

A photograph of a man and a young girl playing with a colorful abacus toy. The man, wearing a blue checkered shirt, is looking at the girl with a focused expression. The girl, wearing a pink lace-trimmed top, is looking intently at the toy. The abacus has several vertical rods with colorful beads (red, yellow, blue, green) and loops. The background is slightly blurred, showing what appears to be a play area.

healthwatch

**Healthwatch
Barnsley**
Annual Report 2015/16

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Message from our Chair, Adrian England



It is my pleasure to introduce our third annual report.

The last 12 months have continued to be challenging, but at the same time stimulating and hugely worthwhile as we develop and improve our service across Barnsley.

The economic situation continues to inhibit public spending and as a result funding has to be even more dedicated and prioritised around people's needs. Within the health and social care system it is crucial to ensure that there is a balance between value for money, whilst preserving and improving exceptionally high quality services.

Last year I referred to the requirement to meet the challenge, both nationally and locally, in the transformation of health and social care services. With the continued passion and commitment we often see demonstrated by the people working within the sector, things are beginning to change. We now see commissioners and providers working even more closely together and I'm sure that people throughout the borough will not only see, but experience the benefits of these transformations. We will continue to support and challenge these changes, to ensure that the outcomes for local people remain at the heart of services.

Consumer rights within health and social care are not always recognised. Therefore it is a responsibility for commissioners and providers to ensure that service users continue to be the focus of improvements and reviews.

We will continue to consult, research and collect people's experiences; you will read and hear about the improvements we have made recently in the way in which we gather this information. We will use this material to identify service gaps but we will also highlight exceptional practice. In doing so, we can continue to influence, challenge and support those organisations responsible for the delivery of health and social care services.

I continue to be extremely impressed with the commitment that the Local Authority, Clinical Commissioning Group (CCG), NHS service providers, Health and Wellbeing Board, Community Forums and Provider Forums all show in improving and developing the current service provisions in Barnsley.

The dedication of our Strategic Advisory Board, staff team and Champions are exemplary and I offer my sincere thanks to them all for their hard work over the past year.

Message from the Healthwatch Manager, Carrienne Stones



The past year has been a very successful time for us. On 11 March 2016, following a tendering exercise Voluntary Action Barnsley were once again awarded the contract to deliver Healthwatch in Barnsley. This was a testament to the hard work and dedication of our staff team and volunteers. Our current contract has been awarded until 2018, with an opportunity to extend it in the two years which follow. This means that we can continue business as usual and to look for opportunities to grow and develop the project, providing more ways for you to have your say on health and social care services.

However, being awarded this contract does not mean that we can afford to be complacent; services are still under pressure to respond to changes in legislation and available resources at a very fast rate and are faced with making difficult decisions. Such decisions are not always conducive to the needs of the area, making our role more important than ever in supporting people to raise their concerns when services are not working for them.

Throughout this past year we have maintained a high level of targeted local engagement activity; we promised that we would prioritise looking at access to general practice and mental health services. We have done this and we are pleased to report on some of the outcomes as a result of this work. We also promised to report back to you on other areas of work undertaken but where no actions had yet taken place. With this in mind, you will also read about our work on:

- Carers identification within general practices;
- Access to medication in unplanned emergency care for Parkinson's UK Barnsley and District Branch members and for those with Parkinson's;
- The barriers the Deaf community face when accessing mental health services.

These have all been achieved through our persistence, reporting mechanisms and intelligence sharing arrangements. In addition to our core activities informed by our contract, we have also been successful in applying for a number of additional commissions. This has generated a modest income and this will be used to continue to fund our work. One of these commissions led us to be nominated by NHS England for three national awards, for which we were shortlisted out of 200 entrants!

I hope that you enjoy reading this report and the real life examples of our work as much as our team have enjoyed putting it together.

The year at a glance

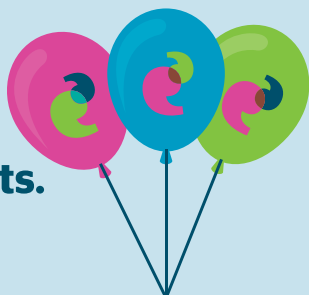
This year we have reached 237 likes on Facebook and 1,408 followers on Twitter



We've visited 15 local services



We have met and engaged with over 3,000 Barnsley people through our outreach and engagement events.



Our volunteers help us with everything from public engagement, conducting Enter and View visits to writing reports and providing direction. Our reports have tackled issues ranging from access to Child and Adolescent Mental Health Services (CAMHS) and experiences of Crisis Care Mental Health Services.

Who we are

We exist to make health and social care services work for the people who use them. Everything we say and do is informed by our connections to local people. Our sole focus is on understanding the needs, experiences and concerns of people of all ages who use services and to help them have a voice. We are uniquely placed as a national network, with a Healthwatch branch in every local authority area in England. Our role is to ensure that services put the experiences of people at the heart of their work.

We believe that asking people more about their experiences can identify issues that, if addressed, will make services better.

Our vision

We aim to listen to the views expressed by people living in Barnsley and to work with service providers and commissioners. This ensures that these views influence and shape the provision of services.

Mission

We will work with people, communities and organisations to influence the provision, planning, commissioning and delivery of the 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 based on the feedback we gather from our research and engagement work. Our priorities are then checked against the Public Health Strategy and the Health and Wellbeing Board Strategy for Barnsley; through this activity we are able to look at areas to focus on, identify where work is already taking place and seek opportunities to work in partnership and avoid duplication.

Healthwatch Barnsley's priorities for 2014/15 included:

- GP Access
Looking at people's experiences of accessing general practice, and variations between practices.
- Mental health services
Continuing our work on CAMHS
Looking at people's experiences of accessing services when in crisis.

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



Listening to people who use services



Gathering experiences and understanding people's needs

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.

This year we have continued to take the time to listen to individuals who have experiences and views to share on services. We have provided almost 3,000 members of the public with information on our service, and through this activity we have increased our membership to 2,325 local people. We have also seen some of our members become active as either Healthwatch Adult Champions or Healthwatch Young Champions.

“we have increased our membership to 2,325 local people”

Our Champions support our staff team and Strategic Advisory Board in:

- Setting priorities for the organisation;
- Identifying new opportunities;
- Developing our organisation as the local independent consumer champion for health and social care service users;
- Ensuring we stick to our remit and work within the parameters of our contract;
- Helping with outreach and promotional activity;
- Carrying out Enter and View visits;
- Assisting with survey activities.

Our Champions have also supported us to gather the views of:

Children and young people

- Their experiences of accessing CAMHS when in treatment;

Barnsley's older population

- Service user experience of residential care home services;

Patients accessing their general practice

- Experience of access
- Engaging with the Friends and Family Test (FFT) and methods for patient and public involvement;

Mental Health Crisis Care Service users and carers

- Experience of access and engagement with Mental Health Crisis Care Service.

We communicate with our members through quarterly newsletter bulletins which, as of April 2016, will be replaced by our new style monitoring reports. This will give people with which we have engaged information about our activities, what we have been doing with their views and will also give an overall indication of local experiences of services.

To view the first monitoring report of this type, please visit our website at www.healthwatchbarnsley.co.uk

We also regularly report on our activities via social media and our website, which is currently being re-designed to include our new feedback centre. This will make it easier for everyone to leave feedback about services; it has a similar format to other websites that you may have used to post online reviews. What's great about this tool is that we do not have to rely solely on internet traffic; we have purchased tablet devices that will allow our volunteers to remotely populate the feedback centre with data whilst they carry out engagement activities with the public. This allows better use of time back in the office, as there will be no need for paper based feedback forms to be inputted separately by our staff team.

Another advantage of this system is that we are also able (through our regional Healthwatch lead officer meetings) to monitor what is happening with services across South Yorkshire and Bassetlaw. This is due to our neighbouring Healthwatch branches using the same system.

Using a simple star rating system, you can quickly and easily review the services that you have received and provide comments about your experience. You can leave your experience anonymously or with your name and contact details. The site also has a 'right to reply' section for service providers to give feedback to the public; we are in the process of informing providers about this.

Providers can also capture views that will inform their internal quality monitoring. They can do this by adding our feedback widget to their website. The widget has been designed to ensure that it's accessible to the widest, most diverse range of people.

Please try our feedback centre for yourself and share your experiences. We look forward to reporting to you next year on how this has helped us in gathering the views of local people on the service they receive.

Due to our chosen priority areas, this year we have targeted some of our outreach and engagement to ensure we worked specifically with general practices, residential homes and mental health services. This activity has been largely supported by our Champions and they have been very active in undertaking this work.

Meet Edith



Edith joined us as a Healthwatch Champion in 2013 and for the past twelve months she has (with Chris Green, a fellow Champion) carried

out engagement activities in residential homes across Barnsley. Edith is already a well-known and respected member of the community in Barnsley and volunteers with the Barnsley Churches Drop-in Project. She also plays the organ at her local church. Edith received recognition last year by the Queen for her contribution to voluntary services at an event in Sheffield commemorating the Maundy Service in April 2015.

The purpose of this outreach and engagement is to become a friendly, recognisable face to residents in care homes across Barnsley and to understand people's experiences.

To date, Edith and Chris have undertaken placements at:

- St James Court
- Deansgate
- Fieldside
- Darfield

Placements are pre-arranged and the Champions attend for one day for a period of four to seven weeks, depending upon the size of the home and number of residents. Our Adult Engagement Officer publicises our attendance around the homes in advance of our visits, giving family members, carers and staff an opportunity to also come and talk to us.

Here is what Edith has to say about volunteering with us and her time in the residential care home sector:

"I had worked with the Samaritans for nearly 30 years, a role which I had really enjoyed. I find it very rewarding talking to people and helping them when they need it. I became involved in Healthwatch as a Healthwatch Champion when I had decided to step back a little from my Samaritan's role in 2013. When I was asked to support with outreach and engagement within residential homes I was really pleased. I love meeting people, have always been a people person and get so much pleasure out of listening to and talking with the residents.

I feel that it is important that the residents that I talk with know who I am and that I am representing Healthwatch, but this is not the only basis for our conversations; we talk about our lives and experiences and any subject that suits the time. Some of the residents open up about their experiences of care which is great, but those who do not wish to talk to me do not and that's fine too.

The most rewarding part of the role is when I finish my day knowing that I have helped someone with a problem, and it's great when you walk in and see that a resident is pleased to see you. I have not encountered many challenges with this role and the feedback that I have received has been mostly positive and not of any concern, but when an issue has been highlighted, it has been immediately shared with the service manager and with Healthwatch for monitoring. At the end of each placement we leave plenty of information and ways for residents, carers, family members and staff to get in touch should they want to talk to us about anything to do with their care."

Jade currently visits high schools once a month with the Barnsley Metropolitan Borough Council (BMBC) Youth Participation Team and talks to the students about the different projects we are working on to gather their opinions. During the summer holidays, our Young Champions accompanied Jade to carry out outreach and engagement within local parks, sharing information about us and how we can be contacted, whilst gathering views on experiences of services.

This year, Jade has also been working to recruit new Young Champions due to Emma O'Rourke, Victoria Farmer, Sophie Darn, Louise Wilson and Joe Sennitt beginning their university education. We would like to thank these Young Champions for their work and we wish them well in their continued professional development. We also would like to give a warm welcome to our new Young Champions pictured below.

Jade has also been working within the New Street CAMHS clinic. There she has been talking to children, young people and families about their experience of services, once they are in treatment. You can read about this on page 17 of this report.

Gathering the views of children and young people



Jade Bligh, our Children and Young People's Engagement Worker, has continued to carry out outreach and promotional activity within schools across Barnsley and we are now represented at nine of the ten high schools across the borough. In February 2016 we received an offer to work within a small number of primary schools; this will begin in 2016/17.

Working with the seldom heard

We have also continued to work closely with the Deaf community in Barnsley this year. Members of this community approached us to support them in raising their views about access to assessment and care management services in Barnsley. However our involvement this year was not as extensive as in previous years and the related planning and event were led by the local DEAForum, details of which can be read about on page 12.

Finally, in our 2013/14 Annual Report you may remember us raising the issues carers faced in being identified by their GP as a carer. We also detailed the actions we were taking to address this in Barnsley. A full account of this is given under page 11 of this report in the section titled "How we have made a difference".

What we have learned from visiting these services

Enter and View activity

“During 2015/16, we have undertaken 19 announced Enter and View visits.”

18 of these visits have been funded as activity that is additional to our core contract through NHS England. This has formed part of our work looking into how the Friends and Family Test (FFT) has been embedded across primary care and mental health services in Barnsley.

One of our Enter and View visits has been in relation to understanding people’s experiences of CAMHS, whilst in treatment.

Continuing our work into 2016/17, we have planned to undertake three Enter and View visits to general practices in the Dearne. There we will be looking at access and this will be in addition to our second, third and final Enter and View visits to CAMHS. We will consider the experiences of service users and if waiting times are improving, in line with the improvements quoted by the service providers. In addition we will be checking that the reduction in waiting time has not affected service user experience.

We will also be carrying out four additional Enter and View visits as a part of our funded activities. These will be to evaluate how general practices are working with the Primary Care FFT Toolkit, which we designed in partnership with Healthwatch Sheffield.

For more information on our Enter and View activity and findings, please see the section “How we have made a difference”.

Giving people advice and information

Helping people get what they need from local services.

We provide a variety of information to ensure that local people are well informed about the health and social care services available in Barnsley. We can also advise on people’s rights in relation to these services.

Our team has excellent knowledge about services and where further information is required, we use provider websites, NHS websites and Connect to Barnsley resources. We also stock a wide range of leaflets and information packs which we take to outreach and promotion events across the borough.

An example of where we have been able to provide signposting services recently is in relation to the work we have been doing to look at people’s experiences of accessing general practice in the Dearne. In March we held two events, one at Thurnscoe Library and another at Goldthorpe Library. Community members explained about difficulties in accessing general practices and we were able to refer people to the new local i-HEART service, as well as advise on other services such as PharmacyFirst and NHS 111.

This year our team has dealt with 91 signposting and information requests

We are expecting this number to continue to grow, due to improved methods for recording activity and the implementation of our new online feedback centre.

We will also continue to ensure we are visible within the local community and are on hand to provide people with information and signposting. This is an activity which will be made easier with the provision of tablet devices, allowing staff and volunteers direct access to our feedback centre in order to record community views and experiences.

We have been working with Susan Morley from the Red Cross, who accessed our signposting, information and advice service on behalf of one of her clients. Here is what she had to say about us:

“We enlisted the help of Healthwatch as we were becoming increasingly concerned by the lack of response from the local health provisions about the wellbeing of one of our beneficiaries. I was very impressed with how quickly and thoroughly they responded to our request for advice. I was contacted by telephone and this was followed up with a meeting with a member of their team very quickly.

They were very understanding of our concerns and worked with us to put together an action plan of how to progress and hopefully, resolve the situation. They made us aware of our options and the possible consequences and outcomes of them. It felt very reassuring that we ‘were not alone’ in the midst of a frustrating situation and we continue to be involved with Healthwatch regarding this matter. Although, so far, no satisfactory resolution has been reached they were definitely instrumental in progressing our requests for help and eliciting a response where previously there had been none.

More importantly, for me, the moral support I received was outstanding. I was kept fully ‘in the loop’ of what Healthwatch were doing on our behalf and I am very grateful for their input.”

DIAL - NHS Complaints Advocacy

Each local Healthwatch has been commissioned slightly differently and in line with local need. In Barnsley the NHS Complaints Advocacy Service is commissioned separately to the Healthwatch service.



It is inevitable when talking to people about their health and social care experiences that we are going hear complaints and concerns. Whilst we can record this information to form a composite portrait of how services are working throughout the borough, we do not work directly with individuals to navigate the complaints systems or provide advocacy support. Instead, we work with an organisation called DIAL and they run the local NHS Complaints Advocacy Service for Barnsley. This year we have referred 37 cases to DIAL.

NHS Complaints Advocacy in action

Referred by us, a client was having difficulties with her general practice. The client had long standing health conditions and allergies brought on by certain generic medications. Her general practice was in the habit of employing locum and junior GPs who were unaware of her allergic reactions and consequently were prescribing unsuitable medications. As a result of this, the client was frustrated at constantly having to ask for prescriptions to be rewritten. DIAL supported the client to write to her GP requesting assistance with finding a solution to her issues.

The practice manager contacted DIAL and requested a meeting be arranged between the client and her GP.

DIAL's Lead Advocate accompanied the client to this meeting and it was concluded that a 'flag' should be added to the client's medical history, in order that any GP accessing her records would be aware of medication requirements. The client expressed her satisfaction with the outcome of this meeting and thanked DIAL for their support. The case was closed with a successful outcome.

This is a free service that can help people to make a complaint about any aspect of NHS care or treatment, and to navigate the complex complaints system. This includes treatment in a private hospital or care home that is funded by the NHS.

When required, DIAL can assign an advocate 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;

To find out more about DIAL and how they can help, please contact Jo Stanley (Lead Advocate) on 01226 240273, ext. 208.

How we made a difference



Our reports and recommendations

We communicate with health and social care providers and commissioners in a range of different ways. For example, where significant and similar issues 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 findings from our outreach activity.

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

- Access and experience of CAMHS;
- Service user experience of Mental Health Crisis Care Services;
- Access to assessment and care management services for the Deaf community.

During 2015/16, we have found providers to be responsive to our work but have had difficulty in obtaining responses within the required timescale of 20 days. Providers have said capacity and lack of resources are a contributing factor to this.

We have worked collaboratively with service providers wherever possible to amend timescales and to achieve other methods of engagement, but we believe that this further highlights the pressure that services are currently under against ever dwindling resources and increasing demand, which carries the risk of impacting upon the services received by the general public.

Working with other organisations

Through our intelligence sharing meetings, we always receive information on priority areas for services and details of areas where reviews or consultations for change are to be undertaken. Through our Communications, Signposting and Information Officer Carolyn Ellis, we are able to ensure that our members are aware of this information and are able to contribute to it wherever possible.

One of the areas we supported in gathering people's views this year was in relation to the pharmacy budget cuts consultation.

On 8 March 2016, we received a letter from MP Michael Dugher. This letter outlined his concerns about the proposed budget cuts to community pharmacies. He also shared his thoughts on the potential impact it could have on increased use of primary and secondary care services.

We were already aware of this consultation and had been in contact with the lead for the Local Pharmacy Council for Barnsley, who is also a member of our Expert Panel. We arranged to undertake outreach and engagement at a number of pharmacies across Barnsley to understand from service users:

- How they used their pharmacy;
- How they travelled to their pharmacy;
- What they liked about their pharmacy;
- What could be improved;
- What options would be open to them if their pharmacy was to close.

179 people responded to this consultation and their views on the proposals will be submitted to the Department of Health on 24 May 2016.

This year we also contributed to Barnsley's Mental Health Strategy and Children's Services Transformation Plan by imparting the views of young people accessing mental health services.

We have been influential in ensuring service user and carer voice is heard through local overview and scrutiny arrangements. We have had regular meeting with, the Overview and Scrutiny Commission to share intelligence and have been invited to attend Children's Scrutiny in May 2016 as a witness for CAMHS and Overview and Scrutiny in June as a witness to discuss access to general practice.

Anna Morley, Scrutiny Officer for BMBC said:
"Healthwatch have been really helpful partners in providing information and evidence for the council's Scrutiny investigations over the last year. This helpful gathering and sharing of intelligence has ensured that patient voice is heard and used to challenge the delivery of services".

We have supported Barnsley Hospital by providing volunteers to take part in Patient Led Assessments of the Care Environment (PLACE) and the new Quality and Safety Assurance (QSA) visits.

Mike Grundy, Healthwatch Champion said,
"As Champions we were nominated by Healthwatch to Barnsley Hospital to undertake PLACE and QSA visits. I know that the work is well regarded and it does bring outside representation to both assessments. During these visits we also promote Healthwatch Barnsley as we wear our badges and explain to patients and staff who we are and what we do."

If you would like any more information about PLACE or QSA please visit
www.england.nhs.uk/ourwork/qual-clin-lead/place/

Working with the DEAForum

With the DEAForum, we revisited their request to access a one-to-one British Sign Language (BSL) counsellor and facilitated a number of sessions at the Deaf Social Club in June 2015. This led to a service being commissioned by

Barnsley's Joint Commissioning Unit, which is now accessible to the Deaf community.

On 15 March 2016, we visited the DEAForum to update on other areas of work and enquired about people's experiences of this new service. Following this meeting we were able to post a positive update on our Facebook page. We were also able to share with service commissioners the feedback we had received.

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

Working with a national organisation like Healthwatch England enables local Healthwatch to influence national policy. This is a great strength for the Healthwatch network and it's why we ensure that we respond to our quarterly intelligence returns and provide intelligence to special enquiries. These provide Healthwatch England with information on our work, priorities and challenges. We also try to attend as many of the training and development opportunities provided by Healthwatch England as we possibly can.

To date we have not needed to escalate issues to Healthwatch England for special investigation, however we are confident in the structures in place and in the strength of the network to be responsive, if that time comes.

We regularly receive requests for intelligence relating to services and requests for support in promoting the CQC's engagement activities. This year we have supported the CQC in gathering intelligence to inform inspections to:

- General practice;
- Residential homes;
- South West Yorkshire Partnership Foundation Trust (SWYFT);
- Barnsley Hospital;
- Sheffield Teaching Hospitals.

We have not had cause to bring any issues to the attention of the CQC.

Our work in focus



Our work looking at access to CAMHS

In our 2013/14 annual report, we shared the steps we had taken to raise your views to the Local Expert Commission Group (ECG) on access to CAMHS. We also outlined what would happen next in carrying out outreach with children and young people through our school sessions. This was to find out more about their emotional health and wellbeing needs and where support was available. In 2014/15 we reported that we had completed this work in partnership with our Young Champions; they designed the survey and through this work had spoken to 362 children and young people about their experiences which were fed into Healthwatch England and contributed to evidence from 76 other local Healthwatch from across England and contributed to the national Children and Young People's Mental Health and Wellbeing Taskforce.

What we found

Of the 341 young people who took part in this portion of the survey, over three quarters stated that they had felt stressed over the past twelve months. More than half of the young people that completed the survey also said they had often felt stressed.

We enquired what the main causes were for young people who had stated that they often felt stressed. These were the reasons they gave:

- 66 (33%) said school;
- 44 (22%) said family relationships;
- 32 (16%) said self-image;
- 28 (14%) said relationships with friends;
- 15 (8%) said peer pressure;
- 13 (7%) said illness.

We also enquired if a young person was feeling stressed or low, would they talk to someone. A large number of young people (226) stated they would speak to someone if they were feeling

stressed or low. Friends and family was the most popular choice amongst young people, with their next preference being to seek support from a school environment.

Unfortunately this work also highlighted that a significant proportion of children and young people in Barnsley did not know of any health and wellbeing support services that were available to them and of those who were aware of the services, they did not know how to access them.

Therefore improvements needed to be made in communications and awareness of local services. The results also showed that whilst the young people surveyed do not currently access support online, they may like to if they knew the options available to them.

Upon completion of this section of our work, we shared the findings from the emotional health and wellbeing survey with our intelligence sharing networks. These findings subsequently underpinned sections of the Future in Mind CAMHS Local Transformation Plans for Barnsley and informed Barnsley's Mental Health Strategy for 2016.

Gathering the views of young people and families engaged in CAMHS

The next stage of our project began in June 2015, when we attended SWYFT to carry out outreach and engagement within the new CAMHS Clinic, based on New Street in Barnsley.

This work was undertaken by our Children and Young People's Engagement Worker, along with our Champions who once again designed a survey; this survey in draft form went to the CAMHS Manager and SWYFT's Young Ambassadors, before being finalised in September 2015.

Between October and December 2015 we completed outreach work, attending the CAMHS clinic between 9.30am and 3.00pm and we spoke with 54 parents and carers, all of whom completed the survey.

What we found

Once a child had accessed an appointment within CAMHS, the service they received from practitioners and doctors was very good. Parents felt that CAMHS helped and supported their child fully, improving their condition through the meetings they had.

Parents and carers were very complimentary about the new CAMHS Clinic, which has recently been relocated from the Keresforth Centre to the New Street clinic, and some of the families with which we engaged offered suggestions for improving the clinic's environment.

The children and families we spoke to still mentioned long waiting times to access treatment and the service. A high percentage of the young people referred were not seen for 6 months or more, with 13 of those surveyed advising of a wait of over 12 months. Families were still experiencing a wait of between 11 and 18 weeks for the first choice appointments.

For some parents and carers there seemed to be a long wait to achieve diagnosis and in that time they felt helpless and received little support. Parents and carers also found it hard to seek support outside of meetings.

Whilst a higher percentage of parents were happy with the service once engaged, we found that staff resource was an ongoing issue, which impacted upon service delivery and communications with children and families.

SWYFT responded as follows:

“Waiting times - The service achieved the five week wait for ‘choice’ (initial assessment) by March 2016. The ‘choice’ appointment enables a decision about the most suitable service to be made and for those families where Specialist CAMHS is required, a partnership appointment will be offered (second appointment). There are existing and varying waits for partnership appointments across the pathways. The service is currently aligning staff to a pathway model and will be establishing mechanisms to produce reliable information regarding the current waits by pathway. The aim of the pathway implementation is to improve timely access to care.”

SWYFT also outlined within their response that emergency cases are seen within 24 hours by the crisis team.

“Support outside of meetings - CAMHS will also be working across the wider network of agencies as part of the Future in Mind Transformation Plan with regards to whole system support and information for families. CAMHS will welcome the opportunity to work with Healthwatch and Chillipep to interface with local support groups and explore the options for Peer Support.”

“Time to diagnosis - The service will review existing literature and explore what further information can be provided to families by the service. CAMHS welcomes the opportunity to work with Healthwatch to undertake this review with families. CAMHS will also be working across the wider network of agencies as part of the Future in Mind Transformation Plan with regards to whole system information for families.”

“CAMHS shared the good practice news that in June 2016, a parent is co-facilitating a parenting workshop for children diagnosed with Autism. Planning is underway to develop a CAMHS Single Point of Access

Service (SPA) and we will be working across the whole system to develop this with support for professionals and families being integral to the function.”

“**Staff resource** - The service is currently aligning staff to a pathway model and will be establishing mechanisms to produce reliable information regarding the waits by pathway. SWYFT will continue to review the CAMHS offer aligned to strategic objectives and local/national intelligence.”

Next steps

We plan to carry out a final Enter and View visit to CAMHS in 2017, to ensure that families have continued to see a reduction in waiting times for the initial assessment and are beginning to see cuts in the times waiting to access treatment.

We will also be following up on the other systems being implemented by the CAMHS service, in line with the Local Transformation Plans. For more information, please visit our website page.

Our work with Parkinson’s UK Barnsley and District Branch

Not all of the work we undertake is through formal intelligence reporting. This case study highlights how the informal intelligence networks that we have set up with service providers can provide enough feedback to inform and encourage change.

In 2013, we were approached by Parkinson’s UK Barnsley and District Branch to support them in raising their views about access to medication in unplanned emergency care. Through our intelligence sharing meetings, we informed Barnsley Hospital of the issues raised with us, including the information that we had included in a video produced by Parkinson’s UK. This video highlighted further issues that members had spoken to us about. They also requested a copy of the self-medication policy.

Barnsley Hospital responded to say:

“The hospital does have a self-medication policy (as part of the wider Medicines Code of Practice) which was reviewed a couple of years ago, the result of which was that the actual paperwork involved was reduced in order to make it less onerous for staff.

The Trust recognises that there is further work needed to ensure that self-medication occurs for some groups of patients. This has been highlighted as a result of our own internal quality and safety systems.

The main concern we hear from patients is that medications are not given in a timely manner and this can result in severe loss of functional ability for them.

As a result of previous work with Parkinson’s UK Barnsley and District Branch, we introduced pill timers which alert nursing staff to when medications are due. The pill timers are only available on certain wards.

In the past we have arranged two training sessions provided by Parkinson’s UK Barnsley and District Branch and they were well attended by nurses, therapists and pharmacists. A further session has been arranged for 30 April 2014 to raise the profile and understanding of Parkinson’s disease again.

We continued to keep track of this area of work by Barnsley Hospital, periodically requesting feedback from them to inform the Parkinson's UK Barnsley and District Branch of progress with it."

In June 2015, we received the final update from Barnsley Hospital. This advised that a training pack had been developed in response to medication delays for Parkinson's patients. The training pack covered the whole Parkinson's disease process and the aim of the pack was to decrease risks to patients e.g. medication issues, falls, tissue viability and improve overall patient experience. The hospital outlined that due to Parkinson's disease medications not following standard timings, large yellow clocks would be used as a visual reminder for staff.

We reported this information to the Parkinson's UK Barnsley and District Branch. They have now confirmed that they are working directly with the hospital to continue this work.

In their annual report this year, Parkinson's UK Barnsley and District Branch said:

"Probably the most important improvement has been the success of our commissioning of Healthwatch to review the treatment of people with Parkinson's on being admitted to hospital, either in an emergency or for a planned admission. The result of their investigation, which included interviews with our own members, has resulted in the publication of a practice note for the treatment of people with Parkinson's in hospital by Barnsley District Hospital NHS Trust."

If you require similar support to raise concerns, or if you have a good news story to share about your experiences of services, please do not hesitate to contact us on the details provided at the end of this report.

Our work with the Local Mental Health Crisis Care Concordat

Service user and carer experience of Mental Health Crisis Care Services

Last year, we reported on our involvement with the Local Mental Health Crisis Care Concordat and introduced our Champions who would be represented on it. These were Mark Smith, Moira Toombs and Marie Cook OBE.

How we are involved in the Mental Health Concordat

We recruited three service user representatives from our Champions in April 2015, to represent the organisation on the Mental Health Crisis

Care Concordat. Each Champion is suitably experienced and each holds a different perspective of Mental Health Crisis Care Services in Barnsley.

Their role on the implementation group is to:

1. Act as a champion for people who have, or may, access mental health crisis services and their carers and to ensure that the known views of this group are represented and considered at the Concordat Implementation Group meetings;

2. Ensure that engagement and involvement is a high priority in the Concordat Implementation Group's work plan and that service developments are carried out with the involvement of service users and carers.

In addition to the above, the following responsibilities apply:

- The Representative(s) endeavour to provide a voice for people who have or may access mental health crisis services and their carers, in relation to the quality and accessibility of mental health crisis services that are commissioned on their behalf;
- The Representative(s) also endeavour to identify and promote the needs, concerns and interests of the people who have or may access mental health services.

How they do this

For 2015/16 one of our priorities was to understand more from people living in Barnsley about access to and experience of mental health services. As a result of this, our involvement on the Barnsley Mental Health Concordat is essential. We regularly carry out engagement with the local community to gather opinions and experiences of services, enabling us to signpost individuals to the relevant organisation. It also allows us access to community comments, views, experiences and case studies for analysis. Our Champions are truly representative of their local community and are not only linked with us, but are also linked with:

- The local Service Users and Carer Board;
- Barnsley's service user forum, Think On Cloverleaf Advocacy Support;
- The local authority;
- The voluntary and community sector.

This ensures information is communicated effectively into and out of the Mental Health Concordat.

Designing the Mental Health Crisis Care Concordat Survey

For this piece of work, our Champions represented on the Mental Health Concordat designed a survey in line with the requirements set out in the action plan. This was to seek views of a range of people who have experienced contact with services when in crisis, to provide an evidence base on which to improve responses and people's experiences.

At the time it had not been decided if the survey would be an online stand-alone survey or one which would be conducted face to face with a service user, so it was devised to try and cover both eventualities. However, it was felt that this starting point dealt with issues in a way which could potentially cause distress to people that had experienced mental health crisis. With this in mind, the draft questionnaire was revised to address this but it was recognised that this had a risk of not obtaining information on all areas.

In order to test the group's thinking in terms of the survey and its layout, the local branch of Barnsley and Rotherham MIND was asked to comment and make suggestions on the revised questionnaire. These suggestions were then used in this survey. It was felt that this final questionnaire was the most effective way of understanding the journey and experience people had encountered in 2015 when in mental health crisis.

Gathering information

The survey was distributed to the following organisations in November 2015, with a request of support for promotion from:

- Making Space
- Cloverleaf
- Northern College
- Mind
- The Recovery College
- Together for Mental Health and Wellbeing
- SWYFT

- The CCG
- Barnsley Hospital
- Berneslai Homes
- Barnsley College
- University Campus
- BMBC

We also promoted this through:

- The organisation's membership
- Social media networks
- Barnsley Chronicle

We also enlisted the support of Cloverleaf Advocacy to carry out outreach and promotion within Kendray Hospital, Oakwell Centre on 23 and 30 November 2015. Cloverleaf introduced clients who they felt were able to contribute to the survey. Individuals were offered support in completing the surveys if they requested it or were left to complete the surveys in their own time. Additional surveys were also left with Cloverleaf advocates. Due to the activities listed above, we received a total of 60 responses.

What we found was:

1. Crisis as defined by an individual is often different to crisis as defined by a professional. As a result, we found from the individuals completing this survey who had not been able to access mental health crisis care services whilst experiencing mental ill health and a crisis (by their own definition) felt that they were not receiving the right level of support. This then made them feel isolated;
2. The respondents who had not gained access to mental health crisis care services, but thought they were in need of them explained that they had felt lost with nowhere to turn as an alternative, especially out of hours;
3. It seems that the amount of information service users have on who to contact and when varies considerably;

- 3.1. A high number of service users already engaged with mental health services also highlighted that although engaged with services, they were not entirely sure who they should contact when in crisis;
4. A high percentage of patients contact their GP in the first instance when experiencing mental ill health. Whilst we would not advise against doing this, it was interesting to note that of the twelve service users contacting their general practice, seven were already engaged in Mental Health Crisis Care Services;
5. Whilst a high percentage of service users felt that they did receive the help that they needed, the percentage of individuals who felt that they did not receive support was also quite high;
6. A number of responses to this survey included the views of carers.

The information gathered outlined that carers did not always understand what information could and could not be shared and the reasons behind some of the decisions being made by health professionals.

Carers also said they were not always alerted of discharge from services of the person they cared for. This often caused additional anxiety and worry;

7. Stress and anxiety was the largest contributing factor to service user's admission to Mental Health Crisis Care Services;
8. Service users felt they were given choices and opportunities to have their say, however a high proportion commented that they were not always listened to by professionals;

9. It is evident from comments received that when a service user is in need of mental health services and in crisis as defined by the professional, multi agencies work well together and prompt support is given to support the service user to access either acute mental health provision, or home based mental health provision;
10. Medication proved to be an issue for some service users, who advised that they had not felt listened to by professionals when discussing this subject. The types of issues described varied and included incorrect dosage and repeated requests for medication changes;
11. Comments have been made on how at times staff teams have been busy, especially within Acute Mental Health Crisis Care services. As a result, patients have not felt adequately supported;
- 11.1. Comments have also been raised about access to arranged activities;
12. Individuals placed out of area discussed how they had not seen their Community Psychiatric Nurse regularly during their stay and could not get leave to their home town, resulting in difficulties and uncertainties when integrating back into the community.

We reported all this to the local Crisis Care Concordat in February 2016, requesting a response within 20 days. We did not receive a response in time but we received this reply in May 2016:

“Firstly, thank you for this excellent report. We were particularly pleased to note that it was based on the direct experiences of 48 people who had accessed crisis services in Barnsley during the previous 12 months. We would like to recognise the time, effort and diligence required to receive such a number of responses; particularly through face to face interviews.

We found the report to be evidence based, clearly structured and, most importantly, extremely helpful in improving Barnsley response to mental health crisis. We have responded directly to each of the recommendations within the report; and included a named officer and a completion date. To ensure this is embedded within the approach in Barnsley, we have included and referenced these actions within our local action plan.

We look forward to continuing to work in partnership”.

Next steps

We are now awaiting the completed local action plan and we will hold a responsive project group meeting in June 2016. This will include Healthwatch Strategic Advisory Board members and Healthwatch Champions Concordat Representatives.

Upon receipt of the local action plan, the group will look at the actions outlined in response to our key findings and recommendations and plan our next steps with the Mental Health Crisis Care Concordat, including the monitoring of activities in response to our reporting.

If you would like more information on this work or to read the full report, please visit our website.

Our work outside of our core contract

We believe in the importance of gathering and understanding people's experiences to improve practice. The FFT is an opportunity to gather patient feedback and monitor the quality of services internally, so you can see why this project has been important for us to undertake.

Whilst this work has been commissioned in Barnsley and Sheffield, with both having a focus on primary care, it has been quite different in each area.

Healthwatch Sheffield were commissioned to carry out a number of Enter and View visits to dental services and we were commissioned to carry out Enter and View visits as part of a small research project within general practices.

Both commissions were instigated with a view to draw together findings and implement an easy to access, easy to navigate, one page interactive toolkit. This will provide a suite of resources for embedding the FFT within primary care, focussing on the following 7 themes:

1. Training for GP staff around the FFT;
2. Lack of awareness amongst patients about the FFT;
3. Systems for collecting patient feedback through the FFT;
4. Informing patients about changes made to GP services as a result of patient feedback;
5. The role of NHS England in supporting primary care to embed the FFT;
6. Inclusiveness and reaching diverse communities;
7. Barriers to the promotion of FFT.

We initially carried out an Enter and View to Barnsley Hospital to understand implementation of the FFT across outpatients, the emergency department and wards 19-20.

As the hospital were an early implementer site of the FFT, we felt that lessons could be learned from their personal experiences and understanding of it. We were also aware that they had tried different methods of implementation before deciding on their current model.

From this activity a series of reports were produced. This helped us to consider lessons learned in primary care services and it enabled us to have a better insight of the complexities in implementing a programme such as FFT in a medical setting. It also enabled us to formulate an action plan for phase two of this project.

For phase two, the method used was to contrast systems and processes around FFT implementation, both in well performing primary care services and also in those that were not performing as well in terms of FFT response rates.

We examined FFT submission rates over the last six months for all the general practices in Barnsley. From this, we identified a sample of six consistently highly performing and six poorly performing GPs in terms of FFT submission rates. The twelve practices were selected purposefully to cover the major geographical divisions in Barnsley and the spectrum of demographic profiles, so as to achieve a broadly representative sample. A combination of questionnaire surveys and interviews was used to collect data and these were carried out with 45 members of GP staff at ten practices. In addition to this, 166 patients completed the patient survey.

The survey questionnaire and interview schedule were devised on the basis of a pilot conducted at a general practice over two days with 38 patients and seven members of GP staff. Questions were revised and reviewed by members of our staff and volunteers who had been involved in the preparatory Enter and View work.

During September 2015 and February 2016, patients were surveyed randomly and interviewees were selected partly randomly (through volunteering and also selection by practice managers).

The interviewees included:

- Practice Manager;
- Senior Practice Administrator;
- Clinical staff (doctors & nurses);
- Administrative staff (medical secretaries);
- Reception staff.

The interviews were based around:

- Staff training on the FFT;
- Raising awareness and educating patients about the FFT;
- Methods for collecting patient feedback;
- Systems for using patient feedback for internal quality monitoring and improvement purposes.

Healthwatch Sheffield looked specifically at dental practices and examined FFT submission rates over the last six months. This was for all the dental practices in Sheffield. From this, they identified four practices, two of which provided higher response rates and two of which provided less than five responses per month. They ensured that their practices were in different locations and demographic areas of the city except for two, one of which had a very good response rate and the other a poor one. These were neighbouring practices.

Healthwatch Sheffield thought it would be worth investigating why neighbouring practices had very different response rates for the FFT.

In each setting, Healthwatch Sheffield asked questions around:

- How the FFT is administered;
- If patients were aware of how to complete FFT;
- What the particular challenges of conducting the FFT in dental settings were.

Throughout this piece of work, all primary care services were extremely open to our involvement with them and supported this project.

Next steps

We are now in the process of putting together a toolkit for primary care services. We were nominated by NHS England and shortlisted out of 200 applicants to receive awards under the following categories:

- Best FFT Accessibility Initiative category
- FFT Champion(s) of the Year category
- Best FFT Initiative in Primary Care category

This toolkit will be available to general practices from June 2016 and will support them in ensuring information gathered through the FFT is used to inform change. It will also provide an easy way for them to tell their patients how their views have been used to inform change.

Carers Identification Scheme

We carried out some work in 2013/14 and during this time identified that there are 27,000 carers. This number is expected to rise as our population continues to increase and people live longer. 1162 people are registered as a carer with their general practice. However GPs struggle to

identify carers, because many people that provide care do not see themselves as carers. This presents problems for GPs, who may not see where a patient is presenting with symptoms associated with their caring role, as they will be unaware that such patients are carers.

Margaret Baker and Christine Key are both members of our Strategic Advisory Board. Here is what they had to say when we asked them about their experiences as a carer and also their involvement with our organisation. Both being carers for dementia patients, Margaret and Christine bring a unique perspective and skill set to our Board:

“As carers of dementia sufferers, we are both involved with other related groups, and we both attend the Service Users and Carers Board, the Multi Agency Dementia Strategy Group and the Older People’s Focus Group. We also attend the Friends and Carers’ group. Margaret is a public member of the Adult Safeguarding Board and Christine is Chair of the Barnsley Dementia Action Alliance. We became involved with Healthwatch Barnsley in order to give people a voice, and our links with other groups means that we can share information and concerns, or examples of best practice on behalf of other carers.

It is very difficult for people to understand the lives of carers, unless they have experienced it and we hope that by having a seat on the Board and attending other groups, we can help make things easier for carers. Information that is collected by Healthwatch Barnsley feeds into the Health and Wellbeing Board, and also can be fed into the other meetings and groups that we attend. Most of these are attended by commissioners, so that they can take back any concerns or evidence of best practice that we raise, for their consideration.

You will have read about Healthwatch Barnsley’s work alongside GPs to raise awareness of the importance of people registering, and being recognised by their GP, as carers. Often, carers see themselves just as someone’s husband or wife, son or daughter, father or mother and do not consider the care that they provide. It is said that carers are unpaid, not because they are worthless but because they are priceless.

Carers fulfil a role that is extremely demanding and relentless and are often very vulnerable and near to breaking point, requiring extra support. Given that we ourselves have had several poor experiences with GPs, we hope that this work and our involvement with Healthwatch Barnsley will help GP staff to gain more understanding and insight into the role of carers in the community, and to offer them the support that they need and deserve, before crisis point is reached.”

It is possible within surgeries to add uniform coding to computer systems, so that on the notes of a carer at the time of their appointment it is clearly visible to the GP that the person is a carer. This will remind the GP that such patients may need additional help outside of medical help, which would result in a referral to the Barnsley Social Prescribing Service. Using this method of identification, it may also be possible to catch symptoms of stress and anxiety within the carer and provide early intervention.

We received feedback with regards to this initiative as follows:

Some carers stated that when they have asked to register as a carer and enquired what the benefits are, they have just been advised that they could have a flu jab.

We asked general practices if they uniformly code carers, but they do not. We also asked if there are systems in place for registering carers, but there are not;

We looked at all of the general practice websites in Barnsley to see if carer specific information is provided i.e. the benefits of registering as a carer with your general practice and how to do it, but no such information is given.

We struggled to instigate action on this and decided to wait until GP Co-commissioning responsibilities had been transferred to Barnsley, at which point we put a proposal forward to the local GP co-commissioning group.

We joined with the Barnsley Social Prescribing Service to write a proposal, which would see us work in partnership across three general practices that refer clients for social prescribing. The aim was for us to lead on the project and the Social Prescribing Officer to support us by making introductions.

We took this suggestion to the GP Co-commissioning meeting of the CCG, prior to our application for funding being submitted to BMBC. We included the information provided above and it was noted on 3 July by the group that this would be a positive initiative, one which can be built upon by general practices in terms of implementing a better package of support for carers. This project would be named **“The Carer Identification Scheme”**.

We proposed that general practices implement uniform systems for registering carers, including a form to complete which will identify the carer, pre-existing conditions, the name of their cared for, which practice they are registered with and their health conditions. We also proposed that general practices ensure the code “Is a Carer” is visible on the patient’s screen when attending their appointment.

Once agreement was reached, we then sought funding from the local Carers Grant to undertake a pilot to:

1. Work with general practices to implement systems;
2. Find and train carers across the three pilot site areas on the importance of registering with your general practice. This allows them to pass this knowledge on to other carers, and register themselves if they have not already;
3. Train reception staff on the benefits of registering as a carer.

We achieved this funding in November 2015 and to date have instigated a successful pilot at Walderslade General Practice in Hoyland. This is being led on a sessional basis by our Engagement Worker Lorna Lewis, outside of our core contract arrangements.

To date Lorna, in partnership with Walderslade has:

- Initiated systems for registering carers within the general practice;
- Trained practice staff on the importance of registering as a carer;
- Trained the patient reference group;
- Designed a booklet with carers, which is aimed to provide more information about what is available to them in their local community. This is currently in a draft format and is awaiting approval.

Pat Gregory, Patient Liaison Manager at Walderslade Surgery in Hoyland said:

“In my position as Patient Liaison Manager at Walderslade Surgery I have been in contact with Lorna Lewis from the Healthwatch team.

Our surgery is hoping to identify carers so that we can provide support for them. Lorna is very knowledgeable in this field and we have already had meetings to discuss how we can help each other. Lorna is coming along to Walderslade to address our next staff training meeting and we have also set up and advertised two dates when she will be available in the surgery to offer help and advice to carers.

This is only our first step forward in working together but I am confident we can work well as a team and get information and advice and help out there to those who need support.”

Next steps

We also learned that NHS England are looking at carer identification and we are considering how we can link in with this work to take our pilot project further.

Our plans for next year



As we are the consumer champion for health and social care services, it is only right that we continually check on our own performance. This enables our team and Strategic Advisory Board to reflect on what we have done well and what could be improved. In 2016, we once again carried out a reflective audit to gather feedback from local people and our strategic partners.

To date 21 people have responded to the review and along with the intelligence we have gathered since our inception and our reflective audit for 2016 is ongoing. The information we have gathered so far has helped us to set our future priorities and activity for 2016/17:

Activity

- Continue to promote our services to the general public;
- Continue to train and develop our Champions and provide them with rewarding work;
- Continue to look at opportunities in line with our remit and bid for local and regional contracts;
- Embed the feedback centre monitoring reports into our work which will improve our communication with the general public;
- Continue to inform people about our new look feedback centre website and use it to gather views on health and social care services;
- Recruit to the Healthwatch Strategic Advisory Board and Healthwatch Champions.

Priorities

We chose priorities for 2015/16 based on the comments collected over the past 12 months and we will also continue to pursue current areas of work and see them through to completion.

Next year, we will complete our work with:

- The DEAForum - Looking at access to assessment and care management services;
- Children accessing CAMHS, carrying out our final Enter and View to check on progress and service user experience.

We will also focus on:

We will also focus on:

- Dentistry for children and young people, looking at their experiences of these services and how improvements can be made to encourage regular attendance;
- Access to health care services for asylum seekers and refugees, looking at their experiences of accessing and engaging with our health care system;

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 providers and commissioners.

Our people



Decision making

Voluntary Action Barnsley was contracted for a second time in 2016 to host Healthwatch Barnsley and is responsible for the recruitment, employment and management of staff, payroll and premises.

Strategic Advisory Board

Our Strategic Advisory Board focus on the development and direction of the strategic work plan and support 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, 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 us.

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, the local CCG, neighbouring Healthwatch services, the overview and scrutiny committees and foundation trusts;
- Ensure we contribute 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 our Chair, additional Board members, our 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 we will regularly produce detailed monitoring reports. These will highlight significant achievements and difficulties.

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

Adrian England - Chairman
Tony Alcock JP
Margaret Baker
Margaret Dennison
Christine Key
Tony Murray

Healthwatch Champions and Young Champions

Individuals who become our members 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. Champions are then supported to choose activities which are 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
Janet Burton
Marie Cook OBE
Evelyn Cowdell
Andrew Crossley
Patricia Durie
Chris Green
Mike Grundy
Wendy Hardcastle
Lorraine Hickie
Rhona Hurst
Carmen Kilner
Mark Smith
Moira Toombs
Jamie Woodhouse

All Healthwatch Young Champions are supported by our Children and Young People's Engagement Worker, Jade Bligh. Currently we have the following Young Champions assisting with our work:

Grace Hartill
Lilly Kershaw
Anastasia Cottrell
Heather Lindsay
Stephanie Thomas

Special interest groups

If necessary, special interest/responsive project groups will be established, focusing on specific issues or geographical areas. These groups can be short term or permanent and focused on a specific project. The ideas, findings and recommendations from them will be reported to the Board to enable strategic decisions to be made. These groups may be led by a voluntary organisation, community group, stakeholder organisation or by our 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.

Training

Our 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 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 Awareness;
- Dementia Awareness;
- Outreach and Engagement.

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



Our finances



INCOME		£
Local Authority income		£150,000
Additional income		£33,084
Total income		£183,084
EXPENDITURE		
Operational costs		£29,220
Staffing costs		£118,371
Office costs		£19,709
Total expenditure		£167,300
Balance brought forward		£11,996

Representatives

Health and Wellbeing Board

Lead: Adrian England
(*Healthwatch Chair*)
Deputy: Tony Alcock
(*Healthwatch Board Member*)

Senior Strategic Development Group

Adrian England
(*Healthwatch Barnsley Chair*)

Barnsley Provider Forum

Lead: Carrienne Stones
(*Healthwatch Manager*)
Deputy: Carolyn Ellis
(*Healthwatch Communications and Intelligence*)

Adult Safeguarding Board

Lead: Carrienne Stones
(*Healthwatch Manager*)
Deputy: Carolyn Ellis
(*Healthwatch Communications and Intelligence*)

Pathways and Partnerships Meeting (Adult Safeguarding Sub Group)

Lead: Carrienne Stones
(*Healthwatch Manager*)
Deputy: Carolyn Ellis
(*Healthwatch Communications and Intelligence*)

Quality and Intelligence Meeting (Adult Safeguarding Sub Group)

Lead: Carrienne Stones
(*Healthwatch Manager*)
Deputy: Carolyn Ellis
(*Healthwatch Communications and Intelligence*)

Independent Sector Contract Management Meetings

Carrienne Stones
(*Healthwatch Barnsley Manager*)

Joint Strategic Needs Assessment Intelligence Group (Operational)

Carrienne Stones
(*Healthwatch Barnsley Manager*)

Joint Strategic Needs Assessment Strategic Group

Adrian England
(*Healthwatch Barnsley Chair*)

GP Co Commissioning Meeting

Margaret Dennison
(*Healthwatch Board Member*)

System Resilience Group

Nigel Middlehurst
(*Voluntary Action Barnsley Chief Executive of External Services*)

Children and Young Peoples Trust Executive Group (TEG)

Nigel Middlehurst
(*Voluntary Action Barnsley Chief Executive of External Services*)

Equality and Diversity Subgroup CCG

Carrienne Stones
(*Healthwatch Barnsley Manager*)

Service User and Carer Board

Margaret Baker
(*Healthwatch Board Member*)
Christine Key
(*Healthwatch Board Member*)
Mark Smith
(*Healthwatch Champion*)
Pat Durie
(*Healthwatch Champion*)

Mental Health Crisis Care Concordat

Mark Smith
*(Healthwatch Champion & Authorised
Enter and View Representative)*
Marie Cook
(Healthwatch Champion)
Moiria Toombs
(Healthwatch Champion)

Patient Council

Adrian England
(Healthwatch Chair)
Margaret Dennison
(Healthwatch Board Member)
Pat Durie
(Healthwatch Champion)
Mark Smith
(Healthwatch Champion)

Electronic Prescription Service

Margaret Dennison
(Healthwatch Board Member)

Accountable Care Board

Adrian England
(Healthwatch Chair)

Intelligence Sharing Meetings CCG

Carrienne Stones
(Healthwatch Manager)

Barnsley Hospital NHS Foundation Trust Intelligence Sharing Meetings

Carrienne Stones
(Healthwatch Manager)

Overview and Scrutiny Commission Meeting

Carrienne Stones
(Healthwatch Barnsley Manager)

Patient Experience Group Meeting (NHS England)

Carrienne Stones
(Healthwatch Barnsley Manager)

Stronger Barnsley Together

Lead: Adrian England
(Healthwatch Chair)
Deputy: Margaret Baker
(Healthwatch Board Member)

Regional Quality Surveillance Sub Group

Carrienne Stones
(Healthwatch Barnsley Manager)
Tony Alcock
(Healthwatch Board Member)

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

Contact us



Get in touch

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We will be making our annual report public by 30 June 2016, publishing it on our website and circulating it to Healthwatch England, CQC, NHS England, CCGs, the Overview and Scrutiny Committee and our local authority.

We confirm that we are using the Healthwatch trademark (which covers the logo and Healthwatch brand) in 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.

