



09/05/2018

NHS Improvement and NHS England

Wellington House
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London SE1 8UG

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To:

Midlands and East region, STP leads
Midlands and East region, CCG Accountable officers
Midlands and East region, Provider Chief Executives and Chairs

www.england.nhs.uk
www.improvement.nhs.uk

Dear colleagues,

NHS Regional Geographies

As you know, NHS England and NHS Improvement are working together to:

- integrate and align national programmes and activities, operating through single teams where appropriate
- integrate NHS England and NHS Improvement regional teams, to be led in each case by one Regional director, working for both organisations, and move to seven regional teams to underpin this new approach

Just as local systems are working together to develop new collaborative relationships and integrate care locally, NHS England and NHS Improvement want to do likewise. We are confident that by working in a more joined up way at all levels of our organisations we will help deliver better outcomes for patients, better value for taxpayers and better job satisfaction for our staff.

We are writing to you today with a proposal for the two future regional teams for Midlands and East, i.e. which geographies and systems would fall under the responsibility of a single Regional Director. In doing this, we have considered the following factors: local relationships and politics; existing patient flows; the spread of challenged systems (both operationally and financially) and the size of populations and organisations (refer to annex A).

The proposed option is to have a Midlands regional team and a Central & East of England regional team:

- **Midlands** would include Staffordshire, Shropshire and Telford and Wrekin; Derbyshire; Lincolnshire; Nottinghamshire; Leicester, Leicestershire and Rutland; Black Country and West Birmingham; Birmingham and Solihull; Coventry and Warwickshire; and Herefordshire and Worcestershire.

- **Central and East of England** would include Northamptonshire; Cambridgeshire and Peterborough; Norfolk and Waveney; Suffolk and North East Essex; Bedfordshire, Luton and Milton Keynes; Hertfordshire and West Essex; and Mid and South Essex.

It is expected that joint Regional Directors will be identified by early autumn with these new arrangements taking effect very shortly thereafter.

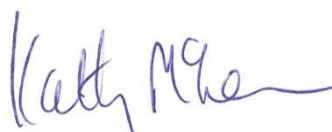
We will be taking a formal proposal for the new geographical footprints to our respective Boards, which will meet in common on 24 May. Before we do this, we would welcome your views on these proposals or any alternative that you think we should consider. We would expect STP leaders to consult with local authority colleagues about these changes and we will be sending a communication to the Local Government Association about this.

Please send your views to england.jointworking@nhs.net or nhsi.jointworking@nhs.net by **17.00 on Tuesday 15 May 2018**.

Best wishes,



Matthew Swindells
National Director: Operations and Information
NHS England



Kathy McLean
Executive Medical Director and Chief Operating Officer
NHS Improvement

Annex A – Key facts considered

	<i>Proposed Region</i>	<i>Central & East</i>	<i>Midlands</i>
Popⁿ	Population (M) (GP registered 2016)	7.3	10.1
STP Landscape	No. of Category 3 STPs	1	3
	No. of Category 4 STPs	1	1
Provider Landscape	No. of Acute Providers (with Type 1 A&E)	19	20
	No. of Category 4 Acute Providers (with Type 1 A&E)	2	4
	No. of Acute Trusts in Financial Special Measures	0	2
	No. of Acute Trusts in Quality Special Measures	2	3
	No. of Acute Trusts in NHSI 15 Trust Initiatives	0	3
	No. of other providers	16	22
	Total 16/17 Provider Turnover (£M)	8129	13380
Commissioner Landscape	No. of CCGs	22	39
	No. of 'Inadequate' CCGs (16/17)	1	6