

**A NEW
RELATIONSHIP
BETWEEN THE NHS,
PEOPLE AND
COMMUNITIES
LEARNING FROM
COVID-19**

About NHS Reset

COVID-19 has changed the NHS and social care, precipitating rapid transformation at a time of immense pressure and personal and professional challenge. One message from leaders and clinicians across the UK has been clear: we must build on the progress made to chart a new course.

NHS Reset is an NHS Confederation campaign to help shape what the health and care system should look like in the aftermath of the pandemic.

Recognising the sacrifices and achievements of the COVID-19 period, it brings together NHS Confederation members and partners to look at how we rebuild local systems and reset the way we plan, commission and deliver health and care.

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Find out more at www.nhsconfed.org/NHSReset and join the conversation on social media using #NHSReset

About the NHS Confederation

The NHS Confederation is the membership body that brings together and speaks on behalf of organisations that plan, commission and provide NHS services in England, Northern Ireland and Wales. We represent hospitals, community and mental health providers, ambulance trusts, primary care networks, clinical commissioning groups and integrated care systems.

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Key points

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- At the peak of the COVID-19 crisis, many of the traditional ways in which the NHS engages with people and communities were paused out of necessity. Normal methods of engagement and open governance were neither safe nor practical at a time of national lockdown. At the same time, the NHS established a model for the idea of shared responsibility and a new 'social contract' with local communities. This partnership hints at a possible new future relationship with patients and communities, one originally described in the Five Year Forward View but missing from more recent NHS England and NHS Improvement work.
- With the emergency response to the pandemic now over, health and care leaders are keen to explore this new relationship and the opportunities to create a new 'deal', whereby people are active and engaged partners in the development of healthy places, not merely consumers of NHS services. A new relationship based on meaningful patient and citizen engagement, informed by community insights and underpinned by trust.
- In the short term, the government needs to support an honest conversation with patients, carers and citizens about what the NHS can realistically deliver as it begins to restore services. In the longer term, the NHS will need to extend the social contract, or 'deal', with the public to maintain the idea of shared responsibility. The NHS cannot resolve the COVID-19 crisis on its own; nor can it address a looming public health crisis without commensurate commitment from the public.
- By establishing a shared responsibility for health, the health and care sector can open up essential conversations about prevention and the protection of individuals' own health that are key to the health service's survival over the next decade. But to introduce these ideas, there must be willingness from both the NHS and people, patients and communities to engage in this conversation.

- The need for a deeper and more meaningful relationship with communities has been a constant theme throughout the NHS Reset campaign – an area in which the NHS will need to make significant strides. Building meaningful relationships with communities beyond episodic engagement and consultation will be vital.
- The merits of place-based working, system by default and the importance of local relationships over national hierarchies are widely discussed across the NHS. The sector now needs to start living these values and behaviours. The key building blocks for understanding communities better are whole-system integrated place-based teams. The NHS in all its forms, and especially at neighbourhood level through primary care networks, needs to take its role as an equal partner alongside every other local public service.
- The NHS Confederation has forged new relationships with Healthwatch England and the Patients Association, which we will continue to develop. We will lead by example and learn not just from health and social care leaders, but from patients, service users and carers about their experiences of COVID-19, including their views on our plans and strategies in the future. This mirrors the efforts of organisations across our membership.
- While voluntary, community and social enterprise (VCSE) organisations are not communities, practical steps must be taken to protect them at a time of significant economic downturn. Alongside this report, we have [published a briefing](#) on the steps integrated care systems can take to ensure VCSE organisations are valued and supported as their plans develop. The government must recognise the contribution of the VCSE sector during the crisis and provide the funding it needs to survive and thrive.

Introduction

The relationship between the NHS, patients, services users and communities has never been stronger than it was at the peak of the COVID-19 crisis. From local schools and companies sewing face masks, to the 750,000-strong army of volunteers, to the unforgettable NHS fundraising efforts of Captain Sir Tom Moore and a host of others, the country witnessed a palpable shift in public feeling and perception of the work of the NHS¹. The deep gratitude for the sacrifices of health and care staff, demonstrated by the weekly Clap for Carers, provided a necessary boost at a time of immense pressure and challenge.

In a matter of weeks, the COVID-19 pandemic precipitated a new 'social contract' between public services and the public. By staying at home, people helped the NHS, care system and local government to work together to protect communities. With the emergency response to the pandemic now over, health and care leaders are keen to explore this new relationship and the opportunities to create a new 'deal', whereby people are active and engaged partners in the development of healthy places, not merely consumers of NHS services. A new relationship based on meaningful patient and citizen engagement, informed by community insights and underpinned by trust.

// The growth in diabetes in our area is such that unless we manage to change the trajectory of growth in demand, we will be spending our entire community services budget on diabetes within ten years. We have to find ways to look at prevention; we can't just keep on treating people. We have to work with communities to change the curve on obesity, or it will come to consume us.

NHS Chief Executive

The 'deal' is a useful way to describe a new relationship. By using this phrase we are able to talk about shared responsibility and introduce the prevention agenda needed to sustain the NHS in the future. With the coronavirus in general circulation, a potentially difficult winter looming and a number of stretching

targets to restart services, meaningful community engagement will be fundamental to enabling the NHS and partners to rise to the challenge.

Through a series of discussions, webinars and roundtables with our members, partners and patient groups, we explored how the pandemic has affected communities and what it tells us about how the NHS and partners could build deeper relationships with the communities it serves.

To inform the NHS Reset campaign, we worked with Healthwatch England and the Patients Association to understand and promote the perspectives of patient leaders across England at the peak of the crisis, through a series of blogs and roundtables. We worked in partnership with Healthwatch England, the Patients Association and NHS England and NHS Improvement to understand how the pandemic has impacted the voluntary and community sector (VCS), identifying a set of 'asks' of NHS England and NHS Improvement, integrated care system (ICS) and sustainability and transformation partnership (STP) leaders. And we worked with Professor Donna Hall, one of the pioneers of the Wigan Deal, to explore how the NHS might build on the partnership developed with communities at the height of lockdown.

// We heard how access to mental health services has become difficult and more needed. We heard that caring responsibilities have become harder to manage and that some people don't know where to go for help. We heard from those experiencing financial challenge and more recently about concerns around a second spike are impacting day-to-day decisions.

But we also heard positive themes too. 82 per cent of people who have had a phone or video consultation found it a positive experience. They liked the convenience of them and that they happened on time. There is also a renewed community spirit; people are being kinder and more friendly.

Sue Stevenson, Chief Operations Officer, Healthwatch Cumbria

Resetting the relationship

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The COVID-19 pandemic has placed a renewed focus on the importance of local relationships, be it with system partners, frontline staff or local communities. As the health and care system tackles the next phase of the pandemic, its leaders are keen to build stronger relationships with the communities they serve. This section explores how they can cultivate a new relationship and foster trust.

Building a new ‘health and care deal’ with communities

At the peak of the COVID-19 crisis, the social contract, or ‘deal’, established with communities was clear: stay at home to enable the NHS to use its expertise, resources and skill to keep the public safe. This provided a shared understanding of the individual and collective role people can play in ‘protecting the NHS’. Rainbow posters adorned windows up and down the country with messages to ‘stay safe’ and expressing thanks to the NHS.

// A collaborative emerged in Lancashire and South Cumbria, a social movement drawing willing partners to the table to synergise efforts, support self-management, share resources and strengthen psychological resilience in our communities. A call starting with 20 people grew to a mailing list of over 200 in four weeks. The sudden sharp adaption to work in new ways was softened by aligning intelligence, approaches and expertise across a number of sectors, allowing us all to focus on supporting our communities within our own specialisms and expertise.”

Linda Vernon, Digital Leader of Empower the Person at Lancashire and South Cumbria ICS

The NHS Reset campaign reflects our members’ belief that there is a time-bound opportunity to use the pandemic as a catalyst for change; to fundamentally alter the way health and care work and think. Such a change will be vital to enable both sectors to survive not just this crisis, but face the long-term demands on healthcare created by issues such as obesity, smoking and wider inequalities in

health. A different relationship between the NHS and communities is required, where both work together to improve health for everyone. This cannot be a one-way street, with the onus placed on the NHS. Healthy communities come from a mutual agreement: the NHS will provide skill, care and expertise and the public should be supported to take responsibility for living healthier lives

This idea was a core part of the Five Year Forward View (chapter two was specifically on 'a new relationship with patients and communities'²) but the focus was lost in future versions of that work. The King's Fund has provided a vital contribution to this^{3,4} with its work on the Wigan Deal, describing the compact the public sector struck with the community, perhaps the best description of the whole-system culture change required to move to this way of working.

Working in partnership with Professor Donna Hall, former chief executive of Wigan Council and now chair of Bolton NHS Foundation Trust, we have come to recognise a 'deal' as a useful construct to describe shared responsibility for health. But real and meaningful community partnership will require something new.

Better insight into communities and the problems they experience is a critical first step. The COVID-19 crisis has exposed many cracks in the NHS's foundations and the extent of the inequalities in health faced by groups across the country. One consistent message from leaders has been that the health service needs to know and understand its communities better; to generate insight and support communities in a way that works best for them.

This has been particularly true when reflecting on the disproportionate impact of COVID-19 on black and minority ethnic (BME) communities. An upcoming report from the NHS Confederation's BME Leadership Network, based on research with BME service users, community organisations and leaders, will explore this in more detail⁵.

Healthcare leaders have reflected on the need to move the NHS from what can sometimes feel like a ‘hermetically sealed organisation’ to one that is properly integrated with the communities it serves and able to leverage the full social value it can offer as the largest employer in most areas.

Members raised two main issues on the need for insight:

- **The NHS culture of engagement and consultation can put barriers up**, as it talks to people only on the service delivery issues that are important to itself, not the issues important to people. The NHS could learn lessons from its local authority partners on citizen engagement, or even internally as mental health services lead by example. But generally, the NHS can listen better.
- **Governance structures are overbearing and clumsy**. These structures could be lightened significantly by making the NHS more accountable to patients and communities than to regulators. The NHS must buy into place-shaping and being active, joined-up public sector partners alongside colleagues in education, fire, police and local government to generate a sense of genuine partnership and shared responsibility.

// Mental health is intrinsically linked to your community profile. We know that mental health is affected by housing, employment and access to green space – our current model of provision leaves people wanting. The system has evolved into a top-down fragmented model of care that has often failed to adapt to the needs of individual communities. We fail to provide services that are localised to the needs of our communities and the individuals within them, resulting in the difficulties borne from insufficient care that we and our patients are experiencing daily.

Dr Aruna Garcea, GP and Primary Care Network Clinical Director

// Listening and engaging will provide humility and an understanding of the lives that people in our community live, how hard it is for them, the impact of our poor decisions, and how we need to do better for them.

Dr Andy Knox, GP and Director of Population Health for the Morecambe Bay Health and Care System

The NHS also needs a shift in organisational culture and to reflect on the role the NHS chooses to take within communities. Healthcare providers should be encouraged to be part of a whole public sector partnership, working collaboratively to create happier, healthier, more productive places for people to live. At times, it can feel as though the incentives and requirements on providers lead them to be more vertical and hierarchical organisations, looking up to the national bodies in London.

The COVID-19 crisis stimulated many of our leaders to reflect on the way the NHS fits into communities. Working in closer proximity than ever before with local government and public sector partners, leaders said they need to lead a cultural shift away from hierarchical structures towards place-based working.

In a recent report⁶, Professor Hall Donna Hall describes the changes required of the NHS to create the conditions for a new relationship with communities:

- Listening differently and using ethnography to build better relationships.
- Focusing on the culture of a multi-agency team, not just the individual organisations that it comprises.
- Bringing public servants together in integrated, place-based teams of between 30,000-50,000 people, working together with community and voluntary organisations.

- Giving the teams the freedom to innovate and invest in community wellness approaches.
- Investing in social infrastructure, as well as institutions.
- Building connected digital systems and information sharing that connects us, as well as providing more opportunities for digital learning and engagement in communities.
- Seeing public servants as people, as members of the community, often living in or near the areas they serve, instead of seeing them as 'salaried strangers.'

While many of our members lead this agenda in their own organisations, the NHS is not set up to support this culture change across the whole public sector . As the body that brings together and speaks on behalf of organisations that plan, commission and provide NHS services, we will support members on this agenda and work with partners to understand better ways of taking these ideas forward.

// The Montefiore Health System in New York, the Canterbury Model in New Zealand and the Wigan Deal all identify civic partnerships across all public sector leaders as a defining feature for enabling teams to work differently together.

Alison Lathwell, Strategic Workforce Transformation Lead,
Bedford, Luton and Milton Keynes ICS

Patient insight

We have worked with Healthwatch England, local Healthwatch organisations and the Patients Association, as well as a range of voluntary sector organisations, to understand and reflect their perspectives on how the NHS can learn from the crisis.

// In these unprecedented times for all our public services, people's perspectives must be seen as a priceless contribution to the public health response, providing services and policy-makers with information we might not otherwise be able to access. There's never been a more important time for the NHS to encourage people to speak up and to use their views and experiences to shape the changes ahead.

Imelda Redmond, Chief Executive, Healthwatch England

// Truly engaging people will lead to a reduction in avoidable inequalities and increase social connectedness to build healthier, more cohesive communities.

Rachel Power, Chief Executive, The Patients Association

During the pandemic, the Healthwatch network has continued to hear from people about their experiences of health and care. Although the pandemic, and particularly lockdown, raised new issues, several concerns raised with the network were longstanding issues – from poor access to services, to falling through the cracks between services – cast under the spotlight by the pandemic. But as well as the difficulties some people experienced, there were positive experiences. Not only were some of the mitigations put in place seen as helpful, but some changes were seen as advantageous.

With the dramatic shift to digital services, local Healthwatch heard reports of speedier access to primary care by phone and video consultations. In some cases, people reported getting a face-to-face appointment more quickly through virtual triage than they had previously.

// The digital leaps forward have empowered us to be more in control of our health needs and appointments, especially through the NHS app with the addition of Patient Knows Best currently being rolled out in Nottinghamshire. Whereas a hospital appointment would take at least half a day with significant anxiety and stress, they can now be done in the comfort of our own home by phone, resulting in a more effective appointment. The power has shifted, allowing more meaningful shared decision making. Long may this continue!

Helen Hassell, Member of My Life Choices and the NHS Assembly

The enthusiasm for digital consultations should not blind us to the practical difficulties that some people face with access to digital technology. People are telling Healthwatch not to make assumptions about who will use technology. Older people are often described as being digitally excluded, but it is not as simple as that. While many older people do lack the skills or the technology, others are already using technology to good advantage for keeping in touch with family and friends, online shopping and many other uses. We need to understand different people's situations and requirements, from rurality to their socio-economic status – many issues will have an impact on digital inclusion.

Healthwatch has heard from people who encountered particular problems with digital technology. People with hearing impairments found phone consultations difficult or impossible and highlighted the importance of taking into account the needs of people who use British Sign Language (BSL). Concerns were raised that phone consultations were not always appropriate for people with mental health conditions, people with learning disabilities or autism, a point made strongly in our report on mental health services and COVID-19, *Preparing for the Rising Tide*⁷.

On remote mental health consultations, Healthwatch England received feedback from mental health workers about people living in overcrowded/troubled environments who found it difficult to talk confidentially without family members overhearing. They also heard examples of people choosing to take their virtual mental health appointment while walking around their local area – not an ideal environment for therapy.

The report, *The Doctor Will Zoom You Now*⁸, produced in conjunction with Traverse and National Voices, highlighted the importance of properly preparing patients in advance of digital consultations so they could get the most out of them; they are not simply face-to-face appointments through a different medium. More people may be able to take up digital options, but they will need support to gain the confidence to use them to their full potential.

From many areas, people reported that poor mobile coverage and broadband speeds made digital appointments unreliable, telling Healthwatch they were unable to download or upload essential information or appointments were interrupted requiring the process to start again.

Digital options will be an important part of the mix in future, but other options, including face-to-face appointments, will need to be available if people are to have an equitable service. Part of the approach needs to be understanding the needs of the patient and their family and to respond appropriately. One of the things that has been brought sharply into focus is the importance of considering mental health alongside physical health, as well as parity of esteem.

The pandemic brought to the fore the impact of health inequalities on different communities. In many areas, Healthwatch has worked with under-represented and under-served groups to help tackle these issues. This has included black and minority ethnic groups, homeless people and people living in deprived areas. Commissioners and services need to have a good

understanding of the people they serve, including at a local level. Healthwatch wants to support this work, bringing its insight and expertise.

// As we redesign services, we have a unique opportunity to make genuinely integrated person-centred care a reality. This means involving patients as experts in the management of their own care, rather than designing services around the needs of clinicians.

Professor Donal O'Donoghue, Registrar, Royal College of Physicians

Going forward, we have committed to working with Healthwatch England and the Patients Association to ensure that we continue to listen to the experiences of patients.

Communications

How services communicate continues to be an issue for many people. The pandemic came with particular communications problems, as it was not always possible to give a consistent message at a national level as local services were affected by local conditions. For example, the national announcement that dentists could reopen for face-to-face routine work suggested far greater availability than was possible. Local Healthwatch heard from people who were trying to get up-to-date information from dentists' websites but were finding them to be out of date. Shielding was an area where national communications were unclear and contradictory, leaving millions of people in an unclear position.

The availability of information in additional languages and formats has been raised regularly. During the pandemic, Healthwatch was calling for information to be available in more languages, as well as easy read and BSL formats. At a time when it was important to get consistent messaging in a timely fashion, the limited formats were seen as putting some groups at greater risk. Although this was an

issue nationally, it did have implications locally and it is important that services understand and respond to the make-up of their local community. There is also progress to be made on ensuring communications and messaging are culturally appropriate.

// The area that has seemed most challenging is communication. There was a lot of it, but it wasn't always helpful and didn't always seem consistent. Although we understand that the situation was changing rapidly, the confusing messaging made the situation worse. This was not only a problem for the general public, but often those providing services.

Mark Sanders, Project Manager, Healthwatch Bracknell Forest

The availability of translators is another issue which Healthwatch hears about regularly. This includes both foreign language and BSL. Even when the need for translation has been noted, people have arrived at appointments to find that it has not been arranged. During the pandemic, some people were told that translators were not available for virtual appointments because of the technology, which has significant implications when tackling inequality of access.

Supporting carers and the social care sector

The health and social care landscape is not widely understood and can often be confusing. Healthwatch feedback suggests that social care is not being given appropriate priority and this was certainly felt during the pandemic, with concerns about personal protective equipment (PPE) and testing for care workers.

The role of family carers was also highlighted during the pandemic. The care they provide takes a lot of pressure away from services, but the support they need was not always available. Future plans not only need to place equal priority on health and social care, but also to value informal carers as well as staff. Social care needs to

be viewed as important in its own right, not simply in terms of its impact on NHS services.

// The local offer that the council has provided for the care sector, in the form of support, advice, training and a local PPE supply has been excellent. It is reassuring to know that there has been a firm grip on the quality and standards in care homes, thus keeping the community and workforce as safe as possible – and it's important to maintain that.

Christine Price, Chief Officer, Healthwatch Herefordshire

VCSE organisations

Voluntary, community and social enterprise (VCSE) organisations have played a key role in responding to the COVID-19 pandemic. Partners across local government, health, housing, care and the VCSE sector have come together and adapted their services to respond to the crisis.

This has included:

- providing frontline services, including emergency food, advice and advocacy, supporting people with their mental wellbeing, and collecting shopping and prescriptions for the most vulnerable
- supporting people and communities in the most vulnerable situations
- supporting sector-wide collaboration, communications and leadership, including the recruitment of thousands of volunteers, providing funding, advice and communication across the VCSE sector
- providing leadership and strategic input into system response structures such as local resilience forums and command and control cells.

VCSE organisations are key partners in system transformation, innovation and integration and will play a vital role in the aftermath of the pandemic. They have transformed themselves in much the same way NHS services have, responding to the COVID-19 crisis to meet the specific challenges of their communities.

VCSE organisations are not the same as communities and the two should not be confused or conflated. The sector does represent many of the values described in this report. It provides genuine insight, focuses on people as assets and delivers services in a way NHS services often struggle to. The sector's critical importance as an equal and crucial partner in improving population health is described in *Power Partnerships: Learning from Wigan*⁹, which also references the £10 million fund established to provide support to the sector.

// Voluntary sector partners aren't just places to signpost patients to. We can bring people together to facilitate discussion and provide an integrated approach, free-up time and resources for those on the front line, and ultimately help drive improvements in treatment, care and support.

Henny Braund, Chief Executive, Anthony Nolan

This is important because the sector faces a major funding crisis in the wake of the pandemic. From charity shops being forced to close and fundraising events cancelled, to community cafés running at greatly reduced capacity. If the sector is to be truly seen as a key partner, the government first and the NHS second must find ways to support and champion it through the crisis.

// At the start of the crisis we made the decision to do everything we could to help – after all, that’s why we exist. But it has been at a cost. The pandemic has delivered a double whammy for small local charities like ours. As we rose to the challenge, dug deep into our financial reserves and upped our game, the independent income we have worked so hard for has disappeared.

Yvonne Lee, Chief Executive, Age UK Oldham

Through working with organisations involved in NHS England and NHS Improvement’s VCSE Leadership Programme, we have identified five ways ICSs can work with the VCSE sector to rebuild local systems and in turn reset the way health and care are planned, commissioned and delivered for patients and communities.

- 1. Develop a clear and equitable role for the VCSE sector**
VCSE organisations need to be part of shared leadership development programmes.
- 2. Co-design outcomes for people and communities**
The experience, knowledge and position of trust that VCSE organisations hold should be used to connect with local communities to design health and care systems, to help achieve transformation and tackle health inequalities.
- 3. Commit to longer-term investment in the VCSE organisations**
To help the health service to come back stronger, system partners, from NHS trusts, clinical commissioning groups and local government need to recognise the value of the VCSE sector and the external investment it generates. Resources should be made available to grow capacity and capability.

4. Build on what is already there

To improve population health and reduce inequalities, system partners need to understand existing VCSE infrastructure and the integral role these organisations must play in supporting COVID-19 recovery plans.

5. Embed VCSE services and support in COVID-19 recovery

VCSE organisations need to be included in health and care pathways and service redesign planning across systems. Systems need to build on the emerging good practice and embrace new innovations.

Find out more in our briefing [How Health and Care Systems Can Work Better with VCSE Partners](https://www.nhsconfed.org/resources/2020/08/How-health-and-care-systems-can-work-better-with-VCSE-partners) www.nhsconfed.org/resources/2020/08/How-health-and-care-systems-can-work-better-with-VCSE-partners

Next steps

Healthcare leaders are keen to build stronger relationships with communities and foster trust, stripping away the traditional barriers of consultation and one-sided engagement, as they look to address some of the lessons learned during COVID-19. This includes making strides to better understand and engage with communities and patient groups, transform communications, support carers and the social care sector and involve VCSE organisations as key partners.

With winter looming and stretching targets to restore services, the NHS and partners will need to work with communities more closely than ever before to meet local need, restore services inclusively and manage expectations. While a 'deal' that defines shared responsibilities for health might be the long-term ambition, we need to cultivate the conditions, culture and insight into communities first.

For our part, the NHS Confederation will:

- build a long-term partnership with Healthwatch England and the Patients Association, with regular discussions and a commitment to share insight with our members
- support VCSE organisations by sharing their insights and experiences with ICS leaders to promote the importance of the sector as a key partner in place-based working
- promote community-based approaches to health by working in partnership with organisations including the King's Fund and the new Local Government Network, to share this way of thinking with members and offer opportunities to discuss this agenda among our networks.

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