

# Agenda Item 3

JOINT CONSULTATIVE COMMITTEE WITH ETHNIC MINORITY  
ORGANISATIONS  
21 SEPTEMBER 2016

PRESENT Councillors Councillor Edith Macauley (in the Chair),  
Councillor Fidelis Gadzama, Councillor Abdul Latif and  
Councillor Marsie Skeete

Mr N Islam, Mr M Rahman, Mr A Savage, Mr S Sheikh, Mr Z  
Khan, Mr J Hall, Councillor A Akyigyina, Mr T Tweedy, Ms D  
Barnard, Councillor I Uddin, Mr C Nawaz, Dr P Arumugaraasah,  
Dr Z Haque, Dr D Zeuner

1 DECLARATIONS OF INTEREST (Agenda Item 1)

There were no declaration of interests.

2 APOLOGIES FOR ABSENCE (Agenda Item 2)

Apologies were received from Councillor Charlie Chirico and Revd. Mrs Hannah Neale.

3 MINUTES OF THE PREVIOUS MEETING (Agenda Item 3)

The minutes were agreed.

4 MATTERS ARISING (Agenda Item 4)

There were no matters arising.

5 PUBLIC HEALTH UPDATE - DR DAGMAR ZUENER, DIRECTOR OF  
PUBLIC HEALTH, LBM (Agenda Item 5)

Dr Dagmar Zeuner introduced herself and gave an overview of Public Health. Dr Zeuner has previously worked in the London Boroughs of Richmond, Hammersmith and Fulham and Islington. She has a clinical background which influenced her to work in public health as she recognised that a preventative approach was needed.

She explained that medical conditions have root causes in where people live and inequality can also contribute to poor health. Public Health is about improving

population health and reducing inequalities. Focusing on improving the health of the poorest fastest.

Public Health is responsible for commissioning support for the NHS and influence how the Clinical Commissioning Group spends its funding. The whole council is responsible for Public Health, not just Dagmar's team.

Overall health is improving and compares well with other boroughs; however the big challenge is addressing the health inequalities that exist between residents in East and West of the borough. There are prevention opportunities to support residents to make healthier lifestyle choices and to ensure that all children have the best start in life.

The priorities for Public Health are:

1. East Merton – reducing health inequalities through service transformation. The development of the Wilson site in Mitcham to be the base of social prescribing – looking at the holistic needs of local people. The model is being piloted and is a means of connecting those in need with those who can support them.
2. Collaborative commissioning for better outcomes.
3. Embedding health outcomes across all council business (and partners).

## Questions

How will inequality be reduced?

Dr Zeuner replied that it will be implementing Public Health's priorities and partnership working.

A representative commented that by 2028 Dementia and Depression will be two high demand areas for the NHS – how will this be addressed?

In response Dr Zeuner emphasised that partnership working is the way to get funding to go further, she is also looking to see how health can be put into all council business.

Can we decentralise the service to go to communities, e.g. Mosques? – Public Health is happy to go out into the community and give talks.

There were also suggestions that Public Health take people for the community to help to develop policies, to prioritise matters and bid for funding.

It was also noted that we are in better health than neighbouring boroughs. Dr Zeuner confirmed that Merton is better on numerous indicators of good health than other boroughs.

Mr Savage asked about the timeline for the changes as he wants to make the connections with the drug project. The Health and Wellbeing Board wants to leave a legacy of reducing the inequalities and wants to look at trends to see where we are and what needs to be achieved.

Mr Sheikh commented that the issues have not changed in 30 years and stressed that Dementia and loneliness of old people is a problem and the lack of funding will make matters worse.

Dr Zeuner replied that being dementia friendly is a priority for Merton.

6 COMMUNITY DRUG & RECOVERY SERVICE (CDARS) - ABAYEH SAVAGE, INFORMATION AND ADVICE OFFICER, CDARS (Agenda Item 6)

Tim Tweedy gave an overview of the service that works out of St Georges and the Wilson Hospital. CDARS focuses on psychosocial treatment to primary drug and alcohol users.

Stage 1 services are aimed at clients who are still drinking or are drug users. They are offered treatment programme over a six-week period before they move on to stage 2. During stage 1 clients usually need the support of others and a care plan is developed to help with other issues. The project gets the client to identify that substance misuse needs to be treated.

The referral rates include: self, statutory or voluntary agencies. CDARS also does outreach. Mr Tweedy explained the Blue Light Project – where a small number of people take up a lot of services, e.g. regular contact with the Police and use of hospitals. If a client gets sent to hospital, a CDARS representative meets them in hospital to begin to draw up a treatment plan. Referrals are also received from Faith in Action and the Probation services.

Detox referrals are made if clients have started treatment. It costs £1000 for residential rehabilitation.

CDARS is concentrating on stage 2 services and doing street outreach to engage with homeless street drinkers. 75% of people have alcohol problems.

Debbie Barnard, Stage 2 Service Coordinator explained that stage 2 is about maintaining aftercare. At this stage, clients look at their behaviour to understand why

they take drugs. There is a 3 year Health and Wellbeing programme that goes alongside the after care to provide a holistic service.

The Citizens Advice Bureau is going to attend the project and the aim is to reintegrate clients.

Abayeh Savage is the BAME coordinator and works one to one with the clients.

### **Questions**

Jerry Hall asked to what extent is CDARS able to influence parents and children?

Ms Barnard clarified that the service is for adults and Catch 22 provide services for 13 to 22 year olds and goes into schools to educate. There is a carer support service.

Mr Islam asked what expertise CDARS have to meet the medical and social needs. CDARS employs qualified counsellors and also works with the Wilson Hospital.

Mr Nawaz asked what plans there are to minimise alcohol and drugs usage and suggested that alcohol should be less available.

CDARS will visit clients in their homes if required.

Mr Sheikh asked what will happen if Cannabis is legalised? The service will still be needed because users are using it to a point where their life is affected by their lifestyle.

### **7 REFRESH OF THE EQUALITY STRATEGY - EVERETH WILLIS, EQUALITY AND COMMUNITY COHESION OFFICER, LBM (Agenda Item 7)**

Evereth Willis gave details of the refresh of the equality and community strategy and asked the JCC to contribute to developing the Equality Objectives.

It was suggested that Stop and Search should be included as it is still a problem predominantly affecting the BAME community. Hate Crime was also suggested as a priority.

It was stressed that implementation is key and the strategy needs to contain tangible objectives that will make a difference.

Mr Sheikh asked how the strategy will be developed. Evereth clarified that there will be extensive consultation with officers across the council and external stakeholders, including the JCC.

The Equality Objectives (priorities) will be linked to service plans to ensure that the implementation plan is embedded into the council's day-to-day business. A draft strategy will be shared with the JCC during the consultation process.

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

The report was noted. Abayeh Savage reported that Merton is not holding face to face meetings with the Borough Commander and senior council staff and these need to start again. He add MOPAC 7 is okay but other crimes such as hate crime do not have the level of resources that the MOPAC 7 crimes receive.

None of the Merton projects were supported for funding. It was suggested that a small SNB team review the bids following feed back to learn lessons.

Concern was expressed about hate crime and what can be done to stop it. It was noted that theft from people has gone up. Wimbledon Village and Wimbledon Park have had an increase in theft.

Councillor Latif commented that Wimbledon has a high footfall- creating an increase in the perception of crime levels and crimes are committed by people who are not living in the borough.

9 ANY OTHER BUSINESS (Agenda Item 9)

None.

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