Commissioning Specialised Services in the Midlands and East

May 2016
What are specialised services?

- Complex, rare, high cost services, which are often a catalyst for innovation and pioneering clinical practice
- Over 140 services commissioned by 10 specialised commissioning teams across four regions
- All specialised services are commissioned to consistent national standards
- Policy is set nationally
- Clinical oversight and advice is provided through 42 Clinical Reference Groups organised into 6 national programmes of care:
  - Internal medicine
  - Cancer
  - Mental health
  - Trauma
  - Women and children
  - Blood and infection

https://www.england.nhs.uk/commissioning/spec-services/npc-crg/
What are specialised services?

• Specialised services tend to be for rarer conditions and those more costly to treat. They account for circa 14% of the total NHS budget, spending circa £15 billion per year.

• Four factors determine whether NHS England commissions a service as a prescribed specialised service:
  • The number of individuals who require the service;
  • The cost of providing the service or facility;
  • The number of people able to provide the service or facility;
  • The financial implications for Clinical Commissioning Groups (CCGs) if they were required to arrange for provision of the service or facility themselves.
Specialised Services: The story so far

Specialised services are fundamental to the values of the NHS, supporting people with rare and complex conditions, often at times when they are in greatest need.

The 2012 health and care reforms represented a significant change in the way that specialised services were commissioned. For the first time, we had one national commissioner, able to set standards for access and quality across the country. Specialised services now make up around ~£15bn a year of spending across 146 prescribed specialised services.

The change was not easy, but much has been achieved over the last three years. We put in place national standards and service specifications, support by a national clinical architecture and a more consistent approach to prioritisation. We have also put in place national contracts, with better information and stronger financial control.
Specialised Services: The story so far

Despite progress, we need to go further. Variation in patient outcomes and access to services persists. The split in commissioning responsibility between NHS England and Clinical Commissioning Groups can mean fragmentation of the patient pathway and misalignment of incentives, particularly lack of focus towards prevention. At the same time, financial pressures from demographic change, new technologies, drugs and treatments escalate.

To meet these challenges specialised services must continue and accelerate transformation – with specialised care embedded in patient pathways, more personalised care and a stronger emphasis prevention, whilst ensuring best value from the limited resources available.
Vision: Future specialised services embedded in the delivery of the Five Year Forward View

The Five Year Forward View set out ambitions for the NHS of a more engaged relationship with patients, carers and citizens to promote wellbeing, prevent ill-health. Our ambitions for specialised services are no different, with specialised care fully integrated within the triple aims for health: better care, better health, better value.

- **Improving population health**
  To ensure specialised services are continuously improving health for all populations by focusing on the outcomes that matter most to patients, ensuring a stronger focus on prevention and connecting the commissioning of specialised services more strongly to the prevention and personalised medicine agendas.

- **High quality care system**
  To integrate specialised services within the pathway, by unlocking new models of provision and enabling more flexibility in how different models can be adapted by different areas, while at the same time spotlighting unwarranted variation between areas and meeting national outcome standards.

- **Maximising efficiency**
  To achieve financial sustainability, by maintaining a tight grip on the national spend and the focus on efficiency programmes, such as “right care”, but also by accelerating and supporting transformation to new models of commissioning and provision that can deliver better outcomes for less cost.
The Challenges for Specialised Commissioning

**NHS in England**
- Inequalities in health
- Ageing population
- Growing population with chronic conditions
- Financial challenge
- Workforce pressures
- Some specialist services being spread too thinly

**Specialised Services**
- Growth in demand and cost
  - New technologies and treatments, including drugs and devices (80+ over the next three years)
- Impact of policy changes
- New models of delivery
- Clinical engagement
- Requirement for greater integration and single systems
Direction of Travel

• Development of National Strategy – contributing to the Five Year Forward View
  • Fewer, larger providers for some specialised elements of care
  • Hub and Spoke networks
  • New commissioning models – e.g. co-commissioning, Lead provider
  • Increased emphasis on performance and quality monitoring
  • Managed entrance of new drug and interventions
## Top ten services

<table>
<thead>
<tr>
<th>Rank</th>
<th>Service</th>
<th>Spend 2014/15</th>
<th>Spend growth</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Chemotherapy</td>
<td>1,541,083,165</td>
<td>13%</td>
</tr>
<tr>
<td>2</td>
<td>High Cost Drugs (excl. antifungal / transplant)</td>
<td>433,815,763</td>
<td>11%</td>
</tr>
<tr>
<td>3</td>
<td>Rare Cancers</td>
<td>600,387,070</td>
<td>6%</td>
</tr>
<tr>
<td>4</td>
<td>Cardiac surgery</td>
<td>708,088,623</td>
<td>6%</td>
</tr>
<tr>
<td>5</td>
<td>Neurology</td>
<td>543,524,409</td>
<td>9%</td>
</tr>
<tr>
<td>6</td>
<td>Neonatal Intensive Care</td>
<td>709,799,068</td>
<td>6%</td>
</tr>
<tr>
<td>7</td>
<td>Paediatric Intensive Care</td>
<td>247,887,013</td>
<td>7%</td>
</tr>
<tr>
<td>8</td>
<td>Renal Transplantation</td>
<td>112,213,899</td>
<td>9%</td>
</tr>
<tr>
<td>9</td>
<td>Hepatology &amp; Pancreatic</td>
<td>109,606,650</td>
<td>9%</td>
</tr>
<tr>
<td>10</td>
<td>Neurosurgery</td>
<td>530,402,892</td>
<td>7%</td>
</tr>
</tbody>
</table>

*Source: Strategy Group analysis*
What is driving growth?

Six services account for ~50% spend growth to 2019/20

Total spend on specialised services (nominal) £m

Total: £3.6bn
52% of total growth

2013/14 spend
- Chemotherapy: 13.3
- Secure MH: 1.7
- Renal Dialysis: 0.6
- Neurology: 0.5
- Neonatal Intensive Care: 0.3
- Neurosurgery: 0.3

2019/20 spend
- Rare Cancers: 0.2
- Cardiac surgery: 0.2
- Paediatric Intensive Care: 0.2
- Infectious Diseases Adult: 0.1
- Other services: 2.5

Legend:
- Internal Medicine
- Cancer & Blood
- Mental Health
- Trauma & Rehabilitation
- Women & Children
Midlands and East - Key Facts

- £3.7 Billion Budget
- Population 17 Million
- 61 CCGs
- 72 Trusts
- 81 Contracts

- 17 STPs aligned to 3 specialised commissioning hubs

- Top 4 contracts by value £M:
  - University Hospital Birmingham FT (£350m)
  - Nottingham University Hospitals Trust (£264m)
  - Cambridge University Hospitals FT (£253m)
  - University Hospitals Leicester (£223m)
## National Programmes of Care

### National Commissioning Intentions 2016/2017 for Specialised Services

<table>
<thead>
<tr>
<th>Internal Medicine</th>
<th>Cancer</th>
<th>Mental Health</th>
<th>Trauma</th>
<th>Women and Children</th>
<th>Blood and Infection</th>
</tr>
</thead>
<tbody>
<tr>
<td>Service Reviews:</td>
<td>Service Reviews:</td>
<td>Service Reviews:</td>
<td>Service Reviews:</td>
<td>Service Reviews:</td>
<td>Service Reviews:</td>
</tr>
<tr>
<td>• Intestinal Failure</td>
<td>• Stereotactic Radiosurgery / Radiotherapy</td>
<td>• CAMHS Tier 4</td>
<td>• Hyperbaric Oxygen Treatment</td>
<td>• Genomic Laboratory Services</td>
<td>• Haemoglobinopathy</td>
</tr>
<tr>
<td>CQUIN – developing a</td>
<td>• PET-CT</td>
<td>• Medium and low secure Mental Health Services</td>
<td>• Paediatric Burns</td>
<td>• Congenital Heart Disease</td>
<td>• Specialised Infectious Diseases</td>
</tr>
<tr>
<td>few high impact CQUINs that can</td>
<td></td>
<td></td>
<td>• Spinal Cord Injury</td>
<td>• Paediatric surgery and Paediatric Intensive Care</td>
<td></td>
</tr>
<tr>
<td>support improvement across a range of</td>
<td></td>
<td></td>
<td>• Prosthetics</td>
<td>Collaborative Commissioning:</td>
<td></td>
</tr>
<tr>
<td>services including increasing patient</td>
<td></td>
<td></td>
<td></td>
<td>• Vanguard to pilot joint working between CRGs and CCGs through complex obstetrics</td>
<td></td>
</tr>
<tr>
<td>engagement in service change and self-</td>
<td></td>
<td></td>
<td></td>
<td>Developing Payment approaches to best support patient care.</td>
<td></td>
</tr>
<tr>
<td>management.</td>
<td></td>
<td></td>
<td></td>
<td>Co-Commissioning opportunities:</td>
<td></td>
</tr>
<tr>
<td>Developing Payment approaches to best</td>
<td></td>
<td></td>
<td></td>
<td>• Haemoglobinopathy</td>
<td></td>
</tr>
<tr>
<td>support patient care:</td>
<td></td>
<td></td>
<td></td>
<td>• Hepatitis C</td>
<td></td>
</tr>
<tr>
<td>• Complex Invasive Cardiology</td>
<td></td>
<td></td>
<td></td>
<td>• HIV</td>
<td></td>
</tr>
<tr>
<td>• Intestinal Failure</td>
<td></td>
<td></td>
<td></td>
<td>• Infectious Diseases</td>
<td></td>
</tr>
<tr>
<td>• Renal Transplant</td>
<td></td>
<td></td>
<td></td>
<td>Review commissioning of high consequence infectious diseases with a view to ensuring preparedness arrangements for existing and emerging / new diseases.</td>
<td></td>
</tr>
</tbody>
</table>

Co-Commissioning opportunities:  
• Complex Invasive Cardiology  
• Specialised Rheumatology  
• Renal Dialysis  
• Specialised Endocrinology

Improving Value – developing ideas for improving value initiatives in support of annual efficiency savings of 2.4%
Emerging Priorities - 2016/17
Specialised Commissioning service reviews and procurements anticipated or planned in 2016/17. (Excludes ‘business as usual,’ collaborative commissioning, STPs, and national policy decisions.)

<table>
<thead>
<tr>
<th>Hub</th>
<th>Mental Health</th>
<th>Blood &amp; Infection</th>
<th>Cancer</th>
<th>Internal Medicine</th>
<th>Trauma</th>
<th>Women’s &amp; Children’s</th>
</tr>
</thead>
</table>
| National (requires regional and local implementation) | • CAMHS Tier 4  
• Medium & Low Secure  
• Gender  
• Perinatal  
• Transforming Care (TC) |  | • Stereotactic Radiosurgery Procurement (SRP) | • Intestinal Failure (IF)  
• Congenital Heart Disease (CHD) | • Spinal Review | • Paediatric Burns  
• Paediatric Epilepsy Surgery |
| East of England              | • CAMHS Tier 4  
• Perinatal  
• TC | • Hep C ODN  
• HIV Essex procurement | • SRP  
• Essex Urology  
• Gynaecological Cancer Herts  
• Radiotherapy Review Herts  
• PET CT South Essex | • Vascular Stocktake  
• IF  
• CHD | • Neuro Rehabilitation | • Neonatal Critical Care  
• HDU PIC Transfer Service  
• Specialised Paediatric Capacity |
| West Midlands                | • Procurement of CAMHS Tier 4  
• TC | • HIV | • SRP  
• HPB  
• Skin  
• Head and Neck Radio Pharmacology | • Vascular Stocktake  
• IF  
• CHD  
• Complex Invasive Cardiology: ICD | • Specialist Rehab Review  
• Neuro Rehab | • Neonatal Review  
• Spinal Surgery  
• Specialist Ear  
• Single Transport Service |
| East Midlands                | • CAMHS Tier 4  
• TC  
• Gender  
• High Secure  
• Perinatal | • SRP  
• Upper GI | • Vascular Stocktake  
• IF  
• CHD | • Rehabilitation Review | • Single Transport Service PIC/NIC  
• Neonatal Capacity Review |
### 2016/17 in the East of England... slide 1/3

<table>
<thead>
<tr>
<th>Service</th>
<th>What this involves</th>
<th>Size of Service</th>
<th>Timescale</th>
</tr>
</thead>
<tbody>
<tr>
<td>CAMHS Tier 4</td>
<td>A review of current capacity and care closer to home for some young people that require mental health care as inpatients.</td>
<td></td>
<td>September 2016</td>
</tr>
<tr>
<td>Perinatal</td>
<td>A new Mother and Baby Unit for Anglia covering Cambridge, Norfolk and Suffolk; Extra beds for Essex, Bedfordshire and Hertfordshire.</td>
<td></td>
<td>March 2017</td>
</tr>
<tr>
<td>Transforming Care</td>
<td>We have set out a clear programme of work with other national partners, in Transforming care for people with learning disabilities – next steps, to improve services for people with learning disabilities and/or autism, who display behaviour that challenges, including those with a mental health condition. This will drive system-wide change and enable more people to live in the community, with the right support, and close to home.</td>
<td>Circa 102 patients</td>
<td>Five year Programme</td>
</tr>
<tr>
<td>Essex HIV Services</td>
<td>Re procurement of HIV element of services following Local Authority procurement of sexual health services.</td>
<td>Small numbers</td>
<td>September 2016</td>
</tr>
<tr>
<td>Stereotactic Radiosurgery Procurement</td>
<td>Procurement of new equipment and pathway for patients attending Mount Vernon Cancer Centre.</td>
<td></td>
<td>June 2016</td>
</tr>
<tr>
<td>Service</td>
<td>What this involves</td>
<td>Size of Service</td>
<td>Timescale</td>
</tr>
<tr>
<td>------------------------------</td>
<td>--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Essex Urology</td>
<td>Creating single specialised urological surgical unit to comply with national standards (currently Colchester and Southend hospitals provide this service but neither treats enough patients to meet the national standards).</td>
<td>150 operations. Patients will require inpatient stay but remainder of diagnosis and treatment will be at local hospital.</td>
<td>Early engagement complete, both trusts have put in proposals which will be evaluated in June 2016. Further public engagement prior to final decision in December 2016.</td>
</tr>
<tr>
<td>Radiotherapy Review Herts</td>
<td>Understanding the current capacity and needs for the next 10 years.</td>
<td></td>
<td>September 2016</td>
</tr>
<tr>
<td>PET CT South Essex</td>
<td>Moving from mobile to fixed site scanner and increasing capacity. Decision required over location – Basildon (hosts current service) or Southend</td>
<td>1,200 scans per year. One hour visit as part of diagnostic pathway.</td>
<td>Engagement complete end May. 209 public surveys, 40 patient surveys (conducted during patient appointments), 19 clinician surveys, 4 Clinicians meetings, 7 roadshows, 4 community group meetings over 3+ months. Decision expected July 2016. Implementation Dec 2016.</td>
</tr>
<tr>
<td>Intestinal Failure</td>
<td>National procurement has revealed less activity than anticipated. May need some local engagement</td>
<td>104 patients within the East of England. Any change likely to affect maximum 15 patients</td>
<td>Outcome of procurement June. Implementation follows 6-12 months</td>
</tr>
</tbody>
</table>
# 2016/17 in the East of England… slide 3/3

<table>
<thead>
<tr>
<th>Service</th>
<th>What this involves</th>
<th>Size of Service</th>
<th>Timescale</th>
</tr>
</thead>
<tbody>
<tr>
<td>Neuro Rehabilitation</td>
<td>Stock take of current patient pathways and capacity; working with CCGs.</td>
<td>To be determined</td>
<td></td>
</tr>
<tr>
<td>Neonatal Critical Care</td>
<td>Scoping against the national template with a view about sustainability and staffing.</td>
<td></td>
<td>National Workstream</td>
</tr>
<tr>
<td>HDU PIC Transfer Service</td>
<td>Stocktake of current services and review of required capacity.</td>
<td></td>
<td>October 2016</td>
</tr>
<tr>
<td>Specialised Paediatric Capacity</td>
<td>Scoping of current capacity and 10 common patient pathways.</td>
<td></td>
<td>Work underway currently working with CUH to review current and future capacity.</td>
</tr>
<tr>
<td>Medium &amp; Low Secure</td>
<td>Re-procurement of services</td>
<td></td>
<td>September 2016</td>
</tr>
<tr>
<td>Gender</td>
<td>Reduction in waiting lists for gender reassignment services.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spinal Review</td>
<td>Review of current pathway flows and capacity</td>
<td></td>
<td>National Timeline</td>
</tr>
<tr>
<td>Paediatric Burns</td>
<td>No change</td>
<td></td>
<td>National Timeline</td>
</tr>
<tr>
<td>Paediatric Epilepsy Surgery</td>
<td>No change as we don’t have this service in the East of England. Currently patients access this from one of the national centres.</td>
<td>Small numbers of children and young people.</td>
<td>National Timeline</td>
</tr>
</tbody>
</table>
## Approach to communications and engagement…1/3

*DRAFT Communications and Involvement Approach to complex service change. Aligned to NHS England Assurance*

<table>
<thead>
<tr>
<th>Information</th>
<th>Clinical</th>
<th>Engagement</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>For example…</strong></td>
<td><strong>For example…</strong></td>
<td><strong>For example…</strong></td>
</tr>
<tr>
<td>Gathering of service data / evidence</td>
<td>Data validation</td>
<td>Patient interviews / surveys</td>
</tr>
<tr>
<td>National / International best practice</td>
<td>Site visits</td>
<td>Public survey / roadshows</td>
</tr>
<tr>
<td>Evaluation against service specification</td>
<td>Clinical stakeholder workshop / meetings</td>
<td>Focus groups</td>
</tr>
<tr>
<td>Review of research</td>
<td>Survey</td>
<td>Third sector / community groups</td>
</tr>
<tr>
<td>Other related reviews</td>
<td>GP Forum visits</td>
<td>Stakeholder communication</td>
</tr>
</tbody>
</table>

---

**Issue identifies need for service review or potential service change**

- Initial Assessment by Hub Management Team to identify possible impact of change
- Some or significant patient impact / constitutes significant change / scale of change unclear

**Establish project team and workstreams**

- Early briefing of SMT, HOSC, clinical stakeholders and Healthwatch
- Inclusion in Service Transformation Priorities; Early briefing of NHS England’s assurance team

**No / almost no patient impact, clinical and commissioner support**

Hub team to implement with patient engagement as appropriate

**Some or significant patient impact / constitutes significant change / scale of change unclear**

- Initial Assessment by Hub Management Team to identify possible impact of change
- Early briefing of SMT, HOSC, clinical stakeholders and Healthwatch
- Inclusion in Service Transformation Priorities; Early briefing of NHS England’s assurance team

---

**Initial Assessment by Hub Management Team to identify possible impact of change**

- No / almost no patient impact, clinical and commissioner support

**Some or significant patient impact / constitutes significant change / scale of change unclear**

- Early briefing of SMT, HOSC, clinical stakeholders and Healthwatch
- Inclusion in Service Transformation Priorities; Early briefing of NHS England’s assurance team

---

**No / almost no patient impact, clinical and commissioner support**

Hub team to implement with patient engagement as appropriate

**Some or significant patient impact / constitutes significant change / scale of change unclear**

- Initial Assessment by Hub Management Team to identify possible impact of change
- Early briefing of SMT, HOSC, clinical stakeholders and Healthwatch
- Inclusion in Service Transformation Priorities; Early briefing of NHS England’s assurance team

---

- Initial Assessment by Hub Management Team to identify possible impact of change
- Early briefing of SMT, HOSC, clinical stakeholders and Healthwatch
- Inclusion in Service Transformation Priorities; Early briefing of NHS England’s assurance team

---

**Establish project team and workstreams**

- Information
- Clinical
- Engagement

**Information**

- For example…
  - Gathering of service data / evidence
  - National / International best practice
  - Evaluation against service specification
  - Review of research
  - Other related reviews

**Clinical**

- For example…
  - Data validation
  - Site visits
  - Clinical stakeholder workshop / meetings
  - Survey
  - GP Forum visits
  - Expert view

**Engagement**

- For example…
  - Patient interviews / surveys
  - Public survey / roadshows
  - Focus groups
  - Third sector / community groups
  - Stakeholder communication
  - Media

---

**Issue identifies need for service review or potential service change**

- Initial Assessment by Hub Management Team to identify possible impact of change
- Some or significant patient impact / constitutes significant change / scale of change unclear

**Establish project team and workstreams**

- Information
- Clinical
- Engagement

**Information**

- For example…
  - Gathering of service data / evidence
  - National / International best practice
  - Evaluation against service specification
  - Review of research
  - Other related reviews

**Clinical**

- For example…
  - Data validation
  - Site visits
  - Clinical stakeholder workshop / meetings
  - Survey
  - GP Forum visits
  - Expert view

**Engagement**

- For example…
  - Patient interviews / surveys
  - Public survey / roadshows
  - Focus groups
  - Third sector / community groups
  - Stakeholder communication
  - Media

---

**Initial Assessment by Hub Management Team to identify possible impact of change**

- No / almost no patient impact, clinical and commissioner support

**Some or significant patient impact / constitutes significant change / scale of change unclear**

- Initial Assessment by Hub Management Team to identify possible impact of change
- Early briefing of SMT, HOSC, clinical stakeholders and Healthwatch
- Inclusion in Service Transformation Priorities; Early briefing of NHS England’s assurance team

---

**Establish project team and workstreams**

- Information
- Clinical
- Engagement

**Information**

- For example…
  - Gathering of service data / evidence
  - National / International best practice
  - Evaluation against service specification
  - Review of research
  - Other related reviews

**Clinical**

- For example…
  - Data validation
  - Site visits
  - Clinical stakeholder workshop / meetings
  - Survey
  - GP Forum visits
  - Expert view

**Engagement**

- For example…
  - Patient interviews / surveys
  - Public survey / roadshows
  - Focus groups
  - Third sector / community groups
  - Stakeholder communication
  - Media

---

**Initial Assessment by Hub Management Team to identify possible impact of change**

- No / almost no patient impact, clinical and commissioner support

**Some or significant patient impact / constitutes significant change / scale of change unclear**

- Initial Assessment by Hub Management Team to identify possible impact of change
- Early briefing of SMT, HOSC, clinical stakeholders and Healthwatch
- Inclusion in Service Transformation Priorities; Early briefing of NHS England’s assurance team

---

**Establish project team and workstreams**

- Information
- Clinical
- Engagement

**Information**

- For example…
  - Gathering of service data / evidence
  - National / International best practice
  - Evaluation against service specification
  - Review of research
  - Other related reviews

**Clinical**

- For example…
  - Data validation
  - Site visits
  - Clinical stakeholder workshop / meetings
  - Survey
  - GP Forum visits
  - Expert view

**Engagement**

- For example…
  - Patient interviews / surveys
  - Public survey / roadshows
  - Focus groups
  - Third sector / community groups
  - Stakeholder communication
  - Media
Approach to communications and engagement

NHS England assurance stage 1
Strategic Sense Check

Discuss case for change, risk assessment, organisational roles, engagement, business case and timetable
Agree level of NHS England assurance and decision making (proportionate stage 2 arrangements) including use of external advice (i.e. Clinical Senate / Gateway Review)

Services meeting the threshold to require regional assurance and / or public consultation

Services not meeting the threshold to require regional assurance and / or public consultation

Bring all evidence together. For regional or large services, consider workshop.

Patient Reference Group (if appropriate)

Service Change Proposal to Project team

www.england.nhs.uk
Approach to communications and engagement

Further development of proposals: stakeholder engagement, full options appraisal and impact assessment, clinical leadership, business case development (finance, workforce, activity, choice)

Engagement with HOSC / Joint HOSC

NHS England assurance stage 2
Assurance checkpoint

Regional Executive Meeting

Consultation
Implementation (with engagement)

Engagement with HOSC / Joint HOSC
Implementation (with engagement)

Four tests applied and proportionate assurance against best practice checks. Independent advice (e.g. from Clinical Senates, NCAT, and/or Gateway Review) also inform NHS England panel.

Extent of further engagement dependent on quality of earlier engagement
Midlands and East – Who’s Who

• Specialised Commissioning Senior Management Team
  • Catherine O’Connell, Regional Director
  • Alison Taylor, Director of Finance
  • Geraldine Linehan, Clinical Director
  • Pol Toner, Nurse Director
  • Ruth Ashmore, Assistant Director, East of England
  • Christine Richardson, Assistant Director, East Midlands
  • Simon Collings, Assistant Director, West Midlands
  • Jessamy Kinghorn, Head of Communications and Engagement
  • Chantelle Heanue, Business Manager