CARE AND SUPPORT IN BARNSLEY
Our local account 2014-15
Foreword

Welcome to our Local Account, which tells you about our adult social care services and activities that have performed well over the last year, where we need to make further improvements and what we’re planning to achieve over the coming 12 months.

We hope as many people as possible will find time to read this Local Account which is updated annually, and that you’ll let us have your comments and suggestions on ways we can further improve our adult social care services.

Barnsley, like many councils, continues to make significant changes to the way it supports people with care needs. There is a greater emphasis on making it easier for people to obtain good quality information and advice that will help them stay healthy and find out about local services that can provide support quickly if their independence is at risk.

To ensure we make the best use of the limited resources available to us in these challenging times we’re working closely with other organisations in the borough – particularly NHS partners. This joint working is one of the ways we can make sure we use resources effectively while maintaining focus on providing best-value options and making a real contribution to helping people live longer, better lives.

This Local Account makes clear that when people develop care and support needs the council and its partners will concentrate on them to regain their skills and confidence so they can continue to live in their own homes. If people need ongoing care and support we’ll seek to ensure they have as much choice and control as possible over how their needs are met, with the majority having a personal budget. As our number one priority we’ll continue to safeguard the wellbeing of people who may be at risk of harm. The implementation of the Care Act and new procedures will enable us to do this.

As a council we have implemented the first stage of the new Care Act 2014. This has brought together legislation into a new set of laws built around people’s wellbeing, promoting them to maintain their independence, choice and control. The second phase of implementation has been delayed by government and we will report back to you as we know more.

We hope you find the Local Account interesting and informative and that it answers some of the questions you may have about adult social care in Barnsley. If you would like to give your comments or suggestions, please contact us through the Adult Social Services Feedback and Improvement Team on 01226 787898.

Rachel Dickinson, Executive Director, People

Councillor Margaret Bruff, Cabinet Spokesperson for People (Safeguarding)
Introduction from Healthwatch Barnsley

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

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

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

Our work is supported by our volunteer Healthwatch Champions and Healthwatch Young Champions. We are always looking for people who are interested in health and social care in Barnsley to volunteer for us and get involved in our outreach and engagement work.

We base our priorities on the feedback we gather from the general public through research and engagement work. Our priorities are then checked against the Joint Strategic Needs Assessment and the Health and Wellbeing Board Strategy for Barnsley. By doing this, we can cross reference trends, look at areas to focus on, identify where work is already taking place and seek opportunities to work in partnership and avoid duplication.

Last year we focused on:

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

Based on feedback we have received over the last year, our priorities for 2015/16 are as follows:

- Look at people’s experiences of accessing GP (general practice) services and how practices differ.
- Complete our work on CAMHS and look into people’s experiences of accessing mental health services when in crisis.

We want to see real change in health and social care services in Barnsley. We also want to celebrate what is working well. If you would like to share your views about any of the services you access, or would like to find out more about volunteering, please contact us in the following ways.

Telephone: 01226 320106
Text: 07870 599445
Email: healthwatch@vabarnsley.org.uk
www.healthwatchbarnsley.org.uk
Twitter: @HWatchBarnsley
Facebook: HealthwatchBarnsley
Improving quality of life for people with care and support needs

What does this mean?

- People manage their own support as much as they wish, so that they are in control of what, how and when support is delivered to match their needs.
- Carers can balance their caring role and maintain their desired quality of life.
- People are able to find employment when they want, maintain a family and social life, contribute to community life, and avoid loneliness and isolation.

How are we doing in meeting these standards?

- 88% of service users with a learning disability live in their own homes or with their family.
- Over 5,300 older and vulnerable people in the borough were provided with some kind of care service during 2014/15.
- Approximately 4,000 more are connected to the Central Call service via a lifeline community alarm and don't require any other support.
- Most people in Barnsley who need care are directing their own support: 31.8% are doing so by using a direct payment. This is a big improvement on the previous year.
- 46% of people who use services told us that they had as much social contact as they would like.
- 67.2% of people in contact with community mental health services are able to live independently.
- 5% of adults in contact with community mental health services are in paid employment at or above the national minimum wage.
- Only 2.5% of adults with learning disabilities are in paid employment at or above the national minimum wage.
- 74% of people who use our services say they have control over their daily lives. This is slightly lower than the previous year.
- 83% of service users in Barnsley have a personal budget and manage their own care arrangements.

What we said we’d do in 2014/15

- Help more service users to choose a direct payment to manage their own support arrangements.
- Work with our health partners to develop personal budgets for health care services, and to integrate the funding with that for social care support, where applicable.
- Launch a website for our Personal Assistant Approval Scheme – Barnsley Personal Assistant (PA) Finder.
- Employ more support planners to help people to access self-directed support and direct payments.
- Continue to develop our online marketplace for social care and support, improving the search facility, directory of approved providers, accessibility of information and include a simple online self-assessment.
- Look at how we can help people with a learning disability in supported living to live even more independently.
- Continue to deliver our action plan for Autistic Spectrum Conditions.
- Increase the choice of housing and support options for people with a mental health problem.
- Continue to support more people with disabilities into paid employment.
- Review and improve advice, befriending and emotional support services for people with dementia.
- Continue to support our network of Barnsley Dementia Champions.
• Work to improve our dementia diagnosis rates.
• Through our communities and area governance arrangements, continue to address health and wellbeing by enabling local residents to access information and services that promote healthy living.
• Provide schemes in neighbourhoods to tackle social isolation, particularly amongst older people.
• Deliver the actions in our Carers’ Strategy and continue to fund specific projects to benefit carers. Continue to work with GPs to keep carers’ issues at the forefront of primary care.

Did we achieve this, and if so, what difference did we make?

The number of people receiving direct payments increased from 9.6% in April 2014 to 29% by the end of March 2015.

Our reorganised support service helped more people to manage their direct payments, as well as employing their own personal assistants.

We were one of eight areas selected nationally to develop integrated personal commissioning budgets, which help people with long term conditions to have more power, choice and flexibility in how they get the support they need to be well. The first health condition that we are looking at is complex diabetes.

Our PA Finder approval scheme has proved very successful, with 50 PAs finding employment via the scheme. Approximately 160 PAs to date have applied for approval.

Technical difficulties prevented us from launching our PA website; we now expect this to be available by autumn 2015. Our online marketplace continues to grow and now lists 181 different providers of services and 800 visitors a month. We have transformed learning disability services in Barnsley and are helping people to live more independently in their own homes. We have also been looking at the support plans for people in supported living arrangements.

Our strategic group, which oversees delivery of the plan to improve services for people with autism, is supported by a reference group of experts by experience (e.g. people with autism and their families).

As part of the town centre redevelopment, we are planning to install a sanctuary or safe place in the new central library. This will help to make Barnsley a friendlier place for people with autism.

We reviewed our new Autism Diagnosis and Intervention Service, which showed that it was receiving more referrals than expected. Health and social care partners are working together to ensure that all services can help vulnerable people become more autism friendly.

We have developed a list of services that can help people with support needs to live an ordinary life, including those with mental health issues. This is now on the e-marketplace and can be found at: www.connecttosupport.org/barnsley

We have supported more people to live in their own tenancies through direct payments and individual budgets.

Our employment and volunteering service received 43 new referrals in 2014/15.

16 people were helped to find volunteering roles, three found work placements, two found paid employment and 16 are being helped with job seeking and to develop work-based skills.

The Mencap employment service supported 31 people in 2014/15. 11 people found paid work and 18 people took part in a work trial or placement.
We had 19 applications to the carers grant and were able to support 17. These included:
- Young people’s activities
- Respite
- Accredited courses
- Therapies
- Volunteering opportunities

These enabled over 500 carers to take up opportunities for support, outside their caring roles.

The grant also provided 159 carers cards, which enabled the cared-for to be looked after whilst the carer was in hospital.

125 complementary therapy sessions (such as massage, reflexology and relaxation sessions) were accessed by carers throughout Barnsley. 132 hours of care were provided, enabling carers to have a role outside caring and have a break from their caring role.

62 carers were given access to information and advice through a pilot scheme run by the Alzheimer's society.

40 carers of young people with disabilities were trained in equality law and legislation and now use that training to inform others accessing the service.

People with dementia and their families worked with us to design two new support services, these are a dementia carer’s outreach support service and a dementia support service.

Our dementia champions get extra training and support, allowing them to provide good care for people with dementia in Barnsley care homes. We now have 15 champions, including six who were trained in 2014/15.
A new Memory Assessment service started in January 2015, increasing the number of people getting an earlier diagnosis.

Over 4,300 individuals and families were supported by our three lifestyle services, including how to eat healthily and maintain a healthy weight, increasing physical activity, stopping smoking and increasing emotional resilience. These services improve health and wellbeing by helping people to make healthier lifestyle choices. The services also referred and signposted hundreds of people onto partner agencies for additional support.

We have continued to support the six Area Councils and 21 Ward Alliances. They have a combined budget of over £2 million to promote health and wellbeing in Barnsley. Examples of how this is used include:

- Central Area Council appointed the Royal Voluntary Service to deliver a project to reduce isolation and loneliness amongst older people.
- North Area Council are working with the local hospital trust (SWYPFT) to provide Cook and Eat courses, offering basic cooking skills, healthy eating and budgeting skills for residents on low incomes.

Use the following links for Area Council reviews:
Central Area Council: https://goo.gl/wMVmq6
Dearne Area Council: https://goo.gl/85hjfX
North Area Council: https://goo.gl/3GdapB
North-East Area Council: https://goo.gl/NjAlZx
Penistone Area Council: https://goo.gl/bZtcgZ
South Area Council: https://goo.gl/22aMCS
All Ward Alliances in Barnsley identified health and wellbeing as a local priority. They are developing projects to improve health and wellbeing, using an asset-based community development approach. This aims to make the most of the strengths of individuals and communities to help others.

One example of this work relates to the North East Area Council. After considering the health and wellbeing issues of older people in their areas, they agreed to support a luncheon club project in local communities. This helped to address social isolation, providing nutritional meals, as well as supporting independence and building social networks. Lunch clubs are now available in Grimethorpe, Great Houghton, Monk Bretton, Cudworth and Royston.

Another example is the Worsborough Ward Alliance, which is addressing health and wellbeing issues by developing a programme of activities. This includes:
- Free yoga classes.
- A new walking group, including training for local people to become qualified walk leaders.
- Cook and eat sessions, providing opportunities for participants to become local health champions.

This approach will improve the health of local people and provide opportunities to continue activities with local support.

How will we improve in 2015/16?

- We will implement our new target operating model for Assessment and Care management in April 2015. This includes a new Brokerage and Personalisation Support Team, which will help to people to direct their own support, write their support plan, and secure the support that they choose to meet their assessed social care outcomes.
- Our Brokerage and Personalisation Support Team will help people to manage their direct payments and employ personal assistants. We have set a target of 40% of people directing their own support using a direct payment by the end of March 2016.
- Individual stories about personalisation can be found via the following video links:
  - Mary's story https://youtu.be/qEN-iDugkYY
  - Simon and Andrew's story https://youtu.be/Xl7wqn6Xgdo
  - Brenda's story https://youtu.be/9_WuuAEZVGU
  - Rona's story https://youtu.be/o7Bohais58
  - Clare's story https://youtu.be/izElk7pvLns
  - Lesley's story https://youtu.be/2qZG4lds1eA
- Ensure that the new Barnsley PA Finder website is ready to go live by October 2015, with testing to be carried out in September in readiness for this. The new site is aimed to be much more user friendly.
- Continue to actively promote our PA approval scheme, increasing the number of approved PAs working in Barnsley, developing a vibrant and skilled market.
- Consult people with complex diabetes to understand how they want their care and support to be arranged.
- Work with people with mental health issues to personalise the health care they receive.
- Continue to invest in and develop our e-marketplace. The online self-assessment facility will be available in 2015/16. We will make sure all the services that help people with social care needs, and all the services and groups that happen in the community, are listed.
- Develop a list of providers that can support people with more complex needs to live safely in their own homes.
Consult people with autism to help design the sanctuary or safe place, being planned for the new library.

The Autism Strategy Group will be working to make sure there are more positive developments for people with autism in Barnsley. One example includes awareness raising training for health and social care staff.

Review the results of the recently completed Housing Needs survey to identify how we can improve our support for those in need.

Our employment and volunteering service will deliver the ‘Way to Work’ pathway, which includes helping people to get the right training and support to apply for jobs, as well as offering in-work support.

Explore other employment opportunities for people with a disability, such as Moorland Plastics and other community services like libraries.

Develop the Carers and Friends Forum (an independent group of carers and service providers who promote support for carers and act as a voice for carers to inform the Barnsley Carers Strategy) so that people are more involved in deciding priorities.

Promote the carers grant to more individual carers.

Work with GPs on a social prescribing pilot. This is about linking people up to activities in the community that they might benefit from, reducing the need for medical support.

Ensure the views of carers are taken into consideration when developing services.

Identify opportunities for carers to be treated as individuals in their own right outside their caring role.

Consult those with dementia and their families on the effectiveness of the new services provided.

Use the dementia champions to raise awareness across care homes in Barnsley. Dementia care will continue to be a high priority for both the council and the health services.

From November 2015, Person Shaped Support will deliver the Be Well Barnsley programme. This service will support people to stop smoking, as well as helping them to manage their lifestyles through weight management and physical activity.

Case Study – Carers Grant

One carer said “I truly and honestly believe my life would be in a very different place right now if I hadn’t received funding from the Carers Grant to help with my childcare costs. As a mother and carer, it’s hard to juggle home life and have time to do things that are important for you as an individual.

Often carers suffer as a result of not having the means to break away from home and have some quality time out. I was so fortunate to get the funding for my child to go to day nursery so I could seek some relaxing time away from home for my wellbeing, which as a result had led me in to the voluntary sector. Without the continued support from the Carers Grant, there’s absolutely no way I would be in the position I am now both physically and mentally.”
Case Study – Mr S, a service user

Mr S is a young man with a complex package of care. He requires a 24 hour on-site carer to support him to live independently in his own bungalow. He suffers from tonic-clonic seizures and previously his carer had to check him regularly whilst sleeping to ensure his safety. This disrupted his sleeping pattern and was a very costly element of his original care package.

A review of his existing care package has included an Assistive Living Technology review. Mr S was benefiting from an existing Bosch Careline, with a safe and secure package that provided smoke detectors and other elements to protect his environment. We used the original Careline and fitted an additional external radio trigger to connect epilepsy sensor equipment.

Mr S is now able to sleep without regular interruptions during the night. The onsite carer now sleeps in an adjacent room and only responds when the epilepsy sensor triggers the pager. This has improved Mr S’s quality of life and reduced the cost of his care package.

Comments from Ward Alliance members

Shane from Gilroyd Community Group commented, “Having been a member of the committee for the Gilroyd Social Club, I jumped at the chance to be part of a group to develop community events and environmental improvements in my area. To date our group has undertaken various litter picks, the Gilroyd Games and held a gala for the benefit of the community. Money raised through the gala will be used to put on events for the community.

I also assisted other groups in securing funding, including helping the Gilroyd Young at Heart Group to secure funding for indoor bowling, which will help our older people to stay active. It will also facilitate interaction between the older people and young people of Gilroyd. I also decided to become a member of the Dodworth Ward Alliance so I can have an input into shaping the future of my community.”

Thanks to Shane’s volunteering, a sustainable group has been developed, which has increased volunteering and brought the community together, and regular environmental works are being undertaken.
Delaying and reducing the need for care and support

What does this mean?

- Everybody has the opportunity to have the best health and wellbeing throughout their life, and can access support and information to help them manage their care needs.
- Provide support earlier and reablement so that people and their carers are less dependent on intensive services.
- When people develop care needs, the support they receive takes place in the most appropriate place and enables them to regain their independence.

How are we doing in meeting these standards?

+ We are successful in supporting people to continue to live in their own communities for as long as possible. Barnsley is below average for authorities of a similar nature in care home admissions.
+ Barnsley continues to be one of the best areas in the country for getting people home quickly and safely after a spell in hospital.
+ We helped almost 2,800 people by providing pieces of equipment or through their property being adapted in some way to help with daily living.
+ 641 people benefited from a short period of help to regain daily living skills and get back on their feet after a spell in hospital.
  - Most (81%) of these people were still living independently 3 months later. This is lower than our performance in the previous year.

What we said we’d do in 2014/15

- Completely redesign how people with some care and support needs first contact us for help or advice. Our ‘first contact’ service will provide better information and advice, enabling people to look after themselves for longer at home. It will put people in touch with services available locally, providing support to prevent any decline in independent living skills for as long as possible.
- Review Extra-Care housing facilities in Barnsley to find out how they meet the needs of current and future residents.
- Provide more people with electronic monitoring systems (Telecare) to help them live independently.
- Support more young people with learning disabilities to develop the confidence and skills needed to travel independently around Barnsley.
- Re-organise the Home Assessment and Reablement Service to promote opportunities to grow the business, developing more products and offering them to more people in Barnsley.
- Work with our health partners to commission a range of health and social care services to reduce hospital admissions, enabling people to leave hospital more quickly and safely, promoting independent living at home.
- Continue to expand our Shared Lives scheme, which provides live-in care with a family, to include other client groups, for example, older people and people with physical disabilities.
- Continue to fund a range of options for people recovering from substance misuse issues, including funding for our ‘Skills for Moving On’ course.
- Better coordinate advice and support services for people in Barnsley facing financial difficulties.
- Employ an Eye Clinic Liaison Officer (ECLO) at Barnsley Hospital, offering help to anyone with a sight problem and their families, with practical living advice and emotional support.
Did we achieve this, and if so, what difference did we make?

Our Customer Access Team (CAT) for adult social care has been developed and implemented. Alongside this, a single access telephone contact number has been established.

We are working increasingly with Barnsley Hospital and GP practices across Barnsley to promote the systems to maximise people’s quality of life for both service users and their carers.

The Independent Living At Home Service is now accessible through the CAT team, as part of a council-wide offer for access to care and support services.

20 young people were given training to access education and training opportunities, helping to stop them becoming NEET (not in employment, education or training).

Young people with sensory impairments were helped to develop their skills and confidence to use public transport, through joint work with our Home to School Transport service. This could potentially reduce the cost of providing transport services for this group of young people.

A new Intermediate Care Pathway is now in place to help people leave hospital sooner and access support they need in their own homes.

The following video focuses on partnership working to tackle and address poverty, with a focus on food poverty.
www.youtube.com/watch?v=yS2aHi-0uVE

We continue to fund welfare rights services in a number of different locations across Barnsley, for example, at the Community Shop in Goldthorpe.

A review of advice services available in Barnsley is underway. This aims to ensure resources are well targeted and that organisations work together to provide the right support at the right time, minimising duplication.

We appointed an Eye Clinic Liaison Officer in April 2015 for a year; they will help anyone with a sight problem and their families, with practical living advice and emotional support.

How will we improve in 2015/16?

- Continue to provide training to a greater number of vulnerable young people.
- Work with Home to School Transport to offer more enabling travel options for young people with disabilities in post 16 provision. Examples include travel training and travel buddies.
- Continue to offer travel training and free to go travel services to all individuals with disabilities or from minority groups who are referred to the service.
- Ensure the TelpalCare Mobile service is available by July. This will allow service users to access our monitoring centre at any time of day, if an emergency occurs when out and about. It is quick and easy to install and will provide valuable reassurance to service users, as well as their family and friends. This service will run alongside our existing Careline services. For further information please contact our team on 01226 775671.
- Transform extra care facilities into places where people can age well and receive care and support in their own home.
- Review arrangements for community alarms and consider offering the service to more people, including those accessing extra care schemes and sheltered housing.
- Continue to grow the Independent Living at Home Service. This will support service users to live as independently as possible in the safety and security of their own homes.
- Aim to increase the number of people getting help from the intermediate care pathway. We will also monitor how the service grows and develops.
- Commission a new substance misuse service, to be provided from April 2016.

Review the welfare rights service to see whether it is doing what it needs to do, as well as being as efficient and effective as it can be. We will consider different ways of providing support, for example through digital channels and community settings.

- Review the effectiveness of the Eye Clinic Liaison Officer to identify if this has helped more people who are blind or partially sighted to get information and support.

Case Study – Mr and Mrs D
Mrs D was admitted to hospital after deterioration in her health and several falls. She has Parkinson’s disease which affects her mobility and communication.

Mrs D was discharged with support from her husband and the Home Assessment and Reablement (HART) service, with four daily home visits provided to identify their level of ongoing support needs.

Mrs D needed a lot of support with her husband being her main carer. HART provided support to Mr D to manage their daily routine safely. Mr D never left his wife alone and was anxious leaving her in another room due to her high level of risk when trying to get up from a chair etc. Mr D rushed his daily shower to get back to check on his wife, putting himself at risk due to hurrying and being anxious.

The Careline service with a falls package was provided, including a falls detector, bed and chair sensors. This provides Mr D with peace of mind; if his wife gets into difficulty, it automatically alerts the Careline monitoring centre. Mr D is also immediately alerted and supported by an additional 24 hour home response team to help mobilise Mrs D (if required). This has reduced Mr D’s level of anxiety whilst supporting Mrs D’s needs.

After 4 weeks, Mr and Mrs D no longer need support from the HART service and are benefiting from a reduced traditional support package with a Careline falls package service.

Case Study – Skills for Moving On
"From the Phoenix Futures core programme I progressed onto the Skills for Moving on Programme which I found inspirational and gave me relevant information which has helped me progress further.

Without this course, I would not have gained the peer support to carry on and further my development; I also received information to enable me to gain insight into volunteering.

After gaining my qualification, I have enrolled on various courses at Northern College that will also help me to find a volunteering position within services. This course, along with prior ones, has enabled me to increase in confidence, knowledge, coping strategies (so I don’t go back to old behaviour), and a sense of achievement inspiring me to move forward, not only to achieve a job in services but also in everyday life. I would recommend this course to anyone to broaden their horizons and achieve the goals they set themselves.

Good luck to future service users. You can do it!"
Information, advice and a positive experience

What does this mean?

- People who use social care and their carers are satisfied with their experience of care and support services.
- Carers feel as though they are respected as equal partners throughout the care process.
- People know what choices are available to them locally, what they are entitled to, and who to contact when they need help.
- People, including those involved in making decisions on social care, respect the dignity of the individual and ensure support is sensitive to the needs of each individual.

How are we doing in meeting these standards?

- 73% of people who use our services are satisfied with their care and support.
- 78% of people who use our services, and their carers, find it easy to find information about services:
  - Face to face: customer rating ‘fair’. “Basic information was given but delivered in a polite, friendly and helpful manner.”
  - Reception: customer rating ‘fair’. “Booths with lots of telephone numbers for Barnsley Connect and localities numbers displayed.”
  - Out of hours: customer rating ‘excellent’. “I was given details I needed and I felt confident and satisfied.”
  - Telephone contact: customer rating ‘fair’. “Spoke clearly, no jargon used but not enough information given. Didn’t feel very confident about the process.”

We have redesigned how our website looks so that information is easier to find. We have also expanded opportunities for people to ‘self-serve’ via our website through the use of e-forms and an online referral function.

What we said we’d do in 2014/15

- Continue to join up information about wellbeing, health and social care into one easy to use and informative website for service users, carers and the general public of Barnsley.
- Further develop our range of information and advice products to ensure that they are fit for a range of people, including those who fund their own support, people who don’t meet our criteria for services and those who have more intensive care and support needs.
- Look at the guidance that will be published in the Care Act and use this to strengthen our current services for information and advice.
- Improve the computer facilities that are available in our libraries and provide help for people to get online.
- Further develop our Books on Prescription service in libraries and promote this with GPs.

Did we achieve this, and if so, what difference did we make?

Our information and advice service has been improved to include financial advice,
so that those who want to make their own care and support arrangements can do so more easily.

We have increased our use of video, YouTube and ‘easy read’ to make our information more accessible.

We have developed the Love Where You Live brand and website, which provides information about local events and facilities.

We have modernised our telephone system and introduced a central number so that when people need to contact us, we can respond more efficiently. This service is provided by dedicated, skilled staff.

We have used the Care Act guidance to help us think about how to improve our information and advice services.

More laptops and computers have been installed in libraries so that the public can have better access to online information. Libraries have skilled staff to help people with their online search within their local community.

Our main libraries are stocked with Reading Well on Prescription materials which provide helpful information and step-by-step self-help techniques for managing common health conditions.

**How will we improve in 2015/16?**

- Review all our web content to reduce, simplify and link information to other sources, and introduce web chat facilities on our website.
- Further develop online help including an online financial assessment so that people can easily work out whether they would be entitled to financial help from the council.
- Expand the range of services that can be accessed via our ‘e-market place’ and online shopping facility to include more information about things available within local communities.
- Work with our equality forums so that we can better understand the needs of minority groups and agree minimum standards for our information content.
- Make greater use of social media such as Facebook and Twitter to broadcast information to the public as things happen.
- Improve our management of calls that cannot be answered immediately.
- Work with partners across the borough to see how we can better align and streamline information provision so that the public can more easily find the information and advice they need.
- Recruit ‘digital champions’ to identify the support residents need to use online facilities and develop the skills of frontline staff to provide the necessary support.
- Continue to maintain reading materials on prescription materials to help people understand and manage common conditions, including depression and anxiety.
Safeguarding adults whose circumstances make them vulnerable and protecting them from avoidable harm

What does this mean?

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

How are we doing in meeting these standards?

- 72% of people who use our services say they feel safe.
- 88.5% of people who use services say that those services contribute positively to their feeling of safety.
- 753 Deprivation of Liberty Safeguards (DoLS) applications were processed during 2014/15, a significant increase on the previous year due to legislation and case law changes.

What we said we’d do in 2014/15

- Build upon the existing network of Community Safeguarding Champions and recruit more.
- Consider appointing an independent chair of the Safeguarding Adults Board.

- Continue to raise awareness and deliver training on reporting and investigating safeguarding concerns.
- Develop a Hate and Harassment Strategy to improve reporting and recording of crimes of this nature, which will ultimately reduce incidences.
- Raise awareness of homelessness amongst single people. Work to reduce the number of people who could become homeless by commissioning a theatre group to perform at schools and other venues.
- Arrange training to ensure that single people are aware, before they take on a tenancy, of their responsibilities and rights as tenants, and the potential pitfalls which could result in home loss.
- Review how we provide our Approved Mental Health Professionals service.

Did we achieve this, and if so, what difference did we make?

We enlisted and trained Safeguarding Champions; they are now in place across the council and in care homes and nursing homes. We will review how effective this is and update our plans as necessary. Healthwatch have also offered their assistance in training more safeguarding champions.

We have implemented the changes of the Capacity Act, including DOLS. Case law has expanded the application of the safeguards of DOLS, which has led to a significant increase in their use.

An independent chair of the Safeguarding Adults Board has been appointed. The chair is joint with the Barnsley Safeguarding Children Board. This will make a difference to the development of the safeguarding agenda, and in particular, under the Care Act.

The new Care Act includes changes to the way adult safeguarding is organised. We will be embedding the new ways of working and a training plan is currently
being delivered to multiagency partners to embed the safeguarding requirements of the Act. The council is organising the training.

We worked with our partners to commission an awareness raising educational programme on homelessness. This aimed to support young people to learn about the realities of homelessness, including what might trigger it and what impact it may have on their later life chances. It encouraged young people to think about the realities of living independently. It also focused on how leaving their parents’ home should be part of a planned journey into adult life, rather than a crisis response to immediate problems. Collingwood Learning delivered a powerful drama production in eight secondary schools and colleges across Barnsley between September and October 2014. The sessions delivered the following three key messages:

- Don’t become homeless if you can help it.
- If you do, there are places you can get help and this is what will happen.
- Independent living is hard.

With our contracted supported housing providers, we are working alongside the homeless charity CRISIS to deliver pre-tenancy training. CRISIS promoted the benefits of the pre-tenancy training to a range of landlords, encouraging take up and attendance.

We have developed a comprehensive multiagency hate and harassment strategy and action plan to help improve reporting. The reporting of incidents and crimes is now much easier. We have seen a corresponding increase in incidents reported, which brings us more in line with the national average.

We now have a single text number for reporting; people can also report online or at various hate and harassment reporting centres, or call the police.

Thanks to South Yorkshire Police and our Community Safety and Enforcement service, case management is now much more effective. A community challenge board is also in place; part of its remit is to review our approach to tackling hate and harassment.

**How will we improve in 2015/16?**

- Review our website to reduce, simplify and link information to other sources.
- Introduce web chat facilities on our website.
- Develop more online help, including an online financial assessment, so that people can easily work out whether they are entitled to financial help from the Council.
- Expand the services available on our ‘e-market place’ and online shopping facility to include information about things available in local communities.
- Work with our equality forums to help us better understand the needs of minority groups and agree minimum standards for our information content.
- Make more use of social media, such as Facebook and Twitter, to share information with the public as things happen.
- Continue working with partners across Barnsley to make sure the public can easily find the information and advice they need.
- Recruit ‘digital champions’ to identify what support residents need to use online facilities. Develop skills within frontline staff to provide the support needed.
- Continue to identify and train workplace champions.
- Identify funding to repeat the Collingwood Learning homelessness drama for young people every year, in all secondary schools. Alternatively, develop a resource pack to be used in
schools to raise awareness of homelessness and its impact.

- Following the introduction of our hate and harassment strategy and action plan, deliver a conference to look at our successes and explore our challenges.
- Improve attendance at training courses by providing incentives to learners.
- Embed hate and harassment awareness in every agency by training frontline workers and managers.
- Send out a strong message that hate and harassment will not be tolerated.

- Monitor the use of Deprivation of Liberty Standards (DOLS) in the Barnsley Adult Safeguarding Board. We will also take account of the increase in DOLS in our review of the adult services target operating model.
- Evaluate our case management by asking victims of hate and harassment how they felt we responded to their incident. The Community Challenge Board will continue to monitor our response.
- Continue to revise our safeguarding procedures to reflect what we’ve learnt.
Efficiency and value for money: every penny counts

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

How much we spend on services

Expenditure by client type (£ millions)

<table>
<thead>
<tr>
<th>Service Type</th>
<th>Expenditure (£ millions)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sensory</td>
<td>£0.2</td>
</tr>
<tr>
<td>Social Support - Substance Misuse</td>
<td>£0.4</td>
</tr>
<tr>
<td>Memory and Cognition</td>
<td>£2.0</td>
</tr>
<tr>
<td>Mental Health</td>
<td>£3.6</td>
</tr>
<tr>
<td>Physical disability</td>
<td>£11.8</td>
</tr>
<tr>
<td>Assessment &amp; Care and Other services</td>
<td>£13.5</td>
</tr>
<tr>
<td>Learning Disability</td>
<td>£15.1</td>
</tr>
</tbody>
</table>

Expenditure by service type (£ millions)

<table>
<thead>
<tr>
<th>Service Type</th>
<th>Expenditure (£ millions)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Substance Misuse</td>
<td>£0.4</td>
</tr>
<tr>
<td>Information and Early Intervention</td>
<td>£0.8</td>
</tr>
<tr>
<td>Commissioning and Service Delivery</td>
<td>£3.8</td>
</tr>
<tr>
<td>Assessment and Care</td>
<td>£7.1</td>
</tr>
<tr>
<td>Residential and Nursing</td>
<td>£12.6</td>
</tr>
<tr>
<td>Community-based Care</td>
<td>£22.2</td>
</tr>
</tbody>
</table>

Reducing costs and being more efficient

As a result of the government’s austerity measures and reduction in local government funding, we had to make significant savings this year, totalling £4.6 million. Although we need to make another £2 million in savings in 2015/16, we aim to improve key outcomes for local people. We will achieve this by delivering services differently, being more business focussed and looking for other ways to fund services. Examples include:

- Reviewing the mental health services and contracts that we buy from the South West Yorkshire Partnership Foundation NHS Trust.
- Reducing the number of long term residential care placements by supporting people to do more for themselves; reducing dependency and the need for ongoing care.
- Re-designing how we provide adult social care, particularly assessment and care services. We will focus on new ways of working to improve the outcomes of people using the services. The redesign is part of a larger programme of work across health and social care, looking at new ways to support more people to stay independent, making it easier for people to contact relevant services and streamlining the way that we provide assessments and services.
- Health and social care are working together to make best use of the funding available for intermediate care.
Glossary

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

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

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

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

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

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

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

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

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

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

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

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

**Personal assistant (PA)**
A personal assistant is someone that is employed by an individual to help them achieve their agreed outcomes. This may be in the form of providing hands-on personal care and/or assistance to access community facilities, social events or employment.

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

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

**Residential care**
Care provided in a care home.

**Safeguarding**
Safeguarding is the term used to explain how agencies work together to protect vulnerable adults in the borough from abuse, ill-treatment and exploitation. Abuse can take many forms such as physical, sexual, emotional, neglect or financial, and can take place in many different settings.

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

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

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