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**Healthwatch Barnsley**  
Annual Report 2013/14



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- Via Facebook, Twitter and LinkedIn.

**This document is also available in large print.**

Please contact us on 01226 320106 or email [healthwatch@vabarnsley.org.uk](mailto:healthwatch@vabarnsley.org.uk) if you have any queries about this publication.

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# Welcome to the first annual report from Healthwatch Barnsley



**Adrian England,**  
Chair of Healthwatch  
Barnsley

**Healthwatch  
Barnsley both  
challenges and  
supports those who  
commission and  
provide health and  
social care services  
to get the best for  
the people of  
Barnsley.**

We approach this task with a belief in equality, diversity and inclusivity (open to all). We are transparent in everything we do and we seek to be responsive, reliable, trustworthy and easy to contact. Our intention is to be an effective organisation representing the voices of everyone accessing services throughout the borough.

During the year we have established the Shadow Board, Steering Group and have recruited many Healthwatch Champions. We would like to take this opportunity to sincerely thank all the volunteers who give up their time to be involved with the organisation.

By continuing to develop our governance as a Shadow Board, we will guarantee that we have a responsive and proactive approach in our role as the independent consumer champion for health and social care services.

The members of the Shadow Board have one thing in common; we are all passionate about improving outcomes in health and social care. Together, we have experience and knowledge of services, both from a service user and service provider perspective. This gives us an insight into some of the many issues impacting on local people.

As a Shadow Board, we have worked closely with the Healthwatch staff team and thank them for their hard work and commitment to make things happen. Their input has been instrumental in getting Healthwatch Barnsley off to a good start and ensuring its sustainability.

This Annual Report includes an outline of the work that has been carried out by Healthwatch Barnsley over the last 12 months. As a Shadow Board we will continue to develop our programme of work, looking at short, medium and long term goals, ensuring



we are responsive to the needs of Barnsley people.

We want people to tell us their experience as users of health and social care services. We would like to know what has worked well and what needs to be improved, so if you would like to get in touch to have your say, please contact us on the number provided at the end of this report.

## Signposting and Information Service

In addition to our role of gathering the views of service users and carers, Healthwatch Barnsley also provides a signposting and information service. This is for people who want to comment or complain about services.

In the last 12 months, Healthwatch Barnsley have referred 47 people to a range of health and social care services locally. Our aim is to signpost correctly first time and follow-up all signposting and information requests 14 days after the initial enquiry. This is to ensure people are happy with the information that was provided and to identify where there may be gaps in service provision.

Healthwatch Barnsley is led and driven by the needs of everyone in the community and has access to a range of skills and competencies, through its membership, stakeholders, volunteers and staff team. This provides a really useful mix of skills, which will lead this service from strength to strength, earning the trust of people and influencing positive change.

## Values

Healthwatch Barnsley will work in a way that is:

- Accountable, openly reporting activities and impact;
- Honest in what it offers and how it (and the people who lead it) behave;
- Free at the point of contact;
- Well known and well publicised;
- Respectful to everyone;

- Approachable, easy to contact and always ready to listen;
- Safe, maintaining a comfortable environment and managing all risks, such as those around safeguarding;
- Representative of all areas, all ages and all communities.

In addition to this, we will provide a service in a way that is equal and available to everybody, including those who are seldom heard. Healthwatch Barnsley believes everyone has a right to high quality health and social care services throughout their lives, whatever their circumstances.

## Vision

We aim to listen to the views expressed by the people living in Barnsley and to work with service providers to ensure that these views influence and shape the provision of high quality, responsive health and social care services which meet the need of all the population.

## Mission

Healthwatch Barnsley will work with people, communities and organisations to influence the provision, planning, commissioning and delivery of the health and social care services that we all depend on. We will work to ensure that everyone has confidence in our work and that through us, positive changes are achieved.

## How Healthwatch Barnsley started out

Healthwatch Barnsley is hosted and supported by Voluntary Action Barnsley (VAB) and was officially launched on 2 April 2013, after a period of consultation with Barnsley people, led by Barnsley Metropolitan Borough Council (BMBC).

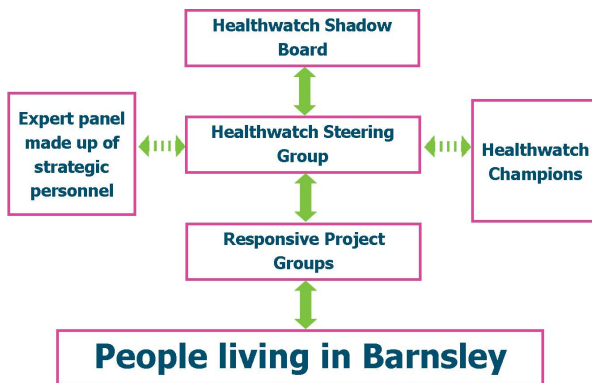
The outcome of BMBC's consultation work led to 65 Barnsley people expressing an interest in becoming actively involved in the work of Healthwatch Barnsley. VAB held four events between April and June 2013, to decide with

public involvement, what Healthwatch Barnsley would look like.

## Healthwatch Barnsley Governance Structure

Healthwatch Barnsley has:

- Five Shadow Board Members, whose role it is to oversee the direction of the organisation and to ensure we are meeting our core priorities.
- Six Steering Group members who prioritise work identified through activities held in the community. They also share information from the range of meetings and events they attend with commissioners and providers.
- Twenty Champions (this includes adults, children and young people) who support the staff team with outreach and engagement activities across Barnsley. They can also undergo further training to become an Enter and View Representative.



## Enter and View

Similar to the Local Involvement Network (LINK), Healthwatch Barnsley will carry out Enter and View visits, as there will be times when it is appropriate for us to see and hear for ourselves how services are provided and to collect the views of people who use the services.

The Government made provisions for Enter and View, allowing authorised representatives to enter premises and to look into the quality of services.

### How does Enter and View Work in Barnsley?

To date, seven adult Champions have put themselves forward to become Enter and View

Representatives. These representatives, with support from the Healthwatch staff team, will plan and arrange visits to services highlighted by the Steering Group.

Their role will be to talk to staff, patients, family members and carers about their experiences and make recommendations based on what they are told, to improve standards and quality.

So far, Healthwatch Barnsley has not carried out Enter and View visits, although we have been approached by a number of organisations for support in this area, including Barnsley Hospital NHS Foundation Trust, who each year carry out Patient Led Assessments of the Care Environment (PLACE).

The purpose of the PLACE assessments is to assess hospitals across a range of environmental aspects against common guidelines. PLACE is an annual snapshot that gives hospitals a clear picture of how their environment is seen by those using it, and how they can improve it.

This year seven of our Healthwatch members who had expressed an interest in becoming an Enter and View representative, became involved in the work and were able to learn more about Barnsley Hospital, how to conduct Enter and View visits and what to look out for.

If you are an organisation and are interested in Enter and View, please contact Healthwatch Barnsley on the number provided at the end of this report.

## Making Decisions

Healthwatch Barnsley's work plan is responsive to trends identified in the data it receives from its work with Barnsley people.

Our Expert Panel (shown on the diagram to the left) are a virtual group made up of staff with an overview and insight into quality, performance and patient and public experience from provider and commissioning organisations. We inform the panel where trends are identified and we meet with members of the panel on a quarterly basis and share the views of the public and patients. We also ask for additional information and get feedback from relevant staff within an



organisation on any issue that has been raised.

We can also find out about the work that commissioners and providers are doing to make changes and ensure that the community is involved. When work is not already underway, Healthwatch Barnsley is able to support and challenge to encourage change.

## Escalating Your Concerns

Individuals contact Healthwatch Barnsley for a number of reasons. Some just want to share their experiences and hope that lessons can be learned from them, whilst others wish to formally complain. For any concern raised through Healthwatch Barnsley, the staff team are trained in identifying possible safeguarding concerns, and processes for escalation.

If a safeguarding concern is identified Healthwatch Barnsley is able to quickly ensure that concerns are brought to the attention of service providers, commissioners, regulators and safeguarding teams. Healthwatch Barnsley is also able to raise concerns directly with Healthwatch England.

To date, Healthwatch Barnsley has not had to report any safeguarding concerns or refer individual cases to the Care Quality Commission.

## Healthwatch England

Healthwatch England is a national organisation which is able to look at the work of all Healthwatch organisations in the country. It gathers evidence from local Healthwatch organisations (like Healthwatch Barnsley) to get a national picture of which services are working effectively and which need improving, regardless of where in England the service is, who is paying for it and what part of the health and social care system is involved.

Healthwatch England has strong statutory powers not only to report on the key issues that affect people who use services, but to expect that those in control respond. Service providers have to publicly tell Healthwatch England what they are going to do to respond to their advice.

Healthwatch Barnsley regularly attends events held by Healthwatch England and through the systems we use, we are able to share data directly with them, including our formal reports, such as our findings after the BSL Healthy Day and access to health care services for the Deaf community.

## VoiceAbility - NHS and Social Care Complaints Advocacy

Healthwatch Barnsley works closely with VoiceAbility who run the NHS and Social Care Complaints Advocacy Service in Barnsley.

They are contactable in a number of ways, including through Healthwatch Barnsley's Signposting and Information Service.

If you decide that you need support to make a complaint, VoiceAbility advocates can work with you to ensure you understand your options and to help you try to achieve the outcome you want.

To date Healthwatch Barnsley has signposted 26 complaints to VoiceAbility.

If you would like an advocate to work with you, please contact Healthwatch Barnsley on the number provided at the end of this report.

## Barnsley's Health and Wellbeing Board

Adrian England, the Chair of Healthwatch Barnsley, holds a seat on the Health and Wellbeing Board and regularly reports into this meeting, sharing areas of work and information about what matters to local people and how we are working in partnership.

Healthwatch Barnsley is seen by some voluntary and community sector organisations as way of talking to the Health and Wellbeing Board, which ensures that the views of patients, service users and the public are considered in the process of deciding what services are needed locally.

The principles of the Health and Wellbeing Board are:

- Shared strategic leadership and ownership

within a local area for the identification of health and wellbeing issues for the population;

- Transparency and openness in how it works;
- Engaging with patient, user and public representation on an equal footing.

The Health and Wellbeing Board meetings are held in public and observers are welcome.

## Reports and Recommendations

A report by Healthwatch Barnsley outlines the views of the public on a particular issue or concern and is supported by data, statistics and research. This information then enables Healthwatch Barnsley to highlight issues and recommendations for service providers and commissioners to consider before responding with an action plan.

Any report produced by Healthwatch Barnsley is sent with a request for a response within 20 working days.

Up to 31 March 2014, we have produced reports on the following:

- Memory Assessment Services;
- BSL Deaf Engagement Event - Access to Health and Wellbeing Services.

We have also shared data on the following issues:

- Barnsley Hospital NHS Foundation Trust Butterfly Scheme;
- Self-Medication for patients with Parkinson's Disease when accessing unplanned Emergency Care;
- GPs Recognition of Carers.

To date service providers and commissioners have responded to all requests for information, within 20 working days.

## Outreach, engagement and promotion

Staff and volunteers have attended over **100** outreach and engagement events over the past 12 months to raise our profile and to gather views from people on the services they access. These activities have also been a great

opportunity to recruit people to volunteer or become members.

During this time, 85 individuals expressed an interest in volunteering and membership now stands at 1250.

The benefits of becoming a member of Healthwatch Barnsley are:

- Regular bulletins on Healthwatch activity;
- Information on what is happening with services locally;
- Notifications of relevant training opportunities;
- Opportunities to become involved in consultation and engagement activities;
- Invitations to Healthwatch events including the Annual General Meeting (AGM).

We also have a young person's bulletin which is co-designed by our Junior Healthwatch Champions.

Individuals do not have to be members of Healthwatch Barnsley to share their comments and views, but it is an excellent way for people to see what we are doing with their comments, especially if they have chosen to remain anonymous.

## Working with Children and Young People

Healthwatch Barnsley has been working closely with the Youth Participation Team and Barnsley Youth Service on some of their work with young people.

Over the past 12 months, we have engaged with over 800 children and young people, and signed up 230 young people as Healthwatch members, who receive the same benefits as adult members and opportunities to become actively involved in the work of Healthwatch.

Our links with Barnsley College have been successful. We run a session in the college atrium each month to get comments from the students regarding their experiences of services and to raise awareness of our work.

We have also worked with many organisations including:

- Barnsley Youth Service (youth clubs);





“I believe it is important for young people to have their voices heard. Now I am part of Healthwatch I can make sure these views are listened to, and we can make a difference.”

**Grace, 13**  
Healthwatch Young Champion

- Healthy Settings Team;
  - Extended Services and Support;
  - Family Services;
  - Community Groups;
  - Barnardo’s (young carers);
  - LGBT (Lesbian, Gay, Bisexual, Transgender) group;
  - Safe@Last (a voluntary organisation that supports young runaways and young people at risk of running away from home);
  - Schools;
  - Local Police Community Support Officers;
  - 2 schools for children and young people with specific educational needs;
  - Children’s Ward at Barnsley Hospital NHS Foundation Trust;
  - 22 Children Centres;
- As well as many others.

engage with them to ensure their opinions are gathered. This includes the design of a Speed Cafe which will be planned and run by Junior Healthwatch Champions with support from our Children and Young People Engagement Worker. This will offer young people the opportunity to attend fun, interactive sessions held with service commissioners and providers who want to learn from their experiences. This will enable young people to talk about health and social care that matters to them.

To date 39 young people have expressed an interest in becoming involved in this work. The Healthwatch team are working to ensure opportunities are available for young people to get involved in sharing their views on issues that matter most to them.

It is important that Healthwatch Barnsley continuously reviews how it works with children and young people. Over the past couple of months we have been looking at new ways to



# Our impact and case studies



## Our work with Children and Young People

### Case Study 1 - Children Adolescent Mental Health Services (CAMHS)

Between April 2013 and August 2013, Healthwatch Barnsley collected comments from engagement and outreach work with Barnsley's young people and their parents/carers on their experiences of accessing Children and Adolescent Mental Health Services (CAMHS) locally. Their comments included:

“Long time to wait, took 2 years to see a counsellor”

“I could not get in touch with the team when I was in crisis with my daughter”

“I was referred into the CAMH Service and have never heard anything”.

Supported by individual case studies, Healthwatch Barnsley fed these comments and others to service commissioners and service providers, who were reviewing the service to make improvements.

Service providers then had 20 days in which to respond to these comments and case studies and the following responses were received:

**South West Yorkshire Partnership Foundation Trust** (To read this response in full, please see appendix 1). The key points from this response were:

“The service has a number of initiatives currently underway to support a positive service user experience and to ensure that capacity is used to best effect to meet demand. Examples include:

- A young people's group meets weekly to offer feedback into the service to support on-going improvement;
- Parent therapeutic groups offer training packages to help parents better understand and manage behaviour;
- The service is working to reduce the time from assessment to treatment and to support discharge from the service as soon as this is appropriate;
- The service has recently enhanced the Autism pathway;
- The service is working with commissioners to ensure a joint approach with community paediatrics to support families.

It is anticipated this enhanced service will be in place by the autumn”.

**BMBC and CCG Expert Commissioning Group** (To read this response in full, please see appendix 1). The key points from this response were:

“We have agreed with the provider of CAMH Services, South West Yorkshire Partnership NHS Foundation Trust (SWYPFT), an action plan to reduce waiting times for non-urgent cases to a maximum of five weeks. This will take time to achieve but we are also working with SWYPFT to identify what help we can provide to ensure waiting times are reduced.

We have devised a new system for children and young people requiring assessment for Autistic Spectrum Disorder (ASD) in future which should mean that the demand on CAMHS is reduced.

CAMHS have improved the quality and kind of information they give to referrers when they are not the appropriate service which should ensure GPs and others know what to do when a referral has been rejected.

Finally, building on some of your comments and feedback from the Barnsley Youth Council, the Chief Nurse for NHS Barnsley is leading a piece of work to establish what is needed to ensure children, young people and families can be effectively supported to meet their emotional health and wellbeing needs by:

1. Improving the ability of staff in the universal workforce (children’s centres, schools etc.) to help children and young people with brief interventions to prevent the need for CAMHS;
2. Improving the way we support parents and carers to understand and help their children to be happy and confident and enjoy positive relationships;

3. Establishing a lower level service offer for children and young people who would benefit from access to ‘talking therapies’ such as counselling”.

Healthwatch Barnsley in response to this information has requested additional performance data. This will enable us to benchmark improvements and ensure the forthcoming changes that have been described are benefiting those who use them.





## Our work with BSL service users and the DEAForum

### Case Study 2 - British Sign Language (BSL) Healthy Day, collating the views of the BSL community on the services they access locally

Healthwatch Barnsley hosted the BSL Users Healthy Day in partnership with the DEAForum, Leeds Involving People and BMBC. The aim of this event was to create an opportunity to work together to improve experiences and outcomes for Deaf service users. This included their families, carers, children and aimed to encourage and support good practice. The event also provided an opportunity to promote the DEAForum and the Deaf Club, encouraging participation and volunteering. It also provided Barnsley's Deaf people with the opportunity to find out about and share their experiences of the services they access, based on the following key themes:

- GP Access;
- Hospitals;
- Mental Health;
- Health, wellbeing and lifestyle.

Feedback from the event showed that significant changes need to be made to improve access to services and discussions highlighted common themes across the four workshops, including:

- Availability and access to BSL interpreters;
- The need of Deaf awareness training for staff members;
- Communication between services;
- Coordination of services;

- Consistency and relevance of communication methods.

This information has now been reported on and 15 recommendations have been made to service providers and commissioners. This is to encourage change, with a response expected at the time of going to print.

Once responses are received and analysed, Healthwatch Barnsley are planning to feedback to attendees from the day, before writing a final report, which may include additional recommendations for the Health and Wellbeing Board.

#### Impact to date

We have already seen growth in the number of BSL users becoming members of Healthwatch Barnsley which means we can contact them and update them with any progress via our newsletter.

Change4Life have added one-to-one sessions with BSL interpreters on Wednesdays for the Deaf community. These sessions are bookable through our Signposting and Information Service.

A member of the Deaf community has joined the patient council and GPs, SWYFT, Barnsley CCG and the Barnsley Hospital Foundation Trust have all committed to improving services for BSL users living in Barnsley.

Healthwatch will be producing a report on this work in summer 2014.

“During Dementia Awareness Week, Healthwatch organised the Planning for the Future event with BIADS and the Alzheimer’s Society. This brought together many interested parties and was a great success. It also gave our members access to subjects such as will writing and power of attorney”.

## Our work with Carers

### Case Study 3 - GP’s Recognising Carers

In 2011, it was estimated that 27,167 people, which equates to 11.7% of the Barnsley population, are providing unpaid care to family members, friends or neighbours with a long-term illness, physical disability, mental ill health or problems related to old age.

Healthwatch Barnsley collated a number of comments from carers between March 2013 and March 2014, relating to experiences of carers accessing GP services. These comments highlighted that there may be a gap in systems used by GPs to identify carers. Comments included:

“My GP does not know that I am a carer”

“GPs and carers need to have a discussion to look at ways forward”

“I was advised to tell my GP that I am a carer, but did not have the benefits explained”

Healthwatch shared these comments via its Expert Panel arrangement, where an opportunity to work in partnership arose with GPs who wanted to hear the views of carers. BMBC had also collated comments relating to similar concerns, via engagement work being carried out to inform priorities for the Carers Strategy for 2013 to 2014. Comments included:

“Educate GPs to identify carers”

“GPs, nurses [and] health advisors [could ask]

relevant questions about mental health and [if] are you a carer”

The importance of this work was further highlighted by a national report by the Royal College of General Practitioners (RCGP) which estimated 1 in every 20 patients registered with a GP practice is providing unpaid care and about 40% of carers are thought to be at risk of depression or stress because of their caring role.

As a result of the intelligence gathered a piece of work began to:

1. Increase awareness amongst carers of the importance of registering with your GP as a carer;
2. Look at GP data systems in use to highlight carers attending appointments across the borough;
3. Look at how carers register their caring role with their GP and how the benefits of this registration are explained;
4. Look at what other sources of carer specific information is available through GP practices and can be accessed remotely.

Whilst carrying out this piece of work and reporting back on it, it was felt there was a gap in the data Healthwatch Barnsley had, with regards to young carers. As a result, this piece of work is due to be finished in July 2014 after Healthwatch has carried out additional work with children and young people. This report will then be shared in order to outline findings and recommendations.



## Our work with Carers and Service Users of Memory Assessment Services

### Case Study 4 - Memory Assessment Review

Healthwatch Barnsley received a number of comments from the community relating to the experiences of patients with dementia accessing healthcare and memory services. Each was unique in circumstance and therefore specific trends could not be identified. However the comments that had been received highlighted individual concerns around communication, patient and carer involvement in decisions and issues with medication.

Healthwatch and the Older People Services Commissioner met in November 2013 to explore the best approach to effect change. It was agreed that discussion and action was timely, as the Memory Assessment Service was under review and therefore this presented opportunity for individuals to inform the process in a more robust way.

Members of the Healthwatch Barnsley Steering Group had significant experience of services and highlighted a need to improve them. As such, members welcomed the action agreed in November between Healthwatch Barnsley and the Older People Services Commissioner.

In February 2014, Healthwatch Barnsley held an event in partnership with BMBC, CCG, BIADS and the Alzheimer's Society. The purpose of this event was to highlight the experience of individuals accessing Memory Assessment Services and to inform the current service review. 25 people attended this event and were able to share their views on the services

being accessed through interactive workshops based on the following key themes:

1. Views and experiences of seeking a diagnosis;
2. Initial diagnosis by GPs and if it is timely? How early can it be made? What needs to occur or happen through GPs?;
3. The types of community support that are available or that need to be available.

As a result of these workshops, 111 comments were captured resulting in 9 recommendations being made by Healthwatch Barnsley to BMBC and CCG service commissioners. These were as follows:

1. Carers need a diagnosis sooner to access the support they need;
2. Support should be person-centred and closer to home;
3. Information on accessing carer support is needed in a timely, meaningful and consistent manner;
4. There is a need for more awareness raising around dementia and support networks;
5. Training is needed for both health professionals and carers on supporting and understanding patients with the condition;
6. There should be more joined up working across the system to ensure the patient journey is person-centred, making it more efficient and effective for individuals;

“This year we worked closely with the Healthwatch team on the Memory Service Review which is probably the most important issue on the future of Barnsley’s dementia care and many of our members were able to give feedback on the service at a well organised Healthwatch event. The Healthwatch team are a very enthusiastic and dedicated team and we hope to work with them in the future to make sure that the voices of our members are heard and they are empowered to influence change for the future. Thank you for all your hard work”.

**Pam Evans**

Barnsley Independent Alzheimer’s and Dementia Support (BIADS)

7. The Memory Team could have more of a role in signposting clients;

8. Knowing what you are entitled to needs to be clearer, e.g. Self-Directed Support, Carers Assessments;

9. Continuity of care across the health and social care system needs improving.

#### Response to Recommendations

As a result of the event and other work carried out by BMBC, two functions were clearly identified as critical for patients and carers outcomes and experiences; these included:

- Assessment and Diagnosis: This focuses on providing assessment and diagnosis of a dementia or memory issue;
- Dementia Advisor support function. This focuses on supporting the carer and the patient with all types of health and wellbeing support throughout their care journey.

This is an on-going partnership piece of work and we would welcome your involvement. If you, or a member of your family access

Memory Assessment Services, please contact Healthwatch Barnsley on the number provided at the end of this report to share your experiences.



Many of us don't know where to go if we have a problem or concern to raise





## Reaching Barnsley People

Over the last year, we have communicated with people in a number of ways.

Social Media - Our Facebook and Twitter posts keep our members updated with information from our work and the work of our partners; it is also a useful platform to ask members for their opinions.

Our Twitter account (@HWatchBarnsley) gained 628 new followers, which includes individuals and organisations from across the country.

We had questions and comments posted on the site such as:

- “Hi @HWatchBarnsley thanks for retweets today - great to reach lots more Barnsley borough people”
- “Good meeting @HWatchBarnsley hope they make a difference to #youngrunaways and challenges they have with social care”
- “@HWatchBarnsley is the place to have your say on health & social care services in Barnsley. #healthwatch #health”
- “I want access to medical records...at all times...what do I need to do?”
- “Great day @HWatchBarnsley, Barnsley DEAForum & @InvolvingYou”.

Our Facebook page ([www.facebook.com/HealthwatchBarnsley](http://www.facebook.com/HealthwatchBarnsley)) has gained 156 ‘likes’ over the past year. Using Facebook, we have been able to gather information and feedback, as well as answering specific questions:

- “We attended the workshop at The Core on Wed 19 February. This was very illuminating.

A large cross section of experiences and topics. Excellent”

- “Are you recommending the residents of Barnsley and District to OPT in or OUT of information sharing via the G.P. facilities with NHS England??”
- “Let us know what you think priorities for health should be in #Barnsleyisbrill - Healthwatch Barnsley & CCG event on 10 February”

Members of Healthwatch Barnsley receive a quarterly bulletin which includes information about that we are doing with your views, what services are planning to do and information on events. We also produce a bulletin which is designed by children and young people. Currently our bulletins have an above average readership.

Over the past 12 months, our fully accessible, interactive website has received 2821 unique visitors, with over a third of those visitors returning to the site several times.

Interestingly, nearly 18% of visitors to the website are doing so on their mobile phone or tablet device, which shows a real shift in the way people are accessing data. This in turn means that the information we put on the site needs to be accessible.

### Equality and Diversity Information

Healthwatch Barnsley stores equality and diversity information separately from personal details. We collate equality and diversity information to ensure we are reaching all sections of the community and to highlight any gaps to be addressed in future work.



Due to equality data being stored separately for LINK, we are unable to accurately quantify equality statistics before the inception of Healthwatch Barnsley in April 2013. However based on our new membership figures achieved since 1 April 2013 of 724 members, we are able to demonstrate our reach, in terms of equality and diversity.

Healthwatch Barnsley aims to engage with all sections of the community through our outreach and engagement activity and has worked with 2.95% of the Black, Minority and Ethnic (BME) population, which is in line with the Joint Strategic Needs Assessment (JSNA) 2013. We are also keen to work with more of the male population of Barnsley, to hear the views and concerns.

Healthwatch Barnsley has been successful in engaging with a wide range of age groups in our work. However it is clear from our data that we need more of a focus on older people over the next 12 months.

Over the next 12 months we will also focus on some of the areas which have been identified by the public as well as ensuring engagement with the following groups:

- Lesbian, Gay, Bisexual and Transgender (LGBT)
- Homeless
- Mental Health
- Drugs and Alcohol

Please see appendix 2 for information on the equality and diversity of the people we have engaged with so far.



## Working in partnership

Healthwatch Barnsley is proud of its local partnership working arrangements. By working together and sharing patient and public experience with commissioners and providers we are able to identify areas of concern. We can also identify areas where things are working well and work together for the long term benefit of people living in Barnsley.

In the past year we have had the pleasure of working closely, and sharing intelligence with:

- Barnsley CCG
- BMBC
- Public Health
- South West Yorkshire Partnership Foundation Trust
- Barnsley Hospital NHS Foundation Trust
- Local Pharmacy Council
- Local Dental Committee

Over the next 12 months Healthwatch Barnsley needs to strengthen links with Yorkshire Ambulance Service. We also need to work more closely with local opticians to ensure that their service is meeting the needs of Barnsley residents.

## Working with the voluntary and community sector

The very nature of our work means that we collect views from the community which can be supported by the strength in numbers of the voluntary and community sector. During this past year Healthwatch Barnsley has worked closely with a number of voluntary and community sector organisations including:

- Parkinson's District and Branch
- Barnsley Independent Alzheimer's and Dementia Support Service (BIADS)
- Alzheimer's Society
- DEAForum
- Leeds Involving People
- Mencap
- Swanswell
- Barnardos
- Citizens Advice
- + Me
- Barnsley Churches Drop-in Project
- Think On!
- Carers and Friends Group
- Age UK
- Big Local Thurnscoe

- Goldthorpe Development Group
- 360 Engagement.

Healthwatch Barnsley also had a great opportunity to engage with local Equality Forums by attending events and giving information about our service. This has raised our profile with:

- Barnsley Together Race Equality Forum
- LGBT Community Forum
- My Barnsley Too.

We also look forward to working with the Faith Forum in 2014.

## Ensuring future sustainability

Due to the increased demand on resource and significant reductions that need to be made to Health and Social Care budgets, it is important for the future of Healthwatch Barnsley that we ensure our sustainability, and continue to provide an independent voice for people living in Barnsley.

We have been working hard to develop our service so that it is able to effectively price and provide bespoke support to organisations wanting to engage with the local population.

This year Healthwatch Barnsley has supported organisations to engage with the public in the following areas:

- CCG Collaborative Engagement Event
- CCG Commissioning Priorities 2014/16
- BMBC Advanced Directives
- Launch of Dementia Awareness Week
- Mental Capacity Act and Deprivation of Liberties Safeguarding Training

This has meant that in the first year, besides the work we do on a daily basis we have also engaged with over 200 people, enabling them to receive beneficial information. We have also incorporated their views to directly inform commissioning decisions.

# Finances

Our finances are managed by the host organisation VAB. Any underspend is expected to be reconciled in the year 2014/15 to compensate for reductions in grant funding.

Financial period 1 April 2013 to 31 March 2014.  
£214219.25 was allocated to VAB by BMBC for Healthwatch activities in 2013/14.

£

## Income

Amount of funding received by the host from the local authority by grant	212684
Other income for outreach and engagement activity	2885.25

## Expenditure

Staff salaries and on cost	117510.02
Training	243
Management charges	42837.84
VAB overhead recovery	16900
Recruitment	1446.48
Travel and subsistence	3287.17
Mobile phone contracts	890.46
Events and publicity	18058.83
Volunteer training and expenses	3702.51
Other delivery costs	9160.23
<b>Total underspend</b>	<b>1532.71</b>



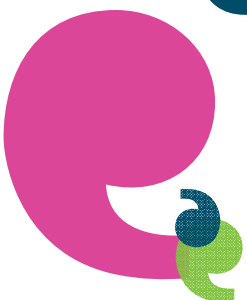
## What people and organisations had to say about Healthwatch Barnsley

“We are really pleased to have built strong links with Healthwatch Barnsley over the past 12 months and believe they have played a vital role in raising awareness of the service we provide. Through working together, we are ensuring that the people of Barnsley have a stronger voice and are more involved in giving feedback on Health and Social Care Services. I look forward to continuing to build our relationship to help the people of Barnsley improve services across the borough.”

*Rowenna Marshall, Service Manager, VoiceAbility*

“We have worked collaboratively with Healthwatch Barnsley over the last 12 months, through regular briefing meetings with the Manager and we have members involved in our annual PLACE assessment (Patient Led Assessment of the Care Environment). They ensured there was a strong patient focus throughout the whole assessment process. We look forward to working collaboratively with them in the future”.

*Jill Pell, Head of Patient Experience, Barnsley Hospital NHS Foundation Trust*



## What people and organisations had to say about Healthwatch Barnsley

“As the new NHS organisation in Barnsley, responsible for planning, buying and monitoring the local hospital, ambulance and community health services, we have shared our first year with Healthwatch. And what a busy first year it has been.

When we first came together as a group of local GPs and nurses, representing all the GP practices across the borough, to form the CCG, we were clear that we wanted to put the people of Barnsley first. What does that mean in practice though? Well, this is partly where the role of Healthwatch has really helped to bring that to life.

We have built up a strong relationship with the Healthwatch team over our first twelve months. We have regular meetings to share the feedback they have received and the concerns and comments people have raised with them about Barnsley services. We have also worked with them to help us influence our commissioning plans for the coming year.

Healthwatch also holds us to account and at the end of this year, we have welcomed their first formal report to us on the picture of local services for Deaf people. This independent voice is vital as they can focus in on a single issue, whilst providing a central point for Barnsley people to talk to.

We look forward to engaging with even more Barnsley people through the work of Healthwatch in the coming year”.

**NHS Barnsley Clinical Commissioning Group, Putting Barnsley People First**

“Good informative event. Useful to make links with other organisations”.

“Great to meet and hear from different people - good balance of information”.



# Appendix 1

## **South West Yorkshire Partnership NHS Foundation Trust Response:**

The Barnsley Child and Adolescent Mental Health Service provide care and support to young people experiencing mental health problems and to their families. The team are highly skilled, using a range of evidence based approaches and tools to offer assessment, therapies, training and treatment to children and young people aged from birth to 18 years.

The service, in line with CAMHS services across the country, has experienced an increase in demand year on year over the last few years, with requests for assessment for Asperger's and Autism up by 20%.

The service has a number of initiatives currently underway to support a positive service user experience and to ensure that capacity is used to best effect to meet demand. Examples include:

- A young people's group meets weekly to offer feedback into the service to support on-going improvement. The group uses creative approaches and is currently working with drama group, Qdos, who engage young people in new activities to help them express themselves. The fun and upbeat sessions offer skills based activities such as singing, drama, dance and poetry.
- Parent therapeutic groups offer training packages to help parents better understand and manage behaviour. Sessions for parents of children under 10 years run for 12 weeks, with 8 week sessions offered to parents of young people aged 10 to 15. These sessions are in partnership with schools and the stronger families' teams, which helps to support early intervention when concerns arise.
- The service is working to reduce the time from assessment to treatment and to support discharge from the service as soon as this is

appropriate. The team are developing a 'passport' which will be issued at the point of discharge and will give young people contact details to access the service without re-referral should they need to in the weeks following discharge. The passport will be tested out with young people before launch, and should provide additional assurance for families.

- The service has recently enhanced the Autism pathway by triaging referrals for suspected autism to a dedicated waiting list, and offering assessment by an appropriate specialist, with multi-disciplinary input.
- The service is working with commissioners on an inter-agency pathway to ensure a joint approach with community paediatrics to support families. The pathway will enable better co-ordination, screening and signposting to appropriate services and will ensure fully rounded assessment, for example speech therapy, psychology and education to prevent the need for families to approach different services.

It is anticipated this enhanced service will be in place by the autumn.

## **BMBC and CCG Expert Commissioning Group Response:**

We have agreed with the provider of CAMH Services, South West Yorkshire Partnership NHS Foundation Trust, an action plan to reduce waiting times for non-urgent cases to a maximum of five weeks. This will take time to achieve but we are also working with SWYPFT to identify what help we can provide to ensure waiting times are reduced.

We have set out our priorities for the service which includes improving how cases are dealt with once a referral has been received. This is work in progress and we will need to consult with you further to check that our suggested improvements will work effectively from your perspective.

# Appendix 1

We have agreed to some time-limited, one off investment to allow CAMHS to concentrate on clearing a backlog of cases waiting to be assessed for Autism Spectrum Disorders (ASD). ASD assessments are important and can be very time consuming which has an impact on the rest of the cases waiting to be seen by CAMHS.

We have devised a new system for children and young people requiring assessment for ASD in future which should mean that the demand on CAMHS is reduced.

CAMHS have improved the quality and kind of information they give to referrers when they are not the appropriate service which should ensure GPs and others know what to do when a referral has been rejected.

We have worked with the management of Healthwatch to make sure it is understood that where very serious concerns are raised about a service through feedback and / or consultation (such as not responding appropriately to very urgent cases) this should be pursued through formal channels and registered as a complaint. This is particularly important since it allows us as the commissioners to hold providers to account for their service delivery. It also provides formal means for service users to ensure that similar mistakes do not occur again.

Finally, building on some of your comments and feedback from the Barnsley Youth Council, the Chief Nurse for NHS Barnsley is leading a piece of work to establish what is needed to ensure children, young people and families can be effectively supported to meet their emotional health and wellbeing needs before they get to the stage of needing CAMH Services. This work is concentrating on three areas:

1. Improving the ability of staff in the universal workforce (children's centres, schools etc.) to help children and young

people with brief interventions to prevent the need for CAMHS;

2. Improving the way we support parents and carers to understand and help their children to be happy and confident and enjoy positive relationships;

3. Establishing a lower level service offer for children and young people who would benefit from access to 'talking therapies' such as counselling.

An overwhelming majority of the public (94%) think NHS and social care services could be improved



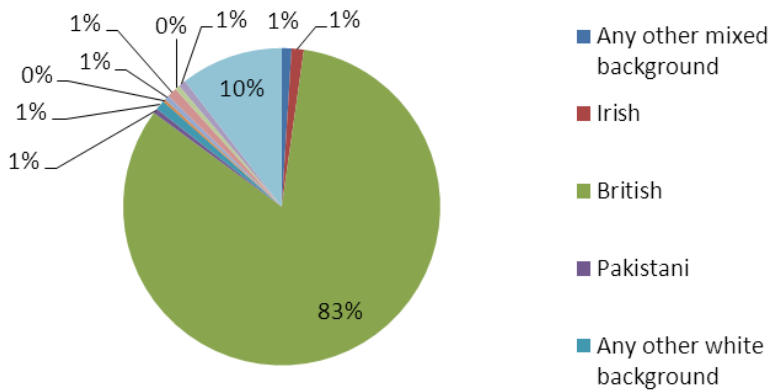




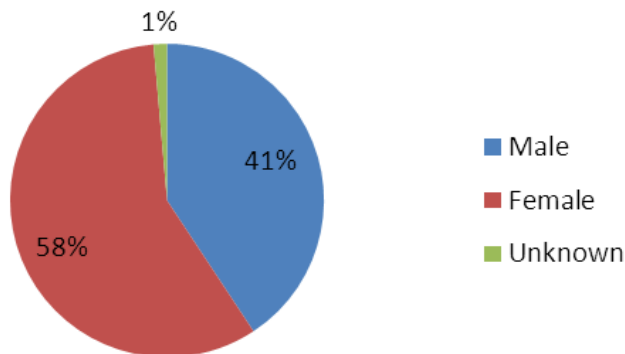
# Appendix 2

## Equality and diversity information

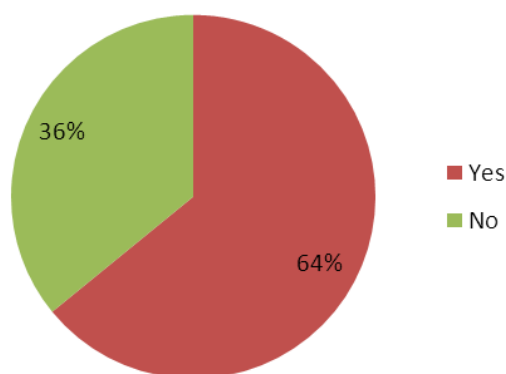
### Ethnicity



### Gender

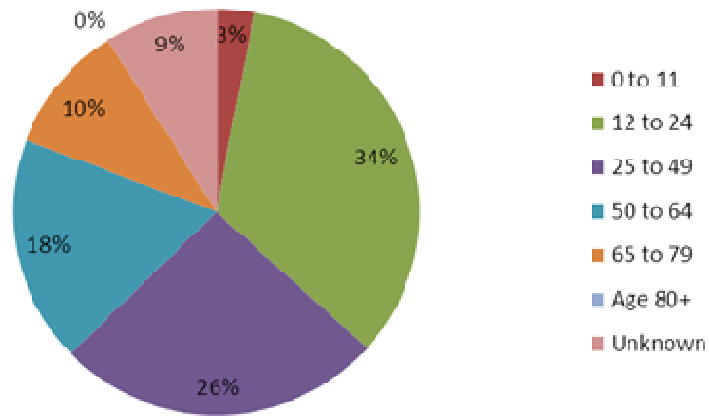


### Individual has a disability

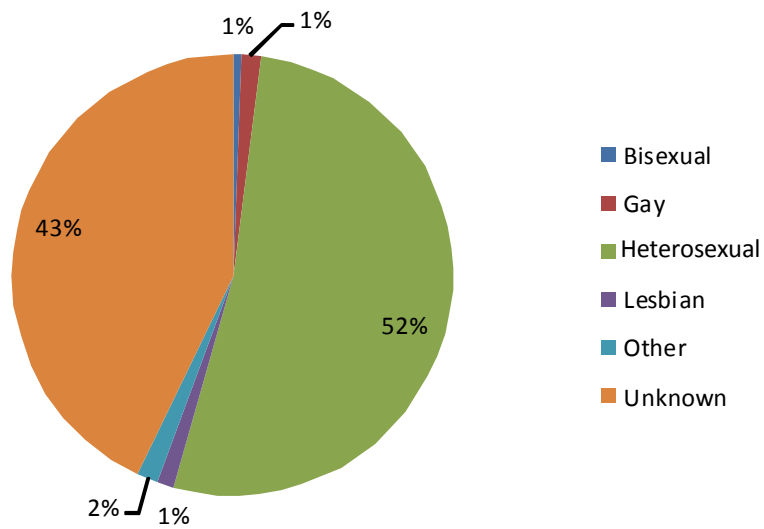


# Appendix 2

## Age range



## Sexuality of individual





# How to contact Healthwatch Barnsley

If you, or a member of your family would like to contact Healthwatch Barnsley, you can do so in a number of ways:

**Call in to the office, or send a letter to:**

Healthwatch Barnsley, The Core, County Way, Barnsley, S70 2JW

**Telephone:**

01226 320106

**Text:**

07870 599445

**Email:**

[healthwatch@vabarnsley.org.uk](mailto:healthwatch@vabarnsley.org.uk)

**Website:**

[www.healthwatchbarnsley.co.uk](http://www.healthwatchbarnsley.co.uk)

**Facebook:**

[www.facebook.co.uk/HealthwatchBarnsley](http://www.facebook.co.uk/HealthwatchBarnsley)

**Twitter:**

@HWatchBarnsley

