

Merton Council

Joint Consultative Committee with Ethnic Minority Organisations Agenda

Membership

Councillors: Edith Macauley MBE (Chair), Abdul Latif (Vice-Chair), Stan Anderson, Fidelis Gadzama, David Simpson CBE

Substitute Members: Laxmi Attawar, Adam Bush

Ethnic Minority Organisations

African Educational Cultural & Health Organisation (AECHO)

Deputy

Ahmadiyya Muslim Association

Asian Diabetic Support & Awareness Group

Asian Elderly Group of Merton

Asian Youth Association

BAME Voice

Bangladeshi Association of Merton

Deputy

Bengali Association of Merton

Deputy

Bengali Women's Association of Merton

British Muslim Association of Merton

Ethnic Minority Centre

Euro Bangla Federation

Deputy

London South West Chinese Community Association

Merton African Organisation

Merton Somali Community

Mitcham Filipino British Association

Deputy

Merton and Lambeth Citizen's Advice Bureau

Pakistan Cultural Association of Merton & Wandsworth

Pakistan Welfare Association

Deputy

Positive Network

South London Somali Community Association

South London Tamil Welfare Group

Victim Support Merton and Sutton

Wimbledon Mosque

Revd Mrs H Neale

Mr C.H.Nawaz

Mrs N. Shah

Mr M S Sheikh

Revd Mrs H Neale

Mr. N. Islam

Mr J Choudhury

Mr M Rahman

Mrs M Ahmed

Mr B. Afridi

Mrs Sabitri Ray

Dr Z Haque

Mr Q Anwar

Ms L Saltoon

Mr C J Lusack

Mr A. Ali

Ms A Colquhoun

Ms C Batallones

Ms H James

Mr M A Shah

Mr S U Sheikh

Mr Rizvi

Ms G Salmon

Mr A Musse

Dr P Arumugaraasah

Mr A Morgan-Thorne

Mr Z Khan

Date: Wednesday 6 December 2017

Time: 7.15 pm

Venue: Council chamber - Merton Civic Centre, London Road, Morden SM4 5DX

This is a public meeting and attendance by the public is encouraged and welcomed.

For more information about the agenda please contact

evereth.willis@merton.gov.uk or telephone [020 8545 4637](tel:02085454637).

All Press contacts: press@merton.gov.uk, 020 8545 3181

Joint Consultative Committee with Ethnic Minority Organisations Agenda

6 December 2017

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Note on declarations of interest

Members are advised to declare any Disclosable Pecuniary Interest in any matter to be considered at the meeting. If a pecuniary interest is declared they should withdraw from the meeting room during the whole of the consideration of that matter and must not participate in any vote on that matter. If members consider they should not participate because of a non-pecuniary interest which may give rise to a perception of bias, they should declare this, withdraw and not participate in consideration of the item. For further advice please speak with the Assistant Director of Corporate Governance.

Agenda Item 3

JOINT CONSULTATIVE COMMITTEE WITH ETHNIC MINORITY ORGANISATIONS 12 SEPTEMBER 2017

PRESENT Councillors Councillor Edith Macauley (in the Chair),
Councillor Stan Anderson, Councillor Henry, Councillor
Akyigyina

Rev Mrs Neale, Mr Islam, Mr Sheikh, Dr Arumugarraasah,
Insp Milton, Ms Razak, Mr Merrifield

1 DECLARATIONS OF INTEREST (Agenda Item 1)

None.

2 APOLOGIES FOR ABSENCE (Agenda Item 2)

Apologies were received from Councillors Abdul Latif and David Simpson, Mr A Savage.

3 MINUTES OF PREVIOUS MEETING (Agenda Item 3)

The minutes were agreed and there were no matters arising.

4 MATTERS ARISING (Agenda Item 4)

None.

5 NHS HEALTH CHECKS PROGRAMME - MR PETER MERRIFIELD, MERTON HEALTH GP FEDERATION (Agenda Item 5)

Peter Merrifield, Project Manager for Merton GP Federation (a group of GPs across Merton) gave an overview of the Health Check programme. The health checks contract started on 1 September 2017.

NHS Health Check is a free check-up of overall health carried out by a Nurse or healthcare assistant. In Merton the following are priorities to receive a health check:

- 40 -74 years old
- South Asian community

- Male
- Family history of cardiovascular disease
- Smokers
- Living in an area of high social deprivation

The take-up target is 40%-45% with the aim of increasing this to 60%.

An outreach model is being used to go to communities, in particular mosques and temples. Most checks are done at GP surgeries but the service is mobile and may also be taken out to community organisations.

Questions/Comments

How has the age range been chosen, why are residents aged over 74 not included? Peter replied that the age range is chosen by NHS England and Public Health England. Also for those aged over 74 their health conditions tend to have settled down more.

Why start at 40 and not earlier? Public Health set the age range and probably start at 40 based on evidence that the 40+ are more at risk.

Is the programme only aimed at the South Asian community as these conditions also affect other communities? The South Asian community has been considered because there have been challenges engaging this group, however the health checks is also open to other communities.

Representatives also suggested that:

- Drug and alcohol users should be priority
- Younger people should be considered

Concern was expressed that BAME communities health needs were not always properly considered in the planning and commissioning of services.

There was general consensus that those who can influence the commissioning process should make that representation.

How can local charities help to meet the target? Mr Merrifield replied that he wants to engage with as many organisations as possible. He is happy to meet organisations to develop a partnership.

Will the cost of hiring a hall to enable the community outreach be met by Merton GP Federation? Mr Merrifield replied that there is no funding available to support this.

Why does the programme target men? There is a health scrutiny report that should be looked at.

Do the GPs advertise the health checks? Mr Merrifield confirmed that leaflets are being designed that will be available at GP surgeries and other health organisations.

Mr Merrifield was asked to take back the concerns of the JCC membership to the commissioners, which he undertook to do.

6 ONE YOU MERTON - MS SIERAN RAZAK (Agenda Item 6)

Sieran Razak presented an overview of the One You service, which was previously known as Livewell. It is a service for all residents. The service is available on a personal (self management) or community level and various leaflets and Apps are available.

A Health Adviser works with individuals to do an initial assessment. The priorities are:

- Stop Smoking Services
- Screening for:
- Being with Mental Health Conditions or on antidepressants
- Pregnant women.
- Having COPD – or under investigation for lung disease.
- Under 19yrs of age

One You Merton is keen to attend community events and provide mini health checks (height, weight and BMI checks). Healthy living presentations are done.

Also the service provides the Royal Society of Public Health training to Health Champions. The participants receive training on behaviour and habits of individuals and receive a certificate in health improvement.

Questions

Why doesn't One You Merton organise workshops and invite participants? Ms Razak replied that there is no budget to organise events but One You Merton will attend events organised by others.

Why has the name of the organisation changed?

Ms Razak replied that nationally the name had changed and so locally it needed to change from Livewell too.

A JCC representative congratulated the organisation on the good work done as Livewell with local groups that has resulted in some residents make important life style changes.

Concern was expressed about the name change and budget cuts that have affected Public Health.

Ms Razak assured the JCC that One You Merton will continue to provide a good service and encouraged the members to help to promote the service more widely.

7 POLICE UPDATE - CHIEF INSPECTOR PHILIP PALMER, MERTON POLICE (Agenda Item 7)

Inspector Nick Milton presented the crime update. Burglary has decreased by 7.5 %. The Met Trace service has been running for a few months in Merton Park and Wimbledon Village and Hillside wards.

Robbery has increased; however, proactive work is being done through the Autumn Nights campaign. Leafleting is being done and advertising using Facebook to inform residents about protective measures.

To tackle anti-social related offences officers will be out on patrol for Halloween and fireworks.

There has also been a sharp rise in theft of motor vehicles. High value cars are being targeted by organised thieves. Mopeds theft is included in this crime time and is a London wide issue.

Numerous measures have been taken to tackle moped thefts. A lot of work has been done identifying the criminals in other boroughs involved in moped thefts. An Achilles Heel operation was done and the criminals were written to. Also certain addresses were targeted.

Theft from the person has gone down – Mitcham and Wimbledon town centres has dedicated officers this may have contributed to the improved performance.

Violence with injury – work has been done mainly drink related in the town centres. Licensing Officer has been meeting with the venue managers and if necessary oppose licenses.

With regard to acid attacks, Inspector Milton informed the meeting that Merton Police have gone ahead of the Met and drawn up a voluntary agreement of all store selling acid. They have all signed up to agree that acid will only be sold to over 21s and

payment has to be by debit or credit card. Large stores need to get head office clearance.

Inspector Milton also informed the meeting that knife crime is on the increase. The Met is liaising with schools and Ward Officers are going to places where young people store knives and remove them. The Met want the public to work with the Police to look out for hidden weapons.

Inspector Milton also informed the meeting about the public consultation meeting regarding the closure of Wimbledon police station taking place on 26 September from 6.30 to 8.00 at Chase Primary school, Merton Road. Inspector Milton undertook to send the leaflet to Evereth Willis for distribution.

Questions

Concern was expressed about the proposed closure of police stations. The general consensus was that the stations were needed for local people to feel safe and get a faster response. It was noted that in Pollards Hill the engagement with the police is particularly good.

Inspector Milton commented that society is changing and people don't want to come into the front desk like they used to. People are now more likely to use digital methods. He stressed that the police's response rate will remain the same. It is expensive to have so many staff at the station and resources now need to be used differently.

JCC members stressed that they don't agree with the proposed closures because the stations act as a deterrent especially in Wimbledon where crime is associated with the night time economy.

It was felt that less people are using the stations because they don't think that they will get help and frustration was expressed with the 101 service because the calls do not always get answered.

The JCC members asked the Councillors to make representation against the proposed closure of the station.

8 SAFER NEIGHBOURHOOD BOARD UPDATE - MR ABAYEH SAVAGE (Agenda Item 8)

The report was noted.

9 ANY OTHER BUSINESS (Agenda Item 9)

It was suggested that there be less items on the JCC agenda to enable good discussion.

Concern was expressed about the low numbers of people attending the meeting.

Resolved: It was agreed that Evereth Willis should write to those members who have not been attending the meeting and consider taking them off the membership list.

Commissioning Intentions

2018/2019

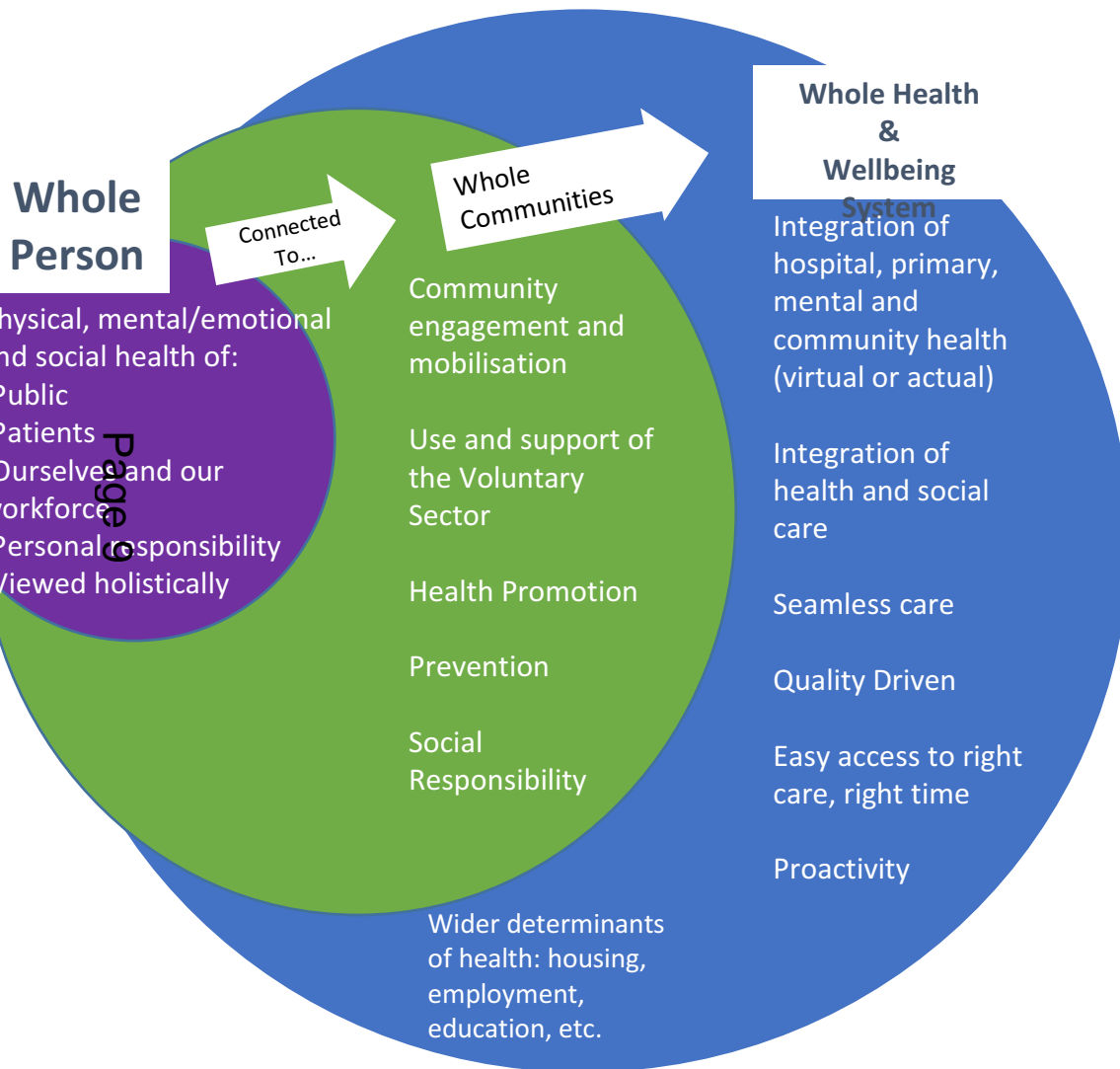
Merton and Wandsworth
Local Transformation Board

What will this mean ... for Patients/Communities/Population ... you ?

Delivering Patient Centred Care.

- We will engage and listen to patient representatives through our Commissioning process.
- All Merton patients should have consistent access to high quality care regardless of where in the borough they live.
- Services should be safe, evidence-based and focused on improving outcomes for patients.
- Services should target health inequalities.
- Proactive and preventative care will support people earlier in the pathway.
- Integrated, holistic and personalised care; (e.g. risk stratification, case management and MDT will deliver improved patient outcomes and significantly reduce avoidable/unnecessary secondary care attendance).
- The promotion of patient self-care and activation will improve patient health and well-being and encourage better self-management of conditions.
- Where services can be effectively provided out of hospital and closer to patients' homes, they should be.

Merton 'Whole Person' Vision



For example; Neurology

Patient 'Activation'

- Group education for acute headache/migraine sufferers.

Primary Care Alignment

- Headache referral pathway to avoid unnecessary visits.

Community Integration

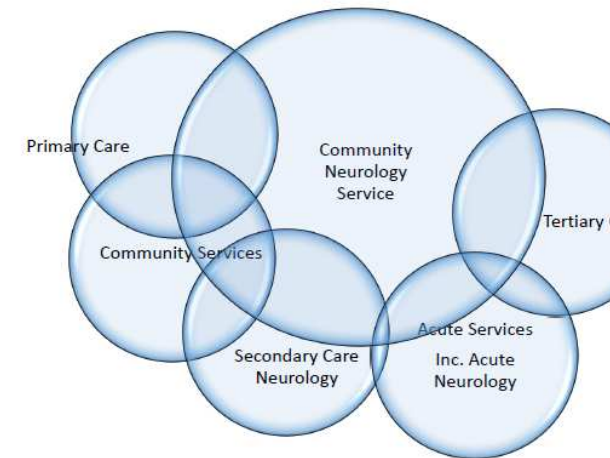
- Integrated Consultant-led, specialist nurse delivered service; with proactive case finding (through risk stratification) and MDTs.
- Aligns with Merton's HARI and MERIT, and Wandsworth's ECP500 service models.
- Mental Health teams also integrated with this model.

Acute Integration

- Clinical thresholds agreed, so patients with multiple long term conditions over 65 years are managed by Consultant Geriatrician, and not many individual acute departments, (e.g. neurology, cardiology etc).

Emergency Integration

- Direct 'emergency' GP referral to Consultant, avoiding A&E.



Commissioning Intentions Merton & Wandsworth Local Transformation Board

Background to development of Commissioning Intentions

- Five Year Forward View
- Right Care Opportunities
- Financial position and NHSE directions
- Priorities for Merton & Wandsworth
- SW STP & Commissioning Intentions

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Local Transformation Boards – set up to oversee the delivery of initiatives across the Local Delivery Unit

- Partnership developing an agreed set of priorities
- Aligned to the South West London commissioning intentions
- Deliver improved outcomes for local residents.

The first time LTBs will be overseeing the development and delivery of sub regional commissioning intentions, which are aligned to year two of the SWL 17/19 commissioning intentions . This means we are working closely with patients and stakeholders to develop our priorities for 17/19

LTB Commissioning Intentions & System Impact

Whole Merton Vision

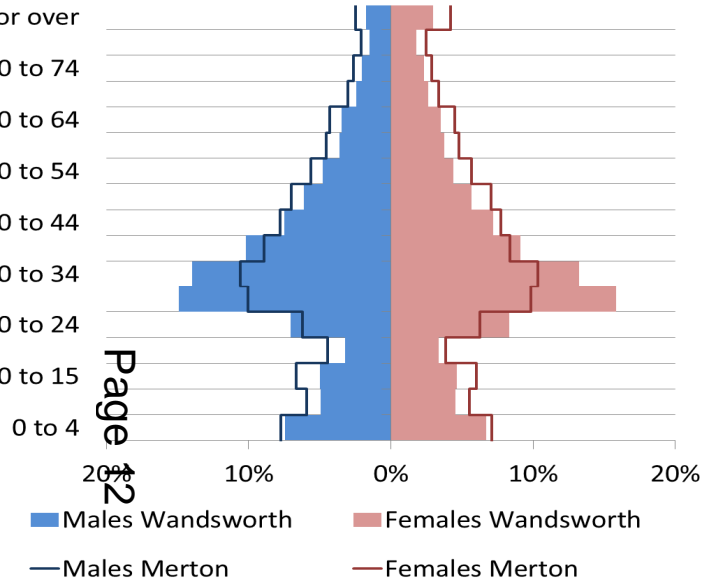
Commissioning Programme:

- Urgent Care
- Primary Care
- Planned Care
- Integrated Care
- Children
- Mental Health

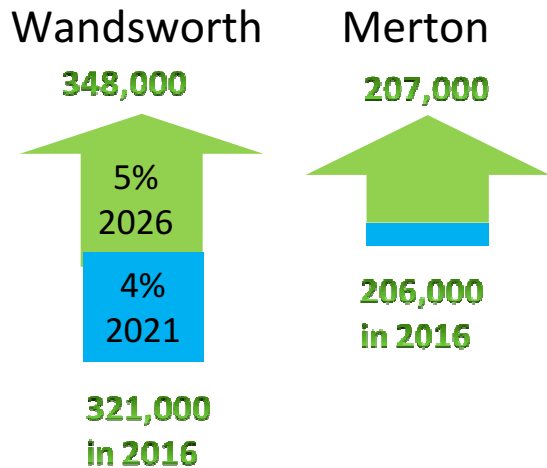
Outcomes to deliver

- Appropriate use of ambulance call outs
- Using alternatives to A&E to reduce inappropriate A&E attendances and emergency admissions
- Ensuring good use of hospital beds – ensuring patients are only in hospital for as long as necessary and are supported on discharge
- Providing community based diagnostics
- Providing community based outpatient clinics
- Ensuring delays in discharge from hospital are reduced

demographic context



East Merton has the highest levels of health inequality within Merton



By 2026 the Merton population is not expected to grow significantly. With Nine Elms the Wandsworth population will grow by 27,000

Morbidity in adults (%)

50%



20%



Rethink Mental Illness.

10%



5%



Educational Health and Care Plans for children have risen across both areas

An additional 1000 people in each borough will have restricted mobility by 2025, an increase of 23%

In the population aged over 65 there will be an increase in diagnosed dementia by 600 in Wandsworth and 500 in Merton by 2025. The combined total will be 5,000 across both areas

STP Deliverables – *Proactive, accessible & appropriate*

- Care closer to home
- Improve care for residents of care homes
- Improve identification and support for people at end of life, increasing Quality of Life and patient preferences
- One stop shop models of care where clinical and diagnostic treatment plans are delivered in one visit
- Embed triage and navigation, to improve access to appropriate urgent and emergency care support
- Increase access to primary and community based urgent and emergency care
- Improving access to primary care and increase access to community based crisis care and home based integrated care packages
- Supporting enhanced primary/community services to be delivered on a locality basis to align with the primary care model of care
- Making best use of acute resources to deliver timely and effective urgent and emergency care
- Right Time Right Care Right Setting

Opportunities and challenges

- **We want to make the patient journey better but we also need to make efficiency savings**

- Clearer pathways
- Reducing inappropriate use of acute services
- Improving access to community services and care closer to home
- Improving discharges from hospital
- Making the system work better together e.g. looking at integrated approach across programme

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- **New approaches**

- First time provider Cost Improvement Plans are considered and built into Commissioning Intentions - recognition we are one health economy across the STP.
- Agreement transformation can bring longer term benefit to patient care and affordability but needs careful management
- Need to explore ways to develop fair and transparent ways of working across the local health and care economy.

Questions

- **Have we got the approach right?**
- **Are we missing something?**

Please send feedback to Debbie.Baronti@swlondon.nhs.uk

Thank you



The Jimmy Asher Foundation (JAF) is an organisation founded in honour of the late Denzil “Jimmy Asher” Maye, a staunch advocate for youth and community cohesion.

The mission of JAF reflects the personal values and lifelong aspirations of Jimmy Asher, namely to offer a “helping hand for young people”. We offer support to youth from diverse backgrounds who wish to make positive life choices and develop into responsible young adults, further impacting on the wider community.

JAF is committed to working in partnership with local communities, in addition to local and central Government agencies. Together we strive to empower young people and equip them with skills that prepare them for a positive future. We offer a variety of programmes including Sport, Drama, Music, Media and Healthy Cooking as a core part of our strategy to achieve this.

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Report for the JCC on Safer Neighbourhood Board 26/11/2017

The impact of Government funding cuts on Policing and Crime in London with special reference to Merton.

The Mayor of London in 2010 set a target based on his priority of keeping Londoners safe, which was described as 20/20/20.

In simple language to cut MOPAC bundle of crimes (Burglary, Criminal, Robbery, Theft from Motor Vehicle, Theft of Motor Vehicle, Theft from Person and Violence with Injury) by 20%. To boost confidence, satisfaction, trust, accountability and promote good relations between police and public by 20%. To cut costs/savings by 20% not later than 2020.

For this brief, I will restrict myself to the effects of the costs/savings. As a result of the overall Government funding cuts in 2010, the Metropolitan Police was asked to make savings of £600m and a further £400m by 2020. Undoubtedly, the impact will be felt by all 32 London Boroughs. Time frame for these savings, £600m already saved from 2012 – 2016 and the £400m must be by 2020. This is a massive challenge faced by the Metropolitan Police which demands difficult and ruthless decisions.

In an attempt to make these savings, the Police have decided to close Police front counters or sell police stations and to devise a better way of policing and accessing the police through modern technology. The Police stated that these new technologies will result in a savings of £10m that could be spent on frontline policing.

For Merton, the Mayor Office Police and Crime have agreed that Wimbledon Police Station is to be sold for £7m and save £444,000 P/A. The 24/7 front counter provision for Merton will move to Mitcham. This is now a done deal, because prior to arriving at this decision consultation with local residents about the proposal was being discussed with local residents. Though there were strong opposition but there was no counter proposal from residents according to MOPAC. Therefore the MOPAC proposal is to go ahead and this may take up to 2 years, it could be by 2018. Rather unfortunate some of us were not aware of this consultation process.

I find this very ironic, to see the need for such a draconic action when are communities are very nervous of what we are experiencing such as terrorism, knife and gun crime, hate crime, anti-social behaviour, sexual offending, domestic violence as well as and protecting vulnerable people from predatory behaviour.

Though decision has been taken but I will suggest we continue with the opposition and lobby our MPs and Parliament to the effect.

ABAYEH SAVAGE (BAME Voice Representative)

