

The NHS Model Region Blueprint

The model region blueprint defines the role of the **seven NHS regions** within a redesigned, streamlined centre for delivering the 10-Year Health Plan. It clarifies responsibilities, removes duplication and central burden, and sets consistent, rules-based working with ICBs and providers. The seven NHS regions will retain their current footprints, acting as the **strategic bridge between the centre and local systems**—accountable for performance and using national and local intelligence to spot risk, drive improvement, manage reconfiguration, and enable transformation aligned to national priorities.

Core functions

Strategic leadership

- Deliver the 10-Year Plan through **medium-term regional plans** and service reconfigurations.
- Shape the **provider landscape** via foundation trust assessment, IHO development and innovation zones.
- Lead EPRR oversight and enable workforce, digital and AI at system scale.

Performance oversight

- Provide holistic oversight of providers and ICBs including board capability; primary care oversight stays with ICBs.
- Run **early-warning and risk management** across and ensuring alignment with national frameworks and standards.

Improvement & intervention

- Coordinate improvement programmes, regulatory interventions, and develop **Modern Service Frameworks**.
- Build capability, spread best practice and run rapid quality reviews and early-warning systems.

Commissioning transitions

- Support ICB strategic commissioning through a **national development programme** including payment reform.
- Set up regional commissioning offices in 2025/26, with all commissioning responsibilities **moving to ICBs by April 2027**.

Enablers and capabilities

Improvement & intervention

- **Regional CEOs** accountable for system success with clear lines to provider/ICB CEOs across strategy, performance and improvement.
- New **Regional Chairs** to support NEDs, provides independent assurance on NED capability; not a board role - aimed at raising standards, not adding bureaucracy.
- **CEO/Chair bilaterals** used when intervention/regulatory levers are needed.

Leadership capability

- Regional leadership teams will be **leaner and more senior**, including leaders with board-level experience from commissioners and providers.
- The focus is **strategic, high-quality interactions** with NHS boards and strategic authorities, not programme delivery

Resources & levers

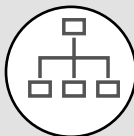
- Regions coordinate improvement using their own teams plus national expertise/resources; can **direct capital/digital investment** in line with medium-term plans and the 10-Year Plan.

“One team” culture

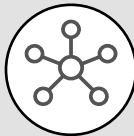
- Clear roles, interfaces and ways of working across centre–regions–systems to operate as one leadership team.

Managing the transition

Implementing the Model Region runs through **two programmes**:



Managing the interface (New Operating Model Programme Board) - Led by regional/national leaders. Oversees transition of functions across regions–ICBs–providers and shares progress via guidance. Steers enhanced regional performance oversight from mid 2025/26 to improve delivery and medium-term plans.



Redesigning the centre (10-Year Plan) - A joint DHSC/NHSE team designs and implements the integrated centre and regional model, working with national, regional and local leaders.



Additional next steps:

Medical education - Redesign of centrally managed postgraduate programmes (medicine, dentistry, pharmacy, healthcare science) is underway; immediate efficiency improvements continue.



EPRR - National work will decide the long-term organisational home for emergency preparedness, resilience and response.