



# Healthwatch Barnsley

Annual Report 2014/15





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# Note from the Chair, Adrian England



## It is my pleasure to introduce Healthwatch Barnsley's second Annual Report.

The last 12 months have been both challenging, but at the same time exciting and hugely rewarding

as we continue to develop Healthwatch across Barnsley.

The economic situation continues to inhibit public spending and more than ever funding needs to be directed and focused on people's needs. Within the health and social care system it is essential to ensure that there is a balance between value for money and maintaining exceptionally high quality services.

The challenge, both nationally and locally, is how to transform health and social care services. It is quite obvious that despite the passion and commitment we often see demonstrated by the people working within the sector, that things simply cannot remain the same.

Healthwatch Barnsley is committed to both support and challenge changes to ensure that the people of Barnsley remain at the heart of health and social care.

We all use health and social care services from time to time. Whether this is visiting the GP, dentist, chemist, optician, a care home, or having to be treated at the hospital. We need to be able to challenge

when things go wrong, in the same way in the same way we would when buying a product or service.

People have not always been recognised as the consumer within health and social care and there is a responsibility on healthcare organisations to ensure that the individual remains at the heart of their service.

Healthwatch Barnsley is the people's consumer champion and we will continue to consult, research and collect people's experiences. We will use this intelligence to both identify gaps, as well as exceptional practice so we might influence, challenge and support those organisations responsible for service delivery.

During the last two years, I have been extremely impressed with the desire and commitment that people in the local authority, Clinical Commissioning Group (CCG), NHS, the Health and Wellbeing Board, Community Forums and Provider Forums have demonstrated in the improvement and development of the current healthcare system in Barnsley.

I have also witnessed the passion and dedication of our Strategic Advisory Board, staff team and Healthwatch Champions and I offer my sincere thanks to them all for their commitment over the past year.





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# Note from the Healthwatch Manager, Carrienne Stones



Welcome to Healthwatch Barnsley's second annual report. As the consumer champion for health and social care services we listen to your views and experiences of services and present these views to encourage change.

As an organisation, Healthwatch Barnsley has grown from strength to strength over the past two years in challenging circumstances; especially during times of great change and with a reduced budget.

Despite the pressures faced, I am proud that we have adhered to our traditions of being owned, led and driven by our members. To have members decide on the way our Healthwatch is structured, maintained and delivered for the improvement of local services is something that is valued and admired by many.

As you make your way through this report, I'm sure you will become aware of the hard work and dedication that our volunteers. They give their time freely to take part in outreach and promotion activity, actively seeking the views of local people to ensure they are heard at a local, regional and national level to inform change. I would like to take this opportunity to thank all our volunteers for their support and time. Without you all Healthwatch Barnsley would not be as successful as it is.

Looking to the future, I'm sure that we are all aware of the changes that may take place nationally and affect us all at a local level. However our role as the independent consumer champion for health and social care services remains and we will continue to ensure that communication channels to health and social care services remain open and your views are shared and acted upon.

This year we have led and worked in partnership on a number of projects to improve access to health and social care services, and have learned that in Barnsley, service providers and commissioners are keen to know what is working well and what needs improving. They have also demonstrated through their actions that they are listening and that your views are being followed up, when concerns and issues are raised.

I hope that this report clearly demonstrates how we have actively engaged the general public and that your voices, when combined are stronger at affecting change and helping to improve services in the future. I also hope that it encourages anyone who is reading it to use Healthwatch Barnsley; tell your family and friends about what we do and how important it is to get involved.



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# About Healthwatch Barnsley

**We are here to make health and social care better for local people. We believe that the best way to do this is by designing services around their needs and experiences.**

Everything we say and do is informed by our connections to local people and our expertise is grounded in their experience. We are the only body looking solely at people's experience across all health and social care services.

We are uniquely placed as a network, with a local Healthwatch in every local authority area in England.

As a statutory watchdog our role is to ensure that local health and social care services, and local decision makers, put the experiences of people at the heart of their care.

## **Our vision/mission/values**

### **Vision**

We aim to listen to the views expressed by the people living in Barnsley and to work with service providers and commissioners 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**

We 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 us and that we achieve positive changes.

### **Values**

We will work in a way that is:

- Accountable; openly reporting activities and impact;
- Honest in what we offer and how we (and the people who lead us) 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 people, ages and 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.

We believe everyone has a right to high quality health and social care services throughout their lives, whatever their circumstances.

## **Our strategic priorities**

We form our priorities on the feedback we gather from the general public through research and engagement work. Our priorities are then checked against the Joint Strategic Needs Assessment (JSNA) and the Health and Wellbeing Board Strategy for Barnsley. Through this activity we are able to cross reference trends, look at areas to focus on, identify where



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work is already taking place and seek opportunities to work in partnership and avoid duplication.

Locally we have productive working relationships with local service providers and commissioners. In a recent audit, over 70% of health and social care organisations surveyed felt that Healthwatch Barnsley was an effective, accessible and responsive organisation. This is something we have worked hard to develop over the past two years through the regular sharing of information. However, this does not mean we can be complacent; we need to continue to progress and ensure regular outreach and engagement with the people of Barnsley continues. We also need to ensure your views are regularly shared with service providers and commissioners, to enable them to provide more person centered care and commission services that are in line with the needs of the local population.

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**“All of our staff know about Healthwatch Barnsley and refer in on a regular basis.”**

**“Awareness of Healthwatch Barnsley is excellent within our organisation. We have enjoyed a really positive working relationship with their staff.”**

**Healthwatch Barnsley’s priorities for 2014/15 included:**

- Completing the work looking into access to health and wellbeing services for the Deaf community.
- Looking in more detail at access to Children and Adolescent Mental Health Services (CAMHS).
- Engaging with and understanding more about older people’s experiences of accessing health and social care services.
- Engaging with young people to understand their views and experiences of accessing specific services, including those targeting emotional health and wellbeing, drugs and alcohol, school nursing and sexual health services.

Throughout this report you will see examples of how we have fulfilled our priorities and where work is ongoing.



**Our team** (standing from left to right) Carolyn Ellis, Communications Officer, James Goodwin, Signposting and Information and CRM Data Administrator, Lorna Lewis, Adult Engagement Worker, (seated from left to right) Jade Bligh, Children and Young People's Engagement Worker and Carrienne Stones, Healthwatch Manager.





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# Engaging with people who use health and social care services

## Understanding people's experiences

Over the past two years, we have engaged with local people through a range of outreach and engagement activities. We have provided almost 9000 members of the public with information on our service, our contact details and information on volunteering opportunities. We have also taken the time to listen to individuals who have experiences and views to share on health and social care services.

As a result of our work, Healthwatch Barnsley has been able to recruit 1600 members, some of which have become active as either:

- Strategic Advisory Board Members
- Healthwatch Champions
- Young Champions

And collectively have supported us in:

- Setting the priorities for the organisation
- Identifying new opportunities
- Developing Healthwatch Barnsley as the local independent consumer champion
- Raising our profile
- Ensuring we stick to our remit and work within the bounds of our contract
- Outreach and promotion activity.

They have also supported us to gather the views of:

- **Children and young people** - looking specifically at the following areas:
  - Emotional health and wellbeing
  - Sexual health
  - Drugs and alcohol
  - School nursing
- **Patients with Parkinson's disease** - gathering the views and experiences of people with Parkinson's disease accessing their medication in unplanned emergency care within an acute setting.
- **The Deaf community** - supporting in the delivery of a feedback event to provide responses to the Deaf community from the provider and commissioner event held in March 2014.
- **New and expectant mothers** - gathering their views on antenatal and postnatal care.
- **Patients accessing their General Practice** - patients experiences of automated telephone appointment systems.



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- **Older people being discharged from residential and acute settings** - case studies were gathered which fed into the Healthwatch England Special Inquiry.

### **Engaging with service users and carers**

During 2014/15, the restructure of Barnsley Council has given us the opportunity to engage with seldom heard groups through the reorganisation of the Local Expert Partnerships.

In addition to our outreach and engagement activity, we will be supporting the newly formed service users and carers board. The purpose of this board is to work in partnership with the council and its partners. By working in this way, we can ensure that health, well-being and social care services are planned, developed and delivered in a transparent manner. This will make best use of the resources available, to meet the needs of local service users.

Our role within this board will be to attend meetings, and where individual concerns are raised, we will ensure the right information is given to people and help them to pursue their concerns. Where trends are identified, we will support members in seeking answers. We will also feedback on the activities of the Health and Wellbeing Board and we will be the conduit for the Board and its networks to escalate concerns.

Board members are made up of volunteers who are service user and carer experts by experience and are representatives of a wider network of service user and carer voices through a range of forums including:

- Older people and vulnerable adults
- Carers
- People with Learning Disabilities
- People experiencing mental ill health
- People with physical disability and/or sensory impairment
- People with substance dependency issues

Whilst planning is still underway for this group we look forward to working with them in the future.

### **Outreach and engagement**

We tailor our outreach and engagement to the people we work with. We always ensure that the communities with which we engage have the opportunity to become actively involved, using their experiences and knowledge of services when raising concerns.

We have a Facebook page where we share information about what we are doing, as well as the work of our partners. In the past 12 months we have increased our 'likes' to 198 people. We also use our page to ask people to feedback on issues and services that matter to them.

We have a Twitter account that has over 1140 followers from all over the country and we use this to inform our followers of our work and issues that may be important to them.

We currently use the website provided by Healthwatch England and regularly update it with news, reports and events.

During 2014/15, we have been particularly successful when engaging with children and



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young people, gathering their views on:

- emotional health and wellbeing
- sexual health
- drugs and alcohol
- school nursing

This engagement has been successful due to the excellent working relationship that we have with Barnsley's Youth Participation Team who have enabled us to join their school sessions.

Our Children and Young People's Engagement Worker can regularly be seen at the following schools:

- Dearne ALC
- Penistone Grammar
- Horizon Community College
- Barnsley Academy
- Kirk Balk
- Darton Community College
- Carlton Community College

She also regularly attends:

- Barnsley Hospital NHS Foundation Trust's Children's Ward
- Barnsley College.

During the school holidays, the outreach activity continued as our worker was joined by the Young Champions. Together they talked to young people in local parks, at community events and at other outreach activities across Barnsley to gather their views and experiences of health and social care services.

Over the past 12 months, Healthwatch Barnsley and its Young Champions have engaged with over 1000 children and young people. Half of these have become Healthwatch members and regularly receive newsletter bulletins, which let them know what we are currently doing, what they can get involved in and how we are influencing change based on their views.

## Enter and View

As part of our statutory activity, we have the right to Enter and View health and social care services. During 2014/15 we did not need to carry out Enter and View activity, but we have been preparing our Healthwatch Champions for this.

We will carry out an Enter and View visit when:

- There is clearly evidenced need, flagged through the outreach and engagement we undertake with the general public
- We need to check that action has been taken and providers have carried out any agreed improvements to service
- An independent Enter and View is requested by a provider organisation



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We currently have four Healthwatch Champions that are Enter and View representatives. All of whom have been trained in dignity and respect, equality and diversity, safeguarding and the Mental Capacity Act.

This group are currently being supported by one of our Healthwatch Champions, Marie Cook OBE, who has knowledge of the residential care sector and has supported us in the planning to deliver a programme of Enter and View to the Residential Care Home Sector during 2015/16.

## Meet Marie Cook OBE

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Marie was awarded the OBE in 2001 for her services to older people. She retired in 2009 and at the time held the position of Assistant Director of Nursing for Barnsley Primary Community Services. Marie later accepted a contract to work with the Primary Care Trust, leading on the Mental Capacity Act (MCA). Whilst Barnsley Council manage the MCA locally, Marie has since been seconded into the local authority as a Specialist Nurse Lead on the MCA. She will be retiring fully in September 2016.

Marie has chosen to volunteer her time with Healthwatch Barnsley, as a Healthwatch Champion as she wishes to retain her skills in influencing care practice with local services. She would also like to help us to build on the Enter and View work that is ongoing and support other volunteers to become competent and confident Enter and View representatives. Marie feels that it is really important that we influence good practice through Enter and View especially in care homes.

Marie moved to Barnsley in 2008, she is married and has a lifelong passion for dancing; she still takes lessons. She also enjoys gardening and has taken up piano playing.

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With the proportion of older people locally, we felt that it is now more important than ever to have safe, accessible, well managed residential care homes available in Barnsley, and a recognisable independent organisation in place, to ensure residents are able to share their experiences of services when it matters most.

To plan our programme of Enter and View, Marie has been working closely with Lorna, our Adult Engagement Worker to prepare the Enter and View representatives for their visits to residential care homes, starting in May 2015.

Gathering service user and carer opinion on the residential care homes sector has always been difficult. This is due to individuals believing that sharing their views and experiences could lead to loved ones being treated differently. In order to avoid this, we will provide an independent point of contact for residents, family members, carers and staff members to share their views. We will be a recognisable friendly face and ensure individuals feel able to approach us with their views and experiences or for support when required. Where concerns are raised we will escalate them appropriately.

Our visits are not intended to replicate Care Quality Commission (CQC) visits, or Quality Improvement Framework (QIF) visits carried out by Barnsley Council. They have been planned as additional activity and used to make observations of the service, gather





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comments and experiences which will be fed back to service providers and commissioners to highlight good practice and encourage change where services are not working well.

This activity will also enable us to gather regular data which feeds in to CQC regulatory visits which are communicated to us on a regular basis prior to their planned inspections.

### **NHS complaints advocacy**

It is inevitable when talking to members of the public about their health and social care experiences that we are going to meet people who have not had good experiences. We listen to individual concerns, complaints and comments to inform trends but we do not work directly with individuals to navigate the complaints systems or provide advocacy support.

The NHS complaints advocacy service is commissioned separately to Healthwatch and was provided by VoiceAbility until 31 March 2015. Since that time, the service has been provided by DIAL Barnsley. This is a free, independent advocacy service that can help people to make a complaint about any aspect of NHS care or treatment, and navigate the complex complaints system. This includes treatment in a private hospital or care home that is funded by the NHS.

When required, an advocate can be assigned to a client and help them by:

- Supporting them to make an independent complaint.
- Safeguarding their rights as set out in both health policy and law to advocate as far as they are able.
- Getting their views heard.
- Finding a resolution to issues which concern them.
- Using client experiences to inform future service development.

During 2014/15, we have referred 23 individuals to VoiceAbility.



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# Providing information and signposting for people who use health and social care services

We provide an array of information to ensure that local people are well informed about the health and social care services available in Barnsley. Our team has excellent knowledge about local services and where further information is required we use other sources such as provider websites, NHS websites and Connect to Barnsley. We also stock a wide range of leaflets and information packs which we take to outreach and promotion events across the borough.

Our aim is to signpost right first time and every signposting and information request is followed up 14 days later. This enables us to continuously update our records as services change as well as measure the number of successful signposting requests made. From this activity we can also identify gaps in services; this is then shared with the relevant organisations.

In a recent audit of the signposting and information service, we received feedback from 24 of our customers and 91% of people surveyed stated that they were happy with the information they had received and they would use the service again in the future. We have found that signposting and information requests have increased over the past 12 months, with most of our customers approaching us through word of mouth recommendation. This year our team has dealt with 90 signposting and information requests, which is a significant increase of almost 50% compared to the signposting activity of 2013/14.

## Case study - signposting success

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The client had searched really hard to find a dental technician able to make dentures suitable for her. Most dentures tend to be made in laboratories, which operate almost like a production line. Dentures made in this way were unsuitable for her. Due to her requirements, she was looking for a dentist that would pay attention to her individual needs and was getting disheartened at not being able to find this level of personal service. Lorna, our Adult Engagement Worker, gave a talk about Healthwatch Barnsley at a meeting of the Ladies Club that the client attends. The client spoke to Lorna afterwards about her problem and was delighted when the next day, Lorna contacted her saying that we may be able to help. James, our Signposting and Advice Worker then contacted the client with information that he had obtained from a contact on the Local Dental Council and from this, she was referred to Barnsley Hospital before being referred on to the Charles Clifford Dental Hospital. The client has since been told that they can help with her problem and to date, she has been delighted with the level of care and attention that she has received. The client is grateful for the intervention of Healthwatch and extremely pleased with the result.



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# Influencing decision makers with evidence from local people

## Producing reports and recommendations to affect change

We communicate with health and social care providers and commissioners in a range of different ways. For example, where significant trends have been identified we share the information gathered through reports. These outline key findings and recommendations for service providers and commissioners to respond to within a 20 day period.

We also attend regular intelligence sharing meetings where we are able to communicate to service providers and commissioners the trends informed by findings from our outreach activity.

Of the reports we have written this year, the following have led to, or are leading to, service change:

- Deaf Engagement Report, March 2014 updated March 2015
- Patient Partner Report, January 2015
- School Nursing Report, March 2015

We have also contributed to service change by providing members of the public with information on service reviews so that they are able to raise their views at a time when it can immediately affect change. An example of this type of activity is included on page 16, where we outline changes to TB services due to an individual sharing their experiences.

During 2014/15, we have found service providers and commissioners to be responsive to our work. We have received responses to our reports within the requested 20 day period from all of the following organisations:

- NHS England
- Barnsley's Clinical Commissioning Group
- Public Health
- South West Yorkshire Partnership Foundation Trust
- Barnsley Hospital NHS Foundation Trust
- Barnsley Council

The area where we've had difficulty in obtaining responses is from General Practice. 24 practices did not respond to our request for information on access to the health and wellbeing services for the Deaf community.

During 2015/16, we aim to improve this relationship, which will begin with our involvement at the local GP Co-Commissioning meetings.

## Putting local people at the heart of improving services

Keeping in touch with what is happening within health and social care is imperative to our work. We are involved in a number of health and social care strategic meetings and through our attendance at these meetings we are able to add patient opinion where it is needed most and can affect change.



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Please see page 35 where we have included a map of activity which explains exactly where we are involved and how and where we are able to share your views.

### **Barnsley's Health and Wellbeing Board**

Adrian England, Chairman of Healthwatch Barnsley, regularly attends the Health and Wellbeing Board to report on our work and areas of focus. Adrian is supported in his role by Tony Alcock who has recently been appointed as the deputy.

Although the Health and Wellbeing Board meetings have been useful to us to understand local arrangements and priorities for the borough, we felt that at this level we were less able to influence the decisions and the strategies of the board with patient and public opinion.

Therefore in May 2014 we requested a seat on the Senior Strategic Development Group (SSDG), a subgroup of the Health and Wellbeing Board.

This seat was negotiated by the Health and Wellbeing Board co-ordinator and in November 2014 we were accepted on to the SSDG.

Although this is a new area for us, we can already see how we will have more opportunity to influence at this level in the future.

### **Working with others to improve local services**

Through our intelligence sharing meetings, we always receive information on priority areas for health and social care services and service areas where reviews are to be undertaken.

Through our Communications Officer, Carolyn Ellis, we are able to ensure that our members are in receipt of this information, so that they are able to

contribute. An example of where this has been successful is with the TB service review undertaken by Barnsley's Clinical Commissioning Group (CCG) in 2014.

### **Tuberculosis (TB) Service Transformation Review**

In August 2014 the CCG undertook a review to transform the way it delivers TB services.

We were contacted and asked for support to identify patients with experience of accessing TB services who wanted to be involved in the review process. We sent out information to our members and networks, asking for individuals to contact us about their experiences.

Within a short period of time, we began to receive feedback from members of the public that wanted to share their experiences. One particular case stood out from the others as an opportunity for lessons to be learned.

### **Case study - Andrew Cole**



Andrew asked to see us following his wife's death from TB in Barnsley Hospital. He

had also later discovered that he was infected with TB, as well as his children; one child had to be treated at Sheffield Children's Hospital and both Andrew and his other children had to take medication to eradicate the infection for three months afterwards. Andrew felt that there was a lack of awareness amongst hospital staff about TB and also a lack of communication between health professionals and families of patients. He also felt there was a lack of aftercare for families of patients. Andrew was keen





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that the public should be made more aware of TB and how to tell if someone may be infected.

From his meeting with us, Andrew said that he would be interested in speaking with the health professionals involved in his wife's care. He had questions that he wanted to ask and was keen to get an assurance that staff at Barnsley Hospital had learned from what had happened to his wife, in order to avoid other families having to lose a loved one to TB. We then liaised with the Patient Advice and Liaison Service (PALS) at Barnsley Hospital and with the help of The Head of Patient Experience, a meeting was arranged. Andrew felt the meeting was a really useful experience, as not only did it provide answers to questions that he had around his wife's care, but it also helped to give his family a sense of closure on a really upsetting time in their lives.

Following the meeting, Andrew received a letter from Barnsley Hospital detailing issues raised and action to be taken. He now feels there is a better understanding of TB amongst health professionals, and also the wider public, as the hospital has placed awareness raising material in areas of the building. Andrew is also pleased that the hospital have improved their communication between health professionals and families of patients. He feels that all the points he raised with hospital staff were taken on board and is optimistic about the quality of care for TB patients in the future.

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From speaking with members of the public, including Mr Cole, the CCG also identified that the revised service needed to ensure timely early diagnosis and, treatment and much better multidisciplinary working across provider

organisations. This is to ensure the best outcomes possible for the relatively small number of patients affected by TB in Barnsley. The recommendations from the review included:

- Awareness raising and education programmes properly specified in contracts
- Identifying an overall lead to manage external communications and press releases to ensure that they are informed of any potential outbreaks
- Creating a strategy and plan to raise awareness of TB issues and pathways across the local health services and including local authority, voluntary sector organisations and faith sector groups
- Ensuring a multidisciplinary team (MDT) is in place for each confirmed case of TB
- Formal regular MDT meetings, to include consultants
- Reviewing the opportunity for learning and increasing knowledge of TB to ensure excellence in care.

#### **Patient Led Assessments of the Care Environment (PLACE)**

We have supported Barnsley Hospital by providing volunteers to take part in PLACE assessments.

The purpose of these visits is to assess hospitals, looking at a range of environmental aspects that is in line with specified guidelines. This gives clear picture of how their environment is seen by those using it, and how they can improve it.

This year four of our Healthwatch members (who had undergone Enter and View training) expressed an interest in becoming involved in the work and were able to learn more about Barnsley



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Hospital. They received training on how to conduct PLACE visits which will broaden their experiences when carrying out Enter and View activity.

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**“This year, we have continued to build strong links with Healthwatch Barnsley. We have regular contact to discuss current and developing priorities and work together to ensure that the voices of patients are heard across the Trust.**

**“We continue to work collaboratively to ensure that targeted improvements are made to the care of patients with specific conditions and specialised needs such as Parkinson’s Disease, Dementia and patients who are profoundly Deaf.**

**“Healthwatch members have continued to be involved in our annual Patient Led Assessments of the Care Environment (PLACE) and bring a valuable, independent patient perspective to the process.**

**“Overall, we look forward to continuing to build a strong and constructive relationship with Healthwatch Barnsley.”**

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

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### **Working with Healthwatch England and the Care Quality Commission (CQC)**

Working with a national organisation like Healthwatch England enables us to influence national policy. This is a great strength for the Healthwatch Network and is why we ensure that we are in regular contact with the Regional Development Officer for the North. Through this contact, we keep Healthwatch England informed by the sharing of our reports and recommendations and details of our work schedules.

To date, we have not needed to escalate issues to Healthwatch England for special investigation. However we are confident that if the time comes, Healthwatch England will be responsive, as it has been with other escalations across the country. We also respond to any requests for information from Healthwatch England, helping to keep the lines of communication open.

In 2014/15 we contributed to Healthwatch England’s Special Inquiry, which looked at unsafe discharge from hospital. For this piece of work, we gathered case studies focusing on people with mental health conditions and older people who have been unsafely discharged from hospitals, care homes and mental health units.

The information we gathered, along with information from 71 other local Healthwatch informed the report produced by Healthwatch England.

If you are interested in receiving the findings of the Healthwatch England Special Inquiry, please email your details to [specialinquiry@healthwatch.co.uk](mailto:specialinquiry@healthwatch.co.uk)



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This year, our work has been mentioned in the following national publications:

- Primary Care a Review of Local Healthwatch Reports.
- Healthwatch Children and Young People - The Role of Local Healthwatch November 2014.

It is important for us to have an excellent working relationship with the Care Quality Commission (CQC) who are the regulators of health and social care services.

We regularly receive requests for information from the CQC, and information about their inspection schedule. This enables us to look at the comments, case studies and information we hold about specific service providers. We can also share this anonymised data, where required. For example, we responded to the CQC inspections of General Practice, providing comments and case studies to inform their visits.

Over the past 12 months we have also informed visits to a number of residential care homes. This will continue into 2015/16.

To date, we have not had to refer any issues to the CQC for special investigation.



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# Impact Stories

## Case Study One

### Access to services for the Deaf community

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In last years annual report, we informed you that we had worked with the DEAFForum, Leeds Involving People and Barnsley Council to plan an event to gather the views of the Deaf community. This event was to look at the accessibility of local health and social care services and took place in March 2014. It was followed by a report to service providers which contained key findings and recommendations on access to services, with a request to respond in 20 days.

Since our event, Deaf health inequalities have been highlighted once again through SignHealth releasing its 'Sick of It' report for professionals. This was the first report of its kind and looked at health inequalities of Deaf people and stimulated a debate in the House of Lords in March 2014. They also discussed how many local Healthwatch organisations had begun to take a closer look at access to health and social care services for the Deaf community.

After consulting with the Deaf community we arranged another event in January 2015 to feed back on the responses we received from service commissioners and providers.

Health Deafinitions, an organisation based in the Dearne that offers innovative solutions to access and education for British Sign Language (BSL) users agreed to help with the event at no cost after attending the first event.

Health Deafinitions worked with us to create a performance piece that explained how services are commissioned locally, and outlined the actions service providers and commissioners had taken within their organisations to begin to improve the experience of accessing services for the Deaf community. These changes included:

#### **Barnsley Clinical Commissioning Group**

Reviewed their contracts and set new key performance indicators to monitor BSL interpretation.

#### **Barnsley Hospital NHS Foundation Trust**

Re-wrote their interpreting policy.

Carried out an audit of BSL interpreters within the organisation.

Recommissioned the Big Word to provide an interpreting service.

Looked at how they could ensure members of the BSL community were adequately supported during emergency admissions and are looking at re-designing a booklet called 'All About Me', containing key medical information for use in an emergency when an interpreter is not available.

Ensured that all BSL patients that they at the event were aware of how their record could be marked on the new Customer Relationship System as needing BSL interpretation.

The hospital were also honest about what would remain a challenge and how they hoped to address these challenges going forward.

#### **South West Yorkshire Partnership Foundation Trust (SWYFT)**

Assigned a worker to be the lead person for responses from the Deaf community across Barnsley and Wakefield.





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Adopted a Deaf Quality Mark developed by Healthwatch Wakefield with involvement from the Deaf community which they will be adopting and using across services in Barnsley.

Provided mental health awareness training to the Deaf community at accessible times and locations across the borough.

Added a session with a BSL interpreter available to book two weeks in advance that the Deaf community could use to engage with to health and wellbeing services.

40 members of the Deaf community attended the feedback event on 31 January 2015 to hear what actions service providers and commissioners had taken within their organisations to improve access to health and wellbeing services. They believed that there was a commitment to improve access to services for Deaf people, but all involved still felt that this was just the beginning. For the first time, this event gave service providers an insight into what it must be like to struggle with communication, as the event was almost all in BSL.

Keith Lucas is a member of the DEAFForum and the local Deaf club and was a part of the planning group that worked with us to plan the event in March 2014 and the feedback event in January 2015.

## Meet Keith Lucas



Keith worked with us to plan the two BSL events for the Deaf community.

After being involved in the DEAFForum for over five years Keith was keen to get the views of the Deaf community heard by

service providers and commissioners and to get them to understand about the issue they face when accessing health and social care services.

Since working with us in March, and helping to plan another event in January 2015 Keith says that the Deaf community feel more confident that health and social care services are listening to the needs of their Deaf patients.

He said that advances in video technology such as Skype has really helped Deaf patients to get better access to services as they no longer have to book interpreters two weeks in advance. The live-streaming services mean that patients can get live translation at appointments and he hopes that this will be used by all service providers in the future.

By working with us Keith feels that the Deaf community have a voice and are being heard by providers and commissioners. The Deaf community are already noticing changes to services but know that Healthwatch are always ready to listen to their concerns and that the relationship that has been built up over the past two years will continue to grow as we attend Deaf club meetings every six months along with BSL interpreters.





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# Impact Stories

## Case Study Two

### Access to General Practice - automated telephone appointment system

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In November 2014 we completed a piece of work for Barnsley's Clinical Commissioning Group (CCG) to independently evaluate the Patient Partner System in seven General Practices across Barnsley. The practices we worked with were:

- Great Houghton Surgery
- Hollygreen Surgery, Goldthorpe
- Hollygreen Surgery, Thurnscoe
- Kakoty Practice
- Park Grove Surgery
- Royston Group Practice
- Wombwell Medical Centre.

Patient Partner is a 24 hour telephone appointment booking system that allows patients to book, change or cancel their appointments.

We produced a survey to be completed by patients about the system, their knowledge of it and the reasons why they may not have used it. Lorna, our Adult Engagement Worker and a volunteer went into the surgeries to talk to patients waiting for appointments. They went on different days of the week, between 9am and 5pm to ensure that they spoke to different people of different ages. The staff at each of the surgeries said that they would also help to complete surveys when we were not there.

The results of the survey showed, that despite promotion about the service within the surgeries, lots of patients were unaware of the system. Of the patients that had used the system the survey showed that they were confused by some of the options, and the cost of the call from mobile telephones was putting them off.

The results of the survey were then shared with the surgeries and the CCG, along with a list of recommendations. As a result of this work the CCG were able to look at the use of the system, gain patient feedback and identify areas for further improvements to the service.

Further to this, an action plan has been developed to look at promotion of the Patient Partner System and to make sure it is accessible to all patients.

The system is going to be rolled out across all other surgeries in Barnsley (except for 12 surgeries that opted out of using the system) in June 2015. This should enable patients to make and be in control of their appointments 24 hours a day.

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**“We would like to thank the Healthwatch team for the professional and collaborative way in which you liaised with our teams in the CCG. We appreciated your approachability and willingness to discuss the evaluation, throughout the process.”**

Pauline Roberts, NHS Barnsley Clinical Commissioning Group





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# Impact Stories

## Case Study

### Three

#### Young Champions Summer Project

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**“School nurses can play a massive part in public health but there need to be more of them”**

**Caroline Voogd, Editor of the British Journal of School Nursing**

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Through our outreach and engagement activity within schools in 2014, we found that young people seemed to have little knowledge of the school nursing system. As a result of these findings, the Young Champions felt that it was important to understand more about the school nursing system in Barnsley. They designed a questionnaire for young people within schools to complete in order to gain a better insight of their views, experiences and expectations from the service.

This questionnaire was shared with South West Yorkshire Partnership NHS Foundation Trust (SWYFT) and Public Health (PH) outlining our plans and what we hoped to achieve. We also offered commissioners and other providers the opportunity to add to the survey, prior to commencing outreach and engagement activity.

SWYFT responded by asking the Young Champions to include the following questions:

- What do you like or dislike about the school nursing service?
- Have you any suggestions about school nursing? (the Young Champions adapted this question slightly to “If you could change anything about the school nursing system what would your suggestions be?”)

This questionnaire was then taken out to the seven schools which we regularly engage with. As a result, 358 young people completed the survey.

#### Key findings

- Most young people want to know who their school nurse is, as well as receive information on where they are based;
- A high percentage of young people did not have information about the school nursing system, where they were based or how to access them;
- In contrast, the young people that had accessed the school nurse had been pleased with the service provided, stating that it had met their needs.

Both SWYFT and PH responded to this report, within the allocated 20 days.

#### South West Yorkshire Partnership Foundation Trust

SWYFT received the report positively, providing feedback on the recommendations through an action plan. The responses they provided were as follows:

There needs to be more awareness raising amongst young people regarding the school nursing system. We will do this in the following ways:

- The named specialist community public health practitioner will meet





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with the school lead to identify the best method in raising awareness of school nursing using communication methods that are most appropriate for the school i.e. electronic notice boards, posters, pupil newsletters, pupil planners and assemblies;

- Develop and establish a Facebook page for school nursing for young people to access and promote awareness of this using the methods identified above;
- Develop a communication and marketing strategy for the service.

The young people suggested that there needs to be a school nursing health and wellbeing session in every secondary school. We aim to do this in the following ways:

- The named specialist community public health practitioner to meet with the school lead to identify the most appropriate location for the drop-in;
- Develop and establish a Facebook page to promote the service and drop-in for school nursing for young people to access and promote awareness of this using the methods identified above;
- In conjunction with the school advertise the drop-in through school's communication methods using the method that is most appropriate for the school. i.e. electronic noticeboards, poster, pupil newsletter, pupil planner and assemblies;
- The named specialist community public health practitioner to meet with the school lead to identify the best method of promoting school nurse service and contact details in school using the method that is most appropriate for the school. i.e. electronic noticeboards, poster, pupil newsletter, pupil planner and assemblies
- Develop and establish a Facebook page to promote the service for young

people to access raise awareness of this as above.

The school nurses need to be more accessible for young people, so they are able to access them independently. We will gather this information in the following way:

- The service carries out patient and public surveys every six months and will include in the next survey for school nursing, questions about accessibility of the service for young people.

### Public Health

PH also received the report positively and asked for the support of our Young Champions in engaging further with children and young people to find out what they would like the school nursing service to look like. We responded to this request by working with over 100 of the young people involved in the first survey and this report was published in April 2014.

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**“One of the sections of the survey was on the school nursing services within secondary schools. We saw that a great deal of children did not access this service or know who their school nurse was. I think this is important, as more children need to know who their school nurse is and where they are based.**

**“I feel that children should be informed as soon as they start secondary school about the services that they can access and the reasons why they might**



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**need to. It is important that they know who the school nurse is, as they are someone that the children can speak to in confidence”.**



**Victoria Farmer -  
Healthwatch Young  
Champion**

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### **What's next?**

In addition to the school nursing service, the Young Champions also focused on young people's experiences and views on:

- Emotional health and wellbeing services
- Sexual health services
- Drugs and alcohol prevention services

362 young people gave their views on the above mentioned topics and the findings from each of these reports will be presented in a booklet. This booklet is due to be published in July and has been funded through Bernslai Homes healthy eating fund, which our Healthwatch Champions were successful in bidding for in 2014, and will enclose information on young peoples views and experiences regarding the services listed above, the feedback received from commissioners and providers, so young people can see how their views have been used and what effect it is having. This booklet will also include information on how and where to access services and support and will also contain information about healthy eating.

To view all of the outreach and engagement activity undertaken by the Young Champions please visit our web page at [www.healthwatchbarnsley.co.uk](http://www.healthwatchbarnsley.co.uk)





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# Our plans for 2015/16

As we are the consumer champion for health and social care services, it is only right that we continually check on our performance. This enables us to take a look back at what we have done well and what we need to improve upon in the future. In 2014/15 we carried out a reflective audit to gather feedback on our signposting service, our work with partner organisations and to see what our members thought of our work. 143 people took part in the audit and the responses gathered have helped us to set our priorities and plan activity for 2015/16.

## Activity

In 2015/16 we will:

- Continue to promote Healthwatch Barnsley to members of the general public and raise our profile locally.
- Expand our programme of outreach and promotion with front line staff within health and social care services.
- Continue to train and develop our Healthwatch Champions, and ensure they have plenty of opportunities to meet with and talk to members of the public.
- Develop our involvement with the Health and Wellbeing Board.
- Continue to look at opportunities in line with our remit and bid for local/regional contracts.

## Priorities

Healthwatch has chosen its priorities for 2015/16 based on the information we received as part of the reflective audit and the comments collected over the last 12 months. Next year we will focus on:

- GP Access - looking at people's experiences of accessing general practice, and variations between practices.
- Mental health services - completing our work on Children Adolescent Mental Health Services as well as looking at peoples experiences of accessing mental health services when in crisis.

We will also continue to remain responsive to the information we receive and where it is indicated that change needs to happen, we will do our best to influence service commissioners and providers.



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# Governance

## How we involve lay people and volunteers

Healthwatch Barnsley was established in April 2013 and is hosted by Voluntary Action Barnsley. Voluntary Action Barnsley is responsible for the recruitment, employment and management of staff, payroll and premises.

### Strategic Advisory Board

Our Strategic Advisory Board focuses on the development and direction of the strategic work plan and supports with the prioritisation of key issues relating to health and social care.

Our outreach and engagement work ensures that we work with organisations representing the population of Barnsley, including Black Minority Ethnic communities, carers, groups working with, or campaigning for, older people, young people, people with mental ill health and those with sensory impairment.

Individuals and groups can become members of Healthwatch Barnsley. Individual membership is open to anyone living in Barnsley or using local health and social care services. Individual members can indicate to what level they wish to become involved in our work and activities.

Group membership is open to any voluntary organisation or community group or business organisation that operates in the Barnsley area and wishes to affiliate itself to us and our work.

To ensure we have a Strategic Advisory Board that is truly representative, members of the public can find out more about our voluntary roles through outreach and engagement work and our other promotional activities. Once a potential volunteer has identified that

they would like to be a Strategic Advisory Board member, they are given an application pack to complete and send back to the team. These candidates are then shortlisted by other Board members and invited for interview. This ensures there is a broad range of skills, competencies, knowledge and experience on the Board and that it is committed to our strategic vision, mission and aims.

The role of Chair of the Strategic Advisory Board is also advertised and all potential candidates will be interviewed by a panel of independent experts. The person selected as Chair will then be our representative on the Health and Wellbeing Board and the main spokesperson for Healthwatch Barnsley.

### The Strategic Advisory Board will work to ensure:

- All sections of the community are represented and their views considered in our work.
- Proactive communication with the wider community, and in particular with hard to reach groups.
- Appropriate resources are allocated to support activities.

### The Strategic Advisory Board will also:

- Agree our strategic priorities.
- Approve reports produced by groups working on behalf of, or in collaboration with, us.
- Support, whenever appropriate, collaborative work with other organisations including adult and children's social care services, Barnsley's CCG, neighbouring Healthwatch services, the overview and scrutiny committees and foundation trusts.
- Ensure Healthwatch Barnsley contributes to the Joint Strategic Needs Assessment and the Health and Wellbeing Strategy.



- 
- Ensure that the views and experiences of people are communicated to commissioners and providers of services and to Healthwatch England.

**Our Strategic Advisory Board is structured and represented as follows:**

- It should have no more than eight members with a range of specialisms, skills and interests.
- Strategic Advisory Board members will serve for two years. Members will be eligible for re-selection.
- Candidates representing organisations must be nominated by an authorised representative of the organisation and active in health and/or social care in that district. The NHS or local authority will be unable to nominate candidates.
- The interview panel for the Board will be comprised of the Healthwatch Barnsley Chair, additional Board members, the Healthwatch Barnsley Manager, along with a representative of the voluntary sector.
- The Board has the power to invite representatives from special interest groups or organisations to attend Board meetings, in order to reflect the need for particular knowledge, experience or skill sets which are deemed necessary for the effective functioning of the Board.

All Strategic Advisory Board meetings will be minuted and Healthwatch will regularly produce bulletins, newsletters and reports, to highlight significant achievements and difficulties.

Currently we have the following people on our Strategic Advisory Board:

Adrian England - Chairman

Tony Alcock

Margaret Baker

Margaret Dennison

Christine Key

Tony Murray

Phil Stables

**Healthwatch Champions and Young Champions**

Individuals who become members of Healthwatch Barnsley are given the opportunity to become actively involved as Champions or Young Champions. Anyone who shows an interest is given an application pack to complete before a meeting is arranged with the relevant engagement worker. Healthwatch Champions are then supported to choose activities in line with their personal interests and skills.

All Champions are supported by our Adult Engagement Worker, Lorna Lewis. Currently we have the following Champions assisting with our work:

Aftab Ali

Edith Bird

Pauline Buttling

Marie Cook OBE

Evelyn Cowdell

Andrew Crossley

Patricia Durie

Chris Green

Mike Grundy

Wendy Hardcastle

Jean Hardy

Lorraine Hickie

Carmen Kilner

Susan Rushforth

Mark Smith

Moira Toombs

All Healthwatch Young Champions are supported by our Children and Young People's Engagement Worker, Jade Bligh.



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Currently we have the following Young Champions assisting with our work:

Sophie Darn

Victoria Farmer

Grace Hartill

Shelly Johnson

Emma O'Rourke

Joe Sennitt

Louise Wilson

### **Special interest groups**

If necessary, special interest groups (responsive project groups) will be established, focusing on specific issues or geographical areas.

These special interest groups can be short term or permanent and focused on a specific project. The ideas, findings and recommendations will be reported to the Board to enable it to make strategic decisions.

Special interest groups may be led by a voluntary organisation, community group, stakeholder organisation or by the Healthwatch staff. The aim will be to facilitate discussion in a setting that is supportive of the participants and enables and encourages the participation of 'hard to reach' or 'seldom heard' groups in the community.

In 2014/15 we formed a special interest group to work on access to health and wellbeing services for the Deaf community.

### **Training**

Healthwatch Barnsley staff and volunteers are all appropriately trained, DBS checked and supported to adhere to a range of policies, including equality and diversity, safeguarding and future sustainability.

This year our Healthwatch Champions and Strategic Advisory Board members have had the opportunity to be trained in:

- Enter and View
- Mental Capacity Act and Deprivation of Liberty Safeguards
- Adult Safeguarding
- Children and Young People Safeguarding
- Hate Crime
- Dementia Awareness
- Outreach and Engagement

As we are hosted by Voluntary Action Barnsley, our members are also regularly offered opportunity to take part in nationally accredited qualifications.



# Financial information

In June 2014 we received a letter which advised the level of grant funding we would receive in the new financial year. Barnsley Council allocated £150000 to Healthwatch Barnsley in the next financial year, a decrease of £50000 (25%), and a decrease of £62000 from the when the contract was first awarded.

Barnsley Council advised us that this change in funding was not, in any way, a comment on our organisation and sadly many organisations face similar cuts.

INCOME		£
Funding received from local authority to deliver local Healthwatch statutory activities	201500	
Additional income	750	
<b>Total income</b>	<b>202250</b>	

EXPENDITURE		
Office costs	23098.83	
Staffing costs	160457.16	
Direct delivery costs	13776.39	
<b>Total expenditure</b>	<b>197332.38</b>	
Balance brought forward	4917.62	





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## Appendix 1 - Where are we represented?

**Health and Wellbeing Board** - Adrian England (Healthwatch Barnsley Chair) and Deputy Tony Alcock (Strategic Advisory Board Member)

**Barnsley Senior Strategic Development Group** - Adrian England (Healthwatch Barnsley Chair)

**Barnsley Provider Forum** - Carrienne Stones (Healthwatch Barnsley Manager) and Deputy Carolyn Ellis (Communications Officer)

**Adult Safeguarding Board** - Carrienne Stones (Healthwatch Barnsley Manager)

**GP Co-Commissioning Meetings** - Margaret Dennison (Strategic Advisory Board Member)

**CCG Intelligence Sharing Meetings** - Carrienne Stones (Healthwatch Barnsley Manager)

**Health and Social Care Intelligence Sharing Meetings** - Carrienne Stones (Healthwatch Barnsley Manager)

**System Resilience Group** - Carrienne Stones (Healthwatch Barnsley Manager) and Nigel Middlehurst (Chief Executive Community Services, Voluntary Action Barnsley)

**Children and Young Peoples Trust Executive Group (TEG)** - Nigel Middlehurst (Chief Executive Community Services, Voluntary Action Barnsley)

**Equality and Diversity Group (CCG)** - Carrienne Stones (Healthwatch Barnsley Manager)

**Service User and Carer Board** - Margaret Baker and Christine Key (Strategic Advisory Board Members) and Wendy Hardcastle, Moira Toombs, Pat Durie (Healthwatch Champions)

**Mental Health Concordat** - Marie Cook OBE, Moira Toombs and Mark Smith (Healthwatch Champions)

**Patient Council** - Adrian England (Healthwatch Barnsley Chair), Margaret Dennison (Healthwatch Strategic Advisory Board Member)

**Electronic Prescription Service** - Margaret Dennison (Healthwatch Strategic Advisory Board Member)

**Regional Quality Surveillance Group** - Tony Alcock (Strategic Advisory Board Member)

**We work closely with Healthwatch from across South Yorkshire and Bassetlaw, sharing intelligence to inform the regional Local Professional Networks.**

**Local Pharmacy Network** - Healthwatch Rotherham represents the network

**Local Dental Network** - Healthwatch Sheffield represents the network

**Local Eye Care Network** - Healthwatch Barnsley represents the network.

If you require any more information about these meetings, or our representation on them, please contact us.



## Appendix 2 - Healthwatch Barnsley at a glance 2014/15

<b>Engagement figures</b>		
<b>Activity</b>	<b>Number</b>	<b>Comments</b>
Engagement activities	9000	People who we have spoken to and provided with literature about our service
Total membership	1600	Receive quarterly e-mail bulletins
Children and young people members	500	Receive quarterly children and young people focused bulletins
Strategic Advisory Board Members	7	Meet on a monthly basis
Healthwatch Champions	18	Meet on a bi-monthly basis and carry out regular outreach and engagement activity
Young Healthwatch Champions	6	Meet on a bi-monthly basis formally, informally on a two weekly basis
<b>Outreach and Promotion</b>		
<b>Activity</b>	<b>Number</b>	<b>Comments</b>
Events attended	258	
E-bulletins produced	4	
Twitter followers	1149	
Facebook “likes”	198	
<b>Requests for Information</b>		
<b>Activity</b>	<b>Number</b>	<b>Comments</b>
Informal requests for information	125	Requests for information that do not require a response in 20 days



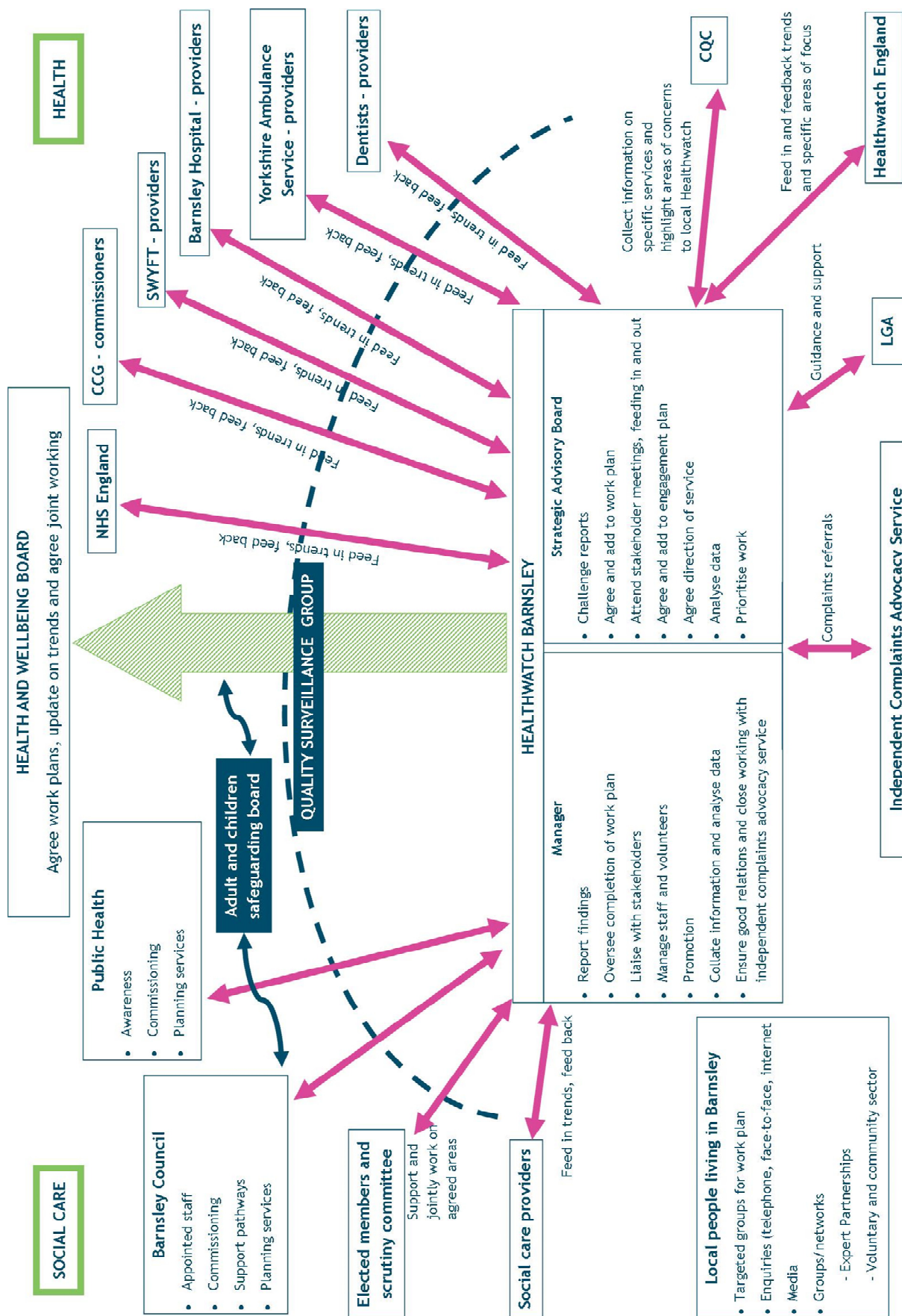
Formal requests for Information	6	Formal requests for information are when we do ask for a response in 20 days
<b>Enter and View</b>		
<b>Activity</b>	<b>Number</b>	<b>Comments</b>
Number of Enter and View visits	0	
Number of trained Enter and View representatives	8	
Number of active Enter and View representatives	4	
<b>Complaints</b>		
<b>Activity</b>	<b>Number</b>	<b>Comments</b>
Number of complaints received	52	Complaints received but those that do not require follow up
Number of complaints referred to NHS Independent Complaints Advocacy Service	23	
Number of complaints referred directly to the service provider	16	If an individual requires information on how to complain directly to the service provider, we will provide this
Number of complaints not referred due to client withdrawing/other reasons	13	Many people who approach us are undecided if they want to make a complaint
<b>Signposting and information</b>		
<b>Activity</b>	<b>Number</b>	<b>Comments</b>
Total number of signposting and information requests	90	Doubled last year's total of 43 signposting and information requests



Reports and recommendations		
Activity	Number	Comments
Total number of reports written	6	Maternity Services BHNFT Deaf Engagement April 2014 Deaf Engagement Updated March 2015 Emotional Health and Wellbeing School Nursing Patient Partner
Reports and recommendations acknowledged in the required timescales	6	All of our reports were acknowledged within the required timescales, except for the Deaf Engagement report, which was acknowledged by 14 General Practices out of 38
Reports and recommendations leading to service change	4	Deaf Engagement School Nursing Patient Partner
Reports and recommendations not leading to service change	3	Emotional Health and Wellbeing Maternity Services Our work helped to underpin work that was already underway or that had been completed



## Appendix 3 - Map of activity







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# Contact us

- Registered Office: Voluntary Action Barnsley, The Core, County Way, Barnsley, South Yorkshire S70 2JW.

## Get in touch

Address: The Core, County Way, Barnsley, South Yorkshire, S70 2JW

Phone number: 01226 320106

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

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

We will be making this annual report publicly available by 30th June 2015 by publishing it on our website and circulating it to Healthwatch England, CQC, NHS England, Clinical Commissioning Group/s, Overview and Scrutiny Committee/s, and our local authority.

We confirm that we are using the Healthwatch Trademark (which covers the logo and Healthwatch brand) when undertaking work on our statutory activities as covered by the licence agreement.

If you require this report in an alternative format please contact us at the address above.

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