

Adult Social Care Feedback Report

Autumn 2024



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About Healthwatch Barnsley



Healthwatch Barnsley is the local health and social care champion for Barnsley. We are independent and have the power to make sure NHS leaders and other decision makers listen to local feedback and improve standards of care. Healthwatch Barnsley is part of a network of over 150 local Healthwatch across the country. We are here to listen to the issues that really matter to people in Barnsley and to hear about their experiences of using local health and social care services. We are entirely impartial and people can share their stories with us in confidence.

The Healthwatch Barnsley contract is delivered by Barnsley Community and Voluntary Services (BCVS). The BCVS Board has oversight and accountability for the delivery of the Healthwatch Barnsley service. The BCVS Board is committed to having a strong and vibrant Healthwatch Barnsley Local Advisory Group, rooted in the local Barnsley community.

Healthwatch uses feedback to better understand the challenges facing the NHS and other care providers and we make sure people's experiences improve health and care for everyone – locally and nationally. We can also help people to get the information and advice they need to make the right decisions for themselves and to get the support they deserve. We believe it is important that people share their experiences and we welcome feedback that is positive as well as negative. If someone has had a negative experience, it is easy for them to think there is no point in complaining and that 'nothing ever changes'. If they have had a positive experience, we will ensure that this is cascaded to the relevant service provider in order for it to be used to consolidate good practice. Feedback about health and care services is powerful and can help to improve people's lives. When anyone is ready to tell their story about health and care services locally, we are here to listen!

Find out more about us on our website www.healthwatchbarnsley.org.uk

Our mission, vision and values

Our vision

A world where we can all get the health and care we need.



Our mission

To make sure people's experiences help make health and care better.



Our values are:

- **Impact** – We're ambitious creating a change for people and communities. We're accountable to those we serve and hold others to account.
- **Collaboration** – We build internal and external relationships. We communicate clearly and work with partners to amplify our influence.
- **Truth** – We work with integrity and honesty and we speak truth to power.
- **Independence** – Our agenda is driven by the public. We're a purposeful, critical friend to decision makers.
- **Equity** – We're compassionate and inclusive. We build strong connections and empower the communities we serve.





Project background

Healthwatch Barnsley have traditionally collected more feedback around health care services than social care and this is probably due to the branding and our name, which by default implies we are interested only in health care. During 2022, we saw Clinical Commissioning Groups replaced by Integrated Care Boards, which brought the planning of health and social care under the same roof.

During 2023, we employed an Engagement Officer with a particular remit to look at Adult Safeguarding. This post was funded by Barnsley Adult Safeguarding Board and Barnsley Council but sits under the Healthwatch banner. This post has enabled us to get a better insight into Adult Social Care and has allowed us to feed back to the Council some insight into how the service is perceived by the very people who use or need assistance.

When we were deciding on our priorities for 2024/25 we asked the public what services they thought we should concentrate on, and Adult Social Care came in the top three. Here are some of the comments we received:

“Elderly care - Ensuring that elderly individuals are visited in Care Homes to ensure they are in suitable living conditions. Experience a family member has just passed away due to ill care from the home and the family (family breakdown unable to visit home) this could have been avoided if my call to social services was looked in to.”

“People with learning disabilities, and the elderly in residential care.”

“Improved quality of care in care homes.”

“Support for carers of those with dementia.”

“Social Care - having the right staff for the job and the right amount. How can we encourage more local people to take up careers in social care and how can we retain staff?”

What we did



We set up an online survey (based on a Healthwatch England survey into Social Care) which we ran during August and September 2024. We promoted the survey via our social network platforms, our website, partner's newsletters and by sending links and posters to all on our mailing list.

We collected feedback via our website and our Engagement Officers attended local groups to speak with residents about their experiences. We worked with ADASS (Association of Directors of Adult Social Services) to perform a "mystery shopper" exercise on adult social care services in Barnsley using a variety of scenarios.

We attended:

- Focus group for the ADASS Peer Review.
- We were members of the Overview and Scrutiny task and finish group looking at Carers Workforce (all ages)
- We attended TLAP and Carer Strategy Group meetings to update on our work.

We also restarted our Enter and View visits. This is where Healthwatch have a legal power to enter any premises where health or social care is being delivered. We collect evidence of what works well and what could be improved to make people's experiences better. Healthwatch can use this evidence to make recommendations and inform changes both for individual as well as system-wide services. This will be rolled out to care homes during 2025.

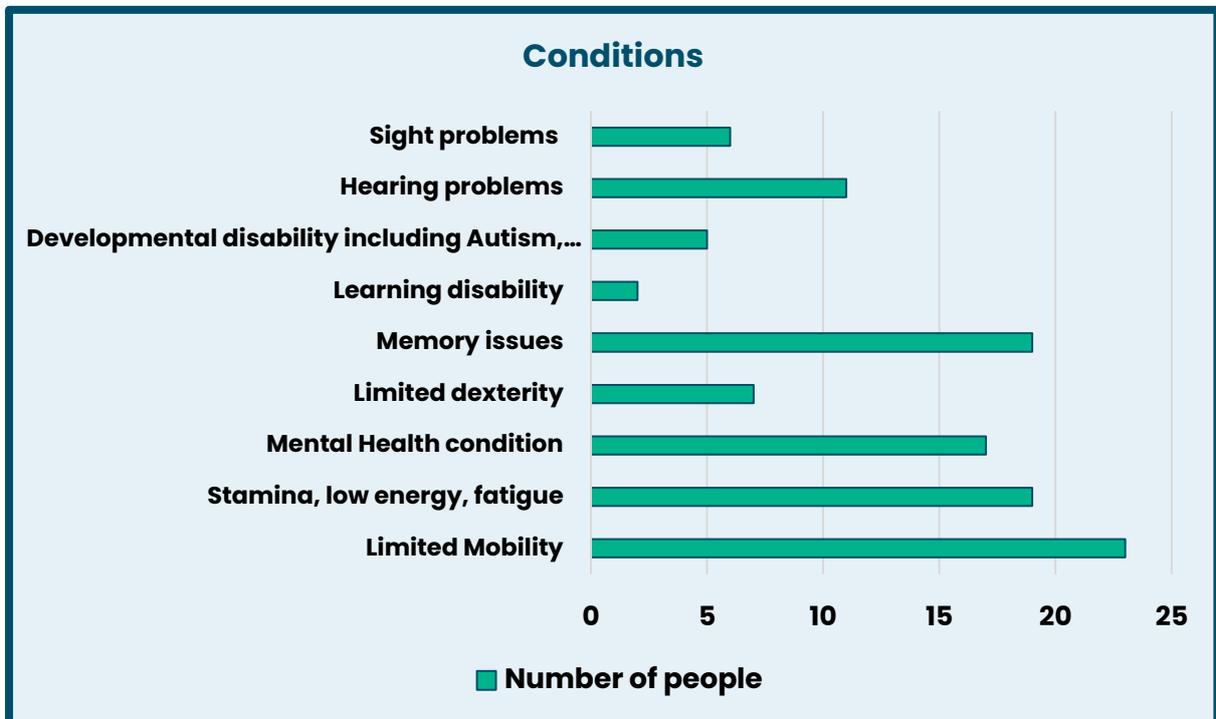
Our findings



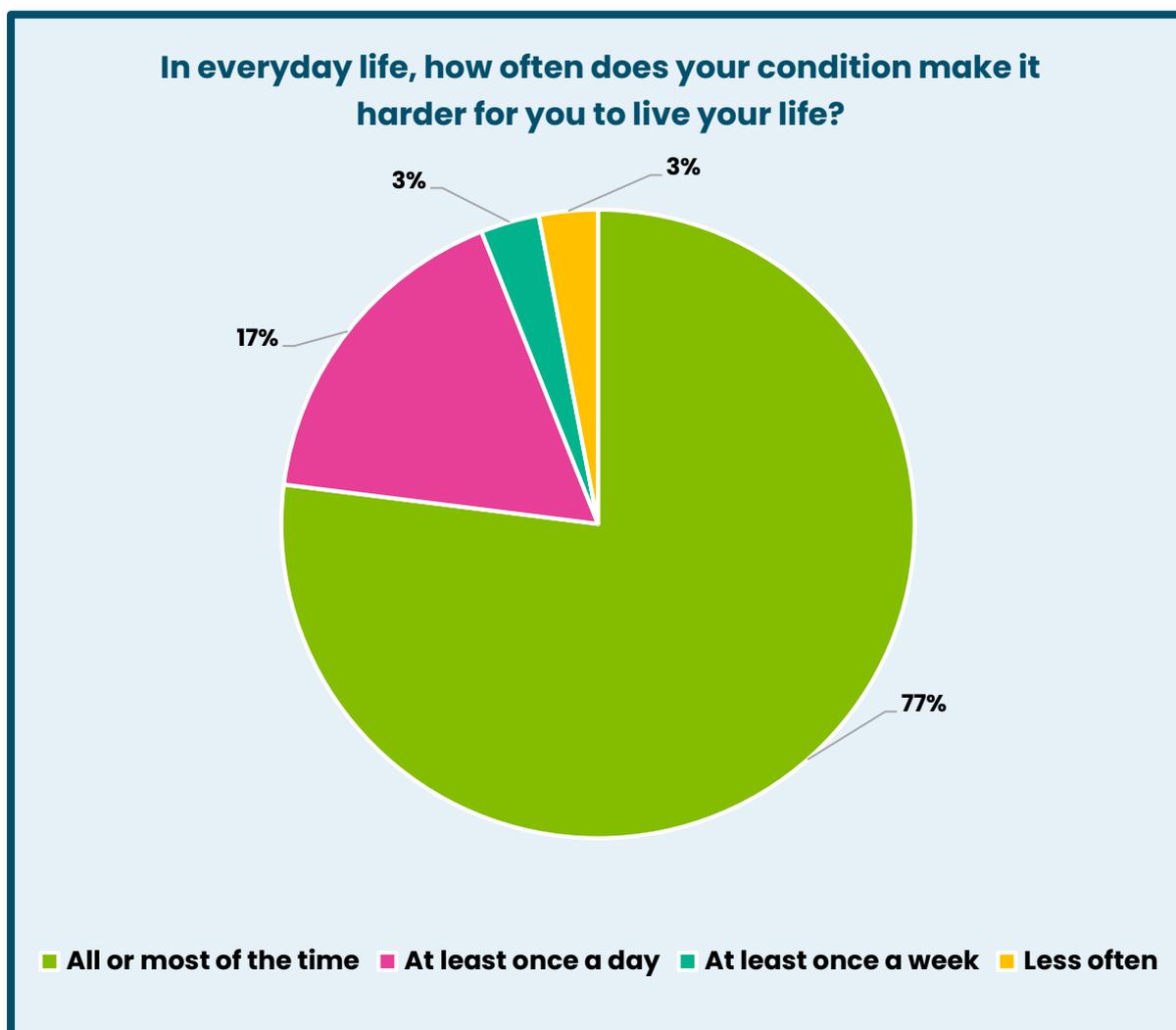
Survey

Despite the extensive promotion of the survey, we were disappointed to receive only **35 responses**. We have since looked at the survey and we believe the reason for the low response rate is that it was far too long and repetitive with people logging off before completion. If we were to run it again, we would make it much simpler in order to enable people to move through to the next relevant question instead of having to read them all. From the responses we received, all had a physical or mental health condition or illnesses expected to last 12 months or more.

31 people (88%) told us that their conditions or illnesses reduced their ability to carry out day-to-day activities. We asked people what conditions they were living with that reduced their ability to carry out day-to-day activities



As you can see from the previous graph, limited mobility is the reason that most people struggle to do day-to-day activities closely followed by fatigue, low energy, stamina and memory issues that are all common conditions in an ageing population.



77% of people who completed the survey told us that their condition affects their everyday lives all or most of the time.

We asked **“When you are affected by your disability or condition, which of the following activities are you able to do independently, able to do with difficulty, or unable to do without help? Please select the option that best fits your experience for each answer.”**

Next we asked **“When you are affected by your disability or condition, which of the following activities are you able to do independently, able to do with difficulty, or unable to do without help? Please select the option that best fits your experience for each answer.”**

1. Preparing meals and eating and drinking

Option	No. of responses
I can't do this at all without help	11
I can do this, but it puts myself or others in danger	4
I can do this safely but it causes myself or others pain, distress, or anxiety	4
I can do this safely, but it takes me a lot longer than I'd like	4
I can do this independently	12

2. Keeping yourself and your clothes clean

Option	No. of responses
I can't do this at all without help	10
I can do this, but it puts myself or others in danger	1
I can do this safely but it causes myself or others pain, distress, or anxiety	5
I can do this safely, but it takes me a lot longer than I'd like	7
I can do this independently	11
Don't know	1

3. Using the toilet

Option	No. of responses
I can't do this at all without help	5
I can do this, but it puts myself or others in danger	0
I can do this safely but it causes myself or others pain, distress, or anxiety	3
I can do this safely, but it takes me a lot longer than I'd like	6
I can do this independently	21

4. Choosing clothes and getting dressed

Option	No. of responses
I can't do this at all without help	5
I can do this, but it puts myself or others in danger	0
I can do this safely but it causes myself or others pain, distress, or anxiety	6
I can do this safely, but it takes me a lot longer than I'd like	8
I can do this independently	15
Don't know	1

5. Keeping yourself and others safe in your home

Option	No. of responses
I can't do this at all without help	9
I can do this, but it puts myself or others in danger	2
I can do this safely but it causes myself or others pain, distress, or anxiety	5
I can do this safely, but it takes me a lot longer than I'd like	7
I can do this independently	10
Don't know	2

6. Cleaning and tidying your home

Option	No. of responses
I can't do this at all without help	17
I can do this, but it puts myself or others in danger	2
I can do this safely but it causes myself or others pain, distress, or anxiety	3
I can do this safely, but it takes me a lot longer than I'd like	6
I can do this independently	5
Don't know	2

7. Building and keeping relationships with family and friends

Option	No. of responses
I can't do this at all without help	11
I can do this, but it puts myself or others in danger	1
I can do this safely but it causes myself or others pain, distress, or anxiety	5
I can do this safely, but it takes me a lot longer than I'd like	7
I can do this independently	11

8. Getting a job, accessing education, or doing volunteer work

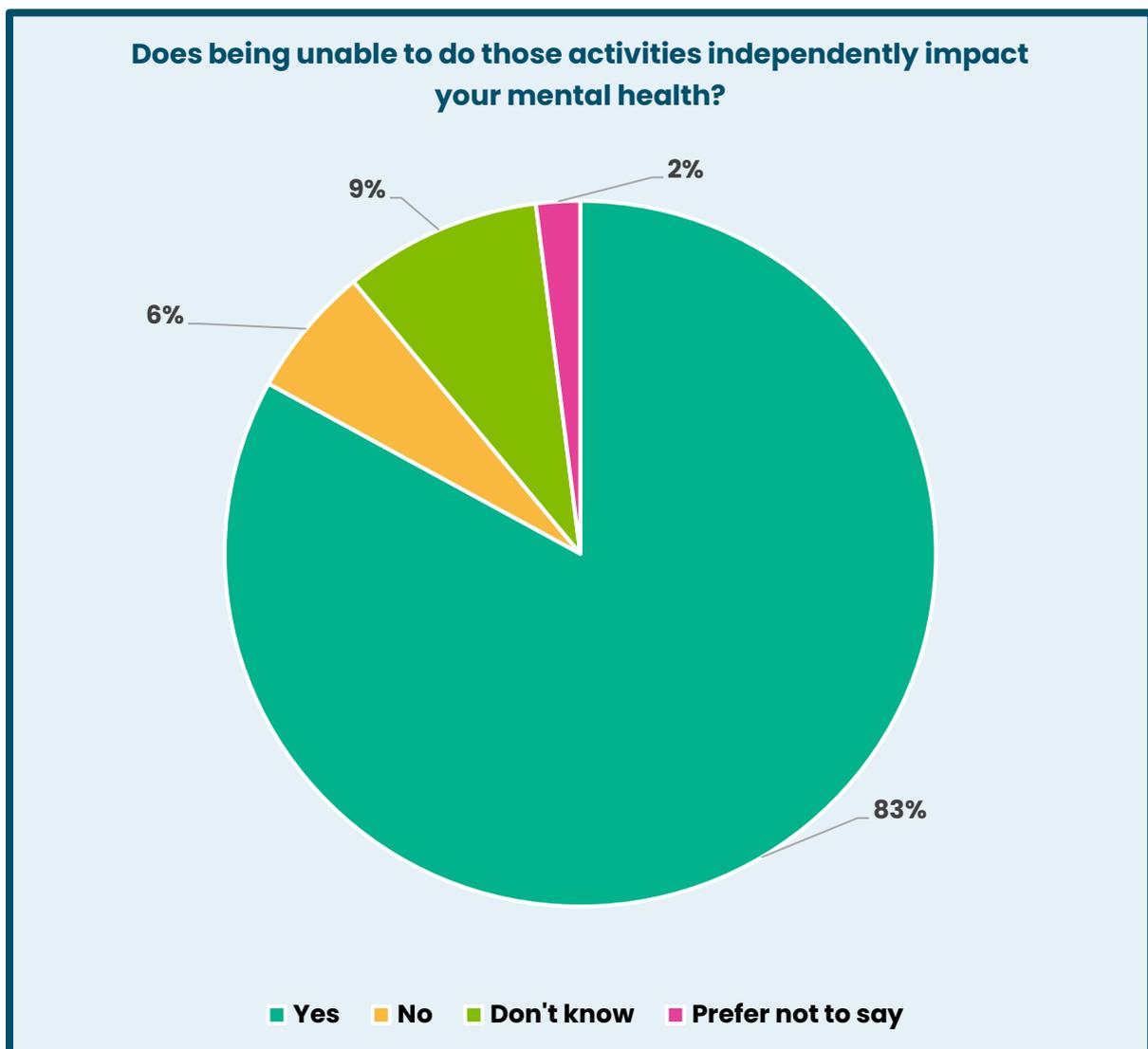
Option	No. of responses
I can't do this at all without help	18
I can do this, but it puts myself or others in danger	2
I can do this safely but it causes myself or others pain, distress, or anxiety	3
I can do this safely, but it takes me a lot longer than I'd like	3
I can do this independently	4
Don't know	5

9. Using public transport and local facilities

Option	No. of responses
I can't do this at all without help	18
I can do this, but it puts myself or others in danger	1
I can do this safely but it causes myself or others pain, distress, or anxiety	6
I can do this safely, but it takes me a lot longer than I'd like	2
I can do this independently	5
Don't know	3

10. Caring for any children you have

Option	No. of responses
I can't do this at all without help	16
I can do this safely but it causes myself or others pain, distress, or anxiety	2
I can do this independently	5
Don't know	12



We also asked, **“Which of the following activities, if any, would you like to be able to do but are unable to do because of your disability?”**

Activity	No. of responses
Attending music events, sporting events, the theatre or cinema	13
Visiting friends or family	12
Maintaining relationships which are important to me	14
Going to restaurants, cafes or pubs	14
Taking part in sport or other physical activity	15
Working	9
Volunteering	9
Moving into full-time employment from a part-time or volunteering role	7
Don't know	1
None of these	3

In addition to these activities, we also received the following comments:

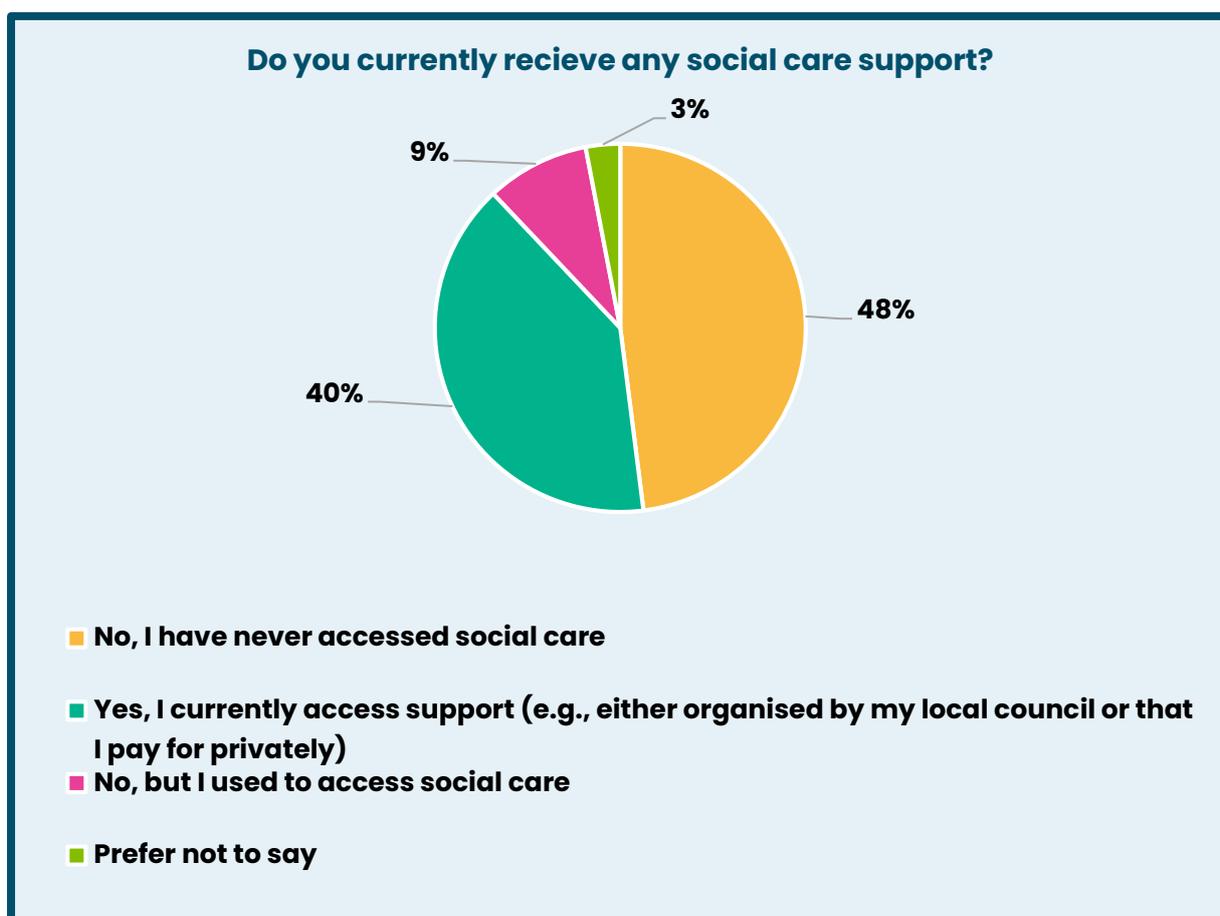
“Get out of my home.”

“Without my personal assistants I couldn't do any, but I can because of them.”

“Attending events where conversation takes place.”

“I would like to be able to have conversations but 99% hearing and I'm deaf, 1% people deaf and know sign language. I feel lonely.”

Next, we asked about any social care support that people receive



We also asked, **“What type of support do you currently receive? Please select all that apply?”**

Type of support	No of responses
I receive help with daily living tasks in my own home	13
I have made adaptations to my own home	10
I live in housing which includes social care support, such as a supported living scheme	0
I live in a residential care or nursing home	0
I access activities or support in my community or town, such as day care, day opportunities, carer’s breaks/respice care, or support groups	7
Don’t know	2
None of these	12

We also received the following comments on the support that people receive:

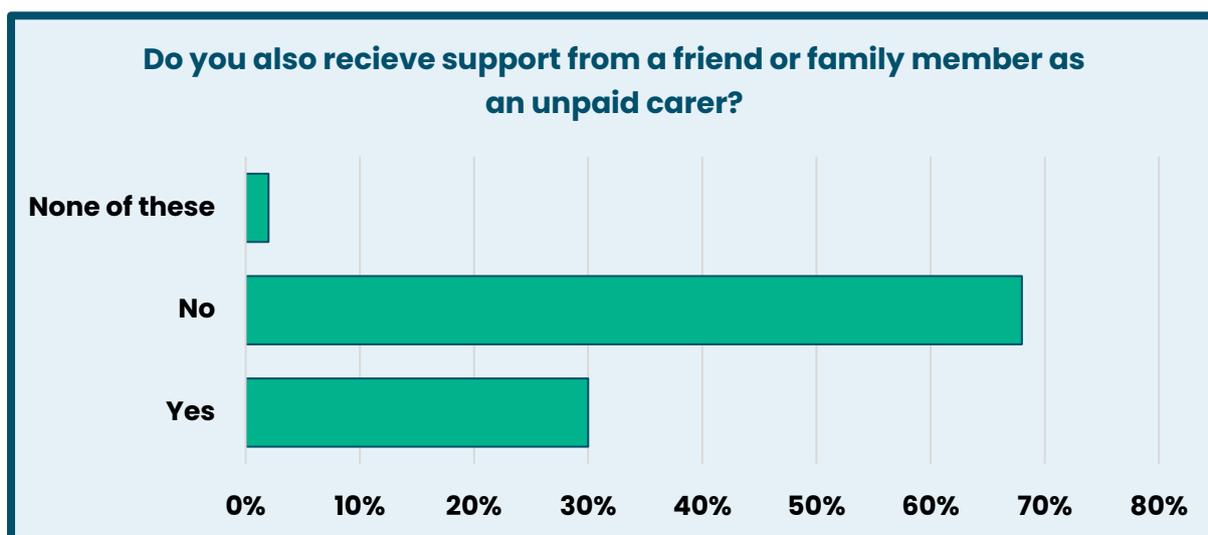
“My Mum does it but she works full time. She doesn’t want to do it. I don’t want her to do it. We don’t get along. Been like this has totally ruined our relationship if there ever was one. She knows it isn’t good enough what she does but has never privately tried to organise care, support, help. Fk knows why, if u find out off her why before I kill myself. Please let me know it’s been f*****g my mind up as long as I can remember. Sorry I could go on & on & if I felt well enough I would.”**

“p.a support for social support.”

“Husband is my mainstay he is 72 with major health issues.”

We asked, **“Do you also receive support from a friend or family member as an unpaid carer?”**

Almost **70%** of respondents told us that they received support or additional support from a family member or friend acting as an unpaid carer.



In addition we asked, **“Which of the following, if any, does the social care and support you receive enable you to do. Please select all that apply.”**

Activity	No. of responses
It supports me to stay healthy	11
It supports me to eat and drink properly	10
It supports me to keep myself and the place I live clean	13
It supports me to do the activities I like to do	7
It supports me to work, study or volunteer	3
It supports me to stay healthy	6
Don't know	4
None of these	14

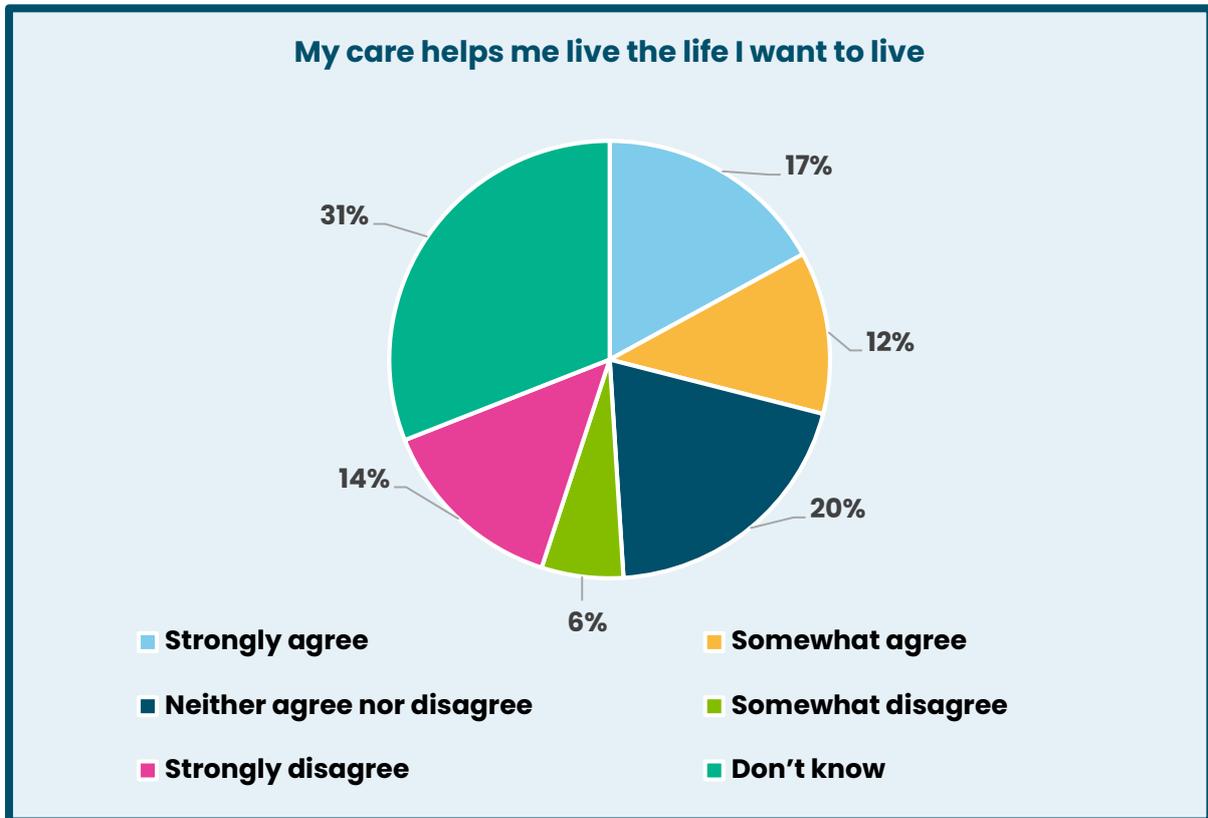
We also received the following comments:

“It's useless at best half the time the staff don't know what they're there to do and half the time they don't seem to be bothered to try.”

“Supports me to stay independent and free to live.”

“Husband is my carer he is 72 with his own major health issues.”

We then asked people their thoughts on the statement, **“My care helps me live the life I want to live,”** and the reason they felt that way. Here are the findings;



We also received the following comments:

“Social care provision is not flexible enough to meet all my needs.”

“Without my care package I would not last 6 months.”

“Could go on but I won’t. I’m getting very f**d off now but very proud I’m filling this in after day I’ve had.”**

“I have not been assessed.”

“My husband is my sole support.”

Our next question was, **“Which of the following changed to stop you from accessing social care support?”**

Reason	No of responses
I now use state benefits, like Personal Independence Payment (PIP) to meet my needs instead	8
I can no longer afford to pay for my care or pay my council contribution payments	1
I was told by my council that I no longer qualified for social care support for my disability	2
I no longer knew where to go social care support (for example, after a move or change in circumstances)	0
My local services have closed	1
I don’t know why my social care support stopped	1
I decided I didn’t need or want support	1
I chose to stop receiving care because I wasn’t happy with it	2
I receive help from a friend or family member	5
My care stopped, but I am currently waiting for a care assessment or for care and support to begin	1
Don’t know	5

These are the comments we heard about this question:

“I had a blue badge, but it was refused at renewal, so I haven't done anything else even though my condition has progressed.”

“Considering stopping because its useless and wife still has to do job carers are supposed to be doing so in effect paying for nothing.”

“I never understand this, for as long as I can remember I feel like I'm just left to rot. I can't wait to die & the pain to end.”

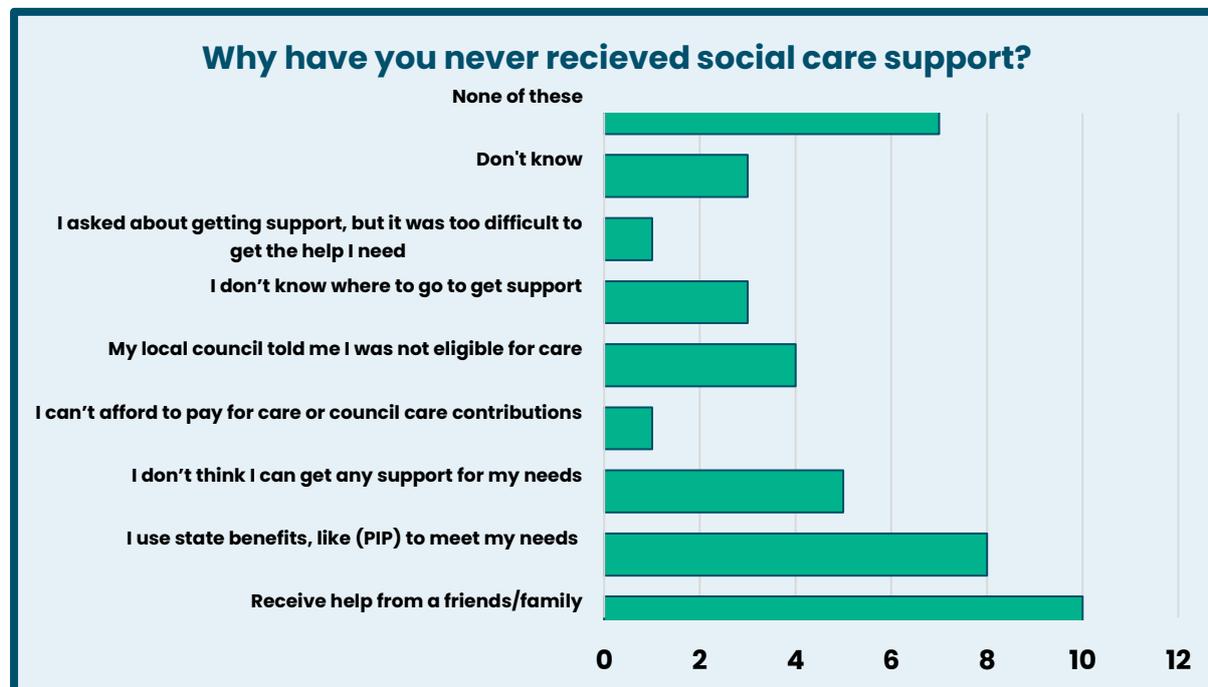
“Was not aware of social care.”

“I have only recently learned about social care.”

“Didn't know it was available.”

“Just get on with it cause it's so complicated to access.”

We then asked, **“Why have you never received social care support?”**



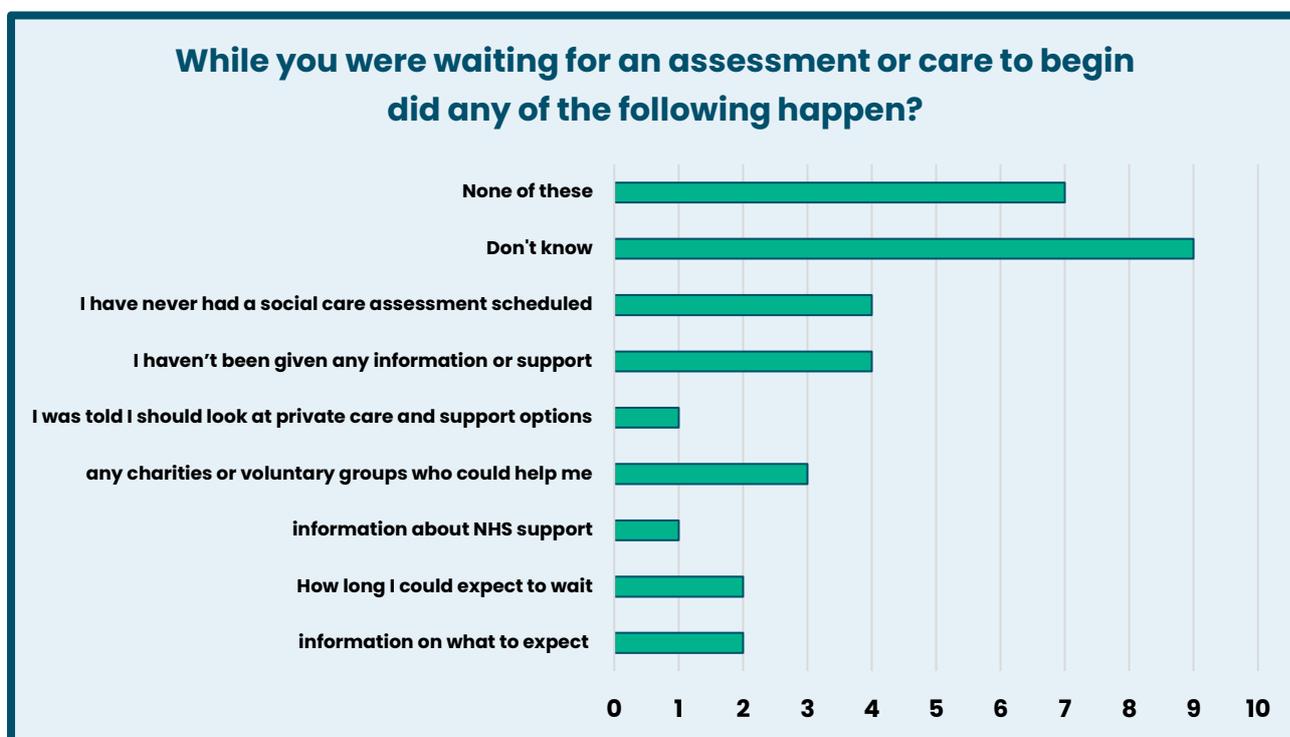
These are the additional comments in response to the question:

“My condition is not very worse, there for no need for social care.”

“I get mixed up even what social care support is.”

“Am very resistant to seek help.”

Our next question was, **“While waiting for your social care assessment or for care to begin, did any of the following happen?”**



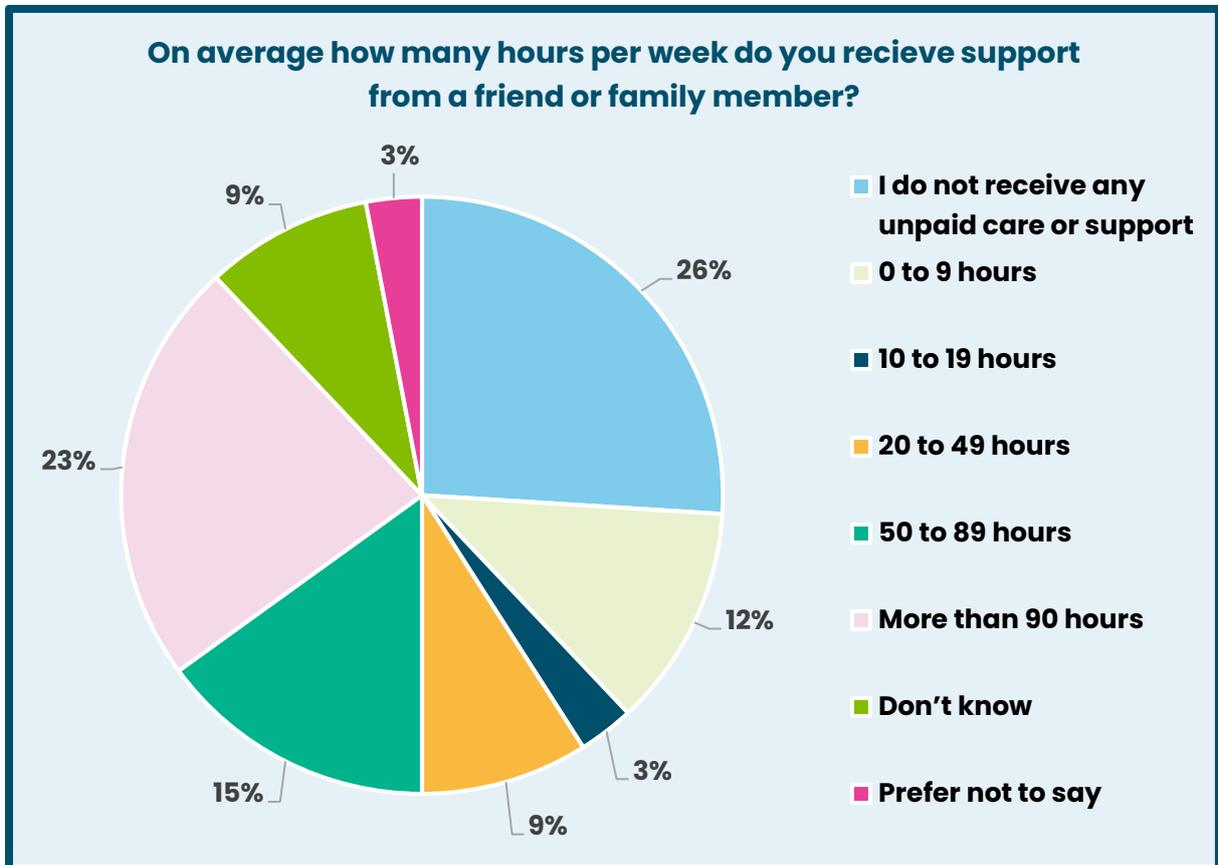
These were the comments made

“I think I might have had a home assessment some years ago and was offered some home modifications, but I moved home shortly after so never took it up.”

“I was given information about charities and groups, but they would not help me for some reason?”

“Was denied help from most local charities.”

And finally, we asked **“How much support do you receive from friends or family members?”**



Just over a quarter of people we spoke to told us that they didn't receive any support from friends or family on a regular basis; with just under a quarter of people telling us they received more than **90 hours of support** each week from friends and or family members.

Further information about the people we heard from



Age Groups

What age are you?	Percentage
25 – 34 years	5%
35 – 44 years	11%
45 – 54 years	3%
55 – 64 years	29%
64 years +	52%

Sexual Orientation

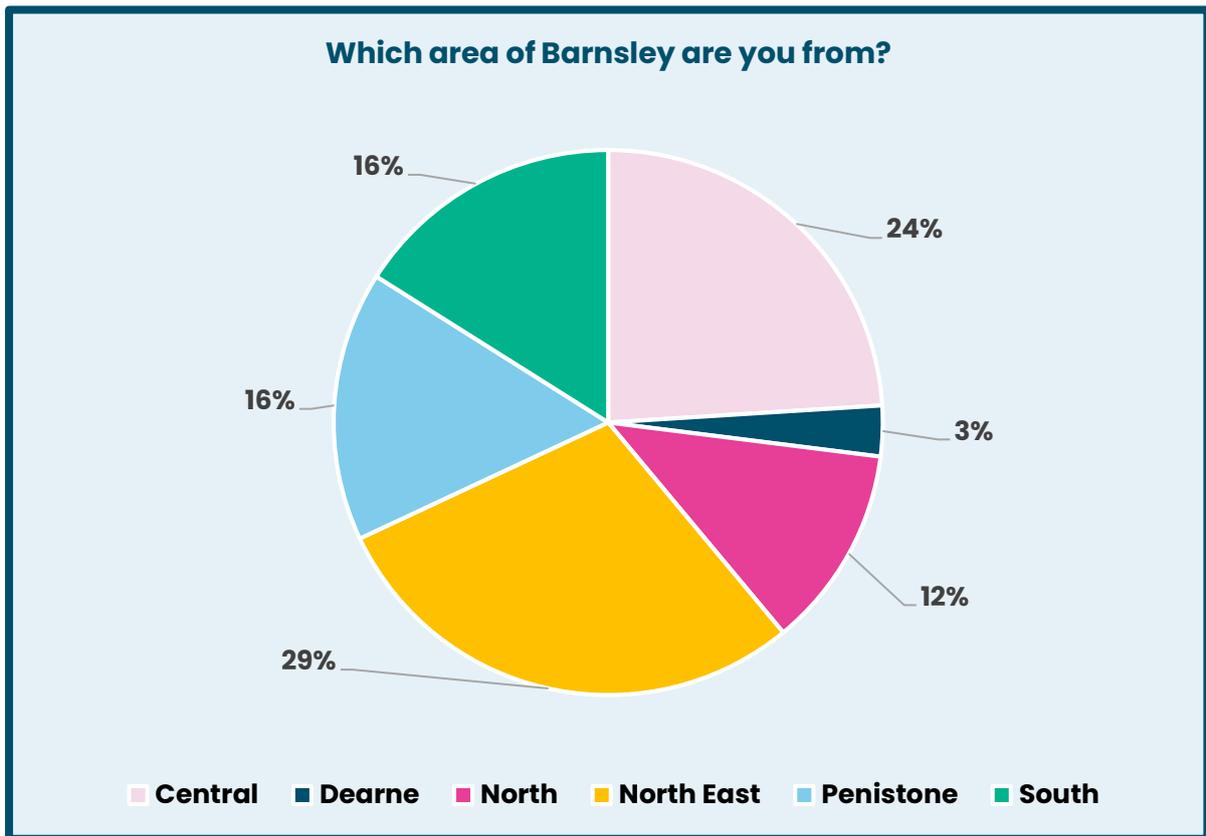
Are you?	Percentage
Man	48%
Woman	49%
Non binary	0%
Transsexual	0%
Prefer not to say	3%

Ethnicity

Ethnic Group	Percentage
Arab	
Asian/Asian British: Bangladeshi	
Asian/Asian British: Indian	
Asian/Asian British: Pakistani	
Black/Black British: Another Black/Black British Background	
Mixed/Multiple ethnic groups Black African and white	3%
Mixed/Multiple ethnic groups: Any other mixed/multiple ethnic groups background	
White: British/English/Northern Irish/Scottish/Welsh	83%
White: Irish	3%
White: Gypsy, Traveller, or Irish Traveller	

White: Roma	
White: Other White background	3%
Other Ethnic Group (Please specify)	
Prefer not to say	8%

Where in Barnsley do you live?





Mystery Shopper

During the summer, we were approached by ADASS (Association of Directors of Adult Social Services) to see if we would be interested in doing some “mystery shopper” exercises ahead of Barnsley Council’s peer review in October. We agreed to use some of our volunteers and set scenarios to do this work.

There were a number of different scenarios for us to choose from and we were to conduct the exercise looking at face-to-face services, telephone support and out of hours service alongside a safeguarding scenario.

Here is a summary of what we found and our ratings. The full report can be found here www.healthwatchbarnsley.org.uk/news-and-reports.

Telephone evaluation

We tested three different scenarios by telephone

- Self-funding (Home Care)
- Deferred Payment (Information & Advice)
- Accessible Information Standard

In all cases, we found the staff to be friendly, knowledgeable, and using clear language that was easily understood. Each of the callers felt that their situation was listened to and that they trusted the advice given.

Good ☆☆☆

Website evaluation

Our volunteers looked at Barnsley Council’s website and in particular concentrated on finding information relating to

- Self-funding
- Safeguarding
- Carer Support

The information available on each of the subjects was easy to find and well presented. There was also many links to other services, which could provide information or support. The website is well laid out and easy to navigate.

Excellent ☆☆☆

Face-to-Face evaluation

We chose two scenarios for our face-to-face visits

- Self-funding (Home Care)
- Carer Support

When our volunteers looked at the brief for this exercise, they both struggled to think of a council building where they would be able to speak to someone face-to-face about Adult Social Care. After searching online, they could see information and advice offered virtually but no mention of face-to-face support. Our volunteers visited the Town Hall and Library@the lightbox, which are both public buildings.

Fair ☆☆☆

Customer Access Point reality check evaluation

This part of the exercise was to look at different areas of the access points visited as part of the face-to-face evaluation and included

- First impressions
- Environment
- Public/Customer Information
- Observations

Even though our volunteers were not in a place that offered information and advice for Adult Social Care they rated the buildings, staff and first impressions as excellent. They were attended to quickly by friendly staff who did what they could to assist.

Excellent ☆☆☆

Out of Hours evaluation

We were provided with one scenario for the out of hours evaluation and three of our volunteers rang the out of hours service on different days/times during the last week of September.

One of our volunteers rang during the evening on a weekday and had a very different experience to the other two who rang during the weekend. The volunteers who tested the service on the weekend reported good results with the information given on next steps being very clear.

Fair ☆☆☆

Safeguarding Access

Although our volunteers did not undertake the safeguarding scenario over the phone or face-to-face (they did not feel comfortable doing this anonymously and felt it would raise more questions), they did look at the information available on the website and based their rating on that information.

Excellent ★★★★★

Overall Rating

Good ★★★

People's stories



We regularly provide feedback and peoples stories to Adult Social Care and Barnsley Adult Safeguarding Board regarding the residents we are supporting and the challenges they face. Sometimes, it is a matter of providing the correct information to residents in a way that they can understand. It is also about making sure that services are working together to provide the best outcomes for the resident. All too often services work in isolation and it is only when people reach crisis point that providers come together a look at a holistic service.

Some of the people we meet have multiple needs and we may stay in contact with them for a number of months to support them on their journey as we become their "trusted advocate". One of those people is Audrey, and here we would like to share Audrey's Journey with health and social care services over the last eight months.

Audrey's Journey – as told by Sally who befriended Audrey during the Covid-19 pandemic

Background

"I started supporting Audrey during lockdown, taking her for shopping, taking her to the vaccine clinic, picking up prescriptions, referred to befriending, helping with utility bills. My input with Audrey has always been through being her neighbour and becoming her friend.

At some point in 2020/21 a gentleman knocked on Audrey's door from BMBC's Neighbourhood Team, they were doing a walk around the area looking at private rent properties that looked run down and spotted Audrey's house. He started visiting and offering support, at the time Audrey was still reluctant to make any changes to her living situation or accept support.

Audrey was referred to social services (I think through the Neighbourhood Team) in regards to getting support; a housing application also came from this. She told the social worker she did not need any support. A council property was offered shortly afterwards, not far from her current home. She panicked at the thought of having to move as she had lived in the property all her life. The thought of leaving the only home she had known terrified her, and so she turned the property down. I contacted housing after chatting to her but the property had already been taken and she has always regretted this.

Before I left for my holiday on the 16th May we'd chatted about how things needed to change and she had agreed for me to price up skips so we could start clearing the house. We spoke a few times about the worst-case scenario for example if she fell in the house and this had spurred her on to start accepting change. At this point, however, she was still adamant she wanted to remain in the house."

May 24

"Audrey was admitted to Barnsley Hospital. She had fallen in the couple of days following the last time I had visited her (before I went on holiday). She had stayed on the floor for four days before contacting anyone even though she had her mobile phone in her pocket. The fire brigade had to gain access to the property in order for the Ambulance staff to reach her.

As I was abroad at the time, my friend and colleague Gail along with my ex-partner visited Audrey in the hospital and she requested that they go to her home and collect some personal belongings. On doing so they found the house to be uninhabitable; there were cat faeces, mouldy food and evidence of rats within the property. It was also evident that Audrey had not been upstairs for quite some time. Gail took photographs and shared them with the hospital team, as she was worried that Audrey was about to be discharged back to this clearly unsafe property.

Audrey was discharged from the hospital and taken to a care home in Barnsley, where the hospital social worker had found a place until an assessment could be carried out. At this point, I had returned from my holiday and visited the same day. I chatted to the staff to explain her situation regarding having no family and no belongings to bring in with her. They welcomed her from the moment she got there, registered her with the next-door GP within the first few days, and borrowed clothes from other residents until I could bring her more clothes and underwear.”

June 24

“The hospital social worker visited Audrey at the care home and during this meeting, Audrey was uncertain whether she wanted to return to independent living or remain in residential care. She was coming to terms with her home not being suitable to meet her needs. I felt that the social worker did not ascertain that Audrey could hear or understand what he had said; when he left she didn’t have a clue what the meeting had been about. Following the meeting, Gail received an email to say that Audrey did not meet the criteria for residential care. I responded by asking when Audrey would be informed of this, but they never did. I also explained the condition of the property and asked if someone could arrange pest control. At this point, they passed the details over to the housing team. I was also asked to complete a financial assessment for Audrey which I told them I wasn’t in a position to do as I’m a close friend of Audrey but not next of kin or related. Also during this time, I had two young children off school with chicken pox alongside working four days so I didn’t have the time. In addition, I prefer to use my spare time to be a friend to Audrey and spend time talking to her and explaining things to her. I informed the social worker of this during the meeting. I did, however, agree to be the contact for a housing application for Audrey, as I know she does not have access to the internet or the digital skills to navigate the bidding system.”

July 24

"I contacted Adult Social Care to ask who the social worker assigned to Audrey was but no one had been assigned. They put a note on the file to contact me when one was assigned, so I could give them background information and convey how best to communicate with Audrey, to make sure she understands what she is being told. This is a massive change to Audrey's life and is understandably overwhelming. So the options and best way forward for someone in her circumstances needed to be sensitively explained to her. The assigned social worker called me back when she picked up the file and I asked her to visit Audrey as soon as possible because she didn't know anything about her future and was becoming increasingly anxious about the situation. The assigned social worker has visited Audrey once up to this point. I needed her support getting financial information for the housing application but she contacted Berneslai Homes and not BMBC's housing team which I had already done. I contacted the social worker again but she had gone on holiday according to her voicemail.

At this point, no services have visited the property, but when the social worker met with Audrey she spoke to her about whether she'd want to go back to her home.

Gail and I visited Audrey at the care home; she'd had tests at Barnsley Hospital for a lump in her left breast. The deputy manager at the care home made us aware that Audrey had been diagnosed with breast cancer. Understandably, Audrey was really confused and upset and did not take in any of the information given to her at the hospital. I contacted social services to make them aware of the change to Audrey's health. She also has ongoing issues with her legs. I have not been there while she has had a GP appointment for this issue and Audrey is not aware she'd been given a name for the condition but she has a constant fluid leaking from both legs. She cannot get around the home without someone present, she is at great risk of falls and her mobility has decreased.

Until the Housing and Cohesion Officer (BMBC) came for the keys on 24th July no services had visited the house. It has been proposed several times that Audrey is to return to the house. In my opinion, the house in its current state is not fit to live in and would require some major adaptations to meet Audrey's current needs. It was proposed, that her bed could be moved downstairs to her living area to make it easier for her.

The letting agents had been made aware (at the point of fitting a new door) that Audrey was not at the property and no return date was known. I also made them aware of the condition of the property. The joiner who fitted the door told me he had seen three or four rats in and around the property. I spoke with Audrey on the 24th July and she said although she knew there were rats in the property she had not reported them. She had, however, reported issues with a window and fall pipe, along with the steps to her front door (the landlord had told her he was waiting for the "perfect piece of stone to sort this"). Audrey has never refused entry to anyone wanting to do repairs to the property.

My colleague who supported Audrey whilst I was on holiday had a chance meeting at work with an employee of adult social care. She gave them a brief rundown on what had happened regarding Audrey and that she had no confirmation of where she would be staying, which was causing added anxiety and ill health. This was passed on to the management side of social care and an instant decision was made that Audrey could remain at the care home due to her increasing health needs.

When it had been decided that Audrey was not going to be returning to her old property it was left up in the air about who would be responsible for emptying the house of her belongings. It was going to be a lot of work and at times very unpleasant. I, along with support from my parents, which I was very lucky to have, began the task of gathering personal items that she had requested. She had requested anything that could be donated to

charity to go to a collection point. Fortunately (and very unexpectedly, because the property owner had not helped in the past with any maintenance of the property) the landlord agreed via the letting agent that any items that were not suitable for charity and any rubbish could be left behind. I made many trips back and forth to the care home with Audrey's belongings.

Audrey is now settled in the care home and I continue to support her with shopping for her personal items, helping her to understand her finances, and providing a listening ear. On reflection, I think the best way to see the importance of this story is to go right back to the beginning and consider what would have happened if I had never befriended Audrey. The Neighbourhood Team did visit and offer support however, it was all left to Audrey to make the decision whether to accept the support or not. Social services visited once, took her word that she was "coping" and never reviewed the situation."

Healthwatch Barnsley
23 Queens Road
Barnsley
S71 1AN

 01226 320106

 hello@healthwatchbarnsley.org.uk

 www.healthwatchbarnsley.org.uk

 [Facebook.com/HealthwatchBarnsley](https://www.facebook.com/HealthwatchBarnsley)

 [instagram.com/healthwatch_barnsley](https://www.instagram.com/healthwatch_barnsley)

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**Committed
to quality**

At Healthwatch Barnsley, we aim to provide the best service we can to our community and to make the greatest difference we can to local people.

To help us be the best we can be, every three years we undertake a comprehensive assessment of our work using a tool called the Quality Framework.

This helps us to understand what we are doing well and where we might need to improve.