

<b>Report to :</b>	<b>HEALTH AND WELLBEING BOARD</b>
<b>Date :</b>	12 November 2015
<b>Reporting Officer:</b>	Councillor Lynn Travis – Executive Member (Health and Neighbourhoods) Ben Gilchrist – Chief Executive, Healthwatch Tameside
<b>Subject :</b>	<b>HEALTHWATCH ANNUAL INTELLIGENCE REPORT</b>
<b>Report Summary :</b>	<p>This is a summary of the aggregated data from 770 patient stories and survey responses received by Healthwatch Tameside during 2014. The purpose of this is to enable themes and patterns to be identified that are not always immediately obvious when ready a single storing in isolation. The report pulls together data from:</p> <ul style="list-style-type: none"> <li>• Patient opinion;</li> <li>• Healthwatch surveys;</li> <li>• Patient stories we have been told but asked not to share on an individual basis;</li> <li>• Informal comments collected by our Healthwatch Champions;</li> <li>• Themes from NHS complaints where we have provided help for people to use the formal complaints system.</li> </ul>
<b>Recommendations :</b>	<p>The Health and Wellbeing Board is asked to:</p> <ol style="list-style-type: none"> <li>1. Recognise the report as part of the evidence base for the Joint Strategic Needs Assessment with a new version being sent to the Board annually;</li> <li>2. Note and share the three main themes emerging from patients' comments especially where it may provide useful context and insight for future planning and commissioning decisions: <ul style="list-style-type: none"> <li>• Appointments (GP and hospital);</li> <li>• Communication (explanations, information, listening, advice and correspondence);</li> <li>• Staff.</li> </ul> </li> <li>3. Support Healthwatch Tameside's intervention to work with commissioners and providers to identify and implement improvements in patient experience when the more detailed output from the follow-up data collection exercise around appointments, communication and staff is complete.</li> </ol>
<b>Links to the Health and Wellbeing Strategy :</b>	The Health and Wellbeing Strategy commits to working together to provide effective community engagement opportunities that help services better respond to need linked particularly to the delivery of the nine underpinning programmes. This report delivers on and further enables this commitment.

**Policy Implications :**

One of the main functions of the Health and Wellbeing Board is to promote active engagement with and listening to our communities as a key part of delivering large scale change for sustainable health improvement and achieving lasting reductions in health inequalities. This is linked to the rights to involvement in healthcare under the NHS Constitution. The findings in this report provide useful context and insight for future planning and commissioning decisions and alongside detailed output from the current follow-up data collection exercise should support work with commissioners and providers to identify and implement improvements in patient experience.

**Financial Implications:**  
**(Authorised by the Section 151 Officer)**

There are no direct financial implications relating to this report.

**Legal Implications:**  
**(Authorised by the Borough Solicitor)**

Under the Health and Social Care Act 2012, Tameside MBC has a statutory duty to commission Healthwatch Tameside. Healthwatch works across a broad spectrum that ranges from local organisations and specialist partners to national bodies and government ministries and its aim is to work towards a society in which people's health and social care needs are heard, understood and met. Achieving this vision will mean that:

People shape health and social care delivery;

People influence the services they receive personally;

People hold services to account.

Healthwatch use evidence based on real experiences to highlight national issues and trends and raise these at the highest levels.

**Risk Management :**

Failure for this report, and the detailed follow up work, to form part of the evidence base for the Joint Strategic Needs Assessment would weaken insight for future planning and commissioning decisions. Lack of commissioner and provider engagement with Healthwatch based on these report findings would hamper the identification and implementation of improvements in patient experience. This would weaken the Board's active engagement with and listening to our communities and the fulfilling of people's rights to involvement in healthcare. Healthwatch are active in updating partners around progress in use of local evidence and engagement and service improvement activity.

**Access to Information :**

The background papers relating to this report can be inspected by contacting Ben Gilchrist, Tameside Healthwatch by;



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