

Healthwatch South Tees

How services have adapted during the COVID-19 Pandemic across South Tees

Freephone 0800 118 1691





Contents

About Healthwatch South Tees	3
The Current Landscape	3
Service Changes	4
What have services ceased to deliver?	4
How have services adapted?	5
Who has been excluded?	6
Lessons learnt	8
What worked well	8
What hasn't worked well	9
Virtual methods of engagement	10
Positives	10
Negatives	11
Future plans	12
Summary	13
Recommendations	13
Acknowledgements	
Service Directory	

About Healthwatch South Tees

There is a Healthwatch in every local authority area of England. We are the independent champion for people using local health and social care services. The role of Healthwatch is to listen to what people like about services and what they think could be improved and to share these views with those with the power to make change happen. We also share views with Healthwatch England, the national body, to help improve the quality of services across the country. In addition, Healthwatch provides an Information and Signposting service to help ensure that people receive the right health and social care services locally.

In summary - your local Healthwatch is here to:

- Listen to what people think of services
- Use people's views to help shape better services
- Provide information about health and social care services locally.

Healthwatch Middlesbrough and Healthwatch Redcar & Cleveland have been working together across Healthwatch South Tees (HWST), since 1 April 2017.

If you would like to learn more about what we do, <u>please click here to visit our website.</u>

If you require this information in a different format, <u>please click here to be</u> <u>directed to our accessible documents</u>, or you can contact us: healthwatchsouthtees@pcp.uk.net.

The Current Landscape

The purpose of this report is to provide a picture of how services across South Tees have operated and delivered care to support their clients during the lockdown period, responding to COVID-19.

It is important to recognise just how flexible and responsive these services have been, adapting to the restrictions and changes within the community. We wish to celebrate the remarkable determination and willingness that services have shown to ensure the public are still cared for, including those with existing needs and those impacted by COVID-19, to reduce new and existing health inequalities. This report will raise awareness of gaps to support services going forward and share good practice to encourage collaborative working.

Our survey asked services to illustrate how their delivery has changed in reaction to the COVID-19 restrictions, this includes what elements services have ceased to deliver, how they have adapted and, plans going forward to deal with future restrictions. Although we have recognised where services are limited to specific localities, e.g. Middlesbrough or Redcar and Cleveland, the findings we collected were commonly shared among services regardless of location.

We collected these responses throughout the months of August and September and received information from 28 services, and so our responses are only reflective of what these particular services had done up until this point. During these uncertain times, with guidelines continuously changing, these findings may be subject to change and therefore cannot be viewed as a static document but rather a snapshot of how services are delivering during this time period.

Service Changes

What have services ceased to deliver?

As can be expected due to COVID-19 restrictions, the most common thing that the majority of services ceased to offer, was the face-to-face contact they usually had with their clients. This impacted on a range of groups within the community, which services would usually engage with in a variety of ways including home visits, which most typically affected older people and those with specific health conditions, such as mental health issues, dementia and neurological conditions.

This also affected the way in which GPs delivered healthcare which was well documented in the media, however, in addition to this, there was an impact on people receiving Speech and Language Therapy (SALT), hospice care, counselling, support for benefits and substance misuse. A care home also explained how they could no longer offer physical viewings for relatives looking for care for their loved ones.

Services could no longer host activity groups within their community centres and hubs which meant that older people had fewer places to attend to keep their mind active and socialise with others. This not only affected older people, but also families, specifically mother and baby and/or toddler sessions, which linked with the findings from our 'Experiences of Lockdown Across South Tees' report, whereby new mothers struggled with the lack of communication from services. Another service detailed how they could no longer offer a food bank service to their community.

We found examples of some services ceasing to take new referrals for their service, this included a group for children and adults with learning disabilities and, the RNIB due to not being present in clinics, highlighting potential gaps of support.

How have services adapted?

Services combatted the lack of face-to-face contact in a range of ways to ensure their existing and new clients could still receive support and care. This included offering virtual support, making use of social media and changing their referral system. Where necessary, services followed safety measures and social distancing guidelines so that they could still physically meet their clients.

The majority of services began to offer virtual support to their clients through both video and phone calls, including wellbeing and befriending calls, holding appointments over the phone and using WhatsApp for communications. To create a more personal approach, services have delivered support through virtual calls and have set up virtual groups. For young people, services such as the Junction increased the number of sessions throughout lockdown to reduce social isolation. Care homes explained how they now offer virtual calls for their residents and their families and, have also offered virtual tours for relatives looking for care for their loved ones. Both the positives and negatives of digital appointments will be explored further on in this report.

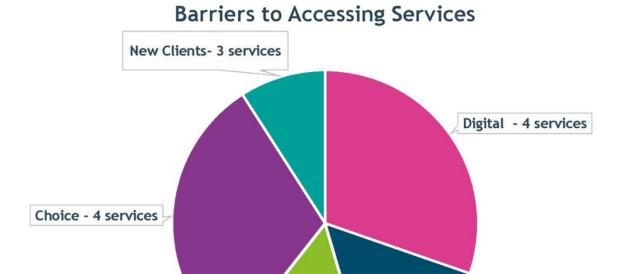
Services have also increased the use of their social media during these times, largely for the dissemination of information and updates but also for posting videos to offer support for families. This has included SALT's posts, helping families support their children in the absence of therapy sessions and, care homes showcasing their residents' activities for relatives.

Where services previously relied on professional referrals, some have changed to now accept self-referrals, as they understand that opportunities for people to gain access to professionals during this period has been reduced. This change was particularly important for The Link who offers mental health support, as it was critical in ensuring there wasn't a gap in support.

In some cases, most commonly in family and mental health support and in hospital care, virtual and phone communication wasn't suitable and therefore face-to-face contact was essential. This meant that services needed to follow safety measures, obtaining full PPE for their staff and introducing a range of infection prevention and control measures. To combat home visits not being allowed, social distancing guidelines have been followed whereby services have offered garden visits for families, walk and talk meet ups, or a doorstep delivery service.

Who has been excluded?

Due to these adaptations, some local people have been excluded from care and support, mainly due to not having access to digital devices or choosing not to engage in this way.





Digital

Financial - 2 services

Many people experienced digital barriers, preventing them from accessing offers of virtual support. Some people don't have the required devices or internet connection, specifically detailed by services offering therapy and support for substance misuse. The virtual opportunity was not always accessible for older people who didn't have devices required.

Environmental - 2 services



Environmental

Services detailed how young children struggled to engage with them via video and phone and also how some experienced difficulties in finding confidential spaces and the time to fully engage. This was mainly due to living in large family homes and sharing devices with other family members.



Financial

Public Health shared how people experienced financial barriers to accessing phone or online services, due to not having the funds to afford such devices or pay for an internet connection. The Junction recognised that some of the children didn't have access to digital devices and provided these on loan for those who needed them.



Choice

For some groups in the community, it was their own choice not to engage in these new and adapted approaches, this included parents for SALT therapy and hospice care. This was because support couldn't be delivered in quite the same way when not face-to-face. There was also a low take up of families engaging in telephone support.



New Clients

Service responses also detailed how new patients were excluded from support due to them not being physically present at clinics and so they were unable to raise awareness of their service and gain new referrals. They also expressed concern that those people not already engaged with the services wouldn't be familiar with their social media channels and therefore wouldn't receive information and updates on the service.

Lessons learnt

What worked well

Services told us where things have worked well, both for their staff and their clients:

Maximising social media:

Posting advice, strategies and interventions has empowered people to deliver their own care and support their own children's development. Care homes have also kept relatives of residents up to date with weekly activities, overcoming the barrier of family members not being able to visit care homes.



New ways of working: Home working and virtual calls have allowed for more opportunities for team-working, both internally and with external agencies. Services have introduced outdoor activities to

remain engaged with

been well received.

their clients, which have

More time for clients: Home working and virtual calls have enabled professionals to have more time for clients due to not having to travel to face-to-face meetings. Due to social distancing guidelines, care homes have introduced staggered meal-times, which has enabled staff to give more quality and focused time to individual resident's interactions.

What hasn't worked well

Services told us where things haven't worked well, both for their staff and their clients:

Sustainability of services: Remote working has affected the ability of services to offer training opportunities which has had an impact on funding, affecting their delivery of support and their sustainability. To combat this, services have considered offering these opportunities online as an alternative.

New clients:

Especially those who previously relied on professional referrals, have found it more difficult due to services initially closing down resulting in long waiting lists.



Lack of face-to-face interaction: Both staff and the public miss face to face interaction, particularly in the support of family units and those living with dementia where behaviours and reactions are so important.

Impact of COVID-19: Services who are largely reliant on volunteers for their operation struggled on a reduced capacity when some members have had to selfisolate, for protection and recovery from COVID-19. Health and social care services

have recognised how some clients experience concerns and fears over catching the infection, which has affected their choice to engage with services, for example leaving a care home to go into hospital to receive care.



Maintaining contact and engagement: Remaining in contact with their own volunteers and setting staff up with digital devices so that they can deliver the service remotely. Engaging with external agencies has relied on digital communications which hasn't always worked for services.

Virtual methods of engagement

One of the biggest changes to service delivery during this time has been the need to quickly move from face to face engagement to virtual support, with the hospital reporting a tenfold increase in the number of patients using digital methods to access safe advice and clinical information. Services reported a range of positives and negatives relating to experiences of engaging with their clients and staff through these new ways.

Positive

- Phone calls and video calls to keep in touch and check on wellbeing were seen as beneficial, with clients appreciating how often they were able to receive support through this method. Increased sessions offered by services such as Tees Valley Therapies, to help deal with stress and emotional issues around the pandemic have been welcomed.
- Younger people have preferred this method of engagement, as they appreciate having the support come to them via video, and as a result haven't missed a week of support. These services are now considering always offering this method of support as an option going forward.
- Services delivering specialist therapies which had stopped their face to face interaction found that offering their support through virtual sessions particularly empowered some of their clients' carers, helping them to deliver this support themselves.

Negative

- Some clients feel they aren't receiving the same level of support when engaging in this new way and so services have struggled to maintain engagement.
- Services miss out on things that they would usually pick up on within face to face engagement, which can affect the support they deliver.
- Those offering support to communities whose first language isn't English also stated that they found virtual methods difficult for engagement, as not all clients understood how to operate this digital support.

Future plans

We asked services what they planned to take forward when operating under the "new normal" and whether they had learnt anything that they would use in their delivery under the potential of a second lockdown.

It must be noted that these responses were collected between the months of August and September. Services may have now changed their delivery plans and so these ideas may no longer be relevant, but dependent on the changing season and practicalities as we move forward.

Government guidance

Going forward, operating in a "new normal" and if another lockdown prevailed, the majority of services explained how they would stick to government guidance and adapt their service delivery to abide by restrictions and rules in place.

"New normal"

If community hubs and centres were able to reopen, services were clear that this would be beneficial for their clients and so they would make these environments as safe as possible, which would involve completing risk assessments, limiting the number of people allowed in the building and meetings rooms, working under staggered hours and, installing sanitising stations to be easily used by all staff and clients.

Outdoor working

If this still wasn't a possibility, then to ensure some form of face to face contact could still be achieved services stated they would engage outdoors, following social distancing measures. As previously mentioned however, these plans may have since changed going into the winter season with its colder weather wouldn't be practical for some types of support and some client groups.

Public spaces

Another option, suggested by services when face-to-face contact was needed for high-risk clients, was delivering sessions in public spaces, where risk assessments of the environment would have already been carried out, with staff wearing face masks and the required PPE. Again, this may have been revisited to abide by more recent regulations, including the 'rule of six', the mixing of multiple households, and tier restrictions.

Virtual methods

As a result of the successes of remote working, a lot of services stated that they would take this virtual form of engagement forward, offering this method as an option for clients in the future and using video presentations and video calls for other operations such as educational sessions and training.

Summary

The majority of services have ceased their face-to-face contact which has meant they can no longer host activity groups, offer physical appointments and reach new clients. Adapting to this, services have offered virtual support, increased their social media presence and have followed safety measures when face-to-face has been critical. These adaptations have often excluded those who cannot access these new digital methods due to financial and digital barriers, including older people, young people and those who are socio-economically disadvantaged.

Through these new methods, staff have had more time for engagement and have been able to deliver more personalised and focused care. Clients have appreciated the frequency of support they gain from this type of engagement and having the support coming to them, particularly young people. Therapy and counselling services have also empowered people and parents/carers to deliver their own care. Face-to-face contact has, however, been missed and remaining in contact with some client groups has been difficult.

As guidelines are constantly changing, services will adapt to whatever they're allowed to do, either through virtual methods, back in their community centres and hubs, in public spaces or the outdoors, all following social distancing and safety measures.

Recommendations

Building on the excellent work already done by services, we can make the following suggestions based on our previous research around experiences of lockdown, and recent community intelligence:



Creative considerations must be given for those who cannot be engaged through digital methods to ensure those potentially most in need are not excluded.



Communication has been essential in keeping people up to date with any changes to service provision and keeping them engaged within the service so that no one falls through the gaps. This is perhaps even more essential going forward as new restrictions are introduced and isolation becomes more concerning in the winter months.



It is important that clients are frequently asked what is going well and what can be improved, so that services can make the amendments relative to the actual needs of the service users.



Consideration needs to be given as to how excluded groups can continue to receive support and access services.

Acknowledgements

We wish to thank those who contributed to the content of this survey and helped in the development of this report, to ensure it would be useful going forward:

- Andrew Divers Research Associate, Teesside University
- Caroline Cannon Strategic Lead for Inclusion and Specialist Support Service, Middlesbrough Council
- Jo McNally Democratic Services Officer (Welfare), Middlesbrough Council
- Katrina Jackson Advanced Public Health Practitioner, Public Health South Tees
- Parisa Diba PhD Researcher / Project Manager and Research Associate in Public Health, Teesside University

We also wish to thank all the services that took the time to complete our survey, sharing details of their experience to give us a detailed overview of service delivery across South Tees over the lockdown period:

- 1st Enable
- Aapna Services
- Ageing Better Middlesbrough
- Bluebell Medical Centre
- Children and Young People's Speech and Language Therapy
- Early Help Family Hubs
- Footprints in the Community
- Gleneagles Resource Centre
- Grosmont House
- Housing Solutions
- Marske Hall
- Meadowvale Homecare
- Middlesbrough Community Reablement Service
- Middlesbrough Public health
- Middlesbrough & Stockton MIND Social Prescribing
- Neurokey
- Redcar & Cleveland Family Hubs
- RNIB Eye Care Support Service
- Sanctuary Supported Living Dementia Adviser Service
- South Tees NHS Foundation Trust
- The Bungalow Partnership
- The Gables Care Home
- The Junction Foundation
- The Link

- Teesside Hospice
- Tees Valley Therapies
- We Are With You
- Welfare Rights

Details of these services, including criteria changes and contact details, are listed in the tables below (page 16).

You can also view the Live Well Centre Directory for further information on other services <u>here.</u>

Service Directory

Type of support	Service name	Criteria & Referrals	Changes to service	Service communications	Future plans
Health care	Bluebell Medical Centre	 All registered patients No referral needed 		 Telephone: 01642 827697 Email eConsult Text messaging service Notice board Website: https://www.bluebellmedicalcentre.co.uk/ 	
Social care	Middlesbrough Community Reablement Service	 Middlesbrough residents aged over 18 Referrals through social workers 	 Reduced the number of visits able to make per day. Can't support outdoor mobility as would take extra amount of time due to queueing. Added PPE as standard for each staff member for each visit. 	Through social workers	Reduced capacity due to self- isolating staff
	The Gables Care Home	Older peopleProfessional referral before	 Haven't been able to do physical show rounds for people who are 	 Telephone: 01642 515345 Website: www.hillcare.net Facebook: Hill Care Twitter: Hill_Care_ 	 Following government guidelines regarding

	anyone can be admitted Telephone assessment COVID test before admission	looking for overnight care for their loved ones, but able to offer virtual tours • Keeping in touch with family members through weekly relative's letters • Sending out newsletters and posting residents activities on social media channels		easing restrictions at care homes Only family members allowed to visit take place outside the home with all parties wearing face coverings
Middlesbrough Public Health	Universal	 Ceased to offer face to face appointments Added more phone call appointments and virtual meetings 	 Telephone Email Social media 	Make the centre as safe as possible, e.g. limiting how many people can access certain parts of the building, such as the lift and meeting rooms and installing sanitising stations around the building

Gleneagles Resource Centre	 Learning and physical disabilities - medium to severe Only offering service to the young people already in the service, but at a reduced allocation due to social distancing 	Ceased to take new intakes	 Social worker Telephone: 01642 811910 	Adapt to young people going back to schools
1 st Enable	 Learning disability Individuals over 17 years old looking for supported living care packages No referrals needed Initial assessments held in outside spaces 	 Ceased to offer visits from outside of the service Added electronic devices to hold meetings, etc. 	 Telephone: 0151 318 2330 Email: info@1stenable.co.uk Website: www.1stenable.co.uk 	Deliver support in safest possible way
Welfare Rights	 Universal Middlesbrough residents Self and professional referral 	 Ceased to offer face to face appointments Added telephone appointments to complete forms, online claims, etc. 	 Telephone: 01642 729242 Email: welfarerights@middlesbrough.gov.uk Website Social media 	Adjust as required

	Housing Solutions	Universal	 Ceased to offer face-to-face interviews in the office Added telephone advice 		
VCS	Middlesbrough & Stockton MIND - Social Prescribing	 Adults aged over 18 GP referral for social care needs 	 Ceased home visits Added garden visits, walk & talk meetings, and video calls 		 Starting to open up offices for appointments Continue to deliver however possible with restrictions
	Ageing Better Middlesbrough	Older people Professional referral & self- referral	Ceased to offer community engagement activities in the community Added telephone befriending	 Telephone: 01642 257034 E-mail Website: www.ageingbettermiddlesbrough.org.uk Posted letter Facebook: @AgeingBetterMiddlesbrough Twitter: @ABMiddlesbrough 	 Outdoor activities at a reduced capacity Social distancing measures
	Sanctuary Supported Living - Dementia Adviser Service	Living with dementiaWaiting for a diagnosisTheir carers	Added telephone calls and doorstep deliveries	Telephone: 01642 223 544Email	 Continue to meet clients at their homes Reintroduce social groups / activities where possible

Type of support	Service name	Criteria & referrals	Service changes	Service communications	Future plans
Health care	Tees Valley Therapies	 Universal Counselling Mental health support Professional referral - referred via. the appropriate council 	Added virtual emotional well-being through Facetime, Skype, Zoom, Whatsapp	 Facebook: @TeesValleyTherapy Telephone 	 Use social distance and COVID regulations to ensure client wellbeing in sessions Offer virtual support
Social care	Marske Hall	 Physical disability Require COVID test prior to admission 	 Two sittings for meals: given more time to residents interactions Controlled visiting PPE 	 Telephone Email Website Posted letter 	 Controlled visiting Follow guidance to keep people safe
	Meadowvale Homecare	Older peopleProfessional referral	 Added contactless shopping Telephone consultation More digital engagement 	 Telephone: (01287) 653063 Email: office@meadowvalehomecare.co.uk Website: www.meadowvalehomecare.co.uk Facebook: @MeadowvaleHomeCare Posted letter 	Robust contingency plan in place

	Grosmont House	 Universal Personality disorder Mental health Learning disability 		 Telephone: 07739303304 Email Website: www.homegroup.org.uk Social media E-bulletin 	- Working remotely - Virtual training
VCS	Redcar & Cleveland Family Hubs	Children and young people	 Ceased to host mother and baby groups in hubs Can only offer home visits unless necessary Added virtual groups and garden visits 	 Telephone: 01642 776030 Email Website: www.redcar-cleveland.gov.uk/resident/family-hubs/Pages/family-hubs Social media 	 Starting to look at small groups of parents and babies to get support Try to offer 1:1 support in centres with families
	Early Help Family Hubs	 Families with children aged 0-5 Professional referral for support 	 Ceased to host activity groups in the family hub centres and parent & toddler sessions Added virtual group support for new mums and breastfeeding mums 	 Telephone Email Website Council website Social media: Each family hub area has its own facebook page e.g. RCBC Sure Start Greater Eston Area; RCBC Sure Start Redcar Area; RCBC Sure Start East Cleveland Area 	 Small group work with up to 2 households in the centre, if allowed Small bubble groups for training, if allowed

		 More social media videos In-garden and community visits by staff to family homes 		
Footprints in the Community	 In poverty or isolation Professional referral 	 Ceased to offer Foodbanks, Next Stop Shop, Art Space, Bridging the Gap Added Foodbanks and Next Stop Shop to doorstep delivery service 	 Telephone: 01642 484842 Email: administrator@footprintsinthecommunity.co.uk Facebook: 	 Slowly returning to some sort of normal Unlikely able to resume Reflections Dementia Support or Bridging the Gap within the nursing home Foodbank is reopening on reduced capacity Next Stop Shop continuing deliveries

We Are With You	 Substance misuse Professional referral through GP Self-referral Text referral 	 Ceased to offer face to face groups and most face to face sessions Added online groups and telephone support sessions 	 Telephone: 0300 3033781 Email Website: www.wearewithyou.org.uk/services/redcarand-cleveland Webchat Letters Facebook: @WeAreWithYouRedca Twitter: @WithYouRedcar 	 Home working Increased telephone support Face to face appointments using PPE for high risk clients or those entering treatment Haven't began easing measures yet
-----------------	------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Type of support	Service name	Criteria & referrals	Service changes	Service communications	Future Plans
Health care	South Tees NHS Foundation Trust	UniversalProfessional referral	Added infection prevention control measures	 Advice on website Posted letter Phone Email Social media: Trust Facebook and twitter feed 	 Clinically-led plans to ensure any resurgence in patients requiring COVID care will be delivered safely Continuing to deliver non-COVID related care
Social care	Teesside Hospice	 Universal Palliative and End of Life Care Lymphoedema Care Specialist Grief Counselling Self-referral 	 Ceased to offer physical support services in our wellbeing centre / day hospice / counselling service No longer run the large groups Added remote support services in our wellbeing centre / day hospice / counselling Home visits / face to face when essential. 	 Telephone: 01642 811060 Email Website: www.teessidehospice.org Social media: @TeessideHospice 	 Identify solution for fundraising operations Continue to deliver digitally

	Children and Young People's SALT	 Children and young people experiencing difficulties with communication and/or feeding/swallowing Open referral system - Self and professional accepted: electronic & written 	 Ceased to offer face to face contact Added digital presence: Facebook, Youtube, Instagram, Twitter Signposting to social media which includes advice, strategies and interventions Video consultations Telephone consultations for assessment, review, therapy 	 Telephone Email Bulletin to schools and nurseries for sending to families Information to key referrers Facebook: @SouthTeesNHSSpeechTherapy Twitter: @SouthTeesSALT 	 Continue telehealth Offering some clinic based appointments following social distancing and face covering mandates Working with schools and risk assessments to ensure return to a schools-based delivery in a safe and effective
VCS	RNIB Eye Care Support Service	 Sight loss and eye conditions No referral needed 	 Added wellbeing and follow up calls No face-to-face support in clinic to take referrals, offer emotional support 	 Telephone: 0303 123 9999 Email: helpline@rnib.org.uk Website: www.rnib.org.uk Social media Posted letter 	way • Telehealth to school settings Revise risk assessment to offer service back in clinic
	The Link	 Aged 4-18 years Mild to moderate mental health and emotional wellbeing difficulties Professional referral 	Added a daily duty telephone and delivering service through remote sessions	 Telephone: 01642 505580 Email: info@redcarlink.com Website: www.redcarlink.com Facebook: @The.LINK.CIC Twitter: @TheLink_Redcar Instagram: @thelinkredcar 	Location risk assessments to see whether can resume face-to- face sessions within community

	Some self-referrals accepted for those unable to seek professional referral due to isolation			settings and schools • Wearing facemasks
The Bungalow Partnership	 Universal Professional referral through schools and Local Authority Accept private referrals but charge a fee 	 Ceased home visits and face-to-face sessions Added virtual/online sessions, e.g. Skype, Zoom, Teams 	 Telephone: 01642 595363 Email: <u>thebungalowpartnership@gmail.com</u> Website: <u>www.thebungalowpartnership.co.uk</u> Social media: @TheBungalowPartnership 	normal ASAP
The Junction Foundation	 Children and young people Service dependent Low mood and anxiety Young carers - under 18 with caring responsibility 	 Adapted provision online - provided IT / data provision on loan for children and young people who didn't already have access Added more sessions to reduce social isolation 	 Phone: 01642 756000 Email: info@thejunctionfoundation.com Website: www.thejunctionfoundation.com Posted letter Social media: Facebook: @TheJunctionFoundation 	 Small group work Outdoor activities Remote working
Neurokey	 People living with a neurological condition, injury or disability Carers for neurological conditions 	 Ceased to offer face-to-face support Used social media for peer support and dissemination of information 	 WhatsApp Email Facebook: @NeuroKeyTVDN Twitter: @NA-TVDNY 	Video presentations for educational sessions

Aapna Services Limited accessibility	 Added telephone support Outdoor activities 	 Telephone: 01642 825926 Social media: Facebook: @aapnaservices 	 Reduced numbers in day care Staggered hours 1:1 transport Phone support
--------------------------------------	-------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------

Healthwatch South Tees during COVID-19			
Service Changes	Contact Information		
 Ceased to attend community events to engage with local people and raise awareness of HWST. No longer able to have face to face contact with community groups to distribute surveys and host focus groups. Continued intelligence gathering from local people and communities through the recruitment of our ever-growing bank of Community Champions. Restarted our #JustAsk campaign, raising awareness of our Information & Signposting service for the public to contact us with any questions about health and social care services during this uncertain time. Increased social media presence, sharing useful information from ourselves and other organisations. Distributed surveys online. Held virtual focus groups. Networked with other organisations to understand the local landscape and raise awareness of their work. Building partnerships with key stakeholders to ensure that the intelligence we gather is informing strategic decisions. 	 Freephone number: 0800 118 1691 General email: healthwatchsouthtees@pcp.uk.net Websites: Middlesbrough: www.healthwatchmiddlesbrough.co.uk Redcar: www.healthwatchredcarandcleveland.co.uk Social media: Facebook: Healthwatch Middlesbrough Healthwatch Redcar & Cleveland Twitter: @HwMiddlesbrough @HwRedcarClevela 		



www.healthwatchmiddlesbrough.co.uk

Freephone: 0800 118 1691

Email: healthwatchsouthtees@pcp.uk.net

@HwMiddlesbrough

f facebook.com/HWMiddlesbrough

healthwatch Redcar and Cleveland

www.healthwatchredcarandcleveland.co.uk

Freephone: 0800 118 1691

Email: healthwatchsouthtees@pcp.uk.net

@HwRedcarClevela

f facebook.com/HWRedcarCleveland

Sign up to our e-bulletin!



Healthwatch South Tees is the operating name for Healthwatch Middlesbrough and Healthwatch Redcar and Cleveland.

@2020 Healthwatch South Tees is managed by Pioneering Care Partnership:

Pioneering Care Partnership Registered Charity No 1067888 Company Limited by Guarantee No. 3491237



We confirm that we are using the Healthwatch Trademark (which covers the logo and Healthwatch brand) when undertaking work on our statutory activities as covered by the licence agreement. If you need this report in an alternative format please contact Healthwatch