

**REPORT TO THE HEALTH AND WELLBEING BOARD**

**Date: 3.2.2015**

**HWB Barnsley Progress Report**

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<b>Report Sponsor:</b>	H&WB member
<b>Report Author:</b>	Carrienne Stones
<b>Received by SSDG:</b>	15.12.2014
<b>Date of Report:</b>	19.1.2015

**1. Purpose of Report**

1.1 To inform the Health and Wellbeing Board of the progress being made by Healthwatch Barnsley (HWB). This report includes information about funding and service changes. It also outlines common themes emerging from the outreach and promotion work being carried out by HWB Staff and Volunteers, and outcomes and impacts of work to date.

**2. Recommendations**

2.1 Health and Wellbeing Board members are asked to:-

- Note the report

**3. Introduction/ Background**

3.1 HWB is almost into its third year of operation, therefore we felt that it was important to share with the Health and Wellbeing Board how we have been working to share the views of the Barnsley people with service providers and commissioners to encourage change and demonstrate what outcomes and impacts this has had to date.

This report also provides information which outlines where HWB are represented throughout the Health and Social Care system, enabling us to raise patient views.

## **4. Our Work**

### **4.1 Butterfly Scheme**

The butterfly scheme enables nurses to recognise dementia patients requiring additional support through placing a picture of a butterfly above the patient's bed with the family's permission.

Issues were raised about this scheme not being a whole system approach, i.e. some wards said that they did not know about or partake in the butterfly scheme.

In response to our flagging of this issue and internal feedback through partners such as BIADS and The Alzheimer's Society, Barnsley Hospital NHS Foundation Trust (BHNFT) has responded by re-launching the scheme, providing training for staff, and implementing a number of other systems details of which can be found in appendix 1 to this report.

Please see appendix 1

### **4.2 Deaf Engagement Event**

Issues were raised about access to **Health and Wellbeing Services** for the deaf community.

HWB facilitated this event on the 15th March 2014, wrote a report containing a number of recommendations and held service providers and commissioners to account.

HWB are running a final event on the 31<sup>st</sup> of January, the purpose of which is to feedback to the Deaf Community, what is being done and how they can be involved in moving projects forward.

Please see appendix 2 for Provider and Commissioner Responses to Healthwatch Barnsley Recommendations.

### **4.3 Memory Assessment Services**

HWB supported 25 individuals have share their views on the following key themes:

1. Views and experiences of seeking a diagnosis and around querying dementia.
2. GP Diagnosis, is it timely? How early can it be made? What needs to occur or happen through your local GP?

3. The types of Community support that are available or that needs to be available when Memory Assessment Services were being restructured in Barnsley.

Individuals taking part in the review outlined that they would like to have access to support services prior to an official diagnosis and access to a Care Navigator who would be in place to provide information on accessing services at an appropriate time during the patient journey. They also outlined how much help and support they had received from organisations such as BIADS and the Alzheimer's Society, and expressed their wish to have had this type of support offered to them sooner.

South West Yorkshire Partnership Foundation Trust, are now delivering a service that enables individuals to access support sooner, and are able to access information at key points during their journey.

This service will be reviewed in 12 months and HWB have been asked to become involved in this area of work.

#### **4.4 Children Adolescent Mental Health Services (C.A.M.H.S)**

HWB shared with South West Yorkshire Partnership Foundation Trust (SWYFT), Barnsley Metropolitan Borough Council (BMBC) and The Barnsley Clinical Commissioning Group (CCG) views gathered from community outreach and engagement activity, about accessibility issues to C.A.M.H.S .

HWB received a response from services outlining their actions and plans to improve access to services going forward, which was shared with the individuals who had originally raised the concerns.

Please see appendix 3 for this information.

Healthwatch Barnsley has continued to receive comments from individuals about their experience of C.A.M.H.S and due to C.A.M.H.S still being very much under the spotlight nationally all Healthwatch organisations nationally were in December 2014 informed that Healthwatch England would be carrying out their 2<sup>nd</sup> Special Enquiry which would focus in on access to C.A.M.H.S.

HWB approached service providers and commissioners who were open to working with us and members of the public.

Currently this 2<sup>nd</sup> enquiry has been delayed by Healthwatch England, but here in Barnsley we have continued to plan for it.

Therefore on the 23<sup>rd</sup> of February 2015, HWB will be holding an open day for individuals from a range of backgrounds to come and tell us about their experiences of C.A.M.H.S.

The aim is to gather a consensus of views relating to C.A.M.H.S and to work with the service providers and commissioners, to deliver messages about the changes being planned and implemented, whilst providing additional opportunity to the service users to inform of their experiences and or become involved in this process.

HWB will keep the Health and Wellbeing Board and the Trust Executive Group (TEG) updated on this as work progresses.

#### **4.5 Access to General Practice for Asylum Seekers, Refugees and Immigrants.**

HWB has been approached by members of this community, and services supporting this community with a view that general practice is not as accessible as it could be.

HWB has raised this through the Patient Council, asking if there are currently any closed GP lists in Barnsley, to which we have been advised there are not.

We have also raised this through NHS England who have advised that members of this community should be able to access any general practice; however in Barnsley it seems that there is a default practice, which many are referred to.

HWB have shared this information, with providers and commissioners and are currently awaiting a response.

#### **4.6 Watching Brief**

Healthwatch Barnsley are currently awaiting feedback from service providers on

- Parkinson's Patients Access to self-medication in unplanned Emergency Care  
- Report Due Feb 2015 (Delayed)

### **5. Additional Areas of Work and Income Generation**

#### **5.1 Care Act**

HWB have supported the Local Authority at an event on the 3<sup>rd</sup> of October, which briefed local service users and carers on the care act and the changes being implemented within the local authority. HWB will continue to work with the local authority on the implementation of the Care Act and are a member of the Care Act Implementation Group, where we will raise questions, comments and concerns raised by Barnsley people. Currently the public do not fully understand the Care Act, or what effect it will have upon them.

## **5.2 Patient Partner**

In October 2014, HWB secured a piece of evaluation work from the CCG. The aim of the evaluation was to understand how patients used the newly installed Patient Partner System which is an automated telephone booking system and their experience of it.

This piece of work was completed in January and is now with the Clinical Commissioning Group, who will feed back to Healthwatch how the views are being used to ensure this service is more widely promoted to patients.

## **5.3 TB Service Review**

HWB Barnsley contributed views to a recent TB Service review led by Barnsley's Clinical Commissioning Group.

HWB are awaiting the outcome of this review and information on how views have been used to improve future service provision.

## **5.4 Healthwatch Representation**

Please see appendix 4 for a list of where Healthwatch Barnsley is currently represented.

## **6. Sign Posting and Information**

**6.1** Whilst this service got off to a slow start it has begun to pick up momentum. As the service has developed we are finding more organisations, are referring individuals to us for Signposting and Information.

**2013/14** HWB received 47 requests for information which over a 12 month period equates to 4 per month.

**2014/15** in comparison over a 9 month period HWB have received 67 requests for information which equates to 7 requests per month.

During **2015/16** we anticipate a rise in this activity, as HWB further promotes its service, and people continue to receive a positive experience.

For examples of feedback received from Service users who have accessed HWB Barnsley's sign posting and information service please see appendix 5

## **7. Financial Implications**

### **7.1 Changes to Funding**

HWB attended its last monitoring meeting for 2014 on the 4th December. At this meeting the funding for HWB was confirmed as £150,000 for 2015/16.

Having had this information informally in advance of the meeting HWB had already begun planning on how we would restructure the organisation, so it was able to continue delivering the service with this level of a funding cut.

The final forward plan was shared with commissioners on the 11th December 2015. Commissioners agreed the plan upon receipt.

Changes to service include:

- Disbandment of the HWB Steering Group
- Reduction in staff hours
- Removal of one post
- Changes to 2 remaining posts
- Changes to opening hours i.e. no late night Wednesdays and no weekend appointments, for members of the community wanting to access the signposting and information service.

HWB commissioners maintain that this is not a reflection on the success of Heathwatch or the activity being carried out and is simply a change in line with the financial constraints of the local authority.

## **8. Consultation with stakeholders**

### **8.1 Consultation and involvement of HWB Members on Changes to local Heathwatch.**

Consultation with HWB Active members began in May 2014, formal agreement of changes listed above was agreed by the board in August 2014.

Notice of Steering Group Disbandment was sent out to steering group members in on 9<sup>th</sup> September 2014 and steering group members were given the opportunity to become HWB Champions.

HWB stopped delivering the late night Wednesday and Saturday by appointment only for the signposting and information sessions after receiving agreement from commissioners that due to footfall at these times and despite evidence of promotion, staff and volunteer time could be better utilised, out in the community.

In November and December the structure of the organisation and staffing was taken into consideration with the involvement of the HWB Shadow Board, where a number of options were discussed.

A plan was submitted and agreed by HWB commissioners in December 2014.

In January 2015 Staff members were formally consulted about the restructure of HWB and opportunities within, in preparation for April 2015.

## 8.2 Reflective Audit

HWB will be carrying out a reflective audit between January and February 2015.

### Aims:

- The purpose of this activity is to provide feedback to HWB, the HWB Board and Local HWB Commissioners as to how local stakeholders in the Health and Social Care economy view Healthwatch Barnsley.

### Objective:

- Identification of the development needs for Local HWB.
- Understanding the blocks and barriers in the system.
- Understanding enablers in the system and how partners could support local HWB to be as effective as possible.
- Information to support judgements about value for money.

This exercise will be completed by March of 2015, and the results will enable us to plan for 2015/16.

## 9. Appendices

Appendix 1 – Butterfly Scheme Progress Reports from Barnsley Hospital NHS Foundation Trust

Appendix 2 – Responses from Service Providers and Commissioners in response to the issues raised by the Deaf Community about accessing Health and Wellbeing Services.

Appendix 3 – C.A.M.H.S. Response from 2014

Appendix 4 – Representation at Regional and Local Meetings

Appendix 5 - Feedback from Individuals and organisations who have worked with HWB Barnsley

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**Contact:** Carrienne.stones@vabarnsley.org.uk

**Date:** 26<sup>th</sup> January 2015





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**Barnsley Hospital NHS Foundation Trust****Dementia: April 2014 – March 2015**

Barnsley Hospital is committed to becoming a dementia friendly organisation. Our training development plan for our staff will ensure that we improve dementia awareness throughout the hospital. This will focus upon strategies that will help staff to deliver person-centred dementia care to people living with dementia in our care services. This is to be delivered using a variety of resources that can be accessed by hospital staff which will include attendance at formal facilitated sessions, the implementation of the butterfly scheme, hospital events, activities and information flyers.

Within the next 12 months Barnsley Hospital is working on a number of initiatives regarding dementia care, training and awareness. There are a number of planned areas of improvement and implementation in order to raise awareness about dementia care that will be available to hospital staff. These are:

- The introduction of the Person-centred dementia care in acute hospitals training project. This training in conjunction with Bradford University and the LETB project is progressing steadily. In June 2014 five members of staff were trained by Bradford University to deliver cascade dementia care training within the trust. These staff are now providing this training monthly for staff across the hospital. To date we have approximately 150 staff that have attended and successfully completed this course. Staff who attended the course have completed evaluation forms, comments have included:

“really interesting and evoking course that challenges perceptions of patients with dementia and encourages focus on the person not the diagnosis really well delivered and interactive”

“good opportunity for reflection and debate, wouldn’t otherwise have had the opportunity out of clinical practice”

“has provided me with valuable learning to improve my practice on the ward”

- The Butterfly scheme was re-launched in May 2014 during dementia awareness week.

A fifth of identified staff have completed the butterfly scheme learning pack at this current time. Whilst this is an improvement there is still work to be done to improve training compliance and use of the scheme across all areas of the trust.

- Safeguarding training continues to be part of the mandatory training programme delivered within the trust. Safeguarding referrals are now completed through our datix reporting system to ensure accurate recording of data and outcomes along side key themes and trends to be actioned and learned from.

- The trust has introduced activity boxes into all clinical areas. These include a number of resources to share with people living with dementia as well as information about the butterfly scheme and local services for reference and guidance.

- The Sugar Cube Café situated on ward 19 has had positive feedback from patients and visitors who use this facility. Comments have included:

‘made a nice change from sitting in my room on my own’

‘very good idea takes the stress out of being in the ward’

‘good to listen to live music and sing-along, very uplifting’

“very friendly, warm and welcoming... staff fabulous, keep up the good work”

This will be developed further considering new location centrally within the trust.

- The hospital will be launching a dementia care website on the hospital intranet site for staff to access information. This will provide them access to information and links to websites such as dementia friends. This is currently an on-going project.
- Dementia awareness week 2014 was an opportunity for the trust to engage staff to access information, resources and links from outside agencies about caring for people living with dementia. Events included hosting dementia friend’s sessions, re-launch of the butterfly scheme and the sugar cube café was opened for people to access information throughout its open day.
- Information will be given to hospital staff through the use of flyers at a number of times throughout the year. This is on-going and updates given through a variety of formats.
- The Alzheimer’s society, with assistance of local community funding are employing two part time dementia support workers that will support people with dementia and their carers whilst in hospital. This initial project will provide people with dementia in our hospital trust access to Alzheimer’s society services and support during their time in hospital.
- The trust has recently appointed a temporary dementia specialist nurse to support the hospital’s plan to improve dementia awareness, person-centred dementia care and the vision to become a dementia friendly hospital.
- The new trust induction and preceptorship programme will include a section which will include the care of people living with dementia. This will ensure that the newly qualified practitioner will demonstrate knowledge and understanding of person-centred dementia care in acute hospitals.

There has been steady progress over the last twelve months, however we acknowledge that further developments and plans are required in order to achieve our identified goals and embed the new schemes in which we have adopted.

V Faxon-Wastnage

Dementia Specialist Nurse

December 2014



**Provider Responses**

**South West Yorkshire Partnership Foundation Trust:**

Barnsley Healthwatch	
Recommendation	Response
<p>Work in Partnership with the DEAForum to Look at access requirements, outlined within the report and ensure Mental Health &amp; Health and Wellbeing Services are accessible for the deaf community</p>	<p>Our Trust endeavours to work in partnership with various third sector/voluntary agencies. Currently exploring partnership working with HealthDeafinitions and our Stop Smoking and Weight Management Services in Barnsley. A Memorandum of Understanding is in development.</p>
<p>Provide accessible information and raise awareness within the deaf community about Mental Health Service provision &amp; Health and Wellbeing Services available locally. Look out for opportunities to engage with the Deaf Community via the Deaf Club, DEAForum, events for the deaf and during Deaf Week</p>	<p>The Trust values the opportunity to attend events and engage with the Deaf Community. Advance notification of such events will be sought to secure appropriate Trust representation. Recent Trust initiatives include :</p> <ul style="list-style-type: none"> <li>- support of Deaf Awareness week 2014 and to help promote services available the sensory impairment service (run by SWYPFT) held a free information event and invited other local organisations. The hearing loss awareness event was held in Barnsley Town centre on 7th May. The theme was 'Equality in communication for all'.</li> </ul>

Access to Health and Wellbeing Services for Barnsley's Deaf Community

	<p>- a bi annual Disability conference (incorporating all potential barriers to access)</p>
<p>Consider holding regular 'walk in' type community services, advertised to the deaf community, with interpreters provided, and develop in partnership with DEAFForum</p>	<p>Consideration will be given to this item by the Trust -this will be a wider piece of work on how the Trust supports people who may need additional help in accessing services across the our footprint.</p>
<p>Ensure clear information and guidelines are given to Deaf Patients when prescribing medicines and check understanding</p>	<p>SWYPFT is currently undertaking scoping work to consider the implications of The Accessible Information Standard (NHS England) which will include addressing the need to provide clear information and guidelines when prescribing medicines and confirming understanding of same.</p>

<p>Provide Deaf awareness Training to all staff within a public facing role, perhaps at the point of induction including receptionists, consultants, nurses, practice managers etc. The training must be delivered by an accredited trainer. Deaf awareness training would enable staff to: Understand the communication needs of Deaf People. Understand who is responsible for booking interpreters Know how to book interpreters and the standards required. The Association of Sign Language Interpreters (ASLI) believe that the only way to ensure fair access is through the provision of a professional interpreter who is registered with the National register of Communication Professionals (NRCPP)</p>	<p>This is a wider piece of work for our Trust. Deaf Awareness training has previously been offered by our Learning and Development Team. However, due to the amount of mandatory training staff have to attend, numbers attending have been low. Trust to explore alternative options for providing awareness training with staff. Trust staff are currently working to an interpreting, translation and transcribing policy which sets out our approach to the provision of interpreting and translation services. It also sets out a framework for the principles and practice of working with interpreters and gives guidance on appropriate use of transcriptions, telephone and face to face interpreters. The policy is currently being reviewed and changes will be made as a result of new guidance and good practice.</p>
<p>Consider introducing a scheme similar to the Barnsley Hospital Foundation Trust, so Health Professionals are aware at a glance a patient is Deaf.</p>	<p>This item also fits with the Information Standard and how people will be identified to Health Professionals. We will address this via work we are undertaking for Volunteer roles.</p>
<p>Providers to look at information they have for Deaf citizens. Is it fit for purpose and accessible to the deaf community</p>	<p>Currently SWYPFT is undertaking scoping work to consider the implications of The Accessible Information Standard (NHS England). This will include addressing information about all service users including Deaf citizens and addressing if it is fit for purpose and accessible</p>

<p>Review current referral systems between services, to ensure vital communication needs are not left out and relevant BSL Interpretation services are booked.</p>	<p>Trust currently use 2 record keeping systems. SystemOne - is fully functional to record methods of communication. RIO -Recent upgrade provides the opportunity to include alerts to record preferred methods of communication. This will assist with the Accessible Information Standard.</p>
<p>Adopt visual indicators in waiting rooms and reception areas. E.g.. Give everyone a number when they arrive and display the number on a screen when it's their turn.</p>	<p>The Trust to explore options on use of technology in waiting rooms. Consideration of 'Welcome volunteers' as part of a 12 month development plan which is due to commence in 2015.</p>
<p>The CCG and Health and Wellbeing Board should consider how community /primary health services can provide a more extensive and consistent access to interpreters for Deaf people and look at how developing technologies can assist to enable independence.</p>	<p>As above .Following recent 15 Steps visits an action was identified to explore providing a 'flashing light' when the intercom has been answered.</p>
<p>Ensure interpreting services information is visible to staff, patients and the public through accessible advertising and information</p>	<p>The Trust is currently reviewing our Interpreting, translation and transcribing Policy.</p>



**Barnsley Hospital NHS Foundation Trust has:**

1. Taken the report to the management team for Patient Engagement and Equality & Diversity who read report and wants commitment to improve for Deaf patients.
2. Checked contract about BSL Interpreters, and renewed contract with Big Word for Interpreting. They can provide BSL Interpreters for any appointment if you are (deaf people) request.
3. Have commissioned lip speaking awareness lessons for staff. This is a 6 session programme.
4. For unplanned Emergency Care will develop the 'All About Me' booklet currently in use for LD patients so it can be used with other patients who may struggle to communicate and will seek their support in the development of this to ensure it is accessible. This is so health professionals can get to know an individual's background fast in the absence of an interpreter.
6. Had a new system installed which will help improve flagging system for Deaf people. This system will advise if you prefer BSL Interpreter.
7. Recognised the need to ensure referrals coming through from General Practice do not always carry sufficient information and therefore this needs to be addressed.

**General Practice**

From 38 GP practices we received 13 responses to the report, from the information provided we will be able to put together a booklet which outlines how accessible a practice is for the deaf patients which will enable the patient to make an informed choice.

The response from general practice was disappointing, although we have one practice manager, who understands the issues faced by the deaf community and has stood up as a champion, to again raise the issues with practice managers after the feedback event on the 31<sup>st</sup> of Jan.

**Barnsley Clinical Commissioning Group has:**

1. Instructed their contracts department to amend their contracts when they are reviewed this year to include KPI's for interpretation usage.
2. Has sought action from BHNFT AND SWYFT around their actions, details of which have been fed in to the CCG's Equality Steering Group.

**NHS England has:**

1. Responded to the report about how interpreting within General Practice is currently managed, but nothing further than this.

**Public Health has:**

1. Designed a new model for Health and Wellbeing Services, which they will share on the 31<sup>st</sup> of January 2015, and dependant on findings will ensure Health and Wellbeing Services are accessible and incorporate KPI's to ensure data is captured around usage of the service by the deaf community, thus enabling them to have clear evidence to inform improvements to the new model going forward.



# BARNSLEY

Metropolitan Borough Council

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## Directorate for Children, Young People and Families

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Date 30 April 2014

Dear Carrienne

### Child and Adolescent Mental Health Services (CAMHS)

Thank you very much for the comments you sent us, they have been very useful in helping us decide what we most need to do to make CAMHS a better and more accessible service. We would be grateful if you could pass on our comments to your members as follows:

We used your comments to help inform a review looking specifically at access to the CAMH Service. Your comments helped us to understand that getting access to CAMHS within a reasonable timescale, for both urgent and non-urgent issues, is really important. This is particularly the case when children and young people and their parents or carers are feeling anxious that things might get worse if they don't have someone to talk to about their problems or issues.

**To try and make the service easier to use for those that need it most we used the review to look at:**

- waiting lists
- how cases are triaged (or reviewed when the referral is first received)
- response times for urgent cases
- waiting times following the initial 'choice' appointment and how cases are allocated to different clinicians
- discharge practice (what happens when the treatment comes to an end) and;
- the quality of information back to referrers when cases are rejected because CAMHS are not thought to be the appropriate service

### What we found:

- demand for the service is very high and increasing
- CAMHS is not always best placed to deal with some of the issues that people present with
- waiting times are unacceptably long both for the initial choice appointment and the wait to see an appropriate clinician following the choice appointment
- there are lots of cases that remain under the care of CAMHS because it is felt that there might not be anyone else (such as GPs) able to do what CAMHS does

## **What we have done and what we are planning to do:**

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

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

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

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

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

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

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

1. Improving the ability of staff in the universal workforce (children's centres, schools etc.) to help children and young people with brief interventions to prevent the need for CAMHS;
2. Improving the way we support parents and carers to understand and help their children to be happy and confident and enjoy positive relationships;
3. Establishing a lower level service offer for children and young people who would benefit from access to 'talking therapies' such as counselling.

We hope that this has helped to answer some of your questions but if you would like to discuss further then please don't hesitate to contact Richard Lynch on 01226 773672 or [richardlynch@barnsley.gov.uk](mailto:richardlynch@barnsley.gov.uk)

On behalf of the Children and Young People's Trust, thank you again for taking the time to help improve services in Barnsley. We very much appreciate your continued feedback regarding CAMHS and related services so we can see if our changes are working.

Yours sincerely

A handwritten signature in black ink that reads "Rachel Dickinson". The signature is written in a cursive style with a long, sweeping tail on the "n".

Rachel Dickinson  
Executive Director, Children, Young People and Families  
Chair of CYPT



## Representation at Regional and Local Meetings

### Regional Meetings

- **Quality Surveillance Group**

Please see information via the link below on Quality Surveillance Groups.

This meeting is useful for Barnsley because it enables us to see what is happening in Barnsley and compare it with the rest of Yorkshire and the Humber.

Healthwatch would use this meeting as a stepping stone, if we were unable to encourage change locally. We are also able to identify if issues are a local issue or a regional issue.

Where a regional issue is identified it might be that we are able to carry out a piece of work as a Healthwatch Network.

[http://www.healthwatch.co.uk/sites/default/files/20130417\\_qsg\\_advice\\_2.pdf](http://www.healthwatch.co.uk/sites/default/files/20130417_qsg_advice_2.pdf)

- **LPN – Local Professional Network (Primary Care)**
- Healthwatch Rotherham attends the Pharmacy Network
- Healthwatch Sheffield attends the Dentist Network
- Healthwatch Barnsley will attend the Eye Network when it is set up.

Healthwatches will when they have it, feed in relevant information to the meetings from the Healthwatch network, and share information with the Healthwatch Network about what is happening and opportunities to work in partnership.

The link below takes you to NHS England's website page, providing information on the LPN.

<http://www.england.nhs.uk/ourwork/commissioning/primary-care-comm/lpn/>

- **Strategic Clinical Network**

The strategic Clinical Network - CVD Strategy Task Group (Strategic Clinical Network)

Healthwatch Barnsley was approached for representation early on in the Healthwatch Contract. Margaret Dennison is the patient representative on this group and attends bi-monthly meetings with Healthwatch Barnsleys Adult Engagement Officer.

Healthwatch Barnsley took responsibility for domain 1 CVD Strategy Task Group, other Healthwatches have been asked to take on Domain 2 Mental Health, Dementia and Neurological conditions and Domain 3 Cardiovascular, Maternity and Children.

To date no other Healthwatch in this area have taken on Domain 2 and 3.

## **Local Strategic Meetings**

- **Quarterly Intelligence Sharing Meetings with various agencies**

Healthwatch has arrangements with South West Yorkshire Partnership Foundation Trust, Barnsley Hospital NHS Foundation Trust, BMBC, Barnsley CCG, and YAS.

Healthwatch currently meets more regularly with Barnsley CCG, BHNFT and South West Yorkshire Partnership Foundation Trust.

This is due to most of the concerns being about health services.

- **VoiceAbility**

Healthwatch also meets with Voiceability on a quarterly basis, to learn of the types of concerns they have been receiving from the public, and trends they are identifying, so we are able to cross reference with our own.

- **Social Care Intelligence Sharing Meetings**

Healthwatch attends a Social Care Intelligence sharing meeting with BMBC, CQC, SWYFT, CCG and partners including safeguarding on a quarterly basis.

The aim of this group is to share intelligence around residential, nursing care and day centres to identify concerns and trends.

- **CQC Intelligence Sharing Meetings**

Healthwatch have had a number of meetings since the beginning of our contract with the Care Quality Commission, to discuss areas to watch out for, and inspections due. These meetings have not been as often as we would have liked due to Healthwatch and CQC availability. However information is still passed via e-mail on a regular basis, and Healthwatch Barnsley are asked for information each time the CQC are about to inspect services.

- **Health and Wellbeing Board**

Healthwatch are represented on the Health and Wellbeing board and our role here is now further strengthened through our involvement with the Senior Strategic Development Group.

- **Senior Strategic Development Group (SSDG)**

Healthwatch have recently acquired this seat, so we will keep you updated on our involvement as we go through our induction period with Scott Matthewman.



- **System Resilience Meeting**

Healthwatch has also begun attending the system resilience group meeting; this meeting is led by the CCG and has the following representatives around the table.

- SWYFT
- YAS
- BHNFT
- GP
- Out Of Hours
- Voluntary and Community Sector Rep (VAB)
- Bmbc Adult Social Services

This meeting is very informative and looks at local quality bench marks and how the organisations are or are not meeting them. Healthwatch at this meeting is able to provide anecdotal information and patient data which may or may not support stats.

- **Adult Safeguarding Board**

Margaret Baker (HWB Board Member) has been a representative of the Adult Safeguarding Board for a number of years, as an independent representative.

Healthwatch were offered a seat on the Adult Safeguarding Board in March of Last year. To date Healthwatch has not had anything specific to feed into these quarterly meetings regarding safeguarding, but find this meeting, the speakers arranged and the updates on safeguarding arrangements in Barnsley invaluable to the work we do.

Due to the implementation of the Care Act part 1 2015, Healthwatch will now have more of a role in scrutinising the Adult Safeguarding Board Annual Report, and the planning of this work is currently underway.

- **Health and Wellbeing Board Communications Group**

Carolyn Ellis (HWB Communications) attends this group, to ensure Healthwatch is linked in with other communication departments.

### **The Aim**

The communications group promotes the work and role of the Health and Wellbeing Board in Barnsley. The group will seek to promote one message and one voice on health and wellbeing issues to the residents of Barnsley.

### **Objectives**

- To promote the topics identified in the Joint Strategic Needs Assessment and the Health and Wellbeing Strategy.
- To ensure that local people have access to a range of information about health and wellbeing in Barnsley.

- To work together as a group, agreeing to and promoting joint areas of work over the next 12 months.
- To give residents the opportunity to get involved and influence board decisions.
- To work closely with the Health and Wellbeing Board engagement hub
  - **CCG Equality and Diversity**

Healthwatch has recently been offered a seat at the CCG's Equality and Diversity Steering Group. As from the first meeting this proved to be beneficial as a number of actions were taken forward from the Healthwatch Intelligence shared.

- **Expert Partnerships (New Arrangements)**

Healthwatch have been unable to fully involve themselves in these meetings to date due to the number of meetings held; however as the structure of these meetings is due to change Healthwatch will have a key role to play within this group going forward.

- **Barnsley Patient Council**

Adrian England (Healthwatch Chair) attends the Patient Council, to feed in and out information, we also have a number of Healthwatch members who also attend this meeting.

This is a very informative meeting, and offers an opportunity for Healthwatch to learn about the work of local health care services, and patient views from the Practice Reference Groups (PRG) from around the borough.

I have attached some information about this meeting, via the link below.

<http://www.barnsleyccg.nhs.uk/get-involved/barnsley-patient-council.htm>

- **Oral Health Improvement Steering Group**

The OHIAG has key partners working in early year's settings, schools and in the community to increase awareness of diet, access to dental treatment and oral hygiene.

Healthwatch joined the OHIAG with the aim to develop and improve oral health in children and young people in Barnsley.

Healthwatch is currently involved to engage parents and children to promote and gain views on the child's dental care.

We currently feedback both information collated from our outreach from children and parent, this is back to the group both verbally and through reports, Healthwatch promotes any information the group highlights as an action, such as fluoride varnish where we put information regarding this in our Children and young people's newsletter.

- **Pharmaceutical Needs Assessment (Temp)**

Healthwatch as you will be aware have been supporting in the communication of the Pharmaceutical needs assessment. Healthwatch have since April this year attended several groups, to support in the development of a survey, and distribution. This work is now complete.



**Feedback from Service Users ref Signposting and Information Service**

**Example 1**

"I contacted Healthwatch when my husband was ill and I didn't know what services were available to help. I was given helpful and accurate advice which meant that we were able to access support equipment to help us cope. Thank you Healthwatch."

**Example 2**

"The meeting went well and yes I am satisfied with the meeting with xxx and with Dr. xxx who was also there in the meeting. They have assured that the situation I have come across will not be repeating again.

Thank you so much for your assistance in this regards and if there will be anything in future will get in touch with you.

Thank you once again and God bless".

**Example 3**

"Thank you for support with the meeting I really appreciated Health watch staff support, if you need anything else in the future please do not hesitate to contact me or Barnsley CCG. I think you're doing an excellent job on behalf of the people of Barnsley !

Thank you and all the Healthwatch staff"

**Example 4**

"Thanks for helping Mr xx, he has contacted me today and the organisation you directed him to have been marvellous ...he wishes me to pass my thanks on to yourself and Barnsley Healthwatch"

