

# Public Document Pack

## NOTTINGHAM CITY COUNCIL

### HEALTH AND WELLBEING BOARD

**MINUTES of the meeting held in the Ground Floor Committee Room - Loxley House, Station Street, Nottingham, NG2 3NG on 27 September 2017 from 2.00 pm - 3.33 pm**

#### **Membership**

##### Voting Members

Dr Marcus Bicknell (Vice Chair)  
Alison Challenger  
Martin Gawith  
Helen Jones  
Councillor David Mellen  
Dawn Smith

##### Absent

Councillor Nick McDonald  
Councillor Steve Battlemuch  
Alison Michalska  
Hugh Porter  
Samantha Travis  
Councillor Marcia Watson

##### Non-Voting Members

Wayne Bowcock  
Phyllis Brackenbury (substitute for Lyn Bacon)  
Tim Brown (temporary member)  
Peter Homa  
Leslie McDonald  
Maria Ward  
Andy Winter

##### Absent

Ted Antill  
Lyn Bacon  
Gill Moy  
Chris Packham  
Michelle Simpson

#### **Colleagues, partners and others in attendance:**

Shade Agboola	- Consultant Director of Public Health
Ian Bentley	- Strategy and Commissioning Manager
James Blount	- Communications and Marketing Specialist
Jennifer Burton	- Insight Specialist – Public Health
Julie Carlin	- Business Support Officer – Public Health
Louise Craig	- Nottingham CVS
Jane Garrard	- Constitutional Services
David Johns	- Public Health Registrar
Caroline Keenan	- Insight Specialist – Public Health
Seán Meehan	- Public Health England
Claire Novak	- Insight Specialist – Public Health
Nick Romilly	- Insight Specialist
Zena West	- Governance Officer

## **22 MEMBERSHIP CHANGE**

**RESOLVED to note that:**

- (1) Michelle Simpson is no longer the Department for Work and Pensions representative;**
- (2) a replacement member is being sought.**

## **23 APOLOGIES FOR ABSENCE**

Councillor Steve Battlemuch – personal  
Councillor Nick McDonald – personal  
Councillor Marcia Watson – work commitments  
Lyn Bacon (Phyllis Brackenbury substituting)  
Alison Michalska (Helen Jones substituting)  
Gill Moy  
Samantha Travis

## **24 DECLARATIONS OF INTERESTS**

Leslie McDonald, Executive Director at Nottingham Counselling Service, representing interests of the third sector, declared an interest in agenda item 8: A Health Needs Assessment of Black and Minority Ethnic Groups in Nottingham, as his organisation provides mental health services for members of the BME community. Leslie remained in the room during discussion of this item, as this was not considered to be a pecuniary interest.

## **25 MINUTES**

Dawn Smith asked that minute item 13(a) from the previous meeting be amended from: Dawn Smith from NHS Nottingham City Clinical Commissioning Group informed members that the 4 regional clinical commissioning groups are coming together under a joint committee arrangements. They do not currently plan on merging until 2019 at the earliest. There will be a single management team and a single accountable officer.

To: Dawn Smith from NHS Nottingham City Clinical Commissioning Group informed members that the 4 local clinical commissioning groups are coming together under a joint committee arrangement. They do not currently plan on merging until 2019 at the earliest. There will be a single management team and a single accountable officer.

Maria Ward asked that minute item 10(n) from the previous meeting be amended from: Voluntary sector organisations are overwhelmingly supportive of the work being done, however concerns have been raised around the intention and idea that they will be able to deliver services to the community as a whole. More clarity is needed about what is expected of the voluntary sector and how it will be funded.

To: Voluntary sector organisations are overwhelmingly supportive of the work being done, however concerns have been raised around the intention and idea that they will be able to deliver services to the community without additional resources. More clarity is needed about what is expected of the voluntary sector and how it will be funded

Subject to these changes being made, the minutes were agreed as a correct record and signed by the Chair.

## **26 ACTION LOG**

### **RESOLVED to:**

- (1) note the progress against existing actions on the action log;**
- (2) add actions relating to an update on STP (Sustainability and Transformation Plan) progress, and on the STP communications and engagement approach;**
- (3) ask Peter Homa to feedback concerns raised by the Board regarding the STP.**

## **27 HEALTH AND WELLBEING STRATEGY 2016-2020. OUTCOME 1: HEALTHY LIFESTYLES. INTERIM REPORT**

Helen Jones, Director of Adult Social Care, introduced an interim report on the Health and Wellbeing Strategy 2016-2020, Outcome 1: Healthy Lifestyles. Shade Agboola, Consultant Director of Public Health, gave a presentation on the report (circulated with the minutes). The Board offered questions and comments relating to the report and presentation:

- (a) an extension of “smokefree” areas may be considered. A Health Promotion Specialist works closely with students at the hospital, and the Nottingham University Hospital Trust campus is now entirely smoke free;**
- (b) whilst behaviours have a significant impact for the health economy, discussing behaviours can lead to negative reactions. Discussing behaviours can feel like professionals are “nagging” citizens, whereas incorporating physical activity into those activities citizens already enjoy has proved far more effective and positive. Prevention is a large part of the Sustainability and Transformation Plan;**
- (c) access to facilities can present a barrier to engagement. It is vital to ensure that facilities can be made accessible to those who cannot afford paid activities, and that community facilities are widely advertised and readily available to optimise use. The Healthy Lifestyles Delivery Group will respond to these suggestions;**
- (d) work is ongoing with the DWP (Department for Work and Pensions) and Leisure Services, to ensure that sport is accessible for those with disabilities;**
- (e) the draft Nottingham City Physical Activity, Obesity and Diet Declaration is with the Board for comment, and members are asked to feedback any comments by 1 November 2017. It will be added as an agenda item to the November 2017 meeting of the Health and Wellbeing Board, for noting rather than for discussion.**

**RESOLVED to:**

- (1) review the draft Nottingham City Physical Activity, Obesity and Diet Declaration and feedback any comments to David Johns, Public Health Specialty Registrar, by 1 November 2017;**
- (2) ensure that all Board member organisations sign the Tobacco Control Declaration and then develop action plans which demonstrate their contribution to the achievement of the City's tobacco control priority objectives;**
- (3) review the workplace smoking / smokefree policies of Board membership organisations and consider emerging evidence on the use of e-cigarettes and the distinction between smoking and vaping;**
- (4) ensure the staff of Board membership organisations are trained in very brief advice and referral to healthy lifestyles services by engaging with the rollout of making every contact count and promoting independence tools and training across all Sustainability and Transformation Partnership partners including the voluntary sector;**
- (5) join Adult Social Care in promoting physical activity to citizens and colleagues in order to maximise the benefits for all.**

**28 JOINT STRATEGIC NEEDS ASSESSMENT ANNUAL REPORT**

Shade Agboola, Consultant Director of Public Health, provided an update on the Joint Strategic Needs Assessment Annual Report. The Annual Report contains 25 chapters in total, including 6 for last year's update, 17 on next year, and 2 new chapters. The work plan should be complete before the end of the financial year.

**RESOLVED to:**

- (1) note the 2017/18 Work Plan contained in appendix 1 of the report;**
- (2) note the progress and development of the Joint Strategic Needs Assessment.**

**29 A HEALTH NEEDS ASSESSMENT OF BLACK AND MINORITY ETHNIC GROUPS IN NOTTINGHAM**

Alison Challenger, Director of Public Health at Nottingham City Council, and Jennifer Burton, Insight Specialist in Public Health at Nottingham City Council, presented a report on the Health Needs Assessment of Black and Minority Ethnic (BME) Groups in Nottingham, as contained within the presentation circulated with the minutes.

- (a) the assessment of BME health needs, whilst largely requested by Nottingham City Council and the Nottingham Clinical Commissioning Group, will help to inform the services of all Board member organisations;**

- (b) between the 2001 census and the 2011 census, overall there has been a significant increase in Eastern European communities, and Asian and Pakistani communities, whilst the Nottingham School Survey shows over 80% of schoolchildren in Nottingham in 2016 were BME, with a large increase since 2008 in mixed ethnicity groups;
- (c) a comprehensive literature review has also taken place, with large amounts of data collected at a local level;
- (d) the key findings of the review are that the BME community and their health needs are not homogenous. Access was raised consistently, as was mental health – people often do not know how to access appropriate mental health services available;
- (e) feedback of the findings now to those communities surveyed is very important, and consideration must be given as to how best to do this.

There followed questions and comments from the Board:

- (f) the Board felt that the assessment was an outstanding piece of work, and the Board must reflect on the fact that Nottingham is now at its most culturally diverse, and likely to become more so going forward given the Nottingham School Survey data;
- (g) Citycare and Sexual Health Services are both excellent examples of recording of ethnicity and other data. Whilst the census happens nationally, local ethnicity recording can be influenced and consistency across organisations would be ideal;
- (h) whilst the summary states “The City of Nottingham is the 8th most deprived local authority area in England” it is important to note that this may be even worse for Nottingham’s Children and Young People. There is currently a significant issue regarding families with no recourse to public funds whilst awaiting a decision on their status from the Home Office. This also limits their access to other support and services, which adds to their deprivation. Work has been conducted with the Refugee Forum in compiling the assessment, particularly seeking opinions from refugee parents on the health of their children;
- (i) the report is primarily a tool for future commissioning, and can be used to design and improve on services, by setting up a Community of Interest Group to best use the information moving forward. Board member organisations can self-assess as to how they can use this information to best serve these communities. A progress report will be prepared on the establishment of a Community of Interest Group, and will come back to the Board in six months’ time.

**RESOLVED to:**

- (1) consider the recommendations contained within the Black and Minority Ethnic Health Needs Assessment;**

- (2) **work to identify opportunities to work collaboratively to improve the health and wellbeing of Black and Minority Ethnic citizens in Nottingham;**
- (3) **request an update report on the formation of a Communities of Interest Group, arising from the findings of the Health Needs Assessment, to be reported back to the Health and Wellbeing Board at the March 2018 meeting.**

**30 HEALTH AND WELLBEING BOARD FORWARD PLAN**

**RESOLVED to note the Health and Wellbeing Board Forward Plan.**

**31 BOARD MEMBER UPDATES**

In addition to the written updates circulated as part of the agenda pack, a written update was circulated at the meeting from Healthwatch Nottingham (circulated with the minutes) and further information was provided by Members:

- (a) Nottingham City Healthwatch is progressing with a merger with Nottinghamshire County Healthwatch, and a Chair position will be advertised soon;
- (b) NHS Nottingham City Clinical Commissioning Group has aligned with three other Commissioning Groups in Greater Notts, and a Single Chief Officer has now been appointed.

**RESOLVED to note the Board Member Updates.**

**32 MINUTES OF THE HEALTH AND WELLBEING BOARD COMMISSIONING SUB COMMITTEE MEETING HELD ON 26 JULY 2017**

**RESOLVED to note the minutes from the Health and Wellbeing Board Commissioning Sub Committee meeting held on 26 July 2017.**

**33 MINUTES OF THE HEALTH AND WELLBEING BOARD COMMISSIONING SUB COMMITTEE MEETING HELD ON 13 SEPTEMBER 2017 (DRAFT)**

**RESOLVED to note the draft minutes from the Health and Wellbeing Board Commissioning Sub Committee meeting held on 13 September 2017.**

**34 NEW JOINT STRATEGIC NEEDS ASSESSMENT (JSNA) CHAPTER - SAFEGUARDING CHILDREN**

**RESOLVED to note the new Joint Strategic Needs Assessment Chapter – Safeguarding Children.**

**35    NEW JOINT STRATEGIC NEEDS ASSESSMENT (JSNA) CHAPTER -  
FEMALE GENITAL MUTILATION**

**RESOLVED** to note the new Joint Strategic Needs Assessment Chapter – Female Genital Mutilation.

**36    HEALTH AND WELLBEING BOARD WEBSITE**

**RESOLVED** to note the new Health and Wellbeing Board website:  
[/www.HealthyNottingham.co.uk](http://www.HealthyNottingham.co.uk)

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# Health and Wellbeing Strategy 2016-2020

## Outcome 1: Healthy Lifestyles

- Second progress update
- Key performance indicators
- Progress highlights
- Physical activity and nutrition workplace declaration

Page 9



Minute Item 27

**Helen Jones, Director for Adult Social Care**



**Nottingham  
City Council**

# Outcome 1: Healthy Lifestyles

## Children and adults in Nottingham adopt and maintain healthy lifestyles

1. Young people and adults will choose to have safer sex reducing the risk of unwanted pregnancies and sexually transmitted infections
2. People who drink alcohol will drink responsibly, minimising the harms to themselves and those around them
3. Nottingham and its citizens will be smoke free
4. People will have a healthy and nutritious diet
5. People will be physically active to a level which benefits their health
6. People will be able to maintain a healthy weight

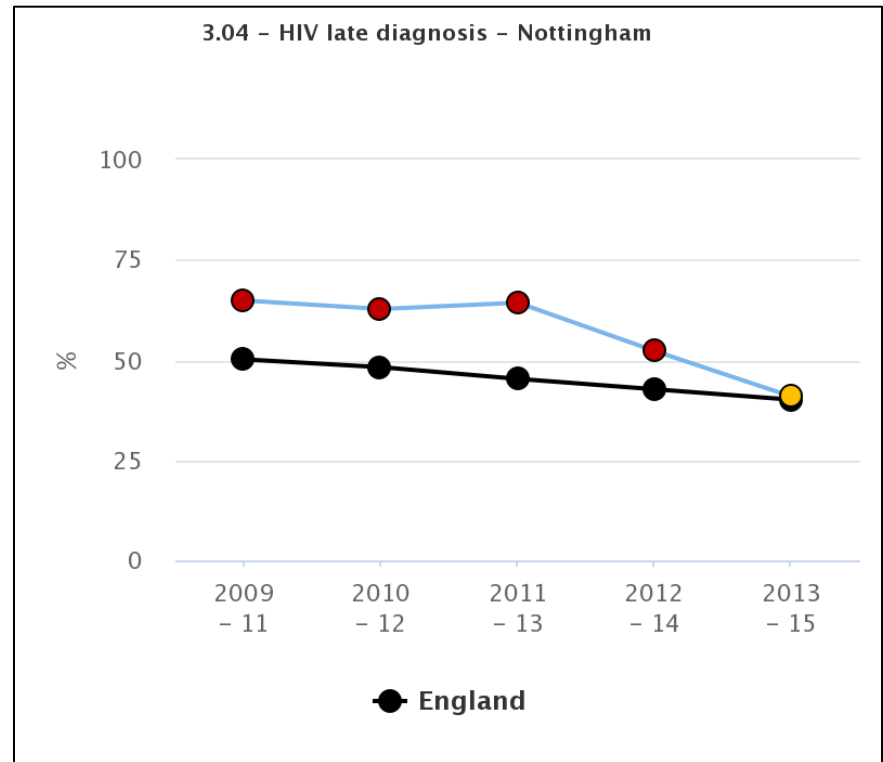
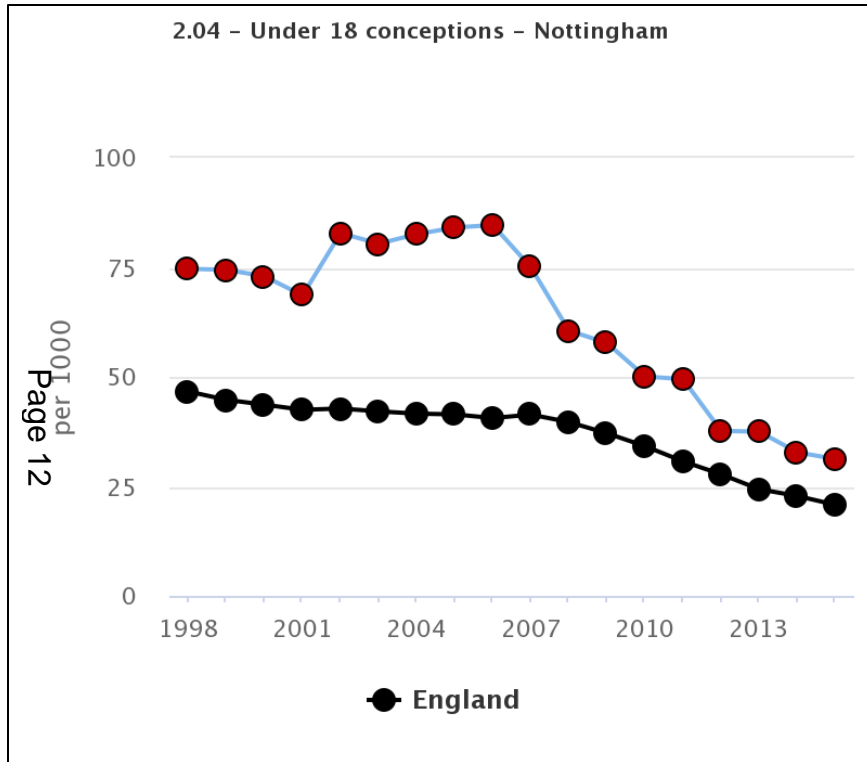


# Adult Social Care's contribution to promoting physical activity

- Promotion of physical activity & friendship is a key departmental strategy to maximise health & wellbeing of citizens & colleagues
- These 2 areas are incorporated into first conversation at NHCP, in assessments & reviews for all citizens & carers as part of their health & wellbeing plan
- Colleagues are being encouraged to discuss with citizens and carers the importance of physical activity in reducing social isolation, making connections with the community in which people live and as a mechanism for improving physical and mental health
- Internal newsletters include details of accessible sports opportunities for people with disabilities & frailty, Park Lives, This Girl Can women only & Dementia friendly swim sessions
- Range of physical activities available extended in internal residential & day services & include: basic gym sessions, football sessions, walking groups, chair based exercise
- Sessions initiated by colleagues after work include weekly boot camp, walking groups, informal dance sessions.
- Teams of citizens & colleagues participated in Beat the Street over the summer
- Partnership working with Sports & Leisure & several Community Sports organisations to have maximum impact
- Colleagues in each site supported by local Community Sports organisations to capture progress & impact on colleagues' health, wellbeing & general resilience



# Safer sex: performance



Compared with benchmark ● Better ● Similar ● Worse

# Safer sex: progress highlights

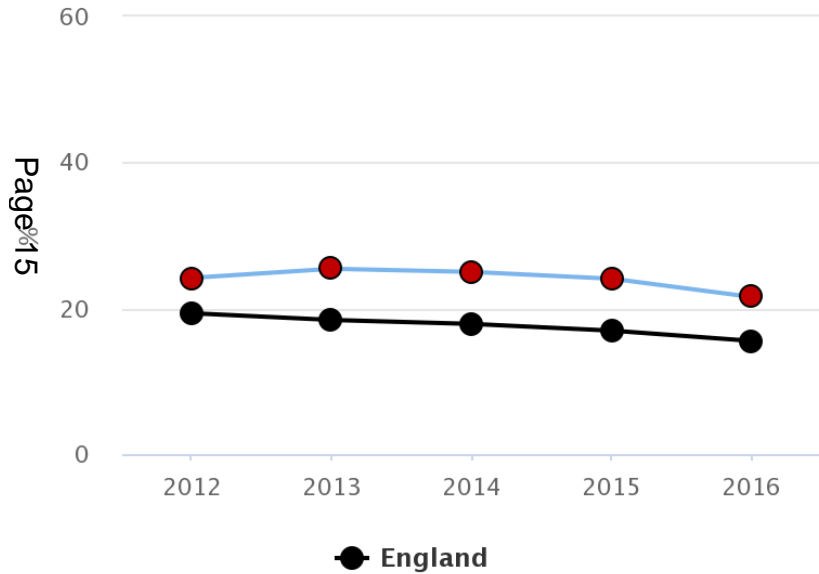
- Year 2 of delivering integrated sexual health services, online chlamydia screening, online HIV home sampling and sexual health testing and contraception services provided via GPs and pharmacies
- Fifty-five schools (of a target of 85 schools) are signed up to the sex and relationship education (SRE) charter with 14 providing effective SRE at level 3, which is the highest level

# Alcohol consumption: performance and progress highlights

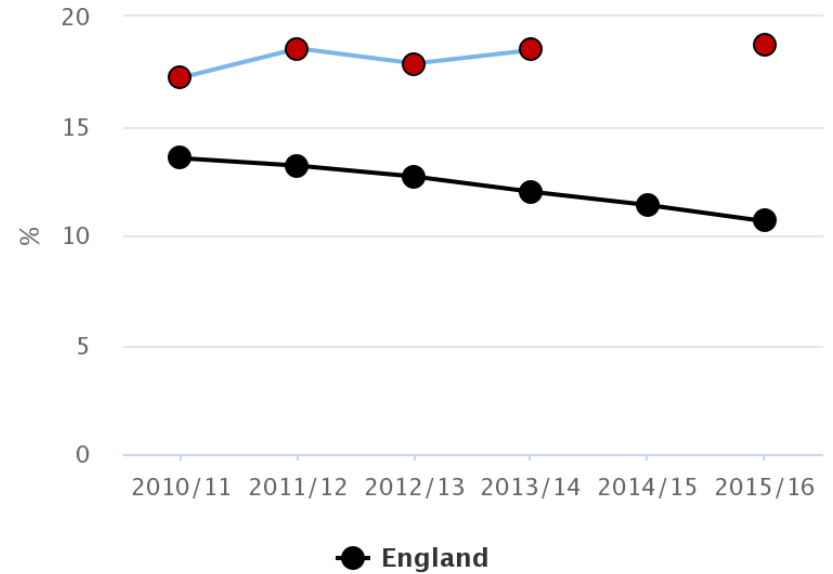
- Performance information issues
- NUH ED:  
Clinical staff templates now include an alcohol screening question  
Alcohol related information included in discharge letters to primary care
- VCS is developing a model for brief intervention training through the CYPPN and VAPN
- Alcohol diversion scheme re-launch

# Smokefree: performance

2.14 - Smoking Prevalence in adults - current smokers (APS) - Nottingham



2.03 - Smoking status at time of delivery - Nottingham



Compared with benchmark ● Better ● Similar ● Worse

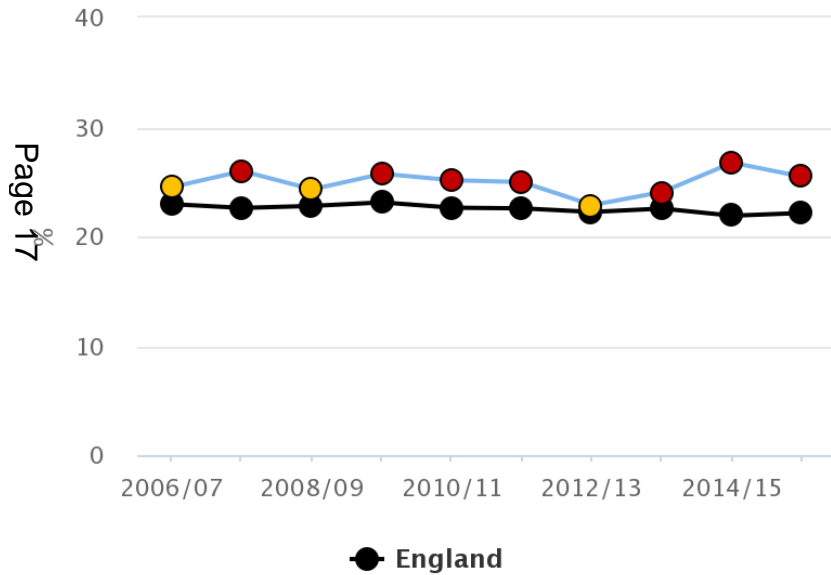
# Smokefree: progress highlights

- NHS England has awarded Nottingham City Clinical Commissioning Group (CCG) £75 thousand to tackle smoking in pregnancy
- As part of Smokefree Summer, four major family events across the City have been or will be smokefree
- Nottingham CityCare's New Leaf has been commissioned to provide a stop smoking service for the City for the next three years
- The Smokefree Nottingham Coordinator and Smokefree Lead at Notts. Healthcare NHSFT have been seconded to NUH to lead on the implementation of NICE guidance PH 48
- The majority of Health and Wellbeing Board members have now signed the Nottinghamshire County and Nottingham City Declaration on Tobacco Control

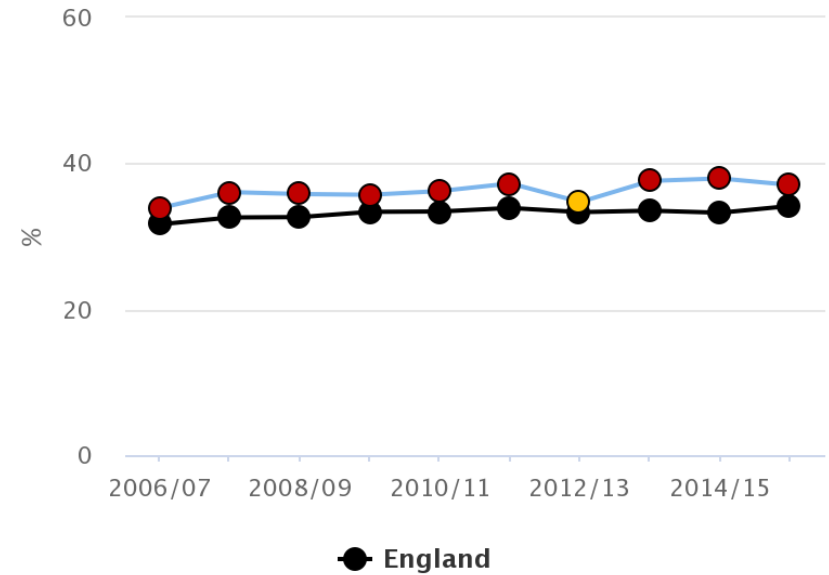


# Physical activity, obesity, diet and nutrition: performance

2.06i - Child excess weight in 4-5 and 10-11 year olds - 4-5 year olds - Nottingham



2.06ii - Child excess weight in 4-5 and 10-11 year olds - 10-11 year olds - Nottingham



Compared with benchmark ● Better ● Similar ● Worse

# Physical activity, obesity, diet and nutrition : progress highlights

- The One Nottingham Partnership has been successful in the initial stage of bidding for Nottingham City to become one of Sport England's local delivery pilots. Successful applications will receive funding of up to £150 million for over four years to test insight led new approaches to tackling inactivity and reducing inequalities
- Governance has been fully established and the Strategy has been refreshed following sign-off at this Board
- A bespoke training package has been developed to enable children centre staff to identify the basics of breastfeeding and contribute to continued breastfeeding and signposting to local services
- All Children's Centre Hubs are now engaging with and using the Healthy Children's Centre Standard
- A draft Nottingham City Physical Activity, Obesity and Diet Declaration has been produced as a mechanism for tackling inactivity and improving the quality of diet of the Nottingham City population



# Physical activity and nutrition workplace declaration

- The proposal for a declaration was formulated in the Health and Wellbeing Board Development Session in December 2016
- Commitment to develop and agree a declaration was then included in the Nottingham City Physical Activity, Obesity, Diet and Nutrition Strategy 2017-20, which was signed off at Health and Wellbeing Board in January 2017



Page 20



**Nottingham**  
**City Council**

# A Health Needs Assessment of Black and Minority Ethnic groups in Nottingham

Page 21

Jen Burton

Alison Challenger

With support from Maria Ward

Minute Item 29

# Context

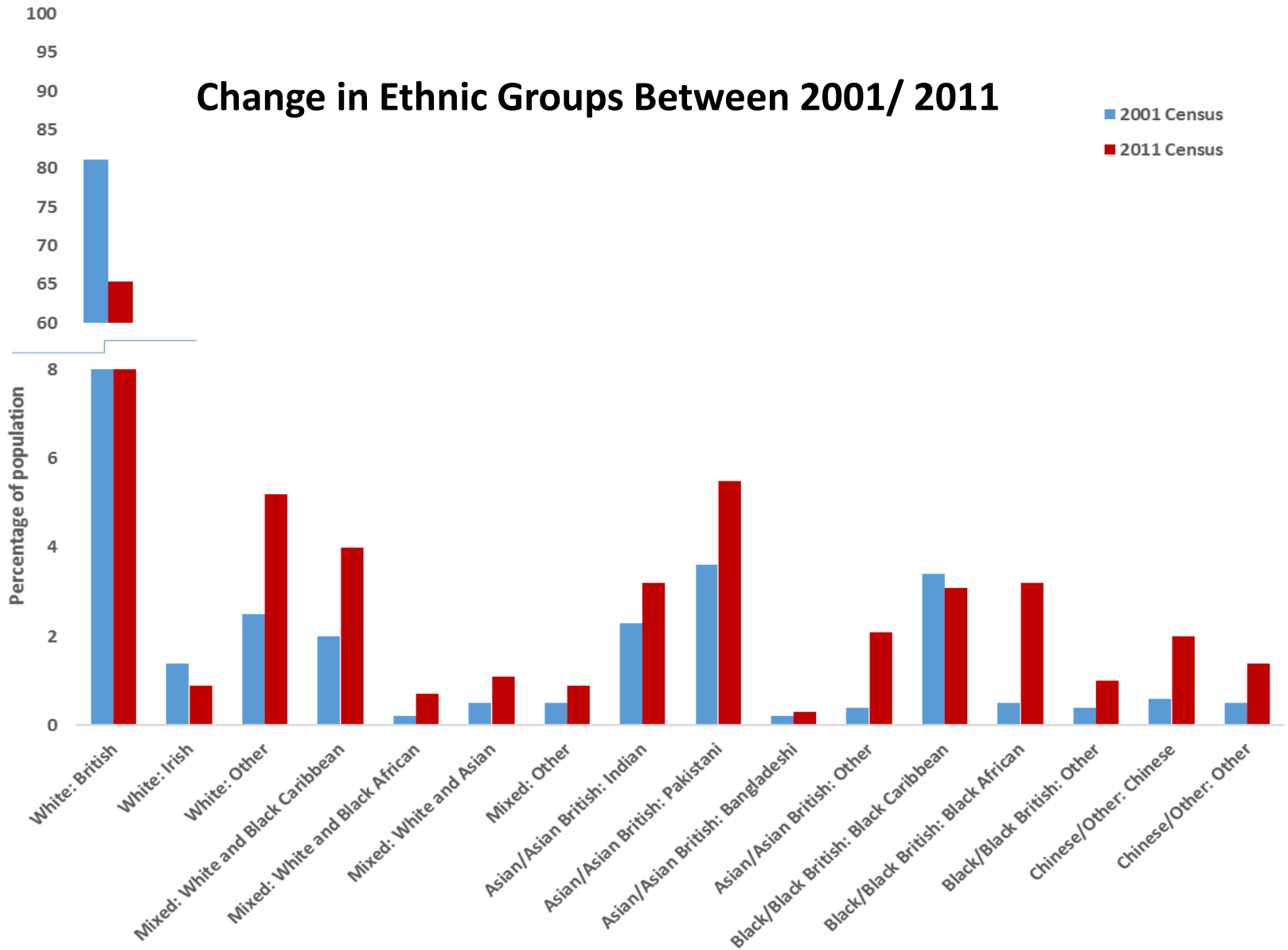
National and international evidence has shown inequalities in the health, and the healthcare experiences, of Black and Minority Ethnic (BME) groups.

Page 22

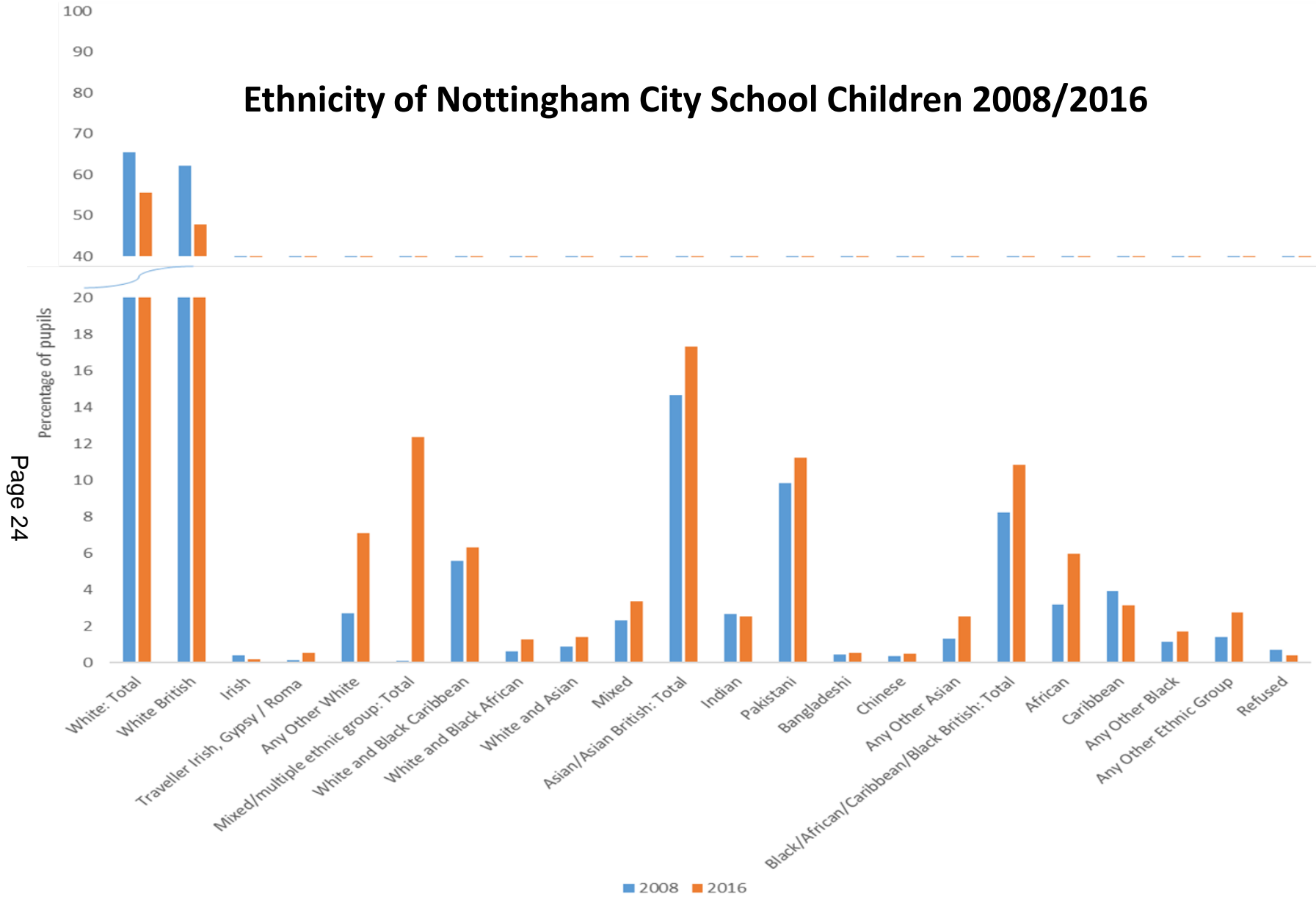
Nottingham City Council and Nottingham Clinical Commissioning Group requested a BME health needs assessment to gain a better understanding of the needs of Nottingham's BME population to inform strategy development and commissioning decisions.

# Change in Ethnic Groups Between 2001/ 2011

2001 Census  
2011 Census



# Ethnicity of Nottingham City School Children 2008/2016





# What did we do?

- **Convened a multi-agency steering group** to provide advice and support including commenting on survey design and developing a robust community engagement plan
- **Worked closely with partners** especially NCVS to facilitate engagement with local communities
- **Led extensive engagement with Nottingham's BME communities** through surveys and focus groups to explore in greater detail the experience and perceptions of health and healthcare within Nottingham's BME communities
- **Completed a comprehensive literature review** of BME health needs and service use
- **Analysed data** on local health needs and service usage where ethnicity data allowed

# Engagement:

- **741** citizens completed a survey; some of these citizens also attended a focus group
- **16** different community events across the city.
- **174** citizens participated in **18** focus group in **15** different locations led by **13** facilitators supported by volunteer interpreters.

# Key Health Issues

- Diabetes
- Mental health
- Cancer/prostate
- Cardiovascular disease
- Sexual health

# Key themes from engagement

**Mental health:** participants suggested that mental health problems were exacerbated by cultural bias, experience of discrimination and stigma and challenges in accessing appropriate services,

**Stigma and/or racism and discrimination:** participants suggested they, or other people in their community, had faced discrimination in employment, mental health services, crime and general health and wellbeing,

Participants commented on the effect of the **built environment** including planning of fast food outlets, obesity, accessing open spaces, housing and homelessness, fuel poverty, sense of belonging and affordability,

# Key Themes from engagement (continued)

**Life style risk factors** participants commented on traditional versus western diets, smoking, affordability, alcohol, exercise, the role of personal responsibility,

**Health seeking behavior** some participants suggested that they wanted to see a professional of the same ethnicity and gender, gender as a culturally determined predictor of health service use, fear and stigma from their own community, more choice around holistic treatment and care,

**Access to services** participants commented on GP appointment times and long waits, staff not understanding cultural needs, secondary services, mental health support, lack of access to interpreters

# Key findings

- **Recording of ethnicity is incomplete:** The lack of ethnic monitoring data by local services is especially limiting in attempting an assessment of the differences in health outcomes at a local level for different BME populations.
- The report conclusively demonstrates that **BME communities are not homogenous in their health needs**, different BME groups experience different health outcomes.
- **Access to services engagement** with citizens suggests that more needs to be done to ensure services are culturally competent and can meet the needs of diverse communities.

# Key Recommendations:

- **Access to services:** Commissioners should consider how they can be assured that health services are delivered in a person-centred and culturally sensitive manner.
- **Mental Health:** Local services could consider targeting work with BME communities to encourage access to mainstream mental health service
- **Data Collection:** Service providers need to work with staff to stress the importance of collecting ethnic monitoring data and put robust measures in place to support routine data collection such as removing the 'not known' category in ethnic monitoring.

# Key Recommendations (continued)

- **Discrimination:** Measures should be put in place to ensure organisations recruit, develop and retain a workforce that reflects the city and is able to deliver high quality services that are fair, accessible, reflective and responsive to the needs of different groups and communities.
- **Community engagement:** Services should improve their routine engagement with BME communities to provide more opportunities for citizens to inform the planning and commissioning of health services.
- **Partnership working:** Further work is needed to rebuild the community and voluntary sector and work with organisations, faith groups and community leaders to promote the health and well being of Nottingham's BME communities



# Next Steps:

- Health and Wellbeing Board to consider the recommendations and how the findings will influence future commissioning decisions

Page ● 33

Consider setting up a community of interest group to bring together key stakeholders with an interest in BME health

- Feedback findings to the community and key stakeholders

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## Health and Wellbeing Board Update – September 2017

### Joint Strategic Needs Assessment (JSNA) reports

Healthwatch has made two contributions to the review of the Nottingham JSNA

- (1) Patient Experiences of Health and Social Care Services: Physical Disability and Sensory Impairment March 2016,
- (2) Living with a neurological condition, research through May – October 2016 (published June 2017).

In the second study 96 experiences were gathered from people living with neurological conditions. These included dementia, epilepsy, multiple sclerosis, myasthenia gravis, motor neurone disease, Parkinson's disease and cerebral palsy.

In August Healthwatch met the Commissioning Manager for Community Services at Nottingham City CCG (whose remit encompasses neurological conditions) to discuss the Healthwatch neurological report. We received an update on some positive developments within neurological services and which relate to some of the key themes within the Healthwatch neurological report. Subsequent to this, Healthwatch has attended a JSNA meeting in September and to provide an update on this progress.

### Enter and View Programme

Every local Healthwatch has a statutory power to visit health and social care services to see how they are run. This power enables us to see how services are working, to collect the views of services users and carers, talk to staff and observe service delivery. This is not an "inspection" but rather an opportunity for lay people to meet with service users and patients, residents and their families.

The programme started in 2017 and to date we have undertaken enter and view visits to three Nottingham residential/nursing homes. Going forward, we plan to undertake at least one visit per quarter to a City home.

All reports are published on the Healthwatch website and shared with the service provider, the Care Quality Commission, City Council commissioning team, residents and staff. We also discuss the findings in any appropriate quality and scrutiny meetings, escalating any issues identified through the appropriate channel.

A copy of these reports can be downloaded from our website, visit [www.healthwatchnottingham.co.uk/reports](http://www.healthwatchnottingham.co.uk/reports)

### Talk To us Points

We have continued to hold our general Talk to Us points, where we garner the opinion of local people around health and social care. From April 2017 to August 2017 we delivered 26 sessions, speaking to 361 people.

The majority of these sessions were delivered through the Joint Service Centres in Bulwell, Clifton, Hyson Green and St Ann's. To these we are now able to add the new Dales Centre in Sneinton, which appears accommodating and used by the local community. We have also continued to deliver sessions in the Treatment Centre, with the agreement of Circle, which has a broad geographical footprint.

Additionally, Healthwatch Nottingham has taken part in a considerable number of events over the summer, allowing us to reach communities of interest. We attended the Sheriff's event for Older People; Nottingham Pride, taking part in the march; and the Hyson Green Cultural event, reaching a wider BAME community, including such emerging communities such as Mongolians.

We have taken on one new, and enthusiastic, volunteer to help with Talk to Us, as we find that having a mix of sexes helps us approach people.

## Question of the Month (QOTM)

We are now delivering our third question around the STP (ACS) which is asking local people think about technology enabled care.

Our first STP question asked people to tell us whether they had heard of the Sustainability and Transformation Plan (STP) and, where they had, how they thought the STP would impact on how they receive health and care in the future?

Our second STP question has proven to be our most successful QOTM (to-date) in terms of the number of responses. In part this has been because we have strongly promoted getting an answer to the QOTM at events, but also because the question – around where people look for help and advice on health and lifestyle matters – was one that anyone can answer and everyone will have an opinion on.

We have also taken the opportunity to get QOTM completion from other forums we regularly attend. For example the participants in both the Children and Young People's Provider Network, and the Vulnerable Adult Provider Network meeting (coordinated through the NCVS) were asked to complete questionnaires for us. When we attended a recruitment event for the School of Health Sciences, we took the opportunity to ask them to go online and complete QOTMs.

In total, we received 594 replies, a 100% response rate for this second STP QOTM. The first question asks respondents whether health advice and information influences lifestyle choices they make. This was answered in the affirmative by 87% of respondents. A further questions was asked what are the sources of influence most likely to effect change, the dominant choice was health professionals (77.3% of respondents), followed by friends and relative (57.8%), and Television (38.2%). Interestingly websites and social media are both down on around 25%.

Full data collation for this second QOTM is still taking place.

## Personnel Changes

Since the last meeting of this Board, Healthwatch Nottingham has appointed Tracy Lack as its new Interim Chief Executive Officer. Richard Mayer Engagement Project Officer is covering some of engagement work previously carried out by Tracy. In addition Hester Kapur has been appointed into the vacant Evidence and Insight Manager post which is shared with Healthwatch Nottinghamshire.

## Merger of Healthwatch Nottingham and Healthwatch Nottinghamshire

Nottingham City Council and Nottinghamshire County Council have agreed that, for reasons of economy, efficiency and effectiveness, and to better reflect the emerging changes to the delivery of health services across the City and County, the two Healthwatch should merge by April 2018. Staff also believe that this will enable the new Healthwatch organisation to have a greater impact to the benefit of all the citizens whom we serve.

Both Healthwatch organisations have recently moved into joint premises at the Arnold Business Centre, Brookfield road, Arnold, Nottingham. This new office is ideally placed in between the City and County conurbations for Healthwatch outreach work with excellent transport routes for both staff and volunteers.

Both Boards have now met on a number of occasions and though there are some key difficulties we all envisage a successful merger. The City Healthwatch has agreed, in principle three years forward funding whilst the County funding is only annual. This poses real challenges for a joint Board as it makes contracts for office and staffing more difficult and expensive. The joint Board meeting has also agreed to advertise the position of Chair of the new organisation and we will seek to do this in partnership with the local authorities at the end of this year.

**Martin Gawith**  
Chair  
Healthwatch Nottingham

**Tracy Lack**  
Interim Chief Executive  
Healthwatch Nottingham