

# Meeting of ICB Board

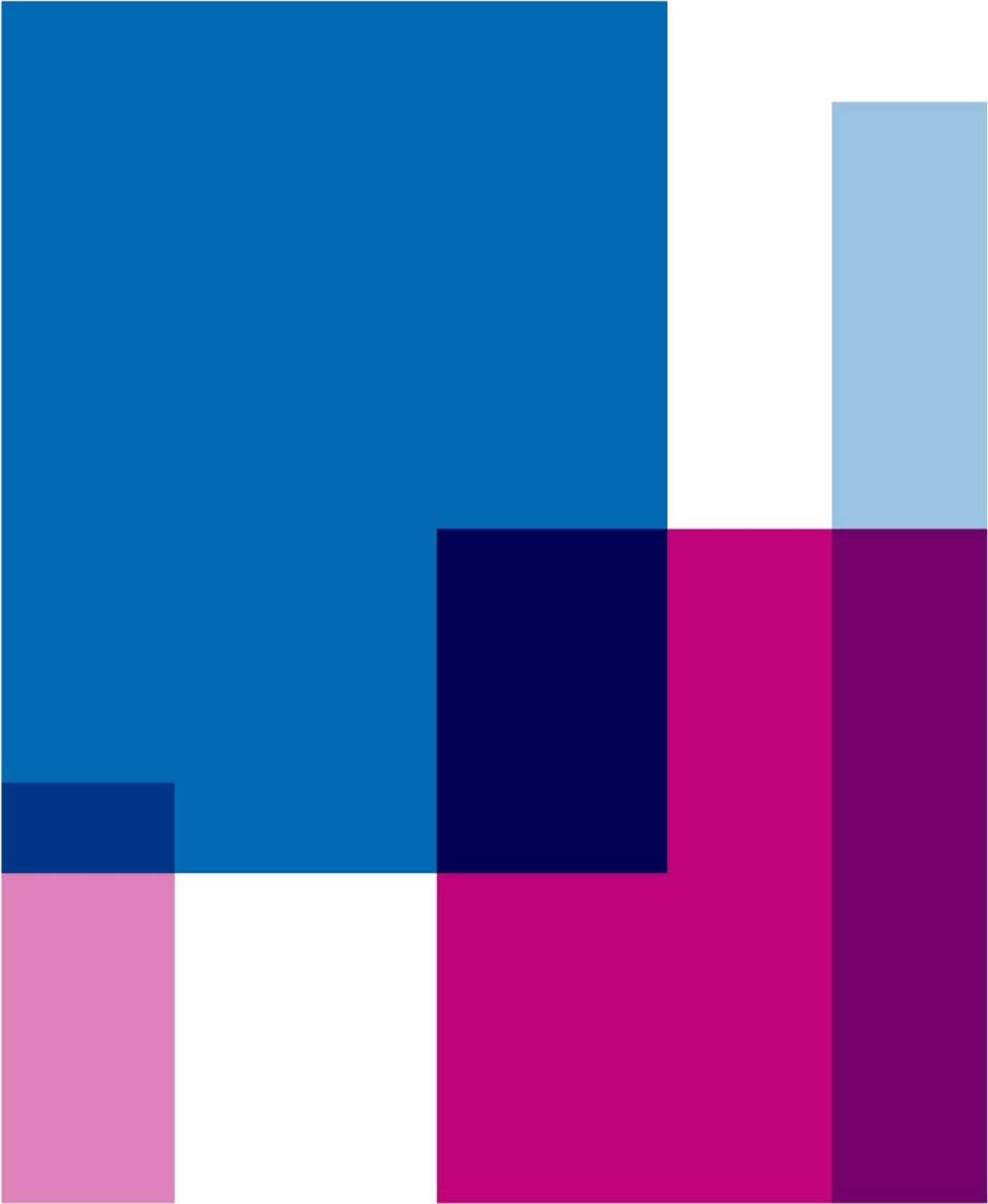
Date: Thursday 6<sup>th</sup> July

Time: 12:15

Location: Virtual meeting, to be held via MS Teams

<b>Agenda Number :</b>	5	
<b>Title:</b>	Chief Executive Update – July	
<b>Confidential Papers</b>	<b>Commercially Sensitive</b>	No
	<b>Legally Sensitive</b>	No
	<b>Contains Patient Identifiable data</b>	No
	<b>Financially Sensitive</b>	No
	<b>Time Sensitive – not for public release at this time</b>	No
	<b>Other (Please state)</b>	Yes/No
<b>Purpose: For Information</b>		
<b>Key Points for Discussion:</b>		
<p>The purpose of this paper is to provide the Integrated Care Board meeting with an update of key issues, from the Chief Executive's perspective, of importance to the successful delivery of the ICB's aims and objectives.</p> <p>The main areas of discussion this month are;</p> <ul style="list-style-type: none"> <li>• <b>ICB Organisational Structures</b></li> <li>• <b>Delivering the Operational Plan</b></li> <li>• <b>Long term workforce plan</b></li> <li>• <b>Charlotte Keel Procurement</b></li> <li>• <b>ICB - 1yr Reflections</b></li> </ul>		
<b>Recommendations:</b>	To note the current position	
<b>Previously Considered By and feedback :</b>	No other groups	
<b>Management of Declared Interest:</b>	No declared interest	

# Chief Executive Briefing – July 2023



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## Purpose

The purpose of this paper is to provide the Integrated Care Board meeting with an update of key issues since the last board meeting, from the Chief Executive's perspective, of importance to the successful delivery of the ICB's aims and objectives.

The main areas of discussion this month are;

- **ICB Organisational Structures**
- **Delivering the Operational Plan**
- **Long term workforce plan**
- **Charlotte Keel Procurement**
- **ICB - 1yr Reflections**

## ICB Organisation Structures

As agreed at the May 2023 Board Meeting we are taking a five stage approach to the reorganisation of the ICB as is required by NHS England to ensure that running cost reductions are achieved.

Stage 1 - ICB All Staff Session – Early June 23

Stage 2 - Defining the ICB Purpose & Design Principles – June 23

Stage 3– Creating Our Future State – July 23

Stage 4 – Creating the New Operating Model – the 'to be' – July/August 23

Stage 5 – Interoperability between ICB Teams/Functions – Autumn 23

Stage 1 and 2 have been delivered over the period of June. A major staff event took place in early June attended by approximately 270 staff and a second event, attended by staff and partners took place last week. Both of these events allowed participants to explore the successes and challenges of the ICB to date, and to collectively develop a series of purpose statements. This work will be the basis for stage three which will be developed over the month of July.

## Delivering the Operational Plan

As agreed at the May 2023 Board Meeting the BNSSG operational plan for 2023/24 was submitted to NHS England. On the 26 June 2023 I received a response to our submission highlighting some areas for further exploration and detail. The letter is attached as appendix 1.

As requested by NHS England I am sharing the letter for the Board's information. I have also detailed below our response to the points that they have raised.

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## Emergency care and system resilience

- We continue to actively monitor performance against our plans, and in particular the risk presented by workforce.
- The virtual ward programme continues to work closely with regional partners to communicate development and ambitions to scale up both utilisation and capacity. We have commenced a series of pathway sprints with targeted aims and a focus on step up care. The programme is strengthening links with primary care and urgent care response to support development of step up care.

## Elective and cancer care

- The NBT plan in respect of 65ww is in line with the planning guidance; i.e. all the anticipated 234 patients waiting over 65 weeks by March 2024 are they either through choice, or are the very complex cases in specific specialities. There are zero capacity breaches at either trust. If necessary, we will seek clarity on what should be considered in and out of scope of specific specialities.
- We have shared the template for the long waits trajectories with trust colleagues and will return that to NHSE on 30<sup>th</sup> June, as requested.
- PIFU is already being considered where appropriate and we as a system and at both Trusts have maintained an upward trend over and above the 5% target at 31<sup>st</sup> March 2023. We believe this is a system success.
- In respect of Non-Site Specific (NSS) trajectory, we work closely with SWAG and it is widely articulated and understood that the reason our referral remains lower than some other areas is because we have far better, more appropriate pathways established with our GPs direct access pathways. It is widely understood that as other areas adhere to the national requirement and move towards better GP direct access pathways
- the NSS may receive fewer referrals across the board. We are leading this trend. We do acknowledge that there are cases where NSS is appropriate, we are utilising it and have committed to continued work with primary care for awareness raising of this pathway. There is currently an evaluation of the NSS underway at the SWAG level, which we are part of.
- We are working towards establishing our first Community Diagnostic Centre, but there remain challenges to work through ahead of contract finalisation.

## Mental Health and Learning Disability and Autism

- ICB and AWP colleagues are working closely together to address the gap in Children and Young People's Mental Health Services. We understand that regional NHSE are aware of and have accepted the shortfall in access.

## CAMHS

The BNSSG system are not forecast to achieve the access rate target. However, there are a number of remedial actions being taken to move the system towards achievement of this.

These include;



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- Recruit to establishment - There is planned recruitment into Locality teams alongside the Crisis Outreach and Intervention Teams which will support more access activity. There are currently difficulties being experienced with recruitment to Mental Health Support Teams and into the North Somerset services.
  - Data Flows
    - Project ongoing since February 2023 to ensure that all current and additional services and routes of entry have been identified. This project is likely to achieve an additional 2000 contacts per year once successfully completed.
    - Exploring the addition of other services that provide mental health support to CYP are included such as IAPT services, Off the Record Resilience Labs and Greenhouse.
    - ADHD Assessments completed within the Comm Paediatrics service
  - Mental Health Support Teams – Increase number of face to face contacts with teams throughout 2023 alongside embedding the most recent wave of MHST.
  - Waiting List Initiative – A WLI was approved and funded by the ICB to be undertaken during 2023/24 and will support delivery of the access rate. Delays to recruitment currently observed though some recruitment has now taken place.

## Workforce

- We are monitoring against the delivery of the operational plan. Assurance will happen monthly at the People Committee; this will include a focus on retention, well-being and recruitment actions.
- A new workforce assurance report has been developed for 23/24, providing BNSSG with more up to date data and information to enable better decision making.

## Finance

- All ICS partners are committed to identifying recurrent delivery of efficiency schemes by end of Q3, underpinned to partnership working particularly related to system-wide transformation of pathways including the benefits of Urgent & Emergency Care and Home First investment. The ICS hosted a successful Senior Leadership Event last month to transfer the operating plan into a delivery plan for the year, and re-enforce the key commitments. The ICB Finance Committee has initiated series of Deep Dives into organisational financial performance and assurance of internal control processes.
- Engagement with national pay and non-pay savings initiatives, agency controls and reviewing of consultancy and non-clinical agency controls are resourced and embedded in business as usual processes and subject to routine review and scrutiny.
- The ICS maintains a rolling 5yr medium term financial plan and is currently refreshing in line with the outcome of the 23/24 operational plan, key 24/25 planning assumptions already published and major business cases in development. The ICS is on track to prepare a medium-term financial plan that is owned and supported by all partner Boards by the end of Q2.

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## Triangulation

- We are reviewing the outputs from the planning tools and continue to work internally to develop a consistent approach to baseline setting for activity, workforce and finance. This will inform future planning rounds, establish a common planning baseline and minimise unexpected triangulation issues.
- We will continue to identify and implement opportunities for productivity improvements.

## Next steps

- We continue to work with our providers to agree and sign all contracts as soon as possible. Where this is not yet completed, the outstanding issues are understood and in hand.
- Our teams are fully engaged in system monitoring meetings and tiering discussions, where appropriate.

## Long Term Workforce Plan

On Friday 30<sup>th</sup> June NHS England published the first ever NHS Long Term Workforce Plan. It sets out how we will address existing vacancies and the growing and ageing population, by recruiting and retaining hundreds of thousands of more staff over 15 years.

The NHS Long Term Workforce Plan gives us a once-in-a-generation opportunity to put staffing on a sustainable footing for the future and provide the best possible care to your constituents.

The plan, backed by over £2.4 billion worth of funding, focusses on retaining existing talent and making the best use of new technology alongside the biggest recruitment drive in NHS history to address the gap.

### The workforce challenge.

For the first time, the plan sets out long term workforce projections. Staffing shortfalls have been an issue since the foundation of the NHS and vacancies now stand at 112,000. Alongside the growing and ageing population, coupled with the development of new treatments and therapies, this means without action the gap could grow to 360,000 by 2037.

In this plan, the NHS commits to facing this challenge with a three-pronged approach of train, retain and reform.

### How we'll deliver – train

With the support of stakeholders in the sector, the NHS Long Term Workforce Plan sets out the path to:

- double medical school training places to 15,000 by 2031, with more places in areas with the greatest shortages
- increase the number of GP training places by 50% to 6,000 by 2031
- increase the number of AHP training places by 13% to 17,000 a year.
- increase the number of pharmacy training places by 29% to 4,300 a year by 2031.

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- increase the number of dentists being trained by 40% to more than 1,100 a year.
  - almost double the number of adult nurse training places by 2031, with 24,000 more nurse and midwife training places a year by 2031.

This plan will kickstart efforts to address current shortages with an immediate boost in training numbers. By 2028, investment will mean half a million trainees will have begun clinical training.

### **How we'll deliver – retain**

The NHS Plan also considers retention measures and so taken together, it could mean the health service has at least an extra 60,000 doctors, 170,000 more nurses and 71,000 more allied health professionals in place by 2036/37.

This renewed focus on retention, coupled with better opportunities for career development, improved flexible working options, alongside government reforms to the pension scheme, should mean that up to 130,000 staff stay working in NHS settings longer.

### **How we'll deliver – reform**

- This plan isn't just about increasing numbers, it is about working differently to maximise the benefit of new technology, therapies, and treatment.
- We will take full advantage of digital and technological innovations, such as speech recognition, robotic process automation (RPA) and remote monitoring, to provide a more efficient service for staff and patients.
- The NHS will continue to harness advances in AI, with an expert group being set up to identify advanced technology that can be best used across the country.
- We will expand clinical apprenticeships from 7% of training places today to 22% by 2030.
- Investment in new technology will help to close the gap and free up staff to focus on using their expertise to help your constituents, giving our staff the very best tools to provide high-quality care to millions of people across the country each day

### **The 'Long Term' Element**

NHS England will refresh the NHS Long Term Workforce Plan at least every two years to help meet future staffing requirements that take into consideration advances in technology and treatments.

The NHS plan aims to reduce reliance on expensive agency spend and could cut the bill for taxpayers by around £10 billion between 2030/31 and 2036/37.

### **Delivering with BNSSG**

It is proposed that ICBs will have a key role in the management and delivery of the workforce plan. We are currently exploring what this will mean for BNSSG and through the office of the Chief People Officer we will develop a draft delivery plan for consideration at a future board meeting. Given the scale of the challenge it is expected that this programme will have considerable impact of the people plans, including the role and function of the people committee.

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## Charlotte Keel Medical Practice provision update

The decision has been made to abandon the current procurement process for the provision of primary care medical services at Charlotte Keel Medical Practice. This means services did not transfer to One MediCare on 1<sup>st</sup> July and will for the time being remain with current provider Bris Doc. This decision has not been taken lightly but has been agreed by all involved following additional due diligence since the contract was awarded to One MediCare. I would like to thank all staff at the practice for their continued hard work and dedication at what has been an unsettling time.

We will be undertaking a full review as well as looking at the service model needed for Charlotte Keel before we agree how best to secure a long-term service for the patients of the practice.

The priority for all of us is to ensure services continue as usual and that the patients can continue to access high quality primary care services when they need it.

## ICB 1st Year Reflections

It has been an incredible 12 months since we were formed on 1 July 2022. I am very proud of the progress we are making towards our objectives to improve health and wellbeing, reduce inequalities, and provide integrated services for everyone living in Bristol, North Somerset and South Gloucestershire.

Our role in supporting our health and social care system continues to be essential. We are seeing improved and strengthened partnerships, which is not only showcased in all that's been achieved this year, but also in the first draft of a system strategy and joint forward plan, which were published last Friday. The groundwork has been laid, through these and all the projects we continue to deliver, to bring everyone together to focus on achieving real change, where it's needed the most, on behalf of the most vulnerable people in our communities.

One of the most fulfilling aspects of my role is being able to get out into our communities and see these projects first hand. One visit in particular made a big impact on me. In the autumn I was invited by Square Food Foundation in Bristol to learn more about the sessions they run to teach community groups the vital role food plays in improving health and wellbeing. It was great to hear from the people taking part what a positive impact the sessions have, and, as a participant and as a lover of cooking and food, I enjoyed every minute. The session I joined was specifically for adults with learning disabilities and the difference it was making was palpable.

In the summer of last year we met with many people from our communities to learn about their own ideas for what keeps them happy, healthy and well as part of our Have Your Say engagement last year. As well as being an important part of our strategy development, it was an opportunity for those work in the ICB to get out and speak with the people we are working for, it was fantastic. I know many of our staff volunteered to go along to community groups and healthcare sessions and have told me what a privilege it was to meet those people and learn more about what they want and need from us.

There have been some big challenges this year. Winter was exceptionally demanding, but we pulled together as a system and managed collectively to keep people safe and well. We improved





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our performance in many areas including elective and unscheduled care, we financially broke even and we have developed a system plan that will continue on the trajectory.

I am also very aware of the letter we received from NHS England outlining running cost reductions, and the work we are now doing to meet that requirement, and I am very aware that it is difficult and unsettling for our teams.

Our role, at the heart of our health and care system, is not an easy one. However we have a real opportunity to make a difference to the lives of the people who live and work in our communities. We have seen that happen this year, and I'm confident we'll see more and more tangible results as we move forward and continue to forge new opportunities, partnerships, and projects that truly put our communities at the heart of what we do.

None of this would be possible without the dedication and hard work of every person who works in all parts of our system, thank you.



Elizabeth O'Mahony  
Regional Director - South West  
NHS England  
South West House  
Blackbrook Park Avenue  
Taunton  
TA1 2PX

23 March 2023

Shane Devlin  
Chief Executive  
BNSSG ICB

Dear Shane

### **Operational Plans 23/24 closedown**

I am writing to acknowledge receipt of BNSSG's final system operating plan for 2023/24 and set out next steps.

The objectives set out in [2023/24 priorities and operational planning guidance](#) are framed around three tasks for the coming year. Our immediate priority is to recover our core services and productivity. Second, as we recover, we need to make progress in delivering the key ambitions in the NHS Long Term Plan. Third, we need to continue transforming the NHS for the future.

You have developed your plan during a period of intense pressure on services and in the context of industrial action and uncertainties around pay and inflation. Systems will receive additional funding for the cost impact of the recently announced 2023/24 pay award. The finance and contracting actions that ICBs and NHS providers should take have been set out in the recently published [guidance](#) on the 2023/24 pay award.

We have reviewed your submission in this context and I have set out below some of the key elements of your plan that you are committed to deliver on as a system. Where appropriate, I have also highlighted issues for you to keep under review and / or that require specific action. Please could you share this letter with your full Board for consideration.

## **Emergency care and system resilience**

You have committed to delivering the minimum target of 76% seen within four hours in A&E (all types) by March 24.

The system has identified key changes in relation to utilisation of urgent care outside of the acutes as well as focussing on Children & Young People as a key area of need. Workforce remains a risk over the short term and will impact future developments to support changes to patient pathways and services as well as acknowledging pressures in terms of predicted demand.

There are still some concerns around the delivery of the Virtual Ward population ambition and we are working with you to ensure that there is a robust methodology to learn from recent expansions to inform future pathways.

In terms of reducing handover delays, the system has set out ambitious but robust plans to reduce the delays by 50% over the next 12 months. This builds on initiatives which have already supported a considerable month on month reduction to March 2023.

NHS England has allocated significant additional resource to increase system capacity for ambulance and emergency care. For 2023/34, BNSSG has been allocated £6.813m additional capacity revenue funding, and £4.92m capital funding from the Additional Capacity Targeted Investment Fund (ACTIF). £34m has been allocated to SWASFT to increase ambulance service capacity in 2023/24, including within your system. We will continue to work with you to ensure that these investments deliver improvements for patients.

## **Elective and cancer care**

### Elective

Your final plan submission shows weighted activity in 2023/24 at 108.9% of 2019/20, against a target of 103% of 2019/20.

Other points to note around elective recovery include:

- planned recovery of elective activity is above the national average; and
- your plan submitted for outpatient activity at ICB level does not meet the ambition of follow up reduction below 25% due to overdue follow ups. This is the same for most systems at this stage and you have confirmed that attention will be paid in 23/24 to reducing follow up backlogs. Consider default PIFU for new Follow Ups for suitable patients.

Eliminating waits of over 65 weeks for elective care by March 2024 (except where patients choose to wait longer or in specific specialties) is a key objective for 2023/24. We note that the plan you have submitted does not meet this requirement.

Your final plan submission has BNSSG as commissioner planning for 187 patients waiting more than 65 week waits. UHBW have now reprofiled to meet with the national ambition to have zero patients waiting over 65 weeks. NBT still have 234 patients waiting over 65 weeks by March 2024, some through choice and some due to complexity.

Whilst we appreciate the challenge ahead for clearing long waiters and the significant progress made in 2022/23, the final non zero plan submission of patients waiting over 65 weeks at the end of March 2024 is not one that is acceptable for the patients of the South West region.

We are issuing a template (attached) to collect revised trajectories for the number of people waiting 65 weeks during 23/24 as well as trajectories for the number of people waiting 78 weeks and 104 weeks (where appropriate) which were not collected in this planning round. This template should be returned to [england.southwestplanning@nhs.net](mailto:england.southwestplanning@nhs.net) by 30 June 2023. This final updated plan for long waits will be reviewed regionally and nationally and will form part of the evidence base for regional decision making re tiering.

We will continue to use Elective Recovery and Assurance meetings as a basis of check and challenge to ensure the latest interim Choice guidance is robustly applied alongside your local access policy as well as understanding the rate limiting factors in delivery, especially considering the complex nature of some of your patients being a Tertiary centre. These meetings should also be used as an opportunity for the system to raise any additional support needed and any potential for mutual aid to support the position.

## Cancer

All providers in the South West plan to meet their maximum backlog figure for the number of people waiting more than 62 days to begin the first treatment for cancer following an urgent GP referral.

All providers in the South West plan to deliver the March 24 target of 75% of patients getting an cancer diagnosis, or having cancer ruled out, within 28 days of an urgent GP referral.

The system aims to ensure a minimum of 80% of FDS Lower GI referrals are accompanied by a FIT result from March 24 and this should be accelerated where possible.

The Non Site Specific trajectory does not meet the 2% modelled and remains at 15 throughout the year. The system should work with the SWAG Cancer Alliance to determine what actions are required to increase referral numbers and ensure sustainability and commissioning of this pathway in 2024/25 to meet the needs of the BNSSG population.

## Diagnostics

As a minimum each system should have operational at least one CDC to support recovery, where business cases have been approved delivery of the activity against trajectory should be a priority, with all aiming to meet the published utilisation levels and working towards seven day working in all modalities. Workforce remains the highest risk and workforce plans need to be monitored against delivery.

The region set an expectation that no more than 15% of diagnostic tests take longer than 6 weeks by March 24, in preparation for the national expectation of no more than 5% by March 25. Your plan gets to 16.1% waits over 6 weeks at March 24, slightly above the regional stretch target and showing good progress towards the March 2025 5% target.

## **Mental Health and Learning Disability and Autism**

Recognising the great progress which has been made in 22/23, the 23/24 operational plan for Mental Health demonstrates a continued commitment to reducing the use of inappropriate out of area placements which has been welcomed.

There is a significant gap between the plan submitted in delivery of the Children & Young People's access to Mental Health services ambition. Whilst we appreciate the workforce challenges which impact on delivery of the ambition, this remains a concern in light of our commitment in the South West to work to give children the best start in life. We will expect you to be working towards recovery of this ambition during the next year which we will monitor through the Mental Health Programme Board.

You plan to meet the ask that at least 75% of people on GP Learning Disability Registers will receive an annual health check in 23/24 and your reliance on inpatient care meets expectations.

## **Workforce**

All ICBs are expected to monitor delivery against their workforce plans and work with colleagues at all levels to consider whether actions to improve substantive recruitment, retention and staff health and wellbeing are sufficient to meet workforce demand.

The NHSE Workforce, Transformation and Education team recognise that the operational and multiyear plans submitted will be challenging in many areas, especially in the way we attract, retain and look after our people. We will continue to work with you and your team to enable you to be as successful as possible in achieving your plans through this financial year and towards the 2024/25 planning round. We aim to do this by connecting you with good practice, facilitating and convening conversations to help problem solve and improve workforce interventions to make the South West the Best Place to Work.

## Finance

Delivering system-level financial balance remains a key requirement for all ICSs. We are pleased to see that you have submitted a balanced plan and note the risks described in your submission. This break-even position includes the additional funding made available for additional inflationary pressures.

The following are evident from the plan submitted on 4 May:

- the system included £74.7m of financial efficiencies in plan, 3.8% of the system allocation. Of these 78.7% were recurrent, 7.7% efficiencies were unidentified, and the system flagged 43.2% efficiencies as high risk.
- the system will need to make substantial early progress to reduce the risk to delivery of the efficiency plan to support delivery of the planned financial position for 23/24 as well as ensuring that it maximises the delivery of recurrent efficiencies which will consequently improve the carry forward position into 24/25 (noting the requirement set out below regarding recurrent delivery of efficiencies from Quarter 3);
- system gross risks in plan were £60.7m of which £9.3m did not have mitigations identified as at 4 May, with a further £23.3m relating to efficiencies. The system will need to prioritise identifying mitigations to these risks should they materialise;
- the system has developed its understanding of the underlying system position throughout 2022/23 and described an underlying deficit position of £115.3m exiting 2022/23 in the plan submission. The 2023/24 plan shows an improvement in this position with a 2023/24 exit underlying position for the system of £99.2m. The system will need to continue to develop actions to improve its financial sustainability as part of work required on the medium term financial plan;
- the 4 May plan showed system productivity to be c.10% lower than the 2019/20 baseline year, but a c.5% improvement on 2022/23. The system will need to continue to identify opportunities which at least return productivity to 2019/20 levels; and
- the 2023/24 agency cap is being exceeded in the 4 May plan submission by £9.8m; however, this is lower than the outturn for 2023/24. Whilst we acknowledge that the level of agency assumed within the plan ensures the system can maintain capacity needed to deliver elective recovery and UEC capacity, there is a need for continued focus on actions to control the level of necessary agency costs throughout 2023/24.

We expect that all systems and providers continue to apply the following conditions stipulated in 2022/23:

- commit to recurrent delivery of efficiency schemes from Quarter 3 to achieve a full year effect in 2024/25 to compensate for any non-recurrent measures

required to achieve 23/24 plans. Within this we expect all systems to be able to describe how this will be achieved by the end of Quarter 1;

- fully engage in national pay and non-pay savings initiatives, in particular around national agreements for medicines and other non-pay purchasing;
- monitoring of agency usage by providers, and compliance with usage and rate limits; and
- any revenue consultancy spend above £50,000 and non-clinical agency usage continue to require prior approval from the NHS England regional team based on the agreed regional process.

We also expect that, by the end of Quarter 2, every system will prepare a medium-term financial plan, demonstrating how recurrent financial sustainability will be delivered. These plans should provide a clear demonstration of how the recurrent exit run-rate from 2023/24 will be consistent with this, and how this run-rate will be improved through 2024/25.

### Triangulation

Detailed feedback on triangulation, including an updated set of triangulation outputs from national tools, is in the system feedback pack following the final submission.

These tools include a variety of triangulation comparisons between the finance, activity and workforce data submitted on 4 May and support the system to understand where those plans do not appear to be fully aligned based on these comparisons. In particular, the tools will help systems to understand whether the change in total workforce in 2023/24, compared to 2022/23 out-turn, is in line with activity and funding assumptions.

The alignment tool for your system includes the following comparisons:

#### Activity vs Workforce:

System Name	WTE Growth	Weighted Activity Growth	Activity growth vs workforce
BNSSG ICB	0.9%	4.4%	3.7%

#### Workforce vs Finance:

System Name	% Movement Total PAY COST	% Movement Total WTE	% Total WTE vs pay cost growth	Absolute % variance total WTE vs pay cost growth
BNSSG ICB	0.4%	0.9%	-0.5%	0.5%

The system should ensure it has reviewed these calculations in detail, as well as other comparisons in the alignment tool, to ensure it understands the reasons for any apparent misalignment and to assure itself that the finance, workforce and activity plans are deliverable for 2023/24.

The system should continue to identify and implement opportunities for productivity improvements compared to the 2019/20 baseline year, noting that 2019/20 is not an ambitious year for the South West, having seen a 1.8% fall in productivity, with the South West region being an outlier compared to other parts of the country.

### **Next Steps**

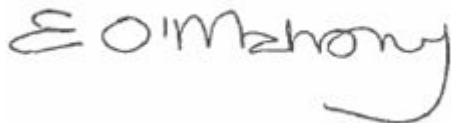
Where this has not been done already, ICBs must ensure that all contracts are agreed and completed in line with final plans, and signed as soon as possible.

We will continue to work with you to address the issues highlighted above and ensure you are able to access the necessary development support to strengthen the system's capability and capacity for delivery.

We will review progress through our regular system monitoring meetings and Tiering discussions as appropriate.

If you wish to discuss the above or any related issues further, please let me know.

Yours sincerely

A handwritten signature in black ink, appearing to read 'E O'Mahony', with a large, sweeping flourish at the end.

Elizabeth O'Mahony  
Regional Director – South West

Copy: Dominic Hardisty, Chief Executive, Avon & Wiltshire Mental Health Partnership NHS Trust  
Maria Kane, Chief Executive, North Bristol NHS Trust  
Eugene Yafele, Chief Executive, University Hospitals Bristol & Weston NHS FT