



Scrutiny Commission

Tuesday 17 May 2022

Agenda Item 8

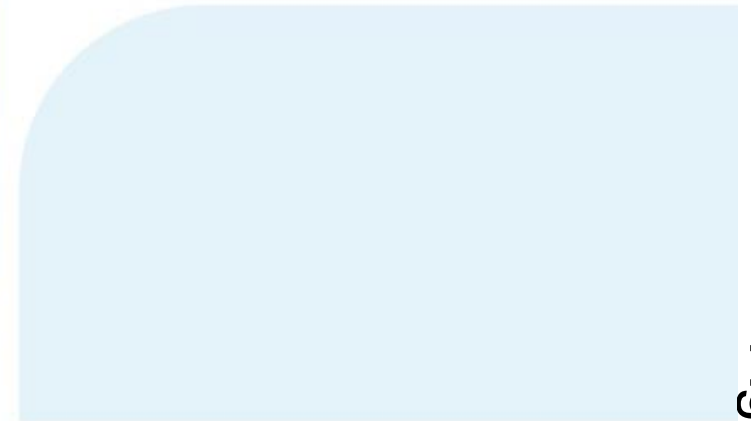
Integrated Care Systems

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Scrutiny Commission

Page 3

17 May 2022



Update on progress in establishing an Integrated Care System across Northamptonshire & place-based development in North Northamptonshire

Agenda Item 8

Integrated Care, the Health and Wellbeing Board & Place based approaches

- ❖ We have a unique opportunity to shape the partnerships that will become a fundamental part of supporting and working with our diverse communities.
- ❖ There are significant changes across health and care systems and new structures that will be fundamental in trying to create the right environment for people, families and communities to thrive
- ❖ We need to hold on to the community contributions but go further working with businesses, voluntary and charitable sector, higher education, culture and leisure sectors and fully involve people and community leaders so to maximise their unique contribution, knowledge and skills
- ❖ Every community should feel valued and that the plan for their area meets the needs of people and groups in that community
- ❖ All organisations need to be prepared to allow others to control and influence and think about using assets very differently or assets that we haven't used before

Summary Update

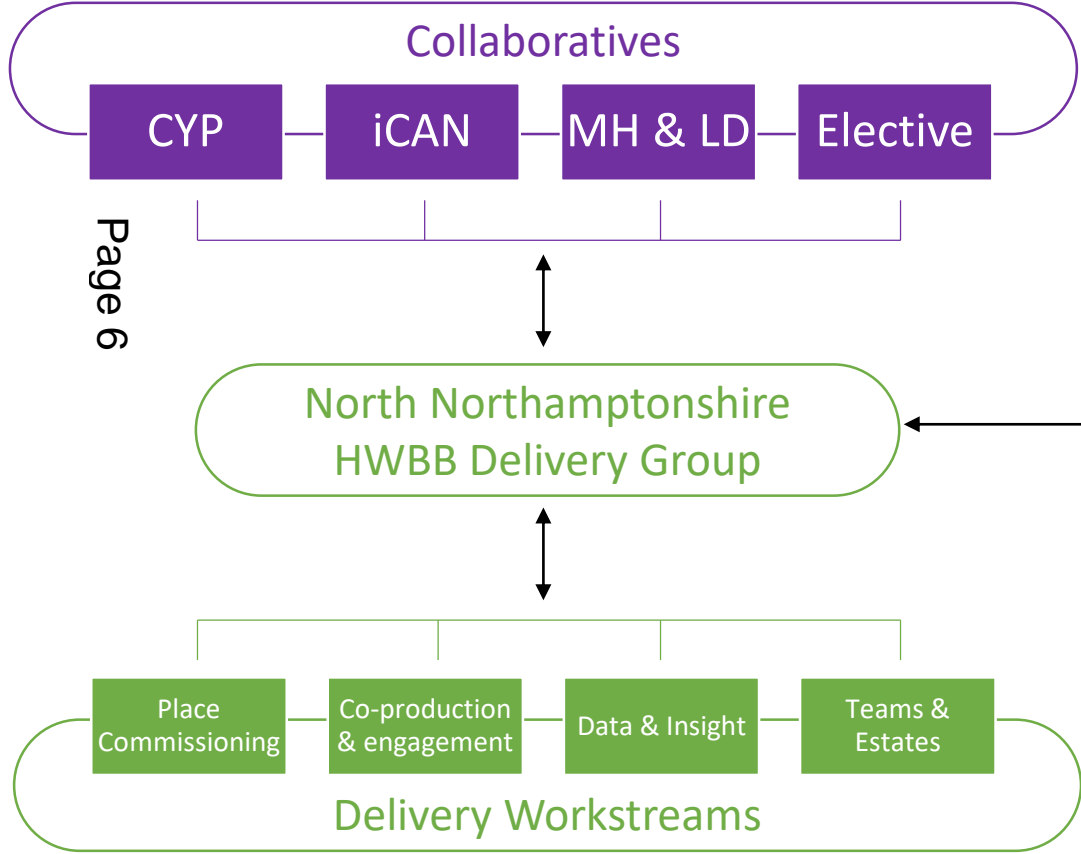
Progress

- Chief Executive Designate – Toby Sanders
- Chair Designate – Naomi Eisenstadt
- Integrated Care Board (ICB) – 1 x shadow meeting to date
- Integrated Care Partnership – 1st shadow meeting 31 May 2022

Next Steps

- Strategy Development (Sep 22)
- Ongoing place based development
- ICP membership & Development
- Clarity of board responsibilities and relationship with collaboratives
- Devolution (ambition in to delivery)

Place Development so far in North Northamptonshire



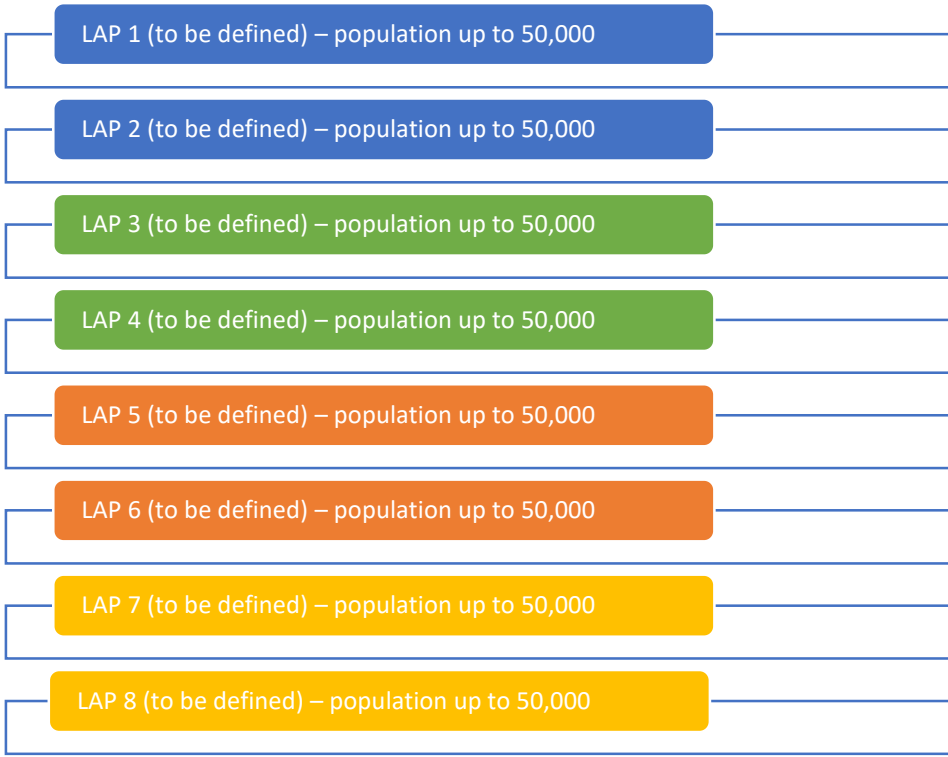
Integrated Care Partnership

North Northamptonshire Health and Wellbeing Board



General practitioners/PCNs - Interest Groups - Neighbourhood Groups - Faith Groups
Schools - Communities of interest - Elected members - MPs - Public Sector orgs

Page 7
North Northamptonshire Health and Wellbeing Board



Area Community Wellbeing forums and Local Area Partnerships

Community Wellbeing Forums and Local Area Partnerships

Community Wellbeing Forums:

- ❖ 4 Forums that enables local leaders and communities to influence policy and strategy development and understand the work of the Local Area Partnerships (bringing together the voices of populations between 60,000 – 100,000)
- ❖ A place to share ideas, hear about initiatives, engage with partners
- ❖ Moves the ability to inform and influence decision making closer to local people and local needs
- ❖ Gives opportunities to focus on social and economic determinants of health
- ❖ Each Community Wellbeing forum will have places at the Health and Wellbeing Board

North Northamptonshire Local Area Partnerships

- ❖ 8 Local Areas across North Northamptonshire, based around sovereign council footprints, urban and rural areas – (to be finalised based on data and insight profiles)
- ❖ Supporting populations of between 30,000 – 50,000
- ❖ Small enough to provide personalised support, but large enough to make sure residents can use the range of services they need and for services to organise and take advantage of scale when necessary
- ❖ Each Local Area recognised as unique and individual with variety of assets (people, organisations and buildings and physical places)
- ❖ Services and support organised around the profile of the local areas including wider determinants
- ❖ These partnerships should be predominantly represented by people and organisations that deliver and are able to shape and mould support to best meet desired outcomes

Local Area Wellbeing Forums and Partnerships

1 Data and insight profiles will be developed for that Local Area that describes the strengths and assets of the area alongside its issues and challenges. The profile will be the evidence base that informs the activity of each Local Area Wellbeing Partnership.

2 Each Area Wellbeing Forum will provide a forum for local elected members, residents, statutory organisations and the community and voluntary sector to engage and influence both delivery and strategy in a way that reflects the needs of local populations. Local Area Partnerships will be a set of arrangements that link up the ICS collaboratives and the forums in a way that is agile and influences and delivers

Page 9

Five potential responses to identified need

3
Peoples Charter/local deal

4
Devolved monies to fund specific local responses to identified Neighbourhood need

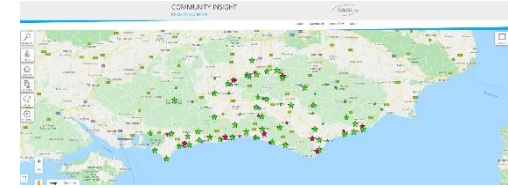
5
Local direct response through improved collaboration & Integration between local organisations working within that area

6
Place wide response where need is beyond that which can be tackled within a Neighbourhood

7
System wide response where need is beyond that which can be tackled within Place



An example of Neighbourhood profiles can be seen through the following link

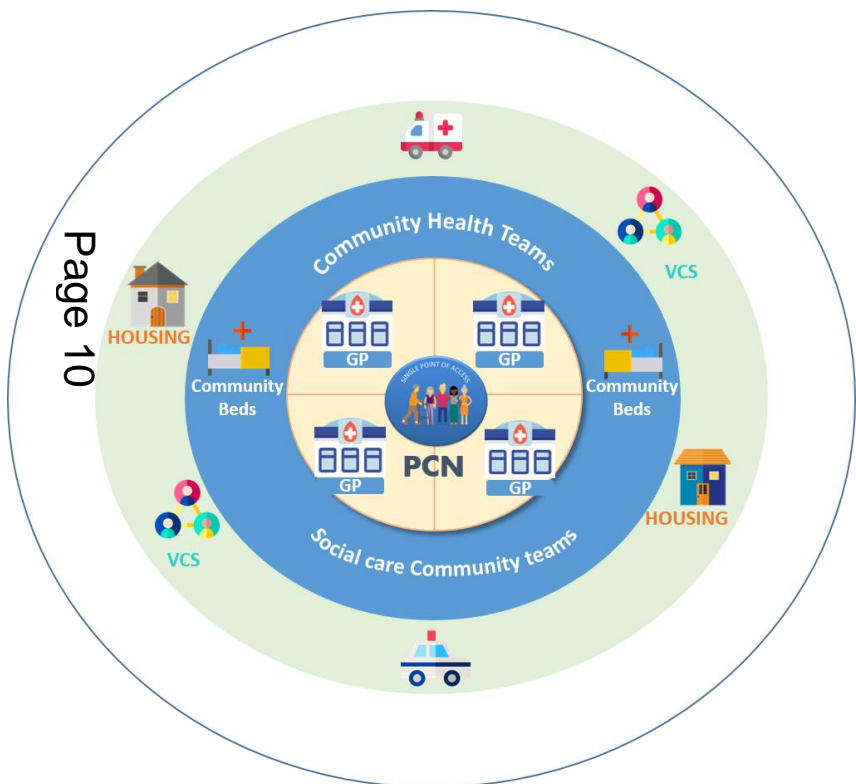


[Local Insight \(communityinsight.org\)](http://communityinsight.org)

How Neighbourhood Partnerships would work:

- **Local Wellbeing Partnerships (x8)** which bring together elected members residents, voluntary and community and statutory organisations to help coordinate and respond to identified local needs to deliver the integrated care strategy.
- Underpinned by a **co-produced People charter/local deal** which outlines commitments between citizens and partners to work together.
- **Resource light in terms of administration** to support functioning of partnership within each area.
- Some **responsibility in directing funding to priorities** based on identified need – but not all services would be commissioned or budgets devolved at a the most devolved level when scale makes sense.
- **Local Partnership leadership** from elected members residents (“school governor type model”), statutory / voluntary providers and/or PCN Clinical Directors.

Community Hubs



Teams / Partnerships	1. Primary Care Network (including MDT welfare teams as part of iCAN collaborative)	8. Housing Teams
	2. Adult Social Care – Community teams	9. Welfare Benefit & Debt
	3. Community Nursing	10. Learning Disability and Autism Team (collaborative)
	4. Community Therapy (WNC and NHFT)	11. Mental Health (collaborative)
	5. Community and Voluntary Sector	12. Neighbourhood policing
	6. Ageing well/Supporting Independence Social prescribing (iCAN collaborative)	13. Community safety.
	7. Children and Young People’s services (CYP collaborative)	14. Community spaces, sport and leisure

...but not just services - flexible space – welcoming – at the heart of the community – but with hubs come spokes – how should they work and what are the opportunities?

Northamptonshire Health and Care Partnership

Becoming an Integrated Care System: Our Journey So Far



Contents

Foreword

Our opportunity to shape better futures together 3

Understanding our journey: helpful guidance 4



Part One: Why we need to change 5

- Why we need to change... and changing for the better 5
- Better ways to work together? 6
- Collaboration as a way forward 6
- Listening to your feedback... to help things change for the better 7



Part Two: What we plan to do 8

- Shaping our planning 8
- The Northamptonshire ICS roadmap 8
- Becoming an Integrated Care System 9
- Getting the best outcomes for all 10
- An Outcomes Framework approach 10
- Shaping our ICS plan and strategic objectives 11
- How our ICS will be structured 12
- Working in collaboration 14

Next steps 16

Our opportunity to achieve better futures together

For many years now, health and care partners from across the NHS, local government and the voluntary sector in Northamptonshire have been working together to provide support and services to our communities.

While we remain separate organisations, we came together to work as Northamptonshire Health and Care Partnership (NHCP) in 2018 as a demonstration of our commitment and the importance of working together in an aligned and co-ordinated way.

Since then, the ways we can work together have become more defined. In April 2021, Northamptonshire was designated by the NHS as an Integrated Care System (ICS). We will soon be called Northamptonshire Integrated Care System (NICS).

We are one of 42 ICS areas to be created across England, and now government legislation is in progress to give all these Integrated Care Systems statutory status, most likely by July 2022.

This will formally set out the powers and responsibilities of ICSs to support their populations to live healthy lives and get the care and support they need, when they need it.

What does this mean for health and care in Northamptonshire?

We see this as a great opportunity to achieve better futures together and make the changes we all want to see.

Here in Northamptonshire, ICS status will allow us to further formalise some of the existing joint working arrangements we have successfully developed through NHCP, involving many partners.

It will enable us to simplify the way we work together and improve our ability to make decisions together in the same place for a joined-up Northamptonshire

Ultimately, we want everyone to be able to live the most positive life they can, whoever they are and wherever they live in our county.

How are we planning for the next stage of our journey?

In this update, we are pleased to share some of our journey so far in shaping our emerging NICS priorities and ways of working.

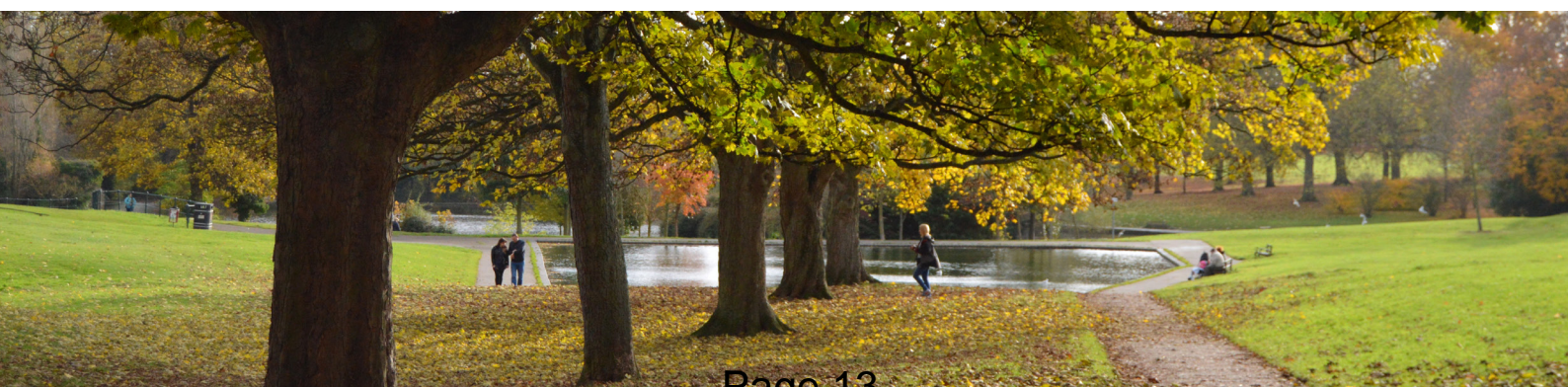
We will be creating a plan which will set the future direction for all health and care organisations in the county including hospitals and other local NHS services; primary care providers; local council services, including public health; the voluntary, community and social enterprise (VCSE) sector; and our emerging North and West Northamptonshire Health and Wellbeing Boards. Our plan will build on the success of our early partnership work as Northamptonshire Health and Care Partnership.

We know our plans need to evolve and be responsive – and they must be shaped by our patients, service users, communities, clinicians, and staff across Northamptonshire. We hope that by reading about our ambition to transform local health and care services, you will share in our excitement. Being an ICS will offer real opportunities to deliver better care to the people who live in Northamptonshire and to make our services sustainable.

Collectively, we are focused on ensuring the needs of all our communities are understood and that everyone can bring their expertise, experience and priorities for change to our working practice and our planning for the future. So we will shape our plans around our current vision for the future: through joined-up effort and shared resources we create a positive lifetime for all of health, wellbeing and care in our communities.

This plan begins to outline our journey towards that vision and will help us to continue with conversations that will support us all to achieve this.

We hope that you enjoy finding out more about our planning and welcome your feedback and involvement as our plan evolves.



Understanding our journey: helpful guidance

In this update, we are sharing our journey in two main parts. The following explains what is included in each part.



Part One

Why we need to change

Why do we need to focus on better futures together?

In this section, we share more about why we need to make changes and how we will approach our planning.



Part Two

What are our priorities?

Our ambitions for a positive lifetime for all of health, wellbeing and care in our communities

In this section you will find more about what we want to do, our key priority areas, as identified by the data, and feedback so far.

As we move further into 2022 we will be working together to hear your feedback and to firm up how we will do things. We will bring you further updates as we go.





WHY

Part One

Why we need to change

Why we need to change... and changing for the better

Our county is home to over 750,000 people, who all lead different lives, have different views of the world and have different health and care needs. It is important to recognise that as our population ages and changes, we need to change with them.

Our NHS and social care system is not currently able to meet the level and complexity of demand and need within our population. We also know that there is a need to address inequalities in people's health, their access to health and care services and their ability to prevent ill-health, which are caused by factors outside of their control such as housing, education, employment and living environments.

Because of this, we are changing our ways of working to support the needs of our communities today, and to plan for the needs of our future residents tomorrow.

Northamptonshire faces a number of challenges that are putting significant pressure on our health and social care services. These factors – combined with financial and workforce challenges – mean we have among the highest number of unplanned admissions of patients in the UK.

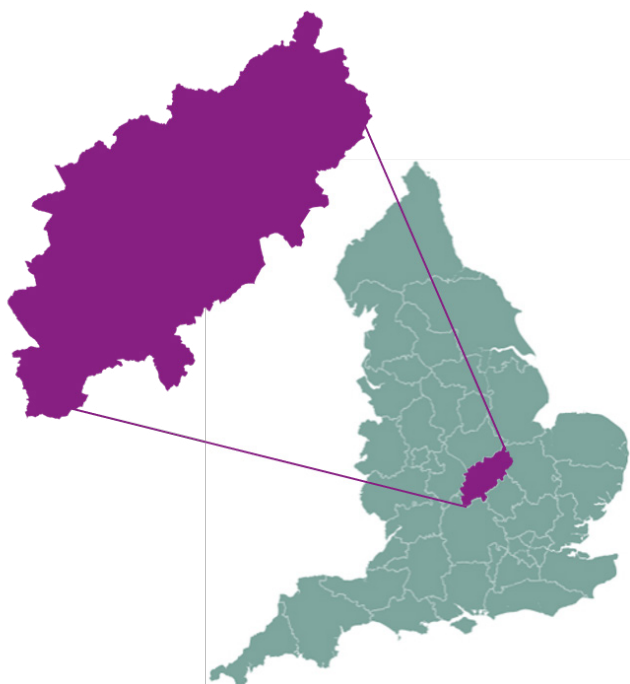
We regularly have several hundred 'long-stay' patients in our hospitals. Long-stay patients are adult patients who have stayed in an acute hospital bed for 21 days or more.

This pressure on our urgent and emergency care services, and adult social care provision, is a sign of a disjointed and reactive (rather than preventative) health and care system.

We must therefore address the factors that lead to people needing more acute care and medical support, to help everyone involved take responsibility for seeing and looking after patients better and faster.

We believe that by focusing more on preventing illness and identifying and treating ill health at an earlier stage, we can reduce demand for formal health and care services and help people to take control of factors that affect their health.

We know that if we do not change how we work, by 2025 we will need well over 500 additional hospital beds (the same as needing an extra hospital), experience more than 10,000 additional hospital admissions every year, need 150 more GPs to deal with 500,000 extra patient contacts, and spend £120,000 more every day on health and social care. Doing nothing is not an option.



It is a national challenge that our current NHS and social care systems have not developed at the same pace as the demand for services has grown and changed. We have also learned many things about better and less effective ways of working through the COVID-19 pandemic. What remains clear is that health and care alignment and ways of working together need to change if we are to address the challenges we face today. However, we do have the talent, passion and commitment to build better futures together and a joined-up Northamptonshire.



Better ways to work together?

We know that we must make sure care pathways are simpler and more joined up. Historically, many providers are each responsible for different parts of a care pathway and they are managed by different health and care organisations.

We recognise that for some patients, this means services can seem uncoordinated, slow and impersonal.

For our providers, it can also be complicated and confusing to deliver one part of a pathway, then hand over to another organisation without seeing things through.

This can also make the cost of providing health and care services more expensive.



Collaboration as a way forward

We want to work in collaboration across all care pathways for identified areas of need. We can change this for the better and have already started to design more joined-up pathways, for example in mental health services.

In mental health services, patients and staff are already seeing the benefits of this, such as with smoother moves from children's to adults' services for patients with ongoing needs. It can also be seen in more personalised services with care outcomes set by patients (not staff), and the development of personalised health budgets so people can shape the services they get to suit their needs.

It also creates an opportunity for our experts in each service area to develop solutions to issues together, with the common aims of improving care quality and consistency.

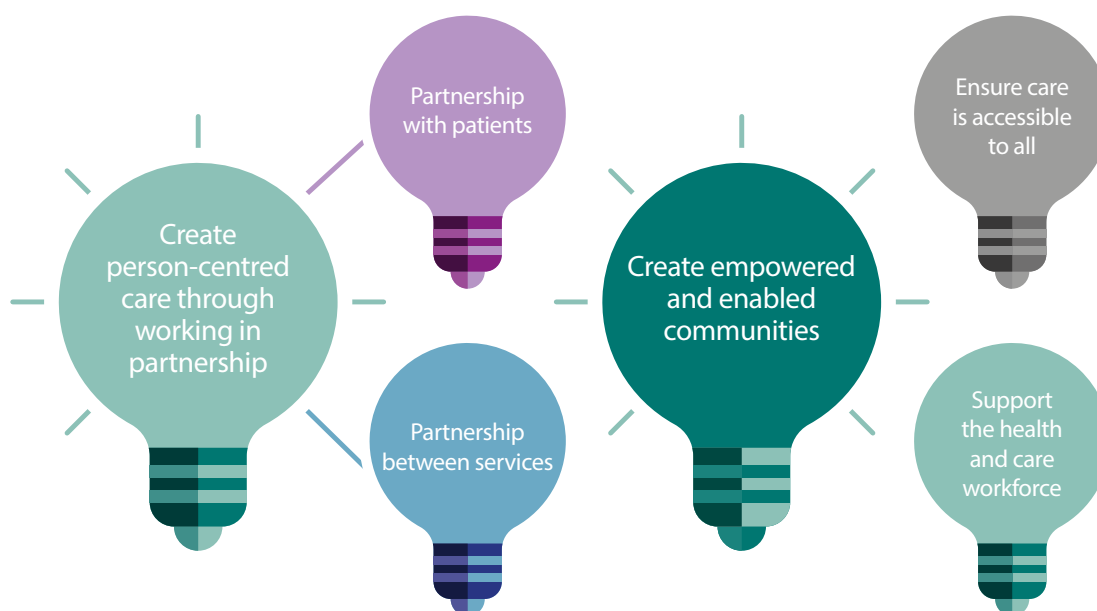


What is a care pathway?

A care pathway is a step-by-step process for how a treatment should be carried out. A pathway can be for any condition, and usually shows how health and care should work together. This can be very complicated when working across organisations.

Listening to your feedback... to help change things for the better

Just before the COVID-19 pandemic we completed a number of extensive countywide engagement activities which included events, surveys and feedback groups. From this information we gathered your Big Ideas for the future of health and care services in Northamptonshire. You can see these here summarised in the illustration below.



Of course, through the pandemic we needed to focus our efforts in a different way to help us get through it as safely as possible, concentrating on providing the best care and community support.

While conversations did and do still happen in local areas and services, we know it wasn't ideal that we couldn't continue our ongoing engagement and conversations with our communities about our wider health and care services as much as we would have wanted to.

However, we are now beginning to be able to come back to our plans to work together with our communities to share our planning and we are so pleased about this!

We will use the Big Ideas to sense-check what might still be important, and we will use government best practice and the NHS's national [10 principles for how ICS should work with people and communities](#) guidance to help us shape our ways of working with our patients and communities as we move through 2022.

The 10 principles are:

1. Put the voices of people and communities at the centre of decision-making and governance, at every level of the ICS.
2. Start engagement early when developing plans and feed back to people and communities how their engagement has influenced activities and decisions.
3. Understand your community's needs, experience and aspirations for health and care, using engagement to find out if change is having the desired effect.

4. Build relationships with excluded groups, especially those affected by inequalities.
5. Work with Healthwatch and the voluntary, community and social enterprise (VCSE) sector as key partners.
6. Provide clear and accessible public information about vision, plans and progress, to build understanding and trust.
7. Use community development approaches that empower people and communities, making connections to social action.
8. Use co-production, insight and engagement to achieve accountable health and care services.
9. Co-produce and redesign services and tackle system priorities in partnership with people and communities.
10. Learn from what works and build on the assets of all ICS partners – networks, relationships, activity in local places.

We know the experiences of our staff, communities, stakeholders and partners will help us understand more about why we need to change, and we look forward to continuing these conversations with you all.

We will listen to the valuable feedback you already given us in various ways, and together we will develop new ways of listening and informing our future plans.

You can stay in touch with what is happening in our area and how you can get involved by [registering for our updates on our website](#).

WHAT

Part Two What we plan to do

Shaping our planning

We know that there are a number of things that will help us develop successfully as Northamptonshire Integrated Care System (NICS).

Our staff and our communities have consistently told us that we need to get the basics right and that we need to support communities to become empowered and engaged.

We know that this might look different across the county, depending on the place and community. We are a mixed, diverse and interesting population in Northamptonshire and here we have a great opportunity to learn and grow together.

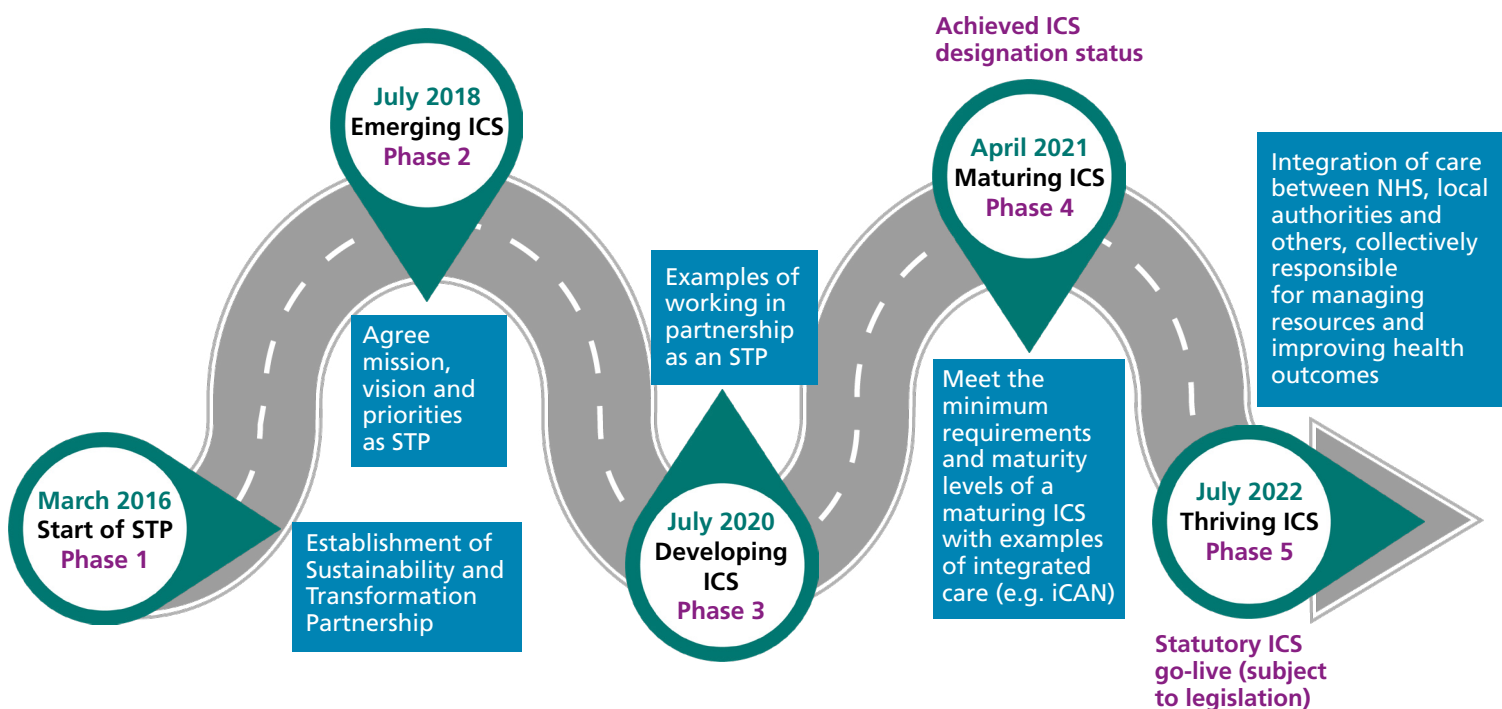
In Part One, we shared our reasons for changing and some of our planned ways of working in the future.

In Part Two, we share more about what we plan to do – what we see as the most impactful areas that we must focus on if we are to achieve our future vision for a positive lifetime for all of health, wellbeing and care in our communities.

We are clear that this is a journey, and we know that we must continue to respond as needs and services change in the coming years. We are confident that we are in a better place to do this through our ICS approach.

The Northamptonshire ICS roadmap

Our journey towards becoming a fully formed and thriving Integrated Care System is illustrated in the graphic below.



Becoming an Integrated Care System

Preparations are continuing in Northamptonshire to be ready for full Integrated Care System (ICS) status by July 2022, formalising the joint working arrangements already established for health and care in our county and simplifying partnership working and decision-making.

Subject to government legislation, Northamptonshire Clinical Commissioning Group will be disestablished at the end of June 2022 and two new statutory bodies will come into effect: an Integrated Care Board (ICB) to oversee local NHS functions and working closely with an Integrated Care Partnership of wider health and care organisations.

Within our new ICS structure, organisations and providers will come together and develop as 'collaboratives' to join up and improve local services. This will start in four priority areas: mental health, learning disability and autism services; elective care (planned care); children and young people's services, and aging well services (iCAN).

There will also be a focus on making sure local health and care services are delivered according to the needs of our communities, both at 'place' level in areas aligned with our new North and West Northamptonshire Council boundaries, across our communities and even more locally at neighbourhood level.

All this activity will be guided by a clear 'outcomes framework' which will ensure local priorities are always shaped around what matters most to our population, providing the best possible outcomes for people's health and quality of life.

Further information about planning for our Integrated Care System can be found in our NHCP [Partnership Update newsletters](#) and in our ICB Chair Designate Naomi Eisenstadt's video blog, '[View from the Chair](#)'.

Here are some other helpful places to find out more about Integrated Care Systems online:

- [NHS England and NHS Improvement: Integrated Care](#)
- [NHS Confederation: Integrated Care Systems Network](#)
- [UK Parliament: The Health and Care Bill](#)
- [The King's Fund: Integrated Care Systems Explained](#)



Getting the best outcomes for all

We know that it is vital we make real changes which improve the health and care outcomes of those in our community. So in our planning we are taking a three-pronged approach to help us work together more effectively and to make the difference we would all want to see. We will be asking ourselves:

- 1 What does the data tell us about the outcomes we need to achieve?
- 2 What do local people tell us about their experiences of care?
- 3 How will we use this information to inform our planning?

By approaching things in this way we can measure and check the outcomes we hope to see, we can work together to co-produce the ways we might do things, and we can have a positive impact throughout the course of people's lives.

What does 'outcome' mean to us?

In health and care we often refer to 'outcomes' when talking about the services we provide and the people we support. By outcomes we mean the measurable changes in people's health, function or quality of life which result from health and care interventions. We want to provide the best possible outcomes for everyone in Northamptonshire, whoever they are and wherever they live in the county.



An Outcomes Framework approach

As part of our planning, we have agreed to use an Outcomes Framework approach. This is an internationally recognised best practice method for using local data to show us where we may be falling behind against national averages. If we know this, we can focus efforts on achieving the best outcomes across the course of people's lives.

We are working together to understand the priorities for our system across the stages of people's lives.

Adopting this approach across all we do helps us to all focus collectively on tackling the causes of ill health and delivering the best outcomes for our population together.

Shaping our ICS plan and strategic objectives

Our Outcomes Framework guides us in knowing what we must do together as we work towards a positive lifetime for all of health, wellbeing and care in our communities. Our strategic objectives – the things we will need to achieve – must support us to work together to deliver that. As an Integrated Care System, our four nationally mandated aims are set out below.

1 Improve health for all

Delivering better health and wellbeing outcomes for the population of Northamptonshire, by providing the right services to support the needs of our communities and supporting people to prevent ill-health.

2 Reduce health inequalities

Working to tackle unfair and avoidable differences in people's health, their access to health services, and their ability to prevent illness – as well as the factors which cause these differences.

3 Make the best use of public funding

Ensuring that local health and care services are effective and sustainable for the future through co-ordinated decision-making, planning, delivery and monitoring.

4 Support our county's economic and social development

Close partnership working between the NHS, local authorities and other partners to address the social and economic factors affecting people's health and wellbeing – including through our roles as major local employers and stewards of public land and buildings.

We believe these objectives align with our existing partnership working vision – through joined-up effort and shared resources we create a positive lifetime for all of health, wellbeing and care in our communities. In 2022, we will be testing this together to help us finalise our plans.

Our priority

As we move forward to becoming a thriving ICS in 2022, we will engage and work together to finalise all of the above.

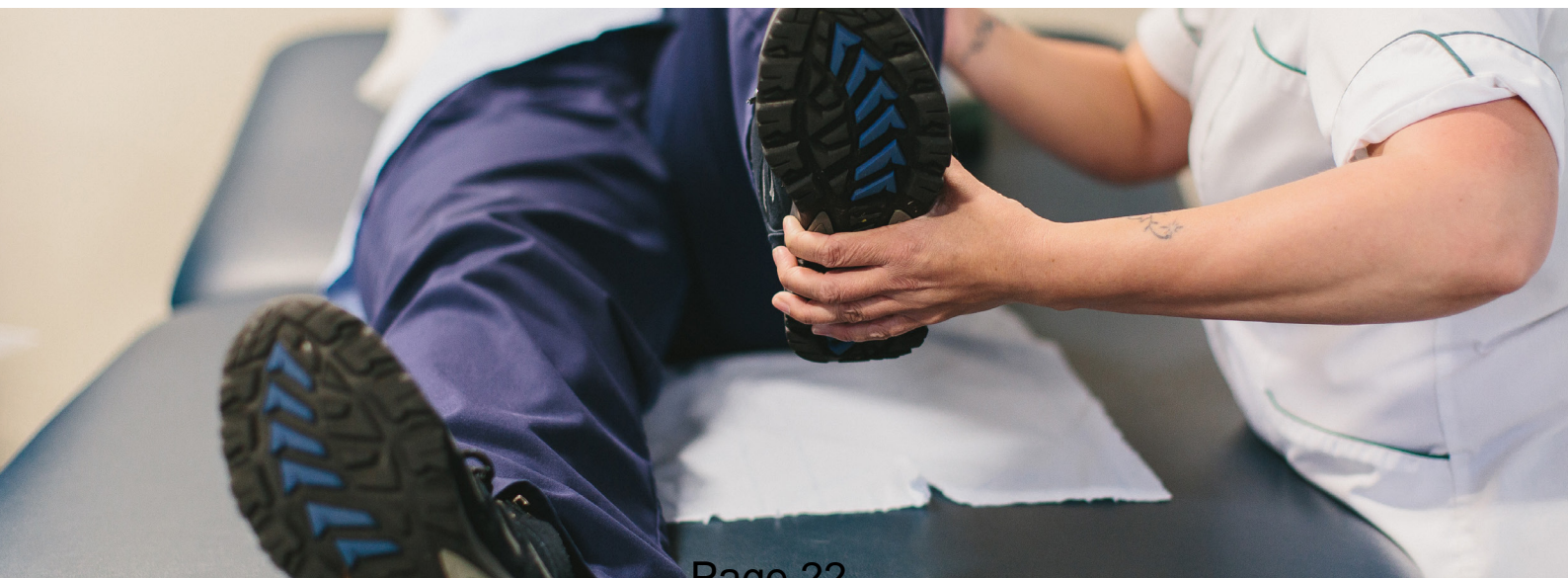
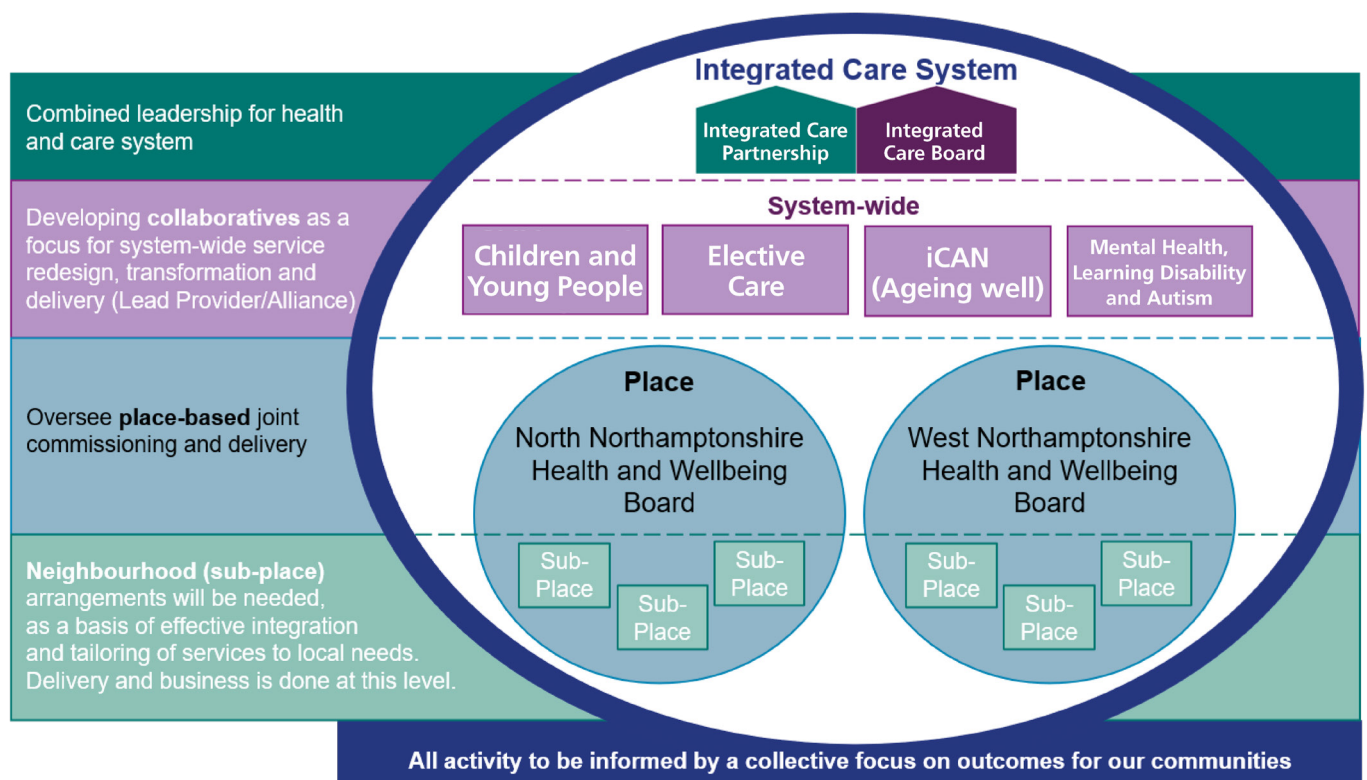


How our ICS will be structured

There is mandated national guidance for the structure of Integrated Care Systems, so we are building our local structures around this.

As described earlier in this document, we have retained our focus on organisations and providers will be coming together to develop as 'collaboratives' to join-up and improve local services in our priority areas: mental health, elective care (planned care), children and young people's services and aging well services (iCAN).

The structure of the Northamptonshire Integrated Care System is illustrated in the graphic below.



How our ICS will be structured

Integrated Care Board

The Integrated Care Board (ICB) is a statutory body responsible for local NHS services, functions, performance and budgets. The ICB will be directly accountable to the NHS and will be made up of local NHS trusts, primary care providers, and local authorities.

Our county's Integrated Care Board will replace NHS Northamptonshire Clinical Commissioning Group (CCG), which will mean significant changes to the way local health and care services are commissioned.

The ICB will take over all commissioning responsibilities from the CCG, while also taking on some new responsibilities from NHS England and NHS Improvement. For example, specialised services such as neonatal care and treatments for rare cancers will now be commissioned within the county, meaning we have a greater say in how specialised budgets are spent in our area.

What is commissioning?

Commissioning is the way in which health and care needs are assessed, planned, prioritised and purchased to ensure local needs are met. Commissioning also monitors ongoing delivery of health and care services to make sure we achieve the best health outcomes for the people of Northamptonshire.



Integrated Care Partnership

The Integrated Care Partnership (ICP) is a statutory committee of system partners whose role it is to promote partnership arrangements, develop local needs analysis and produce a local health and care strategy. Its broad, system-wide membership will include health, local government, the voluntary and community sector, and other public sector partners. Membership arrangements for the ICP will be developed jointly by local authorities and the NHS.

Health and Wellbeing Boards

There will be two Health and Wellbeing Boards in Northamptonshire, aligned with the boundaries of our two unitary councils - so one for North Northamptonshire and one for West Northamptonshire. These boards are publicly accountable and form a critical part of the ICS, making sure the needs of local areas are at the heart of decision-making.

The boards will include leadership representatives from local councils, health organisations, Healthwatch, Northamptonshire Police and the voluntary sector, and they will oversee place-based joint commissioning and delivery of local health and care services.

Place, Communities and Neighbourhoods

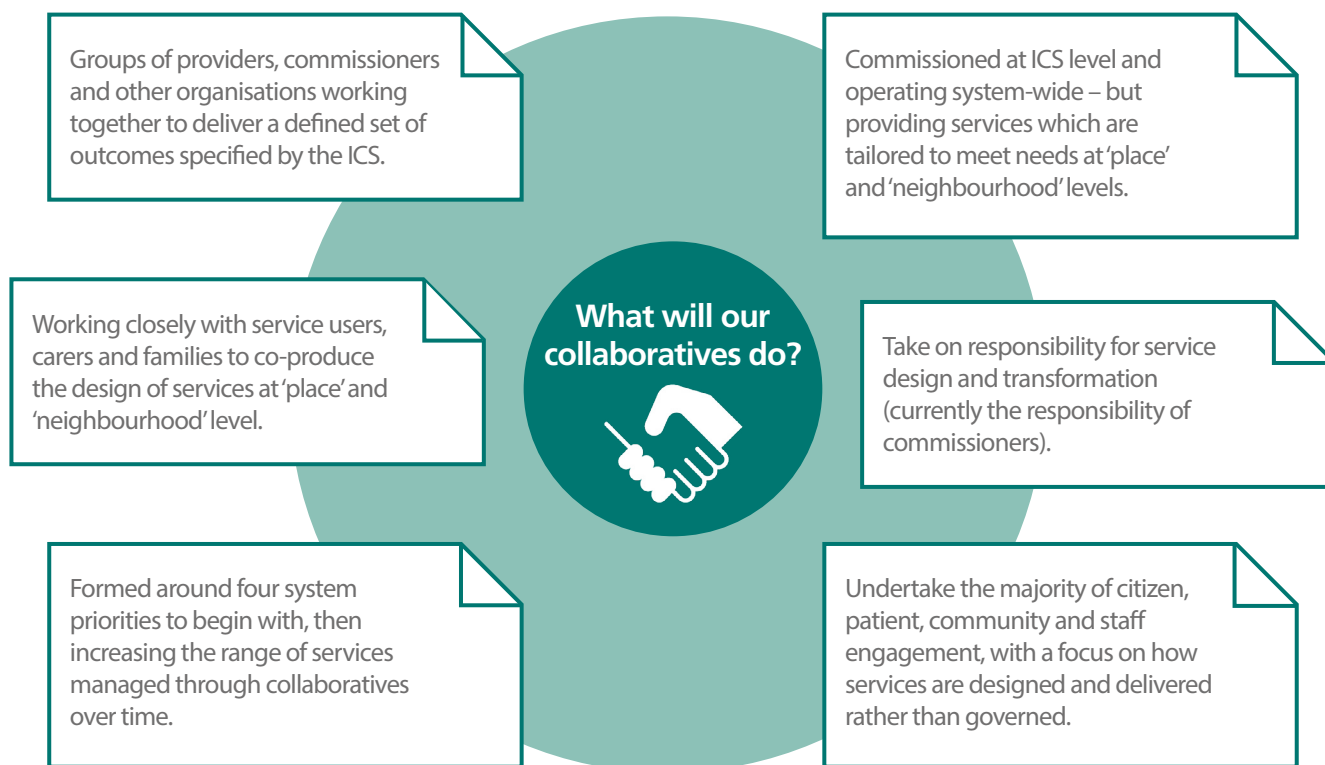
A key part of the new system will be to make sure that all the organisations which commission and provide local health and care services are working together over smaller geographical areas. The ICS covers the whole of Northamptonshire but also needs to meet the distinct needs of local populations within the county. Therefore, much activity in the ICS will be driven over smaller areas known as 'places' - areas aligned with the boundaries of our two unitary local authorities, North Northamptonshire and West Northamptonshire Councils - and by teams working together in even smaller areas: Communities and Neighbourhoods.

Working in collaboration

As part of our preparations to become a fully formed and thriving Integrated Care System, we are working in partnership to develop countywide local health and care 'collaboratives'

Many of the challenges we face as a health and care system cannot be solved by any one organisation working in isolation. Collaboratives are groups of local organisations and providers coming together to join up and redesign their services to improve outcomes together.

Each collaborative will take its membership from providers and other partners specific to each focus area. They will be commissioned by the Integrated Care Board and Collaborative Boards will be accountable for performance. Further work will determine collaborative models, leadership arrangements and the way in which collaboratives are co-ordinated.



Working in collaboration

Initially we will focus our local collaborative development on the four priorities shown below.

Children and young people

We will work together to make sure children and young people are kept safe, are supported to make healthy choices and are able to understand and access the full range of services available to them according to their need and regardless of who they reach out to first.

Elective care

Elective care is the type of care which is planned in advance and might be delivered at a number of our local sites, in patients' homes, or by different providers. So we will focus on improving and enabling more seamless access through a single referral hub, reducing waiting times and improving patient experience and outcomes. We want to deliver high-demand but low-complexity elective care closer to patients' homes while bringing together specialist clinical expertise across the county to improve outcomes and maximise capacity.

Integrated Care Across Northamptonshire (iCAN)

We want to make sure older people can continue to choose well, live well and age well in their own homes and get the right support at the right time in the right place to help them live happy, healthy independent lives within their community. When people do require specialist support we will ensure they only get admitted to hospital when they need to and, very importantly, won't get stranded there.

Mental health, learning disability and autism

Mental health is just as important as physical health. So health providers, charities, the voluntary sector and service users are working together with an equal voice to make sure there are seamless services for those requiring mental health care and support. We are also focused on providing access to that support in different ways, to suit different needs and in places where our community say they need it. We are working to make sure that when someone needs help, they get help.

Our enablers

Supporting the work of our Integrated Care System across all levels, our enablers are the teams which will help us develop and deliver on our plans.

They include:

- Health inequalities
- Community engagement
- Digital transformation
- Clinical framework
- Staff wellbeing



Next steps

There are still many things we need to do on our journey to becoming NICS, and a large part of that is agreeing how we will work together. We are currently working on this and are also using government legislation and national guidance to shape our ways of working. You can find out more about government legislation [here](#).

We cannot and do not deny the challenges we face: there has never been a busier time in health and care and it remains appropriate to say we are working in unprecedented times. Because of this, the way we all behave, look after each other and ourselves must change; that is very clear. What is also clear to us as colleagues committed to what we do is that if we commit to working together, we can achieve positive things.

Lastly, we would like to take this opportunity to send our own 'round of applause' to all of our hard-working, dedicated health and care staff and volunteers. We see you, and we see what you bring to work each day and night – commitment, dedication, care, compassion and kindness. We also know that over the past two years, this hasn't stopped as you leave the wards or switch off the laptop – your families, loved ones and communities have been part of this journey with us. We have all given so much and we have all sacrificed for our communities, be they near or far.

So we thank you all, and we look forward to better futures together.

For further updates on our ICS journey or to find out how you can get involved, visit northamptonshirehcp.co.uk

If you require this leaflet in other formats or languages please contact nhcp.communications@nhs.net

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