

# Merton Council

## Joint Consultative Committee with Ethnic Minority Organisations Agenda

### Membership

**Councillors:** Edith Macauley MBE (Chair), Eloise Bailey, Omar Bush, Joan Henry, Marsie Skeete

**Substitute Members:** Adam Bush, Simon McGrath

### 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 Din

**Date: Tuesday 11 September 2018**

**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

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# Joint Consultative Committee with Ethnic Minority Organisations Agenda

## 11 September 2018

- |   |  |         |
|---|--|---------|
| 1 | Declarations of Interest   |         |
| 2 | Apologies for Absence  |         |
| 3 | Minutes of previous meeting  | 1 - 4   |
| 4 | Clinical Commissioning Group (CCG) Commissioning Intentions - Abbas Mirza, Engagement Lead, Merton CCG | 5 - 14  |
| 5 | Knife Crime - Neil Thurlow, Head of Safer Merton, LBM  | 15 - 16 |
| 6 | Merton Home Tutoring Service - Dr Ruth Dawson  |         |
| 7 | Any Other Business   |         |

### **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  
13 JUNE 2018

PRESENT Councillors Councillor Edith Macauley (in the Chair),  
Councillor Eloise Bailey, Councillor Omar Bush,  
Councillor Joan Henry and Councillor Marsie Skeete

Councillor David Chung, Mr S Shiekh, Ms S Kumararayah, Mr  
Hall,

1 DECLARATIONS OF INTEREST (Agenda Item 1)

None.

2 APOLOGIES (Agenda Item )

Apologies were received from Revd Mrs H Neale, Mrs N Shah, Mr N Islam, Mrs  
Sabitri Ray, Mr M Shah, Mr Din

3 MINUTES OF PREVIOUS MEETING (Agenda Item 2)

The minutes were agreed and there were no matters arising.

4 WORK AND HEALTH PROGRAMME - CASSANDRA KELLY, INTEGRATION  
MANAGER (Agenda Item 4)

Cassandra Kelly gave an overview of the Work and Health Programme (WHP). It has  
been commissioned by the South London Partnership and runs from 1 March 2018  
until November 2022.

Participants can access WHP for up to 15 months and an additional 6 months once  
they are in work. The programme aims to:

1. help people with a disability or a health condition, the long-term unemployed  
and other disadvantaged groups.
2. Integrate with local services and local health provision to provide co-ordinated  
holistic support
3. Meet local priorities and reflect local needs

The programme is voluntary but participants are assessed on their readiness to  
change and being upskilled.

The delivery model has the following stages:

1. Pre-Programme engagement
2. Programme engagement
3. Pre-work support
4. In work support
5. Programme exit

There is a Route Planner Tool that is used to support participants to find local services to address their needs.

There are specialist roles in the programme including Health professional to manage health issues. The five areas of support are:

1. Mindset – support to develop attitudes and behaviours needed to succeed
2. Health and Disability – support to improve health and wellbeing
3. Employability – support to develop the skills
4. Skills and Qualifications - Support to increase skills levels to meet employers' needs
5. Personal circumstances – support to address complex needs

Questions

**Is it an extension to the Reed programme set up last year?** Ms Kelly replied that the programme is new and she aims to work with the Clinical Commissioning Group and GPs and she is actively doing outreach work.

**How is the programme being marketed in the community?** Ms Kelly replied that she has met with Commonsense Trust and will be meeting local Housing Officers to promote the scheme and encourage them to inform their clients.

Councillor Henry informed Ms Kelly that Windmill Road and Eastfields tend to miss out and offered to work with her to promote the programme to the wider area. Ms Kelly confirmed that she is happy to develop a strategy with Councillor Henry.

Councillor Bush would like to market the programme to West Barnes and asked if information could be sent to councillors.

Councillor Macauley asked if the programme is available to the entire borough or just the East? Ms Kelly confirmed that it is for the entire borough.

**Councillor Bailey asked how the programme is being measured?** Ms Kelly explained that there is a target of 5000 participants to be supported over 5 boroughs, but it is not just about the numbers – the holistic support of participants is key.

**Who are the funders and how long is the scheme?**

Ms Kelly confirmed that Croydon Council is the lead and the scheme devolved from the South London Partnership. It is a 5 year programme with 2 year tracking.

**Where is the Diabetes prevention service provided?**

Cassandra agreed to give Evereth the details for her to forward to the JCC membership.

5 EQUALITY STRATEGY UPDATE, EVERETH WILLIS, EQUALITY AND COMMUNITY COHESION OFFICER (Agenda Item 5)

Evereth Willis gave an overview of the implementation of the Equality Strategy. The strategy has objectives that are in line with the Equality Act 2010. Good progress has been made to implement the commitments in the strategy.

Questions

**What is being done to give work experience?** Ms Willis replied that Human Resources (HR) has committed to annually providing work experience to 32 young people.

**What is being done to get young people involved?** Councillor Macauley replied that the chair of BAME Voice has worked hard to get young people involved and the AGM had participation from young people.

Ms Willis said that it is important to encourage young people to set the agenda. She suggested that the Youth Parliament and Young Ambassadors be encouraged to participate in the JCC.

**When will step free access at the train stations happen?** Ms Willis replied that she was not sure but it is imminent because the borough has been lobbying TFL.

It was suggested that the targets show the evidence base to give a better indication of the rate of progress.

Ms Willis confirmed that there are no gaps in performance.

There was a discussion about the lack of BAME staff in senior roles. Councillor Macauley asked that HR attend a future meeting to update the JCC on measures put in place to address the issue. Evereth undertook to arrange this.

The report was well received but concerns were expressed about the need to tackle poor health caused by unhealthy foods such as junk food that was readily available. It was highlighted that the Planning division has a role to play in reducing the number of licences issued to fast food shops.

A comment was made about the disparity between the East and West and the good intentions of the strategy and whether in 4 years time we will be able to demonstrate change.

#### 6 ANY OTHER BUSINESS (Agenda Item )

Councillor Macauley asked that the Police be invited to attend the next meeting to explain the new structure.

**Resolved:** Evereth to invite the Police to attend the JCC.

# Merton Health and Care Plan & Commissioning Intentions 2019/20



# Who are we ?

Merton CCG are responsible for buying, planning and monitoring local healthcare services for everyone in the borough

We work with 24 GP practices and with local partners including:

Pharmacies

Hospitals

Dentists

Mental health providers

The Council

Community groups, including Healthwatch

We aim to:

Improve health and wellbeing

Reduce health inequalities

Ensure everyone has equal access to healthcare services





# Why we are here today?

- We work to continuously improve the services we plan and buy for people living in Merton
- We can only do this if we speak to patients and local community groups to gather their views on the services they use and what they feel needs improving
- To do this we are holding series of meetings with **community and patient groups** between August and November 2018
- We are using learning from similar work we did last year with patients to improve conversations with local people and community groups this year



# r challenges

- We know patients have to wait longer than they would expect to, to access some services
- The NHS is facing unprecedented financial challenges
- The quality of some of our services are variable
- Not all of our NHS buildings are in the best condition and need repairs
- Having good access psychological therapies remains a challenge
- There is expected growth in our population which will put pressure on services now and in the future
- There is an increasing demand for new treatments and therapies



# Early thinking about our priorities

## Start Well

- Integrated support for children and families
- Emotional wellbeing and mental health

## Live Well

- Wellbeing and long term conditions
- Mental health and wellbeing

## Age Well

- Complex health and care needs



# What local people and community organisations have told us so far



**Continuity of care** remains a priority for people in Merton, with a particular reference to ongoing support for managing long term conditions such as diabetes.

**Accessibility of services** is very important to people in Merton, particularly for services they have to use regularly



There is significant support for better **integration of health and social care services**. Services do not always feel **person centred** and did not always take into account the background and preferences of the individual.

People in Merton place a lot of value in **therapy support, and other specialist input**. However people did report concerns about the capacity of these teams and their ability to recruit and retain good staff



People are very positive about the move towards services **encouraging wellbeing and independence**. The social prescribing pilot in East Merton has held up as being a particularly good example of this.

**Mental Health** is a clear priority for people in Merton. Access to mental health services was raised as a concern, particularly for services for common mental health issues.



# Tell us what you matters to you?

- What NHS services have you used and liked in Merton?
- What services have you used that you think could be improved?



# What we will do with your feedback and comments

- We will use the feedback from this conversation to help shape our plans and deliver improvements in local services
- We will develop a report to show how we have taken on your comments and what services have changed as a result of patient and public feedback, and share this with you



Any questions ?



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Date:

<b>11 September 2018</b>	<b>Joint Consultative Committee (JCC) with Ethnic Minorities</b>
<b>Subject:</b>	Knife crime
<b>Lead contact and contact details:</b>	Neil Thurlow, x3240
<b>Position and organisation</b>	Head of Community Safety, Merton

**Actions required and by when:**

- A. All to work through the knife crime action plan and commit to undertaking actions in the meeting
- B. All partners, with front line officers, to advise on weapons sweeps and weapon sweep training

## **1 Executive summary**

- 1.1 Knife crime and knife related homicides in London is continuing. 2018 has been subject to unprecedented murder rates and, for every stabbing seen, Assistance Commissioner Hewitt advises we should view these as potential murders rather than minimising the damage caused such is the gravity of risk and harm
- 1.2 Merton has not been unaffected by this increase in murder rate and knife crime. We have had one murder on borough, we have seen one ex-Merton young person killed in Camberwell and, through work undertaken by the YOT, they estimate that London's murders can be linked back to Merton, in some way, in an alarming 20% of cases
- 1.3 Merton, along with all boroughs in the BCU, and London as a whole, now needs to complete a knife crime plan working on five strands of business ranging from prevention to prosecution.
- 1.4 We cannot rely on the police to solely enforce their way out of this pandemic and, through work at a regional level, c/o MOPACS knife crime summit, and nationally c/o the Home Office Serious Violence Strategy, Community Safety Partnerships are at the forefront of this work

## **2 Details of actions required**

- 2.1 The bulk of the actions will be worked through in the meeting as we discuss and look at the Knife Crime Plan collectively. It is to be assumed that all partners of the Safer and Stronger Executive (SSE) board, whether in attendance or not, will be allocated actions to be completed over the coming weeks, in advance of the next board
- 2.2 Partners are asked to consider how they may contribute to knife/weapon sweeps in the borough. This is a useful community engagement and reassurance tool allowing weapons to be taken from the streets safeguarding our communities. Partners should advise if they can be part of any weapon sweeps in the future
- 2.3 Where partner agencies may come upon a weapon, via front line staff e.g. wardens, park keepers, street cleaners etc. they are asked to consider what skills/training is

required for their staff to safely secure any weapons and police are asked to provide training, if requested, for this

### **3 Partners roles and consultation process (if needed)**

- 3.1 Consultation will be undertaken in the meeting primarily
- 3.2 Partners will be asked to contribute remotely to the proposed plan should there be time for this

### **4 Timetable for work**

- 4.1 All works on the plan must be complete and signed off by Friday 14 September in accordance with MOPAC/the Met timelines

### **5 Crime and disorder implications**

- 5.1 Knife crime is a strategic priority for the Met and MOPAC as one of five stated areas of work
- 5.2 Knife crime, fear of knives, use and sighting of knives, all add to feelings of safety which is a key priority
- 5.3 Where knife crime is feared in an area the fear can become a self-fulfilling concern/area of focus as more people carry knives as they fear being victims of knife crime

### **6 Appendices and background papers**

- 6.1 Knife crime action plan which will be worked on in the meeting
- 6.2 As a wider overview for knife offences:
  - 6.2.1 In April 2016, Merton's rolling 12-month knife crime offence figure, as on overall offence category was 149. Two years later the figure stood at 180 offences or exactly 15 offences per month.
  - 6.2.2 **In percentage terms for Merton, this is a 21% increase since 2016.** However, Merton's increase is less than half of that seen across London where, in the same two year period the MPS as a whole saw knife crime offences increase by 53% to 14,819
  - 6.2.3 Knife crime offences are further broken down by those resulting in injury.
  - 6.2.4 Over the same two-year period the total MPS figures for knife crime injury rose by 28% (1041 offences), whilst in Merton it rose by less than 2% (1 offence). Again, whilst Merton has seen an increase it has not seen the same increase in the propensity to use knives to injure seen across the MPS as a whole
  - 6.2.5 Where are our offences happening? Figge's Marsh and Cricket Green remain the wards with the highest levels of offences accounting for 30% of all knife crime offences in the borough. Colliers Wood and Pollards Hill follow in third and fourth place respectively.
  - 6.2.6 The number of young victims (under 25) actually fell in Merton from a rolling 12-month figure of 30 in April 2016 reducing to 19 in March 2018. This decline in knife crime injury, on borough, thankfully continues but does not undermine the wider links and concerns stated above
  - 6.2.7 The use of knives to commit personal robberies is of concern across the MPS. Merton is currently averaging one knife point robbery every two months