

<b>NHS North Cumbria CCG Governing Body</b>	<b>Agenda Item</b>
<b>6 December 2017</b>	<b>6a</b>

**Integrated Health & Social Care Submission Update Report**

<b>Purpose of the Report</b>							
To update members of the Governing Body on progress with our submission for Accountable Care System pilot status.							
<b>Outcome Required:</b>	Approve		Ratify		For Discussion		For Information
							<b>X</b>
<b>Assurance Framework Reference:</b>							
<ol style="list-style-type: none"> <li>1, Better Health – There is a need to ensure that Cumbria’s children &amp; young people (including children looked after are kept safe and transition into health adulthood</li> <li>2, Better Care – Commission services that ensure the delivery of high quality and safe care patients</li> <li>3, Sustainability – Commission services that ensure the delivery of high quality and safe care for patients in a manner that is sustainable for the whole health economy</li> <li>4, Leadership - The CCG needs to develop and implement robust governance and management arrangements to operate in a safe and sound manner.</li> </ol>							

<b>Recommendation(s):</b>
The Governing Body is asked to: Note this report and the expression of interest

<b>Executive Summary:</b>
<b>Key Issues:</b> <ul style="list-style-type: none"> <li>• North Cumbria CCG, with its health and social care partners, is committed to developing an integrated health and care system</li> <li>• The NHS England concept of an accountable care system virtually mirrors the integrated health and care system model that is desired by the North Cumbria community</li> <li>• North Cumbria has been invited to submit an expression of interest in becoming an accountable care system pilot</li> </ul>

<b>Strategic Objective(s) supported by this paper:</b>	<b>Please select (X)</b>
Support quality improvement within existing services including General Practice	<b>x</b>
Commission a range of health services appropriate to Cumbria's Needs	<b>x</b>
Develop our system leadership role and our effectiveness as a partner	<b>x</b>
Improve our organisation and support our staff to excel	<b>x</b>

<b>Impact assessment:</b> (Including Health, Equality, Diversity and Human Rights)	<b>None</b>
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<b>Conflicts of Interest</b> Describe any possible Conflicts of interest associated with this paper, and how they will be managed	No conflicts of interest have been identified.
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<b>Date Report Written</b>	December 2017

## **1. Introduction**

The purpose of the report is to give an update to Governing Body members on the progress with the North Cumbria submission for Accountable Care System pilot status.

## **2. Background**

- a. North Cumbria CCG, with its health and social care partners, is committed to developing an integrated health and care system as a critical enabler to the implementation of our clinical strategy and thereby improving patient outcomes.
- b. The transformation funding that is vital to the successful development of enhanced health and care services in community settings (i.e. the Integrated Care Communities) is most likely to be awarded through piloting an accountable care system.
- c. The NHS England concept of an accountable care system virtually mirrors the integrated health and care system model that is desired by the North Cumbria community
- d. A first wave of Accountable Care System (ACS) pilots was announced earlier in the summer. NHS England's stated ambition was to expand this first group of eight and cited West, North and East Cumbria as a likely candidate.
- e. Since then, North Cumbria system leaders have pressed the case for accountable care system pilot status whilst being very clear that our system must show clear evidence of sustained improvement against key performance areas (A&E, cancer, finance).

## **3. Benefits of Accountable Care System Pilot Status**

- a. The ability for the local commissioners in the ACS to have delegated decision rights in respect of commissioning of primary care and specialised services.
- b. A devolved transformation funding package from 2018, potentially bundling together national funding for GP Forward View, mental health and cancer.

- c. A single 'one stop shop' regulatory relationship with NHS England and NHS Improvement in the form of streamlined oversight arrangements. An integrated CCG IAF and trust single oversight framework.
- d. The ability to redeploy attributable staff and related funding from NHS England and NHS Improvement to support the work of the ACS, as well as to free up local administrative cost from the contracting mechanism, and its reinvestment in ACS priorities.

#### **4. Expression of Interest and Next Steps**

- a. Having submitted two proposals to NHS England, North Cumbria was recently invited to prepare a formal Expression of Interest (see appended document), and has the backing of the Cumbria North East STPs and the NHS North Region.
- b. An announcement is expected early in the new year and, if successful, ACS pilot status will officially start on April 1<sup>st</sup> 2018.

**Stephen Childs**  
**Chief Executive**  
**North Cumbria CCG**  
**December 2017**

## West, North & East (WNE) Cumbria

Role	Name	Contact e mail	Contact telephone no.
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Population Size	327,000		
STP	West North East Cumbria – part of the wider CNE system		
Organisations Involved	<ul style="list-style-type: none"> <li>• Cumbria Clinical Commissioning Group</li> <li>• Cumbria County Council</li> <li>• Cumbria Partnership NHS FT</li> <li>• Healthwatch Cumbria</li> <li>• North Cumbria University Hospitals Trust</li> <li>• North West Ambulance Service</li> </ul>		

### 1.0 Introduction

This document sets out WNE Cumbria's formal Expression of Interest (EoI) in becoming an ACS. It summarises information from our "Developing the West, North & East Cumbria Accountable Care Model" document which we shared regionally and nationally in September 2017.

As requested this EoI is five pages covering:

1. A summary of the ways in which WNEC meets the nationally set criteria for a prospective ACS.
2. The five specific questions posed for prospective ACSs.
3. A statement of stakeholder support signed by the key partners in the STP.

### 2.0 ACS Criteria Assessment

ACS criteria	WNEC assessment – key points
Effective leadership and relationships	<ul style="list-style-type: none"> <li>• We have a <b>clear vision</b> for our system, which is underpinned by a clinically and financially sustainable service strategy that has been consulted upon and is now being implemented – this follows on from the success regime.</li> <li>• We have a <b>strong leadership</b> team; our STP leader is Stephen Eames – joint CEO of the acute and community / mental health trusts.</li> <li>• We have <b>brought together the leadership teams</b> of the 2 local provider trusts under a single chief executive and executive team.</li> <li>• We have a system leadership board, chaired by the chief executive of the CCG, in place and <b>robust governance</b> arrangements that includes very senior representation from the county council and primary care.</li> <li>• We have <b>clinical and social care leadership</b> built into our leadership approach from the ground up – e.g. we have a GP clinical lead, a social work lead and a general manager leading each of our eight 'place based' integrated care communities.</li> </ul>

ACS criteria	WNEC assessment – key points
<b>Effective leadership and relationships</b>	<ul style="list-style-type: none"> <li>We have dedicated <b>programme directors</b> who lead on the delivery of the transformational plan set out in our STP and building the ACS. The workstreams deliberately mirror the Cumbria, North East (CNE) Regional equivalents.</li> <li>Our <b>Programme Management Office</b> is in place to support delivery with Senior Responsible Officers from across the system allocated for our major transformational workstreams.</li> <li>We are co-producing with our local communities the development and delivery of services, which is transforming how we engage and communicate with our local population.</li> <li>We have a system wide approach to organisational development and improvement to mobilise and support our workforce to work in different ways as one team.</li> </ul>
<b>Delivery track record</b>	<ul style="list-style-type: none"> <li>We have <b>good and improving performance</b> in A&amp;E and RTT and developing plans to meet our DTOC challenge.</li> <li>We are making <b>good progress on implementing the 5YFV</b> – for example we have redesigned our UEC system (this is part of the CNE vanguard and the wider service strategy as mentioned above).</li> <li>We are <b>resolving our historic and entrenched deficit</b> – further detail on this is given below.</li> <li>We have made significant <b>quality improvements</b> with NCUH coming out of special measures, CPFT improving in a number of areas and NHS England North are confident that North Cumbria CCG will be released from formal directions in December having met the last remaining condition.</li> <li>Overall, our GP practices were rated by the CQC as being amongst the very best in the country and our local GP out of hours service is the only one rated outstanding by the CQC.</li> <li>NCUH has continued to make <b>significant improvements</b> in reducing its <b>mortality</b> rate. During the last year NCUH had the lowest HSMR across the North East &amp; Cumbria. Our ambition as a system is to reduce this even further and then sustain.</li> </ul>
<b>Financial management</b> <b>Financial management</b>	<ul style="list-style-type: none"> <li>Both our commissioners and providers are <b>on track</b> although risks need to be managed and ACS funding will support our financial risk management.</li> <li>We have a <b>compelling system wide plan</b> for resolving historic financial challenges –being implemented post success regime.</li> <li>Our system is <b>ready for a shared control total</b> and we have a fundamentally different way of managing finances that reflects the financial and operational inter-dependency of all partners in the system. More detail is set out in question 4 below.</li> <li>We anticipate delivery of <b>savings in excess of £30 million</b> in the health economy for 2017/18. This builds upon the improved final system out-turn reported for 2016/17 that showed a collective deficit for the economy of £60.8m (actually including South Cumbria for the CCG) compared to a “virtual control total” £62m deficit. At the start of this planning process (2015/16) the reported system deficit was nearer to £80 million and this reflects the considerable collective progress in reducing costs in the last financial year.</li> <li>The funding to support our <b>transformational plans</b> is essential in order to maintain the momentum of change that we have built and <b>seize this opportunity</b>. We urgently need to resource the evidence-based initiatives that will increasingly meet patients’ needs in the community whilst cost is taken out of acute hospital services.</li> <li>We are <b>pooling existing resources</b> to mobilise our teams to deliver our transformational change programmes.</li> </ul>
<b>Defined population</b>	<ul style="list-style-type: none"> <li>We have eight <b>integrated care communities</b> built up from GP practices.</li> <li>We have a meaningful <b>geographical footprint</b> (see section 3 below) with patient flows close to 0.5m.</li> <li>Our local footprint sits <b>within the CNE system</b> as a complementary part of the whole. This combines the benefits of a strong focus on place with the economies of scale to be gained from future wider system working – e.g. doing some functions once at the CNE scale.</li> <li>The WNE Cumbria STP was <b>rated advanced</b> and the local health and care system is relatively simple with one CCG, two trusts, 40 general practices and one county council.</li> </ul>

ACS criteria	WNEC assessment – key points
<b>Care redesign</b>	<ul style="list-style-type: none"> <li>• Our sustainable <b>service and financial strategy</b> has been developed and consulted upon as part of the success regime and is now <b>being implemented</b>.</li> <li>• Our clinical strategy, which has been consulted on, is supported by a comprehensive <b>business case</b>.</li> <li>• We have established North Cumbria Primary Care to work in a new innovative model with General Practice, which will support the delivery of the GPFYFV.</li> <li>• <b>8 integrated care communities</b> built up from GP practice lists are our <i>population health building blocks</i> and we are establishing a triumvirate of leaders in each – a GP clinical lead, a social work lead and a general manager.</li> <li>• We are establishing a <b>digital health institute</b> with academic partners to support delivery of the triple aim using technology in our sparsely populated geography.</li> <li>• UCLAN medical school in partnership with University of Cumbria, the WNE Cumbria health and care system, public health, local third sector and local business is establishing a <b>digital health institute</b> based at the medical school campus in Whitehaven.</li> <li>• <i>Our ambition is to build a population health system</i> which consists of <b>integrated</b> health and care <b>provision</b> – further detail is set out in response to the key questions for ACSs below.</li> </ul>

### 3.0 Five specific questions for prospective ACSs

**Question 1** - *What system or geographical area do you propose as an ACS? Where this is not a whole STP, please set out your reasoning and describe how you see the STP and the aspirant ACS(s) working together in a distinct yet complementary way.*

The ACS will cover the local populations of **West** (Allerdale – 96,471 residents, Copeland – 69,832 residents), **North** (Carlisle 108,022 residents) and **East** (Eden 52,630) Cumbria, comprising of a total population of 327,000.

WNEC sits within the CNE system as a complementary part of the whole.

This combines the benefits of a strong focus on ‘place’ with the economies of scale to be gained from future wider system working – e.g. doing some functions once at the CNE scale. CNE has a clear model for working locally in place, strategically for wider commissioning and acute configuration issues, and system-wide for those functions which are best standardised or done once – e.g. the support from NECS (the commissioning support provider) and the running of a PMO. This supports local leadership but is also big enough to bring in external challenge with economies of scale at each level.

**Question 2** - *What is the health system aiming to achieve? What will the system accomplish as a system, as distinct from a set of individual organisations?*

The Cumbria Health and Wellbeing Strategy provides the framework within which our plans will deliver local partners’ ambition to create a health and care system which will deliver the right care, at the right time, in the right place in a sustainable manner. We have four priority areas where action is required to address the three gaps identified in the NHS Five Year Forward Plan:

- Tackling population health issues where Cumbria is performing poorly
- Tackling health inequalities
- Improving the quality of health and care provision
- Creating a health and wellbeing system fit for the future

In North Cumbria, our ambition is to build a population health system which consists of integrated health and care provision; communities mobilised at scale for health and wellbeing, operating within a new set of system incentives and behaviours.

This new system will have a greater focus on helping people take responsibility for their own health; on prevention; on the social conditions that affect health and wellbeing; on people who are at high risk of needing social care; and more integrated working between all parts of the health and wellbeing system. Our strong partnerships and relationships combined with the progress to align single leadership teams across the provider NHS organisations has created a clear focus on system wide transformation, which is essential to address the quality and efficiency gaps across both services and pathways of care for the local population.

Our Sustainability and Transformation Plan sets out **our vision** for the future:

- Everyone in WNE Cumbria having improved health and wellbeing and reduced health and wellbeing inequalities across our communities.
- Recognised service excellence for people living in rural, remote & dispersed communities with outstanding provision of integrated services.
- A range of safe and sustainable local services linked into vibrant wider regional networks.
- An economically viable health and social care community with a track record of delivery.

Demonstrable progress has been made in establishing a viable clinical services strategy for acute care whilst setting out our STP priorities for improving the health of the local population. This has included delivering a public consultation on 'Healthcare for the Future', which we are now implementing. The Independent Reconfiguration Panel (IRP) has concluded its review of the maternity services decision, supporting the outcomes and direction of travel we have set out. The report acknowledges our strong commitment to work in close partnership with all sectors of our local communities to implement these decisions and respond together to current and future challenges. The Secretary of State has confirmed his acceptance of their advice.

Realising our vision requires a whole system health and social care effort, combined with the buy in of our population. This is not something that individual organisations can deliver alone, particularly on the scale of WNEC.

We have established North Cumbria Primary Care to mobilise at scale and support an innovative partnership model for General Practice. This will be an integral part of the overall system in supporting primary care and general practice. GP practices will have the opportunity to become an alliance practice partnering with the system, including the medical school (UCLAN). This will provide direct support to General Practice but also start to create greater opportunities for primary care development, at scale.

In addition to this, we are also in discussion with GP colleagues on establishing a General Practice Business Unit to offer a suite of support into general practice as we see this as an integral part of the system and fundamental to our focus on population health.

**Question 3 - How would becoming an ACS enable you to implement the service improvements described in the Next Steps delivery plan, demonstrating faster progress and realising tangible improvements in 18/19?**

WNE Cumbria would benefit from becoming an Accountable Care System as this would allow;

**Accelerated Development through Access to Learning and Sharing Best Practice:** joining the group of pioneers would provide our system with invaluable opportunities to learn from this ACS community, to benchmark and give us direct access to peer comparisons within the safety of the community. Not only learn but also to tackle problems together, coming up with novel solutions more quickly. We could reduce cost as we share the expense of expert support such as legal, information governance, informatics, data set development etc. We would also be very keen to share best practice which in turn could help as accelerate our development.

**Maintaining / Increasing Momentum:** there is a very real concern, based on previous history, that if we do not maintain momentum, the WNE Cumbria community will slide backwards and the significant gains made over the last 18 months in terms of service improvement, financial management, system leadership and community cohesion will be lost. It is crucial that the solutions and transformations being delivered from within the north Cumbria system are supported, given the failure of historical attempts to address clinical and financial sustainability challenges. We often talk about the need to keep energy levels high, inspiring people to be positive and ambitious. Joining with other ACS communities will re- invigorate our system. Our clinical leaders are engaged with and supporting our transformational agenda across the system which is essential to ensure momentum and clinical buy in across primary and secondary care is maintained.

**Enhancing the Reputation of WNE Cumbria:** we would aim to exploit the reputational boost that becoming one of the first ACS communities would bring WNE Cumbria. We face very significant workforce challenges across health and social care. The recent history of WNE Cumbria does not make an attractive read. Persuading people to work and settle in the area is one of our highest priorities. To that end we are re-building the reputation of our health and care system - a co-production initiative with our community partners. Undoubtedly, this is the most important element of our recruitment strategy. We are re-branding WNE Cumbria as a bold, innovative, ambitious community where medics, nurses, clinicians and care workers can realise their professional aspirations in a system they can be proud to be a part of (see supporting Appendix 1).

**Expert Support:** as an ACS we would seek to attract interest and investment from suppliers with experience in the field of health population management in the context of accountable care. We understand the need to make a paradigm shift in our use of data and information in order to target our resources to better effect, to manage demand risk more effectively and to model medium to long term future demand more accurately. We would anticipate benefitting from national support in the shape of expertise and also from being part of a structured programme with a critical path and clear expectations.

**Access to Transformational Funding:** finally, we are working hard to deliver the agreed financial plan across the system, this includes working within the system's combined control total whilst creating our own flexibilities to invest and support our transformational programme. However, the pace within which we are working is important and the case for transformational investment funding is compelling.

Our plans for the implementation of our new clinical model for WNE Cumbria (as designed by the Success Regime) were always predicated on securing funds to meet the double running costs of services shifting from secondary care into the community. We are aiming to secure additional revenue investment of £4.4m but we have agreed as a system to proceed at risk with the implementation in order to achieve the transformations in care for our local population in line with our agreed clinical strategy, business case and long term financial plan.

We have already mobilised our teams and collective resources to support delivery of the multiple transformational change programmes at no additional cost to the system.

**Question 4 - *How would the aspirant ACS work together to manage funding for its population, committing to shared system control total across commissioners and providers? How will the system work together to achieve the efficiencies implied by operational plans and contracts for 18/19?***

Whilst the efficiency challenge for the system remains significant, improvement is being demonstrated across our organisations. To support the delivery of these plans the system has adopted a fundamentally different way of managing finances that reflects the financial and operational inter-dependency of all partners in the system.

We:

- Agree on a “virtual control” total for the system combined with development of a formal risk share agreement to ensure collective ownership of the financial challenge.

- Are moving away from a “price-based” approach to a cost based model for financial planning and management, thus moving away from a system that created perverse income based incentives.
- Are developing system-wide financial reporting to ensure “one set of books” for North Cumbria with transparency provided from all partners.

We are working hard to deliver the agreed financial plan across the system, this includes working within the system’s combined control total whilst creating our own flexibilities to invest and support our transformational programme.

*Question 5 - How will you develop effective collective decision making and governance, aligning the statutory accountabilities of the ACS constituent bodies? You should describe the extent to which this is already in operation, and who will be the convener or chair of the system (where distinct from the STP lead) as well as how this individual will be supported with the right implementation capability and resources.*

As an integrated health and care system we have in place a Systems Leadership Board (SLB) to endorse, guide and work together as part of implementing our integrated health and care system, they include;

- Cumbria Clinical Commissioning Group
- Cumbria County Council
- Cumbria Partnership NHS FT
- Healthwatch Cumbria
- North Cumbria University Hospitals Trust
- North West Ambulance Service
- General Practice

We are proposing to move the SLB to a Committee in Common arrangement from early 2018 to support and enhance collective decision making across the system, whilst complying with the statutory obligations of individual organisations. This will include lay / non-executive membership (and lay chair) and be publicly accessible to the communities we serve.

A single Chief Executive for the Provider organisations of healthcare has been established along with a single joint executive team. Demonstrable progress has also been made in establishing single corporate/support services to share knowledge and skills as well as economies of scale across the system. Relationships with local authority and general practice have been enhanced in order to agree a general direction of travel for improving health locally and closing the quality and efficiency gaps. We have:

- A refreshed Health and Wellbeing Board chaired by the Leader of Cumbria County Council – with both commissioner and provider representation.
- A Systems Leadership Board – chaired by the CCG Chief executive, with representation from CPFT, NCUHT, CCC, NHSE, NHSI, NWAS, GPs and Healthwatch which is being further developed into a Committee in Common from 2018.
- A Provider Alliance Group - Chaired by CPFT & NCUH Trust CEO and includes representation from the County Council and primary care.
- An Integrated Commissioning Group - Chaired and vice chaired by the CCG and the County Council and including NHS England.
- A Joint Group Board between CPFT & NCUHT Chaired by respective Trust Chairs rotationally.
- All WNE Cumbria workstreams fully aligned to the 13 planned CNE Regional workstreams.
- Eight integrated care communities have been established which are aligned to GP localities.
- On the CNE footprint, North Cumbria is represented at the North CCG Forum, the CNE Leadership Forum and the CNE STP Oversight Group. Furthermore, the Chair of north Cumbria CCG also chairs the CNE Joint CCG Committee.

#### 4.0 Stakeholder support

The System Leadership Board for West, North and East Cumbria support this EoI and look forward to discussing it further.

#### Signatories



**Stephen Eames**  
STP Lead and Joint Chief Executive Officer NCUH NHS  
Trust and CPFT NHS FT



**Katherine Fairclough**  
Chief Executive  
Cumbria County Council



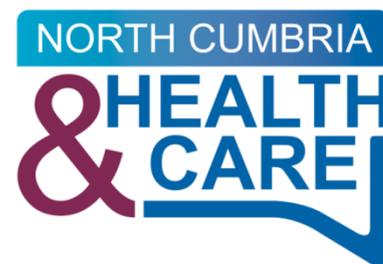
**Stephen Childs**  
North Cumbria CCG



**Alan Foster**  
STP Lead Cumbria & the North East

## Appendix 1

Through the System Leadership Board we have been working collectively to brand our integrated health and care system, including setting out our collective vision & purpose. We are currently actively engaging with our staff and leaders on this prior to launching this formally in January 2018. The information below provides a snapshot of this:



## Our Vision

“The health and care of our people, run with our people for our people: Building a new health and care democracy”

## Our Purpose

“Using our collective will and capabilities to build a new kind of democratic health and care system, involving us all in shaping our services, within our resources to support a healthier and more independent population.”

## Our Ambition

“Our ambition is to build a population health system which consists of integrated health and care provision; communities mobilised at scale for health and wellbeing, operating within a new set of system incentives and behaviours. This new system will have a greater focus on helping people take responsibility for their own health; on prevention; on the social conditions that affect health and wellbeing; on people who are at high risk of needing social care; and more integrated working between all parts of the health and wellbeing system.

## Our Guiding Principles

### Courage - we are brave

We are committed and courageous we have lots of reserves to draw on, for us all be the best we can. We are breaking new ground. It will not always be smooth, easy or free-of-risk, but we are made of tough stuff and more than ever, we must believe in ourselves.

**Strength - we are strong**

We are driven, relentless and persistent. Our determination to do the right thing gives us all strength to keep going and achieve great things.

**Creative - we are original and innovative**

We are resourceful and inventive, full of radical and innovative ideas. We must draw upon our ideas to do things differently, be new and forward thinking. Taking standard ideas and re-shaping them to fit our local needs.

**Generosity - we are kind and respectful**

Developing, testing, learning and growing means we sometimes need to be more forgiving, patient and respectful of others - and of ourselves. We have spirit, we are committed and determined to always do our best.

Linked to this is our system wide recruitment across healthcare, which will be truly joined up and aligned to our priorities and innovative vision:

# is this you?

hero / Heroine

/ noun / (hero / heroine)

*A person who is admired for their courage, outstanding achievements, or noble qualities.*  
synonyms: brave, champion, person of courage, great person, conquering hero, victor, lion-heart

your name here

/ noun / (you / me / us / we / everyone)

*A person who wants to be challenged, to live, work and stay in a place that's got it all!*  
synonyms: excited, ambitious, curious, innovative, kind, passionate, is this you?

## we are recruiting



innovators | **specialists** | experts  
forward thinkers | heroes

adventurers | **thrill seekers** | nature lovers

music lovers | party goers | **community spirits**  
picnickers | **home-makers** | dream catchers



## is this you?

hero / heroine

/ noun / (hero / heroine)

A person who is admired for their courage, outstanding achievements, or noble qualities. synonyms: brave, champion, person of courage, great person, conquering hero, victor, lion-heart

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your name here

/ noun / (you / me / us / we / everyone)

A person who wants to be challenged, to live, work and stay in a place that's got it all! synonyms: excited, ambitious, curious, innovative, kind, passionate, is this you?

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**NHS in Cumbria**

NHS (national health service in Cumbria)

Our National Health Service in West, North and East Cumbria  
synonyms: children, community specialists, acute and mental health services

**we are recruiting, is this you?**  
cumbriacareers@cumbria.nhs.uk | 01228 608142

**NHS**

# NHS in Cumbria

NHS (national health service in Cumbria)

*Our National Health Service in West, North and East Cumbria*  
synonyms: childrens, community, specialists, acute and mental health services

## is this you?

**we are recruiting: explorers**  
cumbriacareers@cumbria.nhs.uk | 01228 608142

**NHS**

# NHS in Cumbria

NHS (national health service in Cumbria)

*Our National Health Service in West, North and East Cumbria*  
synonyms: childrens, community, specialists, acute and mental health services

## is this you?

**we are recruiting: specialists**  
cumbriacareers@cumbria.nhs.uk | 01228 608142

**NHS**

# NHS in Cumbria

NHS (national health service in Cumbria)

*Our National Health Service in West, North and East Cumbria*  
synonyms: childrens, community, specialists, acute and mental health services

## is this you?

**we are recruiting: adventurers**  
cumbriacareers@cumbria.nhs.uk | 01228 608142

**NHS**

# NHS in Cumbria

NHS (national health service in Cumbria)

*Our National Health Service in West, North and East Cumbria*  
synonyms: childrens, community, specialists, acute and mental health services

## is this you?

**we are recruiting: party goers**  
cumbriacareers@cumbria.nhs.uk | 01228 608142

**NHS**

# NHS in Cumbria

NHS (national health service in Cumbria)

*Our National Health Service in West, North and East Cumbria*  
synonyms: childrens, community, specialists, acute and mental health services

## is this you?

**we are recruiting: experts**  
cumbriacareers@cumbria.nhs.uk | 01228 608142