

Merton Council

Joint Consultative Committee with Ethnic Minority Organisations Agenda

Membership

Councillors: Councillors Edith Macaulay (Chair), Fidelis Gadzama, Marsie Skeete, Abdul Latif, Charlie Chirico

Substitute Members: 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 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 7 December 2016

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 diversity@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

7 December 2016

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2	Apologies for absence	
3	Minutes of the previous meeting	1 - 6
4	Matters arising	
5	Merton Improving Access to Psychological Therapies Service (MIAPT) - Johanna Peacock	7 - 10
6	Police update - Superintendent Phillip Palmer	11 - 12
7	Child Healthy Weight - David Tchilingirian	13 - 14
8	Refresh of the Equality Strategy - Evereth Willis	15 - 18
9	Safer Neighbourhood Board update - Abayeh Savage	

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
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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Merton Improving Access to Psychological Therapies Service(MIAPT)

Thinkaction Merton (MIAPT) is dedicated to helping people in the London borough of Merton access free treatment on behalf of the NHS for mild to moderate mental health conditions. We provide support for low mood or stress, to more moderate levels such as depression and anxiety. Merton IAPT provides support via one to one therapy in doctors surgeries throughout the Clinical Commissioning Group (CCG). Additionally MIAPT also offers group work such as Feel Well, Live Well for new mothers. All counselling and therapy is absolutely free.

IAPT is 'Improved Access to Psychological Therapies' which is an NHS led programme designed to help people get quick, convenient treatment. IAPT is set into two steps and provides support through a range of support structures. Cognitive Behavioural Therapy (CBT), Counselling, Dynamic Interpersonal Therapy (DIT) are all offered to support over 18s living within the borough of Merton.

Step Two IAPT is a low intensity, one to one therapy for people with mild to moderate anxiety and depression. It can usually be done on the phone, with an experienced therapist talking and listening to you and setting out exercises or guided self-help. Two therapy sessions can take place after work or at a convenient time for you.

Step Three is a higher intensity therapy for people who require perhaps a higher level of support. This can take all forms, for example single instance PTSD (post traumatic stress disorder) or ocd (obsessive compulsive disorder). The most appropriate therapies are discussed at the initial assessment. Sessions are then one to one and will generally be in person either at your GP clinic or at the Merton IAPT hub.

For some people Step Two is all they need to get back on their feet and well again, for others a little more time is required. Counselling and talking therapies are proven to help the majority of those who use them

Groups are open to everyone, regardless of whether they are doing the one to one sessions or not.

"CBT was a real breakthrough for me and the stuff I learned was incredible. I wouldn't be where I am today without it. It was a lightbulb moment. The techniques I learned to cope with everything were amazing. I still use the CBT techniques now." - Holly, a former service user at Thinkaction

If you are feeling low, anxious, stressed or feeling like you are unable to cope, you can either self-refer by calling **0203 823 9063**, email **MERCCG.miapt@nhs.net** or you can visit your GP who can then refer you to Thinkaction Merton.

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Step 3 High Intensity Service	Depression Mild, Moderate and Severe	CBT , IPT behavioural activation
	Depression Mild-Moderate	Counselling , couples therapy
	Panic Disorder	CBT
	Generalised anxiety disorder (GAD) mild- moderate	CBT
	Social Phobia	CBT ,
	Post Traumatic Stress Disorder (PTSD)	CBT , eye movement desensitisation and reprocessing (EMDR)
	Obsessive Compulsive Disorder (OCD)	CBT
Step 2 : Low Intensity Service	Depression Mild-Moderate	cCBT , guided self-help , behavioural activation , exercise
	Panic Disorder Mild -Moderate	cCBT , guided self-help , pure self help ,
	Generalised anxiety disorder (GAD) mild- moderate	cCBT , guided self-help , pure self help , psychoeducation groups
	OCD mild - moderate	Guided Self-Help
Step 1 : Primary Care/ IAPT Service	Recognition of Problem	Assessment / Watchful Waiting

The stepped care model

The recommendations in this guideline are presented within a stepped care framework that aims to match the needs of people with depression to the most appropriate services, depending on the characteristics of their illness and their personal and social circumstances. Each step represents increased complexity of intervention, with higher steps assuming interventions in previous steps.

Step 1: Recognition in primary care and general hospital settings

Step 2: Treatment of mild depression in primary care

Step 3: Treatment of moderate to severe depression in primary care

Step 4: Treatment of depression by mental health specialists

Step 5: Inpatient treatment for depression

	Who is responsible for care?	What is the focus?	What do they do?
Step 5:	Inpatient care, crisis teams	Risk to life, severe self-neglect	Medication, combined treatments, ECT
Step 4:	Mental health specialists, including crisis teams	Treatment-resistant, recurrent, atypical and psychotic depression, and those at significant risk	Medication, complex psychological interventions, combined treatments
Step 3:	Primary care team, primary care mental health worker	Moderate or severe depression	Medication, psychological interventions, social support
Step 2:	Primary care team, primary care mental health worker	Mild depression	Watchful waiting, guided self-help, computerised CBT, exercise, brief psychological interventions
Step 1:	GP, practice nurse	Recognition	Assessment

Police Update - JCC for Ethnic Minorities Meeting

November 2016

General Performance (To 29/11/16)

Crime Type	Offences	Difference from Previous 12 months
Total Crime	13,242	+4.6%
MOPAC 7	6,373	-17.7%
Burglary	1,432	-35.8%
Criminal Damage	1,422	-13.1%
Robbery	275	-59.4%
Theft from Motor vehicle	977	-32.4%
Theft of motor vehicle	642	+49%
Theft from Person	233	-14.3%
Violence with injury	1,397	-32.8%

Total notifiable offences Crime overall is up compared to the previous twelve months.

Hate Crime Performance, (FYTD to end w/e 20/11/16)

Borough		w/e 20/11/16			FY to end w/e 20/11/16				
		Incidents	Offences	SDs	Incidents	Offences	Sanction Detections		
							SDs	SD Rate	Change^
Flagged Religious and Racist	Merton	6	7	0	182	187	35	18.7%	-7.5pp
	MPS	309	332	46	10,786	11,005	2,241	20.4%	-4.8pp
Racist	Merton	6	7	0	167	173	35	20.2%	-7.6pp
	MPS	290	313	46	10,160	10,407	2,170	20.9%	-5.0pp
Faith	Merton	0	0	0	23	22	1	4.5%	10.5pp
	MPS	45	47	2	1,398	1,374	172	12.5%	-5.5pp
Anti-Semitic	Merton	0	0	0	0	0	0	0.0%	--
	MPS	15	16	0	368	347	30	8.6%	-7.0pp
Islamaphobic	Merton	0	0	0	12	13	1	7.7%	10.0pp
	MPS	24	23	2	820	814	124	15.2%	-4.0pp

Challenges

- Motor vehicle crime is on the increase. The policy changes around pursuits of two wheeled motor vehicles and how pursuits are managed may be a contributory factor and has been written into the tactical planning specifically around 'Theft of' offences. Operation 'Venice' continues
- Terrorism. The MPS remains at a threat level of 'severe'. There is no intelligence to suggest that the threat is increased locally but the police remain on high alert.
- We have monitored closely hate crime following 'Brexit' and have met with partners to discuss ways to assess the local impact. Reported crime has not increased significantly locally but we are aware that there are a number of minor incidences that remain un-reported.

Agenda Item 7

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Joint Consultative Committee (JCC) with Ethnic Minorities

07 December 2016

SUBJECT: Refresh of the Equality Strategy

LEAD CONTACT: Evereth Willis, Merton Council
(Evereth.willis@merton.gov.uk /020 8545 4637)

POSITION: Equality and Community Cohesion Officer

ORGANISATION: Merton Council

RECOMMENDATIONS: That the JCC:

1. Notes the timeline for refreshing the strategy.
2. Comments on the draft equality objectives.

1. EXECUTIVE SUMMARY AND PURPOSE OF REPORT

The Council's Community Cohesion Strategy 2012-15 has expired and the Equality Strategy 2013-17 will expire in March 2017. The Equality Act 2010 requires the council to publish equality objectives every four years to demonstrate how it will meet the Public Sector Equality Duty.

It has been agreed to combine the two strategies and perhaps focus on less outcomes.

2. Background:

- 2.1. Merton's current Equality Strategy will expire at the end of March 2017. The Equality Act 2010 introduced the Public Sector Equality Duty (PSED) which requires the local authority, when exercising its functions, to have due regard to the need to eliminate discrimination, harassment and victimisation and to advance equality of opportunity and foster good relations between persons who share a "protected characteristic" and those who do not. "Protected characteristics" are; age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.
- 2.2. The Equality Act 2010 also requires the council to publish equality objectives every four years to demonstrate how it will meet the PSED. The current strategy has the following five objectives:
 - Tackling Inequality
 - Service Access
 - Improving Engagement
 - Promoting Community Cohesion
 - Workforce Development

- 2.3. The refreshed strategy needs to meet legislative requirements to publish equality objectives every four years. The Council's Community Cohesion Strategy 2012-15 has also expired. Due to the similarities between the two strategies, going forward it has been decided to combine them into one document.
- 2.4. A more streamlined strategy and implementation plan will be produced. Six Equality Objectives have been developed through consultation with the council's Senior Leadership and stakeholders. The draft objectives are as follows:
- a. **To ensure key plans and strategies narrow the gap between different communities in the borough**
 - b. **Improve equality of access to services for disadvantaged groups**
 - c. **Ensure regeneration plans increase the opportunity for all Merton's residents to fulfil their educational and economic potential and participate in the renewal of the borough**
 - d. **To recruit from all sections of the community (to reflect the community), actively promote staff development and career progression opportunities and embed equalities across the organisation**
 - e. **Promoting a safe, healthy and cohesive borough where communities get on well together**
 - f. **Fulfil our statutory duties and ensure protected groups are effectively engaged when we change our services.**
- 2.5. The above draft objectives may be subject to change during consultation, but each area will be supported by 2 to 4 actions that will be reviewed and reported on annually.

Next steps

- 2.6 The JCC is invited to comment on the draft equality objectives.

3. Structure

- 3.1. The refreshed strategy will outline 6 objectives. Each objective will have 2 to 4 equalities outcomes that are linked to departmental service plans. This approach enables equalities outcomes to be aligned with departmental service plans and are delivered.

4. Governance

4.1. The strategy will be monitored by the Corporate Equality Steering Group, Corporate Management Team, Departmental Management Teams and an annual update given to the Overview and Scrutiny Commission and JCC.

5. Equality Analysis

5.1 The strategy will outline the Equality Analysis process to embed it in our decision-making and change management processes.

6. Consultation:

6.1. Consultation will include internal and external stakeholders.

7. Timescales

7.1. A draft strategy will be produced by 31 December and public consultation will take place from 26 January 2017 to 10 March 2017. A draft strategy will be considered by Cabinet on 16 January 2017. The final document will be presented to Council for adoption on 12 April 2017. The new strategy will be launched and publicised in April 2017.

8. Appendices

- Appendix I – Equality Strategy 2013-17
https://www.merton.gov.uk/equality_strategy_2013-17_final_v2.pdf
- Appendix II – Community Cohesion Strategy 2012-15
https://www.merton.gov.uk/120612_community_cohesion_strategy_v13.pdf

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