

# Agenda Item 3

JOINT CONSULTATIVE COMMITTEE WITH ETHNIC MINORITY  
ORGANISATIONS  
7 DECEMBER 2016

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

Mr Nawaz, Revd. Mrs Neale, Mr Islam, Mr Rahman, Mr Savage,  
Dr Haque, Mr Sheikh, Dr Arumugaraasah, Mr Nazim, Councillor  
Akyigyina, Ms Peacock, Ms Asress, Mr Tchilingirian

1 DECLARATIONS OF INTEREST (Agenda Item 1)

None.

2 APOLOGIES FOR ABSENCE (Agenda Item 2)

Apologies were received from Councillor Marsie Skeete, Jerry Hall, Revd. Mrs  
Hannah and Mr Khan.

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 MERTON IMPROVING ACCESS TO PSYCHOLOGICAL THERAPIES  
SERVICE (MIAPT) - JOHANNA PEACOCK (Agenda Item 5)

Johanna Peacock from Merton Improving Access to Psychological Therapies Service  
(MIAPT) gave an overview of the service. MIAPT is a small mental health charity that  
treats clients with mild to moderate psychological disorders. The service is based at  
Cricket Green Surgery. G.P.s make referrals to the service.

MIAPT takes a 'Stepped Care' approach. Following referral, Stage 1 involves an  
assessment made to understand the underlying issues. Stage 2 is mainly via the  
telephone. Step 3 is face-to-face.

Ms Peacock informed the meeting that those who access the service directly are more likely to complete a course of treatment. A short term course is 6-8 weeks. Step 3 is 8 to 10 weeks. Most of the support given is Cognitive Behavioural Therapy (CBT).

In Merton there is a high demand for a Women's group – one is to be set up at St Mark's in February 2017. An Anger Management Group is being set up in January 2017 and a Carers Group in February 2017.

## Questions

### **Councillor Chirico asked how the service will engage with vulnerable guests at the YMCA? Referral time – how long before treatment starts?**

Ms Peacock replied that MIAPT is doing outreach, homeless people need register with a doctor so that they can be referred. Clients get assessed within one week. Clients access Stage 2 within 2 to 4 weeks and Stage 3 within 3 to 4 weeks. Priority is being given to reducing the waiting times.

The telephone service allows people to be in their home and access services. Referrals are also made to other organisations so people can be fully supported.

**Dr Arumugaraasah queried how people can receive treatment if they are not registered with a GP Practice?** Ms Peacock replied that they have to register, it could be done temporarily, but is necessary in order to access the service. The G.P.s are kept up to date with the treatment..

**Mr Sheikh asked if the time period can be longer than 30 minutes and what is the relationship with the mental health hospital?** Ms Peacock replied that the initial assessment and Step 2 sessions last 30 minutes. Step 3 sessions last 50 minutes. MIAPT has to work with all services and have to be aware of different providers

**How many people are in the organisation and how is MIAPT coping with meeting the demand?** The service meets the gap in mental health service provision by providing support to those who need it. There are 25 people in the team – the service is part of an umbrella organisation.

**What steps are being taken to advertise the service?** Outreach is being done, including attending meetings community organisations.

6 POLICE UPDATE - SUPERINTENDENT PHILLIP PALMER (Agenda Item 6)

The item was deferred to the next meeting.

## 7 CHILD HEALTHY WEIGHT - DAVID TCHILINGIRIAN (Agenda Item 7)

Hilina Asrress and David Tchilingirian gave a presentation on Child Healthy Weight. They reported that nationally London has the highest obesity rate and it is a priority for Merton and the Health and Wellbeing Board. 95% of children are weighed and measured in Reception (4 to 5 year olds) and year 6 (10 to 11 year olds). 18% of Reception Children have excess weight, by Year 6 the figure increases to 34.6%. The overall gain in excess weight between 4-5 year olds and 10-11 year olds in Merton is slowly decreasing (compared to increases seen in London and England) and is currently 15.9% (down from 16.6% in 2014/15).

There are marked geographical inequalities with a higher prevalence of obesity in east Merton. Reception: There is a widening gap in obesity between east and west Merton as obesity is increasing in the east but decreasing in the west of the borough over time. Year 6: Obesity is increasing at the same rate in east and west Merton with a consistent gap over time.

Nationally there is a link between ethnicity and obesity. There is no Merton data – monitoring has now started. Deprivation could also be a factor causing obesity. 4-5 year olds -15.2% of Black children are obese compared to 8.8 of White children. 10-11 year olds - 29.5% Black children are obese compared to 18.1 of White children. Ethnicity recording will improve to support analysis.

A Child Healthy Weight action plan is being developed. Some of the issues being looked at includes: looking at the physical environment, food environment and engagement.

Funding has been secured for insight – procurement is being undertaken to find an organisation to work with local communities to achieve a healthy weight. The work will include a universal approach talking to groups and specific work to engage with particular communities.

Pan London the Great Weight Debate closes on 9 December and a questionnaire is available online.

### **Questions**

**Some ethnic communities encourage children to eat – do you liaise with schools to monitor weight?** The Healthy Schools London programme is active in the borough. Some schools have achieved Bronze and Silver status. There is also a healthy eating/weight forum. Public Health is working with the Children Schools and Families department for healthy and nutritious school meals.

**What is being concentrated on? Genetically some communities have high BMIs. There are also cultural issues – how will Public Health teach parents to consider weight?** Many factors influence choices. Public Health is working at different levels – individual and community to change practices. Consistent messages going out is important looking at excess but it is also important to look at overweight . There is a child weight management programme. Other measures include a Walking Bus, reducing traffic around and encouraging active forms of travel.

**Good work is being done but home is often responsible. What awareness can be done in these circumstances?** Every effort is being made to make every contact count. Training to have difficult conversations is being done.

**Obesity could be a symptom of something else, e.g. neglect. How far does Public Health delve into family circumstances?**

The School Nurse sends letters to families and safeguarding processes are used if necessary.

**Are sports activity made a priority in schools?** Physical activity is essential. There is a Schools Sports Premium, After School activities and a minimum of two hours activity in the school week.

Hilina informed the meeting that previously there was not a coordinated approach but there is now a steering group. The plan will be refreshed based on the outcome of the engagement. The action plan is a three year plan and work will be done to educate children by working with schools.

8 REFRESH OF THE EQUALITY STRATEGY - EVERETH WILLIS (Agenda Item 8)

Evereth Willis presented details of the draft Equalities Objectives. document. 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.**

Councillor Akyigyina commented that leadership positions need to be more diverse and the council needs to be seen to be doing what is right.

Councillor Chirico asked what is being done to speak to new entrants to find out if they are being monitored – do we get a real picture of the struggles faced by BAME staff?

The JCC members expressed concerns about the lack of diversity in management roles and suggested that a staff forum was required.

Evereth advised that previous attempts have been made by the council to establish a BME staff forum. Councillor Macauley stated that it was difficult to recruit BME staff if they do not put themselves forward for roles. Concern was expressed about the lack of change in terms of getting more diversity in management roles.

Following discussion the JCC resolved that recommendations be made to the Corporate Management Team to address the lack of diversity at the senior leadership level in Merton Council.

It was resolved that the following measures should be put in place to address the JCC's concerns:

1. Introduce a BAME staff forum
2. Develop a 'Rising Stars' programme to support BAME staff to progress into senior leadership roles.
3. Establish a Scrutiny Task Group panel with BAME staff to discuss career opportunities in the borough.

## 9 SAFER NEIGHBOURHOOD BOARD UPDATE - ABAYEH SAVAGE (Agenda Item 9)

Abayeh Savage provided feed back from the Safer Neighbourhood Board meeting held on 1 December. He reported that one-minute silence was observed in respect of late Revd Dr Andrew Wakefield, former Chair of Safer Neighbourhood Board.

Communities are expected to be closely involved in problem solving and crime prevention instead the MOPAC7 targets were imposed at the expense of other crimes being overlooked. MOPAC7 crime targets is "a one size fits all" MOPAC 7

objectives to reduce key neighbourhood crimes by 20%, boost public confidence by 20% and cut costs by 20% from 2013 – 2016.

A new approach is to give local areas greater control of local police priorities, ensuring that the police and council are focused on the issues of greatest concern in their area and that serious, high-harm, high vulnerability crimes that are priority for the whole area. The SNB is created to ensure that there is partnership between local communities and the local police to work on crime reduction issues. The areas of focus will be: keeping young people safe, including knife crime and gangs, violence against women and girls, standing together against hate and terrorism and the current justice system and how it supports victims.

Representatives on the SNB are supposed to stand down after a 3-year term but for continuity it was agreed that the current members can continue subject to the recommendation and approval of their respective organisations. The Board hopes to appoint a new chair at the next meeting.

The amount allocated to Merton by MOPAC for 2016/17 remains the same £22k. None of the bids submitted for 2015/2016 were approved. This was due to unclear outputs and outcomes. It was agreed that an A4 size paper be prepared outlining guidance of what or how applications be completed and possibly a small committee be set up to invite bidders to go through their applications.

Mr Savage encouraged JCC representatives with project ideas to contact Lee Roberts in Safer Merton as the 31<sup>st</sup> May 2017 is the deadline for submissions. Applications can be submitted at any time between now and then.

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

None.