanisms, e.g. ward panels, Independent Advisory Groups (IAGs), Neighbourhood Watch and Stop and Search Community Monitoring Groups, so as to provide greater public accountability in policing and crime reduction;
- To make more efficient use of resources to deliver value for money and target funds at tackling issues of local concern and crime prevention.

2.2 Unlike other boroughs where an independently constituted organisation employs staff, the Metropolitan Police Association (MPA) and now MOPAC has held a Service Level Agreement (SLA) with Merton Voluntary Service Council (MVSC) to provide a Community and Police Engagement Group (CPEG) function for the past 6/7 years.

In April 2013 MVSC successfully negotiated with Safer Merton for them to take over the SLA and for the past year Safer Merton staff and the Chair of MCPP have both delivered the CPEG function in Merton and managed the negotiation for transferring to the new model due to begin on April 1st 2014 of a MOPAC Safer Neighbourhood Board. The SLA model in Merton has meant that transition to the new SNB model was easier because we had no Human Resources and contract challenges that many other CPEGs have had to contend with.

2.3 Our transfer of administrative duties and responsibilities to Safer Merton has been a year earlier than other boroughs and due to the strength of our existing partnership arrangements we have been able to retain our independence from council policy whilst ensuring that the CPEG work is acknowledged by the Crime and Disorder Reduction Partnerships (CDRP). This is an exemplar for other boroughs who have not been able to achieve a similar set up.

2.4 Over the last year Lee Roberts , Strategic Lead for Neighbourhood Watch and the Chair of MCPP have attended a series of training and update events with MOPAC as the guidance for how to create an SNB and what its structure and function should be have changed. In addition Annalise Elliot, Head of Safer Merton, Lee Roberts and the MCPP Chair have held regular meetings with MOPAC officers and held an update meeting with Superintendent Dave Palmer and Chief Inspector Mark Lawrence.

2.5 We currently have an outline agreement with MOPAC regarding our terms of reference and possible membership and held an exploratory meeting with many of those groups in January 2014. At the January meeting concern about the task of the group were raised, it's hoped that the meeting in April will clarify concerns on the SNB.

### **3. Next step**

3.1 At the next Shadow Board meeting to take place on Wednesday 26 March 2014, the SNB proposal with Terms of Reference (TOR) will be outlined in detail and once signed off; further details will be made available to other boards. The first SNB meeting will then be arranged with a view for it to be undertaken in April 2014.

### **4. SNB Membership**

4.1 The SNB membership shall include a representative from the following:

- Voluntary sector elected via Community Engagement Network (CEN)
- Business sector nominated via Merton Chamber of Commerce
- Three ward panel chairs one from each sector
- Three ward councillors one from each of the LMAPs
- Faith communities chosen through the borough interfaith forum

- Black, Asian and Minority Ethnic (BAME) communities probably from the Joint Consultative Committee (JCC) in the absence of any funded formal BAME led group
- Disability communities-yet to be decided
- Neighbourhood watch via their borough association
- victim support
- Young people probably through youth parliament and Volunteer Centre Merton (VCM) youth ambassadors

In addition there will be other full members without voting for officer (chair vice-chair), these will include:

- Stop and Search
- IAG

Safer Merton, the Metropolitan Police Service (MPS), Merton Council and the Borough Fire Service are to attend the SNB meetings but not as members.

We have agreed that we will work in a way that suits the Merton context and that the function will emerge and evolve as the year progresses

## **5. Funding details**

5.1 It is worth noting that the previous year's funding of £25k will reduce to £5,400 per borough and there will be a further pot of money circa £800k that each borough can bid to for specific project work

# Our ‘Call to Action’ in Merton

## Developing our local plans – join the debate



right care  
right place  
right time  
right outcome

1. Who we are
2. What is a 'Call to Action'?
3. Our 'Call to Action' in Merton
4. Our challenges
5. Will you take part in the challenge?
6. Survey questions





# 1. Who we are

- Membership organisation
- 25 practices – 3 localities (East Merton, Raynes Park, West Merton)
- 150 GPs, 72 Practice Nurses, 25 Practice Managers
- Population of 211,086 (registered)
- Allocated budget for 2013/14: circa £210 million



## Our vision

“Our vision is to ensure people in Merton are able to access the care they need from the right person in the right setting, at the right time with the right outcomes.”



# Our priorities 2014-16

We work with the local health and social care community and people in Merton to set out our priorities to meet local challenges. Our six priority areas in Merton are:

- 1 Older and vulnerable adults
- 2 Mental health
- 3 Children's and maternity
- 4 Urgent care
- 5 Early detection and management
- 6 Keeping healthy and well

We believe that to make sure NHS services for Merton people provide the **right care, in the right place, at the right time with the right outcome**, we need to think and work differently together.



## 2. What is a ‘Call to Action’?

A ‘Call to Action’ is a programme of engagement that allows everyone in England to debate the future of health and social care.

Patients, staff and stakeholders need to get involved and have their say on the future of the NHS.

A ‘Call to Action’ is the most widespread public discussion that the NHS has undertaken and your views will help develop local health plans for the next 2 to 5 years.



# Why do we need a 'Call to Action'?

The NHS is currently facing some of the largest challenges in its 65 year history.

Our population has been changing along with our lifestyles and expectations. If we do nothing then by 2020 the NHS could face a gap in funding of £30 billion.

## National challenges:

**An ageing population**  
The number of over 80s will double by 2030

**Rise in long term conditions** - diabetes up 29% by 2025 to reach 4 million

**Patient safety incidents**  
In 2011 over 1.3 million were reported, of which over 10,000 were serious



### 3. Our 'Call to Action' in Merton

Overall Merton is a healthy place to live with good life expectancy.

However, we need to address the current local challenges to make sure we provide the best possible health and social care services for the future.



# Our population

The population of Merton is young compared to England



0-19 year olds  
= (47,500)  
**23.5%**  
of population



By 2021 projected  
to rise by  
**19.4%**  
compared to 7.9%  
for England

There is an **11%** increase  
in obesity in children aged 5  
and 11 years. 9.5% of 5 year  
olds are obese, at 11 years,  
20.5% are obese

Source: Joint Strategic Needs Assessment, Merton Council



Call to Action: join the debate  
12 March 2014

# Our population

The number of people older than 85 will grow by 41% (1,300) by 2021



## 85+

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More older people means more people with chronic conditions becoming high users of health and social care services

## 65+

Over 65 year olds = 12% of population, this is expected to grow by 21% (4,900) by 2021

For our older population it is estimated that by 2025:

Health and social care services will need to provide care or services for an additional

## 3,400

 people with a long term condition

Source: Joint Strategic Needs Assessment, Merton Council



Call to Action: join the debate  
12 March 2014



# Our population

Overall Merton is a healthy place to live with good life expectancy



However this masks significant differences within the borough

The difference in life expectancy between different communities in Merton is 9 years for men and 13 years for women



9 years



13 years

Source: Joint Strategic Needs Assessment, Merton Council



Call to Action: join the debate  
12 March 2014

# Our population



## For our adult population by 2025

**25%** increase in the number of people with diabetes

**27%** increase in the number of people with a long term condition due to stroke

**16%** increase in the number of people with common and severe mental health problems

Source: Joint Strategic Needs Assessment, Merton Council



Call to Action: join the debate  
12 March 2014

## 4. Our challenges

We recognise the challenges around our population in Merton and have been engaging with local residents on plans to improve services.

At our '**Engage Merton**' event in October 2013 we asked local people their views about the healthcare they receive and what could be improved.

This is what they said:



# Our challenges

## Health and social care services working together

*There needs to be a coordinated approach across public services and communities*

## Improving access to primary care

*Accessing primary care (mainly GP appointments) is often difficult – it can take a long time, and there is little consistency in appointment systems across surgeries*

## Self-care management

*Patients need access to clear information to help them make responsible choices about what they do and where they go to get the right treatment*

## Delivering care closer to home

*There are no strong objections to the idea of having some services traditionally provided by hospitals in community settings (i.e. GP surgeries, walk-in centre and health clinics)*



## Our financial challenge

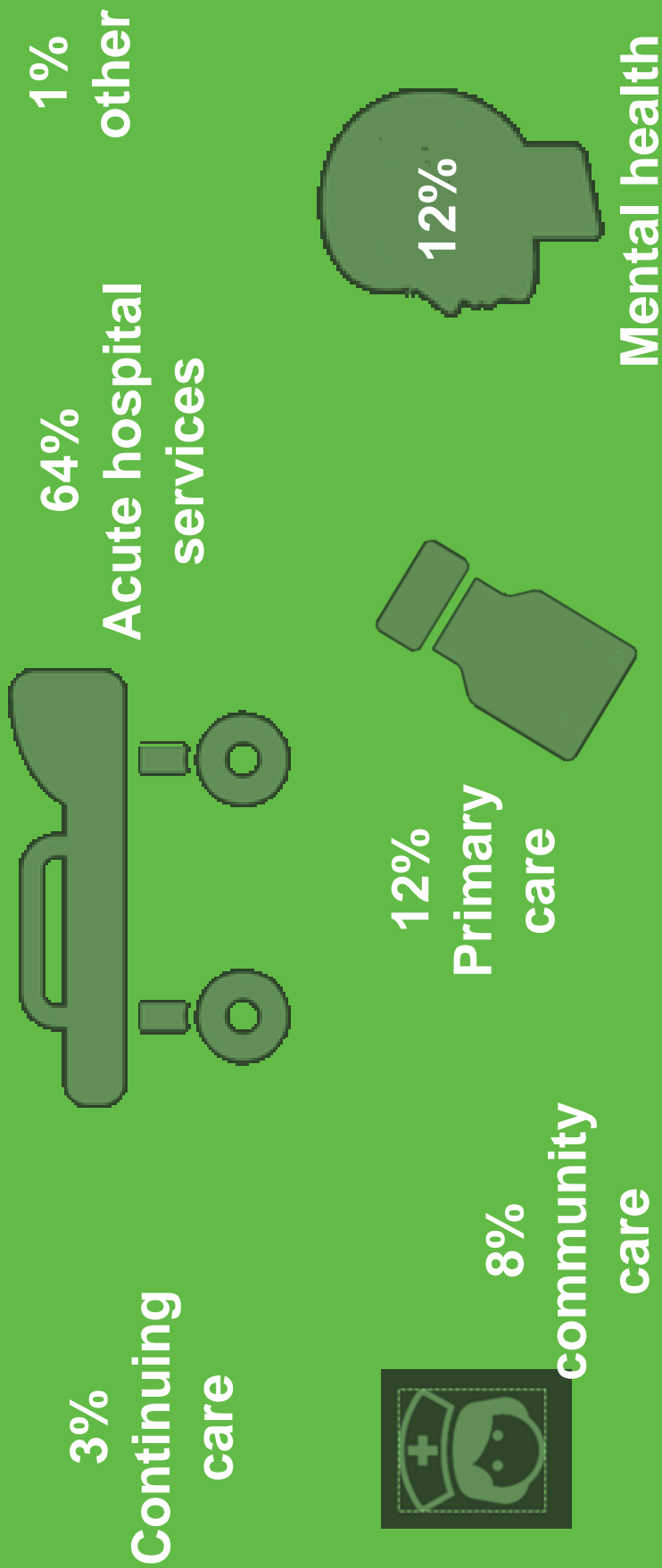
**Demand** for health and social care services are **rising**.  
People are living longer and there are **constantly new**  
**and more expensive treatments** being developed.

We need to make sure that we get the **best value for the money**

This means that **we have to make some tough decisions** about the way in which the NHS and local authority spend money.



# How we spend our money?



## Within the NHS £1,000 buys you one of the following:

Between 3 (for major trauma) and 14 (for minor ailments) trips to A&E

31 appointments with a GP

3.5 first outpatient appointment - diabetes

1.3 weeks of continuing care for an older adult

3 days in an acute mental health inpatient bed

50 ambulatory blood pressure monitoring checks

10 hours in a Neonatal Intensive Care Bed

One fifth of a hip replacement

1 cataract removal



# Service redesign

Nationally and locally the direction of travel is

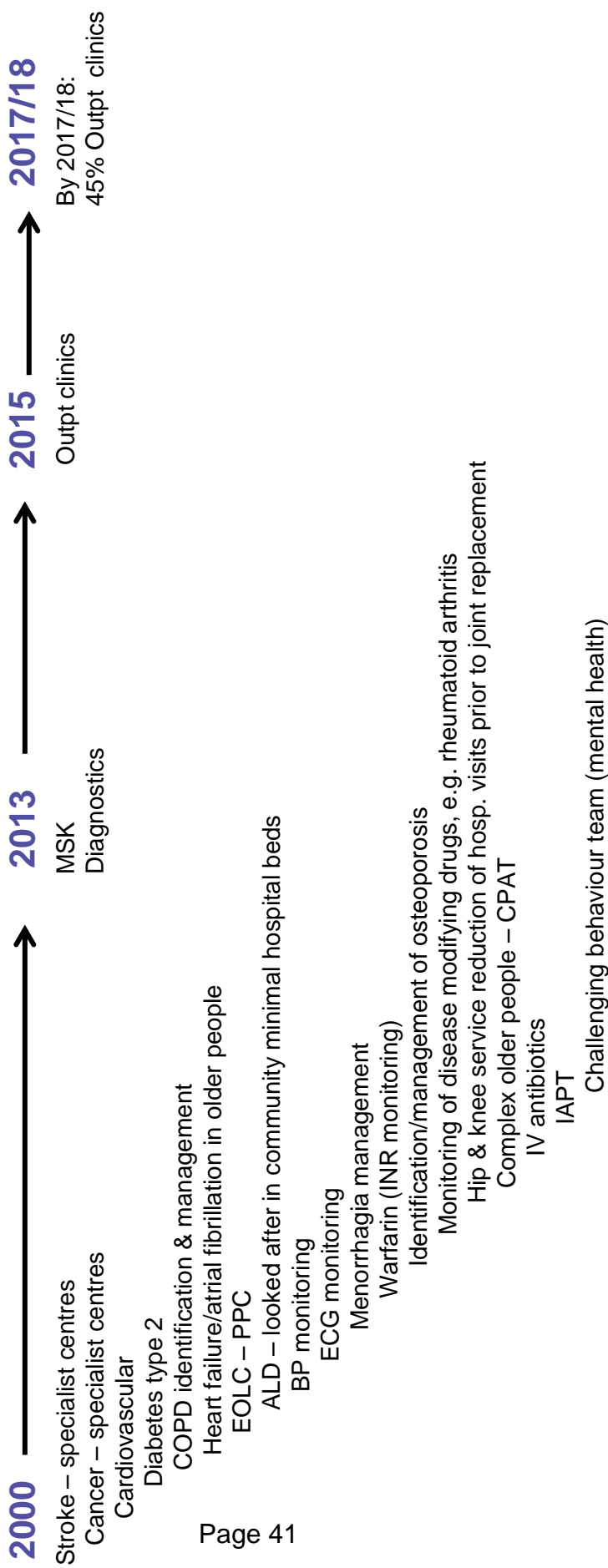
Care Closer to Home

- Community based services where appropriate
- Specialist care in acute settings
- Increased access to primary care (from 1998 to 2008 average number of GP consultations per year rose from 204 million to 298 million. Source: Q-Research published by HSCIC 1995-2008)





# Movement of services to community setting



# Why is change necessary?

The growing population in Merton means there is more demand on health and social care services. The demand to use these services will increase by 4% annually and we need with other commissioners to ensure quality of care is improved and we have resources to fund the services

It is estimated we need 30.9 WTE consultants in A&E and 47.4 WTE consultants in maternity to deliver the London Quality Standards.

In London, an estimated £4 billion would have to be saved between 2015 and 2020 to meet its predicted share of the national funding gap

It is estimated that up to £400m of savings will have to be found across acute providers in south west London over the next five years just to break even

## This is called a case for change...



## So, how do we deal with these challenges?

**We want** to engage further with local people to understand your views on the services you receive. We want to identify the problems and find solutions.

**We want** to undertake more insight work in local communities to identify why patients make the choices they do.

**We want** to work with our key partners in health and social care to make sure we continue to improve our local services and provide a more coordinated approach.

**We want** to make savings to reduce the financial pressures whilst continuing to provide high quality and safe care that is accessible to all.



**“If everyone is moving forward together,  
then success takes care of itself.”**  
**Henry Ford**



## 5. Will you take part in the challenge?

Your views will influence health and social care services in the future.

The more people who share their views and ideas on the future of the NHS, the better the service will become.

We need your help to make sure we have our plans in Merton right.

Visit [www.mertonccg.nhs.uk](http://www.mertonccg.nhs.uk) and fill in the survey or contact us and we will send you a paper copy of the survey.



## 6. Our survey questions

1. How can the health and social care services support people to be more in control of their own care?
2. How can the health and social care services support people to take more responsibility for their own health?
3. Mobile, smartphone and computer technology are now a part of life. Please give us your views on how the NHS (including primary, acute hospital and community care) and social care services could better use this type of technology. For example, what would you use it for (emails/texts/app, etc.) and in which setting?



4. What do you see as the advantages and disadvantages of providing the same quality of care at the weekend and overnight as well as during the week?
5. Thinking about health and social care services, what three things would make the biggest difference in improving patient experience?
6. Do you have any good ideas about how the NHS (including primary, acute hospital and community care) can make resources go further to meet more people's needs? If possible please be specific about the setting.



7. If you could change anything about the NHS what would it be? Feel free to give anonymised examples of your experiences.
8. What could we do to reduce the demand on hospital services and make sure people are supported in the community? Feel free to give anonymised examples of your experiences.
9. What can NHS Merton CCG and Merton Council do over the next five years to deliver more health and social care services in the community?





# This is your opportunity to have your say about the future of the NHS.

Please take a few minutes to fill in a survey - share your thoughts and ideas and help us make a difference.

## Thank you



London Borough of Merton  
Residents Survey 2013/14  
October 2013

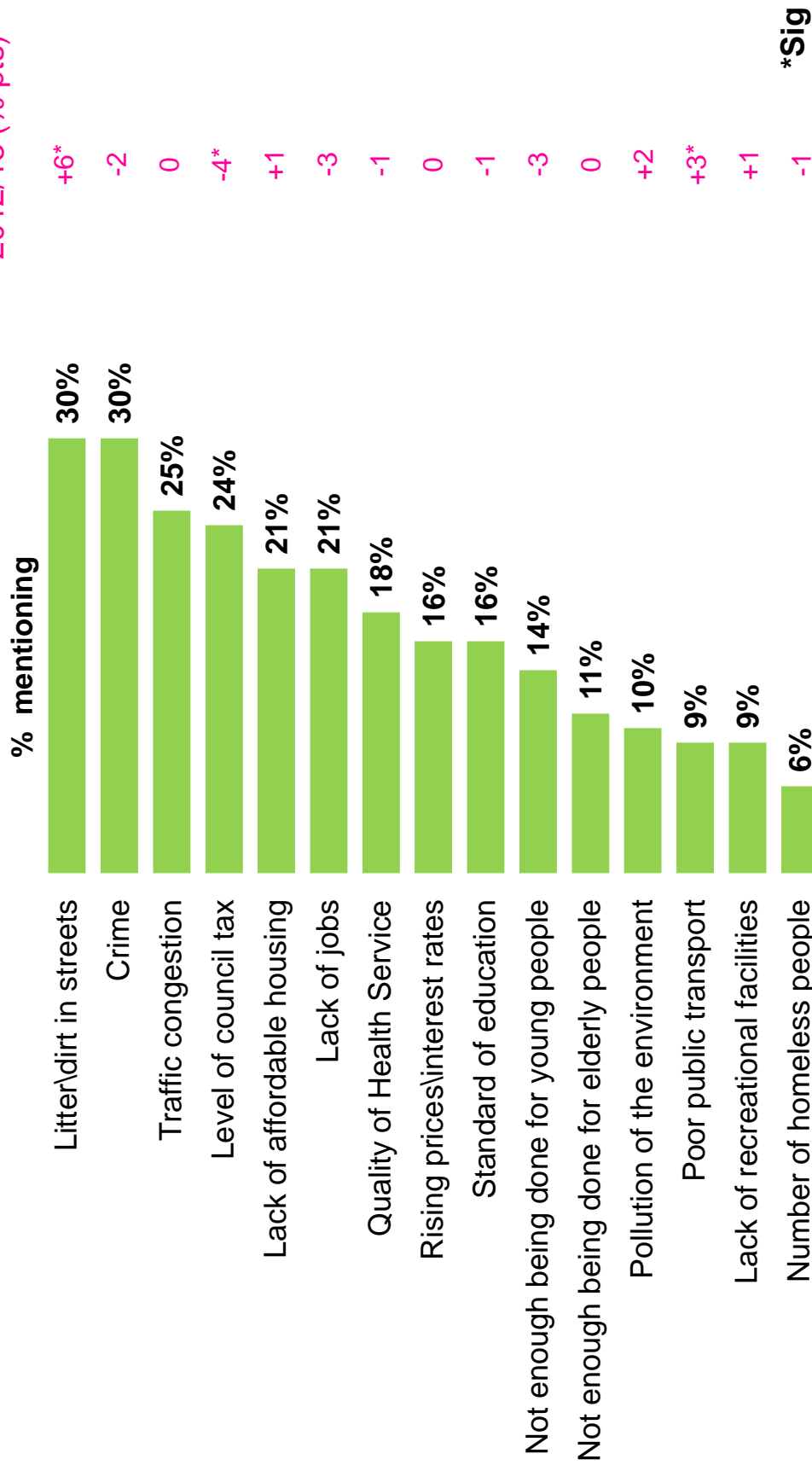
Kris Witherington



# Residents' Personal Concerns

Merton 2013/14

Change from  
2012/13 (% pts)

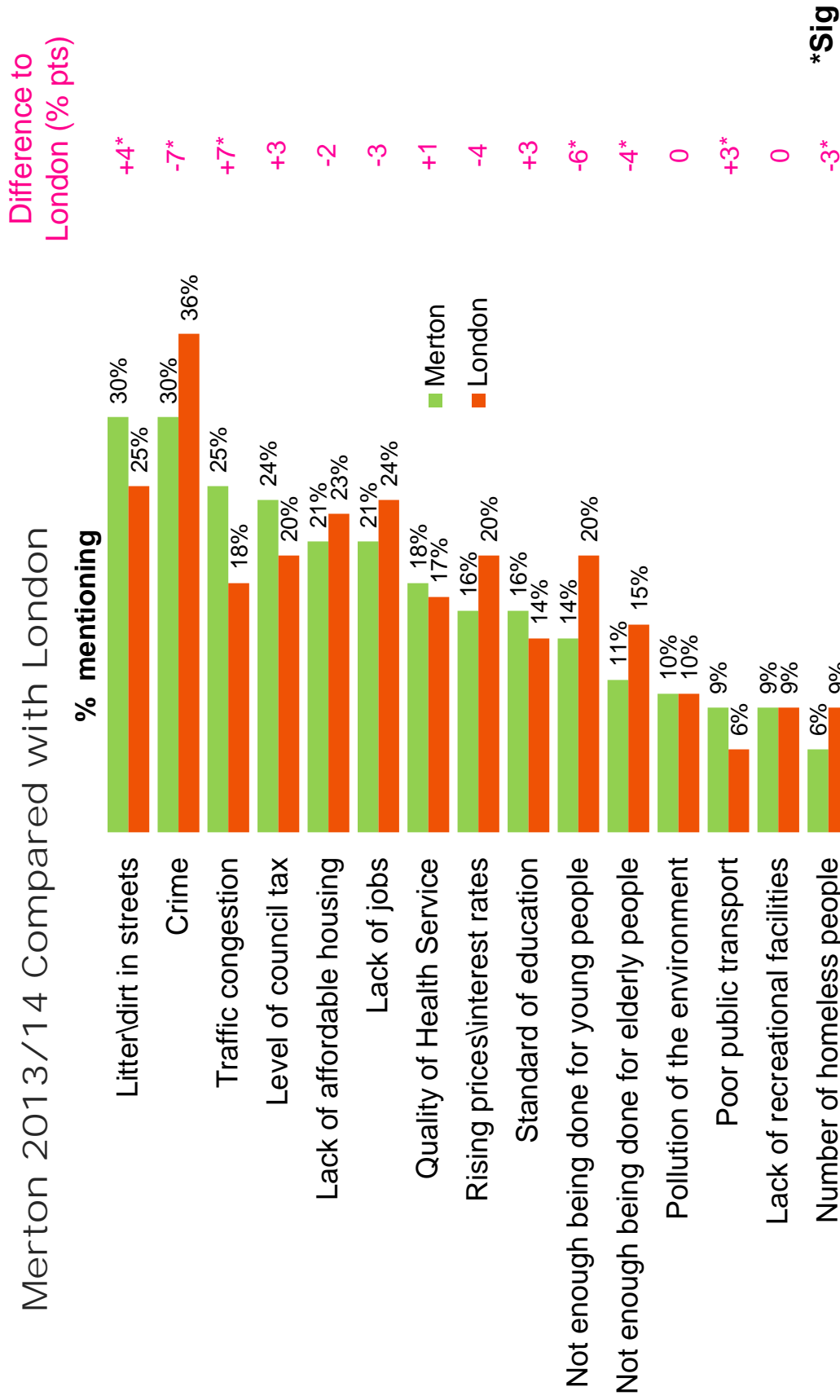


**\*Sig**

Source: Q2 Which three of these are you personally most concerned about?  
Base: All adults (1032, except the split code 'Not enough being done for young people' (507) and 'Rising prices / interest rates' (525))

# Residents' Personal Concerns

Merton 2013/14 Compared with London

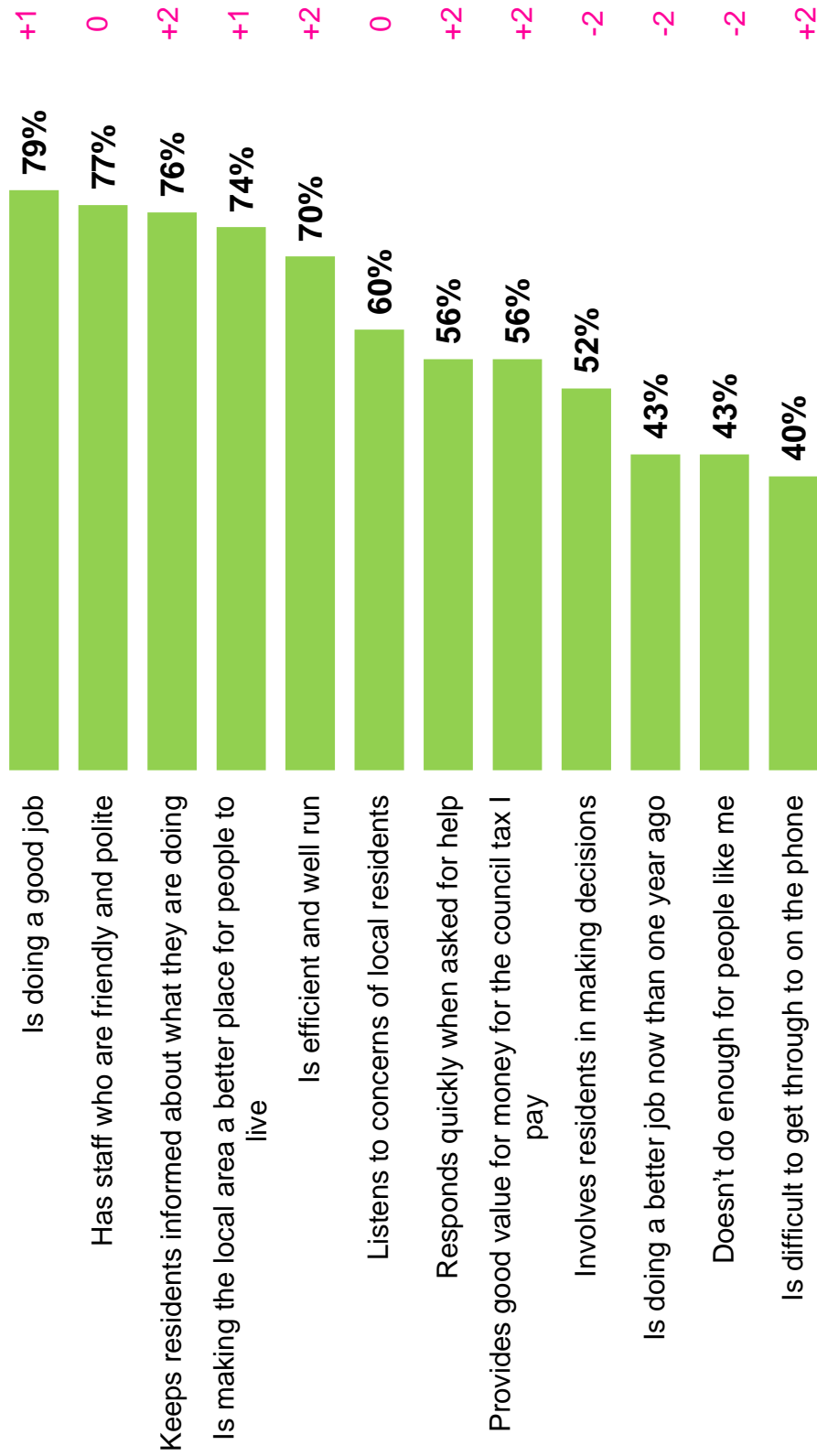


Source: Q2 Which three of these are you personally most concerned about?  
 Base: Merton: All adults (1032, except the split code 'Not enough being done for young people' (507) and 'Rising prices / interest rates' (525))  
 London: All adults (1020, except the split code 'Not enough being done for young people' (533) and 'Rising prices / interest rates' (487))

# Image of the council 2013/14

% agreeing a great deal/ to some extent

Change from  
2012/13 (% pts)



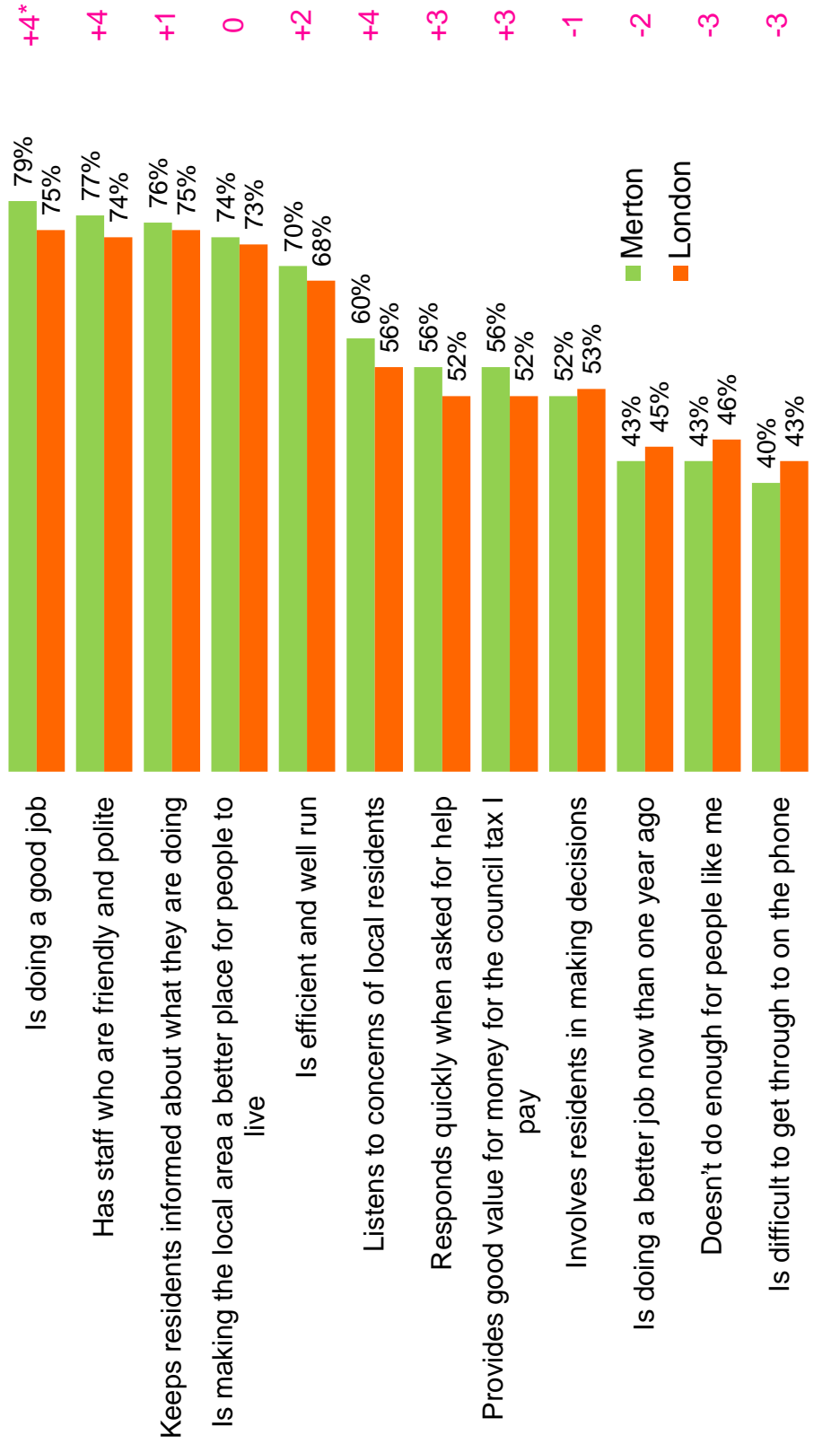
## No significant differences from 2012/13

Source: Q3 These are some things which other people have said about their council. To what extent do you think these statements apply to your borough?  
Base: All adults (1032)

# Image of the council 2013/14

Merton 2013/14 Compared with London  
 % saying Great Deal / Some Extent

Difference to  
 London (% pts)



Source: Q3 These are some things which other people have said about their council. To what extent do you think these statements apply to your borough?  
 Base: All adults (Merton: 1032, London: 1020)



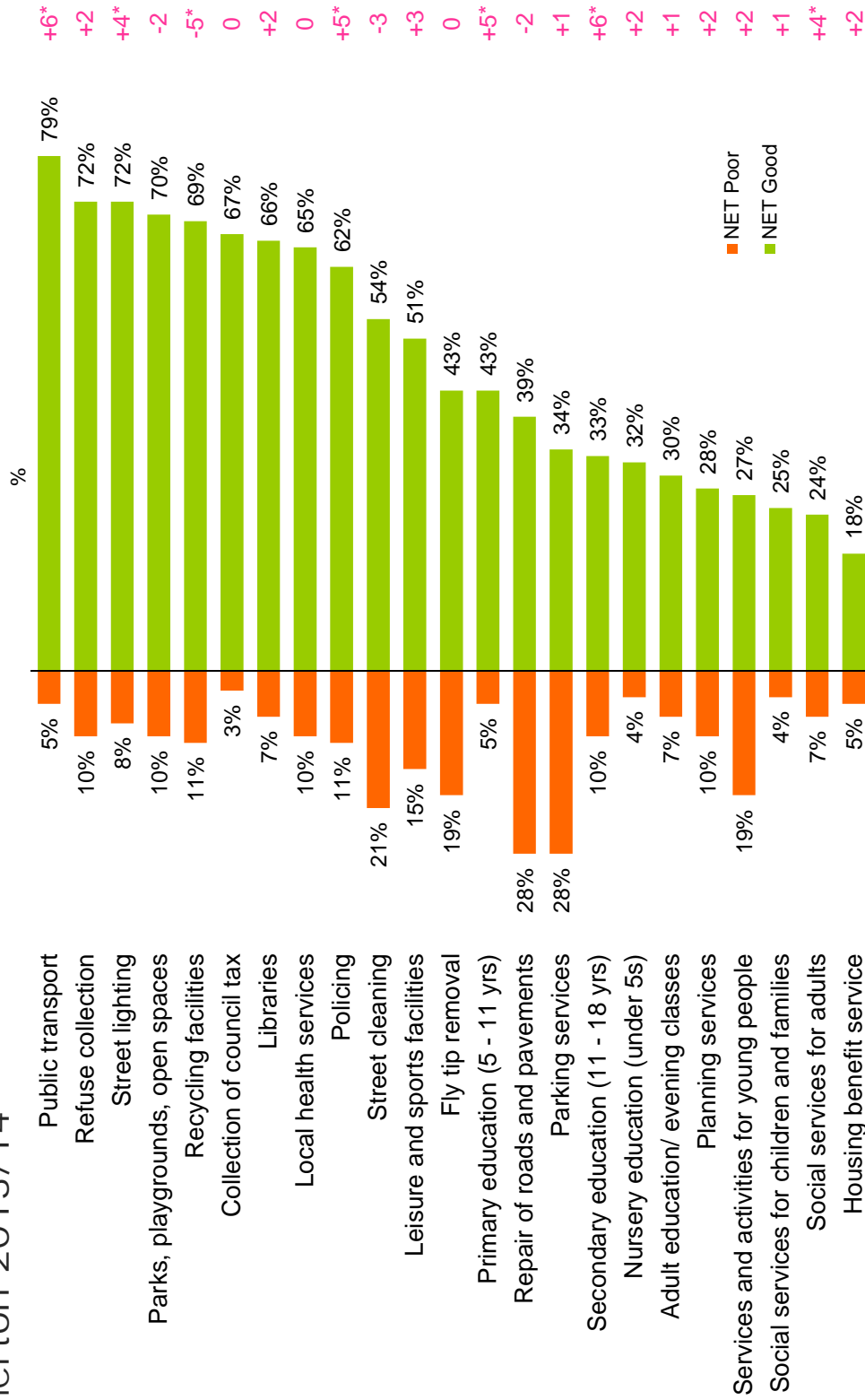
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# Perceived service delivery

Merton 2013/14

Change from  
2012/13 (% pts)

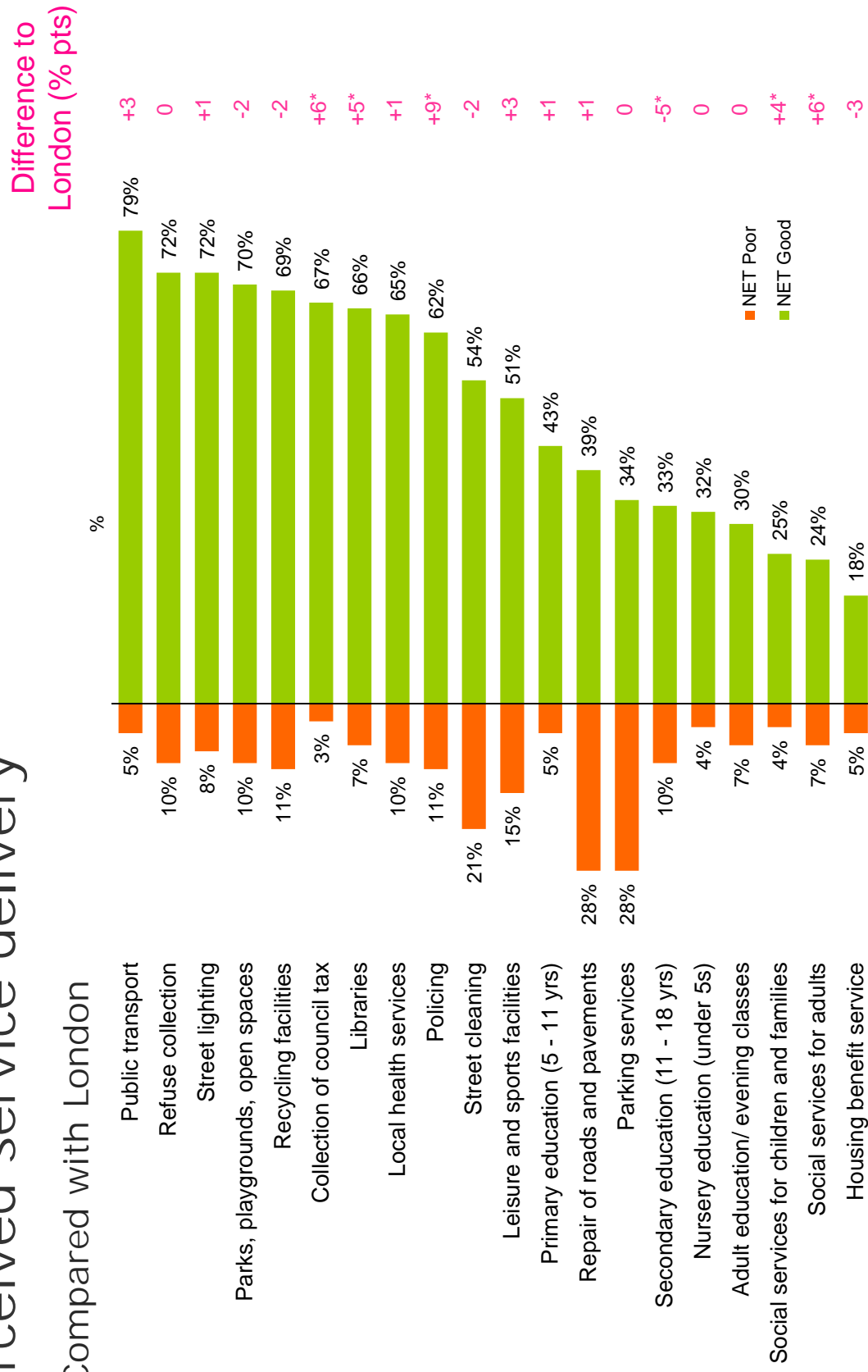


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Source: Q4 I would like to ask you about local services in this area. What is your opinion of .....?  
Base: All adults (1032)

# Perceived service delivery

Compared with London



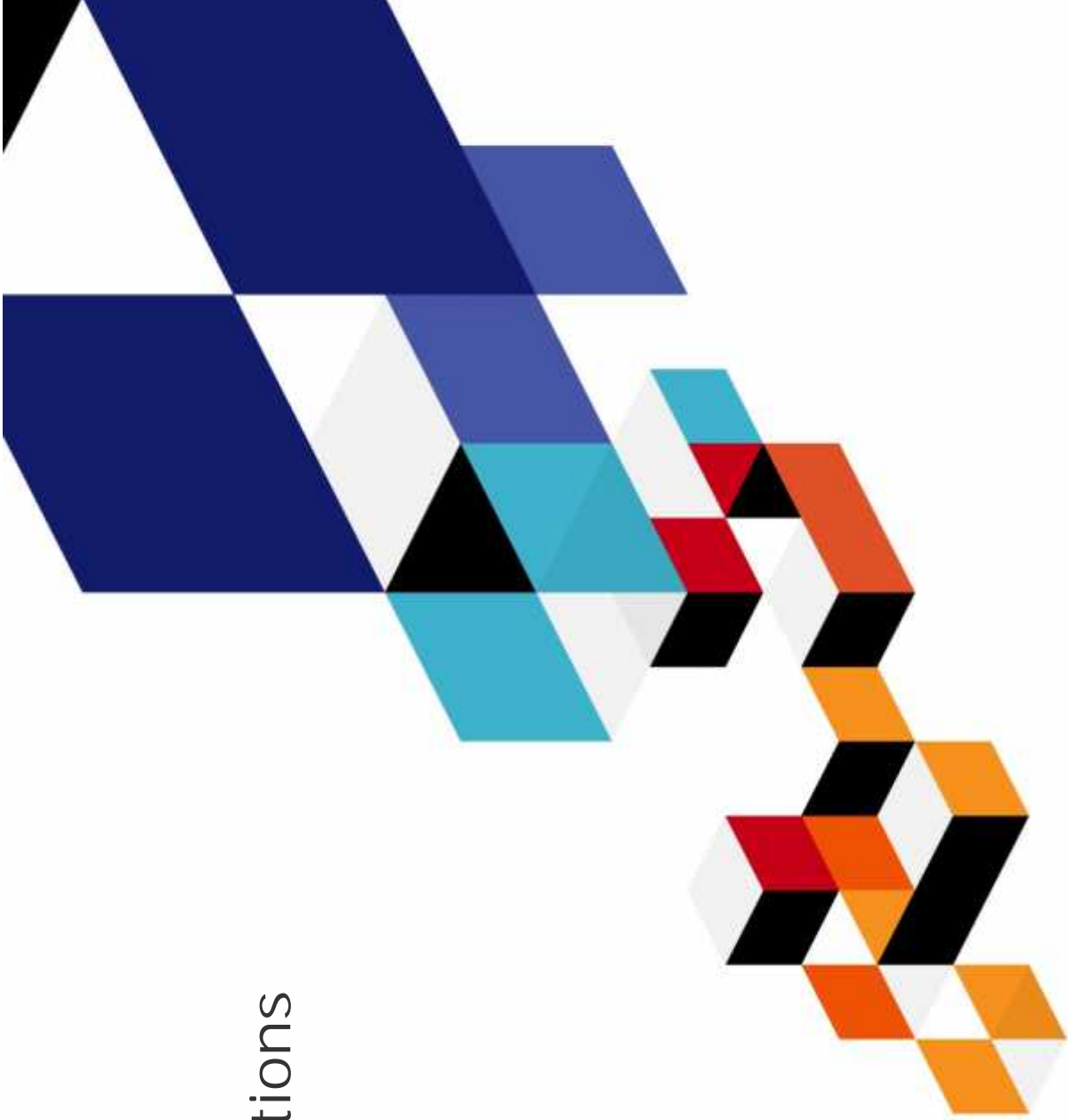
\*Sig

Source: Q4 I would like to ask you about local services in this area. What is your opinion of .....?  
Base: All adults (Merton:1032, London 1020)

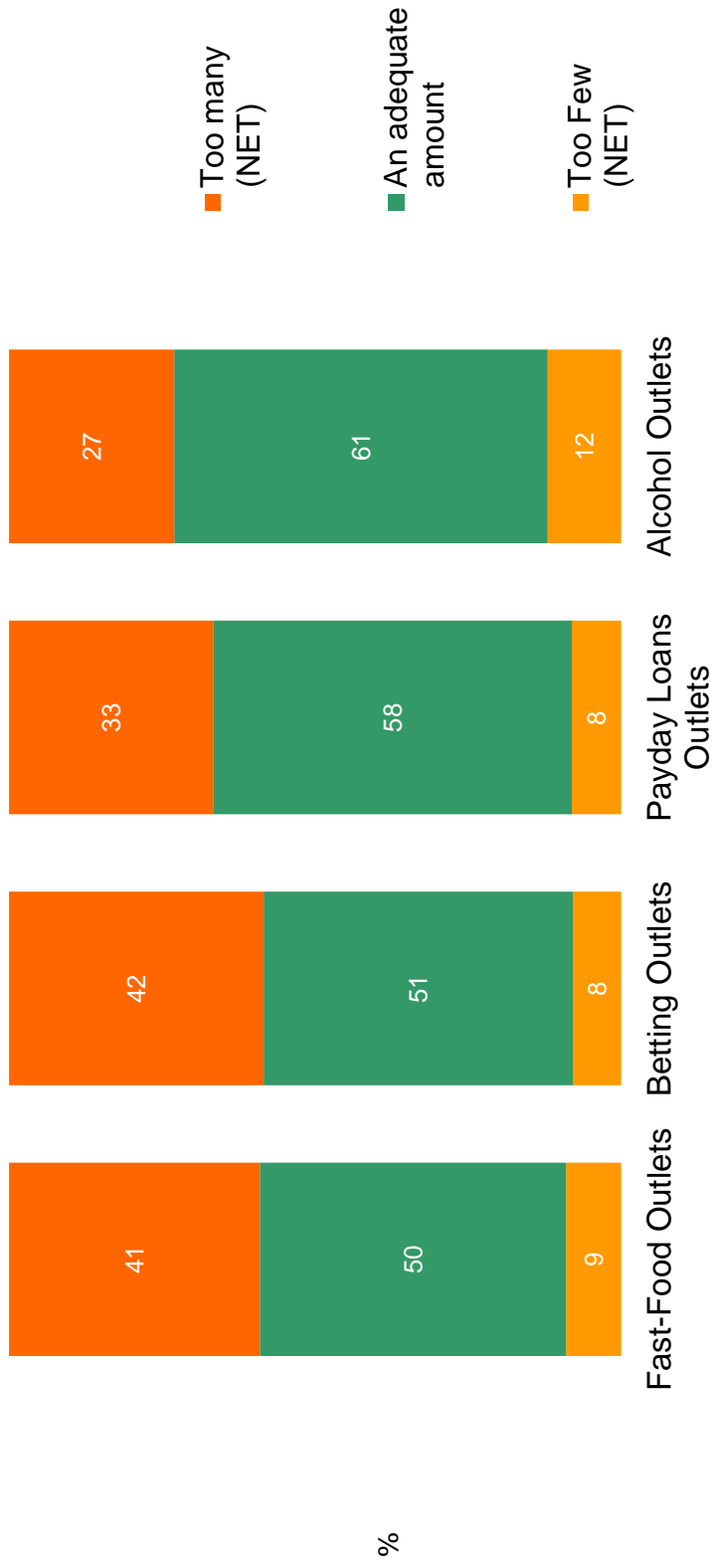




# Merton Extra Questions



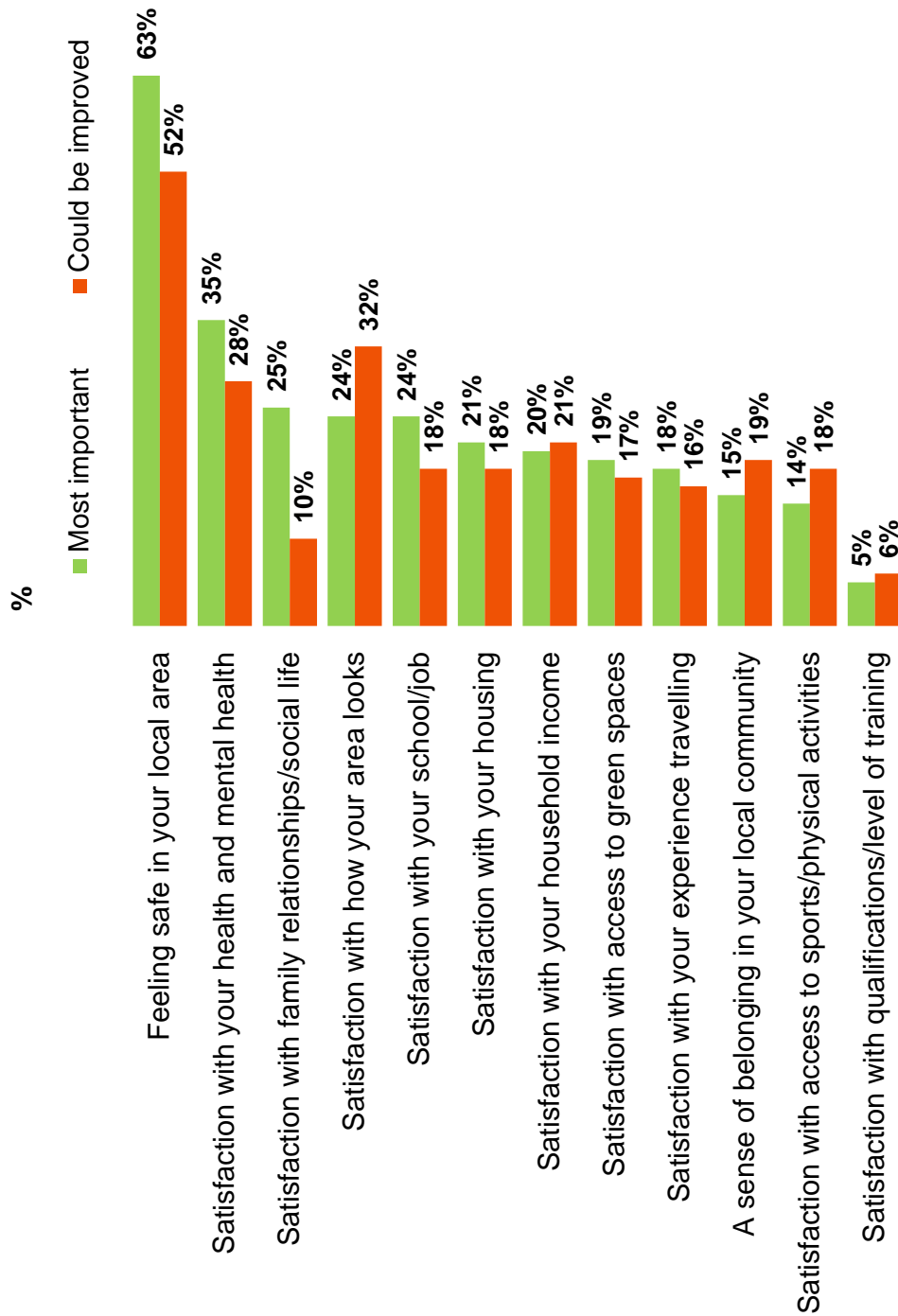
# Views on the number of...



Source: Q18d What are your views on the number of the following in your area?  
Base: All adults (1032)

# Features important to sense of health and wellbeing

Merton 2013/14



Source: Q18a Which three of the following factors do you think are the most important to your own sense of health and wellbeing?  
 Q18b. And which three of the following factors do you think could be most improved to increase your own sense of health and wellbeing?  
 Base: All adults (Merton 2013: 1032)

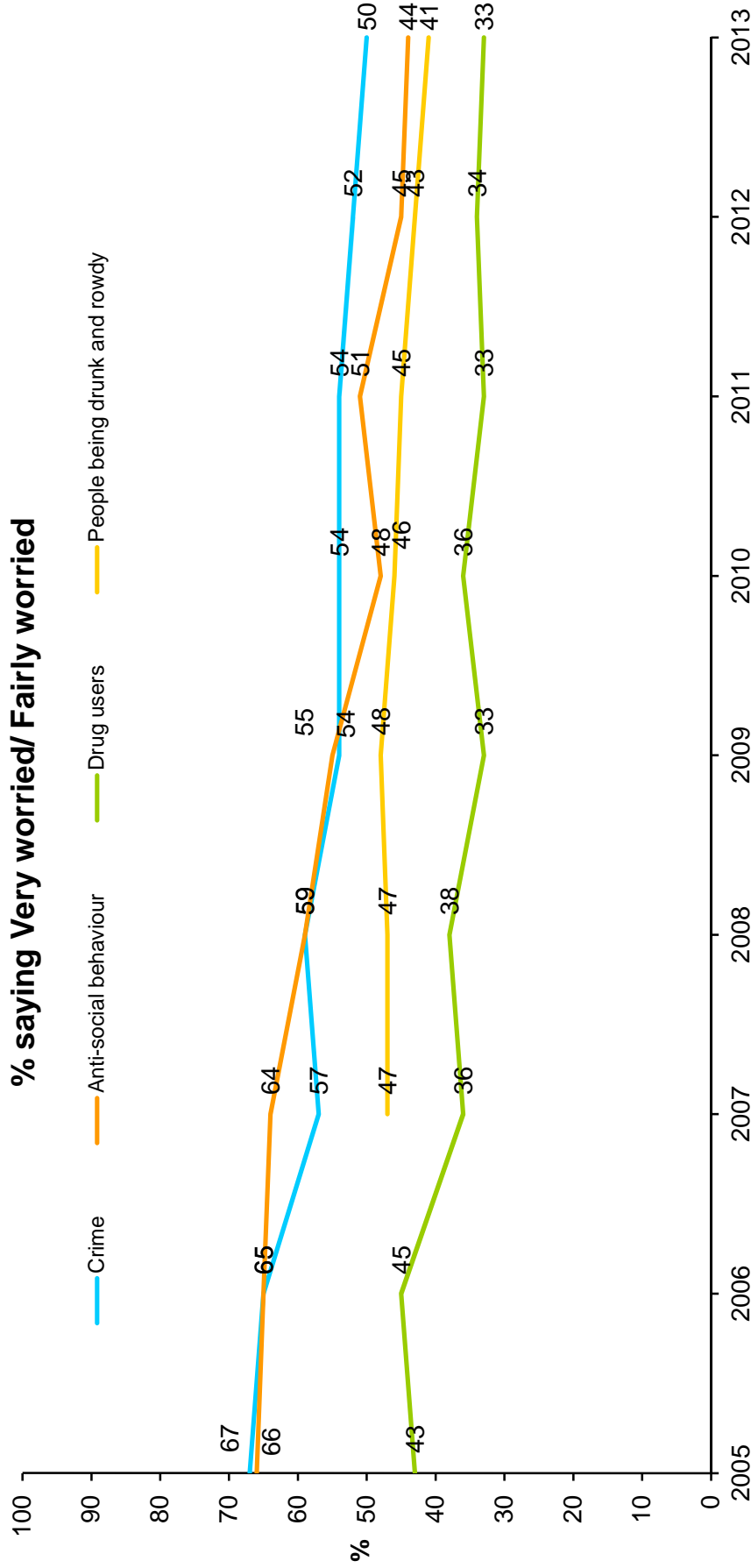


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# Worry about....

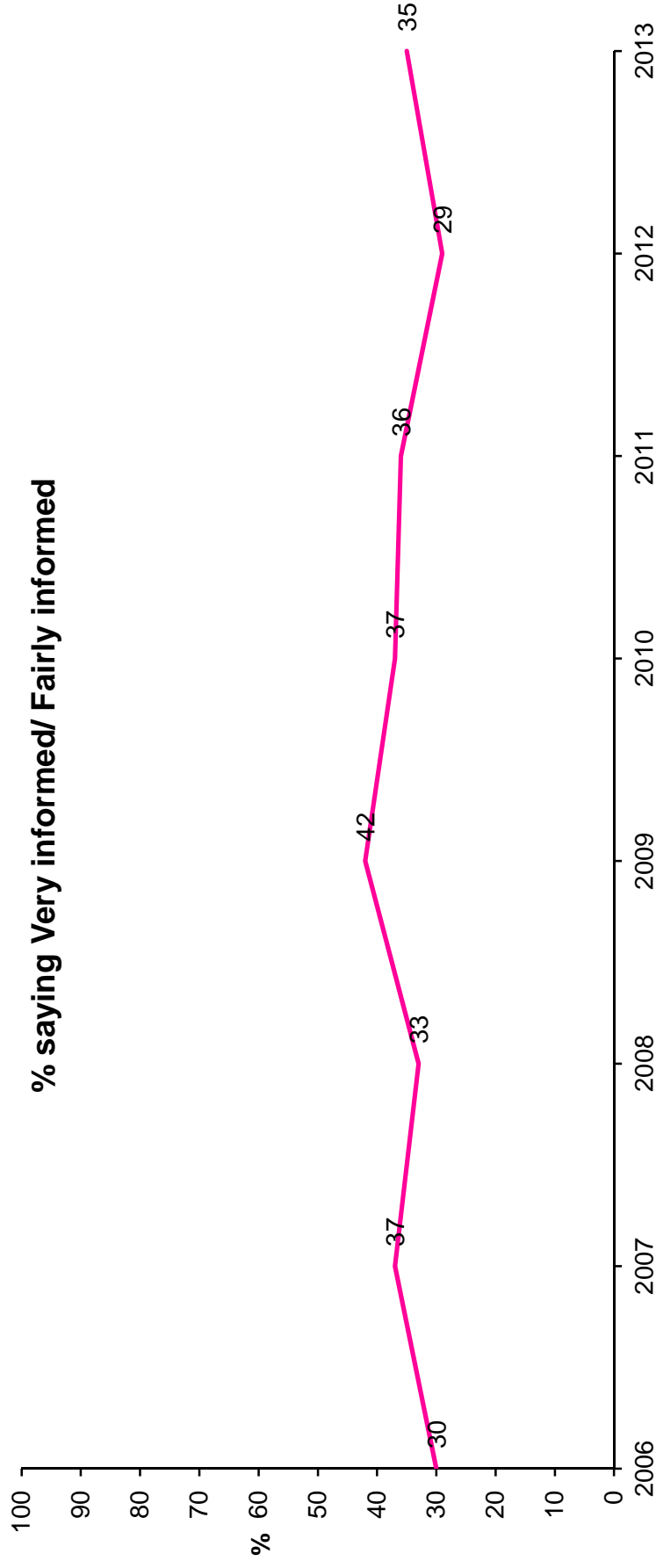
Concern about antisocial behaviour continued to fall slightly this year, following an increase in 2011



Source: Q6 How worried are you about each of the following in Merton?  
Base: All adults (Merton 2013: 1032)

# How informed residents feel about measures to tackle anti-social behaviour

Respondents feel better informed this year, after a fall in 2012



Source: Q7 How well informed do you feel about what is being done to tackle anti-social behaviour in your area?  
Base: All adults (Merton 2013: 1032)

# Whether people feel council treats them in a fair and non-discriminatory way



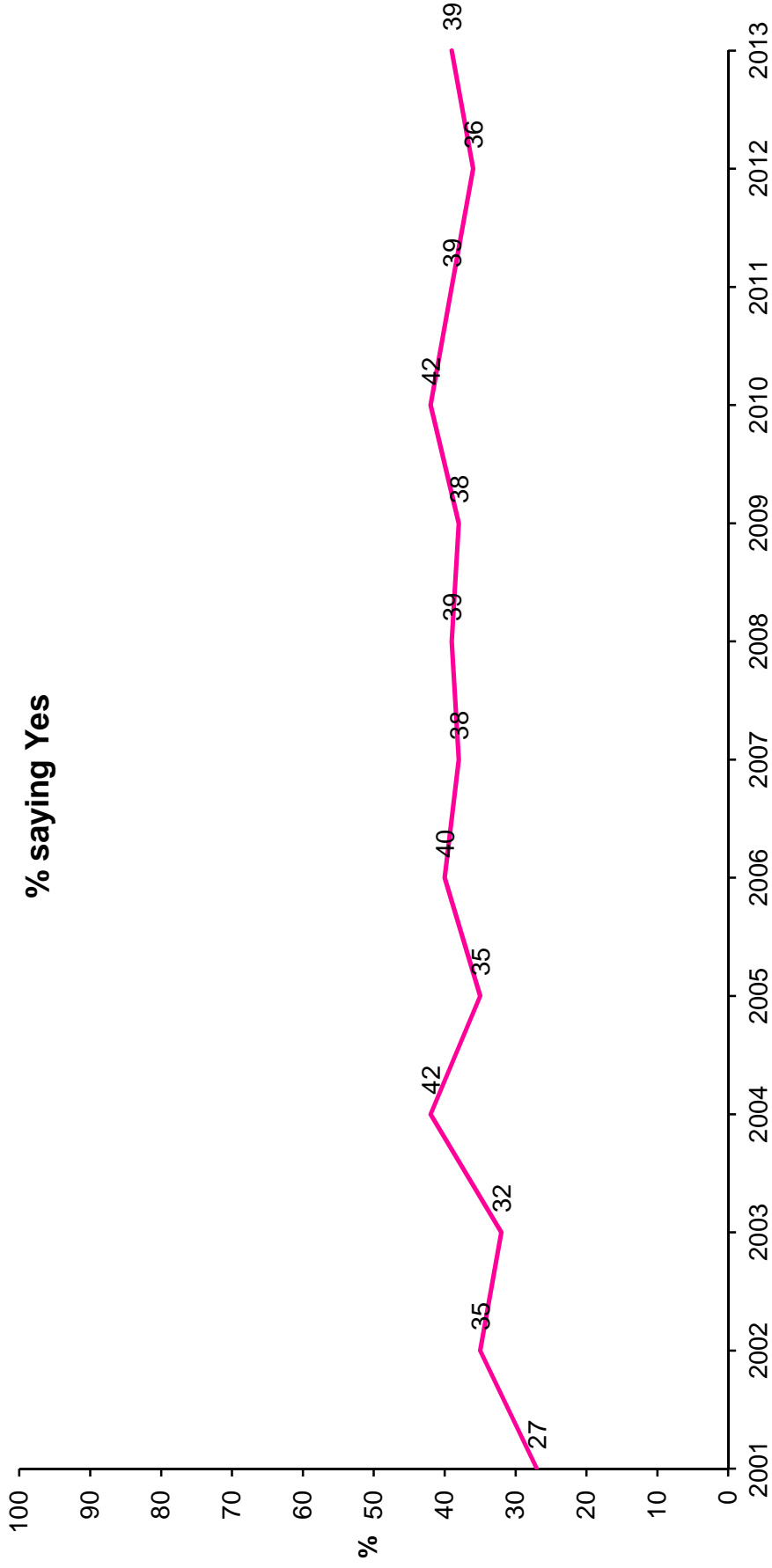
Source: Q8 Do you agree that Merton Council treats people in a fair and non-discriminatory way?  
Base: All adults (Merton 2013: 1032)



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# Whether people think that the council tackles racism



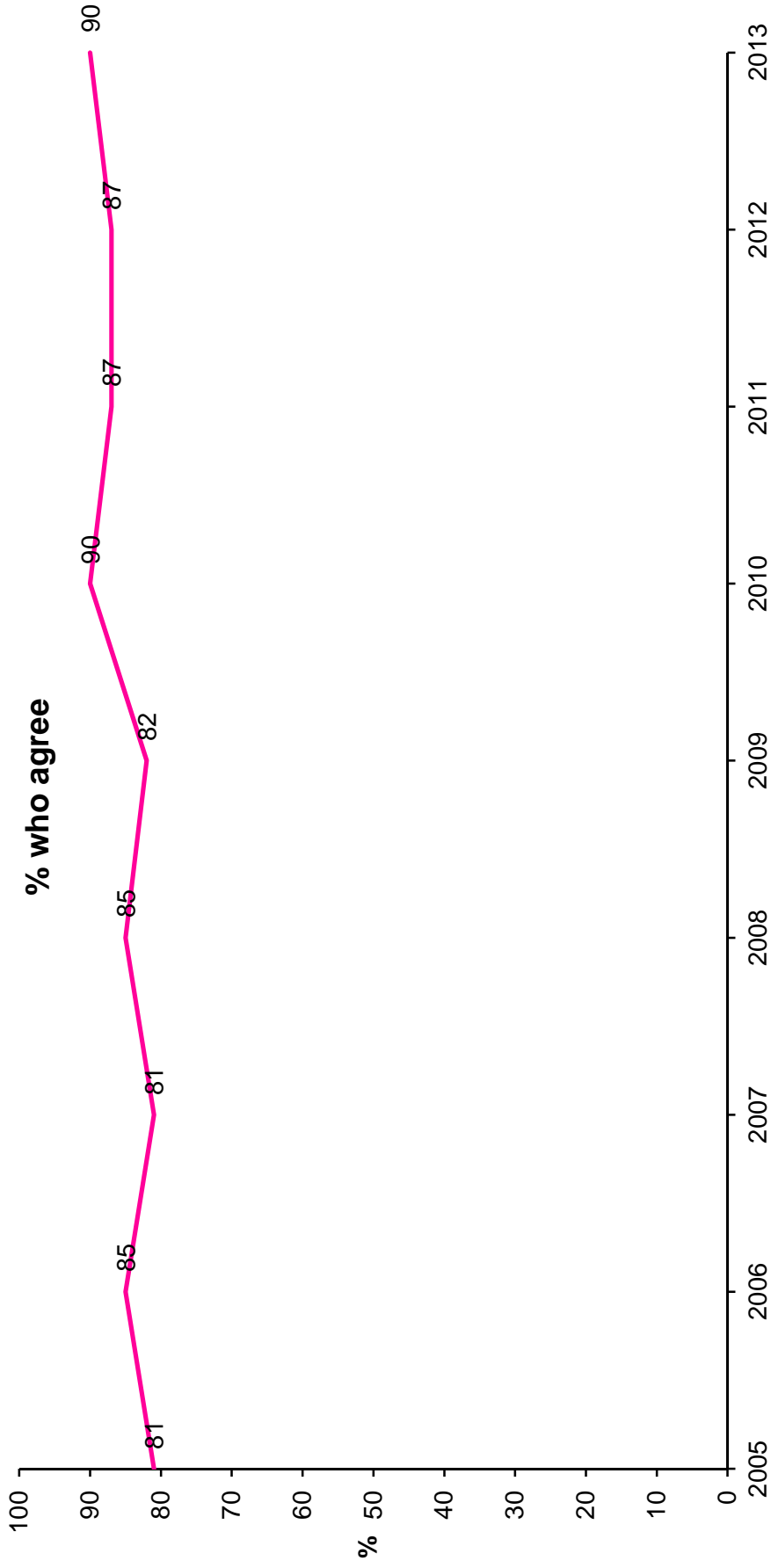
Source: Q10 In your opinion do you think that Merton Council tackles racism or not?  
 Base: All adults (Merton 2013: 1032)



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# Agreement that people from different backgrounds get on well together



Source: PS18a To what extent do you agree or disagree that your local area is a place where people from different backgrounds get on well together?  
Base: All adults (Merton 2013: 1032)



# Agreement that people from different backgrounds get on well together



Source: PS18a To what extent do you agree or disagree that your local area is a place where people from different backgrounds get on well together?  
 Base: All adults (Merton 2013: 1032) White (647) Asian (224) Black (122)

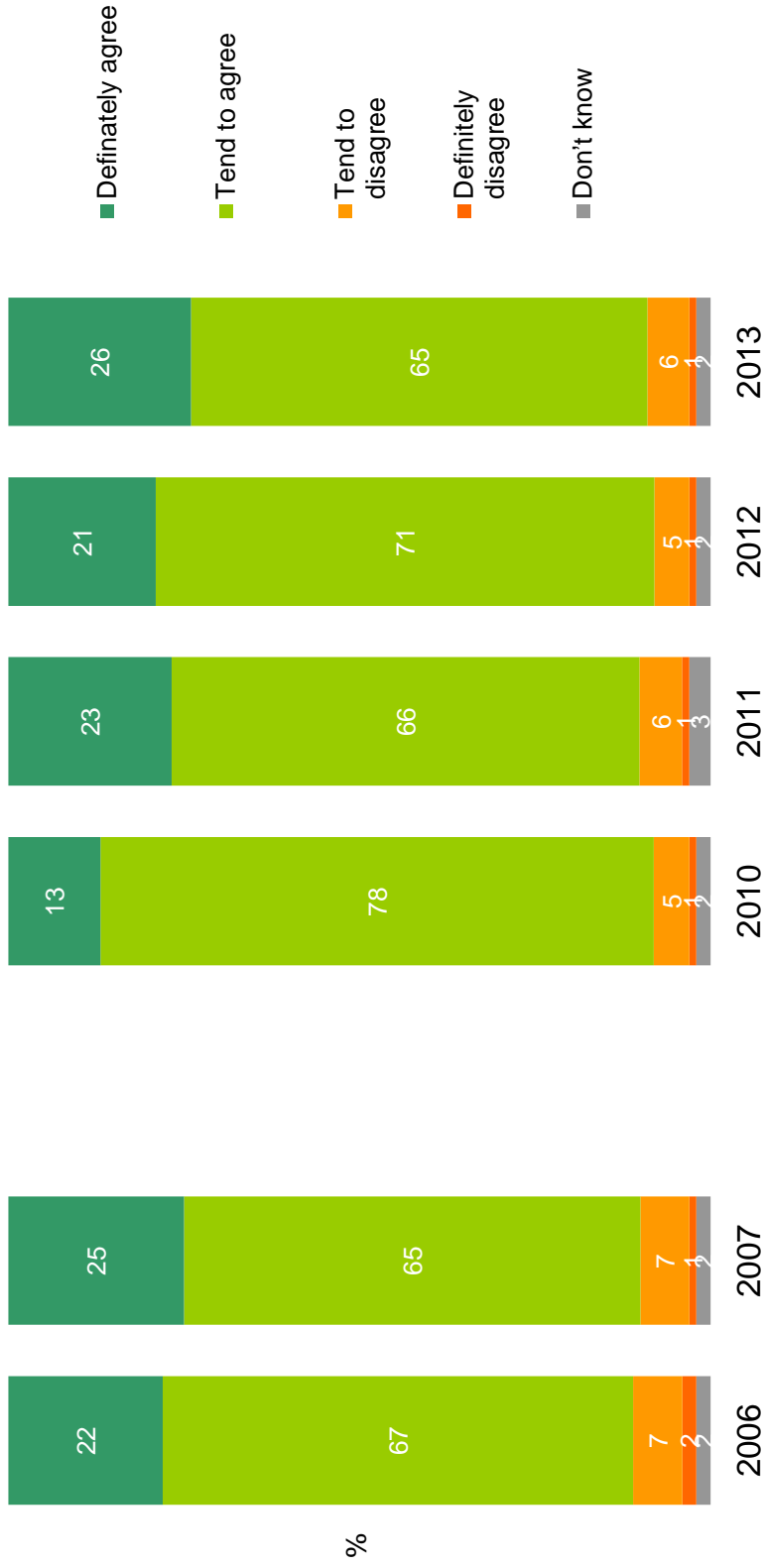


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# Agreement that people in local area treat each other with respect and consideration

NET agree 89% 90% 91% 91% 92% 91%



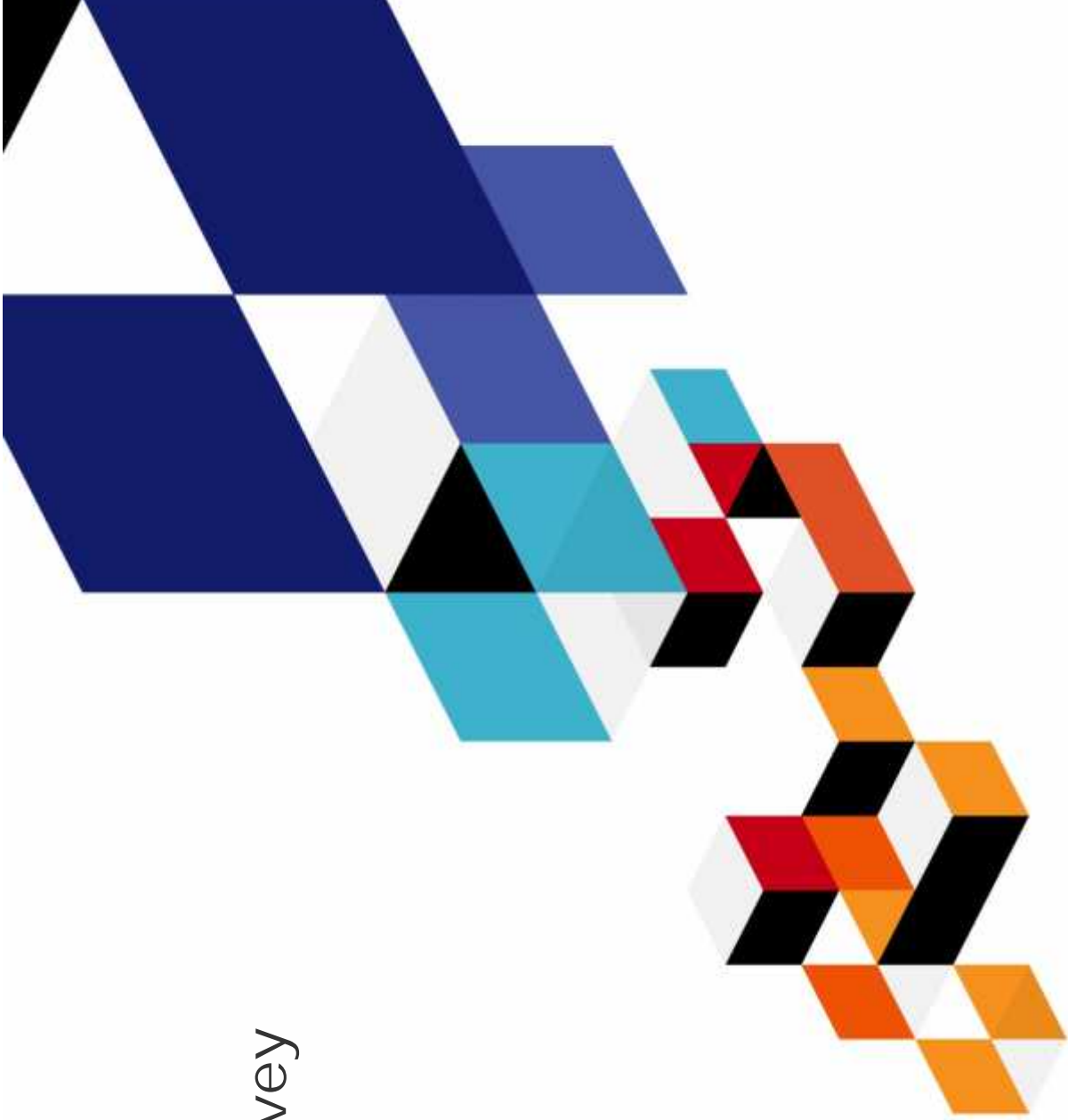
Source: PS18b To what extent do you agree or disagree that people in your local area treat each other with respect and consideration?  
Base: All adults (Merton 2013: 1032)



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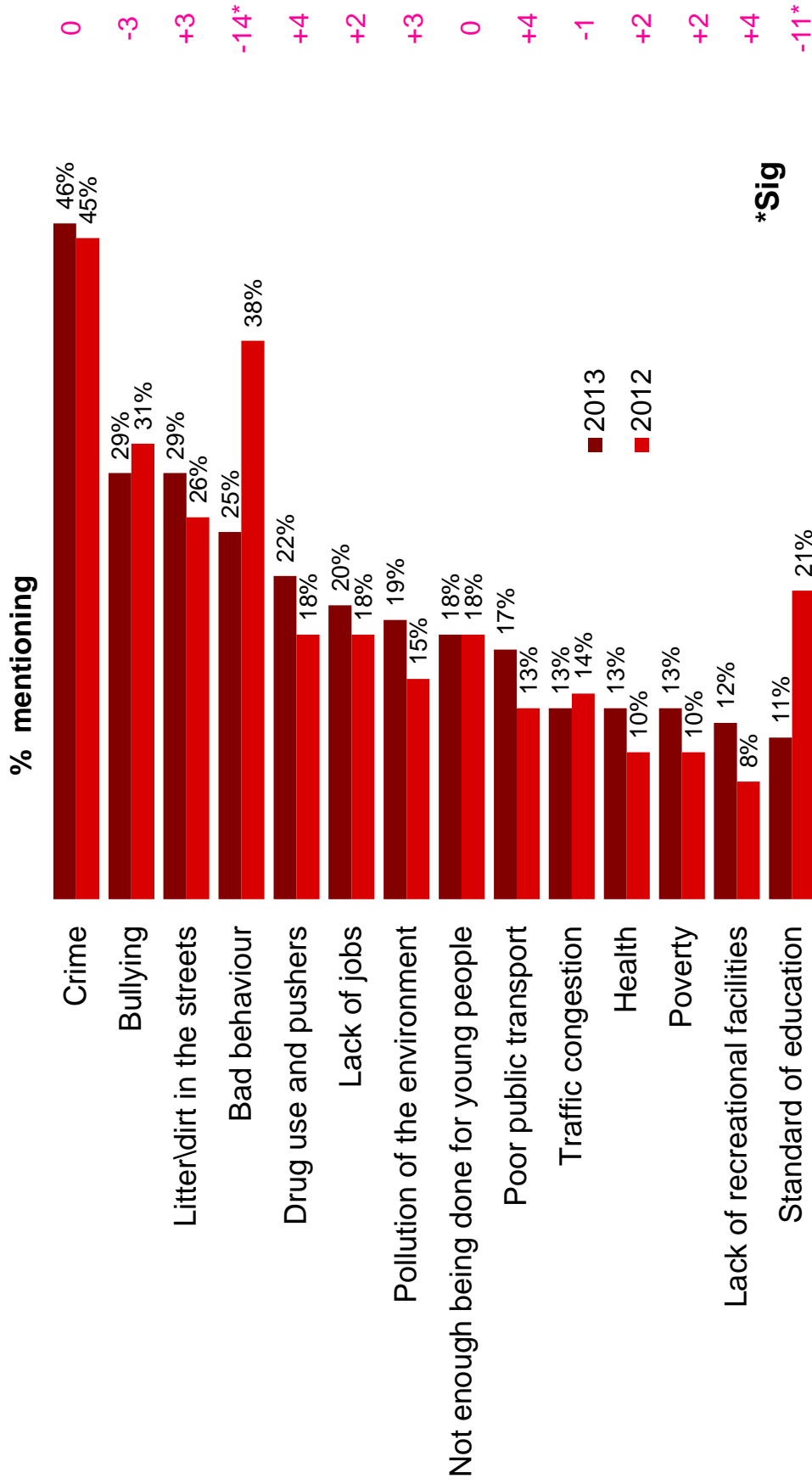
# Young Persons Survey



# Young people's personal concerns

Concern about bad behaviour has decreased this year

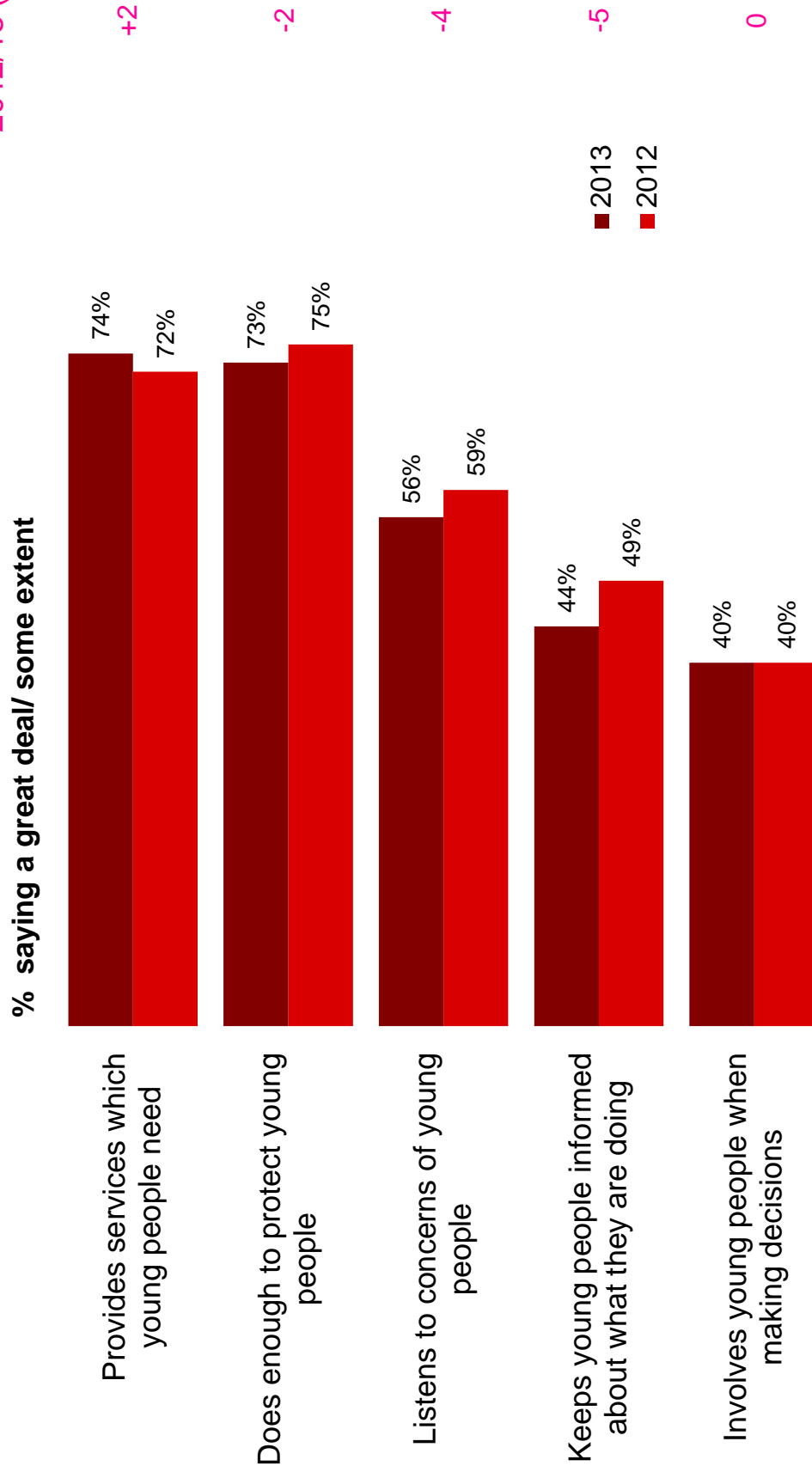
Change from  
2012/13 (% pts)



Source: QY1 Which three of these are you personally most concerned about?  
Base: All young persons aged 11-17yrs (2013: 265; 2012: 248)

# Young people's image of the council

Change from 2012/13 (% pts)



## No significant differences from 2012/13

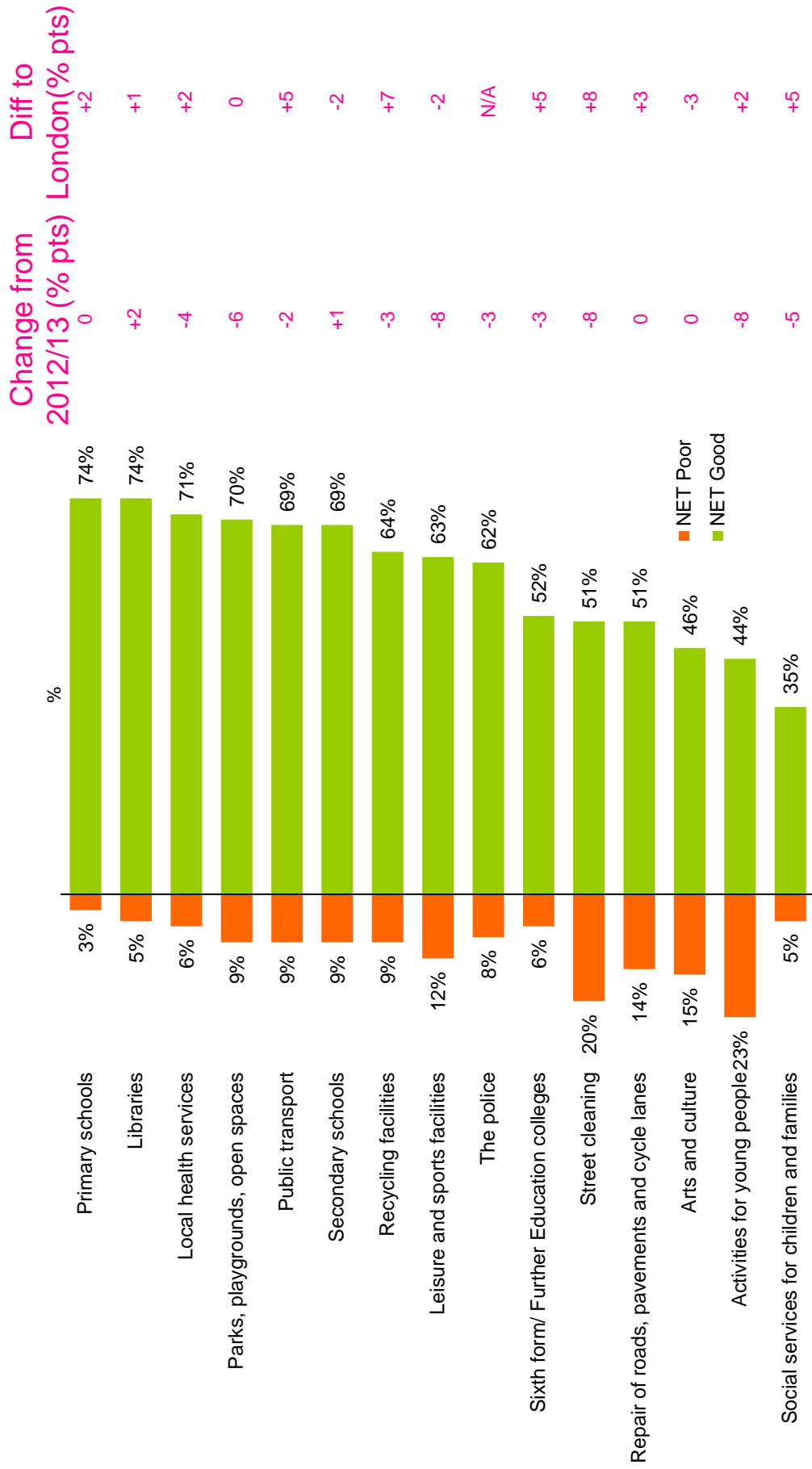
Source: QY3 To what extent do you think these statements apply to your borough?  
 Base: All young persons aged 11-17yrs who know a lot or a little about the Council (2013: 176, 2012: 172)



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# Young people's perceived service delivery



## No significant differences from 2012/13 or to London

Source: QY4 I would like to ask you about local services in this area. What is your opinion of ...?  
 Base: All young persons aged 11-17yrs (Merton:265, London: 258)



# Agreement that Merton is a good place for young people to live

NET agree

81% 81% 84% 85% 84% 90% 85%



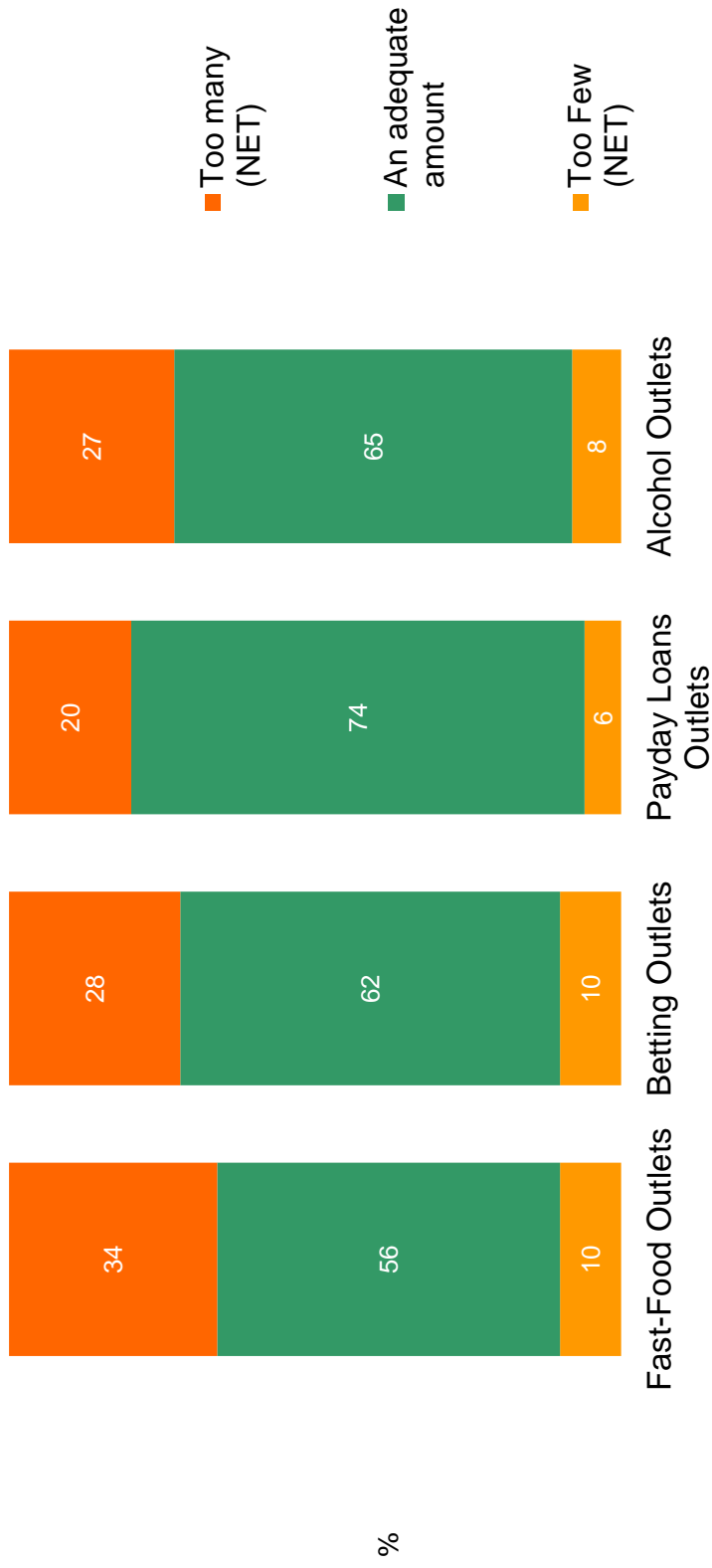
Source: QY8 To what extent do you agree that Merton is a good place for young people to live?  
 Base: All young persons aged 11-17yrs (Merton 2013: 265)



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# Views on the number of...



Source: QY12d What are your views on the number of the following in your area?  
 Base: All young persons aged 11-17yrs (Merton 2013: 265)



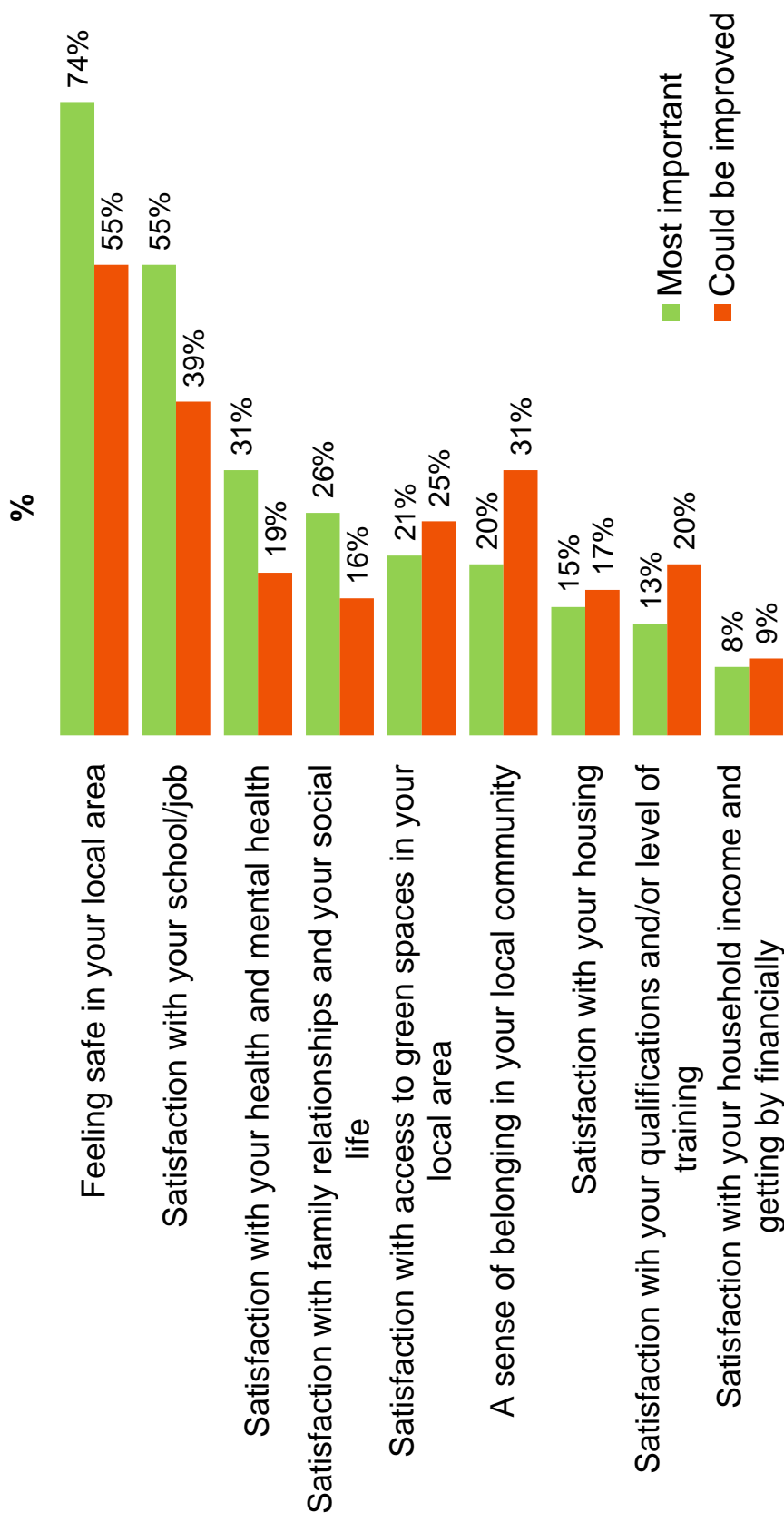
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# Features needing improving in Merton

Merton 2013/14



Source: QY12a Which three of the following factors do you think are the most important to your own sense of health and wellbeing?  
 QY12b. And which three of the following factors do you think could be most improved to increase your own sense of health and wellbeing?  
 Base: All young persons aged 11-17yrs (Merton 2013: 265)

**JOINT CONSULTATIVE COMMITTEE WITH ETHNIC MINORITY ORGNISATIONS**      **Date:** 19 March 2014

<b>Subject:</b>	Developing voice and capacity building in the BAME community
<b>Lead contact:</b>	Kate Herbert
<b>Position:</b>	Head of Policy, Strategy & Partnerships
<b>Organisation:</b>	Merton Council
<b>Officer contact:</b>	<a href="mailto:Kate.herbert@merton.gov.uk">Kate.herbert@merton.gov.uk</a> / 020 8545 4632

**Recommendation:** That members of the JCC note the project due to be undertaken and share views on the scope for the project.

**1 Executive summary**

- 1.1 To respond to concerns about capacity within the BAME voluntary sector to support BAME voice and capacity building, a piece of work will be commissioned to review the current situation and set out recommendations to strengthen this work going forward.
- 1.2 The JCC is invited to take part in this work and share views on the scope for the project.

**2 Details**

- 2.1 Following concerns raised within the BAME community regarding the closure of BAME infrastructure/ voice organisations in Merton in recent years, it is proposed that we will undertake a review of the current situation and identify opportunities to strengthen voice and capacity building for BAME voluntary, community and faith organisations in the borough.
- 2.2 The aim is to ensure there are sustainable engagement opportunities to enable the BAME community to be involved in the design and delivery of services and support for BAME voluntary, community and faith organisations to achieve this.
- 2.3 This work is intended to build on work that has already been done – for example the Institute of Community Cohesion (iCoCo) mapping work in 2010/11, the development and implementation of the Merton Partnership-endorsed BAME Strategic Plan, datasets such as the Census and the Joint Strategic Needs Assessment – and influence commissioning priorities within the council and elsewhere for 2015 onwards.
- 2.4 It is anticipated that this piece of work will be commissioned in April 2014. Consultation with key stakeholders, including the BME Forum, organisations represented on the JCC, and statutory and non-statutory partners, will take place in May and June with a view to the findings of the work to be produced by the end of July 2014. We would expect the findings to be presented to the JCC at the September meeting.
- 2.5 Views from JCC members on the scope for this piece of work would be very welcome.