If you are reading this electronically, the Council has saved **£xx.xx** on printing. For more information on the Modern.gov paperless app, contact Democratic Services

# **Merton Council**

## Joint Consultative Committee with Ethnic Minority Organisations

## 14 June 2022

## Supplementary agenda

8 Complete Agenda Pack

1 - 40

This page is intentionally left blank

# **Merton Council**

## Joint Consultative Committee with Ethnic Minority Organisations Agenda

#### Membership

**Councillors:** Marsie Skeete, Agatha Mary Akyigyina OBE, Edith Macauley MBE, Slawek Szczepanski, Jenifer Gould, Nick McLean

Substitute Members: Laxmi Attawar, Max Austin, Kirsten Galea, Hina Bokhari,

#### Ethnic Minority Organisations African Educational Cultural & Health Organisation (AECHO) Revd Mrs H Neale Deputy Ahmadiyya Muslim Association Mr .H.Nawaz Asian Diabetic Support & Awareness Group Mrs N. Shah Asian Elderly Group of Merton Mr M S Sheikh Asian Youth Association **BAME Voice** Revd Mrs H Neale Bangladeshi Association of Merton Mr. N. Islam Deputy Mr J Choudhurry Bengali Association of Merton Mr Rahman Deputy Mrs M Ahmed Bengali Women's Association of Merton Mr B. Afridi British Muslim Association of Merton Ethnic Minority Centre Mrs Sabitri Ray Euro Bangla Federation Dr Haque Mr Q Anwar Deputy London South West Chinese Community Association Ms L Saltoon Mr C J Lusack Merton African Organisation Merton Somali Community Mr A. Ali Mitcham Filipino British Association Ms Colguhoun Deputy Ms C Batallones Merton and Lambeth Citizen's Advice Bureau Ms S Hudson Pakistan Cultural Association of Merton & Wandsworth Mr M A Shah Pakistan Welfare Association Mr S U Sheikh Deputy **Positive Network** Ms G Salmon Polish Family Association Mr S Szczepanski South London Somali Community Association Mr A Musse South London Tamil Welfare Group Dr PArumugaraasah Victim Support Merton and Sutton Ms J Davidson West Indian Families and Friends Association Mr T Sandiford Wimbledon Mosque Mr N Din

#### Date: Tuesday 14 June 2022

#### Time: 7.15 pm

#### Venue: Via Zoom

This is a public meeting and attendance by the public is encouraged and welcomed. For more information about the agenda please contact <u>diversity@merton.gov.uk</u> or telephone <u>020 8545 4637</u>. All Press contacts: <u>communications@merton.gov.uk</u>, 020 8545 3181

#### Page 1

#### Page 1 of 40

## Joint Consultative Committee with Ethnic Minority Organisations Agenda 14 June 2022

1	Declarations of Interest	_
2	Apologies for Absence	_
3	Minutes of previous meeting	2 - 8
4	Climate Change - Amy Mallett, Climate Engagement Officer	9 - 17
5	The council's response to B.A.M.E. Voice COVID-19 Community Resilience research and recommendations – Evereth Willis, Equality and Community Cohesion Officer	18 - 40
6	Update on Phase 2 of the COVID-19 Community Resilience programme - Hannah Neale, Chair B.A.M.E. Voice	_
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 mater and must not participate in any vote on that matter. For further advice please speak with the Managing Director, South London Legal Partnership.

#### JOINT CONSULTATIVE COMMITTEE WITH ETHNIC MINORITY ORGANISATIONS

23 March 2022

#### Present: Councillor Marsie Skeete (in the Chair), Councillor Eloise Bailey, Councillor Adam Bush and Councillor Joan Henry, Councillor Agatha Akyigyina

Councillor Laxmi Attawa, Cllr Edith Macauley, Rosie McKeever, Sivapragasam Shivaranjith, Beau Fadahunsi, Rosie Bradley, Jodie Ferris, Sharon Scott, Grace, Simon Swaby, Logie Lohendren, Maria, Cl Chris Scammel, Helen Baly, Ben Halscka

#### 1. Declarations of Interest

None.

#### **Minute's Silence**

A minute's silence was observed for the passing of Mrs Loretta Hall (wife of Jerry Hall), Mrs De Souza and Ms Audrey King.

#### 2. Apologies

Simon Shimmens, Mr Sheikh, Dr Arumugaraasah, Slawek Szczepanski, Councillor Omar Bush, Rev Hannah Neale

#### 3. Minutes

Agreed.

## 4. Fostering in Merton - Rosie Bradley – Recruit & Publicity Officer, Children Schools and Families, LBM

Rosie Bradley gave an overview of Fostering and stressed that it is considered a last resort to take a child into care. Merton has 150 Looked After Children and 70 Foster Carers. Becoming a foster carer is an intensive process and takes 3 to 6 months to complete, as the council must ensure that the child is being placed into a safe and secure environment.

There is no typical foster carer, however foster carers are required to; have some childcare experience (but don't need to be parents), patience, resilience, compassion and be trusted by the child. Foster carers are advocates for the children in their care.

Foster Carers can come from a range of backgrounds and do not have to be working, they need a spare bedroom, be over 21, have leave to remain in the United Kingdom. Compassion is the most important thing and wanting to provide a stable home environment for the child.

Rosie informed the meeting that there is a national shortage of foster carers and a child is taken into care every 20 minutes and range from babies to 18-year-olds. There is a particular need for foster homes for teenagers, asylum seekers and siblings.

Children are taken into care for safeguarding for many reasons including domestic violence, neglect or abuse in the home, alcohol and drug abuse and mental health, or the 'Toxic Trio' (alcohol, drugs, and mental health). Some have experienced trauma and loss, but support is available 24/7 for foster carers.

#### Page 3 Page 3 of 40

Foster carers receive an allowance depending on experience of between £312-£514 per week per child and receive a start-up grant of £500. They also receive money for birthdays, celebrating religious festivals or to take the child on holiday. Comprehensive training is provided and support is available from a Supervising Social Worker and the child's social worker.

The Mockingbird project has been introduced and is based on the concept that it takes a village to raise a child – there is an extended family network for foster children and carers and a Buddying programme matching new carers with more experienced carers for the first year.

Rosie encouraged JCC members to consider becoming foster parents.

#### **Comments/Questions**

C: Merton has great foster carers but when there are issues with the children, we need to support the carers more. To get more people the council needs to look after the foster carer as word goes around so may not get more people.

A: The Mockingbird project is helping foster carers feel more supported. Every effort is being made to give support and we will keep building on that.

Q: If a child is suicidal who should this be reported to the hospital or social worker? If there are concerns about safeguarding what should the foster carer do?

A: Rosie clarified that she works in recruitment and publicity and has an awareness-raising role. However, she would have thought it best to involve the social worker. Foster carers must complete daily logs and include incidents.

C: The lack of foster carers is because they don't feel supported and are not being listened to. Children are inside a family in a foster home. Some carers get depressed and are made to feel worthless after being in the service for many years. This issue needs to be investigated.

A: Rosie undertook to raise the issue with colleagues.

Q: Who does the assessment and decides if the child is placed into foster care or residential care?

A: It is preferable that the child goes into foster carer instead of residential care, but it depends on the child. The placement team matches the child to an appropriate foster carer. Every effort is made to place a child with a foster carer.

Q: How many children are in foster care and what percentage are Black Asian and Minority Ethnic (BAME)?

A: There are 150 children and 70 foster carers. Rosie undertook to provide the BAME data.

#### Resolved: Rosie to provide the BAME data.

Q: Is Post 16 treated differently?

A: There is a Staying Put policy that enables young people to remain in their placements post 18. If the placement is working well and the foster carer agrees, the young person may remain there until 21, or up to 25. This often applies if the young person is in education, it depends on the circumstances.

#### Page 4

Page 4 of 40

Q: Will the Ukrainian refugee situation put more pressure on the borough? Will more children from Ukraine be taken on by the council?

A: It is a difficult question to answer and will probably be more families but continue to look for foster families. Groups change according to priority need, will continue to recruit carers.

#### 5. Suicide Prevention - Jodie Ferris, Suicide Prevention Coordinator (Communities), South-West London, Mind in Brent, Wandsworth and Westminster

Jodie Ferris gave an overview of the suicide prevention service, commissioned by the Southwest London Clinical Commissioning Group (CCG). Suicide is an attempt to solve a problem. 1 in 20 people think about suicide and it is often a combination of too much pain and too few coping strategies. Suicide is an attempt to solve a problem. Issues such as adverse childhood experiences and trauma can lead people having suicidal thoughts and attempting to take their life.

Risk factors include:

- Socioeconomic disadvantage such as; low income, debt, poor housing, lack of qualifications, unemployment and living in a deprived area.
- Middle-aged men, especially men of lower socio-economic position.
- Alcohol and substance misuse.
- Those who self-harm or have made a previous suicide attempt.
- Mental illness, such as depression and personality disorders.
- Bereavement of someone who died by suicide.<sup>7</sup>
- Domestic violence.
- Being part of the LGBTQIA+ community or other discriminated against group.

Anyone can be at risk of suicide. It is important to recognise the signs that someone may be at risk and understand how to actively listen and provide support. Jodie outlined creating a safety plan by considering CPR:

C – Current Plan? How? When? What?

P – Prior Behaviour? Have they felt like this before?

**R** – Resources? Do they have the means? Do they have anyone else to speak to?

Details of local mental health support were provided, including Men's Shed, Bereavement support, national mental health support, helpline resources and the Stay Alive App.

#### **Questions/Comments**

Q: Does the service work with schools?

A: Yes.

Q: Why does CAMHS not have 24/7 callout?

**A:** This is outside the project's remit. Funding issues result in long waiting lists for CAMHs. Schools also have a school counsellor and a pastoral team.

#### Page 5

#### Page 5 of 40

C: The lack of funding is a disgrace, young people are suffering and reaching out for help.

A: The CCG is pushing for more support for children and young people as many are not accessing support.

Q: Domestic Violence (DV) cases increased during the pandemic – what help is available for victims and defendants?

A: DV is a higher risk group and numerous charities including MIND want to work with those affected by DV.

Q: How are we going to help young people? Support is not enough; we need to try to prevent things from the beginning. We need to make it a big issue to get funding in schools.

#### 6. Merton Vaccine and Engagement update - Simon Wady, Senior Engagement Manager NHS South-West London Clinical Commissioning Group

Simon Wady presented an update on the COVID-19 vaccination programme in Merton.

- 9 wards have vaccination rate 65% or above
- 5 wards have a vaccination rate below 60%
- The wards with most unvaccinated patients per 10k population: Colliers Wood, Figge's Marsh, Graveney, Hillside, Lavender Fields and Longthornton

Vaccine uptake is lowest in areas with higher deprivation and among people identifying as: Black African or Caribbean, Eastern European, Black or white mixed background and Traveller communities. These communities have been hardest hit by the pandemic.

The phase 3 vaccine engagement will include:

- Webinars
- Meetings with community and faith groups
- Culturally sensitive social media content
- Community Champions
- Pop-up clinics

Outreach work will be undertaken to engage a wide range of Black Asian and Minority Ethnic Communities.

The next steps will focus on:

- Vaccinations for 5-11year olds
- Spring booster for people aged 75 years and over, those in care homes and those aged 12 years and over with a weakened immune system
- Refresh engagement with people unvaccinated

Page 6 Page 6 of 40

#### **Comments/Questions**

**C:** Public Health has done a good job to promote the vaccination. BAME Voice, Churches and Siobhain McDonagh MP have worked hard to increase the vaccination rate in the East of the borough and Hillside. Social media has affected some people's views. There is still time to convince people to have the first dose. There is an issue of trust.

A: A section of Hillside ward neighbouring the east, has lower rates. People form Black communities are more likely to speak to their families and use social media. There is a need to engage with them to increase their knowledge of the vaccination. The CCG is going to refresh the engagement programme and concentrate on those wards. The right people are needed to deliver messages.

C: The Government and the local authority have worked hard to get messages out about the vaccination. People know about the vaccination. Pushing the same train of thought could be counterproductive. The CCG needs to look at why the take up for the second dose and booster are low.

A: Vaccine fatigue is an issue. Also, some people didn't know that you don't have to wait three months to get a booster. Natural immunity also needs to be part of the conversation.

#### 7. Police update – Chief Inspector Christopher Scammell, Metropolitan

Chief Inspector Christophe Scammell leads on Safer Neighbourhoods and Partnerships. He presented a summary of Merton Crime Figures for the 12 Months ending January 2022.

Black people are three to four times more likely to be stopped and searched than white people. Asians are twice as likely to be stopped and searched. The statistics show the disproportionality of stop and search in Merton.

CI Schammel asked the JCC about the type of information that is required for future meetings.

Q: What is being done about the Child Q situation? How do you see the church and police working together?

A: The Child Q situation should not have happened. The school is not blameless. The officers involved were not Safer Schools Officers. There is guidance on strip searches that is being recirculated. In Merton the police have a good working relationship with schools and there is confidence this would not happen in a Merton school.

C: There is safeguarding in place in schools in Merton, not sure why this was not done in Hackney.

Q: For stop and search are leaflets given out that contain a QR code that can be scanned?

A: Those who are stopped should be given a copy. The child Q investigation is ongoing and can not be commented on further.

Q: Are officers getting training on the beat? Police need to stop judging Black kids and using unnecessary force.

A: Officer training is ongoing.

### Page 7 Page 7 of 40

#### 8. Social Prescribing – Ben Halschka, Head of Social Prescribing Merton Connected

This item was not discussed as there was insufficient time, JCC representatives were encouraged to read the information in the agenda pack and send Ben any questions that they have. The meeting ended at 9.20

#### 9. Any Other Business

None

# Engaging Ethnic Minority Groups in Climate Action

Amy Mallett - Climate Engagement Officer
 amy.mallett@merton.gov.uk



Page 9 of 40

# **Merton Climate Action**

## <u>By 2030</u>

•a net-zero carbon Council (2% of the borough's carbon emissions):

e.age

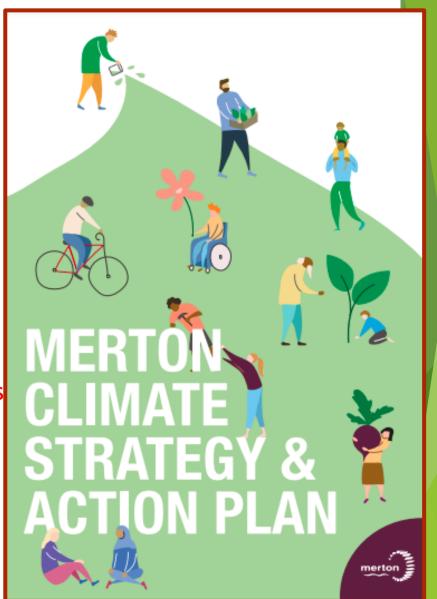
- •Net zero carbon buildings, including schools
- •Electrification of fleet

## <u>By 2050</u>

•a net-zero carbon borough (98% of the borough's carbon emissions

e.g.

- •Net zero homes and businesses
- •Active and low emissions travel (walking, cycling, EVs)
- Changing consumer behaviour
- Improving biodiversity Merton Garden Streets

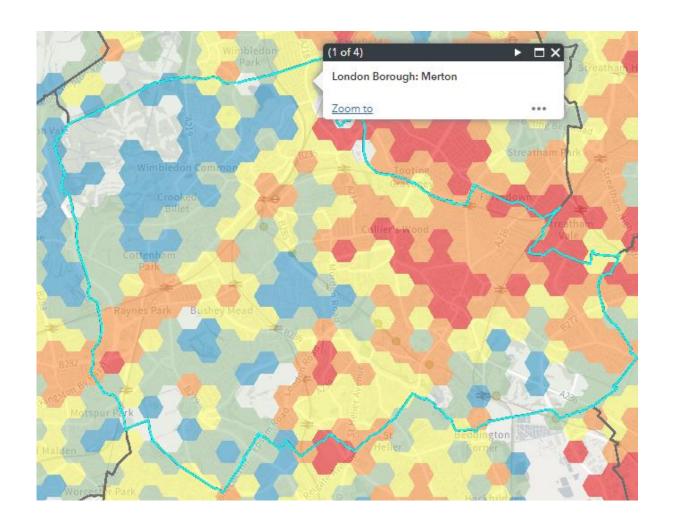


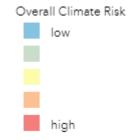
# Context - Engagement on Climate Action so far...

- 1. 87% of respondents to our 2020 <u>Climate Survey Consultation Report</u> considered themselves to be White British, Irish, or Other, with 13% considering themselves to be of Black, Asian or of mixed origin.
  - > However, 36.9% of Merton's population are from minority ethnic backgrounds.
  - Research conducted by IEMA, SOS-UK and the Equalities Trust found only 3.1% of environment professionals identify as ethnic minorities.
- 2. City Hall analysis highlights that 'Black, Asian and Minority Ethnic Londoners are more likely to be affected by the impact of the climate crisis'
  - Syed Ahmed, Chair of Community Energy for London said: "BAME and poorer Londoners are more likely to live in areas which feel the full impact of climate change. This can be as a result of poorer housing, increased pollution or reduced access to green spaces.

MERTON COUNCIL

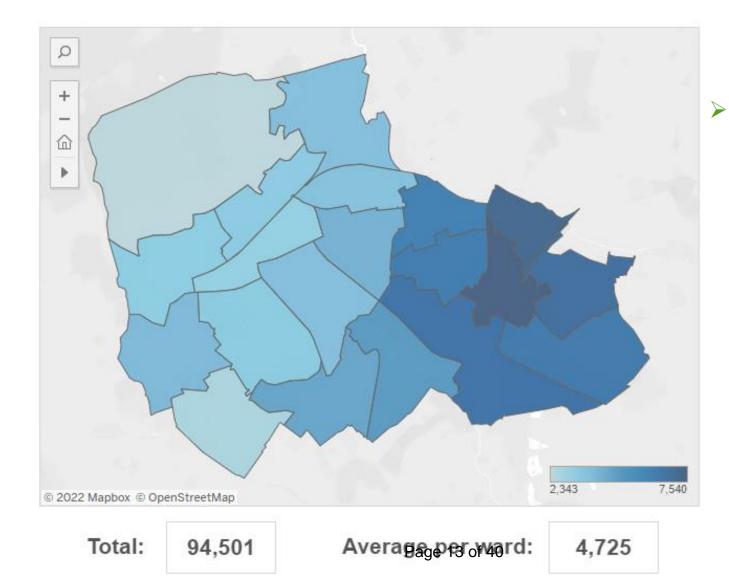
# Context - Climate Risk: Climate Exposure & Vulnerability





#### MERTON COUNCIL

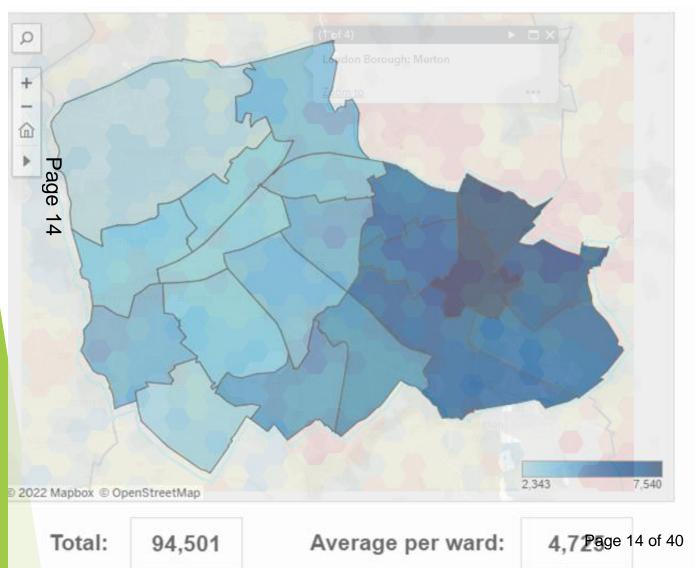
# **Detailed Ethnicity Ward Tool**



Excluding anyone with exclusively British, or Western European Ethnicity according to 2011 census data

#### MERTON COUNCIL

# **Climate Risk and Ethnicity**



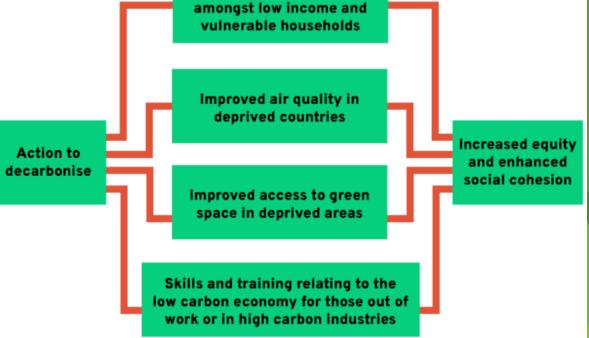
- It is important to remember that there are multiple intersecting factors that make communities more vulnerable to climate change, including wealth disparities, age, health, housing tenure, physical location, household composition and size among many others.
- However, it is quite clear that wards in Merton with the highest levels of climate risk, also have the highest proportion of residents from minority ethnic backgrounds.

# Key Takeaways

Climate injustice i.e. the unequal distribution of impacts from climate change is a huge challenge which must be addressed

The Council wants to improve our engagement with ethnic minority groups on climate change, as well as other groups who have been underrepresented in climate conversations to date. It is the ONLY way to ensure a fair and socially just transition to net zero

# How decarbonisation can boost equity and social inclusion Fuel poverty reduced amongst low income and vulnerable households



# Key Aims - Ongoing Dialogue and Future Collaboration

## By 2022

- Work with organisations in the JCC to identify and promote any positive work that organisations are already taking with regard to carbon emissions reductions and climate adaptation
- Work with the JCC to identify ways of improving engagement on climate action with minority ethnic groups in the borough, as well as identifying barriers to action

## By 2023...and Beyond

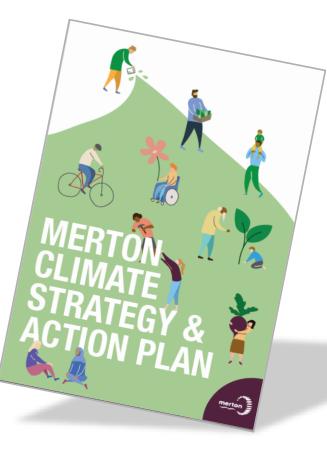
Encourage partnerships with ethnic minority groups, the Council and Merton's Volunteer led Climate Action Group to support in developing community projects to reduce emissions and realise wider co-benefits e.g. improvements in health and well-being, fuel poverty reduction etc

# Thank you

Merton's Climate Strategy and Action Plan adopted in November 2020

Climate Delivery Plan – Year 1 adopted in January 2021

Climate Delivery Plan – Year 2 Adopted in February 2022



# Committee: Joint Consultative Committee (JCC) with Ethnic Minorities

#### Date: 14 June 2022

Agenda item: 5 Wards: All

# **Subject:** The council's response to B.A.M.E. Voice COVID-19 Community Resilience research and recommendations

Lead officer: John Dimmer, Head of Policy, Strategy and Partnerships

Lead member: Cllr Eleanor Stringer, Cabinet Member for Civic Pride

Contact officer: Evereth Wills, Equality and Community Cohesion Officer

#### **Recommendations:**

A. That the JCC notes the council's response to the B.A.M.E. Voice report's recommendations as outlined in the action plan in Appendix 1

#### 1 PURPOSE OF REPORT AND EXECUTIVE SUMMARY

- 1.1. Published research early into the COVID-19 pandemic showed that B.A.M.E. communities, who make up just 14% of the UK population, were experiencing a disproportionate impact from COVID-19.
- 1.2. As part of the approach, led by the Health and Wellbeing Board (HWB) Community sub-group, to better understand and respond to the impact of COVID-19, the Policy, Strategy and Improvement Team and Public Heath commissioned Black Asian and Minority Ethnic (B.A.M.E.) Voice deliver a genuine insight into the lived experience and expertise of people across B.A.M.E. communities of COVID-19 and other health determinants.
- 1.3. The research was conducted from September 2020 to February 2021. The final report's findings were reported in June 2021 and made extensive recommendations. These have now been considered and responses coordinated through the Corporate Equality Steering Group (CESG).

#### 2 DETAILS

2.1. Analysis <sup>1</sup>of national data during the first three months of the pandemic showed that B.A.M.E. communities were being disproportionately impacted by COVID-19. After accounting for the effect of sex, age, deprivation and region, Public Health England found that people of Indian, Pakistani, other Asian, African, Caribbean, Chinese, had between 10% and 50% higher risk of death when compared to white British. Bangladeshi ethnicity was at most risk, with around twice the risk of death than people of white British ethnicity.

<sup>&</sup>lt;sup>1</sup> Public Health England. Beyond the data: Understanding the impact of COVID-19 on B.A.M.E. groups. 2020.

- 2.2. As part of the approach taken by the HWB Community sub-group, the Policy, Strategy, Partnerships (PSP) and Public Health commissioned B.A.M.E. Voice to design and deliver a genuine insight into the lived experience and expertise of people across Black, Asian, and Minority Ethnic (B.A.M.E.) communities of COVID-19 and other health determinants. This initial (phase 1) insight and resilience programme was valued at £31k and funded by the Contain Outbreak Management Fund (COMF) and Policy Funds.
- 2.3. The research aimed to understand the impact that COVID-19 has had and build resilience among the communities in its different forms: physical, mental, financial, environmental and reduce the risks to these communities in terms of infection and health outcomes.
- 2.4. B.A.M.E. Voice's research programme used a bottom-up approach where the existing skills and knowledge within the communities were used to develop the programme.
- 2.5. The methodology aimed to undertake extensive community engagement based on the traditional African/Asian forms of communication "one tells another", groups are formed into Pods to gather the lived experiences relating specifically to COVID -19 and the more general health inequalities. Each Pod was formed from residents within a certain area meeting outside, or in a large indoor space allowing for social distancing.
- 2.6. The project was undertaken during the pandemic and adhered to Government guidelines operating at the time.
- 2.7. Merton's Corporate Management Team would like to give special thanks to Hannah Neale, Chair of B.A.M.E. Voice for leading the work to undertake this important research and delivering the recommendations.

#### Findings

- 2.8. Communities most affected by the virus were similar to those in other parts of London, however, projected high levels of infections among Caribbean and African communities had not occurred in Merton.
- 2.9. The Council's swift actions in response COVID-19 were valued, particularly measures such as establishing the Community Hub and Merton Giving, the partnership working of the statutory agencies, voluntary sector and Merton community. The report also commended the willingness of the Council, CCG & other agencies and approach taken to working with B.A.M.E. communities and wanting to learn from the losses suffered by B.A.M.E. people
- 2.10. However, it raised the matter of the matter of historic systemic racism as the main factor in the inequalities which B.A.M.E. communities faced. This was the view of 80% of those interviewed.
  - 2.11. Anger was expressed that not much progress had been made in introducing changes to tackling the long-identified issues of inequalities in East Merton.
  - 2.12. There was hope that council and its partners would use the findings as an opportunity to introduce change that makes a difference, and it was now time for less talking and more action.

#### Page 19

Page 19 of 40

#### 2.13. **RECOMMENDATIONS**

- 2.14. The report's recommendations were outlined in the following themes:
  - Health
  - Education
  - Employment
  - General
- 2.15. The key recommendations under the identified themes are

#### Health

- 1. That senior CCG and HWB officials meet with B.A.M.E. organisations and communities on a regular basis
- 2. Pop up health hubs within community spaces to distribute health messages, information and advice
- 3. In partnership with B.A.M.E. groups, develop and implement COVID-19 education and prevention campaigns.
- 4. Review doctor/patient relationships. Cultural competence training for all health workers every three years.
- 5. Regular assertive/resilience skills workshops for B.A.M.E. staff
- 6. The public kept informed about plans for improvements to East Merton e.g., Wilson community centre

#### 2.16. Education

- 1. Authorities to ensure bias is stripped off forecasts and decisions for B.A.M.E. student predicted grades.
- 2. Schools to teach black history, written by black authors from an early age
- 3. Offer culturally appropriate psychological support for B.A.M.E. children living under difficult home conditions.
- 4. Ban images of starving B.A.M.E. children on aid donation appeals in schools, churches etc which give an unbalanced depiction of what these countries and their people are really like.

#### 2.17. Employment

1. Council to provide Start- up business grants to B.A.M.E. and other businesses; invest in communities and individuals

Page 20

Page 20 of 40

2. Encourage B.A.M.E. Entrepreneurship into East Merton; established businesses to invest in smaller businesses which may have grown during lockdown.

#### 2.18. General

- 1. A seat for B.A.M.E. organisations at the decision-making table authentic minority ethnic voices heard
- 2. Action to stop the stigmatising of B.A.M.E. people and communities particularly on official documentation. 'Hard to reach', seldom heard' 'high risk' 'vaccine hesitant 'do not augur well for good community relations.
- 3. The Council to partner with others in setting up a foundation for sports in East Merton so that young people from these areas can showcase their talents.
- 4. Strengthening social capital– view people from a position of strength. Provide a level playing field.

#### Merton's response to the recommendations

- 2.19 The council's response to B.A.M.E. Voice report's recommendations were coordinated through the work of the CESG. Departmental Management Teams have contributed to producing a corporate action plan outlining a detailed response to the recommendations.
- 2.20 Notably some of the recommendations are outside the scope of the council and are for health colleagues to take forward. SWLCCG colleagues were part of the HWB Community sub-group and have received a copy of the report. We raised this with the Chair of B.A.M.E. Voice and acknowledge that the insightful report will help us get a better understanding of the issues faced by local B.A.M.E. communities.
- 2.21 The recommendations do not solely relate to Public Health, as essentially the pandemic brought these issues to the front and Public Health were the 'vehicle' for the insight and engagement work. Acting on the recommendations requires a joined-up approach to delivering them.
- 2.22 Officers have met with the Chair of B.A.M.E. Voice to clarify some of the recommendations and to get a steer as to their intended outcome. This was also used as an opportunity to manage expectations and to get ideas about the recommendations requiring the council to work differently, e.g. 3.7.17, 3.7.28. These recommendations require partnership working between departments and with the voluntary and community sector.
- 2.23 It is not recommended that 2.7.25 be endorsed "Social Services to provide Incentives for young people to become 'educators' within their intergenerational homes to older non-English- speaking relatives". This recommendation would be problematic to implement.

#### **Next steps**

2.24 Work is already underway to address issues and approaches raised in the report. In the short term, the approach taken in the delivery of the Local

Page 21

Page 21 of 40

Outbreak Management Plan (LOMP) priorities includes continued engagement with communities around COVID-19 and building community resilience to protect and support communities from the impact of the pandemic and inequalities.

- 2.25 Building on the insight taken in phase 1 (see 2.2) an extended programme of action is being delivered by B.A.M.E. Voice and its member organisations and the Association of Polish Families. This phase 2 COVID-19 programme is a partnership between Public Health and Merton Connected has made available £165k to deliver actions over 19 months (September 2021 to March 2023),
  - to tackle inequalities that have been made worse by COVID-19
  - to co-create and share key messages on Covid resilience and recovery e.g., vaccines, testing, post covid and access to healthcare
  - increase capacity for B.A.M.E. organisations to be actively involved in decision-making.
- 2.26 In 2021/22 LBM committed £75k of COMF to fund B.A.M.E. Voice and the Polish Family Association to deliver activities addressing the issues outlined in 2.24 above. Merton Connected has now confirmed £90k funding for the second year of the programme (2022/23) for B.A.M.E. Voice and the Polish Family Association.
- 2.27 In the medium to long term the focus is to address structural inequality. This will require us to take a different approach and presents the opportunity for more joined-up working across the council and coproducing services with the voluntary sector.
- 2.28 The insight from the Merton 2030 engagement has further highlighted the extent of inequalities in the borough. Many of the issues raised in the B.A.M.E. Voice report findings and recommendation are being addressed in the Merton 2030 delivery plans.
- 2.29 The Transforming How We Work With Communities project is developing the framework for the council to revise its approach to funding the voluntary and community sector. The refresh of the Strategic Partnership Funding aims to enable us to have further reach through our funding programme and to support smaller B.A.M.E. organisations that have not always been successful in securing funding in the past.
- 2.30 The delivery of the action plan (appendix 1) is on-going and the council proposes that the plan's governance sit with the Health and Wellbeing Board to ensure that we monitor the delivery of the commitments.

#### 3 ALTERNATIVE OPTIONS

3.1 The council could choose not to respond to the recommendations; however, this would harm the good relationship and trust build up with B.A.M.E. Voice,

Page 22

Page 22 of 40

potentially alienate the council from B.A.M.E. communities and damage the Council's reputation.

#### 4 CONSULTATION UNDERTAKEN OR PROPOSED

4.1. The recommendations and the council's suggested response were discussed at the CESG meeting and at DMTs.

#### 5 TIMETABLE

5.1 The council's response will be discussed at the JCC on 14 June 2022.

#### 6 FINANCIAL, RESOURCE AND PROPERTY IMPLICATIONS

6.1. The recommendations will largely be delivered within existing resources, any additional expenditure will be dealt with through a further report. In 2021/22 Merton committed £75k of the COMF to fund B.A.M.E. Voice and the Polish Family Association to deliver phase 2 engagement activities. There is scope to develop projects to attract external funding to deliver them.

#### 7 LEGAL AND STATUTORY IMPLICATIONS

7.1 None for this report.

#### 8 HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION IMPLICATIONS

8.1. By responding to the recommendations and setting out the council's proposed actions, we are demonstrating our commitment to tackling structural inequality and working with Merton's B.A.M.E. communities to deliver preventative measures to reduce the health inequalities in the borough and address wider issues of inequalities.

#### 9 CRIME AND DISORDER IMPLICATIONS

9.1 None for this report

#### 10 RISK MANAGEMENT AND HEALTH AND SAFETY IMPLICATIONS

10.1 There is a risk to the Council's reputation if it fails to respond positively to the report's findings and recommendations.

#### 11 APPENDICES – THE FOLLOWING DOCUMENTS ARE TO BE PUBLISHED WITH THIS REPORT AND FORM PART OF THE REPORT

11.1 Appendix I – Action Plan

#### 12 BACKGROUND PAPERS

12.1. Public Health England. Beyond the data: Understanding the impact of COVID-19 on B.A.M.E. groups. 2020. https://assets.publishing.service.gov.uk/government/uploads/system/upload s/attachment\_da ta/file/892376/COVID\_stakeholder\_engagement\_synthesis\_beyond\_the\_dat a.pdf

Page 23

Page 23 of 40

12.2. B.A.M.E. Voice COVID-19 Community Resilience Research <u>Policy Strategy</u> and Partnerships - FINAL REPORT LBM B.A.M.E. VOICE COVID-19 <u>RESILIENCE PROGRAMME.pdf - All Documents (sharepoint.com)</u>

#### Appendix 1

Healt	th	Lead	Departmental response to the recommendation	Timescale
3.7.1	That senior CCG and HWB officials meet on a regular basis with B.A.M.E. community organisations and communities to examine existing health inequalities East of the borough and the barriers preventing access to services.	CS	The Health and Wellbeing Board subgroup was a time- limited group particularly focussed on equitable acute Covid response. The group will be stood down with the Health and Wellbeing Board keeping oversight of equity in our approach to 'living safely with Covid', particularly re ongoing vaccination equity, and equitable access to Long- Covid services and Covid therapeutics. We will aim to strengthen engagement with B.A.M.E. communities and groups through health system boards. Traverse commissioned to deliver Your Merton engagement activities. Over 1000 residents' views gained. Final report of key findings submitted. Findings and recommendations will inform priorities for Recovery and Modernisation.	
3.7.2	Locate community health and social services in relatively proximity to areas identified as where B.A.M.E. and older people reside. This should help to increase take up of services by these groups.	CSF	Merton's Community Dementia Services are located at the Dementia Hub in Mitcham. We are currently working with the Alzheimer's Society on developing a community-based model, where services are provided across the Borough, in the community and nearer to people's home. Examples of this new model might include Alzheimer's Society staff attending community groups across the Borough and providing specialist advice, such as how to run dementia inclusive activities or providing a dementia awareness session or dementia advisors providing support and advice to residents. They will also be bringing more community groups into the dementia hub, with activities hosted by the community and voluntary sector. Our Dementia Friendly Communities Co-Ordinator is also focusing on getting more	

ethnic minority and faith groups to join Merton's Dementia Action Alliance and work on this area will continue into 2022/23.	
<ul> <li>Health on the high streets</li> <li>One of the priorities in our refreshed Merton Health and Care Plan is – "Change how people can access health and wellbeing services e.g., piloting health and wellbeing hubs on high streets and in community/faith venues"</li> <li>We are planning a pilot 'pop-up' community health venue on the high street, including in Mitcham, with the aim of demonstrating effectiveness of: <ul> <li>bringing services (COVID-19, holistic health and care, prevention and welfare) to where people live their lives e.g., the high street</li> <li>providing services in an integrated way rather than expecting people to attend numerous different services</li> <li>reviving High Streets</li> </ul> </li> <li>The project is in its early stages, but the emerging model is to work with the community to develop: <ul> <li>Spaces within fixed community locations e.g., community libraries;</li> </ul> </li> </ul>	
service outreach, health monitors e.g., BMI and BP and information and advice.	
- Pop-ups in community venues e.g., themed sessions, with holistic delivery	

			partners and informed by and delivered with Primary Care Networks. - The pilot will complement and enhance access, rather than replace the need for direct access to primary care.
3.7.3	All sections and communities are alerted as soon as a threat is identified, stating the level of the threat and its possible effect on the country/area. Initial information for COVID-19 identified older residents as most vulnerable, creating a false of security among the young.	CSF	Covid-19 Community ChampionsThe Covid-19 Community Champions network was set up in September 2020 as a response to community engagement workshops where a need for clear information from trusted sources such as the NHS and Public Health was identified. Since then, the network has provided 170+ Champions with weekly (moving to biweekly in May 2021) information on Covid-19, including the threat level, and protective measures people can take to reduce their risk of transmission as well as severe outcomes from the virus. The Champions' role is to share this information with their networks and communities to ensure a wide reach across Merton. The information is provided to Champions via virtual drop-in sessions, emails and a dedicated WhatsApp group.Informed by the National Government Plan (expected shortly), we are now planning Merton's approach to 'living safely with covid' which will be include
			<ul> <li>'transition' from COVID-19 response to 'living with covid'</li> <li>preparation for 'surge' in case of a new variant requiring a full COVID-19 response</li> </ul>

				<ul> <li>'legacy', retaining and building on the good parts developed in COVID-19 response e.g., Infection Prevention and Control skills and knowledge</li> <li>Community engagement and involvement will be an on- going priority in Merton to the plan.</li> </ul>
Page 28	3.7.4	GP surgeries to be placed on high alert to cater for the increased call on their services. Additional funding made immediately for them to provide this extra service. GP's surgeries heavily criticized during this pandemic. Many declared 'not fit for purpose' by a significant number of patients we spoke to.		Outside the scope of the council
	3.7.5	Pop up health hubs within community spaces to hand out leaflets, provide information and advice. Where infection is an issue, suggest suitably protected staff use amplification equipment to give culturally appropriate health messages and advertise location of help points within the community.	C&H	<ul> <li>Cabinet Office staff delivered on-street engagement in Merton</li> <li>Community multilingual team - visited community spaces and places of worship to have conversations with people from communities where we know there is less confidence in vaccines.</li> <li>Multicultural business outreach – visited small local businesses and advised on how they can ensure they are prepared, are 'covid secure' and aware of app/QR code requirements</li> </ul>

<ul> <li>Mass outreach - at a supermarket/high footfall location to speak to the public about vaccines and testing.</li> </ul>
SWL CCG delivered on street engagement
<ul> <li>On-street engagement in areas of high footfall and areas of deprivation to promote winter vaccines (the COVID-19 booster and the flu vaccine)</li> </ul>
<ul> <li>Street Ambassadors held conversations with local people and shared information with the details of the SWL CCG and vaccination booking service website.</li> </ul>
<ul> <li>5032 people were engaged between 22nd December and 31st December</li> </ul>
Through funding from the Department of Levelling Up Community and Housing we will develop a multi- disciplinary on street engagement team. This team will
<ul> <li>deliver on-street engagement, prioritising areas of lowest take up e.g., in the east of the borough and aligning with vaccination pop up clinics.</li> </ul>
<ul> <li>Working with local delivery partners where possible         <ul> <li>local people engaging with local people, which is             a key finding of our existing work with our             communities.</li> </ul> </li> </ul>
<ul> <li>Work with local organisations supporting vulnerable people who may not be registered with a GP to support them to access vaccinations and wider</li> </ul>

			services under Covid resilience and recovery. This team will work with residents and organisations through the vaccine champion networks to identify and delivery opportunities for on street engagement.	
3.7.6	Working in partnership with local B.A.M.E. organisations and communities to fund, develop and implement culturally competent COVID- 19 education and prevention campaigns. This is to reinforce benefits of early diagnosis, testing and preparing communities for interventions e.g. contact tracing, antibody testing and vaccination.	C&H	We produced translations for two of our surge/community testing campaigns. Working with our partners in Pollards Hill, St Marks School and Wyvern industrial estate we translated into over around eight different languages: flyers and posters for the local communities and workforce to promote the testing and translated letters home to parents at the school to get permission to test their children. We also translated the video of the COVID-19 app which we made in our top three languages: Tamil, Polish, Urdu and provided a translated materials page on our website during the pandemic. We've promoted Better Health Merton and One You Merton across our core channels over the last year, focussing on a different theme each month and are about to start work on two big Merton campaigns: one on physical activity (Merton Can/ Healthy living) and one on mental health (Healthy Minds Merton), this comms plan is in process and will have at its core the theme of reducing health inequalities between east and west of borough. It will focus on the main themes in The London Mayor's Health inequalities strategy which will lead to more comms support and information for the campaigns. As part of this there will be specific communications to B.A.M.E. communities and those in the east of the borough and	

				we'll work with our service providers to encourage sign up to services and provide any translations needed.	
Dana 31	3.7.7	Cultural Competence (as opposed to Cultural Awareness) courses made mandatory for all medical and social care staff.	CS	An Equality, Diversity, and Inclusion (EDI) survey with staff was undertaken in December 2021.Despite the survey's wider EDI remit, it has a very strong Black Asian and Minority Ethnic focus. The information we received back from this survey will be instrumental in providing the intelligence to support the EDI strategy and action plan for staff. In the meantime, HR/OD have taken the outcomes and with the support of the ED&I workstream have produced a specific ED&I training needs analysis. This covers a whole range of ED&I training, not just Cultural Competence. It also includes bystander training, anti- racism, anti-bullying, cultural agility and ED&I Aspiring Leadership programme. We have embarked on the intensive procurement exercise and courses should be made available for staff from October 2022. The Council's workforce strategy includes a strand on Equality, Diversity and Inclusion.	June 2022
	3.7.8	Introduce regular assertive and confidence building skills workshops for B.A.M.E. staff from cultures where authority is not normally questioned and poor working conditions are not challenged.	CS	We will provide assertive, and confidence building skills workshops and make them available for all staff and encourage B.A.M.E. staff to attend.	June 2022

	3.7.9	Increased psychological support for Council B.A.M.E. staff e.g., setting up support groups to build up trust, with opportunities for whistleblowing without fear of repercussions. This to be provided in a culturally appropriate manner.	CS	<ul> <li>B.A.M.E. staff are already invited to participate in the Race Equality Network. This group is supported by the HR team and has a direct line into the Corporate Management Team to raise any concerns or ideas.</li> <li>We have a whistleblowing policy and procedure which is available to all staff to use. It is a key aspect of that policy that where people raise genuine concerns they will be investigated and shall not be subject to any detriment, as a result of doing so. Where the concerns relate to the treatment of B.A.M.E. staff or service users or raise other equality issues, they will be investigated by somebody who is appropriately skilled and has a good understanding of equality and diversity.</li> </ul>	N/A
Page 32	.7.10	The public to be kept informed about development plans for improvements to East Merton e.g., plans for the former Wilson Hospital to become a community facility, something which offered such hope a few years ago.	C&H	We have written to the CCG to check if updates can be circulated more widely through the Voluntary and Community Sector.	
	3.7.11	Better data collection about ethnicity and religion, including having this recorded on death certificates to accurately monitor the impact on B.A.M.E. communities.	CS	We are committed to improving the amount and quality of data about our citizens and service users to inform how we deliver and commission services. In particular, we want to ensure that all services collect data on ethnicity and religion where relevant to ensure fairness and help us improve service delivery. This work is being led by the Analysts Network. We will also refer the use of the term B.A.M.E. to reflect the points made that the use of B.A.M.E. as a category to collect and analyse data can be	June 2022

3.7	7.12 Increase Social prescribing schemes which have been shown to help reduce barriers in accessing appropriate services, encouraging patients to participate in services and activities which increases their sense of belonging and reduces isolation.	C&H C&H	<ul> <li>inappropriate because of the differences between the different ethnic and religious communities.</li> <li>We understand that national recommendations have also been made to this effect, but death certificate recording is beyond the scope of the council. We continue to explore emerging data on ethnicity and health.</li> <li>In 2022, the public health team will be expanding on existing social prescribing through a programme around green social prescribing and a pilot of social prescribing for Children and Young People.</li> </ul>	
E	ducation			
	7.13 Education authorities to ensure that bias is stripped out of the forecasts and decisions for B.A.M.E. student predicted grades.	CSF	<ul> <li>Aspects of this action are the responsibility of schools which are independent of the council.</li> <li>To be discussed at the Black Lives Matters and Equalities Forum (led by Merton Schools).</li> <li>B.A.M.E. VOICE to be invited to a future forum to inform the conversation.</li> </ul>	January 2022
3.7	7.14 The migratory history of B.A.M.E. communities to	CSF	Aspects of this action are the responsibility of schools which are independent of the council.	January 2022

	Merton to be made available in schools, colleges and libraries with annual events to celebrate the borough's diversity		To be discussed at the Black Lives Matters and Equalities Forum (led by Merton Schools). B.A.M.E VOICE to be invited to a future forum to inform the conversation	
3.7.15	Put a system in place whereby B.A.M.E. parents are encouraged to play a more active part in their children's education	CSF	<ul> <li>Aspects of this action are the responsibility of schools which are independent of the council.</li> <li>To be discussed at the Black Lives Matters and Equalities Forum (led by Merton Schools).</li> <li>B.A.M.E. VOICE to be invited to a future forum to inform the conversation</li> </ul>	January 2022
Page 34	Schools to offer culturally appropriate psychological support for B.A.M.E. children living in difficult home conditions.	CSF	<ul> <li>Aspects of this action are the responsibility of schools which are independent of the council.</li> <li>To be discussed at the Black Lives Matters and Equalities Forum (led by Merton Schools).</li> <li>B.A.M.E. VOICE to be invited to a future forum to inform the conversation</li> </ul>	January 2022
3.7.17	Innovative Schemes, working with community organisations which match families who could offer support for each other. This would require the input of professional B.A.M.E. psychologists and counsellors.	CS	To be led corporately via the 'Transforming the way we work with our communities'	

	3.7.18 Ban images of starving B.A.M.E. children on aid donation appeals put up in schools, churches etc which give an unbalanced portrayal of what these countries and their people are really like.		Our Communications team are mindful of the images used and note the recommendation. Churches and Schools would need to comment separately.	
	Employment			
·	3.7.19 Council to monitor the redeployment and progression of B.A.M.E. employees in key roles.	cs	The Council monitors this information, and it is included in the Annual Equality in Employment report each year.	
Page 35	3.7.20 Council to mount Campaigns to bring more businesses and investment to East Merton.	E&R	This is possible, currently the council's communications team actively supports business communications. This can be refocussed as needed. Business ratepayers need to sign up for this. We can use existing platforms through South London Partnership (SLP) /South London Knowledge Exchange (SLKE) to make other progress. Work with Urban MCA to support black-led businesses at Canons. Possibly need more capacity to an inward investment strategy more fully.	
			<ul><li>Business space is an issue in Merton which will inhibit investment and growth.</li><li>1 X FTE Business Support Officer to support the inward Investment would be required.</li></ul>	

	3.7.21 Council to provide Start- up business grants/encourage lowering of rents/leases/Tax relief to B.A.M.E. and other businesses	E&R	We have a Local Business Rate discount scheme which can be considered and promoted now to support new businesses in Merton or those expanding– currently the criteria are focussed on town centres but could be adapted and promoted more successfully.
		CS	Other Business rates discretionary schemes also available.
			As above re Capacity
	3.7.22 As well as investing in	E&R	1. As above (3.7.21).
Page	communities, Council should also invest in individuals, encouraging B.A.M.E. Entrepreneurship into East Merton through offering		2. We could also seek out partners who could work with us on B.A.M.E. entrepreneurship programmes – including in partnership with some of our RP s / Urban MBA – street entrepreneurs
36	incentives.		3. Adult Education focus / budgets could be targeted on this and promoted
			4. Merton Adult Learning Adv Panel could be tasked with looking at what they could do to support this objective
	3.7.23 Working with the local Chamber of Commerce, Merton Council to encourage established businesses to invest in smaller businesses which may have grown during lockdown	E&R	Partly as above but to be discussed and considered by Merton Chamber of Commerce.

	3.7.24 With the Chamber of Commerce, Merton Council to support Annual business activity between East and West of the borough e.g., Business Conferences/ Business Fairs.	E&R	<ul> <li>Explore Black Business fair / conference alongside specific Black Business Awards as part of the annual Merton Best Business Awards.</li> <li>In 2022 We have a new Diversity award at the Best Business Awards sponsored by the Council – Consideration will be given to amending this to a Best Black Business Award for future years.</li> <li>Additional Fairs / conferences will need funding.</li> </ul>	
	Older and Younger residents			
Pane 37	3.7.25 Social Services to provide Incentives for young people to become 'educators' within their intergenerational homes to older non-English- speaking relatives.	CSF	<ul><li>Having sought clarification on this recommendation, we think it is problematic to implement, especially if the expectation is to give an incentive.</li><li>However, some intergenerational work is already underway.</li></ul>	
	3.7.26 Post COVID-19, the establishment of supervised community spaces for older people to socialise, stage, attend events or work together on community projects e.g., community gardening to create a sense of belonging.	СН	Merton's Dementia Hub will host community and voluntary sector groups who can offer dementia inclusive activities from the hub space and garden. The green social prescribing development programme aims to develop inclusive activities accessed via referral through the Social Prescribing pathway. Referral information will help us develop this work and address health inequalities.	
	3.7.27 The Council/Social Services to support 'Adopt	C&H/CSF	We feel this would require further conversations between children's and adult's social services.	

	Grandma/Granddad schemes' for families, recognising their potential value to the community.			
	3.7.28 The Council to partner with others in setting up a foundation for sports in East Merton so that young people from these areas can	CSF/E&R/CS	The existing 'BLM and Equalities Strategy' jointly owned by the council and schools includes actions for greater participation of children from B.A.M.E. communities.	
	showcase their talents.		The council has the assets and facilities to coproduce improved sports access for young people. There is scope to explore this through Transforming How We Work with Communities.	
00000000			Improving opportunities for everyone to be active is a priority of the new Administration and gives us the opportunity to look at ways of increasing young people's access to and participation in sport, particularly in the East of the borough.	
-	3.7.29 Reopen and rejuvenate sports facilities, community centres and Libraries with UK, B.A.M.E. and other histories/achievements displayed in them.	C&H/E&R	C&H and E&R to lead	
	3.7.30 Children's services to facilitate a Helpline to support youth people especially those displaying mental health needs; Bereavement and grief-loss	CSF	Helplines for children with mental health issues already in place.	

	of family members and loved ones; Fear of their own death from hearing statistics of large B.A.M.E. deaths. General Recommendations			
Page 39	3.7.31 Action put in place to stop the stigmatising of B.A.M.E. Identifying and referring to B.A.M.E. communities particularly on official documentation as 'hard to reach', seldom heard' 'disadvantaged' 'high risk' 'vaccine hesitant 'does not augur well for good community relations.	CS	We want to work closely with community groups who work directly with B.A.M.E. communities which reflects the recommendations in the B.A.M.E. Voice report. The Equality Diversity and Inclusion strategy is being refreshed and will address this issue surrounding the use of stigmatising language.	October 2022
	3.7.32 That Merton Council spends its reduced central government income more effectively in funding smaller B.A.M.E. organisations/groups who are more able to bridge the gap between East and West of the borough.	CS	The council will be developing a new model for early intervention and prevention in partnership with the VCS. Collaborate CIC have been commissioned to support the Transforming How We Work With Communities project. A 'working with communities' framework' and roadmap has been developed following engagement with stakeholders earlier in the year. This will feed into the future approach to the Strategic Partners Grant programme.	September 2022

We have phase 2 and 3 of the B.A.M.E. Voice work, which has invested significantly in partnership with Merton Connected	
---	--