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Performance information in this document relates to April 2015 to March 2016, unless stated otherwise. Most of the performance information is taken from our contributions to national data collections, which NHS Digital publish every year. We regularly review our own performance throughout the year. We have a number of performance indicators relating to adult social care that we report on every three months. Further information is available on our website:

<https://www.barnsley.gov.uk/services/our-council/our-performance/how-we-measure-our-performance/>

Our performance reviews include a focus on the quality of our services, including how well they are meeting the needs of people in Barnsley. We use this information to make sure that we are offering the most appropriate services at the right time.



# Foreword

Welcome to the fifth edition of our annual Local Account, which tells you about how well our adult social care services performed last year. It also sets out how we plan to improve our services in the future.

Like most other councils, we are faced with significant budget pressures. At a time when budgets are reducing and the pressures of an ageing population are increasing, it is essential that we continue to work closely with our partners, particularly NHS organisations. This helps us make best use of our budgets and make a real difference by helping people to live longer, better lives.

When people do develop care and support needs, we work with our partners to support them to regain their confidence, helping them to live in their own homes for as long as possible. If people do need more care and support, we try to make sure they have as much choice and control as possible over how their needs are met.

Our biggest priority is to make sure we continue to safeguard the wellbeing of people who may be at risk of harm. We implemented the Care Act 2014 and new ways of working in 2015 to help us do this.

The Care Act introduced new legislation built around people's wellbeing, promoting them to maintain their independence, choice and control. Government has delayed the second phase of implementation and we will report back to you as we know more.

We hope you find this Local Account interesting and that it answers any questions you may have about adult social care in Barnsley. If you have any comments or suggestions you would like to feedback, please send them to us via our website, at:

**<https://www.barnsley.gov.uk/services/our-council/our-performance/adult-social-care-performance/>**



*Rachel Dickinson, Executive Director, People – Barnsley Council*



*Councillor Margaret Bruff, Cabinet Spokesperson for People (Safeguarding)*

# Enhancing quality of life for people with care and support needs

## What does this mean?

- People can manage their own support as much as they want.
- Carers can balance their caring role and maintain their own quality of life.
- People can find employment when they want, maintain a family and social life, contribute to their community and avoid loneliness and isolation.

## How are we doing in meeting these standards?

We provided over 4,728 older and vulnerable people with care and support services. 74% of those people were over the age of 65.

### Key

- ↑ Performance improved since last year
- = Performance unchanged
- ↓ Performance declined since last year

↑ 96% of people who use services said they helped them to have a better quality of life. This is the best performance regionally and better than the national average.\*

↑ We connected just under 5,000 people to a Central Call service via a lifeline community alarm, with 1,000 new people accessing the service.

↑ 38% of people in Barnsley who need care are directing their own support using a direct payment. This is a big improvement on the previous year and well above the national and regional averages.

↑ 50% of people who use services told us they had as much social contact as they would like. This puts Barnsley above the national average and amongst the best performers in the region.\*

↑ 81% of people using our services say they have control over their daily lives. This is the best performance regionally and better than the national average.\*

↑ 81% of people using our services receive self directed support. Although this is an improvement, our performance is below the national and regional averages.

= 83% of service users with a learning disability live in their own homes or with their family. This is above the national and regional averages.

= 5% of adults in contact with community mental health services are in paid employment at or above the national minimum wage. This is below the national and regional averages.

↓ 2.2% of adults with learning disabilities are in paid employment. This is well below the national and regional averages.

↓ 60% of people in contact with community mental health services live independently. Our performance is just above the national average but below the regional average.

↓ 75% of service users in Barnsley have a personal budget, allowing them to choose and direct their own care arrangements.

*\*Based on those responding to our annual adult social care user survey*

## What we said we'd do in 2015/16 and did we achieve it?

We successfully introduced new ways of working in April 2015. One example is our new Brokerage and Personalisation team, which is now helping more people to direct their own support, write their support plans and get the support that they choose.

We introduced our new Personal Assistant (PA) Finder website\* in October 2015. This helps people who want to employ PAs, as well as helping PAs themselves to update their status and availability.

**\*[www.barnsley.gov.uk/services/adult-health-and-social-care/barnsley-pa-finder/](http://www.barnsley.gov.uk/services/adult-health-and-social-care/barnsley-pa-finder/)**

We approved nearly 240 PAs through our approval scheme, giving people in Barnsley much more choice over their care.

We promote personalised care in our mental health services. We offer personal budgets to eligible people who need support, helping them to choose the services they need for their recovery and wellbeing.

We are continuing to develop our eMarketplace, which is a directory that brings together information about groups and organisations that offer services to people of all ages. It allows people to find information about services that can help to meet their needs. We have been working to improve this directory and have now replaced it with our new **[www.livewellbarnsley.co.uk](http://www.livewellbarnsley.co.uk)** website.

We worked with the Autism reference group to design a sanctuary space for the new library in Barnsley, which we expect to complete by 2017. We also worked with the National Autistic Society to provide awareness-raising sessions for frontline staff in 2015.

Our employment and volunteering service 'Way to Work' helps to increase the number of people with disabilities in paid work through weekly job searches and offering help to write a CV. It also helps people with disabilities stay in work by providing support and training where needed, such as food hygiene.

Way to Work and Barnsley College worked together on a project to increase the number of young people with additional learning needs and disabilities in paid work. Barnsley College now plan to expand the project and will support three job coaches from Way to Work.

We have helped the Carers and Friends forum to grow. The forum helped to provide activities for carers week and carers rights day in 2015. They were also involved in the production of a carers newsletter, which provides information about activities and support available in Barnsley, helping to market new groups and inform carers of changes affecting them through the Care Act. The forum is represented on the Service User and Carer Board. This enables them to influence strategies and services that might support carers, ensuring the Carers Voice is represented.

The Carers and Friends forum also managed the carers grant last year, assessing applications and challenging organisations receiving funding to demonstrate what they've achieved with it. The grant was also marketed to individuals but only two applications were approved. Requests to support individuals were picked up instead via care assessments or through involvement with organisations receiving carers grant.

## What we said we'd do in 2015/16 and did we achieve it?

### Continued

The carers grant is also used to provide opportunities for carers to be treated as individuals in their own right, outside their caring role. Opportunities have been developed for carers to undertake learning, recreational and therapeutic activities, supporting them to lead a healthy life. We have given carers information about volunteering roles through the Love Where You Live newsletter and via carers week.

Voluntary Action Barnsley piloted a social prescribing project with three GP surgeries, which they now provide across Barnsley. This helps people to access activities they might benefit from in the community, reducing the need for medical support. Healthwatch also supported this by helping to identify and refer carers.

Service users and carers of people with dementia have given us positive feedback about the new Memory Assessment and Dementia Adviser service. We estimate that over two thirds of people in Barnsley with dementia have had a diagnosis and are receiving support from dementia services.

Following consultation with the Dementia Forum, there are now two new providers of support for people with dementia and their carers. SYHA provide the Barnsley Dementia Support services, which offers individual

support as well as group events. Making Space provide the Dementia Carers Outreach Support Service, which offers help and advice to people caring for friends or family members with dementia.

Dementia champions continue to increase awareness in care homes and improve support for residents with dementia. Care home residents and staff are now working more closely with the Memory Assessment and Dementia Adviser service.

The new Be Well Barnsley service was launched in November 2015. This helps to reduce the impact of ill health in Barnsley, including conditions such as: obesity, diabetes, smoking related ill health, inactivity, poor mental health etc. The service has already supported 930 people to achieve their personal health goals including: 240 people losing between 3%-5% in weight, 391 people quitting smoking, 37 families completing a healthy eating / healthy weight course, and recruiting 32 new volunteer Be Well Health Champions.

Our partners in the Clinical Commissioning group worked with local organisation DIAL Barnsley to review support for people with diabetes. They focused on improving information on self care options.

## How will we improve in 2016/17?

We have developed a new way to help adults with learning disabilities live well in the community. This will include new services to support people with complex needs, including intensive 'trainer flats' for young people moving from school into adult life. These will help them to learn the skills they need to be as independent as possible in the future. We expect these new services to be in place later this year.

We will be getting new contracts with home care services in place from 2017 onwards. We will work with home care providers to identify how to make these services more responsive to people's needs. The new services will focus on helping people to regain their independence; supporting people to do more for themselves and finding new ways of managing things instead of just doing things for them.

We will assess by how much the older population of Barnsley will grow in the next five years. This will help us to identify the most appropriate services to help people age well and be as independent as possible for longer.

We will create two supported apprenticeship placements for young people with special education needs and disabilities, starting September 2016.

We are working on a Dementia Needs Assessment for Barnsley, involving our partners, service users and carers. This will help us to decide what services need to be in place in future to help those with dementia and their carers.



# Managing transitions from children's to adult services

## Case Study

Miss R is a young person making the difficult transition to becoming a young adult. She has been discussing with her social worker how she will be supported to make this transition as successful as possible, given that she has a diagnosis of Autistic Spectrum Disorder (Autism).

Miss R would like to live independently in her own flat. She has found many things hard to cope with in life and so will need support to help her learn how to live in her own tenancy.

We found some suitable flats for Miss R and discussed the idea of finding a support provider to help her to do the things she wants to do, including maintain a tenancy and find employment, as well as helping her to deal with the challenges of living independently. Miss R was happy with these plans and we managed to identify a support service and suitable flat for her to live in.

Now Miss R is looking forward to finishing education and hopes to find suitable paid employment. Miss R is also looking forward to remaining involved in her favourite hobbies including music and performance.

## Way to work

### Case Study

Mark has a diagnosis of autism and a lower level of social functioning relating to communication, daily living skills and socialisation. Mark had attended a catering course at Barnsley College but didn't complete it due to the pressures of the academic work. Mark wanted paid work in either a catering or retail environment.

We helped Mark to get a free travel pass to allow him to attend appointments. We also supported him to complete his Level 2 Food Safety Awareness. Due to his limited literacy skills, we provided Mark with accessible training over two days.

Mark prefers his own company and is shy around strangers; it took a long time for him to trust us. We supported Mark to gain work experience at a café. Although he remained quiet, he was punctual, motivated and showed a high standard of work. This experience allowed us to work alongside Mark and train him in the role, as well as completing a detailed assessment of his skills and abilities to understand what roles he would be most suited to.

When the School Catering Service advertised a Relief Cook position, we helped Mark to apply. The employer agreed to our suggestion of using a supported interview as a recruitment method. This meant we could attend to help if Mark had difficulty understanding any of the questions.

Although Mark enjoyed the job, he wasn't coping well with the size of the kitchen and the number of employees. Mark wasn't communicating well with other staff members, but this was inevitable given his shyness. We supported Mark to apply for a transfer to a primary school. He was successful and was offered one hour of work a day; Mark has worked there ever since.

Mark is committed to working and enjoys earning his own money, which he has used to buy a Barnsley FC season ticket. He would like to work more hours and is currently receiving support to look for further work in the catering industry. We supported him to develop his CV and distribute it at Meadowhall. He also attends a weekly job search appointment to help him progress in the future.



# Delaying and reducing the need for care and support

## What does this mean?

- Everyone has the opportunity to have the best health and wellbeing throughout their life, and can access support and information to help them manage their care needs.
- Support is provided earlier, including access to the reablement service (helping people get back on their feet/regain their independence after illness or crisis), so that people can remain independent and in their own homes for longer.
- When people develop care needs, we provide support in the most appropriate place, enabling them to regain their independence.

### Key

- ↑ Performance improved since last year
- ≡ Performance unchanged
- ↓ Performance declined since last year

## How are we doing in meeting these standards?

- ↑ Barnsley continues to be one of the best areas in the country for getting people home quickly and safely after a spell in hospital.
- ↑ 1,168 people started a short period of help (reablement service) to regain daily living skills and get back on their feet after a spell in hospital, an increase of 82% on the previous year.
- ↑ Most (90%) of these people were still living independently 3 months later. This is better than the national and regional averages.
- ↓ We helped 2,772 people by providing pieces of equipment or through their property being adapted in some way to help with daily living.
- ↓ 8 patients were delayed in their transfers from hospital into adult social care services. This is an increase from last year, but Barnsley remains one of the best performing councils nationally and better than all but one council in our region.



## What we said we'd do in 2015/16 and did we achieve it?

Our Free to Go Service continues to promote independent travel options for adults with a range of support needs or vulnerabilities. This supports individuals to meet personal goals and aspirations, giving them enhanced skills, confidence and independence, within a risk managed and supported environment.

We commissioned the Independent Living at Home Service (ILAHS) to support people to live as independently as possible in the safety and security of their own homes. 981 people completed a period of reablement, of those, 70% of people left the service with either no care package or a reduced care package. The service has also increased the number of individuals with access to assistive technology services such as carelines. ILAHS also now supports the Newsome Vale housing association properties in Wombwell.

Thanks to improved working between hospitals, adult social care, care homes and community health services, more people now receive intermediate care in a timely way. This has a positive impact on discharges from hospital, as well as helping more people to complete their rehabilitation in less than six weeks.

The Eye Clinic Liaison Officer helps people who are blind or partially sighted to get information and support. The Clinical Commissioning Group agreed to fund this until March 2017; after that, it will become part of the Ophthalmology department at Barnsley Hospital.

## How will we improve in 2016/17?

Our Free to Go travel service is working on a pilot with the Independent Living at Home service. This is looking into whether people recovering from illness or other setbacks can benefit from support to help them travel independently. Early feedback from service users and professionals has been extremely positive.

We have reviewed our welfare rights service and will be testing out a new way of working in 2016. We have changed our needs assessments to ensure that vulnerable people can access services and support as early as possible.

We will introduce new contracts for home care services, these will support a reduction in the number of people with care and support needs.



# Ensuring that people have a positive experience of care and support

## What does this mean?

- People who use social care and their carers are satisfied with the care and support services they access.
- Carers feel they are respected as equal partners throughout the care process.
- People know what choices are available to them locally, what they are entitled to, and who to contact when they need help.
- People respect the dignity of individuals and ensure support is sensitive to their needs.



## How are we doing in meeting these standards?

- = Of the service users that tried to find information and advice about support, services or benefits, 76.7% found it very easy or fairly easy. This puts Barnsley above the national average (73.5%) and amongst the best performers in the region (75.3%)\*.
- = 69% of people who use our services are satisfied with their care and support. This keeps Barnsley above the national average (64.4%) and amongst the best performers in the region (63.8%)\*.

### Key

- ↑ Performance improved since last year
- = Performance unchanged
- ↓ Performance declined since last year

## A mystery shopping exercise rated our services as follows:

- ↑ Out of hours customer rating as 'excellent'. "The call handler was very helpful and understanding."
- ↑ Telephone contact customer rating as 'good'. "Call handler was confident and assertive. Clear advice was given in a manner which I understand".
- ↑ Website: customer rating as 'good'. "Connect to Barnsley is very informative and colourful. Easy to navigate with lots of information."
- = Face to face services as 'fair'; "I was given a phone number to ring to speak to someone."
- ↓ Reception services (at a co-located health and social care office base) rated as 'unsatisfactory': "Reception closed sign displayed with two telephone numbers to contact."

*\*Based on those responding to our annual adult social care user survey*

## What we said we'd do in 2015/16 and did we achieve it?

We significantly improved our website content. We aim to have one single source of information, helping customers to find what they need as quickly as possible. We improved the language we use on our websites, reducing jargon wherever possible.

We have increased the amount of information we make available using Facebook and Twitter, via 'Barnsley Help'. Launched in February 2016, this allows us to share information about recurring themes, including self-help guides, which contain advice about social care and other useful information.

The Barnsley Libraries Facebook and Twitter accounts have also increased their followers and reach. We also introduced a Barnsley Libraries Instagram account for customers to follow.

Our 'Device Doctors' are now well established, providing support across Barnsley and particularly to vulnerable people, helping them to access information and services online. We also implemented free public Wi-Fi across all our libraries in 2015/16, which helped with the work of the Device Doctors, as well as allowing customers to use their own devices in public libraries.



### Quotes from community engagement events with Device Doctors:

"Excellent. Informative. Clear information. Hands on. Clear answers to questions. Thorough obvious good background knowledge. Sensitive to my needs."

"I was very unsure before I came. Now I have a little more confidence. I'm glad I came. It was a very good session with an excellent teacher."

We have introduced links to the Sound Doctor website via our libraries web pages. This helps people to understand their long-term conditions better so they can cope more effectively at home and improve their quality of life.

## How will we improve in 2016/17?

We are working with our partners to see how we make information easier for the public to find the information they need.

We are committed to developing our online help and expect our online social care contribution calculator to be available by late 2016. This will be supported by our other online offers, which include an online assessment tool so that people can explore their care and support needs, as well as the new eMarketplace.

We will make sure information about our services is in line with the NHS Accessible Information Standard. This tells us how we can make sure that disabled patients, service users and, where appropriate, carers and parents, receive information in formats that they can understand, and that they receive appropriate support to help them to communicate.

More information on this is available via this link: [www.england.nhs.uk/wp-content/uploads/2016/07/access-info-stdndrd-er-upd-jul16.pdf](http://www.england.nhs.uk/wp-content/uploads/2016/07/access-info-stdndrd-er-upd-jul16.pdf)

We will introduce a live web chat option on our website in 2016. This will focus on helping customers to complete online self-service transactions and information searches.

We will continue to review the information we publish on the council website throughout the year. We are simplifying and reducing the content, focusing on customers needs and making information easier to access.

# Safeguarding adults whose circumstances make them vulnerable, and protecting them from avoidable harm

## What does this mean?

- Everyone enjoys physical safety and feels secure.
- People are free from physical and emotional abuse, harassment, neglect and self-harm.
- People are protected as far as possible from avoidable harm, disease and injury.
- People are supported to plan ahead and have the freedom to manage risks however they wish.

### Key

- ↑ Performance improved since last year
- = Performance unchanged
- ↓ Performance declined since last year

## How are we doing in meeting these standards?

- ↑ 73% of people who use our services say they feel safe. This is the third best performance in the region and above the national average.\*
- ↑ 95% of people who use services say that those services contribute positively to their feeling of safety. This is the best performance in the region and above the national average.\*
- ↑ 1,084 Deprivation of Liberty Safeguards (DoLS) applications were processed during 2015/16, a significant increase on the previous year. When calculated as a rate per 100,000 people over the age of 18, only one other council in the region received more DoLS applications than Barnsley.

*\*Based on those responding to our annual adult social care user survey*



## What we said we'd do in 2015/16 and did we achieve it?

We now regularly provide the Barnsley Adult Safeguarding Board with updates on the use of Deprivation of Liberty Standards (DOLS). This is a set of checks that we use to make sure that any care that restricts the liberty of someone without mental capacity is both appropriate and in their best interests. We have developed an action plan to improve the way we manage DoLS and are making good progress on reducing the numbers of outstanding DoLS referrals.

We now work towards the South Yorkshire Safeguarding Adults procedures, which were updated last year in line with the introduction of the Care Act.

We have improved our annual report for the Barnsley Adult Safeguarding Board. The 2015/16 annual report is more accessible to a public audience than previous versions.

We provided safeguarding training to frontline staff, including training on Making Safeguarding Personal. This ensures individuals are clear about the Care Act's safeguarding requirements, the new South Yorkshire Procedures and how best to respond to safeguarding concerns.

We continue to work closely with individuals employing their own Personal Assistants (PAs) to encourage take up of safeguarding courses. This has involved helping them to understand how important it is for their PAs to attend, as well as providing training in more varied ways so more people can attend.

We offered a Crisis course last year to raise awareness of homelessness and how to prevent it. Take up was low however, so we are working with our partners to promote this better in future. We may also look to make attendance on the course a requirement for organisations we fund to provide support services.

We organised a successful conference linked to our successes and challenges about hate and harassment in Barnsley. Improvements in hate crime were reported, but more needs to be done to challenge hate and harassment of asylum seekers, refugees and migrant workers.

With the assistance of the Hate Crime Community Challenge Board and the Youth Council, we continue to ask victims of hate and harassment how well they felt we responded to their incidents. We will use their feedback to make improvements to our reporting website, [www.barnsley.gov.uk/hate](http://www.barnsley.gov.uk/hate).

## How will we improve in 2016/17?

We are currently reviewing the effectiveness of our safeguarding arrangements to make sure we are embedding Making Safeguarding Personal. We will develop more local guidance to sit alongside the South Yorkshire procedures.

We are planning to develop a new Barnsley Safeguarding Adults Board website this year, which will contain information for board members, professionals and members of the public.

We are developing a new training plan, which will help to ensure that we train the workforce involved in managing and investigating safeguarding concerns to the right level.



## Case Study

### Safeguarding

Brenda, a lady in her eighties, was admitted to a care home for respite at the request of her family, following an admission to hospital. She has dementia and a number of complex physical problems that mean she needs a high level of support. She is mostly immobile and needs staff to help her with washing, dressing, eating etc.

Brenda made it very clear that she wanted to return home as soon as possible, but she was unable to understand the amount of care she needed or the implications of returning home. Her family did not agree that she should return home.

Brenda was assessed as not having the mental capacity to make a decision about where she should live, due to her dementia. She was independently assessed under Deprivation of Liberty Safeguards (DoLS), which was authorised. This allowed us to decide that, in her best interests, that she should stay in the care home.

Under DoLS, individuals have the right to an advocate to represent their best interests. Brenda's advocate mounted a legal challenge so that the Court of Protection could decide whether she should remain in care or not. The judge ultimately determined that it was not in Brenda's best interests to return home, as the complexity of her needs meant that there would be too many risks.



# Efficiency and value for money: every penny counts

- Ensuring all spend provides value for money.
- Ensuring the right processes are in place and are consistently applied.

## Reducing costs and being more efficient

In 2015/16, we continued to look at ways to reduce our costs and achieve value for money, in response to the Government's austerity plans. We reduced the cost of our adult social care services by £2 million by:

- Reviewing how we work with our partners, including South West Yorkshire Partnership Foundation NHS Trust.
- Reducing the number of long-term placements and admissions into residential care.
- Making the most of the flexibility with the Better Care Fund to change how we fund and provide intermediate care beds.
- Making these savings was not easy. We had several changes to make because of the Care Act 2014, which gave us a number of new responsibilities. We also had to increase our contract costs and fees to care providers; this was to ensure we have a good range of sustainable providers in Barnsley, offering services at the right quality and standards.
- Finally, we know that the number of older people, people with disabilities and people with mental health problems in Barnsley is increasing every year, many of whom need care and support.
- It is clear that the pressures we experienced in 2015/16 will continue into 2016/17 and beyond. We will continue to improve outcomes for local people, whilst trying to manage increasing cost pressures to ensure we don't overspend on our budget.

## How much we spend on services







## Case Study

### Promoting Personalised Services

Chris was referred to our transition team in May 2015 when he reached the age of 18. At that time, he was still in full time education at a specialist school for children and young people on the Autistic Spectrum. He also received respite from the same provider for one night per week, which cost the council £375 per night.

Chris has a diagnosis of Autism, as well as a diagnosis of learning disability. His behaviour can be very challenging and is usually aimed at his mum. Not long after we picked up his care there was a serious safeguarding incident, which resulted in Chris attacking his mum.

The respite placement could no longer accommodate him, so we had to find another specialist placement in the Barnsley area. We tried two more placements, costing between £475 and £500 per night. Neither placement kept him particularly active. Chris is a well built young man who benefits from a lot of exercise. His parents spend most of their free time walking, cycling or swimming with Chris, which helps him keep calm. When in respite, this was not happening.

We helped Chris to employ a Personal Assistant (PA) and looked into different ways to meet his needs. We asked a local hotel with both a swimming pool and a gym for the cost of a room, once a week. One night for both Chris and his PA is £75, including access to the pool and gym during his stay. We now pay £81 a night for Chris's PA, bringing the total cost to £156 per night. Chris loves the hotel, the staff have got used to him going. His parents get much needed rest and a night off from exercise.

# Consultation with service users and carers

Before publishing our Local Account, we shared it with a group of service users and carers. The aim of this was to check that it reflected their own experiences of accessing social care services in Barnsley.

We received some feedback on the presentation of the document, as well as the language used. More information was also requested to help explain some of the figures we have used. We have taken on board those comments, which will help to ensure that our Local Account is accessible to as many people as possible.

We also received feedback about people's wider experiences of social care services. We will review those issues through our own service improvements processes. We will also work with our partners, particularly in the NHS, to review any issues that need to be addressed across the whole health and social care system.

Please use the contact details below if you would like to provide your own feedback on this Local Account:

**By e-mail:** [Lenniesahota@barnsley.gov.uk](mailto:Lenniesahota@barnsley.gov.uk)

**By telephone:** 01226 772347

**By Post:** Adult Social Care & Health, Barnsley  
Metropolitan Borough Council, Town Hall, Church  
Street, Barnsley S70 2TA



# Information about Healthwatch Barnsley

Healthwatch Barnsley is an independent, community-led organisation, which exists to make health and social care better for local people. We believe that the best way to do this is by ensuring services are designed around their needs and experiences.

Our connections to local people inform everything we say and do. Our expertise is grounded in their experience. We are the only organisation looking into people's experience across health and social care services for children and adults in Barnsley.

As an independent 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 work is supported by our Strategic Advisory Board, volunteer Healthwatch Champions and Healthwatch Young Champions. We are always looking for people who are interested in health and social care to volunteer for us and get involved in our work.

The feedback we gather from the public, through our research and engagement work, inform our priorities. We then check these against the Joint Strategic Needs Assessment and the Health and Wellbeing Board Strategy for Barnsley. This allows us to identify trends, look at areas to focus on, identify where work is already taking place and seek opportunities to work in partnership and avoid duplication.

## Last year our work focused on:

- Looking at access to Children and Adolescent Mental Health Services (CAMHS).
- Working with the local Mental Health Crisis Care Concordat.
- Working with the DEAForum to look at access to assessment and care management services.
- Accessing GP services in the Dearne.

## This year, our priorities are to:

- Continue working with the DEAForum to look at access to assessment and care management services.
- Carry out our final Enter and View to CAMHS to check on progress and service user experience.
- Focus on dentistry to children and young people, looking at their experiences of accessing services and what improvements could be made to encourage regular attendance.
- Look at access to health care services for refugees and asylum seekers and their experiences of engaging with our health care system.

We want to see real change in health and social care services in Barnsley. It is also important that we celebrate what is working well. If you would like to share your views about any of the services you access, please use our Feedback Centre website, which allows you to leave anonymous reviews and comments on the site. You can access the site at [www.healthwatchbarnsley.co.uk](http://www.healthwatchbarnsley.co.uk)

If you would like to speak to a member of the team, or would like to find out more about volunteering, please contact us in the following ways:

**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)

**Twitter:** @HWatchBarnsley

**Facebook:** HealthwatchBarnsley



## Adult social care

Adult social care covers a wide range of services or help, provided by local authorities and the independent sector to people, either in their own homes or in a care setting.

## Area Council

There are six area councils in Barnsley; each is made up of the locally elected councillors that support your ward alliances. The area councils use the information that you've told them about where you live, as well as national sources of information, such as the Census 2011, to decide what the priorities are for your area. You can ask your locally elected members for more information about area councils, attend a meeting to observe what happens, or read the minutes to see what decisions are made.

## Carers

Carers are people who look after a relative, neighbour or friend of any age who has a long-term illness, disability or is older or frail.

## Commissioning

Commissioning is an ongoing process, which applies to all services, whether they are provided by the local authority, the NHS, other public agencies or the independent sector. It covers assessing the needs of a population, setting priorities and developing commissioning strategies to meet those needs in line with local and national targets, securing services from providers to meet those needs and targets and monitoring and evaluating outcomes. There is an explicit requirement to consult and involve a range of stakeholders, patients/service users and carers in the process.

## Deprivation of Liberty Safeguards (DoLS)

The Mental Capacity Act Deprivation of Liberty Safeguards were introduced into the Mental Capacity Act 2005 through the Mental Health Act 2007 and are a series of safeguarding standards that apply to anyone who is aged over 18, who suffers from a mental disorder or who lacks capacity to give informed consent for their care and for whom deprivation of liberty is considered, after an independent assessment, to be necessary in their best interests to protect them from harm.

## Direct payment

Cash payments given to people who buy their own support services such as personal care, respite and day services, minor home adaptations, and specialist equipment. Direct payments give people more choice in their care. The payment must be sufficient to enable the person to purchase services to meet their needs and must be spent on services that he or she needs.

## Equipment and adaptations

Specialist items and/or property adaptations to help with daily living provided following an assessment by an occupational therapist or physiotherapist.

## HealthWatch

A government funded organisation, acting as an independent consumer champion created to gather and represent the views of the public for all aspects of health and social care. It can also offer signposting and advice services to patients and people who use social care services.

## Personal budgets

Money allocated to someone who needs support that they can determine themselves how to spend on meeting their needs. It may be managed by the person themselves as a direct payment or alternatively by the local authority or other third party.

## Intermediate care

A range of services provided in the home and in care homes to help people to stay independent, prevent unnecessary hospital admission, and help people to return home quickly and safely after a stay in hospital.

## Outcome

The changes, benefits or other results that happen as a result of getting support from social care.

## Partner agencies

Partner agencies can be companies, not-for-profit organisations, charities, public sector organisations (such as other local authorities, the police, fire service) who work together to achieve a common goal.

## Personal assistant (PA)

A personal assistant is someone employed by an individual to help them achieve their agreed outcomes. This may be in the form of providing hands-on personal care and/or assistance to access community facilities, social events or employment and putting them at the centre of their own care and support.

## Personalisation

A modern approach to adult social care tailored to people's needs and putting them in control. Personalisation means recognising people as individuals who have strengths and preferences and putting them at the centre of their own care and support.

## Reablement

Short-term, intensive therapy and care in a person's home to help them regain daily living skills such as getting up, getting dressed and preparing meals and having the confidence to manage independent, daily living.

## Residential care

Care provided in a care home.

## Safeguarding

Safeguarding is the term used to explain how agencies work together to protect vulnerable adults in the borough from abuse, ill-treatment and exploitation.

Abuse can take many forms such as physical, sexual, emotional, neglect or financial, and can take place in many different settings.

## Self-directed support

Support that a person chooses, organises and controls to meet their needs in a way that suits them, using an individual / personal budget.

## Signposting

Giving a person information about another organisation or service available to them.

## Voluntary sector

A term used to describe those organisations that focus on wider public benefit as opposed to statutory service delivery or profit. They are also known as Third Sector or not-for-profit organisations.